



Board of Health Meeting # 04-23

Public Health Sudbury & Districts

Thursday, June 15, 2023

1:30 p.m.

Boardroom, Level 3

1300 Paris Street

AGENDA – FOURTH MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
BOARDROOM, LEVEL 3
THURSDAY, JUNE 15, 2023 – 1:30 P.M.

- 1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT**
- 2. ROLL CALL**
- 3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST**
- 4. DELEGATION/PRESENTATION**
 - i) Addressing the Toxic Drug Crisis**
 - Health Promotion Division
- 5. CONSENT AGENDA**
 - i) Minutes of Previous Meeting**
 - a. Third Meeting – May 18, 2023
 - ii) Business Arising From Minutes**
 - iii) Report of Standing Committees**
 - a. Board of Health Finance Standing Committee – Unapproved minutes dated June 6, 2023
 - iv) Report of the Medical Officer of Health / Chief Executive Officer**
 - a. MOH/CEO Report, May 2023
 - v) Correspondence**
 - a. Bill S-254, An Act to amend the Food and Drugs Act (warning label on alcoholic beverages)
 - Letter from Algoma Public Health Board of Health Chair to the Federal Minister of Health, dated June 8, 2023
 - Letter from Huron Perth Public Health Board of Health Chair to the Federal Minister of Health, dated June 1, 2023
 - b. Federal School Food Policy
 - Letter from Huron Perth Public Health Board of Health Chair to the Federal Minister of Families, Children and Social Development, Federal Minister of Agriculture and Agri-Food, and the Federal Minister of Health, dated June 1, 2023



Public Health Sudbury
& Districts Strategic
Planning Workshop
for Board of Health
Members

June 15, 2023, from
10 a.m. until 12:30
p.m., followed by a
luncheon at 12:30 p.m.

Ramsey Room, Level 2

- c. Funding for Student Nutrition Program
 - Letter from Huron Perth Public Health Board of Health Chair to the Minister of Children, Community and Social Services, dated June 1, 2023
 - d. Public Health Funding
 - Letter from Peterborough Public Health Board of Health Chair to the Deputy Premier of Ontario and Minister of Health, dated May 19, 2023
 - e. Universal, No-cost Coverage for Prescription Contraceptives
 - Letter from Peterborough Public Health Board of Health Chair to the Premier of Ontario, and the Deputy Premier of Ontario and Minister of Health, dated May 17, 2023
 - f. Declarations of Emergency in the Areas of Homelessness, Mental Health and Opioid Overdoses/Poisoning
 - Letter from City of Hamilton Mayor to the Minister of Health and the Associate Minister of Mental Health and Addictions, dated May 11, 2023
- vi) Items of Information**
- a. 2023 alpha Conference, AGM and Board Section Meeting
 - Conference Program - Final
 - Board of Health Section Agenda

APPROVAL OF CONSENT AGENDA

MOTION:

THAT the Board of Health approve the consent agenda as distributed.

6. NEW BUSINESS

- i) **Support Bill 103 – Smoke Free Ontario Amendment Act (Vaping is not for Kids), 2023**
 - Briefing Note from the Medical Officer of Health/Chief Executive Officer to the Board of Health Chair, dated June 8, 2023

SUPPORT BILL 103 – SMOKE FREE ONTARIO AMENDMENT ACT (VAPING IS NOT FOR KIDS), 2023

MOTION:

WHEREAS vaping poses substantial health risks linked to the development of chronic illness, addiction, polysubstance use, as well as risks for injury and death; and

WHEREAS vaping rates among youth have grown with 30.6% of Grade 7 to 12 students in Northern Ontario reporting having used

electronic cigarettes(vaping) in 2019, compared with 22.7% for the province; and

WHEREAS Board of Health motion [48-19](#) noted the Board’s longstanding history of proactive and effective action to prevent tobacco and emerging product use and urged the adoption of a comprehensive tobacco and e-cigarette strategy; and

WHEREAS [Bill 103 – Smoke-Free Ontario Amendment Act \(Vaping is not for Kids\)](#), 2023 aims to prevent youth from initiating vaping and decrease the current usage of vaping products by targeting legislation changes, including banning the retail of flavoured vaping products, increasing minimum purchasing age to 21, and prohibiting the promotion of vapor products;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts endorse Bill 103 - Smoke Free Ontario Amendment Act (Vaping is not for Kids), 2023; and

FURTHER THAT this endorsement be shared with relevant stakeholders.

ii) Sudbury & District Medical Officer of Health

SUDBURY & DISTRICT MEDICAL OFFICER OF HEALTH

MOTION

WHEREAS motion 05-14 (as amended by motions 41-14, 19-20 and 35-22) provides for the appointment of individuals as Acting Medical Officers of Health for Public Health Sudbury & Districts;

THEREFORE BE IT RESOLVED that the following paragraph amends motion 05-14 (as amended) by replacing paragraph five with the following paragraph:

AND FURTHER THAT for the duration of an absence or inability to act of the Medical Officer of Health and Associate Medical Officer of Health, the following individuals are eligible for appointment as Acting Medical Officers of Health for the Sudbury & District Health Unit (operating as Public Health Sudbury & Districts):

- Medical Officer of Health, Public Health Sudbury & Districts
- Public Health Physician, Public Health Sudbury & Districts

- **Medical Officer of Health, Associate Medical Officer of Health, or Acting Medical Officer of Health for North Bay Parry Sound District Health Unit, Porcupine Health Unit, Timiskaming Health Unit, Algoma Public Health, Thunder Bay District Health Unit, or Northwestern Health Unit**
- **Any qualified retired Medical Officer of Health or Associate Medical Officer of Health.**

iii) Indigenous Engagement Governance Reconciliation Framework

- Briefing Note from the Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated June 8, 2023
- Governance Reconciliation Framework

INDIGENOUS ENGAGEMENT GOVERNANCE RECONCILIATION FRAMEWORK

MOTION

WHEREAS the Board of Health for Public Health Sudbury & Districts is committed to ensuring all people in its the service area, including Indigenous people and communities, have equal opportunities for health; and

WHEREAS in 2016, the Board of Health for Public Health Sudbury & Districts reaffirmed its commitment to [motion #20-12](#), including engaging with area First Nations’ leaders to explore the potential needs and strategies for strengthening public health programs and services with area First Nations; and

WHEREAS Board of Health [motion #31-18](#) endorsed the Indigenous Engagement Strategy, Finding our Path Together – Maamwi MKaamidaa Gdoo Miikaansminan – Kahkinaw e mikskamahk ki meskanaw; and

WHEREAS the Board of Health for Public Health Sudbury & Districts engaged in an educational session and workshop focused on Indigenous engagement in May 2023; and

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts endorse the Indigenous Engagement Governance ReconciliAction Framework, June 2023.

iv) 2022 Audited Financial Statements

- Public Health Sudbury & Districts Audited Financial Statements for 2022

ADOPTION OF THE 2022 AUDITED FINANCIAL STATEMENTS

MOTION

WHEREAS the Board of Health Finance Standing Committee recommends that the Board of Health for the Sudbury and District Health Unit adopt the 2022 audited financial statements, as reviewed by the Finance Standing Committee at its meeting of June 6, 2023;

THEREFORE BE IT RESOLVED THAT the 2022 audited financial statements be approved as distributed.

v) Drug/Opioid Crisis Leadership Summit

DRUG/OPIOID CRISIS LEADERSHIP SUMMIT

MOTION

WHEREAS the Board of Health for Public Health Sudbury & Districts sounded the alarm on the local and regional opioid crisis in 2021 (motion [14-21](#)); and

WHEREAS Northern Ontario is experiencing the highest drug toxicity mortality rates in the province and despite the engagement of a multi-sector Community Drug Strategy, the rate for Sudbury and districts is worsening; and

WHEREAS the Ontario Public Health Standards requires boards of health to “reduce the burden of preventable injuries and substance use through the development and implementation of public health interventions informed by collaboration with health and social service partners”; and

WHEREAS addressing this complex issue requires all sectors to be fully engaged to investigate and commit to intensified and innovative approaches to reverse the mortality trend and save lives; and

WHEREAS the Executive Committee of the Community Drug Strategy for the City of Greater Sudbury (CDS-CGS), strongly endorsed the need for a local leadership summit on the escalating drug toxicity crisis; and

WHEREAS the Executive Committee, in recognition of the all-of-society complexity of the drug toxicity issue, strongly supported that the summit be planned and executed based on principles of inclusion and diversity, including the involvement of persons who use and are affected by substances;

THEREFORE, BE IT RESOLVED THAT the Board of Health endorse the recommendations of the Executive Committee of the CDS-CGS and direct the Medical Officer of Health to ensure Public Health engagement in organizing a local leadership summit on the escalating drug toxicity crisis.

7. IN CAMERA

IN CAMERA

MOTION:

THAT this Board of Health goes in camera to deal with labour relations or employee negotiations. Time: _____

8. RISE AND REPORT

RISE AND REPORT

MOTION:

THAT this Board of Health rises and reports. Time: _____

9. ADDENDUM

ADDENDUM

MOTION:

THAT this Board of Health deals with the items on the Addendum.

10. ANNOUNCEMENTS

- Please complete the June 15, 2023, Board of Health meeting evaluation in BoardEffect following the Board meeting.

11. ADJOURNMENT

ADJOURNMENT

MOTION:

THAT we do now adjourn. Time: _____

MINUTES – THIRD MEETING
BOARD OF HEALTH FOR PUBLIC HEALTH SUDBURY & DISTRICTS
BOARDROOM/HYBRID
THURSDAY, MAY 18, 2023 – 1:30 P.M.

BOARD MEMBERS PRESENT

Guy Despatie
René Lapierre

Mike Parent
Mark Signoretti

Al Sizer
Natalie Tessier

BOARD MEMBERS REGRET

Renée Carrier
Claire Gignac

Bill Leduc
Abdullah Masood

Ken Noland

STAFF MEMBERS PRESENT

Sandra Laclé
Stacey Laforest

France Quirion
Rachel Quesnel

Renée St Onge
Dr. Penny Sutcliffe

Media

R. LAPIERRE PRESIDING

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT

The meeting was called to order at 1:30 p.m. Board of Health members were thanked for participating at the Indigenous Engagement workshops yesterday afternoon and this morning.

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

There were no declarations of conflict of interest.

4. DELEGATION/PRESENTATION

i) Rabies Prevention and Control

- Rachel O'Donnell, Environmental Support Officer, Health Protection Division

R. O'Donnell shared information about rabies and Public Health Sudbury & Districts roles and responsibilities per the provincial *Infectious and Communicable Diseases Prevention and Control Protocol*, which aims to prevent human cases of rabies by standardizing animal rabies surveillance and the management of potential human rabies exposures.

Public Health Sudbury & Districts investigates all reported cases of animal exposures or bites as these are potential rabies exposures. The public health inspectors' role during an investigation was outlined. The case of an imported dog from Iran which developed rabies was shared to highlight the importance of conducting fulsome risk assessments for every reported exposure, including scrutinizing vaccination certificates and travel history of pets.

The Board of Health was informed regarding treatment for individuals exposed as well as assessment and surveillance when a bite occurs from wild animals, stray animals, or domestic animals. In 2015 and 2020, within the Public Health Sudbury & District catchment area, there was one positive animal, being a bat in each of these cases. Public Health Sudbury & Districts continually works with community partners, including local schools, to improve public knowledge regarding rabies prevention.

Questions and comments were entertained, and R. O'Donnell was thanked.

5. CONSENT AGENDA

- i) Minutes of Previous Meeting**
 - a. Board of Health Meeting – April 20, 2023
- ii) Business Arising from Minutes**
- iii) Report of Standing Committees**
- iv) Report of the Medical Officer of Health / Chief Executive Officer**
 - a. MOH/CEO Report, May 2023
- v) Correspondence**
 - a. Income-Based Policy Solutions to Reduce Household Food Insecurity
 - Letter from Timiskaming Health Unit Board of Health Chair, to the Premier of Ontario, Minister of Health, and the Minister of Children, Community and Social Services, dated May 8, 2023
 - Letter from Chatham-Kent Board of Health Chair to the Premier of Ontario, Minister of Health and Minister of Children, Community and Social Services dated April 25, 2023
 - b. Bill S-254, An Act to amend the Food and Drugs Act (warning label on alcoholic beverages)

- Letter from Board of Health of Peterborough Public Health to the Prime Minister dated May 4, 2023
 - c. Universal, No-cost Coverage for Prescription Contraceptives
 - Letter from Chatham-Kent Board of Health Chair to the Premier of Ontario and Minister of Health dated April 25, 2023
 - d. Monitoring Food Affordability and Implications for Public Policy and Action
 - Report from Middlesex-London Board of Health dated April 20, 2023
 - e. Food Insecurity
 - Motion from The Corporation of the Municipality of Killarney dated April 12, 2023, supporting [Public Health Sudbury & District Board of Health Motion 08-23 Community Engagement to Address Food Insecurity](#)
- vi) **Items of Information**
- a. Health Canada News Release: Update on the COVID-19 Situation in Canada dated May 5, 2023

No discussion.

28-23 APPROVAL OF CONSENT AGENDA

MOTION:

MOVED BY DESPATIE – TESSIER: THAT the Board of Health approve the consent agenda as distributed.

CARRIED

6. NEW BUSINESS

i) 2023-2025 Risk Management Plan

- Briefing Note from Dr. P. Sutcliffe, Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated May 11, 2023
- Organizational Risk Management Plan: 2023-2025

Further to the February 16, 2023, [Board of Health motion 09-23 titled Public Health Sudbury & Districts Risk Management Plan – Approval of Engagement Timelines](#) and to the April 20, 2023, Board of Health risk management workshop, the engagement process is now complete. Dr. Sutcliffe shared that the engagement yielded tremendous feedback and guided the development of the 2023-2025 risk management plan being presented to the Board of Health for final approval, one month ahead of schedule.

29-23 2023-2025 RISK MANAGEMENT PLAN

MOVED BY SIGNORETTI – PARENT: THAT the Board of Health for Public Health Sudbury & Districts approve the 2023-2025 Risk Management Plan.

CARRIED

- ii) **Association of Local Public Health Agencies (alPHA)'s Annual General Meeting (AGM) and Conference, Monday, June 12, 2023, to Wednesday, June 14, 2023, Dalla Lana School of Public Health, Toronto**
 - [Preliminary Program](#) for AGM, Conference and section meetings
 - AGM and Resolution Session
 - Summary of Resolutions for consideration
 - Allocation of Votes by Health Unit
 - [Agenda](#) for the alPHA Board of Health Section Meeting – June 14, 2023

R. Lapierre indicated he and Dr. Sutcliffe will be attending the alPHA Conference/AGM and section meetings and interested Board of Health members are also invited to attend. PHSD will cover registration, accommodation, travel, and meals of Board of Health members. Interested Board members are asked to contact R. Quesnel who will look after registration, as well as book accommodation and travel.

Based on the 2021 census, the PHSD catchment area population is over 200,000; therefore, PHSD has five votes at the alPHA AGM. In addition to the Chair and MOH, Board members who attend will be registered as voters at the AGM. It was noted that voting delegates are permitted one proxy vote per person, if required.

30-23 2023 ALPHA AGM/CONFERENCE

MOVED BY SIZER – SIGNORETTI: WHEREAS the Public Health Sudbury & Districts is allocated five votes* at the alPHA Annual General Meeting;

THAT in addition to the Medical Officer of Health and the Board of Health Chair, the following Board of Health members are appointed as voting delegates for the Board of Health:

Mark Signoretti

****Voting delegates are permitted one proxy vote per person, as required.***

CARRIED

- iii) **Support for sufficient, stable, and sustained funding for local public health agencies**
 - Briefing Note from the Medical Officer of Health/Chief Executive Officer to the Board of Health Chair dated May 11, 2023
 - Letter from the City of Hamilton Mayor to the Minister of Health Re: 2023 Public Health Services Annual Service Plan & Budget Submission; Support for Sufficient, Stable and Sustained Funding for Local Public health Agencies dated April 3, 2023

- Letter from the Deputy Premier and Minister of Health to the Board of Health Chair, Public Health Sudbury & Districts, dated August 20, 2019
- alPHa’s Executive Summary Report *Public Health Resilience in Ontario* dated January 2022
- Letter from alPHa’s Board of Directors to the Minister of Finance
Re: 2023 Pre-Budget Submission: Public Health Programs and Services dated February 14, 2023

The Board of Health Chair reminded Board members that although the *Health Protection and Promotion Act* stipulates that the “obligated municipalities” in the health unit shall pay the expenses incurred by or on behalf of the board of health or the Medical Officer of Health in the performance of their functions, the Act also indicates that the “Minister may make grants for the purposes of this Act”.

Dr. Sutcliffe provided highlights from the briefing note which outlines historical and contextual information and seeks endorsement of the actions recommended by the Board of Health for the City of Hamilton. The proposed motion asks the provincial government to adequately fund provincial public health and aligns with previous correspondence from alPHa. It also aligns with the 2022 Annual Report of the Chief Medical Officer of Health for Ontario which calls for an end to the “boom and bust” cycle of funding to public health to ensure continued investments in public health preparedness to build and maintain overall readiness to respond to future challenges and allow for a strong, robust public health system overall.

The briefing note describes the funding policy history, current funding context and growing concerns about our ability to meet requirements of the Ontario Public Health Standards (OPHS) and the increasing needs of our communities within the current provincial funding policy context. Per the provincial legislation and funding policy, pressures continue to be bridged by municipal contributions. Pressures are anticipated to grow in 2024 due to the mitigation funding expected to end in 2023 and the expectation that the Ministry of Health will hold Public Health at the same funding level as 2023 – combined with significant year-over-year inflationary and fixed cost increases and growing community needs.

Questions and comments were entertained. The historical changes in the Minister’s policy to grants for the board-approved budget for the cost-shared program, currently up to 70% provincial with most previously 100% funded programs now in the cost shared budget, were recapped. In response to an inquiry, it was noted that the public health modernization initiative halted by COVID-19 is understood to not be under active consideration currently by the provincial government.

31-23 PUBLIC HEALTH FUNDING

MOVED BY SIGNORETTI – TESSIER: THAT the Board of Health for Public Health Sudbury & Districts endorse the recommendations of the Board of Health for the City of Hamilton and urge the provincial government to:

- ***Fully fund the provincial portion, at least 70%, of the total costs of the mandatory public health programs and services provided under the OPHS;***
- ***Continue the current mitigation funding until such time as the cost-shared arrangement is restored to the mixed 100% and 75%/25% model as it was in the public health budget for 2018-2019; and,***
- ***Include expectations for on-going COVID-19 response in the OPHS and provide permanent funding to sustain these requirements.***

CARRIED

7. ADDENDUM

32-23 ADDENDUM

MOVED BY SIZER – DESPATIE: THAT this Board of Health deals with the items on the Addendum.

CARRIED

DECLARATIONS OF CONFLICT OF INTEREST

There were no declarations of conflict of interest.

i) Bill 93, Joshua’s Law (Lifejackets for Life), 2023

– Letter from Board of Health Chair, to the Premier of Ontario, dated May 16, 2023
The Board of Health Chair explained that Bill 93 enacts Joshua’s Law (Lifejackets for Life), 2023, which requires parents and guardians to ensure that their children who are 12 years of age or younger wear a personal flotation device or lifejacket while on a pleasure boat that is underway, or while being towed behind a pleasure boat using recreational water equipment.

A letter of support for Bill 93 has been sent by the Board of Health Chair to the Premier of Ontario and asks for the Government of Ontario to enact legislation requiring all individuals to wear a personal flotation device (PFD) or lifejacket while on a pleasure boat that is underway, or while being towed behind a pleasure boat using recreational water equipment. The letter points to the Board of Health for Public Health Sudbury & Districts’ previous [motion 25-22](#) from September 2022 advocating for legislation requiring all individuals to wear of PFD or lifejacket.

8. ANNOUNCEMENTS

- Board of Health members are asked to complete the Board of Health meeting evaluation in BoardEffect following today's meeting.
- Next regular Board of Health meeting is Thursday, June 15, 2023, at 1:30 p.m.

9. ADJOURNMENT

33-23 ADJOURNMENT

MOVED BY SIZER – PARENT: THAT we do now adjourn. Time: 2:11 p.m.

CARRIED

(Chair)

(Secretary)



UNAPPROVED MINUTES
BOARD OF HEALTH FINANCE STANDING COMMITTEE
TUESDAY, JUNE 6, 2023 – 8:30 A.M.
VIRTUAL MEETING

BOARD MEMBERS PRESENT

René Lapierre
 Mark Signoretti

Ken Noland

Mike Parent

EX-OFFICIO STAFF PRESENT

Dr. Penny Sutcliffe

France Quirion

Rachel Quesnel, Recorder

INVITED STAFF

Keeley O’Neill

GUEST

Derek D’Angelo, KPMG

R. QUESNEL PRESIDING

1. CALL TO ORDER

The meeting was called to order 8:30 a.m.

2. ROLL CALL

3. ELECTION OF BOARD OF HEALTH FINANCE STANDING COMMITTEE CHAIR FOR 2023

Nominations were held for the position of Board of Health Finance Standing Committee Chair. M. Parent and K. Noland were nominated, and nominations were closed. Both respectfully declined their nominations. Nominations were reopened and M. Signoretti was nominated. Nominations were closed, Mark accepted his nomination, and the following was announced:

01-23 APPOINTMENT OF BOARD OF HEALTH FINANCE STANDING COMMITTEE CHAIR

MOVED BY LAPIERRE – PARENT: THAT the Board of Health Finance Standing Committee appoint Mark Signoretti as the Board of Health Finance Standing Committee Chair for 2023.

CARRIED

M. SIGNORETTI PRESIDING

4. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

There were no declarations of conflict of interest.

5. APPROVAL OF BOARD OF HEALTH FINANCE STANDING COMMITTEE MINUTES

5.1 Board of Health Finance Standing Committee Notes dated October 31, 2022

02-23 APPROVAL OF MEETING NOTES

MOVED BY LAPIERRE – NOLAND: THAT the meeting notes of the Board of Health Finance Standing Committee meeting of October 31, 2022, be approved as distributed.

CARRIED

6. NEW BUSINESS

6.1 2022 Audited Financial Statements

- a) Briefing Note from the Medical Officer of Health and Chief Executive Officer dated May 30, 2023

Dr. Sutcliffe reviewed the briefing note for this item and acknowledged F. Quirion and finance team for the significant work and thoroughness throughout the year and in their preparation for the audit.

KPMG completed the audit of the 2022 Financial Statements for Public Health Sudbury & Districts and is in its second-year term of a three-year service agreement.

Based on the auditor's report, the financial statements present fairly, in all material respects, the financial position of Public Health Sudbury & Districts as at December 31, 2022, and its results of operations and accumulated surplus, changes in net financial assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards. There were no recommendations received as a result of the 2022 audit completed by KPMG.

- b) Review of the 2022 Audited Finding Report and Audited Financial Statements
 - F. Quirion, Director, Corporate Services
 - K. O'Neill, Manager, Accounting Services
 - Derek D'Angelo and Jennifer Bronicheski, KPMG

F. Quirion acknowledged the commitment and dedication of the Manager of Accounting Services and team for their work relating to the 2022 audit.

The financial statements provide the financial performance of the Public Health Sudbury & Districts and is based on the budget framework endorsed by our Board of Health. A condition of funding is that an annual audit is conducted of PHSD's financial information and copy of the Audited Financial Statements with the completed Annual Reconciliation and Attestation Report is provided to the Ministry. The Audited Financial

Statements, presented in draft, were prepared in compliance with the Generally Accepted Accounting Principles.

It was noted that Jennifer Bronicheski from KPMG could not join today's meeting. Derek D'Angelo was introduced and invited to present the Auditor's Audit Findings Report for year ending December 31, 2022.

It was highlighted that CAS 315, *Identifying and Assessing the Risks of Material Misstatements*, was effective for the fiscal 2022 audit; therefore, the auditors performed the required procedures to comply with this new auditing standard and had no findings to report. Audit quality indicators and content of the appendices were also summarized.

Questions and comments were entertained. It was clarified that language and audit procedures relating to management override of controls are standard for all audits.

D. D'Angelo was thanked for his presentation.

F. Quirion recapped that 2022 was another busy year due to PHSD's continued COVID-19 response, the focus on Public Health recovery priorities and addressing the backlog of programs and services due to the pandemic. The ministry continued to provide Public Health Units with funding for COVID-19 extraordinary expenses in 2022 for both case and contact management as well as vaccine clinics with the understanding that cost-shared funding would need to be completely expensed before being eligible for extraordinary funding. The Infrastructure Modernization projects also continued. The renovated Elm Place office opened its doors at the end of January 2022 and the renovations at 1300 Paris Street were substantially completed in August with staff being welcomed back to the main office location September of 2022 to a newly renovated building and a new hybrid working environment.

PHSD navigated through these shifting priorities and adjusted its spending approach to ensure the best financial position. Significant variances continue to be attributable primarily to COVID-19 and the modernization project overall.

K. O'Neill provided a detailed overview of the statements and notes.

Discussion was held regarding the accumulated surplus. It was shared that a review will be undertaken to evaluate the employee benefit obligations in order to determine appropriate funding for these funds and whether any transfers between funds are required. M. Parent inquired about PHSD's policy as it relates to its reserve fund and information will be summarized and shared. It was further noted that a detailed orientation to this topic would be of benefit to the entire Board.

It was clarified that the decrease in professional fees in 2022 compared to 2021 under Administrative Expenses in Note 8 are not related to professional licenses but rather to the decrease in COVID-19 partnership expenditures with the City of Greater Sudbury.

Additional information was provided regarding provincial funding for northern health units for service provision in unorganized territories.

03-23 2022 AUDITED FINANCIAL STATEMENTS

MOVED BY PARENT – NOLAND: THAT the Board of Health Finance Standing Committee recommend to the Board of Health for the Sudbury and District Health Unit the adoption of the 2022 audited financial statements.

CARRIED

6.2 Year to Date Financial Statements

a) March 2023 Financial Statements

The financial statements ending March 31, 2023, show a negative variance of \$93,462 in the cost-shared programs before considering COVID-19 extraordinary expenses. It was pointed out that the mitigation funding for 2023 is not reflected as the funding will start to flow to health units in the second quarter of 2023. When calculating the expected mitigation funding up to March 31, 2023, the actual variance in cost shared programs is a positive variance of \$201,413.

The year-to-date financial statements account for \$1,175,942 in COVID-19 extraordinary expenses incurred to the end of March 2023. Cost-shared funding must be fully used prior to utilizing COVID-19 extraordinary funding; therefore, the actual variance in cost-shared programs at March 31 is nil with \$974,529 in COVID-19 extraordinary expenses.

The Ministry has not yet approved funding for COVID-19 extraordinary programming in 2023; however, has messaged that health units will continue to be able to access COVID extraordinary funding in 2023.

Questions and comments were entertained. M. Parent inquired where substance use expenses are captured within the divisional programs/services expenses. It was clarified that the breakdown of divisional programs and services align with historical reporting requirements from the Ministry and operational structures. P. Sutcliffe and F. Quirion noted that specific budget lines under the Health Protection and Health Promotion divisions capture PHSD work in this area under harm reduction and mental health and

additions programs, in addition to programming within other lines and within the Knowledge and Strategic Services Division.

Dr. Sutcliffe added that a presentation on substance use is scheduled for the June Board of Health meeting and will outline responsibilities of the Board in this area.

7. ADJOURNMENT

04-23 ADJOURNMENT

MOVED BY LAPIERRE – PARENT: THAT we do now adjourn. Time: 9:44 a.m.

CARRIED

(Chair)

(Secretary)

Unapproved

Medical Officer of Health/Chief Executive Officer Board of Health Report, June 2023

Words for thought

NEWS RELEASE

Ontario Now Requires Naloxone Kits in At-Risk Workplaces Province’s Workplace Naloxone Program first of its kind in North America

June 01, 2023

Ministry of Labour, Immigration, Training and Skills Development

TORONTO – The Ontario government is now [requiring at-risk employers to ensure their workplaces have a life-saving naloxone kit](#) on hand and workers trained on how to use them. As of April, more than 1,000 free nasal spray naloxone kits have been distributed to businesses around the province through [Ontario’s Workplace Naloxone Program](#), while businesses may also obtain their own kits. In 2022, over 2,500 people died from opioid-related causes in Ontario.

“Ontario is in the middle of an opioid epidemic, and every one of these deaths is preventable,” said Monte McNaughton, Minister of Labour, Immigration, Training and Skills Development. “From worksites to nightclubs, requiring naloxone kits in at-risk businesses will help us increase awareness for opioid addiction, reduce the stigma, and save lives.”

-
- Employers can determine if they are eligible for the program and find additional information on accessing naloxone kits and training at [Ontario.ca/workplacenaloxone](https://ontario.ca/workplacenaloxone).
-

Source: Ontario Government [News Release](#), June 1, 2023

Board of Health Members:

The Board will be aware of the elevated rates of opioid toxicity deaths in northern Ontario, including our catchment area for which the mortality rates are rising. The above news release excerpt is a grim reminder of the toll the drug toxicity crisis is taking across this province. It is also a reminder of the responsibility of all sectors—public and private—to do what we can to contribute to solutions. The Board will have further opportunity on this meeting’s agenda to to make a difference—to voice its concern and commitment to collective action.

General Report

1. Board of Health

The Board of Health membership term of provincial appointee, Claire Gignac, will be ending September 24, 2023. With the support of the Board of Health Chair, C. Gignac will be applying to the Public Appointments Secretariat for a reappointment to the Board of Health for Public Health Sudbury & Districts.

2. Strategic Planning

As part of the Board of Health approved engagement plan, a number of Strategic Plan engagement sessions have been held with staff and community partners. As of June 7, a total of 8 engagement sessions have been held with approximately 85 staff, and a total of 3 community partner sessions have been held with partners from various sectors. Partners who have been invited to have their say on the next iteration of Public Health Sudbury & Districts' Strategic Plan include municipalities, hospitals and health care partners, education, Indigenous community (including First Nation Chiefs), agencies that work with newcomers and racialized groups, environmental sector, and those with whom we engaged during the pandemic response. Planning is underway for an engagement session with the Board of Health scheduled the morning of the Board meeting, June 15, 2023. Engagement sessions have provided an opportunity to explore the current Strategic Plan components and identify ways to build and improve on these components. They have also offered an opportunity to identify gaps in our existing Strategic Plan.

3. Financial Report

The financial statements ending March 2023, show a negative variance of \$93,462 in the cost shared programs before considering COVID-19 extraordinary expenses. This does not take into account the mitigation funding for 2023, as the mitigation grant will start to flow to health units in the second quarter of the year. When taking into account the expected mitigation funding up to March 31, 2023, the financial position in cost shared programs is a positive variance of \$201,413. The statements account for \$1,175,942 in COVID-19 extraordinary expenses incurred to the end of March. Cost shared funding must be fully used prior to utilizing COVID-19 extraordinary funding, and so the actual variance in cost shared programs at March 31 is nil with \$974,529 in COVID-19 extraordinary expenses.

4. Quarterly Compliance Report

The agency is compliant with the terms and conditions of our provincial Public Health Funding and Accountability Agreement. Procedures are in place to uphold the Ontario Public Health

Accountability Framework and Organizational Requirements, to provide for the effective management of our funding and to enable the timely identification and management of risks.

Public Health Sudbury & Districts has disbursed all payable remittances for employee income tax deductions and Canada Pension Plan and Employment Insurance premiums, as required by law to May 26, 2023, on May 29, 2023. The Employer Health Tax has been paid, as required by law, to April 30, 2023, with an online payment date of May 15, 2023. Workplace Safety and Insurance Board premiums have also been paid, as required by law, to April 30, 2023, with an online payment date of May 30, 2023. There are no outstanding issues regarding compliance with the Occupational Health & Safety Act, Ontario Human Rights Code, or Employment Standards Act.

5. Public Health Sudbury & Districts Cultural Space Mural

As part of the Public Health Sudbury & Districts Infrastructure Modernization Project, a dedicated Cultural Space was created at 1300 Paris St. The Cultural Space is intended to support ongoing work to advance the agency's Indigenous Engagement Strategy and to create a warm and welcoming space with an Indigenous focus within our building. The central focal point of the Cultural Space is a mural commissioned by local Anishinaabeg artist, Jessica Somers, installed the week of June 5, 2023. Jessica's mural features design elements from the Indigenous Engagement Strategy, including bear (mukwa) imagery. The mural incorporates the agency values of humility and respect, the grandfather teaching of truth, and symbols representing most Indigenous peoples in the service area in the artist's own style.

6. Ontario Forest Fire (Wildfire) Smoke and Air Quality update

Air quality in Ontario, including within Public Health Sudbury & Districts service area, continues to be adversely affected by smoke plumes from local forest fires (wildfires) as well as wildfires over Quebec. Public Health Sudbury & Districts continues to carefully monitor the provincial and local wildfire situation and the impact of this on the local Air Quality Health Index. Staff continue to work closely with local and provincial partners to coordinate preparedness and response measures and to issue health protective messaging to the public.

7. Local and Provincial Meetings

A Community Drug Strategy Executive Committee meeting was held on May 30. The COMOH Drug/Opioid Poisoning Crisis Working Group met on June 5. The Northern Medical Officers of Health continue to meet regularly and met on June 7.

I, along with Board of Health Chair, R. Lapierre and Board of Health Vice-Chair, M. Signoretti, will be attending the alPHa Annual General Meeting, Conference and section meetings.

The following are divisional program highlights, including the twice yearly Corporate Services update:

Corporate Services

1. Accounting

On March 17, 2023, the Ministry of Health communicated that we are approved to carryforward \$202 224 in funding for the lab roof water infiltration repair project to the 2023-24 funding year. On March 24, 2023, the Ministry of Health confirmed continued funding of the mitigation grant into 2023. We also received funding approval for a further \$300 000 to support the School Focused Nurses program from April to June 2023. The Ministry has indicated that funding for this program will not continue past June 2023.

The 2023 Annual Service Plan was submitted to the Ministry in April 2023. In addition to the base budget request, Public Health Sudbury & Districts requested additional base funding to support the growing needs of the Ontario Seniors Dental Care program which is funded at 100 percent and also submitted several one-time funding requests including funding to support increased costs for the lab roof water infiltration repair project, funding for vaccine refrigerators, public health inspector practicums, server replacement costs, ISPA vaccination clinic catch-up costs and one-time funding for the Ontario Seniors Dental Care program. The Ministry has indicated that they are targeting funding approvals for late June to early August to be sent out to health units.

Accounting has completed the preparation of the 2022 Financial Statements which were audited by KPMG in late March/April. The draft audited financial statements were presented to the Board of Health Finance Standing Committee on June 6, 2023.

Public Health Sudbury & Districts has met all legal obligations and there are no outstanding issues regarding compliance with CPP, CRA, WSIB, the Health and Safety Act, the Ontario Human Rights Code and the Employment Standards Act.

2. Facilities

Facilities continues to support the Infrastructure Modernization Projects including the capital projects involving the replacement of the elevator and the lab roof water infiltration repair project.

General repair and maintenance projects were also completed. All systems and equipment have been maintained as per CSA standards and legislative requirements.

The EQUANS Facilities Manager position, supporting the Public Health Sudbury & District offices, remains vacant at this time, with ongoing recruitment efforts being made by EQUANS to fill this role.

3. Human Resources

Recruitment and Recovery

Recruitment continues to be steady and transitioning to normal as we recover from the pandemic. Temporary positions for recovery priorities are being extended as needed.

Managers are starting to recruit and fill permanent vacancies and deployed staff have been returned to their pre-pandemic positions, restoring some balance within teams.

Staff have been settling into hybrid work and into the newly renovated offices, and the organization has restored its normal hours of work with the exception of COVID-19 clinics in the evening and weekends.

Agency recruitment policies are currently under review as part of the organization's policy review cycle.

Health and Safety

We continue to work diligently to maintain our compliance with the Occupational Health & Safety Act and our organizational health and safety policies and procedures. Regular and recurring activities include regular Joint Health and Safety Committee meetings, training, and communication on the Internal Responsibility System, WHMIS, fire safety, first aid, emergency preparedness, and workplace violence and harassment.

Additional measures required for COVID-19 remain in place to ensure the safety of staff and others who visit our offices and are communicated to staff.

Requirements for health and safety are in place for all offices including temporary locations.

The agency policies for health and safety training have been reviewed and the plan to address gaps has been actioned and is mostly complete.

The workplace health and safety requirements for Elm Place and 1300 Paris have been completed to reflect the new space requirements.

Other agency policies related to health and safety are currently being reviewed and updated as needed.

Staff psychological health and wellness is a priority for the agency. Through this reporting period, the Psychological Health and Wellness committee (PHWC) has re-energized a campaign to promote the *National Standard of Canada for Psychological Health and Safety in the*

Workplace. The campaign focuses on the 13 National Standards; some examples of the standards include, *Organizational Culture, Growth and Development, Workload Management, Balance, and Psychological Protection.*

The PHWC also offered staff the opportunity to participate in the Canadian Mental Health Association's Your Health Space training program. This program offered staff self-guided e-learning modules on topics such as mindfulness, self-care, moral injury, compassion fatigue, wellness, and flourishing,

The PHWC has promoted both Workplace Health and Wellness Month and Mental Health Month in May. Public Health staff were encouraged to engage in physical activity (for example, walking, hiking, swimming, cycling, and paddling) and in activities that promoted mental health (for example, meditation, yoga, and relaxation exercises) for 30 minutes per day during the month of May. The agency provided staff the opportunity to add 30 minutes to their lunch to participate in a wellness activity of choice.

The committee has been actively sharing helpful information related to psychological health and wellness in Insight and Inside Edition. The committee re-energized the Public High Five Campaign encouraging staff to recognize a team or process by sharing messages of gratitude with one another.

Accessibility for Ontarians with Disabilities Act (AODA)

Public Health Sudbury & Districts continues to meet the requirements of the Accessibility for Ontarians with Disabilities Act. The Accessibility Plan and agency policies are available to the public on the website.

The agency accessibility and human rights policies, accessibility plan, and staff orientation are currently under review. Managers were provided with a training session on human rights legislation and compliance as well as conducting defensible recruitment and selection processes.

Privacy

The organization continues to follow its practices to ensure that health information is being protected from unauthorized use/access as required by the new Personal Health Information Protection Act (PHIPA).

New staff continue to receive privacy and access to information training during onboarding and orientation. Current staff complete an annual Privacy refresher training.

Agency compliance with mandatory breach reporting required by PHIPA to the Information and Privacy Commissioner of Ontario has been maintained. There are 7 breaches reported to date in 2023 compared to 6 in total in 2022. These mainly involve inappropriate access through

misdirected mail/communication. When breaches occur, the agency takes the appropriate actions to immediately contain, resolve, and implement measures to mitigate future breaches.

Access to Information Requests

To date Access to Information requests are minimal. The following table provides a 5-year history on the numbers of requests.

Year	# of requests
2017	12
2018	4
2019	14
2020	4
2021	6
2022	12
2023	3 to date

Labour Relations

The organization completed two full days of bargaining with CUPE, May 10 and 11, for the collective agreement that expired March 31, 2022, and has scheduled 2 days to continue bargaining in early September.

4. Information Technology and Records Management

Information Technology has initiated an IT modernization project involving upgrading to new hardware which will allow servers to run in the Cloud. All workloads have been migrated to the new hardware.

In addition, the following projects are underway to support the move to cloud-based computing thereby taking advantage of Microsoft Office 365 offerings.

- Migration to Exchange online has started with Corporate and Knowledge and Strategic Services complete, with the remaining divisions scheduled to be completed by early summer.
- The SharePoint migration pilot project is also underway. Consultants are currently working on the templates. Staff are currently testing with the new Nintex Workflow platform, as well as CollabSpace, which is the new records management platform as part of this project.
- All copiers have been replaced with Canon MFPs and the new secure print swipe card system is in place at Paris Street. Elm Place will be also be placed on the same system.
- The current phone system is end of life and a new phone system has been selected.
- IT has been diligently working with a pilot group to have the new Service Desk configured which we hope to roll out soon.

5. Volunteer Resources

For the reporting period of November 2022 to January 2023, there was a total of 67 active clinical volunteers supporting the COVID-19 vaccination clinics. On average, 5 of these 67 volunteers were actively taking shifts. Beginning January 2023, the program only required volunteer support for Mindemoya vaccine clinics. As such, since January 2023, only 2 of the previously 67 active volunteers continued to support the Mindemoya clinics, specifically with client service at the main entrance.

Due to the COVID-19 response and social distancing measures, all mandatory program related volunteer positions have been put on hold. Plans are underway to resume volunteer supports for priority recovery programming as requested.

6. Quality & Monitoring

The Client Satisfaction Survey provides everyone who interacts with Public Health Sudbury & Districts an opportunity to share their feedback and contribute to program and service improvements, including clients, community members, partners, and stakeholders. The survey can be completed in person or online in both English and French. The survey continued to be available during our COVID-19 response and feedback is reviewed regularly to inform the tailoring of and improvements to programs and services.

Client Service Standards are a public commitment to a measurable level of performance that clients can expect under normal circumstances. The Client Service Standards are available on our website and continue to guide the interactions and set expectations for service delivery and responsiveness.

Lean

Lean reviews continue to be part of the organization's continuous quality improvement strategy and are a key driver to support process improvements and mapping our future ways of working. Lean methodology is used each day, specifically with streamlining processes, brainstorming strategies, mapping and recommending new ways of working, and monitoring the implemented future state. Within this reporting period, teams have been requesting topic specific Lean reviews facilitated by the Quality & Monitoring Specialist. Topics include data monitoring for IT modernization initiatives, planned communication development and approvals, and administrative efficiencies related to hybrid work logistics. Plans are underway to re-convene the Continuous Quality Improvement Committee in Q3 2023.

Risk Management

In 2019, the Board approved a 2020–2022 risk management plan with the direction to conduct a comprehensive review every 3 years to inform the development of the next three-year plan. This reporting period has focused efforts on developing and implementing a risk management

engagement strategy to inform the development and approval of the 2023–2025 risk management plan.

In February 2023, the Board of Health approved risk management engagement timelines through motion 09-23. The timelines outline the next steps for engagement, development, approval, and launch of the 2023–2025 risk management plan. On February 28, 2023, the Senior Management Executive Committee workshop identified risks related to both internal and external factors, mapped mitigation strategies to each, and assigned a residual risk rating to each risk. On April 20, 2023, the Board of Health had a risk management workshop to engage in a risk identification exercise and provide recommendations for the 2023–2025 risk management plan. The plan was finalized and approved by the Board of Health at its May 2023 meeting. As part of our risk mitigation efforts, all organizational risks are to be monitored regularly and follow reporting timelines.

7. Infrastructure Modernization

1300 Paris Street

The list of remaining deficiencies is shrinking and continues to be addressed slowly. Scheduling of the contractors continues to be a challenge now that we are in the final mile of the project.

The internal building signage project is underway. The elevator upgrade project is nearly complete, with only minor items left to address. Final TSSA inspection has been completed, and the elevator has been turned over to PHSD for use.

The lab roof/water infiltration repair project commenced early May, with an anticipated completion target early fall.

Elm Place

The list of remaining deficiencies is almost complete. Contractors are working to complete the remaining deficiencies, and we are hopeful to see this project wrap up shortly.

Health Promotion

1. Healthy Growth and Development

Breastfeeding

During the month of May, staff provided 171 in-person and virtual breastfeeding clinic appointments to clients at the main office, as well as the Val Caron, Espanola, and Manitoulin office locations.

Growth and development

In May, 127 48-hour calls were made to parents. Staff complete assessments with early identification and intervention screening questions to determine if additional support services would be of benefit to these families.

On May 9, staff from the Healthy Families team were invited by YMCA immigration Services to offer a presentation for newcomers to Canada. The focus of the presentation was to provide an overview of the services that are available at Public Health Sudbury & Districts and to provide individuals the information they need to access appropriate services, as needed.

Health Information Line

In May, the Health Information Line received 102 calls. Most inquiries were related to information on breastfeeding, infant feeding, the lack of primary health care provider, some requests for mental health services, and general resources regarding healthy growth and development.

Healthy Babies Healthy Children

In May, the team continued to provide support to 157 active client families in the Greater Sudbury, Lacloche, and Manitoulin areas. The team completed 731 interactions (in home/virtual visits as well as phone calls). Public health dietitians in collaboration with PHNs continue to provide nutritional support to clients who are identified as high risk.

Healthy pregnancies

In May, 34 new registrants signed up for the Healthy Families team's online prenatal course. This course provides information on life with a new baby, infant feeding, the importance of self care, and the changes a new baby can bring to relationships.

Two presentations related to healthy pregnancies were held in May at Our Children Our Future and Better Beginnings Better Futures with a total of 10 people in attendance. Topics such as the period of purple crying, labour and delivery, and postpartum care were discussed. A public health dietitian also provided food demonstrations to the group to promote healthy eating.

Mental health promotion

In May, staff worked in partnership with Health Sciences North to create a social media post that highlighted the importance of Maternal Mental Health Day. Information on current statistics and where to seek help if an individual or if someone they know is struggling with perinatal mental health were provided.

2. School Health

Healthy eating behaviours

A registered dietitian supported the successful implementation of the Northern Fruit and Vegetable Snack Program (NFVP) in 96 elementary schools, including schools within First

Nations, and schools within the 7school boards that cross the Public Health Sudbury & Districts' service area. The goal of the NFVP is to increase exposure, acceptance, and consumption of fruits and vegetables among elementary students. In partnership with the Ontario Fruit and Vegetable Growers' Association, the Ministry of Health, and local school boards and schools, the program provided 1 serving of fruit and 1 serving of vegetables to 20 030 students, weekly, from January to June 2023. The program also provided additional equipment and tools, such as fridges and serving utensils, to schools to ensure safe and efficient program implementation.

Healthy sexuality

Staff continue to support educators in their delivery of the Sexual Health curriculum by consulting with curriculum consultants and teachers, as well as sharing resources and materials for classroom use, including puberty and birth control kits, anatomy models, healthy sexuality, and contraception activities.

Staff continue to deliver presentations to students as part of the comprehensive school health approach. In May, the team delivered a contraception presentation to 12 Grade 7/8 students in one school as well as 5 Safe Grad presentations to highschool students (detailed below under substance use), which included content on healthy decision making as it relates to sexual health. In addition to building knowledge and understanding of healthy sexuality, the content of these presentations is aimed at bolstering protective factors, ameliorating risk factors, and creating supportive environments to help students in making healthy decisions.

Mental Health Promotion

Staff participated in a provincial-wide consultation with School Mental Health Ontario, Ontario Public Health Units, and other key stakeholders regarding new Mental Health Literacy modules to be developed over the next two years. These consultations are a unique opportunity to influence the content of the mental health curriculum that will be delivered to Grades 7 and 8 students across Ontario and to build partnerships among these stakeholders.

The School Health Promotion team is delivering a 10-week Mindfulness program to students and teachers in one French school, helping to improve both student mental and physical health by bolstering protective factors and reducing risk factors associated with poor health outcomes. In line with the comprehensive school health approach, the Mindfulness program includes both a student program and a staff/educator program, running in tandem, to foster a culture of mindfulness amongst the school community. In May, the team delivered the fifth through ninth sessions to 39 students in Grades 5/6 and 7/8, and one group of teachers of 5 to 10 participants per session. The team is also delivering a 10-week Mindfulness program to students in one English school; the fourth through seventh sessions were delivered to 42 Grades 6 to 8 students in May.

Additionally, the team delivered three, 30-minute workshops for parents of elementary and high school students during a parent-oriented event at one school board. The presentations promote student flourishing by developing their strengths and are part of the team's

comprehensive upstream approach to build student protective factors, resiliency and create supportive environments.

The team continues to support educators in consultation and in sharing of resources related to mental health. In May, the team responded to requests for resources on healthy body image, empathy, growth mindset, and gratitude for student use in a “gratitude challenge” at one school.

Oral Health

In April, staff concluded the school screening program for the 2022–2023 school year and have been continuing to conduct case management follow-ups for all students who were identified with urgent dental needs. Staff also continued to provide preventive dental care at Public Health offices, including those in the districts, for children enrolled in the Healthy Smiles Ontario (HSO) Program, and enrolment support to families interested in applying for HSO.

Staff also hosted a second successful drop-in dental screening clinic for children and youth at the Paris Street office on the school professional development (PD) day in April. Of the 23 children and youth screened, more than one quarter (26%) were found to have urgent dental care needs requiring a referral to a dentist; and more than half (57%) qualified for, and were enrolled in, HSO’s preventive services stream. An additional drop-in screening clinic has been planned for the School PD day in June. Overall, the PD day clinics have been an effective way to reach families to provide dental screening, identify children in need of urgent and preventive dental care, and enrol children from families with low incomes into HSO.

Substance use and harm reduction

The team also delivered a vaping workshop—including information on vaping, statistics, and prevention strategies—to parents of elementary and secondary students during an evening, parent-oriented event hosted by one school board. The workshop provided parents with strategies to mitigate risk and increase protective factors.

Vision

Staff completed delivery of the Senior Kindergarten Vision Screening Program for the 2022–2023 school year. All schools in the catchment area with any students enrolled in Senior Kindergarten were invited to participate. Parents or guardians of students identified with a vision concern during screening were informed and advised to have their child receive a comprehensive eye exam with an optometrist.

3. Substance Use and Injury Prevention

Alcohol and cannabis

In May, the team created three social media posts to promote purchasing cannabis from a trusted retailer, planning for a safe ride to prevent impaired driving if using substances, and promoting the Canadian Centre on Substance Use and Addiction (CCSA)'s new guidelines on

Alcohol and Health. On May 24, Public Health Sudbury & Districts submitted feedback to Health Canada's Notice of Intent - Consultation on Potential Amendments to the Cannabis Regulations.

Comprehensive tobacco control

Quit Smoking Clinic (QSC) services remain on hold, and individuals seeking support are being referred to other programs throughout Ontario. The QSC telephone line remains open. In May, the QSC received 13 calls via the Tobacco Information Line. The team, in collaboration with the North East Tobacco Control Area Network (NETCAN), created an advertising campaign with CTV and Bell Media to promote World No Tobacco Day. This year's theme was "We need food, not tobacco". The campaign, which started on May 22 and ended on the World No Tobacco Day on May 31, highlighted the benefits of quitting smoking for up to 48 hours.

The team also published two social media posts for tobacco on May 31. One post was to promote Stop on the Net and the second one was for World No Tobacco Day.

Harm reduction – Naloxone

In April, a total of 844 naloxone doses were distributed and there were 184 individuals trained. Agencies such as the French River Fire Department continue to adopt naloxone and be onboarded to the program.

Mental health promotion

The second component of the Mental Health Literacy training series for staff was released to agency staff on May 1, 2023.

The Child and Youth Mental Health Week (May 1–7) was a success as the Mental Health and Substance Use team contributed to the week of events by creating an activity and sharing information via social media. Almost all the activities planned during the week had to be increased in capacity to accommodate and support more families. This activity was also shared and printed for use in Sudbury East at their Family Fun Day on May 27, 2023.

A tour was completed at Elm Place with staff from the Sudbury Youth Wellness Hub to orient them to the sexual health space and ease referrals from the Youth Wellness Hub to Public Health Sudbury & Districts.

Substance Use

In May, one memorandum of understanding was signed and completed between Public Health Sudbury & Districts and a community partner in the LaCloche Foothills area for the partner to acquire a needle disposal kiosk purchased through the harm reduction expansion initiative. The installation of this kiosk will provide a much-needed location for safe syringe disposal in an area where there are currently no similar services.

At the end of May, members from the Mental Health and Substance Use team and the district office in Espanola presented to various Manitoulin-Sudbury District Services Board staff

regarding harm reduction services and education, including naloxone training, substance use, and stigma. This presentation will help to deepen relationships within our districts, as well as increase substance use and harm reduction knowledge, and increase supports for people who use drugs, their friends, and family.

Violence

May was Sexual Assault Prevention Month. On May 1, in collaboration with the Sexual Health team, the Mental Health and Substance Use team published a social media post to raise awareness about sexual assault. A second social media post was shared on Monday, May 22.

Smoke Free Ontario Strategy

Through meaningful collaboration and engagement with other Tobacco Control Area Network (TCAN) partners and health units, the North East Tobacco Control Area Network (NE TCAN) supports a multi-level comprehensive tobacco control strategy aiming to eliminate tobacco related illness and death by preventing experimentation and use among youth and young adults, increasing and supporting cessation/quit attempts and protecting the health of people.

In May, media engagement across the North East included youth vaping prevention and cessation, adult cessation, and promotion of the World No Tobacco Day on May 31.

The Youth and the Adult Nicotine Dependence advisory committees have established working groups to prepare for next steps on policy development, communication, research, and initiatives for prevention, cessation, and protection.

School Health, Vaccine Preventable Diseases and COVID Prevention Division

1. Vaccine Preventable Diseases and COVID Case and Contact Management

In May, the Vaccine Preventable Diseases (VPD) team continued the spring session of the Grade 7 Immunization Program in area schools. This programming offers immunization for protection against hepatitis B, meningitis, and human papilloma virus. In a continued effort to get students back on track with routine immunization, eligible Grade 8 students were also being offered immunization during the spring school clinics.

Throughout May, the VPD team also continued to enact programming outlined by the Immunizations of School Pupils Act (ISPA). As of May 8, all 23 secondary schools in the catchment area had entered their respective suspension enforcement periods. A total of 1,005 secondary students were affected by suspension, representing about one quarter of those originally identified as needing to update their records. As of May 25, suspension

activities have been resolved in full at 20 schools and for 998 students. There are seven secondary students who continued to be followed for ISPA by Public Health.

The month of May marked the start of ISPA programming for elementary students in the catchment area. As of May 23, first notification letters regarding out-of-date immunization records had been issued to 1,706 elementary students at 23 schools. Identified students enrolled at an additional 54 elementary schools will receive letters over the next few weeks. In an effort to protect as many as possible, elementary ISPA programming during the month of May addressed schools that have the lowest reported rates of measles immunization coverage.

With support from the School Focused Public Health Nurses, the Vaccine Preventable Diseases team addressed 489 phone calls related to vaccine inquiries over the month of May.

2. COVID and Schools

School Focused Nurses continue to monitor monthly COVID-19, gastrointestinal, and respiratory illness reporting in schools and Licenced Child Care Centres and follow up accordingly. School Focused Nurses responded to five reports of illness related to absenteeism in the schools and Licenced Child Care Centres in April.

The School Focused Nurses' continued focus remains supporting the school health program of immunization, as per the *Immunization for Children in Schools and Licensed Child Care Settings Protocol*. They review and update immunization records, contact individuals who are due or overdue for routine immunizations, and offer clinic appointments. School Focused Nurses administer routine immunizations within their catchment area. In April, School Focused Nurses conducted 479 ISPA-related immunization appointments and supported 302 immunization related phone calls.

3. COVID-19 Vaccination

Public Health Sudbury & Districts continues to offer many COVID-19 vaccination opportunities across its entire service area. Opportunities for COVID-19 vaccinations continued for Indigenous communities in partnership with First Nation communities or Indigenous service providers, which included clinics in M'Chigeeng and Sagamok in May. In addition to clinics being offered in the Espanola, Manitoulin, and Chapleau district offices, community clinics were also held in Killarney in May, and Noëlville and Mindemoya in early June. A pop-up clinic was held at the Samaritan Centre to provide vaccine opportunities for some of the more vulnerable and harder to reach populations. The vaccine-to-vehicle and homebound vaccination programs continued to take place for clients who were unable to attend regular clinics.

Outreach emails from the Ministry were sent in early May to those that were eligible and overdue for a Spring booster dose. These direct communications in turn, increased the attendance at clinics. The team ensured sufficient vaccination opportunities were available

across the service area for those who were eligible and scaled up appropriately to meet the demand. Public Health Sudbury & Districts conducted direct outreach and support to long-term care and retirement homes as well as congregate care settings. Clinics took place at the Manitoulin Centennial Manor and Sudbury Developmental Services' Maple Residence Home in May, and the Espanola Nursing Home in early June.

Currently, staying up to date with COVID-19 vaccines for those five years and older means the completion of a primary series and receipt of a booster dose on or after September 1. Locally, 27.7% of individuals aged 18+ have received a booster dose in the last nine months (data current as of May 24, 2023). For specific high-risk populations (including those aged 65 years and older), staying up to date means completion of the primary series and receipt of a booster dose within the last 6 months.

As part of the spring booster campaign, 11.5% of those aged 65+ have received a booster in the last three months (with 35.8% within the last six months, before the spring booster program). Staff continue to monitor local eligibility and plan clinic opportunities to meet demand accordingly. As of May 24, 91.3% of residents aged twelve and up have received their primary series, while 57.6% have received one booster dose. Second booster doses have been administered to 30.4% of residents aged 18 and older. Since the bivalent boosters have been available, over 43,732 doses have been administered to those who are eligible, which includes approximately 4,138 booster doses since the beginning of the spring booster campaign launched on April 6, 2023.

4. Sexual Health/Sexually Transmitted Infections (STI) including HIV and other Blood Borne Infections

Sexual health promotion

At the end of April, staff hosted a presentation at Community Living Greater Sudbury on healthy sexuality, safe sex, STI and birth control options.

In follow-up to an Advisory Alert issued in April to all healthcare providers regarding the increasing number of syphilis cases locally, staff distributed postcards to several walk-in clinics in our community. These postcards highlight the different stages, clinical manifestations, and incubation period of syphilis.

Sexual health clinic

In May, there were 42 drop-in visits to the Elm Place site related to sexually transmitted infections, blood-borne infections and/or pregnancy counselling.

The Elm Place site completed a total of 365 telephone assessments related to STIs, blood-borne infections, and/or pregnancy counselling in May, resulting in 221 onsite visits.

Growing Family Health Clinic

In May, the Growing Family Health Clinic saw a total of 95 patients and had 33 new referrals.

Health Protection

Public Health Sudbury & Districts has successfully hired two certified Public Health Inspectors to fill two long-term vacancies in the Mindemoya office, as well as one contract position to back-fill a temporary public health inspector vacancy in the Sudbury office. With these critical positions filled, the Health Protection Division will begin to resume all routine inspections in accordance with the Ontario Public Health Standards.

1. Control of Infectious Diseases (CID)

In May, staff followed-up with 111 new local cases of COVID-19, of which 86 were sporadic cases, and 25 were cases linked to institutional outbreaks. In addition, staff investigated 33 sporadic reports of other communicable diseases of public health significance.

Three respiratory outbreaks were declared in institutions. The causative organisms for two of these outbreaks was identified to be COVID-19, and one was identified as metapneumovirus. Further to this, three enteric outbreaks were declared in institutions. The causative organism for the three enteric outbreaks has not been identified. Staff continue to monitor all reports of enteric and respiratory illness in institutions, as well as sporadic communicable diseases.

During the month of May, two infection control complaints were received and investigated.

Infection Prevention and Control (IPAC) Hub

In congregate living settings in May, IPAC practitioners carried out 26 services and supports in response to outbreaks.

2. Food Safety

During the month of May, public health inspectors issued one closure order to a food premises due to a sewage back-up resulting in a potential health hazard.

Staff issued 69 special event food service permits to various organizations.

Through four Food Handler Training and Certification Program sessions offered in May, 47 individuals were certified as food handlers.

3. Health Hazard

In May, 22 health hazard complaints were received and investigated. Three of these complaints involved marginalized populations.

4. Ontario Building Code

In May, 29 sewage system permits, 24 renovation applications, and five consent applications were received.

5. Rabies Prevention and Control

Thirty-five rabies-related investigations were carried out during the month of May.

Two individuals received rabies post-exposure prophylaxis following an exposure to wild or stray animals.

6. Safe Water

During May, 37 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated four regulated adverse water sample results, as well as drinking water lead exceedances at one local school.

7. Smoke Free Ontario Act, 2017 Enforcement

In May, *Smoke Free Ontario Act* Inspectors charged three individuals for smoking on hospital property and one individual for vaping on school property. Additionally, 18 individuals received warnings regarding vaping on school property.

8. Emergency Preparedness & Response

Due to flooding reported in some areas, a media release was issued on May 4, 2023, titled *Floods, wells and septic systems*. The media release provided guidance for homeowners on private water and sewage systems impacted by flooding.

Emergency Preparedness Week took place May 7 to May 13. This year's theme: *Be Prepared. Know Your Risks.* was meant to encourage Canadians to understand the risks in their area and learn what actions they can take to protect themselves and their families.

In response to hot, humid weather during the last week of May, a media release was issued reminding the public of how to avoid heat-related illness.

9. Needle/Syringe Program

In April, harm reduction supplies were distributed, and services received through 2,115 client visits across the Public Health Sudbury & Districts' region. Public Health Sudbury & Districts and community partners distributed a total of 50,570 syringes for injection, and 101,760 foils, 9,627

straight stems, and 5,419 bowl pipes for inhalation through both our fixed site at Elm Place and outreach harm reduction programs.

Knowledge and Strategic Services

1. Health Equity

Staffmembers from Knowledge and Strategic Services and Corporate Services are working to implement the agency's Positive Space plan, which aims to advance our commitment to creating an inclusive and respectful environment for everyone. Key actions include new signage and communication materials, updates to agency intake forms, the launch of a new public facing anti-discrimination statement, a modified process for soliciting feedback from clients and staff, and communication to staff about this initiative and expectations related to inclusive practice.

Public Health staff were required to complete mandatory health equity training to support the implementation of the Health Equity Foundational Standard across agency programs and services. To support the Core Foundational Health Equity Training - Public Health for Equitable Systems Change Webinar Series, four Reflective Circles were offered to staff to help them reflect on the learnings from the webinars. Findings from the reflection circle will be used to assist the organization continue in its efforts to build staff capacity and skills.

The Health Equity Team has been actively participating in various meetings to support partners engaged with newcomers and racialized communities. This has included ongoing participation with efforts led by the Local Immigration Partnership and the Northern Ontario Francophone Immigration Support Network. In May, a staff member from the Health Equity Team along with two staff members from the Health Promotion Division also attended the two-day Trauma Event System (TES) Training and will be exploring further the role of Public Health in the aftermath of traumatic events.

Staff also led a number of social media and internal communication efforts to raise awareness about key issues and significant dates related to health equity, social justice, and inclusion, including: Asian Heritage Month (May), the International Day Against Homophobia, Transphobia, and Biphobia (May 17), World Day for Cultural Diversity, and Pride month (June).

2. Indigenous Engagement

Indigenous Engagement staff continue to engage with local Indigenous partners. Staff facilitated the first knowledge exchange session of the Public Health Indigenous Engagement Network (PHIEN) on May 17. The session featured a presentation by Peterborough Public Health that focused on governance level experience with Section 50 agreements and ongoing engagement and partnerships with local First Nations. In support of the National Day of

Awareness for MMIWG2S+ peoples (May 5), staff placed red dresses throughout the 1300 Paris Street Public Health office.

Indigenous Engagement staff have been exploring options to further the third direction of the Indigenous Engagement Strategy, which aims to strengthen Public Health's capacity for a culturally competent workforce. These options include identifying art, training opportunities, and Indigenous protocols to help create culturally safe, welcoming, and inclusive public health environments. Staff also coordinated a training session and workshop for the Board of Health (May 17 and 18) and prepared educational packages for continuous learning about Indigenous identity and land, impacts of colonialism, cultural safety and awareness, treaties, residential schools, the sixties scoop, and health inequities.

3. Population Health Assessment and Surveillance

Between April and May, the Population Health Assessment and Surveillance (PHAS) team logged, facilitated, and completed a total of 290 data and consultation requests, for an average of 36 requests per week. In the course of completing these requests, the team collaborated with and supported numerous teams across the agency.

Development was completed on a new internal Vaccine-Preventable Diseases Vaccination Dashboard, providing valuable indicators on the status of uptake for childhood vaccinations within Public Health Sudbury and Districts area. To support the useage of this new tool, a "how-to" video on the application of this dashboard in addressing common vaccine-preventable disease questions was also produced and shared wth relevant staff members.

During the month of May, the PHAS team began a collaborative project with the Oral Health Team to create a database system to track seniors participating in the denture support program along with tools to manage various waitlists. Once complete, this project will support the Oral Health team to efficiently track, manage and report on the seniors participating in the denture support program within the agency. A series of best practices guides to health data management that supports the continued development of PHAS's new data model are also in development.

4. Research and Evaluation

In collaboration with other divisions, staff from the Effective Public Health Practice Team, coordinated the completion of an updated Community Engagement Primer . This primer outlines best practices and key audiences to guide public health work. The document will be used internally to support planning and engagement strategies with community partners.

In early May, two internal debrief sessions were held to seek feedback on the agency's program planning process . The sessions sought feedback on the 2023 process overall, and on

suggestions for tools, templates, and timelines, as well as recommended improvements to the overall process for the following year. Feedback will help to inform future planning cycles.

5. Staff Development

Consent and Capacity training will be provided to select staff on June 12. The session, provided by a lawyer with expertise in this area, will provide information on what is needed for informed consent, the types of consent required in various circumstances, and how and from whom consent and capacity is to be assessed and obtained.

6. Communications

In addition to helping develop temporary signage to guide clients throughout the construction phases at the main office, Communications is supporting the creation of permanent wayfinding signage for the renovated building. As the agency is committed to being a positive and inclusive space—for clients, staff, partners, volunteers, students, contractors—everyone, Communications is also helping develop signage and imagery for use in its office spaces to reinforce that commitment. The Communications Team provides strategic support across all public health programming areas—health promotion, health protection, and disease prevention—for planned initiatives and urgent needs.

Respectfully submitted,

Penny Sutcliffe, MD, MHSc, FRCPC
Medical Officer of Health and Chief Executive Officer

Public Health Sudbury & Districts
STATEMENT OF REVENUE & EXPENDITURES
For The 3 Periods Ending March 31, 2023
Cost Shared Programs

	Annual Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
Revenue:					
MOH - General Program	17,005,200	4,251,300	4,251,294	6	12,753,906
MOH - One Time Mitigation Grant	1,179,500	294,875	0	294,875	1,179,500
MOH - Unorganized Territory	826,000	206,500	206,500	0	619,500
Municipal Levies	9,418,510	2,354,628	2,354,847	(219)	7,063,663
Interest Earned	120,000	30,000	131,783	(101,783)	(11,783)
Total Revenues:	\$28,549,210	\$7,137,303	\$6,944,424	\$192,879	\$21,604,786
Expenditures:					
Corporate Services:					
Corporate Services	5,572,941	1,461,644	1,809,966	(348,322)	3,762,976
Office Admin.	111,350	27,837	15,083	12,754	96,267
Espanola	120,721	31,544	29,614	1,929	91,107
Manitoulin	131,888	34,565	26,130	8,436	105,758
Chapleau	130,602	34,136	27,988	6,148	102,614
Sudbury East	18,970	4,742	4,830	(87)	14,140
Intake	343,287	92,423	89,351	3,073	253,936
Facilities Management	677,485	169,371	146,700	22,671	530,785
Volunteer Resources	3,850	962	0	962	3,850
Total Corporate Services:	\$7,111,094	\$1,857,226	\$2,149,661	\$(292,435)	\$4,961,433
Health Protection:					
Environmental Health - General	1,299,780	346,558	321,798	24,761	977,982
Environmental	2,668,155	723,854	597,047	126,807	2,071,107
Vector Borne Disease (VBD)	89,308	23,173	6,826	16,347	82,482
Small Drinking Water Systems	198,210	53,364	28,250	25,114	169,960
CID	785,461	211,508	208,395	3,113	577,066
Districts - Clinical	214,329	57,685	56,326	1,359	158,004
Risk Reduction	178,042	44,510	7,639	36,872	170,403
MOHLTC - Influenza	0	1,534	0	1,534	0
MOHLTC - Meningitis	0	413	0	413	0
MOHLTC - HPV	0	600	0	600	0
SFO: E-Cigarettes, Protection and Enforcement	265,559	70,444	55,639	14,805	209,920
Total Health Protection:	\$5,698,844	\$1,533,643	\$1,281,919	\$251,724	\$4,416,926
Health Promotion:					
Health Promotion - General	1,156,588	309,325	291,186	18,139	865,403
School Health and Behavior Change	1,177,924	316,693	327,027	(10,334)	850,897
Districts - Espanola / Manitoulin	353,273	94,994	93,227	1,767	260,046
Nutrition & Physical Activity	1,951,353	522,482	407,826	114,656	1,543,528
Districts - Chapleau / Sudbury East	421,764	113,435	117,164	(3,729)	304,600
Tobacco, Vaping, Cannabis & Alcohol	675,857	180,965	23,201	157,765	652,657
Family Health	1,344,607	361,061	285,602	75,459	1,059,005
Mental Health and Addictions	786,387	211,044	342,989	(131,944)	443,398
Dental	464,592	124,498	118,365	6,133	346,227
Healthy Smiles Ontario	634,445	170,091	164,937	5,155	469,508
Vision Health	11,770	2,942	1,678	1,265	10,092
SFO: TCAN Coordination and Prevention	473,208	125,178	99,166	26,012	374,042
Harm Reduction Program Enhancement	161,321	43,322	19,393	23,929	141,928
Total Health Promotion:	\$9,613,088	\$2,576,031	\$2,291,759	\$284,272	\$7,321,329
Vaccine Preventable Diseases and COVID Preventio					
VPD and COVID CCM - General	311,216	82,735	81,676	1,059	229,540
VPD and COVID CCM	910,095	244,953	402,212	(157,259)	507,883
Sexual Health	1,353,228	362,594	373,395	(10,801)	979,833
Total SVC:	\$2,574,539	\$690,282	\$857,283	\$(167,002)	\$1,717,256
Knowledge and Strategic Services:					
Knowledge and Strategic Services	3,021,373	810,746	841,026	(30,280)	2,180,346
Workplace Capacity Development	23,507	5,877	648	5,228	22,859
Health Equity Office	14,440	3,610	(16)	3,626	14,456
Nursing Initiatives: CNO, ICPHN, SDoH PHN	482,094	129,795	87,905	41,889	394,189
Strategic Engagement	10,230	2,557	163	2,394	10,067
Total Knowledge and Strategic Services:	\$3,551,644	\$952,585	\$929,727	\$22,858	\$2,621,917
Total Expenditures:	\$28,549,210	\$7,609,766	\$7,510,349	\$99,417	\$21,038,861
Net Surplus/(Deficit)	\$0	\$(472,464)	\$(565,926)	\$(93,462)	

Public Health Sudbury & Districts

Cost Shared Programs

STATEMENT OF REVENUE & EXPENDITURES

Summary By Expenditure Category

For The 3 Periods Ending March 31, 2023

	BOH Annual Budget	Budget YTD	Current Expenditures YTD	COVID-19 Expenditures YTD	Total Expenditures YTD	Cost Shared Variance YTD (over) /under	Total Variance YTD (over)/under	Budget Available
Revenues & Expenditure Recoveries:								
MOH Funding	28,549,210	7,137,303	7,009,705		7,009,705	127,598	127,598	21,539,505
Other Revenue/Transfers	689,347	171,318	126,867		126,867	44,451	44,451	562,480
Total Revenues & Expenditure Recoveries:	29,238,557	7,308,621	7,136,572		7,136,572	172,048	172,048	22,101,985
Expenditures:								
Salaries	18,649,575	5,021,035	4,876,373	954,522	5,830,895	144,663	(809,860)	13,773,202
Benefits	5,873,586	1,581,202	1,484,328	127,963	1,612,291	96,873	(31,089)	4,389,257
Travel	292,857	73,214	23,962	14,572	38,534	49,252	34,681	268,895
Program Expenses	1,011,016	252,753	150,797	5,863	156,660	101,956	96,093	860,219
Office Supplies	75,150	18,787	25,712	161	25,873	(6,924)	(7,085)	49,438
Postage & Courier Services	74,100	18,525	11,767	0	11,767	6,758	6,758	62,333
Photocopy Expenses	4,240	1,060	157	0	157	903	903	4,083
Telephone Expenses	67,810	16,952	15,905	3,626	19,532	1,047	(2,579)	51,905
Building Maintenance	479,008	119,752	110,040	8,695	118,735	9,712	1,017	368,968
Utilities	236,920	59,230	32,375	0	32,375	26,855	26,855	204,545
Rent	323,548	80,887	74,770	29,896	104,666	6,117	(23,779)	248,778
Insurance	191,590	47,897	185,311		185,311	(137,413)	(137,413)	6,279
Employee Assistance Program (EAP)	35,000	8,750	9,184		9,184	(434)	(434)	25,816
Memberships	31,689	7,922	14,533		14,533	(6,611)	(6,611)	17,156
Staff Development	125,781	31,445	11,913	105	12,018	19,532	19,427	113,868
Books & Subscriptions	9,695	2,424	2,041		2,041	383	383	7,654
Media & Advertising	131,265	32,816	4,749	497	5,247	28,067	27,569	126,516
Professional Fees	417,333	104,333	80,977	3,583	84,561	23,356	19,772	336,356
Translation	48,890	12,222	22,812	6,687	29,499	(10,590)	(17,277)	26,078
Furniture & Equipment	22,120	5,530	3,044		3,044	2,486	2,486	19,076
Information Technology	1,137,385	284,346	561,747	19,772	581,519	(277,401)	(297,173)	575,638
Total Expenditures	29,238,557	7,781,084	7,702,498	1,175,942	8,878,440	78,586	(1,097,356)	21,536,060
Net Surplus (Deficit)	0	(472,464)	(565,926)			(93,462)	(1,269,404)	

Sudbury & District Health Unit o/a Public Health Sudbury & Districts

SUMMARY OF REVENUE & EXPENDITURES

For the Period Ended March 31, 2023

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
100% Funded Programs							
COVID and Schools	355	896,000	836,348	59,652	93.3%	Mar 31/2023	100.0%
Indigenous Communities	703	90,400	9,404	80,996	10.4%	Dec 31	25.0%
Pre/Postnatal Nurse Practitioner	704	139,000	139,008	(8)	100.0%	Mar 31/2023	100.0%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	103,969	(3,969)	104.0%	Mar 31/2023	100.0%
Northern Fruit and Vegetable Program	743	176,100	90,138	85,962	51.2%	Dec 31	25.0%
Triple P Co-Ordination	766	3,676	3,676	-	100.0%	Dec 31	25.0%
Supervised Consumption Site	767	1,094,021	333,527	760,494	30.5%	Dec 31	25.0%
Healthy Babies Healthy Children	778	1,476,897	1,476,889	8	100.0%	Mar 31/2023	100.0%
IPAC Congregate CCM	780	1,680,000	1,137,164	542,836	67.7%	Mar 31/2023	100.0%
Ontario Senior Dental Care Program	786	1,012,400	243,802	768,598	24.1%	Dec 31	25.0%
Anonymous Testing	788	61,193	61,193	-	100.0%	Mar 31/2023	100.0%
One-Time Nursing Initiative	794	2,766	2,766	-	100.0%	Mar 31/2023	100.0%
Total		6,732,453	4,437,884	2,294,569			

June 8, 2023

Via Email

Honourable Jean -Yves Duclos
Minister of Health, Canada
House of Commons
Ottawa, ON K1A 0A6
Jean-yves.duclos@parl.gc.ca

Dear Honourable Minister Duclos:

Re: Support for Bill S-254, an Act to amend the Food and Drug Act (warning labels on alcoholic beverages)

On April 26, 2023, the Board of Health for Algoma Public Health (APH), the local public health agency for the District of Algoma in Ontario, received information on alcohol-related harms and the newly released Canada's Guidance on Alcohol and Health, which outlines the current evidence linking alcohol to many health conditions and aims to help people make informed decisions about their alcohol consumption. At this time, a motion was passed to endorse Bill S-254 – An Act to Amend the Food and Drug Act (Warning Labels on Alcoholic Beverages), which calls on the federal government of Canada to implement alcohol warning labels.⁽¹⁾

The Board of Health for Algoma Public Health is asking the federal government to express support for Bill S-254, by implementing alcohol warning labels that:

1. Indicate the volume that constitutes a standard drink; and
2. Detail the number of standard drinks in the beverage container; and
3. Display health messages regarding the relationship between the number of standard drinks consumed and health outcomes, including the risk of cancer.

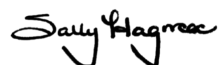
More than 75% of Canadians report consuming alcohol, and only 28% of Canadians are aware of the linkage between alcohol and cancer.⁽²⁾ When asked if warning labels on alcoholic beverages would change behaviour, two-thirds of those surveyed said they would decrease their consumption with this knowledge.⁽²⁾ In Algoma, over 1 in 4 residents drink heavily and breast and colorectal cancers are more frequently diagnosed, compared to Ontario.⁽³⁾ APH's Board of Health is committed to influencing the development and implementation of healthy policies and programs related to alcohol and other drugs, with a goal of reducing harms associated with substance use.

Blind River P.O. Box 194 9B Lawton Street Blind River, ON P0R 1B0 Tel: 705-356-2551 TF: 1 (888) 356-2551 Fax: 705-356-2494	Elliot Lake ELNOS Building 302-31 Nova Scotia Walk Elliot Lake, ON P5A 1Y9 Tel: 705-848-2314 TF: 1 (877) 748-2314 Fax: 705-848-1911	Sault Ste. Marie 294 Willow Avenue Sault Ste. Marie, ON P6B 0A9 Tel: 705-942-4646 TF: 1 (866) 892-0172 Fax: 705-759-1534	Wawa 18 Ganley Street Wawa, ON P0S 1K0 Tel: 705-856-7208 TF: 1 (888) 211-8074 Fax: 705-856-1752
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Bill S-254 aligns with the recent call to action in Canada's Guidance on Alcohol and Health, regarding mandatory labelling on alcoholic beverages, including the number of standard drinks in a container, risk levels from Canada's Guidance on Alcohol and Health, and health warnings.⁽¹⁾ In Canada, tobacco and cannabis products, two other legally regulated substances, are already subject to mandatory warning labels under the Tobacco and Vaping Products and Cannabis Acts, which have been found to be among the most direct and prominent means of communicating with smokers.⁽⁴⁾ In the same way that packaging and health warnings on tobacco products were used as part of a broader public health approach to reducing tobacco-related harms, labels on alcoholic beverages can help people make informed choices about their alcohol consumption, and raise awareness of alcohol-related harms.

We ask for your support of Bill S-254 and the implementation of federally mandated labels on all alcohol containers sold in Canada, to better inform Canadians about the health risks of alcohol. This is especially important given that the majority of Canadians are unaware that alcohol is classified by the World Health Organization (WHO) as a Class 1 carcinogen and is a cause of 7 different types of cancer, including breast and colon.⁽⁵⁾

Thank you for your consideration in advocating for improved health of Canadians.



Sally Hagman
Chair, Board of Health,

cc: Dr. J. Loo, Medical Officer of Health and CEO for Algoma Public Health
The Honorable Senator Patrick Brazeau
Local Councils
Local MPs
The Association of Local Public Health Agencies
Ontario Boards of Health

June 1, 2023

Honourable Jean-Yves Duclos
Minister of Health, Canada
House of Commons
Ottawa, Ontario
K1A 0A6

Email: jean-yves.duclos@parl.gc.ca

Dear Honourable Minister Duclos:

Re: Support for BILL S-254 An Act to Amend the Food and Drugs Act (warning label on alcoholic beverages)

Huron Perth Public Health (HPPH) Board of Health made a motion on May 12, 2023 to endorse Simcoe Muskoka District Health Unit's (SMDHU) letter to you dated March 15, 2023 (attached), titled *Support for 'BILL S-254 An Act to amend the Food and Drugs Act (warning label on alcoholic beverages)'*.

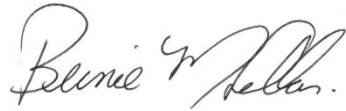
The letter from SMDHU outlines how Bill S-254 aligns with Canada's Guidance on Alcohol and Health, including recommendations for mandatory labelling of all alcoholic beverages with the number of standard drinks in a container, risk levels from Canada's Guidance on Alcohol and Health, and health warnings.

Despite being widely socially accepted, alcohol consumption is a complex public health issue that has social, health, and economic impacts on our local communities. Evidence shows that alcohol is a risk factor for numerous chronic diseases, including cancers, as well as injuries and violence. Alcohol consumption in Huron Perth is an ongoing concern. According to the Canadian Community Health Survey, in 2015 to 2020, 21.6% of adults in Huron Perth ages 19 years and older reported drinking at a high-risk level (7+ drinks) in the past week. This was significantly higher than the comparable provincial average of 16.3%. The letter from SMDHU encompasses recommendations that are applicable and beneficial to communities and residents within Huron and Perth counties.

HPPH Board of Health remains committed to working collaboratively with other public health units, non-governmental organizations, health care agencies, and out municipal, provincial, and federal governments to reduce the burden of alcohol on our communities and prevent alcohol-related harms.

The HPPH Board of Health urges support for amending Bill S-254 to implement health warning labels on alcoholic beverages.

Sincerely,



Bernie MacLellan, Board Chair
Huron Perth Public Health

BM/ikl

- cc. Carolyn Bennett, Minister of Mental Health and Addictions (carolyn.bennett@parl.gc.ca)
Dr. Kieran Moore, Chief Medical Officer of Ontario (cmoh@ontario.ca)
Senator Patrick Brazeau (patrick.brazeau@sen.parl.gc.ca)
Senator Donald Plett (don.plett@sen.parl.gc.ca)
Senator Raymonde Saint-Germain (raymonde.saint-germain@sen.parl.gc.ca)
Senator Scott Tannas (scott.tannas@sen.parl.gc.ca)
Senator Jane Cordy (jane.cordy@sen.parl.gc.ca)
Senator Marc Gold (marc.gold@sen.parl.gc.ca)
aIPHa (info@alphaweb.org)
Ontario Boards of Health (allhealthunits@lists.alphaweb.org)
Local MPs (john.nater@parl.gc.ca)

June 1, 2023

Honourable Karina Gould
Ministry of Families, Children and Social Development

Email: karina.gould@parl.gc.ca

Honourable Marie-Claude Bibeau
Ministry of Agriculture and Agri-Food

Email: Marie-Claude.Bibeau@parl.gc.ca

Honourable Jean-Yves Duclos
Ministry of Health

Email: jean-yves.duclos@parl.gc.ca

Dear Federal Ministers Gould, Bibeau and Duclos:

Re: Federal School Food Policy

I write on behalf of the Huron Perth Public Health Board of Health. As the federal government prepares to release a National School Food Policy and invest in programs across the country, we wish to reiterate the call for the development of a universal, cost-shared school food program for Canada and share our concerns about the current state of student nutrition programs in Ontario and our region.

Currently across Ontario, many school programs are unable to meet current demands, shutting down before the end of the school year or having to limit the foods served in order to get through the to the end of the year due to insufficient funds. Many programs have felt the strain with limited increases to provincial funding since 2014, while the rising food costs of the last two years and increased demand have significantly out-paced current funding. Other schools who have not previously had a program are seeing a demand, but there are no funds for new programs. There are urgent and immediate needs now. Children and youth need access to nourishing food to thrive and, without further investment, many will not have access to nourishing food at school. The current state of school food programs across Canada is patchwork and resource-limited. While many schools in Ontario do have student nutrition programs partially funded by the Ministry of Children, Community and Social Services, a significant investment from the federal government would allow for expansion of services and to address existing gaps. The current reliance on fundraising, volunteers, and donations is inconsistent, unsustainable, and puts schools who most need the support at a significant disadvantage. School food programs offer many academic and nutritional benefits and should be implemented along with additional income supports to reduce health inequities and food insecurity for families across Canada. School food policy and programs alone cannot alleviate poverty and food insecurity.^{1,2} School food programs can, however, play an important role in improving nutrition

¹ PROOF, Open Letter: Stop headlining the pan-Canadian school food policy as a way to reduce food insecurity among children. Dec 9, 2022. <https://proof.utoronto.ca/resource/open-letter-on-school-food-policy-consultation/>

² Ontario Dietitians on Public Health, Position Statement and Recommendations on Response to Food Insecurity. Dec 2020. <https://www.odph.ca/odph-position-statement-on-responses-to-food-insecurity-1>

intake, supporting healthy growth and development, supporting academic success, attendance and educational attainment, and improving mental health and well-being.³

Currently many elementary schools do not have adequate facilities to allow safe food handling and production of onsite food for meal/snack programs or for hands-on food literacy learning opportunities for students. Adequate funding for infrastructure improvements would benefit school food programs and academic learning across health and physical education, science and technology and other cross-curricular learning opportunities, which can build critical food skills for students when transitioning into adulthood.

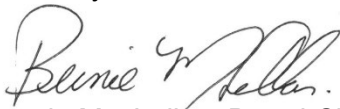
School food programs should be designed to⁴:

- serve tasty, nourishing, culturally appropriate foods
- ensure that ALL students in a school can access the program in a non-stigmatizing manner
- be a cost-shared model, including federal support
- be flexible and locally adapted to the context of the school and region, including commitment to Indigenous control over programs for Indigenous students
- support Canadian farmers and local food producers
- promote food literacy

Huron Perth Public Health Board of Health stands alongside other Boards of Health, School Boards, Municipalities, and other government agencies and organizations in supporting the Coalition for Healthy School Food's vision that every school-aged child and youth has a nutritious meal or snack at school daily.

We urge the federal Ministries of Families, Children and Social Development and Agriculture and Agri-Food to continue your work towards a comprehensive, cost-shared, universally accessible National School Food Policy and national school nutritious meal program with provinces, territories, municipalities, Indigenous partners and stakeholders.⁵ Every investment in children and youth counts.

Sincerely,



Bernie MacLellan, Board Chair
Huron Perth Public Health

BM/ikl

³ Hernandez, Kimberley & Engler-Stringer, Rachel & Kirk, Sara & Wittman, Hannah & McNicholl, Sasha. (2018). The case for a Canadian national school food program. *Canadian Food Studies / La Revue canadienne des études sur l'alimentation*. 5. 208-229. 10.15353/cfs-rcea.v5i3.260.

<https://canadianfoodstudies.uwaterloo.ca/index.php/cfs/article/view/260>

⁴ Coalition for Healthy School Food. Guiding Principles. 2022. <https://www.healthyschoolfood.ca/guiding-principles>

⁵ Prime Minister Mandate Letters. 2021. <https://pm.gc.ca/en/mandate-letters/2021/12/16/minister-families-children-and-social-development-mandate-letter> and <https://pm.gc.ca/en/mandate-letters/2021/12/16/minister-agriculture-and-agri-food-mandate-letter>



- cc. Honourable Michael Parsa, Minister of Children Community and Social Services; michael.parsaco@pc.ola.org
Honourable Stephen Lecce, Minister of Education; minister.edu@ontario.ca
Honourable Sylvia Jones, Minister of Health; sylvia.jones@ontario.ca
John Nater, MP Perth-Wellington; john.nater@parl.gc.ca
Ben Lobb, MP Huron-Bruce; ben.lobb@parl.gc.ca
Matthew Rae, MPP Perth-Wellington; matthew.rae@pc.ola.org
Honourable Thompson, MPP Huron-Bruce; lisa.thompson@pc.ola.org
Ontario Boards of Health (allhealthunits@lists.alphaweb.org)
aPHa (info@alphaweb.org)

June 1, 2023

The Honourable Michael Parsa
Minister of Children, Community and Social Services

Email: michael.parsaco@pc.ola.org

Dear Honourable Minister Parsa:

Re: Request for Immediate Funding for Student Nutrition Programs and to Increase Funding for Future School Years

I'm writing to you on behalf of Huron Perth Public Health. HPPH has recently endorsed the [Coalition for Healthy School Food](#) (CHSF). The Ontario-chapter (ON-CHSF) members – many of whom deliver school breakfast, lunch, snack or other nutrition and food literacy programs – have identified the same concerns with their local *Student Nutrition Programs* (SNPs) as we are seeing locally.¹

Currently across Ontario, many school programs are unable to meet current demands, shutting down before the end of the school year or having to limit the foods served in order to get through to the end of the year, due to insufficient funds. There has not been a substantial annual increase to core Ontario SNP funding since 2014. Many programs have felt the strain for years, but the rising food costs of the last two years² and increased demand have significantly out-paced current funding. Other schools who have not previously had a program are seeing a demand, but there are no funds for new programs-

There are urgent and immediate needs now. Children and youth need access to nourishing food to thrive and, without further investment, many schools will be unable to continue to provide adequate nourishing food through the remaining school year. ON-CHSF members report, projected budget shortfall for future years is substantial.

We are writing to you to highlight the immediate and longer-term funding needs of SNPs in Ontario. The current reliance on fundraising, volunteers, and donations is inconsistent, unsustainable, and disadvantages those schools who most need the support.

A growing body of research demonstrates that school food programs can benefit students' physical and mental health, improve food choices, and lead to student success (e.g. academic performance, student behaviour, and school attendance).³ These programs help reduce the \$5.6 billion/year in costs due to nutrition-related chronic disease injuries in Ontario. Well-designed and non-stigmatizing SNPs also have broad, positive impacts on families, communities, and the economy by reducing household food costs, creating jobs, and strengthening Ontario's agri-food sector.⁴

The Ontario government was among the first provincial governments to fund school food programs in Canada and now provides an annual \$27.9M for SNPs in the province. Since Ontario's initial investment, all provincial and

¹ The national [Coalition for Healthy School Food](#) consists of over 250 member and 125 endorser organizations from every province and territory, representing the largest school food network in Canada. Together, we are advocating for the creation of a universal cost-shared school food program that would see all K-12 students in Canada having daily access to healthy food at school.

² [Consumer Price Index, monthly, not seasonally adjusted](#). Statistics Canada. Sept 2021 to Sept 2022, food costs increased 11.5% (have rates this high since 1981).

³ [The case for a Canadian national school food program](#). Hernandez et al., 2018; [Nourishing Young Minds](#). Toronto Public Health, 2012; [The impact of Canadian School Food Programs on Children's Nutrition and Health](#). Colley et al., 2018; [Coalition for Healthy School Food](#)

⁴ [The Burden of Chronic Disease in Ontario](#). CCO & PHO 2019.

Page 2
The Honourable Michael Parsa
June 1, 2023

territorial governments have followed Ontario's lead. In response to recent urgent calls for additional funding because of greater participation and rising food costs, which are not unique to Ontario⁵, many provincial and territorial governments have increased their investments in school food. The 2022-23 school food funding increases include: \$500,000 in Newfoundland and Labrador; \$2 million in New Brunswick; \$2 million in emergency funding in Nova Scotia; \$1.3 million in Manitoba; \$16 million in Quebec; \$214.5 million over three years in Budget 2023 in BC; and \$500,000 in the Yukon. Many of these increases are to the programs' annual operating budgets. However, there has not been a substantial annual increase to core Ontario SNP funding since 2014.

We know Ontario's student nutrition programs have greatly appreciated the additional support that MCCSS provided to SNPs throughout the pandemic, and also your recent statement that no student will go hungry under your watch. We ask MCCSS to again recognize the urgent need at this time and to (1) allocate urgent funding to those programs who need it immediately, and (2) allocate more core funding to programs for the 2023/24 and future school years, when significant shortfalls are expected.

As the federal government prepares to release a National School Food Policy and invest in programs across the country, greater provincial investment in Ontario programs will be seen favourably. We believe that there is a great opportunity for Ontario to show further provincial leadership on student nutrition at this time and to ensure students are well-nourished during the school day.

Your attention to this urgent issue is needed.

Sincerely,



Bernie MacLellan, Board Chair
Huron Perth Public Health

cc. Hon. Stephen Lecce, Minister of Education (Stephen.Lecceco@pc.ola.org)
Hon. Sylvia Jones, Minister of Health (sylvia.jones@pc.ola.org)
John Nater, MP Perth-Wellington (john.nater@parl.gc.ca)
Ben Lobb, MP Huron-Bruce (ben.lobb@parl.gc.ca)
Matthew Rae MPP Perth-Wellington (matthew.rae@pc.ola.org)
Hon. Lisa Thompson MPP Huron-Bruce (lisa.thompsonco@pc.ola.org)
Ontario Boards of Health (allhealthunits@lists.alphaweb.org)

⁵ For example, see recent media coverage from [PEI](#) and [Newfoundland and Labrador](#).

May 19, 2023

The Honourable Sylvia Jones
Deputy Premier of Ontario
Minister of Health
sylvia.jones@ontario.ca

Re: Peterborough Public Health 2024 Budget

Dear Minister Jones:

The PPH Board of Health (BOH) recently met with our Members of Provincial Parliament and representatives from the City of Peterborough, the County of Peterborough, Curve Lake First Nation, and Hiawatha First Nation to discuss our shared concerns surrounding the financial challenges facing public health.

We recognize that it is still early in the budget process, and that the 2023 provincial budget implementation is still progressing. However, because of the breadth of uncertainties and financial risks facing public health in our region, we wanted the opportunity to discuss our current and forthcoming challenges. We are grateful for the engagement of MPPs Piccini, Scott and Smith, and appreciate their thoughtful reflections and willingness to follow up on concerns from local funders.

The BOH is proud to work with provincial and local funding partners to deliver public health services to our region. The provincial role in public health funding has been essential throughout the COVID-19 pandemic, and we are appreciative of the support we have received from your Government through one-time extraordinary funding to ensure the most effective response possible.

From previous communication from PPH, and other local public health agencies, you will likely be aware that there are longstanding challenges with the sustainability of public health funding in Ontario. PPH has worked to maximize efficiencies in operations, and for years now has seen funding agreements fall short of inflationary increases. We have now reached a point where we cannot continue to deliver critical public health services with the funding we receive.

There are three significant financial concerns facing public health in 2024:

1. PPH, like other sectors, must account for cost increasing at an average rate of 2-3% per year just to maintain the same level of programming. In 2023, the approved PPH cost-shared budget increased by 1.94%, as we continue to be careful stewards of public funds, while maintaining needed services. Yet provincial funding increases have not kept pace. Will your government ensure adequate continued base funding increases to, at minimum, maintain existing service levels?
2. COVID-19 funding has been extended for 2023; however, we are uncertain whether this will continue beyond the current year. This uncertainty undermines our ability to retain the human health resources required to maintain a proportionate response to the ongoing threat of COVID-19. It also further erodes our ability to ensure readiness for future threats to population health, as has been prioritized

by Ontario's Chief Medical Officer of Health in his [2022 Annual Report](#). Will your government continue to ensure PPH is funded at a level to adequately maintain a proportionate COVID-19 contact tracing and vaccination response, and ensure readiness for future threats to population health?

3. The Province of Ontario moved from a 75/25 to a 70/30 funding split; however, mitigation funding has delayed this download to municipalities. Will your government reverse the decision to move to a 70/30 funding split and maintain that additional contribution to public health? If not, will you consider supporting phasing this in over multiple years to ensure that this download can be effectively managed by local funders?

We continue to value our partnership with the Province of Ontario on advancing public health issues in this community. The COVID-19 pandemic and the aforementioned Ontario CMOH 2022 Annual Report have highlighted the need to ensure the stability of public health funding for continued response to COVID-19 and future health threats, which may be just around the corner. The work of public health extends further to improving the health and prosperity of our community.

In the City, County, Curve Lake First Nation and Hiawatha First Nation, further loss of public health programs will mean that businesses cannot operate safely, people cannot access important public health services, and health and economic development throughout our region will suffer. Without addressing these acute funding issues our community may experience:

- Diminished capacity to respond to and manage disease outbreaks in Long-Term Care, risking the lives of elderly and medically fragile residents;
- Negative economic consequences for over 1,500 local businesses and significant risks to public safety as food premises and small drinking water systems are left uninspected or face delayed openings;
- Reduced ability to vaccinate school-aged children against infectious diseases and screen for urgent oral health issues, undermining lifelong health and opportunities for future employment.

The pandemic has taught us that healthy communities and economies cannot exist without healthy people. With all that we have learned over the past three years, we seek your support and investment to ensure a strengthened and resilient public health system without creating undue strain on local funders.

We look forward to hearing from you.

Miigwech,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag

cc: The Hon. Doug Ford, Premier of Ontario
Local Councils
Local MPPs
The Association of Local Public Health Agencies
Ontario Boards of Health

May 17, 2023

The Honourable Doug Ford
Premier of Ontario
premier@ontario.ca

The Honourable Sylvia Jones
Deputy Premier
Minister of Health
sylvia.jones@ontario.ca

Dear Premier Ford and Minister Jones:

Re: Universal, No-cost Coverage for all Prescription Contraceptive Options for all Ontarians

At its May 10, 2023 meeting, the Board of Health for Peterborough Public Health considered correspondence from Chatham-Kent Public Health regarding universal, no-cost coverage for all prescription contraceptive options for all Ontarians, and expressed its support for this initiative.

As noted in correspondence sent earlier this year by our Medical Officer of Health & Chief Executive Officer, Dr. Thomas Piggott, to the Ontario Chief Medical Officer of Health on International Women's Day, this measure will improve health for women, girls, and gender-diverse people by bridging gaps in access to contraception and menstrual products.

Equitable access to contraception and menstrual products is a human rights and health equity issue, yet many Ontarians face barriers accessing these products due to factors such as cost, geography, availability of healthcare services, and education.

Canada is the only country in the world with universal health care that does not offer public coverage for contraception. Recent data shows that 1 in 5 Canadians lack sufficient access to drug coverage required to obtain medications needed to support their reproductive and sexual health.

On April 1, British Columbia became the first province in Canada to offer free prescription contraception for all residents. The province covers the cost of prescription contraception, including oral hormone pills, contraceptive injections, copper and hormonal intrauterine devices, subdermal (under-the-skin) implants, and emergency contraceptives (often known as the 'morning-after' pill or Plan B). I would encourage you to consider similar action to improve access to free contraception in Ontario.

Current research also reveals that many Canadians struggle to afford menstrual products, an issue that is often referred to as period poverty. Recent estimates from the Federal Government suggests menstrual products can cost up to \$6,000 over an individual's lifetime, and that 1 in 3 Canadians struggle to afford products such as pads, tampons, and liners.

I applaud the Government of Ontario for the recent expanded public access to contraception and menstrual products for eligible populations. However, I note that beyond school settings gaps in access remain. In particular, evidence shows that marginalized communities, including refugees, sex workers, trans and non-binary people, Indigenous communities, people experiencing homelessness, and people living in rural and remote areas, continue to face challenges accessing these necessities.

The inability to afford basic necessities such as tampons, pads and liners fuel stigma and shame while creating health risks for people who struggle to afford them. This shows that efforts to advance reproductive justice and sexual health are linked to income inequality and resolving the factors that prevent people accessing their basic needs. Gender equity is a public health issue, but it is also all of our issue to address.

The theme of this year's International Women's Day, *Embrace Equity for Women*, spoke clearly to the public health issues of free access to contraception and menstrual products. I trust you will consider our efforts, as well as the advocacy of others, who continue to voice their support to ensure equitable access to all.

Sincerely,

Original signed by

Councillor Kathryn Wilson
Chair, Board of Health

/ag

cc: Local MPPs
Ontario Boards of Health
Association of Local Public Health Agencies (aPHa)



OFFICE OF THE MAYOR
CITY OF HAMILTON

The Honourable Sylvia Jones, M.P.P.
Minister of Health
Ministry of Health
5th floor
777 Bay St.
Toronto, ON M7A 1Z8
Sylvia.jones@pc.ola.org

The Honourable Michael A. Tibollo, M.P.P.
Associate Minister of Mental Health and Addictions
Ministry of Health
Frost South
6th Floor
7 Queens Park Circle
Toronto, ON M7A 1Y7
Michael.tiboloco@pc.ola.org

May 11, 2023

Subject: Declarations of Emergency in the Areas of Homelessness, Mental Health and Opioid Overdoses/Poisoning

Dear Minister Jones and Minister Tibollo,

At the April 12, 2023 Hamilton City Council meeting, a motion was passed declaring an emergency of Homelessness, Mental Health, and Opioid Overdoses/Poisoning. In adherence with this motion, I am writing to you today to request that the Provincial Government act on the eight measures proposed by the Association of Local Public Health Agencies". These specific measures include:

1. Creation of a multi-sectoral task force to guide the development of a robust provincial opioid response plan that will ensure necessary resourcing, policy change, and health and social system coordination;
2. Expanding access to evidence informed harm reduction programs and practices including lifting the provincial cap of 21 Consumption and Treatment Service (CTS) Sites, funding Urgent Public Health Needs Sites (UPHNS) and scaling up safer supply options

3. Revision of the current CTS model to address the growing trends of opioid poisoning amongst those who are using inhalation methods;
4. Expanding access to opioid agonist therapy for opioid use disorder through a range of settings (e.g. mobile outreach, primary care, emergency departments, Rapid Access to Addiction Medicine Clinics), and a variety of medication options;
5. Providing a long-term financial commitment to create more affordable and supportive housing for people in need, including people with substance use disorders;
6. Addressing the structural stigma and harms that discriminate against people who use drugs, through provincial support and advocacy to the Federal government to decriminalize personal use and possession of substances and ensure increased investments in health and social services at all levels;
7. Increasing investments in evidence-informed substance use prevention and mental health promotion initiatives that provide foundational support for the health, safety and well-being of individuals, families, and neighbourhoods, beginning from early childhood; and
8. Funding additional and dedicated positions for public health to support the critical coordination and leadership of local opioid and substance abuse strategies.”

As with other municipalities throughout Ontario, the impact of the drug toxicity crisis continues to have a significant impact on our community. Between January 2023 and April 2023, Hamilton Paramedic Services responded to 336 incidents related to suspect opioid overdoses, with three out of the four months surpassing previous monthly totals. Furthermore, 52 suspect drug-related deaths have occurred this year as of April 12, not only representing lives cut short but also untold grief for the loved ones of these individuals and the broader community.

Hamilton continues to coordinate a local response with health and social service providers to address this public health crisis by leveraging local expertise and resources. While these local efforts continue, further response and collaboration is needed at all levels of government. The eight measures recommended by the Association of Local Public Health Agencies would provide a range of interventions to best support individuals based on their needs, and reflect the ongoing serious harms present in our community related to the toxic drug supply. For example, investing in the necessary support and prevention initiatives for our children and youth would promote mental health and work to prevent substance use. Increasing the number of CTS sites would help save lives by increasing

the number of places to safely consume substances in our community, while facilitating access to treatment options. As this complex issue transcends municipal boundaries, the Province is best situated to act decisively in order meet these goals through their capacity, resources, and leadership.

We firmly believe that one of the necessary responses to the ongoing drug toxicity crisis is to action the above eight items. However, Hamilton cannot accomplish this undertaking alone and Provincial leadership is needed to ensure success. The Hamilton Public Health Services team is more than agreeable to meet with your staff to tackle this task head-on and thereby continue to ensure that Ontario is a place where all its residents can be healthy, prosperous and reach their fullest potential throughout life.

Yours Sincerely,



Andrea Horwath

Mayor

City of Hamilton

CC:

Hon. Doug Ford, Premier and Minister of Intergovernmental Affairs

Hon. Peter Bethlenfalvy, Minister of Finance

Hon. Steve Clark, Minister of Municipal Affairs and Housing

Hon. Doug Downey, Attorney General

Hon. Michael Parsa, Minister of Children, Community and Social Services

Dr. Kieran Moore, Chief Medical Officer of Health

Hon. Neil Lumsden, MPP Hamilton East – Stoney Creek

Donna Skelly, MPP Flamborough – Glanbrook

Monique Taylor, MPP Hamilton Mountain

Sandy Shaw, MPP Hamilton West – Ancaster – Dundas

Sarah Jama, MPP Hamilton Centre

Association of Local Public Health Agencies

Council of Ontario Medical Officers of Health

Ontario Boards of Health

Ontario Health

Ontario Public Health Association



**Annual General Meeting, Conference and Section Meetings
June 12, 13 & 14, 2023
Final Program**

Dalla Lana School of Public Health, University of Toronto
6th Floor Auditorium, Room 610, 155 College St. Toronto, ON M5T 3M7
All times are Eastern Daylight Time (EDT)

June 12th	
<p>Walking Tour – Kensington Market Located in the heart of Toronto, Kensington Market is one of the city's most vibrant and diverse neighbourhoods. Come and join colleagues on this walking tour as we explore this fascinating part of the city.</p> <p>Tour Leaders: Loretta Ryan, Executive Director, alPHa, Dan Nicholson, Manager, Community Planning, City of Toronto, and Dr. Charles Gardner, Vice-President, alPHa</p> <p><i>Participants are to meet outside of Saint Stephen-in-the-Fields Church, 103 Bellevue Avenue, Toronto. <u>Please wait on the College Street side of the building where the Heritage Toronto plaque is located.</u> Attendees should dress for the weather as the tour will proceed rain or shine. All participants <u>must be registered in advance for the walking tour</u> and are asked to bring water with them.</i></p>	2:00 pm – 4:00 pm
<p>Opening Reception <i>Reception with cash bar and light snacks from 5:00 pm to 6:00 pm, and presentation from 6:00 pm to 7:00 pm.</i></p> <p>Conference Chair: Trudy Sachowski, President, alPHa Speaker: Dr. Eileen de Villa, Chair, COMO H Section, alPHa</p>	5:00 pm – 7:00 pm
June 13th	
<p>Call to Order, Opening Remarks, and Land Acknowledgement <i>A light breakfast will be available starting at 8:15 am.</i> Conference Chair: Trudy Sachowski, President, alPHa (Recorded greetings from Premier Ford.)</p>	8:15 am – 8:45 am 8:45 am – 8:50 am

<p><i>Rest Refocus Recharge: Apply the cutting-edge science of brain states to perform at the highest level</i> Speaker: Dr. Greg Wells Moderator: Dr. Eileen de Villa, Chair, COMOH Section</p> <p>Dr. Wells will share his insights on how to unlock the power of alternating peak performance with deep rest in this informative and practical keynote. He will explain how our brains and bodies are designed to operate in cycles of work and rest, and how we can harness the power of both to improve our health, well-being, and performance. Drawing on research in neuroscience and physiology, Dr. Wells will provide a step-by-step guide to optimizing your mental and physical health and how to improve your focus, creativity, and problem-solving abilities.</p>	8:50 am – 9:50 am
<p><i>Public Health Workforce Burnout: A Canadian Cross-sectional Study</i> Speaker: Dr. Jessica Hopkins, Chief Health Protection and Emergency Preparedness Officer, Public Health Ontario</p> <p>A September 2022 survey reported burnout in 66.2 per cent of public health workers in the United States. This is the first Canadian study to measure burnout of public health workers since the COVID-19 pandemic began. The presentation will describe the prevalence of burnout, along with associated risk and protective factors.</p> <p><i>Rapid Review of Public Health Recovery, Renewal, and Resilience Building Post Pandemic: A Thematic Synthesis of Essential Organizational Imperatives</i> Speaker: Julia Roitenberg, General Manager and Chief Nursing Officer at York Region Public Health</p> <p>A rapid review of the literature was conducted to determine essential organizational imperatives for public health leaders to consider as they develop public health recovery, renewal, and resilience building plans following the emergency stages of the COVID-19 pandemic. The presentation will reveal the nine themes that emerged from the thematic analysis and focus on two of the themes - Leadership and Healthy & Resilient Workforce.</p> <p>Moderator: Carmen McGregor, Chair, BOH Section</p>	9:50 am – 10:20 am
<p>Networking Break</p>	10:20 am – 10:45 am
<p>Combined alPHa Business Meeting and Resolutions Session Conference Chair: Trudy Sachowski, President, alPHa Resolutions Chair and Parliamentarian: Dr. Robert Kyle, MOH, Durham Region Health Department</p>	10:45 am – 12:30 pm

<p>Distinguished Service Awards and Board Recognition Conference Chair: Trudy Sachowski, President, alPHa and Loretta Ryan, Executive Director, alPHa</p> <p>The Distinguished Service Award (DSA) is given by alPHa to individuals in recognition of their outstanding contributions by board of health members, health unit staff, and public health professionals to public health in Ontario. The Award is given to those individuals who have demonstrated exceptional qualities of leadership in their own milieu, achieved tangible results through long service or distinctive acts, and shown exemplary devotion to public health at local and provincial levels.</p>	12:30 pm – 1:00 pm
<p>Lunch Break (<i>Boxed lunch provided.</i>)</p>	1:00 pm – 2:00 pm
<p>alPHa Strategic Plan Session Speaker: Maria Sánchez-Keane, Principal, Centre for Organizational Effectiveness</p> <p>Strategic planning is a process in which an organization defines their vision for the future and identifies the organization's goals and objectives. alPHa's current plan has served the association well, but it sunsets at the end of 2023. Join public health colleagues as members participate in a discussion on the 2024 to 2026 Strategic Plan.</p>	2:00 pm – 3:00 pm
<p>Networking Break</p>	3:00pm – 3:30 pm
<p>Emerging Successfully from the Pandemic – What's Next?! Speakers: Dr. Kieran Moore, Chief Medical Officer of Health and Dr. Christopher Simpson, Executive Vice-President, Medical, Ontario Health</p> <p>Moderator: Cynthia St. John, Affiliate Representative, alPHa</p> <p>Please note: Dr. Kieran Moore will have the following ACMOHs with him to support his presentation: Dr. Michelle Murti, Dr. Daniel Warshafsky, Dr. Fiona Kouyoumdjian, Dr. David McKeown, Dr. Wajid Ahmed, and Dr. Barbara Yaffe.</p>	3:30 pm – 4:45 pm
<p>Wrap Up Conference Chair: Trudy Sachowski, President, alPHa</p>	4:45 pm – 5:00 pm
<p>June 14th</p>	
<p>Section Meetings: <i>Members of the BOH Section and COMO H Section will meet the next day. There are separate agendas for these meetings. A light breakfast will be available starting at 8:30 am.</i></p>	9:00 am – noon

Co-hosted by alPHa and Toronto Public Health, with generous support from the University of Toronto's Dalla Lana School of Public Health and the Temerty Faculty of Medicine.



Dalla Lana
School of Public Health

Temerty**Medicine**



Mosey & Mosey

Mailing Address: 480 University Avenue, Suite 300, Toronto, Ontario M5G 1V2
(416) 595-0006 | info@alphaweb.org | www.alphaweb.org
Follow us on Twitter [@PHAgencies](https://twitter.com/PHAgencies)

#PublicHealthLeaders #alPHa2023 #PublicHealthMatters



**Boards of Health Section Meeting
Wednesday, June 14, 2023
9 am to noon**

BOH Section Chair: Carmen McGregor

Final Agenda

Dalla Lana School of Public Health, University of Toronto
6th Floor Auditorium, Room 610, 155 College St., Toronto, ON M5T 3M7
All times are Eastern Daylight Time (EDT)

A light breakfast will be available starting at 8:30 am.

-
- 9:00 am **Call to Order**
Land Acknowledgement
Welcoming Remarks
Introductions
Speaker: Carmen McGregor, Chair, BOH Section
- 9:05 am **Public Health and the Political Landscape**
Updates will be provided by StrategyCorp on the current public policy climate and key political issues. Insights will be provided on what the implications might be for public health agencies and their local boards of health.

Speakers: Sabine Matheson, Principal, StrategyCorp and Aidan Grove-White, Vice-President, StrategyCorp.
Moderator: Carmen McGregor, Chair, BOH Section
- 9:45 am **Association of Municipalities of Ontario (AMO) Update**
AMO works with Ontario's 444 municipalities to make municipal governments stronger and more effective. Come and hear the latest from AMO with regards to public health issues, including homelessness, from a municipal perspective with a focus on their recent work.

Speakers: Lindsay Jones, Director of Policy, AMO, Michael Jacek, Senior Advisor, AMO, and Daniela Spagnuolo, Policy Advisor, AMO
Moderator: Trudy Sachowski, President, ALPHA
- 10:15 am **Workplace Health and Wellness**
Franger Jimenez, who recently helped to launch ALPHA's Workplace Health and Wellness Month and developed products for ALPHA members, will briefly highlight resources available for members to help maintain mental and physical health.

- 10:20 am **Networking Break (*Refreshments provided*)**
- 10:50 am **Exploring the Intersection of Primary Care and Public Health**
 Dr. Lawrence Loh, former Medical Officer of Health for the Region of Peel and now the Executive Director and CEO, College of Family Physicians of Canada, will discuss the important intersection between local public health and primary care.
- Speaker: Dr. Lawrence Loh, Executive Director and CEO, College of Family Physicians of Canada
 Moderator: Steven Rebellato, Affiliate Representative, alPHA
- 11:20 am **alPHA Update / Section Business/ BOH Elections**
 Speakers: Carmen McGregor, BOH Section Chair, alPHA, and Loretta Ryan, Executive Director, alPHA
- Approval of Minutes from February 24, 2023, BOH Section Meeting.

Section meeting ends at noon.

Co-hosted by alPHA and Toronto Public Health, with generous support from the University of Toronto's Dalla Lana School of Public Health and the Temerty Faculty of Medicine.



Mailing Address: 480 University Avenue, Suite 300, Toronto, Ontario M5G 1V2
 (416) 595-0006 | info@alphaweb.org | www.alphaweb.org
 Follow us on Twitter @PHAgencies

#PublicHealthLeaders #alPHA2023 #PublicHealthMatters

DRAFT MINUTES
Boards of Health Section Meeting
Friday, February 24, 2023 – 1:30 – 4:30 pm
Chair: Carmen McGregor

1.0 Land Acknowledgement/Welcoming Remarks/Introductions

The Chair called the meeting to order at 1:30 p.m. and provided welcoming remarks and introductions.

1.1 Land Acknowledgement

The Land Acknowledgement was read by the Chair.

1.2 Section Business

The minutes from the previous BOH Section Meeting on June 14, 2022 were approved as written and presented.

2.0 Public Health Overview, BOH Orientation, and Section Business

BOH members were given a further understanding of the importance of local public health, their roles as Board of Health members, and how alPHA works with Boards of Health to profile and advance public health issues through presentations by Alexander Summers, Board Member, alPHA, and Loretta Ryan, Executive Director, alPHA. Franger Jimenez, Student, Centennial College provided information on workplace health and wellness.

A. Summers provided BOH members with an overview of public health. His presentation included a short history of diseases, the determinants of health, and health inequities. He also explained what public health does and its principles. Lastly, A. Summers provided information on public health, how local public health units are structured, and the responsibilities of a board of health.

L. Ryan gave the BOH Section an overview of alPHA as an association. She provided information on the work the association does, the structure of the board of directors, its staff, and the association's main functions. She also gave an overview of key alPHA resources for members to use at the local level. Lastly, L. Ryan commended BOH members for their hard work.

F. Jimenez presented wellness solutions BOH members can use to improve their overall health and well-being. He also stated alPHA is creating a resource library that public health units can use for workplace health and wellness. F. Jimenez provided BOH members with practical mental health tips that included time management, getting the right amount of sleep, connecting with friends and family, etc. Finally, he announced the alPHA Fitness Challenge is being rebranded as the alPHA Workplace Health & Wellness Month and encouraged all BOH members to take part and share their photos on Twitter.

The Q & A session was facilitated by the moderator, T. Sachowski.

3.0 ASSOCIATION OF MUNICIPALITIES OF ONTARIO (AMO) UPDATE

T. Sachowski introduced Lindsay Jones, Director of Policy, and Michael Jacek, Senior Advisor, Social and Health Policy of the Association of Municipalities of Ontario (AMO). They spoke about public health issues from a municipal perspective. Remarks included the impact of COVID-19, a new mandate, a new provincial-municipal relationship with the Ford government, and a fiscal context. They also discussed their current priorities including health human resources, homelessness, housing and health, mental health, and addictions, etc.

AMO representatives spoke about ramping up their advocacy for housing and homelessness. It was stated municipalities need support and AMO is trying to work with the provincial government on creating an implementation plan. Additionally, AMO is calling on the provincial government to acknowledge that homelessness is occurring, to end the issue, work with their partners to find solutions and then take action.

M. Jacek discussed current policy work that aligns with public health. He stated this usually focuses on the broader community interest. This includes access to health care and public health services, which is an issue across the province. For example, AMO has been calling on the government to develop a health human resources strategy, which is desperately needed across the entire health care sector. Other issues pertaining to mental health and addictions, paramedicine and home care, Ontario Health Teams, and public health transformation and funding were also discussed.

Daniela Spagnuolo of AMO moderated questions from the audience. T. Sachowski thanked L. Jones, M. Jacek, and D. Spagnuolo for presenting and moderating the session.

4.0 Board of Health Liability – Orientation for New Board of Health Members

Speakers James LeNoury, Principal, LeNoury Law (alPHA's Legal Counsel), and Monika Turner, Principal, Roving Capacity, gave an overview to Board of Health members about the liabilities of boards of health and board of health members while carrying out their duties under the Health Protection and Promotion Act. This included statutory liability through the Ontario Corporations Act and the Ontario Not-for-Profit Corporations Act, the Human Rights Code, etc. Ministry expectations, BOH requirements, specific public health liabilities, and board governance were also discussed. BOH members were encouraged to use the BOH Orientation Manual and the BOH Governance Toolkit, which are on the alPHA website. Lastly, they spoke about BOH responsibilities, the Governance Policy Framework, legislative requirements, and financial administration and oversight.

The Q & A session was facilitated by the moderator, M. Turner.

Other Business

T. Sachowski thanked C. McGregor for chairing the meeting. P. Roumeliotis, J. Chisholm, and A. Morrison from the Eastern Ontario Health Unit and O. George from the Dalla Lana School of Public Health were thanked for their technical support and expertise. Staff members L. Ryan, G. Fleming, and M. Dziengo were thanked for their work. BOH Members were thanked for their dedication to local public health and all they have done as part of the COVID-19 response. It was also noted the next alPHA event is the AGM and Conference. It will take place June 12-14, 2023.

A motion to adjourn the meeting was issued at 4:24 p.m.

APPROVAL OF CONSENT AGENDA

MOTION: THAT the Board of Health approve the consent agenda as distributed.

To: René Lapierre, Chair, Board of Health for Public Health Sudbury & Districts

From: Dr. Penny Sutcliffe, MOH CEO, Public Health Sudbury & Districts

Date: June 8, 2023

Re: Bill 103, Smoke-Free Ontario Amendment Act (Vaping is Not for Kids), 2023

For Information

For Discussion

For a Decision

Issue:

Teen vaping has increased steadily across the nation and within Sudbury and districts since 2017. There are significant health risks associated with vaping and nicotine use including lung damage, changes to the brain, dependence or addiction, difficulty learning, and increased anxiety and stress (Not An Experiment, 2023). There is an increased risk for future tobacco cigarette use among youth who vape (Ontario Agency for Health Protection and Promotion, 2018). Vaping rates among youth who vape have grown with 30.6% of grade 7-12 students in Northern Ontario, in 2018-2019 reporting having used electronic cigarettes at least once in the previous year, compared with 22.7% for the province. (Boak et al., 2020). Similarly, Northern students in grade 7-12 have consistently reported higher rates past year cigarette smoking in 2019 when compared to students in Ontario (9.6% vs 5%) (Boak et al., 2020).

Recommended Action:

THAT the Board of Health endorse proposed [Bill 103 - Smoke-Free Ontario Amendment Act \(Vaping is not for Kids\)](#), 2023, which aims to prevent vaping initiation and decrease vaping use by banning flavoured vaping products, raising the minimum age for purchasing vaping products from 19 to 21 years, and prohibiting the promotion of vapor products. Further that this endorsement be shared with relevant stakeholders.

Background:

The use of vaping products increased in 2017 when they were marketed as a tool to support smoking cessation. Youth vaping rates have increased steadily across the province and youth are primarily using products that contain nicotine (Government of Canada, 2023). Youth vaping has been demonstrated to increase the likelihood of initiation of tobacco cigarette usage (Sanchez et al., 2021). Vaping is associated with addiction, increased risk of chronic illness, and polysubstance use, which increases risks for injury and death (Tobacco Control Area Network & Public Health Ontario, 2022; U.S. Department of Health and Human Services, 2012).

2018–2022 Strategic Priorities:

1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

O: October 19, 2001
R: January 2017

Recent results from the Canadian Tobacco Alcohol and Drugs Survey and Canadian Tobacco and Nicotine Survey reported that past 30-day vaping rates doubled among youth aged 15-19 years between 2017 (6%) and 2020 (14%) (Government of Canada, 2022). The prevalence of ever vaping among this aged group was 35% in 2020 (Tobacco Control Area Network & Public Health Ontario, 2022). Youth stated reasons for vaping that include curiosity, a desire to try something new, enjoyment, and stress reduction (Tobacco Control Area Network & Public Health Ontario, 2022). Compared with 2019 results, stress reduction was more commonly reported in 2021 as the main reason for vaping by youth aged 15 to 19 (21% vs 33%). Researchers have suggested that this may be an indication that youth aged 15 to 19 are vaping in response to stress caused by the pandemic (Tobacco Control Area Network & Public Health Ontario, 2022). Furthermore, research across Canada, England, and the United States indicated that peer approval of vaping is 44%, approximately double that of cigarette smoking (East et al., 2019). Researchers and advocates in the field are warning that the tactics being used by vaping companies are similar to those of the tobacco industry in the past (Tobacco Control Area Network & Public Health Ontario, 2022).

Youth vaping is a complex public health issue. This suggests that a single intervention or approach will be insufficient to deter youth vaping (Tobacco Control Area Network & Public Health Ontario, 2022). Bill 103, was reintroduced by MPP France Gelinis and the First Reading Vote was carried on April 25, 2023. Bill 103 aims to prevent vaping initiation and decrease vaping rates through:

- Prohibiting the **promotion** of vapour products,
- Raising the **minimum age for purchasing** a vapour product or prescribed product or substance to a person no less than 21 years of age,
- Prohibiting **flavoured vapour products** unless the flavour or flavouring agent contained is tobacco,
- Limiting vaping product sales to occur **only at speciality vape shops** and/or anyone in a rural and remote community without a vape shop must apply for a specific retail license, and discontinue online vapour product sales,
- Directing **tax revenue** from vapour products to be used for the purpose of **educating** the public about health risks associated with vaping, and
- Requesting an **annual report** to be drafted by Ontario Health informing the Minister about youth vaping and providing recommendations to reduce youth vaping.

Prohibit the promotion of vaping products

Youth are heavily exposed to vaping through social media. According to Jayakumar et al. (2020), social influencers are among the most important predictors of youth vaping initiation. With youth spending upwards of five hours on social media each day, their exposure to vapour product content may be substantial (Tobacco Control Area Network & Public Health Ontario, 2022). Evidence shows that youth behaviours are easily influenced by marketing and advertisement tactics (Ontario Agency for Health Protection and Promotion et al., 2016). For example, there is an increase in consumer purchasing of alcohol, especially by youth, as companies spend more on marketing (Ontario Agency for Health Protection and Promotion et al., 2016). Bill 103 would prohibit the promotion of all vaping products within Ontario.

Increasing the minimum age for purchasing vapour products

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The minimum age of purchase in Ontario for vaping products is 19 years old and retail locations are expected to request identification for anyone appearing to be under the age of 25. Bill 103 proposes increasing the minimum age for purchasing to 21 years of age.

There is limited research investigating the relationship between youth vaping initiation and usage rates and minimum purchase age. However, it is well established in tobacco cigarette and alcohol research that increasing the minimum age of purchase delays the onset of initiation and reduces underage consumption (Taylor et al., 2021). Furthermore, there is substantial public support across Canada to increase the minimum age of purchasing for vapour products to 21 (Taylor et al., 2021).

In March 2020, Prince Edward Island became the first Canadian province or territory to implement a minimum age of 21 for the purchase of tobacco and vaping products (Taylor et al., 2021). They join similar efforts to that of the United States which has increased the minimum age to purchase tobacco or vaping products to 21 across the country (Taylor et al., 2021). Other countries intending to pass legislation or who already have legislation to have the minimum purchasing age be 21 include, but are not limited to, the United States, Honduras, Phillippines, and Palau (Taylor et al., 2021). Furthermore, Australia has introduced legislation to remove vaping products in their entirety to combat “the alarming rise in teenage vaping” (Jose, R., 2023).

Prohibiting flavoured vaping products

Youth are choosing to initiate vaping for a variety of reasons. The availability of flavouring is influential in the decision to use vaping products among young adults and non-smokers and is perhaps the most influential factor in youths’ decision to start vaping (Zare et al., 2018). The 2020-2021 Youth and Young Adults Vaping Project reported that 92% of young people used a flavoured vaping product at initiation and 90% continued to vape flavoured products. Further, adolescents who use non-traditional flavors are more likely to continue vaping and taking more puffs per vaping occasion (Leventhal et al., 2019).

Currently in Ontario, the sale of flavoured vapour products is prohibited in retail establishments that are not specialty vape stores or licensed cannabis retail stores, except for, menthol, mint, and tobacco flavoured vapour products (Ontario’s Regulatory Registry, 2020). Bill 103 would prohibit all flavoured vapour products unless the flavour or flavouring agent is tobacco across the province.

In April 2023, Quebec introduced legislation to ban the selling of vape flavours to youth (CBC News, 2023). This is in line with other provinces and territories that have adopted legislation or regulations such as Nova Scotia, Prince Edward Island, New Brunswick, and Northwest Territories to ban the sale of any e-cigarette flavours other than tobacco (Physicians for a Smoke-Free Canada, 2023).

Limiting vaping product sales to speciality vape shops

There are limited federal regulations regarding where vaping products can be sold. Currently, vaping products can be purchased from corner stores. This contrasts with the retailing of cannabis which have age-restricted stores (O’Connor & Schwartz, 2021). Further, Prince Edward Island has shifted legislation to limit the sales of vaping products to vape-only retail locations with success (O’Connor & Schwartz, 2021). Evidence exploring vape store restrictions is limited, however, researchers and experts in the tobacco field suggest that retailers should be involved and incentivized to work toward public health

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goals, such as decreasing youth vaping rates and preventing the initiation of vaping (O'Connor & Schwartz, 2021). Limiting the number of locations one can buy vaping products allows enforcement to concentrate on these locations. According to the Tobacco Control Area Network (2022), 44% of adults support further restrictions on tobacco retail locations: 17% reported tobacco products should not be sold at all, and 27% reported tobacco should be sold in government-owned stores.

Tax revenue aimed towards education

Education campaigns directed toward vaping prevention have been developed across the lifespan. Following implementation, the CATCH (Coordinated Approach to Child Health) My Breath Youth E-cigarette Prevention Program, which targeted youth 11-18, found that 86% of students were less likely to use e-cigarettes, 86% knew more about e-cigarettes, and 82% of students reported that they will look at e-cigarette ads differently because of the education they received (O'Connor et al., 2019). The education of youth by healthcare providers and community members regarding the harms of vaping is also well supported by the Canadian Pediatric Society (Chadi et al., 2021). Bill 103 has allocated tax revenue from vapour products to be redirected towards educational campaigns and efforts focused on increasing knowledge and awareness within the public.

Youth have varied perceptions about vaping and vaping products. In a 2020 study, researchers explored youth perceptions of risk and attitudes toward vaping. While youth understand “there is some element of risks” with vaping, most did not feel it was enough of a risk to deter them from the behaviour (Quorus Consulting Group Inc. & Health Canada, 2020). Some youth felt that vaping was safer due to the limited “authoritative evidence proving that it is harmful” and that there was less stigma with vaping and developing a nicotine addiction compared to other substances (e.g., alcohol) (Quorus Consulting Group Inc. & Health Canada, 2020). There is an opportunity to provide education to all individuals (including youth) to share the risks associated with vaping products, nicotine, and more.

Informative annual report

Similarly, the dissemination of information is essential on this topic. Research regarding youth vaping is in its infancy and accessing reliable information will be imperative to support ongoing program and policy development as well as to inform practice.

Financial Implications:

Nil.

Ontario Public Health Standard:

Chronic Disease Prevention and Well-Being
Substance Use and Injury Prevention

Strategic Priority:

Organizational commitment
Practice excellence

Contact:

Stacey Gilbeau, Director, Health Promotion Division
gilbeaus@phsd.ca

2018–2022 Strategic Priorities:

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References:

- Boak, A., Elton-Marshall, T., Mann, R., & Hamilton, H. (2020). Drug use among Ontario students, 1977-2019: Detailed findings from the Ontario Student Drug Use and Health Survey (OSDUHS). Toronto, ON: Centre for Addiction and Mental Health. https://www.camh.ca/-/media/files/pdf---osduhs/drugusereport_2019osduhs-pdf
- Chadi, N., Vyver, E., Belanger, R., & Canadian Paediatric Society Adolescent Health committee. (2021). Protecting children and adolescents against the risks of vaping. The Canadian Pediatric Society. (6):358-365. <https://cps.ca/en/documents/position/protecting-children-and-adolescents-against-the-risks-of-vaping>
- East, K., Hitchman, S., McNeill, A., Thrasher, J. & Hammond, D. (2019). Social norms towards smoking and vaping and associations with product use among youth in England, Canada, and the US. *Drug and Alcohol Dependence*, 205. <https://doi.org/10.1016/j.drugalcdep.2019.107635>.
- Government of Canada. (March 9, 2023). *Preventing kids and teens from vaping*. Health Canada. <https://www.canada.ca/en/health-canada/services/smoking-tobacco/preventing/vaping.html#fn1>
- Government of Canada. (April 1, 2022). *Canadian Tobacco and Nicotine Survey (CTNS): summary of results for 2020*. Health Canada. <https://www.canada.ca/en/health-canada/services/canadian-tobacco-nicotine-survey/2020-summary.html>
- Jayakumar, N., O'Connor, S., Diemert, L., & Schwartz, R. (2020). Predictors of E-Cigarette Initiation: Findings From the Youth and Young Adult Panel Study. *Tobacco use insights*, 13, 1179173X20977486. <https://doi.org/10.1177/1179173X20977486>
- Jose, R. (May 2, 2023). Australia to ban recreational vaping in e-cigarette crackdown. Health. CBC News. <https://www.cbc.ca/news/health/australia-vaping-restrictions-1.6829541>
- Legislative Assembly of Ontario. 2023. Bill 103, Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023. Private Member's Bill – France Gélinas. <https://www.ola.org/en/legislative-business/bills/parliament-43/session-1/bill-103>
- Leventhal, A., Goldenson, N., Cho, J., Kirkpatrick, M., McConnell, R., Stone, M., Pang, R., Audrain-McGovern, J., Barrington-Trimis, J. Flavored E-cigarette Use and Progression of Vaping in Adolescents. *Pediatrics November*. 2019; 144 (5): e20190789. 10.1542/peds.2019-0789
- O'Connor S, Pelletier H, Bayoumy D, Schwartz R. (May, 2019). *Interventions to Prevent Harms from Vaping. Special Report*. Toronto ON: Ontario Tobacco Research Unit. https://www.otru.org/wp-content/uploads/2019/05/special_vape_interventions.pdf
- O'Connor, T. & Schwartz, S. Restricting Vaping Retail to Adult Only Stores: Theory, Evidence and Regulatory Policy. Special Report. Toronto ON: Ontario Tobacco Research Unit; April 2021.

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O: October 19, 2001
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- Ontario Agency for Health Protection and Promotion (Public Health Ontario), Giesbrecht, N., & Wettlaufer, A. 2016. *Focus On: Alcohol marketing*. Toronto, ON: Queen's Printer for Ontario; ISBN: 978-1-4606-8696-6
- Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2018). *Ontario tobacco monitoring report 2018*. Toronto, ON: Queen's Printer for Ontario; 2019. ISBN: 978-1-4868-3693-2
- Ontario's Regulatory Registry. (April 28, 2020). Smoke-Free Ontario Act, 2017; Ontario Regulation 268/18. <https://www.ontariocanada.com/registry/view.do?postingId=31771&language=en>
- Not An Experiment. (2023). Health effects of vaping. Retrieved on May 26, 2023, from [Health Effects - Not An Experiment](#)
- Physicians for Smoke-Free Canada. (May 2023). *Restrictions on e-cigarette flavours*. <https://smoke-free.ca/SUAP/2021/e-cigarette-flavour%20restrictions.pdf>
- Quorus Consulting Group Inc. (May 2020). Exploratory Research on Youth Vaping – Final Report. Health Canada. <https://epe.lac-bac.gc.ca/100/200/301/pwgsc-tpsdc/por-ef/health/2020/069-19-e/report-rapport-eng.html#1.1>
- Sanchez, S., Kaufman, P., Pelletier, H., Baskerville, B., Feng, P., O'Connor, S., Schwartz, R., & Chaiton, M. (2021). Is vaping cessation like smoking cessation? A qualitative study exploring the responses of youth and young adults who vape e-cigarettes. *Addictive behaviors*, 113, 106687. <https://doi.org/10.1016/j.addbeh.2020.106687>
- Taylor, E., O'Connor, S., & Schwartz, R. April 2021. *E-Cigarette Minimum Age: Theory, Evidence and Regulatory Policy. Special Report*. Toronto ON: Ontario Tobacco Research Unit.
- Tobacco Control Area Network & Public Health Ontario. (2022). Situational Assessment – Youth (18 years and younger) Smoking and Vaping.
- U.S. Department of Health and Human Services. 2012. *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. https://www.ncbi.nlm.nih.gov/books/NBK99237/pdf/Bookshelf_NBK99237.pdf
- Wiley, E. & Seabrook, J. Nicotine and Nicotine-Free Vaping Behavior among a Sample of Canadian High School Students: A Cross-Sectional Study. *Children*, 10(368). <https://doi.org/10.3390/children10020368>

1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

Zare, S., Nemati, M., Zheng, Y. (2018). A systematic review of consumer preference for e-cigarette attributes: Flavor, nicotine strength, and type. *Plos One*, epub.
<https://doi.org/10.1371/journal.pone.0194145>

2018–2022 Strategic Priorities:

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SUPPORT BILL 103 – SMOKE FREE ONTARIO AMENDMENT ACT (VAPING IS NOT FOR KIDS), 2023

MOTION: WHEREAS vaping poses substantial health risks linked to the development of chronic illness, addiction, polysubstance use, as well as risks for injury and death; and

WHEREAS vaping rates among youth have grown with 30.6% of Grade 7 to 12 students in Northern Ontario reporting having used electronic cigarettes(vaping) in 2019, compared with 22.7% for the province; and

WHEREAS Board of Health motion [48-19](#) noted the Board’s longstanding history of proactive and effective action to prevent tobacco and emerging product use and urged the adoption of a comprehensive tobacco and e-cigarette strategy; and

WHEREAS [Bill 103 – Smoke-Free Ontario Amendment Act \(Vaping is not for Kids\)](#), 2023 aims to prevent youth from initiating vaping and decrease the current usage of vaping products by targeting legislation changes, including banning the retail of flavoured vaping products, increasing minimum purchasing age to 21, and prohibiting the promotion of vapor products;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts endorse Bill 103 - Smoke Free Ontario Amendment Act (Vaping is not for Kids), 2023; and

FURTHER THAT this endorsement be shared with relevant stakeholders.

SUDBURY & DISTRICT MEDICAL OFFICER OF HEALTH

MOTION:

WHEREAS motion 05-14 (as amended by motions 41-14, 19-20 and 35-22) provides for the appointment of individuals as Acting Medical Officers of Health for Public Health Sudbury & Districts;

THEREFORE BE IT RESOLVED that the following paragraph amends motion 05-14 (as amended) by replacing paragraph five with the following paragraph:

AND FURTHER THAT for the duration of an absence or inability to act of the Medical Officer of Health and Associate Medical Officer of Health, the following individuals are eligible for appointment as Acting Medical Officers of Health for the Sudbury & District Health Unit (operating as Public Health Sudbury & Districts):

- Medical Officer of Health, Public Health Sudbury & Districts**
- Public Health Physician, Public Health Sudbury & Districts**
- Medical Officer of Health, Associate Medical Officer of Health, or Acting Medical Officer of Health for North Bay Parry Sound District Health Unit, Porcupine Health Unit, Timiskaming Health Unit, Algoma Public Health, Thunder Bay District Health Unit, or Northwestern Health Unit**
- Any qualified retired Medical Officer of Health or Associate Medical Officer of Health.**

To: René Lapierre, Board of Health Chair, Public Health Sudbury & Districts
From: Dr. Penny Sutcliffe, Medical Officer of Health, Chief Executive Officer
Date: June 8, 2023
Re: Indigenous Engagement Governance ReconciliAction Framework

For Information

For Discussion

For a Decision

Issue:

Launched in 2018, the [Indigenous Engagement Strategy](#) is Public Health Sudbury & Districts' (Public Health) foundational document for action towards reconciliation. Over the last five years, Public Health has been working through the Strategy's strategic directions at the operational level. Recently, two education sessions were held with the Board of Health to help inform governance-level action. An Indigenous Engagement Governance ReconciliAction Framework has been drafted for the Board's consideration and if approved, will guide governance actions of the Board to further Indigenous engagement as aligned with the agency's Strategy.

Recommended Action:

- WHEREAS the Board of Health for Public Health Sudbury & Districts is committed to ensuring all people in the service area, including Indigenous people and communities, have equal opportunities for health; and
- WHEREAS in 2016, the Board of Health for Public Health Sudbury & Districts reaffirmed its commitment to [Motion #20-12](#), including engaging with area First Nations' leaders to explore the potential needs and strategies for strengthening public health programs and services with area First Nations; and
- WHEREAS [Motion #31-18](#) endorsed the Indigenous Engagement Strategy, Finding our Path Together – Maamwi MKaamidaa Gdoo Miikaansminan – Kahkinaw e mikskamahk ki meskanaw; and
- WHEREAS the Board of Health for Public Health Sudbury & Districts engaged in an educational session and workshop focused on Indigenous engagement in May 2023; and
- THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury &

2018–2022 Strategic Priorities:

1. Equitable Opportunities
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Districts endorse the Indigenous Engagement Governance ReconciliAction Framework, June 2023.

Background:

Public Health Sudbury & Districts began its journey towards Indigenous Engagement more than ten years ago, beginning with explicit direction from the Board in a 2012 motion directing the Medical Officer of Health to engage in dialogue with area First Nations' leaders to explore strengthening public health programs and services with communities. Since that time, there has been ongoing engagement and collaboration in this area leading up to the purposeful development of the Indigenous Engagement Strategy beginning in 2016. The development of the Strategy required an extensive collaborative process with external partners in the Indigenous Community. It included meetings with external partners, internal and external committees, planning sessions, workshops, interviews, and surveys. It was also created in alignment with the 2018 Ontario Public Health Standards, the [Health Equity Guideline](#) and the "[Relationship with Indigenous Communities Guideline](#)" released in 2018.

Since the Strategy's launch in 2018, Indigenous Engagement staff have done a lot of work around *Strategic Direction III: Strengthen our capacity for a culturally competent workforce*. This direction encompasses the associated action of providing "ongoing education opportunities for Board of Health members."

On May 17, 2023, Board of Health members participated in a half-day Indigenous Engagement workshop facilitated by external facilitator Stephanie Stephens. This session aimed to move beyond awareness of the historical context of Indigenous peoples in order to better understand Indigenous experiences, which included learning about Indigenous identity and land, cultural safety and awareness treaties, residential schools and the sixties scoop, and health inequities of Indigenous Peoples in Canada and within the region that Public Health Sudbury & Districts operates. The session shed light on the parts of Canadian history that have been ignored in Canada's narrative for many years. It also included descriptions of government policies and actions used to "assimilate" Indigenous Peoples and the reverberating effects of these attempts.

On May 18, 2023, Board of Health members were provided with an opportunity for the Board to learn about the agency's Indigenous Engagement Strategy and work to date, the Truth and Reconciliation Calls to Action, and the requirements of Boards of Health for Indigenous engagement as outlined in the Ontario Public Health Standards. Board members were also encouraged to reflect on their learnings and how that understanding could translate to advancing Indigenous engagement at the governance level for Public Health Sudbury & Districts.

An Indigenous Engagement Governance ReconciliAction Framework has since been drafted, informed by the Board of Health's reflections. This Framework is drafted to align with the Indigenous Engagement Strategy with specific governance actions for the Board of Health.

Financial Implications:

Within budget.

2018–2022 Strategic Priorities:

1. Equitable Opportunities
2. Meaningful Relationships
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4. Organizational Commitment

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Ontario Public Health Standard:

Foundational Standards, Organizational Requirements

Strategic Priority:

Equitable Opportunities, Organizational Commitment, Practice Excellence

2018–2022 Strategic Priorities:

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3. Practice Excellence
4. Organizational Commitment

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Indigenous Engagement Governance ReconciliAction Framework

The Public Health Sudbury & Districts Indigenous Engagement Strategy is a foundational document for our agency’s actions in support of reconciliation. It is an inward-facing strategy to help guide operational level actions to engage with Indigenous Peoples and communities in our service area. The Indigenous Engagement Governance ReconciliAction Framework is aligned with the Engagement Strategy and supports its advancement at the Governance level. It is an extension of the Indigenous Engagement Strategy and is aligned with the Ministry of Health [Health Equity Guideline](#) and the [Relationship with Indigenous Communities Guideline](#), and incorporates explicit recommendations for the Board of Health.

Vision



Working together towards healthy and vibrant Indigenous communities in their pursuit of self-determined health and well-being.

Mission

Public Health Sudbury & Districts work(s) together with area Indigenous Peoples and communities to collaboratively strengthen public health programs and services for all.

Values

Trust

gwekwendimoowin

C·V·<19σΓ·∇·Δ²

Tapwewakenimiwewin

Humility

miiniwaa dibadendizowin

C<UσJ·Δ²

Kistenimiwewin

Respect

mnaadendimoowin

P^UσΓΔ·∇·Δ²x

Tapahtenimowin



Strategic direction I:

The Board of Health will inform its work through Indigenous community voices and information.

With Indigenous input and guidance, boards of health can create opportunities to adapt, enhance, and build culturally appropriate services specific to its catchment area, which Indigenous people are more likely to use, resulting in better health outcomes.

To achieve this, the Board of Health will:

- Develop mechanisms for sustained and meaningful Indigenous community input to the Board of Health.

Pathfinder Steps

- Develop process for Indigenous / Elder advisory circle to the Board of Health.
- Promote selection of Indigenous municipal and provincial appointees to the Board of Health.

Strategic direction II:

The Board of Health will engage in meaningful relationships to support Indigenous community well-being.

Strengthening local relationships between Indigenous communities and boards of health enhances public health programs and services leading to improved health outcomes. Relationships are built on trust, commitment, leadership, and capacity across local communities, recognizing that relationship building is a continuous process that takes time.

To achieve this, the Board of Health will:

- Develop mutually beneficial, respectful relationships to improve the public health systems with and for Indigenous Peoples.
- Ensure sustainable relationships through culturally safe, meaningful, and mutually beneficial engagement.
- Support Indigenous efforts to improve health and well-being.

Pathfinder Steps

- Board member commitment to attend and participate in Indigenous-led events and support Indigenous causes, such as National Day for Truth and Reconciliation Events,



Indigenous Peoples' days, Indigenous Health conferences, community gatherings as appropriate.

- Explore the potential for formal partnerships or service agreements with Indigenous partners.

Strategic direction III:

The Board of Health will strengthen its capacity to become culturally safe.

Participating in cultural safety training to gain more knowledge about the customs and traditions of the Indigenous communities in the catchment area will provide a means for boards of health to engage in dialogue to better understand Indigenous needs and expectations concerning public health.

To achieve this, the Board of Health will:

- Learn from and share staff and partner experiences in working with Indigenous Peoples.
- Commit to participating in ongoing education opportunities.

Pathfinder Steps

- Participate in regular Board of Health-specific Indigenous Engagement training and education workshops.
- Participate in land-based training opportunities.
- Engage in opportunities to travel to and learn about the diverse areas of the Board's Districts catchment outside of the City of Greater Sudbury for these teachings.



Strategic direction IV:

The Board of Health will advocate and partner to improve Indigenous health.

The board of health shall lead, support, and participate with other interested parties in health equity analysis, policy development, and advancing healthy public policies that decrease health inequities.

To achieve this, the Board of Health will:

- Act as a supportive ally within Indigenous community-led efforts to improve public health.
- Collaborate across jurisdictions to respond to Truth and Reconciliation Commission Calls to Action in health (particularly in educating the public).

Pathfinder Steps

- Partner with other ally agencies, including other local public health agencies, police services, health and social service agencies, municipalities, non-governmental organization sector, etc. in support of Indigenous representation on governance bodies and committees.
- Engage with provincial associations (e.g., Association of Local Public Health Agencies (aLPHA), Ontario Public Health Association (OPHA)), to promote the inclusion of Indigenous membership on Ontario boards of health.
- Speak out and act in support of Treaty rights (e.g., Robinson Huron Treaty Annuities Case, appropriate consultation standards with Indigenous communities on mining and other natural resource initiatives).



INDIGENOUS ENGAGEMENT GOVERNANCE RECONCILIATION FRAMEWORK

MOTION:

WHEREAS the Board of Health for Public Health Sudbury & Districts is committed to ensuring all people in its the service area, including Indigenous people and communities, have equal opportunities for health; and

WHEREAS in 2016, the Board of Health for Public Health Sudbury & Districts reaffirmed its commitment to [motion #20-12](#), including engaging with area First Nations' leaders to explore the potential needs and strategies for strengthening public health programs and services with area First Nations; and

WHEREAS Board of Health [motion #31-18](#) endorsed the Indigenous Engagement Strategy, Finding our Path Together – Maamwi Mkaamidaa Gdoo Miikaansminan – Kahkinaw e mikskamahk ki meskanaw; and

WHEREAS the Board of Health for Public Health Sudbury & Districts engaged in an educational session and workshop focused on Indigenous engagement in May 2023; and

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts endorse the Indigenous Engagement Governance ReconciliAction Framework, June 2023.

Financial Statements of

**BOARD OF HEALTH FOR THE
SADBURY & DISTRICT
HEALTH UNIT**

**(OPERATING AS PUBLIC HEALTH SADBURY
& DISTRICTS)**

And Independent Auditor's Report thereon

Year ended December 31, 2022

DRAFT

INDEPENDENT AUDITOR'S REPORT

To the Board Members of the Board of Health for the Sudbury & District Health Unit (operating as Public Health Sudbury & Districts), Members of Council, Inhabitants and Ratepayers of the Participating Municipalities of the Board of Health for the Sudbury & District Health Unit

Opinion

We have audited the accompanying financial statements of The Board of Health for the Sudbury & District Health Unit operating as Public Health Sudbury & Districts (the Entity), which comprise:

- the statement of financial position as at December 31, 2022
- the statement of operations and accumulated surplus for the year then ended
- the statement of changes in net financial assets for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies

(Hereinafter referred to as the “financial statements”)

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Entity as at December 31, 2022, and its results of operations, its changes in net financial assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the “*Auditor’s Responsibilities for the Audit of the Financial Statements*” section of our report.

We are independent of the Entity in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada and we have fulfilled our other responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Entity's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Entity's financial reporting process.

Auditor's Responsibility for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's

report. However, future events or conditions may cause the Entity to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represents the underlying transactions and events in a manner that achieves fair presentation.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants, Licensed Public Accountants
Sudbury, Canada
(date)

DRAFT

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Financial Position

December 31, 2022, with comparative information for 2021

	2022	2021
Financial assets		
Cash and cash equivalents	\$ 14,716,265	\$ 21,223,794
Accounts receivable	1,805,805	1,961,943
Receivable from the Province of Ontario	987,773	24,116
	<u>17,509,843</u>	<u>23,209,853</u>
Financial liabilities		
Accounts payable and accrued liabilities	3,833,343	5,021,791
Deferred revenue	1,472,286	1,310,225
Payable to the Province of Ontario	5,643,882	4,205,709
Employee benefit obligations (note 2)	3,934,882	3,800,176
	<u>14,884,393</u>	<u>14,337,901</u>
Net financial assets	2,625,450	8,871,952
Non-financial assets:		
Tangible capital assets (note 3)	15,153,948	9,695,350
Prepaid expenses	420,160	272,266
	<u>15,574,108</u>	<u>9,967,616</u>
Commitments and contingencies (note 4)		
Accumulated surplus (note 5)	\$ 18,199,558	\$ 18,839,568

See accompanying notes to financial statements.

On behalf of the Board:

_____ Board Member

_____ Board Member

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Operations and Accumulated Surplus

Year ended December 31, 2022, with comparative information for 2021

	Budget	Total	Total
	2022	2022	2021
	(note 10)		
Revenue (note 9):			
Provincial grants	\$ 21,798,290	\$ 31,034,662	\$ 37,756,934
Per capita revenue from municipalities (note 7)	9,078,082	9,078,101	8,484,189
Other:			
Plumbing inspections and licenses	317,000	422,637	513,912
Interest	100,000	274,178	84,159
Other	1,660,644	961,342	579,473
	32,954,016	41,770,920	47,418,667
Expenses (note 9):			
Salaries and wages	20,682,589	26,736,003	27,344,955
Benefits (note 6)	6,351,327	6,557,383	6,587,013
Administration (note 8)	3,462,033	5,447,137	9,434,890
Supplies and materials	1,437,946	1,150,986	1,162,571
Amortization of tangible capital assets (note 3)	766,464	1,067,858	766,464
Small operational equipment	692,548	1,066,629	776,998
Transportation	327,573	384,934	323,194
	33,720,480	42,410,930	46,396,085
Annual surplus (deficit)	(766,464)	(640,010)	1,022,582
Accumulated surplus, beginning of year	18,839,568	18,839,568	17,816,986
Accumulated surplus, end of year	\$ 18,073,104	\$ 18,199,558	\$ 18,839,568

See accompanying notes to financial statements.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Changes in Net Financial Assets

Year ended December 31, 2022, with comparative information for 2021

	2022	2021
Annual surplus (deficit)	\$ (640,010)	\$ 1,022,582
Purchase of tangible capital assets	(6,526,456)	(5,808,854)
Amortization of tangible capital assets	1,067,858	766,464
Change in prepaid expenses	(147,894)	78,940
Change in net financial assets	(6,246,502)	(3,940,868)
Net financial assets, beginning of year	8,871,952	12,812,820
Net financial assets, end of year	\$ 2,625,450	\$ 8,871,952

See accompanying notes to financial statements.

DRAFT

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Cash Flows

Year ended December 31, 2022, with comparative information for 2021

	2022	2021
Cash provided by (used in):		
Cash flows from operating activities:		
Annual (deficit) surplus	\$ (640,010)	\$ 1,022,582
Adjustments for:		
Amortization of tangible capital assets	1,067,858	766,464
Change in employee benefit obligations	134,706	505,886
	562,554	2,294,932
Changes in non-cash working capital:		
Increase in accounts receivable	156,138	(1,621,022)
Decrease in receivable from the Province of Ontario	(963,657)	1,294,102
Increase (decrease) in accounts payable and accrued liabilities	(1,188,448)	3,112,991
Increase in deferred revenue	162,061	843,701
Increase in payable to the Province of Ontario	1,438,173	3,106,272
Decrease (increase) in prepaid expenses	(147,894)	78,940
	18,927	9,109,916
Cash flows from investing activity:		
Purchase of tangible capital assets	(6,526,456)	(5,808,854)
Increase (decrease) in cash	(6,507,529)	3,301,062
Cash and cash equivalents, beginning of year	21,223,794	17,922,732
Cash and cash equivalents, end of year	\$ 14,716,265	\$ 21,223,794

See accompanying notes to financial statements.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2022

The Board of Health for the Sudbury & District Health Unit, (operating as Public Health Sudbury & Districts), (the "Health Unit") was established in 1956, and is a progressive, accredited public health agency committed to improving health and reducing social inequities in health through evidence informed practice. The Health Unit is funded through a combination of Ministry grants and through levies that are paid by the municipalities to whom the Health Unit provides public health services. The Health Unit works locally with individuals, families and community and partner agencies to promote and protect health and to prevent disease. Public health programs and services are geared toward people of all ages and delivered in a variety of settings including workplaces, daycare and educational settings, homes, health-care settings and community spaces.

The Health Unit is a not-for-profit public health agency and is therefore exempt from income taxes under the Income Tax Act (Canada).

1. Summary of significant accounting policies:

These financial statements are prepared by management in accordance with Canadian public sector accounting standards established by the Public Sector Accounting Board. The principal accounting policies applied in the preparation of these financial statements are set out below.

(a) Basis of accounting:

The financial statements are prepared using the accrual basis of accounting.

The accrual basis of accounting recognizes revenues as they are earned. Expenses are recognized as they are incurred and measurable as a result of receipt of goods or services and the creation of a legal obligation to pay.

(b) Cash and cash equivalents:

Cash and cash equivalents include guaranteed investment certificates that are readily convertible into known amounts of cash and subject to insignificant risk of change in value.

Guaranteed investment certificates generally have a maturity of one year or less at acquisition and are held for the purpose of meeting future cash commitments.

Guaranteed investment certificates amounted to \$2,378,159 as at December 31, 2022 (2021 - \$2,332,600) and these can be redeemed for cash on demand.

(c) Employee benefit obligations:

The Health Unit accounts for its participation in the Ontario Municipal Employee Retirement Fund (OMERS), a multi-employer public sector pension fund, as a defined contribution plan.

Vacation and other compensated absence entitlements are accrued for as entitlements are earned.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2022

1. Summary of significant accounting policies (continued):

(c) Employee benefit obligations (continued):

Other post-employment benefits are accrued in accordance with the projected benefit method pro-rated on service and management's best estimate of salary escalation and retirement ages of employees. The discount rate used to determine the accrued benefit obligation was determined with reference to the Health Unit's cost of borrowing at the measurement date taking into account cash flows that match the timing and amount of expected benefit payments.

Actuarial gains (losses) on the accrued benefit obligation arise from the difference between actual and expected experiences and from changes in actuarial assumptions used to determine the accrued benefit obligation. These gains (losses) are amortized over the average remaining service period of active employees.

(d) Non-financial assets:

Tangible capital assets and prepaid expenses are accounted for as non-financial assets by the Health Unit. Non-financial assets are not available to discharge liabilities and are held for use in the provision of services. They have useful lives extending beyond the current year and are not intended for sale in the ordinary course of operations.

(e) Tangible capital assets:

Tangible capital assets are recorded at cost, and include amounts that are directly related to the acquisition of the assets. The Health Unit provides for amortization using the straight-line method designed to amortize the cost, less any residual value, of the tangible capital assets over their estimated useful lives. The annual amortization periods are as follows:

Asset	Basis	Rate
Building	Straight-line	2.5%
Land improvements	Straight-line	10%
Computer hardware	Straight-line	30%
Leasehold improvements	Straight-line	10%
Website design	Straight-line	20%
Vehicles and equipment	Straight-line	10%
Equipment – vaccine refrigerators	Straight-line	20%
Computer software	Straight-line	100%

(f) Prepaid expenses:

Prepaid expenses are charged to expenses over the periods expected to benefit from them.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2022

1. Summary of significant accounting policies (continued):

(g) Accumulated surplus:

Certain amounts, as approved by the Board of Directors, are set aside in accumulated surplus for future operating and capital purposes. Transfers to/from funds and reserves are an adjustment to the respective fund when approved.

The accumulated surplus consists of the following surplus accounts:

- Invested in tangible capital assets:

This represents the net book value of the tangible capital assets the Health Unit has on hand.

- Unfunded employee benefit obligations:

This represents the unfunded future employee benefit obligations comprised of the accumulated sick leave benefits, other post-employment benefits and vacation pay and other compensated absences.

The accumulated surplus consists of the following reserves:

- Working capital reserve:

This reserve is not restricted and is utilized for the operating activities of the Health Unit.

- Public health initiatives:

This reserve is restricted and can only be used for public health initiatives.

- Corporate contingencies:

This reserve is restricted and can only be used for corporate contingencies.

- Facility and equipment repairs and maintenance:

This reserve is restricted and can only be used for facility and equipment repairs and maintenance.

- Sick leave and vacation:

This reserve is restricted and can only be used for future sick leave and vacation obligations.

- Research and development:

This reserve is restricted and can only be used for research and development activities.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2022

1. Summary of significant accounting policies (continued):

(h) Revenue recognition:

Revenue from government grants and from municipalities is recognized in the period in which the events giving rise to the government transfer have occurred as long as: the transfer is authorized; the eligibility criteria, if any, have been met except when and to the extent that the transfer gives rise to an obligation that meets the definition of a liability for the recipient government; and the amount can reasonably be estimated. Funding received under a funding arrangement, which relates to a subsequent fiscal period and the unexpended portions of contributions received for specific purposes, is reflected as deferred revenue in the year of receipt and is recognized as revenue in the period in which all the recognition criteria have been met.

Other revenues including certain user fees, rents and interest are recorded on the accrual basis, when earned and when the amounts can be reasonably estimated and collection is reasonably assured.

(i) Budget figures:

Budget figures have been provided for comparison purposes and have been derived from the budget approved by the Board of Directors. The budget figures are unaudited.

(j) Use of estimates:

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amounts of certain assets and liabilities at the date of the financial statements and the reported amounts of certain revenues and expenses during the reporting period. By their nature, these estimates are subject to measurement uncertainty. The effect of changes in such estimates on the financial statements in future periods could be significant. Accounts specifically affected by estimates in these financial statements are estimated amounts for uncollectible accounts receivable, employee benefit obligations and the estimated useful lives and residual values of tangible capital assets.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2022

2. Employee benefit obligations:

An actuarial estimate of future liabilities has been completed using the most recent actuarial valuation dated December 31, 2021 and forms the basis for the estimated liability reported in these financial statements. The valuation of the plan is updated from a walk forward of the December 31, 2021 results. The next full valuation of the plan will be as of December 31, 2024.

	2022	2021
Accumulated sick leave benefits	\$ 594,549	\$ 625,120
Other post-employment benefits	1,702,504	1,613,775
	2,297,053	2,238,895
Vacation pay and other compensated absence	1,637,829	1,561,281
	\$ 3,934,882	\$ 3,800,176

The significant actuarial assumptions adopted in measuring the Health Unit's accumulated sick leave benefits and other post-employment benefits are as follows:

	2022	2021
Discount	4.00%	4.00%
Health-care trend rate		
Initial	5.75%	6.42%
Ultimate	3.75%	3.75%
Salary escalation factor	2.75%	2.75%

The Health Unit has established reserves in the amount of \$675,447 (2021 - \$675,447) to mitigate the future impact of these obligations. The accrued benefit obligations as at December 31, 2022 are \$2,833,758 (2021 - \$2,304,953).

	2022	2021
Benefit plan expenses:		
Current service costs	\$ 191,394	\$ 185,111
Interest	110,564	88,379
Amortization of actuarial loss	29,440	(6,286)
	\$ 331,398	\$ 267,204

Benefits paid during the year were \$273,241 (2021 - \$170,928). The net unamortized actuarial loss of \$563,705 (2021 - \$566,145) will be amortized over the expected average remaining service period.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2022

3. Tangible capital assets:

Cost:

	Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	2022 Total
Balance, January 1, 2022	\$ 26,938	9,944,791	2,191,024	3,507,830	415,207	69,845	3,121,327	252,346	19,529,308
Additions	-	5,021,305	508,562	169,574	8,726	-	818,289	-	6,526,456
Balance, December 31, 2022	\$ 26,938	14,966,096	2,699,586	3,677,404	423,933	69,845	3,939,616	252,346	26,055,764

Accumulated amortization:

	Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	Total
Balance, January 1, 2022	\$ -	3,501,642	486,454	2,717,994	415,207	69,845	2,441,656	201,160	9,833,958
Amortization	-	311,387	193,275	368,629	8,726	-	160,606	25,235	1,067,858
Balance, December 31, 2022	\$ -	3,813,029	679,729	3,086,623	423,933	69,845	2,602,262	226,395	10,901,816

Net book value

	Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	Total
At December 31, 2021	\$ 26,938	6,443,149	1,704,570	789,836	-	-	679,671	51,186	9,695,350
At December 31, 2022	26,938	11,153,067	2,019,857	590,781	-	-	1,337,354	25,951	15,153,948

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2022

3. Tangible capital assets (continued):

Cost:

	Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	2021 Total
Balance, January 1, 2021	\$ 26,938	7,153,834	396,739	2,807,845	415,207	69,845	2,597,700	252,346	13,720,454
Additions	-	2,790,957	1,794,285	699,985	-	-	523,627	-	5,808,854
Balance, December 31, 2021	\$ 26,938	9,944,791	2,191,024	3,507,830	415,207	69,845	3,121,327	252,346	19,529,308

Accumulated amortization:

	Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	Total
Balance, January 1, 2021	\$ -	3,287,909	396,739	2,386,237	415,207	69,845	2,335,632	175,925	9,067,494
Amortization	-	213,733	89,715	331,757	-	-	106,024	25,235	766,464
Balance, December 31, 2021	\$ -	3,501,642	486,454	2,717,994	415,207	69,845	2,441,656	201,160	9,833,958

Net book value

	Land	Building	Leasehold Improvements	Computer Hardware	Computer Software	Website Design	Furniture and Equipment	Parking Lot Resurfacing	Total
At December 31, 2020	\$ 26,938	3,865,925	-	421,608	-	-	262,068	76,421	4,652,960
At December 31, 2021	26,938	6,443,149	1,704,570	789,836	-	-	679,671	51,186	9,695,350

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2022

4. Commitments and contingencies:

(a) Line of credit:

The Health Unit has available an operating line of credit of \$500,000 (2021 - \$500,000). There is \$Nil balance outstanding on the line of credit at year end (2021 - \$Nil).

(b) Lease commitments:

The Health Unit enters into operating leases in the ordinary course of business, primarily for lease of premises and equipment. Payments for these leases are contractual obligations as scheduled per each agreement. Commitments for minimum lease payments in relation to non-cancellable operating leases at December 31, 2022 are as follows:

No later than one year	\$	277,615
Later than one year and no later than 5 years		782,681
Later than five years		1,037,778
	\$	2,098,074

(c) Contingencies:

The Health Unit is involved in certain legal matters and litigation, the outcomes of which are not presently determinable. The loss, if any, from these contingencies will be accounted for in the periods in which the matters are resolved. Management is of the opinion that these matters are mitigated by adequate insurance coverage.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2022

5. Accumulated surplus:

The accumulated surplus consists of individual fund surplus accounts and reserves as follows:

	Balance, Beginning of Year	Annual Surplus (Deficit)	Purchase of Tangible Capital Assets	Transfer To (From) Reserves	Balance, End of Year
Invested in tangible capital assets	\$ 9,695,350	(1,067,858)	6,526,456	-	\$ 15,153,948
Unfunded employee benefit obligation	(3,800,176)	(134,706)	-	-	(3,934,882)
Working capital reserve	7,254,312	562,554	(6,526,456)	1,957,777	3,248,187
Public health initiatives	2,500,000	-	-	(500,000)	2,000,000
Corporate contingencies	500,000	-	-	-	500,000
Facility and equipment repairs and maintenance	1,957,775	-	-	(1,457,777)	499,998
Sick leave and vacation	675,447	-	-	-	675,447
Research and development	56,860	-	-	-	56,860
	\$ 18,839,568	(640,010)	-	-	\$ 18,199,558

6. Pension agreements:

The Health Unit makes contributions to OMERS, which is a multi-employer plan, on behalf of its members. The plan is a defined contribution plan, which specifies the amount of the retirement benefit to be received by the employees based on the length of service and rates of pay.

The amount contributed to OMERS for 2022 was \$1,849,843 (2021 - \$1,779,245) for current service and is included within benefits expense on the statement of operations and accumulated surplus.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2022

7. Per capita revenue from municipalities:

	2022	2021
City of Greater Sudbury	\$ 7,808,068	\$ 7,297,256
Town of Espanola	241,050	225,260
Township of Sable and Spanish River	148,068	138,382
Municipality of French River	131,183	122,601
Municipality of Markstay-Warren	128,641	120,226
Township of Northeastern Manitoulin & The Islands	117,657	109,960
Township of Chapeau	105,855	98,930
Township of Central Manitoulin	94,598	88,410
Municipality of St. Charles	63,914	59,733
Township of Assiginack	41,673	38,947
Town of Gore Bay	40,856	38,184
Township of Baldwin	27,874	26,051
Township of Billings (and part of Allan)	27,693	25,881
Township of Gordon (and part of Allan)	24,788	23,167
Township of Nairn & Hyman	21,883	20,452
Township of Tehkummah	20,067	18,755
Municipality of Killarney	19,159	17,906
Township of Burpee	15,074	14,088
	\$ 9,078,101	\$ 8,484,189

8. Administration expenses:

	Budget 2022	2022	2021
Professional fees	\$ 1,463,139	\$ 3,327,588	\$ 7,464,693
Building maintenance	625,247	485,640	574,160
Advertising	132,121	160,944	195,070
Telephone	202,740	285,525	328,492
Rent	400,365	623,738	451,117
Utilities	251,567	170,376	151,204
Liability insurance	145,514	162,596	134,607
Staff education	132,949	125,951	38,192
Postage	64,972	62,780	59,865
Memberships and subscriptions	43,419	41,999	37,490
	\$ 3,462,033	\$ 5,447,137	\$ 9,434,890

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2022

9. Revenues and expenses by funding sources:

	OLHA	UIIP	Men C	HPV	Unorganized Territories	Ontario Sr. Dental Care Program	MOH/ AMOH	MCCSS: HBHC & PPNP	HIV-Aids Anonymous Testing	Non-Ministry	Sub-Total
Revenue:											
Provincial grants											
Operation	\$ 16,963,106	-	-	-	-	930,065	17,000	1,513,234	61,368	-	19,484,773
Mitigation grant	1,179,500	-	-	-	-	-	-	-	-	-	1,179,500
One-time	-	-	-	-	-	-	-	-	-	-	-
Unorganized territories	-	-	-	-	1,068,668	-	-	-	-	-	1,068,668
Municipalities	9,078,101	-	-	-	-	-	-	-	-	-	9,078,101
Plumbing and inspections	422,637	-	-	-	-	-	-	-	-	-	422,637
Interest	274,178	-	-	-	-	-	-	-	-	-	274,178
Other	228,490	14,315	26,070	31,289	-	5,735	-	-	-	655,443	961,342
	28,146,012	14,315	26,070	31,289	1,068,668	935,800	17,000	1,513,234	61,368	655,443	32,469,199
Expenses:											
Salaries and wages	19,094,362	12,752	22,989	27,556	685,278	211,482	17,000	1,194,111	47,306	77,423	21,390,259
Benefits	5,073,595	1,275	2,299	2,756	207,540	60,615	-	306,870	13,797	11,222	5,679,969
Transportation	108,182	-	-	-	89,606	5,295	-	8,160	-	-	211,243
Administration (note 8)	2,124,772	-	-	-	25,955	498,614	-	1,421	265	541,286	3,192,313
Supplies and materials	748,864	288	782	977	60,289	135,849	-	2,672	-	21,547	971,268
Small operational equipment	883,114	-	-	-	-	4,870	-	-	-	-	887,984
Amortization of tangible capital assets	1,067,858	-	-	-	-	-	-	-	-	-	1,067,858
	29,100,747	14,315	26,070	31,289	1,068,668	916,725	17,000	1,513,234	61,368	651,478	33,400,894
Annual surplus (deficit)	(954,735)	-	-	-	-	19,075	-	-	-	3,965	(931,695)
Capital expenditures	183,570	-	-	-	-	19,075	-	-	-	-	202,645
Annual surplus (deficit) net of capital expenditures	\$ (1,138,305)	-	-	-	-	-	-	-	-	3,965	(1,134,340)

OLHA - MOH Mandatory Cost-Shared

UIIP - Universal Influenza Immunization Program

Men C - Meningococcal Vaccine Program

HPV - Human Papilloma Virus

MOH/AMOH - Ministry of Health/Associate Medical Officer of Health

MCCSS - Ministry of Children, Community and Social Services: Health Babies Healthy Children/Prenatal Postnatal Nurse Practitioner

Non-Ministry - Non-Ministry Funded Initiatives

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2022

9. Revenues and expenses by funding sources (continued):

	2021-22 One-time Funding				2022-23 One-time Funding							Total	
	Sub-Total	COVID-19 Infection Prevention and Control Hub	COVID-19 School Focused Nurses	One-Time Nursing Initiative (TRIN)	Capital	COVID-19 General	COVID-19 Vaccine	Needle Exchange Program	COVID-19 Infection Prevention and Control Hub	COVID-19 School Focused Nurses	One-Time Nursing Initiative (TRIN)		Capital
Revenue:													
Provincial grants													
Operation	\$ 19,484,773	-	-	-	-	-	-	-	-	-	-	-	19,484,773
Mitigation grant	1,179,500	-	-	-	-	-	-	-	-	-	-	-	1,179,500
One-time	-	129,596	189,410	301,106	72,810	914,125	5,799,441	33,969	728,299	635,276	266,051	231,638	9,301,721
Unorganized territories	1,068,668	-	-	-	-	-	-	-	-	-	-	-	1,068,668
Municipalities	9,078,101	-	-	-	-	-	-	-	-	-	-	-	9,078,101
Plumbing and inspections	422,637	-	-	-	-	-	-	-	-	-	-	-	422,637
Interest	274,178	-	-	-	-	-	-	-	-	-	-	-	274,178
Other	961,342	-	-	-	-	-	-	-	-	-	-	-	961,342
	32,469,199	129,596	189,410	301,106	72,810	914,125	5,799,441	33,969	728,299	635,276	266,051	231,638	41,770,920
Expenses:													
Salaries and wages	21,390,259	118,373	151,943	272,637	-	225,625	3,159,612	-	622,138	543,253	252,163	-	26,736,003
Benefits	5,679,969	17,372	37,467	28,469	-	275,435	326,779	-	85,981	92,023	13,888	-	6,557,383
Transportation	211,243	2,674	-	-	-	19,730	142,447	-	8,840	-	-	-	384,934
Administration (note 8)	3,192,313	146	-	-	-	211,540	2,033,761	5,286	4,091	-	-	-	5,447,137
Supplies and materials	971,268	3,794	-	-	-	51,163	88,829	28,683	7,249	-	-	-	1,150,986
Small operational equipment	887,984	-	-	-	-	130,632	48,013	-	-	-	-	-	1,066,629
Amortization of tangible capital assets	1,067,858	-	-	-	-	-	-	-	-	-	-	-	1,067,858
	33,400,894	142,359	189,410	301,106	-	914,125	5,799,441	33,969	728,299	635,276	266,051	-	42,410,930
Annual surplus (deficit)	(931,695)	(12,763)	-	-	72,810	-	-	-	-	-	-	231,638	(640,010)
Capital expenditures	202,645	-	-	-	72,810	-	-	-	-	-	-	231,638	507,093
Annual surplus (deficit) net of capital expenditures	\$ (1,134,340)	(12,763)	-	-	-	-	-	-	-	-	-	-	(1,147,103)

OLHA - MOH Mandatory Cost-Shared
 UIIP - Universal Influenza Immunization Program
 Men C - Meningococcal Vaccine Program
 MOH/AMOH - Ministry of Health/Associate Medical Officer of Health
 MCCSS - Ministry of Children, Community and Social Services: Health Babies Healthy Children/Prenatal Postnatal Nurse Practitioner
 Non-Ministry - Non-Ministry Funded Initiatives

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2022

10. Budget information:

The Budget adopted by the Board of Directors on November 18, 2021, was not prepared on a basis consistent with that used to report actual results (Public Sector Accounting Standards). The budget did not include amortization of tangible capital assets. As a result, the budget figures presented in the statement of operations and accumulated surplus represent the Budget adopted by the Board of Directors on November 18, 2021 including subsequent budget amendments, with adjustments as follows:

Budget surplus for the year	\$	–
Less: amortization		766,464
Budget deficit per the statement of operations and accumulated surplus	\$	(766,464)

11. Comparative information:

The financial statements have been reclassified, where applicable, to conform to the presentation used in the current year. The changes do not affect the prior year surplus.

12. Financial risk:

Other risk:

The Health Unit's main sources of revenue are government operating grants, municipal levies, and small amount of service fees. From 2020-2022, Public Health Sudbury & Districts primary focus was to respond to the pandemic and to support the significant resources requirements, the provincial government provided financial relief in the form of COVID-19 extraordinary funding. In mid-2022, PHSD began to turn its attention to public health recovery priorities and returning permanent staff to work on the Ontario Public Health Standards while maintaining temporary resources to support the COVID-19 requirements. The Ministry of Health has committed to continue to fund COVID-19 extraordinary cost in 2023.

ADOPTION OF THE 2022 AUDITED FINANCIAL STATEMENTS

MOTION:

WHEREAS the Board of Health Finance Standing Committee recommends that the Board of Health for the Sudbury and District Health Unit adopt the 2022 audited financial statements, as reviewed by the Finance Standing Committee at its meeting of June 6, 2023;

THEREFORE BE IT RESOLVED THAT the 2022 audited financial statements be approved as distributed.

DRUG/OPIOID CRISIS LEADERSHIP SUMMIT

MOTION:

WHEREAS the Board of Health for Public Health Sudbury & Districts sounded the alarm on the local and regional opioid crisis in 2021 (motion [14-21](#)); and

WHEREAS Northern Ontario is experiencing the highest drug toxicity mortality rates in the province and despite the engagement of a multi-sector Community Drug Strategy, the rate for Sudbury and districts is worsening; and

WHEREAS the Ontario Public Health Standards requires boards of health to “reduce the burden of preventable injuries and substance use through the development and implementation of public health interventions informed by collaboration with health and social service partners”; and

WHEREAS addressing this complex issue requires all sectors to be fully engaged to investigate and commit to intensified and innovative approaches to reverse the mortality trend and save lives; and

WHEREAS the Executive Committee of the Community Drug Strategy for the City of Greater Sudbury (CDS-CGS), strongly endorsed the need for a local leadership summit on the escalating drug toxicity crisis; and

WHEREAS the Executive Committee, in recognition of the all-of-society complexity of the drug toxicity issue, strongly supported that the summit be planned and executed based on principles of inclusion and diversity, including the involvement of persons who use and are affected by substances;

THEREFORE, BE IT RESOLVED THAT the Board of Health endorse the recommendations of the Executive Committee of the CDS-CGS and direct the Medical Officer of Health to ensure Public Health engagement in organizing a local leadership summit on the escalating drug toxicity crisis.

IN CAMERA

MOTION:

THAT this Board of Health goes in camera to deal with labour relations or employee negotiations. Time: _____

RISE AND REPORT

MOTION: THAT this Board of Health rises and reports. Time: _____

ADDENDUM

MOTION: THAT this Board of Health deals with the items on the Addendum.

ADJOURNMENT

MOTION: THAT we do now adjourn. Time: _____