



Board of Health Meeting # 07-23

Public Health Sudbury & Districts

Thursday, November 16, 2023

1:30 p.m.

Boardroom

1300 Paris Street

AGENDA – SEVENTH MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
BOARDROOM, SECOND FLOOR
THURSDAY, NOVEMBER 16, 2023 – 1:30 P.M.



*A professional **group photo** of the **Board of Health** will be taken on:*

Thursday, November 16 at 12:45 p.m.

*Please **arrive at 12:30 p.m.** to gather in the **Boardroom.***

- 1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT**
- 2. ROLL CALL**
- 3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST**
- 4. DELEGATION/PRESENTATION**
 - i) Transforming Data into Evidence and Strengthening Relationships Along the Way**
 - Dar Malaviarachchi, Epidemiologist, Knowledge and Strategic Services Division
 - Jacqueline Edwards, Data Analyst, Knowledge and Strategic Services Division
- 5. CONSENT AGENDA**
 - i) Minutes of Previous Board of Health Meeting**
 - a. Sixth Meeting – October 19, 2023
 - ii) Business Arising From Minutes**
 - iii) Report of Standing Committees**
 - a. Board of Health Finance Standing Committee, Unapproved Minutes Dated, November 6, 2023
 - iv) Report of the Medical Officer of Health / Chief Executive Officer**
 - a. MOH/CEO Report, November 2023
 - v) Correspondence**
 - a. Funding for Infection Prevention and Control (IPAC) Hubs
 - Letter from the Deputy Premier and Minister of Health to PHSD Board of Health Chair, dated November 3, 2023
 - b. Bill 103, Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023
 - Letter from Niagara Regional Chair to the Deputy Premier and Minister of Health, dated October 30, 2023
 - c. Bill S-254, An Act to amend the Food and Drugs Act (warning label on alcoholic beverages)
 - Email from Health Canada to PHSD Board of Health Chair, dated October 20, 2023

vi) Items of Information

- a. alPHa Summary - 2023 Ontario Economic Outlook and Fiscal Review: Building a Strong Ontario Together November 2, 2023
- b. Chief Public Health Officer of Canada's Report - Creating the Conditions for Resilient Communities: A Public Health Approach to Emergencies (Pages 1-6) October 24, 2023
- c. Mandatory Annual Board of Health Emergency Response Training Power Point presentation
- d. Association of Local Public Health Agencies (alPHa)'s Virtual Fall Symposium and Section Meetings
 - *Updated Draft* Program for Symposium and Section Meetings - November 24, 2023
 - *Updated Draft* Agenda for the alPHa Board of Health Section Meeting - November 24, 2023
 - Reminder email from alPHa dated November 9, 2023

APPROVAL OF CONSENT AGENDA

MOTION:

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

6. NEW BUSINESS

i) Strategic Plan 2024-2028

- Briefing Note from the Medical Officer of Health and Chief Executive Officer to the Board of Health Chair, dated November 9, 2023
- Public Health Sudbury & Districts 2024-2028 Strategic Plan/ Santé publique Sudbury et districts Plan stratégique 2024-2028

STRATEGIC PLAN 2024-2028

MOTION:

WHEREAS the Ontario Public Health Standards require boards of health to have strategic plans of 3 to 5 years duration that establish strategic priorities, include input from staff, clients, and community partners, and are reviewed at least every other year; and

WHEREAS the Board of Health for Public Health Sudbury & Districts assigned responsibility to the Board Executive Committee for the oversight of the Strategic Plan development process for the planning cycle beginning in 2023; and

WHEREAS the Board Executive has ensured a thorough review and engagement process to develop the next Strategic Plan; and

WHEREAS the Board Executive Committee, having reviewed the draft Plan at its October 3, 2023, meeting, recommends the 2024-2028 Strategic Plan to the Board of Health for approval;

THEREFORE BE IT RESOLVED that the Board of Health approve the 2024–2028 Strategic Plan for Public Health Sudbury & Districts and direct the Medical Officer of Health to operationalize the Plan, ensuring regular monitoring reports to the Board of Health.

ii) 2023 Board of Health Self-Evaluation Results

- a. Briefing Note from the Medical Officer of Health and Chief Executive Officer to the Board of Health Chair, dated November 9, 2023

iii) Public Health Strengthening

- a. Briefing Note from the Medical Officer of Health and Chief Executive Officer to the Board of Health Chair, dated November 9, 2023
 - Briefing Note from the Medical Officer of Health and Chief Executive Officer to the Board of Health Chair for Public Health Sudbury & Districts, dated September 14, 2023
 - Memorandum from the Chief Medical Officer of Health regarding Strengthening Public Health – Planning Materials and Next Steps, dated October 30, 2023
 - Outcomes and Objectives to Support Voluntary Mergers, October 2023
 - Strengthening Public Health, August 2023
- Letter from the Deputy Minister to Algoma Public Health, North Bay Parry Sound District Health Unit and Public Health Sudbury & Districts Board of Health Chairs and Medical Officers of Health, dated November 2, 2023
- Letter from the Chief Medical Officer of Health to Algoma Public Health, North Bay Parry Sound District Health Unit and Public Health Sudbury & Districts Board of Health Chairs and Medical Officers of Health, dated November 2, 2023

PUBLIC HEALTH STRENGTHENING

MOTION:

THAT the Board of Health for Public Health Sudbury & Districts, having reviewed the Ministry of Health *Outcomes and Objectives to Support Voluntary Mergers, October 30, 2023*, and considered related discussions, direct the Medical Officer of Health to engage with Algoma Public Health to seek provincial funding to study the feasibility of a voluntary merger of our two local public health agencies; and

THAT additional Board direction be sought should further consultation result in a recommendation to explore voluntary mergers with other regional local public health agencies; and

THAT the Medical Officer of Health ensure timely reporting back to the Board on this matter.

iv) Proposed 2024 Cost-Shared Operating Budget

- a. Briefing Note and Schedules from the Medical Officer of Health and Chief Executive Officer to the Board of Health Chair, dated November 9, 2023

2024 OPERATING BUDGET

MOTION:

WHEREAS the Board of Health Finance Standing Committee reviewed and discussed the details of the proposed 2024 cost-shared operating budget at its November 6, 2023, meeting; and

WHEREAS the Finance Standing Committee recommends the proposed budget to the Board of Health for approval;

THEREFORE BE IT RESOLVED THAT the Board of Health approve the 2024 cost-shared operating budget for Public Health Sudbury & Districts in the amount of \$30,073,079.

IN CAMERA

IN CAMERA

MOTION:

THAT this Board of Health goes in camera for two personal matters involving one or more identifiable individuals, including employees or prospective employees. Time: _____

RISE AND REPORT

RISE AND REPORT

MOTION:

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

v) **Staff Appreciation Day**

STAFF APPRECIATION DAY

MOTION:

THAT this Board of Health approve a Staff Appreciation Day for the staff of Public Health Sudbury & Districts during an extended period encompassing the upcoming holiday season. The Staff Appreciation Day may be taken between the dates of December 1, 2023, to February 29, 2024. Essential services will be available and provided at all times except for statutory holidays when on-call staff will be available.

7. ADDENDUM

ADDENDUM

MOTION:

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

8. ANNOUNCEMENTS

9. ADJOURNMENT

ADJOURNMENT

MOTION:

THAT we do now adjourn. Time: _____

MINUTES – SIXTH MEETING
BOARD OF HEALTH FOR PUBLIC HEALTH SUDBURY & DISTRICTS
BOARDROOM
THURSDAY, OCTOBER 19, 2023 – 1:30 P.M.

BOARD MEMBERS PRESENT

Robert Barclay	Abdullah Masood	Mark Signoretti
Renée Carrier	Ken Noland	Al Sizer
René Lapierre	Michel Parent	Natalie Tessier

BOARD MEMBERS REGRET/ABSENCE

Ryan Anderson
Bill Leduc
Guy Despatie

STAFF MEMBERS PRESENT

Stacey Gilbeau	France Quirion	Renée St Onge
Stacey Laforest	Rachel Quesnel	Dr. Penny Sutcliffe

R. LAPIERRE PRESIDING

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT

The meeting was called to order at 1:34 p.m.

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

There were no declarations of conflict of interest.

4. DELEGATION/PRESENTATION

- i) Public Health Strengthening and Chronic Disease Prevention**
 - Stacey Gilbeau, Director, Health Promotion

S. Gilbeau provided a presentation that reviewed the Board of Health requirements for chronic disease prevention and health promotion and discussed this in the context of the recently announced Public Health Strengthening initiatives.

It was shared that the impact or burden of chronic diseases on our health is significant, with almost 75% of deaths being caused by chronic diseases (and of these, 40% from cancers and 36.1% from cardiovascular disease. The impact on our health care system resulting from modifiable health behaviours such as physical inactivity, tobacco smoking, unhealthy eating and alcohol consumption, was highlighted along with the associated costs related to the health behaviours and socioeconomic position.

The role of boards of health in preventing chronic diseases as specified in the Ontario Public Health Standards (OPHS), guidelines, and protocols was reviewed as well as the unique health promotion and health protection approaches to improving the health of the larger population. Public Health Sudbury & Districts' systematic processes to ensure a thorough assessment of needs and opportunities for action, through evidence-informed program planning and partnerships, were outlined.

The provincial government's recently announced *Public Health Strengthening* includes a review of the Ontario Public Health Standards to identify what public health programs and services can be refined, stopped or re-leveled to regional or provincial levels. The impacts on health promotion work have yet to be known; however, it is important to ensure continued health promotion initiatives. Health promotion makes economic sense, improves the health and quality of life of populations, and increases local capacity. Health promotion is also well-positioned at the local level to collaborate with Indigenous communities and equity-deserving groups based on the principles of trust and self determination.

In conclusion, S. Gilbeau indicated that the burden of chronic diseases is substantial, affecting the health, quality of life, and longevity of people in Ontario and puts pressure on the health care system and budgets. Per the motion on today's agenda for the Board's consideration, it is recommended that we continue to work together with all health system actors to ensure that the efforts of local public health continue to improve health and promote equity in our community.

Comments and questions were entertained relating to harm reduction, the importance of education relating to the risks of chronic disease, risks of diluting local work with respect to the Public Health Strengthening, and key concepts of working with local partners such as schools, municipalities, etc.

S. Gilbeau was thanked for her presentation.

5. CONSENT AGENDA

- i) **Minutes of Previous Meeting**
 - a. Board of Health Meeting – September 21, 2023
- ii) **Business Arising from Minutes**
- iii) **Report of Standing Committees**
 - a. Board of Health Executive Committee Unapproved Minutes dated October 2, 2023.
- iv) **Report of the Medical Officer of Health / Chief Executive Officer**
 - a. MOH/CEO Report, October 2023
- v) **Correspondence**
 - a. Universal, No-cost Coverage for Prescription Contraceptives
 - Letter from Timiskaming Health Unit Board of Health Chair to the Premier of Ontario, and the Deputy Premier of Ontario and Minister of Health, dated September 15, 2023
- vi) **Items of Information**
 - a. Association of Local Public Health Agencies (alPHa)'s Virtual Fall Symposium and Section Meetings
 - *Draft* Program for Symposium and Section Meetings - November 24, 2023
 - *Draft* Agenda for the alPHa Board of Health Section Meeting - November 24, 2023

59-23 APPROVAL OF CONSENT AGENDA

MOVED BY PARENT – MASOOD: THAT the Board of Health approve the consent agenda as distributed.

CARRIED

6. NEW BUSINESS

i) Public Health System Strengthening

- Motion from North Bay Parry Sound District Health Unit Board of Health, September 27, 2023

Further to the Board of Health's [motion 52-23](#) at its September 21, 2023, meeting, an invitation was extended to the North East Board of Health Chairs and MOH/CEOs to meet to discuss Ministry of Health Public Health System Strengthening announcement. The Porcupine Health Unit and Timiskaming respectfully declined to participate given their recent announcement to merge. The North Bay Parry Sound District Board of Health and Algoma Public Health Board of Health passed motions agreeing to dialogue.

A meeting was held on October 6, 2023, with the Board Chairs and MOHs from the three health units. The check-in was an opportunity to collectively learn from each other regarding early thinking and path(s) forward.

A letter has been sent by the group to the Deputy Minister of Health and Chief Medical Officer of Health requesting an in-person meeting with the APH, NBPSDHU and PHSD Board Chairs and MOH/CEOs to obtain additional information regarding voluntary merger and criteria. The meeting would also present as an opportunity to voice concerns such as the need for sustainable funding for public health, short timelines for mergers, and considerations for the north. We await a response from the Ministry.

There was a commitment amongst the group to continue with the dialogue and agreement to meet again.

Dr. Sutcliffe shared that criteria for the voluntary mergers are expected to be released at the end of October. It was learned yesterday via the alpha newsletter that a Voluntary Merger Key Informant Group has been established to provide advice on the development of the voluntary merger process. There has been no communication yet regarding consultation and details relating to funding to support mergers. There continues to be concerns and preoccupations by local public health agencies regarding funding, review of the OPHS, the process, and timelines. PHSD will continue to be leaderful in bringing people together to continue the dialogue.

ii) Public Health Strengthening and Chronic Disease Prevention

- White Paper and Infographic on *The Value of Local Health Promotion in Ontario*, Health Promotion Ontario

Aligning with today's presentation, the attached white paper provides additional context regarding the value of local health promotion and the importance to outline this given current resource constraints and the provincial government is reviewing the public health mandate.

In response to an inquiry, information was provided regarding radon testing and interventions to lower levels of radon.

60-23 PUBLIC HEALTH STRENGTHENING AND CHRONIC DISEASE PREVENTION

MOVED BY NOLAND – SIGNORETTI: WHEREAS the Board of Health for Public Health Sudbury & Districts is committed to ensuring it addresses the public health needs and health equity in its catchment area, as aligned with board of health requirements under the Health Protection and Promotion Act and Ontario Public Health Standards; and

WHEREAS Health Promotion Ontario's White Paper on the Value of Local Health Promotion in Ontario recommends strong and sustained investment in local health promotion by public health units to ensure that health promotion is prioritized on an ongoing basis; and

WHEREAS the Board recognizes that there are opportunities for system improvements as part of the review of board roles and responsibilities announced under the government’s Public Health Strengthening initiative, including an assessment of its role in chronic disease prevention through health promotion interventions; and

WHEREAS chronic diseases are mostly preventable, are the cause of 75% of deaths in Ontario, and incur \$10.5 billion in direct health care costs in the province; and

WHEREAS as the scope and intensity of infectious disease risks increase in the context of finite resources, there is a risk of under-resourcing public health actions that work on longer horizon chronic disease prevention;

THEREFORE BE IT RESOLVED THAT in the context of the Public Health Strengthening roles and responsibilities deliberations, the Board of Health for Public Health Sudbury & Districts urges all health system actors to remain committed to maintaining appropriate investments in health promotion and chronic disease prevention, while ensuring health risks associated with its health protection work are managed;

AND FURTHER THAT the Board request that the Chief Medical Officer of Health ensure proactive local engagement in the sector-driven review of the Ontario Public Health Standards.

CARRIED

iii) Universal Healthy School Food Program

- Briefing Note from the Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated October 12, 2023
- News release from provincial government, *Ontario Helping More Children and Youth Access Healthy Food*, October 5, 2023
- Letter from Windsor-Essex County Health Unit Board of Health Chair and CEO to the Deputy Prime Minister and Minister of Finance, Minister of Families, Children and Social Development, Minister of Agriculture and Agri-Food, and the Minister of Public Health Services and Procurement, dated September 21, 2023

Dr. Sutcliffe noted that Canada is the only G7 country that does not have a national school food program in place and Ontario’s student nutrition program has patchwork funding compromising the quantity and quality of food served and availability of adequate infrastructure and human resources.

The proposed motion advocates for federal funding to sustain local healthy school food programs for adequate nourishment, child health and learning, per the recommendations submitted by the Coalition for Healthy School Food. It is recommended the Board of Health add its voice for this initiative. It was clarified that other health units in Ontario have also voiced their supported.

In response to an inquiry, an email will be sent to the Board of Health members providing additional information regarding the recommended \$1 billion allocation.

In response to a suggestion, an amendment was proposed to share the motion with other health units, alPHA, relevant stakeholders.

61-23 SUPPORT FOR A FUNDED HEALTHY SCHOOL FOOD PROGRAM IN BUDGET 2024 (FEDERAL)

MOVED BY SIZER – TESSIER: WHEREAS a universal publicly funded student nutrition program can positively impact students' nourishment, health and well-being, behaviours and attitudes, school connectedness, and academic success; and

WHEREAS the current provincial student nutrition program strives to offer a breakfast, snack, and/or lunch to students each school day, but not all schools have adequate financial and human resources to offer them; and

WHEREAS the annual monitoring of food affordability in Sudbury and districts demonstrates that some families may struggle to purchase food, and a universal fully-funded student nutrition program can help to ensure no child is left out of the program due to their family's ability to pay; and

WHEREAS the Board of Health for Public Health Sudbury & Districts passed motion [02-20](#) supporting a universal publicly funded healthy school food program; and

WHEREAS although the Ontario government recently announced an additional \$5 million this year in the provincial Student Nutrition Program and the First Nations Student Nutrition Program, more support is needed to ensure a fully-funded universal student nutrition program; and

WHEREAS the federal government announced its commitment to work toward the creation of a National School Food Policy to help Canadian communities access healthy food in the [Food Policy for Canada](#); and

WHEREAS the Ontario Public Health Standards requires boards of health to support and participate with other partners in advancing school food policy and programming using population health assessment and surveillance, policy development; and

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts support the [recommendations](#) submitted by the Coalition for Healthy School Food to the Government of Canada as part of advance consultations for Budget 2024:

Allocate \$1 billion over five years and collaborate with provinces, territories, and Indigenous partners to provide them with an initial \$200 million as soon as possible to fund existing school food programs; and

Create a separate School Food Infrastructure Fund grants program of, at minimum, \$50 million; and

Negotiate independent School Food Policy agreements with First Nation, Inuit and Métis leadership to ensure long-term and sustainable funding for Indigenous school nutritious meal programs; and

THAT the Board calls on the Federal Minister of Families, Children and Social Development for investment in healthy school food in Budget 2024, as presented in the House of Commons' online [e-4586](#) (Food and drink); and

FURTHER THAT The Board share this motion with relevant stakeholders, including Ontario Boards of Health and the Association of Local Public Health Agencies (alPHa).

CARRIED WITH AMENDMENT

7. ADDENDUM

62-23 ADDENDUM

MOVED BY SIZER – CARRIER: 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) Public Health System Strengthening

- Letter from Algoma Public Health, North Bay Parry Sound District Health Unit, and Public Health Sudbury & Districts Board of Health Chairs and Medical Officers of Health to the Deputy Minister and the Chief Medical Officer of Health and Assistant Deputy Minister, dated October 13, 2023

The letter to the Deputy Minister and Chief Medical Officer of Health resulting from the meeting that was held on October 6 regarding voluntary merger is shared for information, as referenced under 6 i).

ii) alPHa Info Break dated October 18, 2023

alPHa's October newsletter received yesterday includes an update on the voluntary mergers and advises of the key informant group and membership. P. Sutcliffe has shared with the Council of Ontario Medical Officers of Health (COMOH) her view that the

communication should have been sent to local public health agencies by the Ministry versus from alpha.

Dr. Sutcliffe also commended S. Laforest, PHSD Director of Health Protection and President of ASPHIO, for the development and release of the *ASPHIO White Paper: Highlighting the Vital Role of Public Health Inspectors within a Responsive and Effective public Health Workforce*.

8. ANNOUNCEMENTS

- Board of Health members were reminded to:
 - advise BOH Secretary if they are interested in participating in the virtual alpha fall symposium November 22-24.
 - complete the annual Board self-evaluation survey by Friday, October 20, 2023
 - review the emergency response training by October 30, 2023
 - complete the October 19, 2023, Board of Health meeting evaluation
- The next regular Board of Health meeting is November 16, 2023, at 1:30 p.m.
 - BOH group photo will take place November 16, 2023, at 12:45 p.m.

9. ADJOURNMENT

63-23 ADJOURNMENT

MOVED BY BARCLAY – MASOOD: THAT we do now adjourn. Time: 2:26 p.m.

CARRIED

(Chair)

(Secretary)



UNAPPROVED MINUTES
BOARD OF HEALTH FINANCE STANDING COMMITTEE
MONDAY, NOVEMBER 6, 2023 – 1 P.M.
HYBRID

BOARD MEMBERS PRESENT

Mark Signoretti, Chair René Lapierre Ken Noland
 Michel Parent

STAFF MEMBERS PRESENT

France Quirion Rachel Quesnel, Recorder Dr. Penny Sutcliffe

M. SIGNORETTI PRESIDING

1. CALL TO ORDER

The meeting was called to order at 1:04 p.m.

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

There were no declarations of conflict of interest.

4. APPROVAL OF BOARD OF HEALTH FINANCE STANDING COMMITTEE MINUTES

4.1 Board of Health Finance Standing Committee Notes dated June 6, 2023

05-23 APPROVAL OF MEETING NOTES

MOVED BY PARENT – LAPIERRE: THAT the meeting notes of the Board of Health Finance Standing Committee meeting of June 6, 2023, be approved as distributed.

CARRIED

5. NEW BUSINESS

5.1 Year-to-Date Financial Statements

a) September 2023 Financial Statements

The financial statements ending September 30, 2023, show a positive variance of \$951,215 in the cost shared programs before considering COVID-19 extraordinary expenses.

The large negative variances within certain programs are attributable to recovery activities and associated resources required to complete the backlog of work that

accumulated during the COVID-19 pandemic. As of the end of September we continued to have public health nurse vacancies in various programs in the Health Promotion division and public health inspector vacancies in the Health Protection division.

The statements account for \$3,263,996 in COVID-19 extraordinary expenses incurred to the end of September 2023. Members were reminded that cost shared funding must be fully used prior to utilizing COVID-19 extraordinary funding, therefore the actual variance in cost-shared programs at the end of September is nil with \$2,312,781 in COVID-19 extraordinary expenses.

The third quarter report and projected expenses to year end was submitted to the Ministry on October 27, 2023. We have yet to receive confirmation from the Ministry of the amount we have been approved for COVID-19.

The Ministry advised in writing today that it will provide PHSD with up to \$914,000 in one-time funding for 2023-24 to support the Infection Prevention and Control Hub (IPAC). The funding is to the end of March 2024 and it is hoped that IPAC funding will be annualized and become part of the cost-shared budget.

b) Capital Project Financial Summary

The schedule outlines the current project costs against the approved funding from reserves and Ministry of Health funding. As of October 2023, the costs for the Paris Street projects is \$8,82M.

Of note, an adjustment to the Elm Place project costs was not reflected properly in the agenda package summary. The total cost for Elm Place is \$2,268,111 (versus \$2,193,769) of which \$1,022,812 is funded through reserves. With an approved allocation of \$11M from reserves to support infrastructure modernization projects, the estimated balance in the allocated reserve fund is at \$1,136,226.

The Ministry has also funded the elevator and lab roof repair projects. The elevator project is completed and is slightly over budget (\$21,601). The lab roof repair project, which includes the main entrance work, is almost complete. It was approved for a total of \$929,305 in capital funding and as of October 2023 is estimated to cost \$887,742. Any unspent funds unspent in the lab roof project will need to be returned to the Ministry.

Kudos were extended to the team for the diligence in managing complex projects and at such a challenging time. The infrastructure and financial results were recognized.

5.2 Financial Management Policy Review

a) Schedule of Policy Review

This schedule outlines Board of Health By-laws and Policies relating to the financial management of the organization requiring a review in 2024, per the review cycle every two years. The team has been making progress with the review of operational financial policies to be reviewed every five years and in addressing the backlog resulting from the pandemic. Overall, there are no significant variances or changes in policies to bring to attention.

5.3 2024 Operating Budget

a) Briefing Note: Budget Context and Assumptions

Dr. Sutcliffe reviewed the context and assumptions for the proposed 2024 cost-shared operating budget based on careful planning considering unprecedented system change, programmatic uncertainties, and financial pressures.

The Ministry of Health's announcement in August of significant changes to the Ontario's public health system, titled *Strengthening Public Health*, were reviewed as detailed during the September Board of Health meeting.

Effective January 1, 2024, the province will return \$47 million in provincial annual base funding to public health units, which is the level previously provided in 2018. Based on meetings with the Ministry, for PHSD that would mean \$1,179,500 being returned to provincial base funding. The province is also providing local public health units an annual one per cent funding increase over the next three years, being 2024, 2025, and 2026.

The Ministry advises that expenses for COVID-19 programming in 2024 will need to be included in the Board's cost-shared base budget.

A preliminary financial assessment is that the return to provincial funding at the level provided in 2019 as well as the upcoming provincial increase of 1% for three years, and the prior increases of 1% in each of 2022 and 2023, is sub-inflationary and that it will be challenging to meet growing and complex local public health needs. Notwithstanding this, the Ministry has stated the recognition of the *urgent need for stabilization while change processes are underway within the system*.

The ministry grant has been eroded over time and based on historical funding rather than the Board approved budget. There has been a relative growth in municipal contributions to the cost of a Board of Health.

The assumptions made for 2024 were reviewed and F. Quirion was invited to review the 2024 proposed budget, highlighting changes over the 2023 board approved budget. The projected increases in fixed and operating expenses were reviewed.

Questions were entertained regarding benefits, and it was clarified that PHSD has typically gone to market every 2-3 years. PHSD works with its Benefit Consultant to ensure we get the most competitive rates available in the market. As we are exiting the last negotiated rates, PHSD will meet with its Benefit Consultant to secure the best rates possible and determine when going to market would be beneficial.

06-23 IN CAMERA

MOVED BY NOLAND – PARENT: THAT this Board of Health Finance Standing Committee goes in camera for personal matters involving one or more identifiable individuals, including employees or prospective employees. Time: 1:50 p.m.

CARRIED

07-23 RISE AND REPORT

MOVED BY PARENT – LAPIERRE: THAT this Board of Health Finance Standing Committee rises and reports. Time: 3:10 pm

CARRIED

It was reported that one personal matter involving one or more identifiable individuals, including employees or prospective employees, was discussed for which the following motions emanated.

08-23 APPROVAL OF BOH INCAMERA

MOVED BY LAPIERRE – NOLAND: THAT this Board of Health Finance Standing Committee approve the meeting notes of the October 31, 2022, in camera meeting and that these remain confidential and restricted from public disclosure in accordance with exemptions provided in the Municipal Freedom of Information and Protection of Privacy Act.

CARRIED

09-23 2024 OPERATING BUDGET

MOVED BY NOLAND – LAPIERRE - THAT the Board of Health Finance Standing Committee, having reviewed and discussed the details of the proposed 2024 cost-shared operating budget at its November 6, 2023, meeting, direct the Medical Officer of Health to finalize the budget totaling \$30,073,079; and

THAT the Finance Standing Committee so recommend this budget to the Board of Health for approval at its November 16, 2023, meeting.

CARRIED

6. ADJOURNMENT

10-23 ADJOURNMENT

MOVED BY PARENT – LAPIERRE: THAT we do now adjourn. Time: 3:13 p.m.

CARRIED

(Chair)

(Secretary)

Unapproved

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

Words for thought

Creating the Conditions for Resilient Communities: A Public Health Approach to Emergencies. The Chief Public Health Officer of Canada's Report on the State of Public Health in Canada 2023.



In recent years, our communities have faced monumental challenges, from the scale and scope of the COVID-19 pandemic to more frequent extreme weather events driven by climate change.

Emergencies are increasingly becoming a part of our daily lives, both here in Canada and around the world. In the past year alone, we have witnessed record heat waves, devastating floods, and an unprecedented wildfire season that has affected the air we breathe and forced the evacuation of thousands of people in communities across the country.

These events can have profound impacts on our physical and mental health, as well as on the well-being of our communities. In some cases, recovery from one emergency may not even be possible before another one hits. Emergency response is becoming more complex and more challenging.

In this report, I explore how public health can work with communities and partners across sectors to build healthier and more resilient communities. When communities are more resilient, we are better equipped to prevent, withstand, and recover from emergencies. Just as strengthening our physical infrastructure is important for emergency preparedness,

such as reinforcing power grids, we must also invest in our social infrastructure to ensure strong community supports are in place for times of crisis.

Some Communities are Disproportionately Affected by Emergencies

The impacts of emergencies are not the same for everyone. Some populations are at greater risk of exposure and poor health outcomes because of pre-existing social, economic, environmental, or health inequities, including those related to racism, discrimination, and colonization. For example, people experiencing homelessness, populations that are racialized, and people living with mental health conditions or substance use disorders experienced more negative health impacts from the COVID-19 pandemic, with worse outcomes for those facing multiple and overlapping barriers to good health.

Source: [Full report: The Chief Public Health Officer of Canada's Report on the State of Public Health in Canada 2023 - Canada.ca](https://www.canada.ca/en/public-health/services/reports-publications/creating-conditions-resilient-communities-public-health-approach-emergencies-2023.html)

The Board of Health will recall last month's Board of Health meeting delegation describing the critical contribution to overall health of Public Health's work in health promotion and chronic disease prevention. Dr. Tam, Canada's Chief Public Health Officer, used the occasion of her 2023 annual report on the state of public health in Canada to highlight how critical **health promotion** also is to **emergency preparedness**:

Just as strengthening our physical infrastructure is important for emergency preparedness, such as reinforcing power grids, we must also invest in our social infrastructure to ensure strong community supports are in place for times of crisis.

While there is nothing more pressing than an emergency, Dr. Tam is reminding Canadians that, perhaps counterintuitively, it is the longer term and upstream investments of health promotion that will improve health security:

A key objective of this report is to ensure better health security by including critical health promotion capabilities and capacities in emergency management plans and activities. If systematically integrated, health promotion can help communities to be more resilient, increase social connections and cohesion, and foster trust amongst communities, response partners, and decision makers.

I am taking the occasion of this month's Medical Officer of Health report to the Board of Health to reinforce the message that an effective public health system must maintain a balance of investments in both shorter horizon health protection work and longer horizon health promotion work.

General Report

1. Board of Health

Mandatory Emergency Preparedness – Board of Health training – to be completed for 2023

The emergency preparedness PowerPoint has been included in the the November Board of Health agenda package for each Board of Health member to review. It is expected that Board of Health members will review the presentation as part of the agenda package unless you have already done so for 2023.

Board of Health Group Photo – November 16, 2023

The business Board of Health group photo is confirmed for Thursday, November 16, 2023, at 12:45 p.m. Business casual in neutral or light colours is recommended rather than bright colours or bold patterns.

Association of Local Public Health Agencies (ALPHA) Fall Symposium

This year's Fall Symposium, Section Meetings, and Workshops will take place November 22-24. R. Lapierre, Dr. Sutcliffe and R. Barclay are registered to attend the virtual symposium. Any

interested Board of Health members are asked to contact the Board Secretary who will complete the registration. Closing date to register is Wednesday, November 15, 2023.

alPHA advocates for public health policies, programs and services on behalf of member health units in Ontario and provides benefits to members in a variety of ways, including advocacy, education, and representation. Public Health Sudbury & Districts continues to have membership in alPHA and the 2022-2023 membership cost was \$15,496.05.

alPHA BOH governance – social determinants of health

The Association of Local Public Health Agencies (alPHA) is offering training opportunities for all members of Ontario Boards of Health to enhance their skills and knowledge in the areas of Board of Health governance and social determinants of health. It has been decided that Public Health Sudbury & Districts will not be pursuing this training at this point in time.

Board of Health meetings

There is no regularly scheduled Board of Health meeting in December.

The date of the next Board of Health meeting is Thursday, January 18, 2024, at 1:30 p.m.

Board of Health meeting dates for 2024 are available in BoardEffect under Events and listed on phsd.ca.

2. Association of Supervisors of Public Health Inspectors of Ontario White Paper

The Association of Supervisors of Public Health Inspectors of Ontario (ASPHIO) has released its white paper, *Highlighting the Vital Role of Public Health Inspectors within a Responsive and Effective Public Health Workforce - A Report to the Ministry of Health*. The paper has been distributed to alPHA affiliate organizations and is available on the [Canadian Institute of Public Health Inspectors website](https://www.ciphi.ca/en/insights-and-advocacy/white-paper). Public Health Sudbury & Districts' Stacey Laforest, Director, Health Protection, is the current Chair of ASPHIO and leaderful in this initiative. She and a colleague were invited to present the white paper to the Chief Medical Officer of Health and senior Ministry staff and did so on November 8, 2023.

3. Human Resources

Recruitment efforts are ongoing for a Medical Officer of Health/Chief Executive Officer (MOH/CEO) at Public Health Sudbury & Districts. The MOH/CEO Recruitment Sub-Committee met September 18, October 19, and October 30, 2023.

4. Financial Report

The financial statements ending September 2023, show a positive variance of \$951,215 in the cost-shared programs before considering COVID-19 extraordinary expenses. The statements account for \$3,263,996 in COVID-19 extraordinary expenses incurred to the end of September. Cost-shared funding must be fully used prior to utilizing COVID-19 extraordinary funding, and so the actual variance in cost-shared programs at September 30 is nil with \$2,312,781 in COVID-19 extraordinary expenses.

5. 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 disbursed all payable remittances for employee income tax deductions and Canada Pension Plan and Employment Insurance premiums, as required by law to October 13, 2023, on October 16, 2023. The Employer Health Tax was paid, as required by law, to September 30, 2023, with an online payment date of October 13, 2023. Workplace Safety and Insurance Board premiums have also been paid, as required by law, to September 30, 2023, with an online payment date of October 31, 2023. There are no outstanding issues regarding compliance with the Occupational Health & Safety Act, Ontario Human Rights Code, or Employment Standards Act.

Following are the divisional program highlights, including the twice-yearly Corporate Services divisional report.

Corporate Services

1. Accounting

The 2022 Audited Financial Statements were prepared and presented to the Finance Standing Committee of the Board of Health at its June 6, 2023 meeting. The Board of Health approved the 2022 Audited Financial Statements at its June 15, 2023 meeting.

The 2022 Annual Reconciliation (AR) report was submitted by the June 30, 2023 deadline date. Boards of Health must submit the AR report as a requirement of the Public Health Funding and Accountability Agreement. This report reconciles the financial expenses at year end, is audited by the agency's official auditors, and is prepared for the Finance and Administrative Branch of the Government of Ontario.

The 2022 Annual Report and Attestation (AR&A) was prepared and submitted to the Ministry by the August 31, 2023, deadline. Boards of Health are required to submit the AR&A as a

requirement of our funding and accountability agreement. This report provides a year-end summary report on program achievements and finances, identifies any major changes in planned program activities in response to local events, and demonstrates compliance with program and financial requirements.

Boards of Health are also required to submit quarterly Standards Activity Reports (QSAR). The Standards Activity Reports are prepared to communicate quarterly financial forecasts and interim information on program achievements. The Q2 (up to June 30, 2023) report was prepared and submitted by the July 31, 2023 deadline and the Q3 (up to September 30, 2023) report was submitted by the due date of October 31, 2023.

We have yet to receive confirmation of the amount we have been approved for COVID-19. The Ministry is hopeful that they will be able to share funding levels soon.

The Accounting team has been working intensely with program staff to prepare the proposed 2024 cost-shared operating budget, as reviewed at the November 6, 2023, meeting of the Finance Standing Committee of the Board.

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

2. Facilities

Facilities continues to support the Infrastructure Modernization Projects including the capital project involving the roof and patio refurbishment. The Elevator Modernization project has been completed; the Infrastructure Modernization projects at both Elm Place and 1300 Paris are complete, with minor deficiencies to address.

General repair and maintenance projects were completed at various sites across our service area. All systems and equipment have been maintained as per CSA standards and legislative requirements.

The EQUANS Facilities Manager position, supporting the PHSD offices, was filled effective July 19, 2023.

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 will conclude by the end of 2023. Staff hired to support COVID-19 clinics continue to decline as clinic numbers are reduced and staffing needs decline.

Managers continued to fill vacancies based on budget constraints and operational needs. We face ongoing recruitment challenges for some positions which is the case across the sector as we respectively recruit for skilled public health human resources.

Agency recruitment policies are currently under review as part of the organization's policy review cycle. This review includes incorporating an equity, diversity, and inclusion lens.

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 (JHSC) meetings, training, and communication on the Internal Responsibility System, WHMIS, fire safety, first aid, emergency preparedness, and workplace violence and harassment.

Requirements for health and safety are in place for all offices, including temporary locations, with additional measures required for COVID-19 for clinical staff.

The agency policies for health and safety training have been reviewed. The plan to address gaps has been actioned and is mostly complete. Other agency policies related to health and safety are currently being reviewed and updated as needed.

In collaboration with management, Human Resources is conducting a health and safety risk assessment to identify gaps on an organizational level. In addition, HR is collaborating with managers and other team members to ensure compliance with the Transportation of Dangerous Goods Act.

The wellness of staff is a priority for the agency. Through this reporting period, the Psychological Health and Wellness committee has completed the National Standard of Canada for Psychological Health and Safety in the Workplace Campaign. The campaign focused on raising awareness of the 13 National Standards. Some examples of the standards include, organizational culture, growth and development, workload management, balance, and psychological protection.

The committee has been actively sharing helpful information related to psychological health and wellness and has offered an 8-week mindfulness program to staff. The committee continues to re-energize and re-engage staff in all aspects of psychological health and wellness in the workplace.

The committee has partnered with the United Way workplace campaign and is once again planning to offer staff the opportunity to purchase a wellness passport with all proceeds donated to the United Way 2023 Workplace Campaign.

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 and some updates have been complete. Human Resources continues to work with managers on meeting our AODA and Ontario Human Rights legislation and compliance requirements. Public Health is currently preparing its compliance report required by AODA to be submitted by the end of this year.

Privacy and Access to Information

Public Health continues to ensure compliance with the Municipal Freedom Freedom of Information and Protection of Privacy (MFIPPA) to protect the privacy of information while providing individuals with the right of access to their own information.

The agency ensures compliance with the Personal Health Information Protection Act (PHIPA,) which governs the manner in which personal health information may be collected, used, and disclosed.

This is achieved through agency policy and daily practices to ensure that information being handled and protected from unauthorized use or access.

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. To date 11 breaches have been reported in 2023 compared to 12 in total in 2022. These mainly involve inappropriate access through misdirected mail or 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

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	11 to date

Labour Relations

The organization has completed bargaining with CUPE for a new collective agreement that will expire March 31, 2026. Public Health is preparing for bargaining with ONA as the collective agreement with ONA expires March 31, 2024.

4. Information Technology and Records Management

IT Infrastructure Modernization

Information Technology has been working diligently on the following infrastructure modernization projects:

- Migration to Exchange online is complete.
- The SharePoint Online migration pilot project is progressing. The team identified the “Health and Safety” site as the pilot site and are nearing completion of its design and migration. Then, a schedule will be developed to migrate the full suite SharePoint sites to the new online environment.
- In parallel to the SharePoint online environment, we are also migrating to the online version of our records management system, CollabSpace. This work is underway and needs to be ready in order to facilitate the transition to SharePoint online.
- All copiers have been replaced with Canon MFPs and the new secure print swipe card system is in place both at the Elm and Paris sites.
- The phone system project to replace the current one with Microsoft Teams phone, including a backup system capacity, is well underway. We are targeting January 2024 for the launch.
- Teams Room devices were installed in meeting rooms at Paris and Elm.
- Telus conducted a Security Assessment/Penetration Test in September. We are currently reviewing the document to address any high or moderate risk issues.

5. Volunteer Resources

Due to our COVID-19 response, all mandatory program related volunteer positions were put on hold. Plans are underway to re-evaluate volunteer resources programming requirements in early 2024.

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. This includes clients, community members, partners, and stakeholders. The survey can be completed in person or online in both English and French. The [survey](#) 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

The Continuous Quality Improvement (CQI) Committee resumed its regular meeting structure and work in Q3 2023. This committee leads the inventory of Lean projects across the organization. Lean reviews continue to be part of the organization's CQI strategy and are a key driver to support process improvements and map 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. The committee is currently reviewing the Lean project inventory and prioritizing projects based on organizational needs.

Our CQI procedure C-I-170, describes our CQI plan and framework. The framework outlines many commitments, including developing skills and building our capacity in quality improvement principles and techniques.

In partnership with Staff Development, the CQI committee has been hosting a series of optional hybrid format training sessions this fall. Facilitated by the chair of the CQI Committee, these training sessions focus on how to initiate and execute a lean project using process mapping, sustainability, change management, and project management. Two of the four training sessions have been delivered and staff are appreciative of the opportunity to build their skills in this area.

Risk Management

The Board of Health recently approved the 2023–2025 Risk Management plan. Reporting is underway to review the red risks and provide the Executive Committee with a Q3 report in November 2023. The Ministry Q3 report includes an annual update on all red risks for the agency. This report was submitted to the Ministry as per the Q3 reporting guidelines.

The Senior Management Executive Committee is focusing its attention on the Public Health Strengthening provincial announcement. This announcement directs a critical review of the three pronged approach to Public Health Strengthening, including funding, voluntary mergers, and a review of the Ontario Public Health Standards. The current risk management Q3 report includes the work related to mitigating this risk within the political risk 9.1 and strategic risk 11.1. The Senior Management Executive Committee will review its current 2023–2025 Risk Management Plan to ensure that risks are identified specific to Public Health strengthening. It is anticipated that an amended Risk Management Plan will then be shared with the Board of Health.

Health Promotion

1. Chronic Disease Prevention and Well-Being

Healthy Aging

In October, Public Health staff attended City of Greater Sudbury's Older Adult Summit 2023. Our staff shared healthy aging and falls prevention resources and led an Individual Asset-Mapping activity where older adults shared their gifts of the heart, hand, and head. Approximately 100 older adults participated in the asset-mapping activity. Asset-mapping helps groups or communities identify their strengths and potential and uses these discoveries to build sustainable community action. Building community is a key step in increasing local capacity and reducing the burden of chronic disease.

In October, as well, Public Health hosted a second intergenerational Harvest Pride event in partnership with New Horizons, Réseau Access Network, and Stay on Your Feet. In total, 19 Two-Spirit, lesbian, gay, bisexual, transgender, queer, or questioning, and additional sexual orientations and gender identities (2SLGBTQ+) community members and allies gathered to share a nutritious meal and solve a Halloween mystery. These events aim to create safe spaces where 2SLGBTQ+ individuals can gather and socialize, and reinforces Public Health's commitment to being a safe space.

Healthy eating behaviours

In October, staff organized, presented, and moderated a Food (In)Security panel as part of the Service Provider Summit in Greater Sudbury. The panel provided Summit participants with information on a variety of food security programs and solutions to addressing food insecurity.

2. Healthy Growth and Development

Breastfeeding

During the month of October, staff provided 102 breastfeeding clinic appointments to clients at the main office on Paris Street, as well as our Val Caron, Espanola, and Manitoulin office locations.

Growth and development

In September, staff made 119, 48-hour calls to parents. Staff completed assessments with early identification and intervention screening questions to determine if additional support services would benefit these families.

As early childhood malnutrition presents a considerable burden to the health care system in Ontario, Public Health staff Public Health staff partnered with Ontario Dietitians in Public Health to collaborate with Food Allergy Canada on a Call to Action. The call reads: *ODB Program Amendments to Support Infants and Children with a Medical Diagnosis* Requiring Strict Avoidance of Standard Soy and Milk Proteins*. Currently, the Ontario Drug Benefit (ODB)

program does not currently cover the cost of specialty infant formulas medically required by infants and children 0-24 months of age who need to avoid standard soy and milk proteins.

Health Information Line

In October, our Health Information Line received 101 calls. Most inquiries were related to information on breastfeeding, infant feeding, the lack of primary health care provider, as well as some requests for mental health services and general resources regarding healthy growth and development.

Healthy Babies Healthy Children

Throughout October, the team continued to provide support to 178 active client families in the Greater Sudbury, Lacloche, and Manitoulin areas. The team conducted 717 interactions (in home and virtual visits, as well as phone calls) were completed. Public Health dietitians continue to provide nutrition support to clients who are identified as high nutritional risk.

Healthy pregnancies

In October, 41 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.

Preparation for parenting

In October, staff from the Healthy Families team attended the Baby Expo held in Greater Sudbury. Staff promoted services and programs to 500 attendees, including the Health Information Line, Healthy Babies Healthy Children program, the breastfeeding clinic, Public Health Sudbury & Districts' online prenatal classes, and parenting services.

The team introduced our new Preparation for Parenting program to the community. New promotional rack cards were distributed that include quick response (QR) codes providing people a direct link to specific webpages on our site.

3. School Health

Healthy sexuality

The School Health team delivered the first of a series of sexual health talks at the Alternative Learning Centre (12 students). The student population of the adult high school is often at higher risk and meets our approach to targeted universalism in the delivery of programming.

Mental Health Promotion

As part of our upstream approach to build the capacity of adult influencers in their support of students' mental health, the team delivered four presentations in October: two brain architecture presentations, focused on the importance of early experiences in shaping children's mental health (a total of 48 adults reached); and the two-part Reach-In, Reach-Out (RIRO) training, which focuses on building personal resiliency skills in adult influencers (30 nursing students).

As well, the team met with two school boards to recruit and plan the Comprehensive Mindfulness programming, an 8-week program with students and staff, both of which will commence later in November, with one being in a district school.

The team provided information about the “School Health Grant for Youth” with the mental health lead and curriculum consultants from two school boards. This information was designed to support students in grant applications for a youth-driven project to promote mental health in their schools.

4. Substance Use and Injury Prevention

Comprehensive tobacco control

In September, the Quit Smoking Clinic (QSC), which has been on pause for over two years, was discontinued. The QSC provided adult cessation services at the 1300 Paris Street and Elm Place offices in the City of Greater Sudbury and in the Sudbury East District office. Currently, individuals seeking cessation support from Public Health Sudbury & Districts are referred to other cessation programs delivered in our catchment area and to programs across the province accessible by telephone and the internet. The Tobacco Information Line (TIL) remains open. The TIL received 18 calls in October from individuals or health care providers and social workers requesting information on smoking cessation supports.

In October, the team published three social media posts on Facebook and X/Twitter promoting the Stop on the Net program for smoking cessation through the Centre for Addiction and Mental Health (CAMH).

Mental health promotion

Our Mental Health and Substance Use team attended the HEADSTRONG: Youth Mental Health Summit on October 24, 2023. HEADSTRONG, an evidence-based youth leadership initiative from the Mental Health Commission of Canada, was developed in 2014 to champion mental wellness. Since then, it has given Canada’s youth the tools, confidence, and inspiration to become leaders for mental health and wellness in their schools and communities.

About 150 students were given mental health promotion resources, engaged to identify ways in which they were already participating in positive mental health activities, and asked to submit mental health-related questions anonymously for public health educational opportunities.

The team published a social media post for World Mental Day on October 10, 2023. This year’s theme highlighted that mental health is a universal right.

The staff mental health literacy training series post-survey results were analyzed and compared to pre-survey data collected in 2019. A full summary including results, limitations, and future recommendations has been drafted for use during the development of ongoing mental health literacy projects for both staff and community.

Substance Use

In October, a presentation was co-delivered with Indigenous Engagement to fourth-year nursing students at Laurentian University. The presentation highlighted the connection between vulnerable populations and substance use at the individual, interpersonal, community and societal levels. Substance use and the continuum of substance use were also discussed. The toxic drug crisis was covered, as well as a brief description of the upcoming Summit, to showcase the work we are doing in relation to vulnerable populations.

Preparation for the Drug Toxicity Crisis Leadership Summit continues.

Harm reduction – Naloxone

In collaboration with Public Health’s Health Protection Division, Health Promotion staff continue to support 38 community partners with the distribution and training of naloxone.

In September, a total of 1612 naloxone doses were distributed, and 179 individuals were trained in its use. Additionally, two partners recently began distributing injectable naloxone. This is a clear demonstration of responding to the requests of people with lived and living experiences.

Smoke Free Ontario Strategy

The Tobacco Control Area Network (TCAN) hosted a successful in-person October TCAN planning meeting, our first in-person meeting since before the pandemic. Three-year plans and updated situational assessments for the Youth, the Adult and the Young Adult Nicotine Dependency Advisory Committees were shared, discussed, and approved. Messaging has been updated and is set to run on CTV and Bell Media until the end of the year 2023 for smoke-free campuses and Stop on the Net. A wallet card resource was developed to promote available vaping cessation apps and prevention resources for youth. The cards will be available in secondary schools across the North East.

School Health, Vaccine Preventable Diseases and COVID Prevention Division

1. Vaccine Preventable Diseases and COVID Case and Contact Management

The Vaccine Preventable Diseases (VPD) team responded to 1067 phone calls, or 1168 vaccine-related inquiries in October.

Of these inquiries:

- 58% related to the Immunization of Schools Pupils Act (ISPA),
- 24% related to general immunization inquiries,
- 6% related to school-based immunization clinics,

- 6% related to the Universal Influenza Immunization Program (UIIP),
- 2% related to accessing an immunization record,
- 1% related to immunizations for travel purposes,
- less than 1% related to international immunization record submission,
- 2% related to COVID-19 immunization,
- less than 1% related to cold chain maintenance, and
- the nature of approximately 5% of calls was classified as other or unknown.

In October, the UIIP was rolled out across the province. To date, the VPD team has supported distribution of 29 093 flu vaccine doses to health care providers within our catchment area. With support from the COVID-19 vaccination program, the VPD team has administered over 1100 flu vaccines since October 20, 2023.

Also during October, a targeted, publicly funded immunization program offering vaccination for protection against Respiratory Syncytial Virus (RSV) was announced. The program supports delivery of the new RSV vaccine Arexvy to individuals aged 60 and older who reside in long-term care homes, Elder Care Lodges, and retirement homes. To date, the VPD team has issued an Advisory Alert outlining the details of the new program to health care providers within the catchment area.

The team continued ISPA enforcement activities throughout October. An additional 59 elementary schools in our catchment transitioned to active suspension under ISPA, impacting 668 students and bringing the total number of elementary students suspended to 958. Of these, 12% remain actively suspended at the time this report was drafted. Public health nurses continue to followup with school representatives and affected community members daily.

The VPD team continued to provide Grade 7 school vaccination clinics in October. To date, school-based vaccine clinics have been offered in 30 area schools in our catchment area since implementation on September 20.

In October, the VPD team filled 233 orders and distributed 32 320 doses of vaccine to 120 different community partners across the service area (including pharmacies, primary care offices, and walk-in clinics). These vaccines distributed offer protection against tetanus, diphtheria, pertussis, poliomyelitis, hepatitis A, hepatitis B, human papillomavirus, rabies, meningitis, haemophilus influenza B, measles, mumps, rubella, pneumonia, rotavirus, shingles, varicella (chicken pox), and influenza.

The VPD team also implemented COVID-19 onboarding training for four Espanola-based district service board paramedics.

2. COVID-19 Vaccination

In line with the Ministry of Health's guidance released in late September, Public Health began its COVID-19 fall 2023 vaccination campaign in early October. A phased-in approach was used to offer an updated COVID-19 vaccine, which provides greater protection against the currently circulating Omicron XBB subvariants. The COVID-19 vaccine was first available to those at higher risk, including hospitalized individuals and staff, long-term care and Elder Care Lodge residents, staff and caregivers, and individuals at high-risk of COVID-19 related complications or hospitalizations. Mass immunization clinics were offered across the catchment area during the month of October and November, and clinics that operated after October 22 offered the flu shot for clients who requested it.

Opportunities for vaccinations were also offered to Indigenous communities in partnership with First Nation communities and Indigenous service providers. Clinics targeting high-risk and equity deserving groups were offered in partnership with service providers such as Réseau Access Network and the Samaritan Centre. Staff will continue to monitor local eligibility and update and plan clinic opportunities to meet demand accordingly. As of October 24, 5671 doses were administered as part of the fall campaign. Public health-led clinics administered 53.6% of these doses, while 38.8% were administered by pharmacies and 7.6% by other providers.

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

Sexual health clinic

In October, there were 101 drop-in visits to the Elm Place site related to sexually transmitted infections, blood-borne infections, and/or pregnancy counselling. As well, the Elm Place site completed a total of 282 telephone assessments related to STIs, blood-borne infections, or pregnancy counselling, resulting in 189 onsite visits.

Growing Family Health Clinic

In October, the Growing Family Health Clinic provided services to 121 patients.

Health Protection

1. Control of Infectious Diseases (CID)

In October, staff followed up with 281 new cases of COVID-19 and investigated 41 sporadic reports of other communicable diseases. Also, 15 respiratory outbreaks and 1 enteric outbreak were declared. The causative organisms for the respiratory outbreaks were identified to be COVID-19 (12), and rhinovirus (1). The cause of the remaining two outbreaks was not confirmed. As well, the causative organism for the enteric outbreak was not identified. Staff continue to monitor all reports of enteric and respiratory diseases in institutions, as well as sporadic communicable diseases.

Infection Prevention and Control Hub

IPAC Hub Practitioners completed 11 proactive IPAC assessments and 38 services and supports in response to outbreaks of acute respiratory infections (ARI), COVID-19, or enteric activity in congregate living settings.

2. Food Safety

During the month of October, staff issued 32 special event food service permits, and 22 farmers market vendor permits to various individuals and organizations.

In October, two sessions of our Food Handler Training and Certification Program were offered and 24 individuals were certified as food handlers.

3. Health Hazard

In October, 26 health hazard complaints were received and investigated.

4. Ontario Building Code

In October, 31 sewage system permit applications, 12 renovation applications, and five consent applications were received.

5. Rabies Prevention and Control

In October, 29 rabies-related investigations were conducted. One specimen was submitted to the Canadian Food Inspection Agency Rabies Laboratory for analysis and was subsequently reported as negative.

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

6. Safe Water

During October, 36 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated four regulated adverse water sample results, one blue-green algae complaint, and drinking water lead exceedances at two local schools.

One boil water order and one drinking water advisory were issued. Furthermore, three boil water orders and one drinking water order were rescinded.

7. Smoke Free Ontario Act, 2017 Enforcement

Smoke Free Ontario Act Inspectors charged two individuals for smoking on school property, and one individual for smoking on hospital property.

8. Vector Borne Diseases

In October, six mosquito pools were tested for West Nile virus, with all pools testing negative. Mosquito trapping has ceased for this season and will resume in the spring of 2024.

9. Emergency Preparedness & Response

Staff participated in municipal Emergency Response Plan reviews with the Town of Espanola and the City of Greater Sudbury.

10. Needle/Syringe Program

In September, harm reduction supplies were distributed, and services received through 3168 client visits across our service area. Public Health Sudbury & Districts and community partners distributed a total of 47 179 syringes for injection and 68 163 foils, 14 125 straight stems, and 7628 bowl pipes for inhalation through both our fixed site at Elm Place and outreach harm reduction programs.

Knowledge and Strategic Services

1. Health Equity

The Health Equity team continues to work with internal and external stakeholders in the spirit of evolving meaningful health equity practices. For example, the team recently launched a Health Equity Checklist, a tool developed to support Public Health staff and managers to ensure health equity is top of mind in all that we do. The checklist will help identify opportunities to consistently improve how we integrate health equity into our work, from policy and procedure development to organizing events and even in emergency planning.

Virtual training from Rainbow Health Ontario continues to be offered to new staff. This foundational training related to Two-Spirit, lesbian, gay, bisexual, transgender and queer and questioning (2SLGBTQ+) health for healthcare and social service professionals provides staff with foundational base knowledge to inform inclusive practice. The goal of this seven-module course is to heighten comfort and competency in providing high-quality, inclusive, affirming, welcoming, and culturally sensitive care to 2SLGBTQ+ people.

2. Indigenous Engagement

Indigenous Engagement staff continue to share appropriate resources with Public Health staff and to support ongoing relationship development and facilitation of contacts with Indigenous partners.

Staff Indigenous cultural safety training—Journeying from the head to the heart, to affinity and beyond! —is nearing completion, with three of four sessions held to date. The final session is scheduled for Friday, November 17. Stephanie Stephens, a social worker and facilitator from Greater Sudbury, guides staff through this Indigenous Worldview Experiential session so we all have the opportunity to better understand the differences in Western and Indigenous worldviews. Board members who were unable to attend the session with Stephanie Stephens last May are welcome to attend.

Two lectures on Public Health and Indigenous Ways of Knowing occurred in October: McMaster University Graduate Diploma in Public Health (October 6, 2023) and Laurentian University Nursing Program (October 19, 2023).

The Special Advisor – Indigenous Affairs attended a National Gathering in Membertou, Nova Scotia (October 11- 13, 2023), called “Finding Medicine in Connection and Community”. The session included teachings about the two-eyed seeing approach and tools for equity, diversity, and inclusion and reconciliation, decolonization, and Indigenization. These teachings will be shared with the Health Equity team in December.

Public Health staff also continue to participate in quarterly meetings of the provincial Public Health Indigenous Engagement Network (PHIEN) and will be attending a group consultation, hosted by the National Collaboration Centre for Public Health on November 15 to help inform the revision of Core Competencies for Public Health in Canada.

3. Population Health Assessment and Surveillance

The Population Health Assessment and Surveillance team continues to provide ongoing support with internal, external (public, media, ministry), and operational planning data requests essential for the management and decision support of COVID-19 and public health priorities.

Efforts include maintenance of our COVID-19 reporting systems (COVID-19 Vaccine Inventory and COVID-19 Vaccination Tracking dashboards) for vaccine, case, and outbreak reporting (tri-weekly web reports and a detailed weekly epidemiologic summary that includes vaccination data), as well as weekly monitoring of respiratory activity in our service area (Respiratory Illness Surveillance Dashboard) on case, hospital, outbreak, and wastewater activities.

The team also continues to daily monitor school absenteeism data in elementary schools for any spikes in illness related absenteeism, opioid-related surveillance—such as the number of

suspected opioid overdose related Emergency Medical Services calls—and Emergency Department visits for opioid and toxicity and wildfire related syndromes.

The team recently completed a report on the demographics and health profile of northeastern Ontario older adults. This report was a result of a request from Ontario Health North East, and the information from this report will support The Stay on Your Feet (SOYF) strategy. This strategy consists of a regional working group comprised of five northeastern health units and Ontario Health North East. The report covers a variety of topics ranging from older adult population projections, household composition, falls-related emergency department visits and hospitalizations, chronic conditions and health behaviours.

The Population Health Assessment and Surveillance team continues their ongoing community partner engagement efforts. This fall, the team provided guidance and cross-training to City of Greater Sudbury staff on how to maintain a predictive model that was developed to predict the presence of lead pipes based on known infrastructure and social determinants of health. Future collaboration opportunities were identified so we can work together to protect high-risk populations from health outcomes associated with elevated blood lead levels.

4. Effective Public Health Practice

November marked the start of the annual program planning process which guides the assessment, planning, implementation, and evaluation of our work in public health. Currently, Public Health teams are gathering and reviewing evidence from a variety of sources including research, community and local context, community and political preferences, and public health resources to inform the development of annual activity and evaluation plans which will guide our programming across all topic areas.

On November 9, staff from the Effective Public Health Practice Team presented at Laurentian University's Master Science Communication Fall Forum. The session provided students with information about the role of public health plays in building healthy communities and how science communication can share in this role.

5. Staff Development

Over the course of this past year, four Manager Community of Practice sessions have been held this year. Topics covered included managing in a unionized environment, building trust in a hybrid team, managing self care, and human rights and accommodation. Post-session survey feedback indicates managers find these one-hour sessions valuable, providing a forum to share information and experiences with their colleagues.

6. Student Placement

Fall term placements are in full swing, with Public Health hosting 14 students from various disciplines, including nursing (Years 3 and 4), dietetics, midwifery, and the nurse practitioner programs.

Planning is currently underway for winter term placements, including seeking opportunities for placements to support Cambrian College's new, stand-alone Bachelor of Science in Nursing Degree. In addition to nursing student opportunities, several Masters of Public Health placement requests have been submitted.

7. Strategic Engagement Unit and Communications

In response to rising respiratory illness activity levels across Sudbury and districts, the Communications team supported the release of a new weekly online dashboard to provide information about local activity levels of COVID-19, influenza, and respiratory syncytial virus (RSV). Additional weekly COVID-19 data continues to be shared online and on the agency's social channels related to cases and outcomes, testing, outbreaks, vaccinations, and hospitalizations. Routine promotions continue for COVID-19 and influenza vaccination opportunities for eligible individuals.

The Communications team has also supported other public health efforts to, for example, plan and host a summit on toxic drugs in Greater Sudbury, promote smoking cessation services, raise awareness about and call for action to reduce poverty, promote mental health, celebrate diversity and reduce discrimination, and identify and use active and safe routes to school.

8. Strategic Plan

On October 2, the Board of Health Executive Committee reviewed details of the proposed 2024 – 2028 Strategic Plan, and directed the Medical Officer of Health to finalize it. The proposed plan is being presented to the Board of Health for approval at its November meeting.

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 9 Periods Ending September 30, 2023

Cost Shared Programs

	Annual Budget	Budget YTD	Current Expenditures	Variance YTD	Balance Available
			YTD	(over)/under	
Revenue:					
MOH - General Program	17,005,200	12,838,950	12,838,950	0	4,166,250
MOH - One Time Mitigation Grant	1,179,500	884,627	884,627	0	294,873
MOH - Unorganized Territory	826,000	619,504	619,504	0	206,496
Municipal Levies	9,418,510	7,063,956	7,063,956	(0)	2,354,554
Interest Earned	120,000	120,000	320,578	(200,578)	(200,578)
Total Revenues:	\$28,549,210	\$21,527,037	\$21,727,615	\$(200,578)	\$6,821,595
Expenditures:					
Corporate Services:					
Corporate Services	5,572,941	4,422,665	4,206,546	216,119	1,366,396
Office Admin.	111,350	62,503	60,163	2,340	51,187
Espanola	120,721	91,779	90,351	1,428	30,370
Manitoulin	131,888	100,384	84,660	15,724	47,228
Chapleau	130,602	98,995	79,871	19,124	50,731
Sudbury East	18,970	14,227	14,532	(305)	4,438
Intake	343,287	264,067	254,047	10,020	89,240
Facilities Management	677,485	481,651	482,925	(1,274)	194,560
Volunteer Resources	3,850	963	0	963	3,850
Total Corporate Services:	\$7,111,094	\$5,537,234	\$5,273,095	\$264,139	\$1,837,999
Health Protection:					
Environmental Health - General	1,299,780	1,017,112	951,333	65,778	348,446
Environmental	2,668,155	1,974,796	1,805,112	169,684	863,043
Vector Borne Disease (VBD)	89,308	34,061	23,916	10,144	65,391
Small Drinking Water Systems	198,210	152,469	81,117	71,352	117,093
CID	786,461	612,100	803,372	(191,272)	(16,911)
Districts - Clinical	214,329	165,099	166,391	(1,291)	47,939
Risk Reduction	178,042	37,237	34,226	3,011	143,816
SFO: E-Cigarettes, Protection and Enforcement	265,559	182,115	161,461	20,654	104,098
Total Health Protection:	\$5,699,844	\$4,174,989	\$4,026,929	\$148,060	\$1,672,915
Health Promotion:					
Health Promotion - General	1,156,588	843,540	826,068	17,472	330,520
School Health and Behavior Change	1,177,924	893,520	813,336	80,185	364,588
Districts - Espanola / Manitoulin	353,273	268,990	272,073	(3,083)	81,200
Nutrition & Physical Activity	1,951,353	1,435,612	1,156,549	279,062	794,804
Districts - Chapleau / Sudbury East	421,764	321,143	326,420	(5,277)	95,344
Tobacco, Vaping, Cannabis & Alcohol	675,857	484,019	98,367	385,651	577,490
Family Health	1,344,607	1,006,163	865,606	140,557	479,001
Mental Health and Addictions	786,387	582,346	1,058,666	(476,320)	(272,280)
Dental	464,592	348,873	296,819	52,054	167,773
Healthy Smiles Ontario	634,445	474,537	465,385	9,153	169,060
Vision Health	11,770	7,214	4,539	2,675	7,231
SFO: TCAN Coordination and Prevention	473,208	344,703	337,817	6,887	135,391
Harm Reduction Program Enhancement	161,321	119,887	38,605	81,282	122,716
Total Health Promotion:	\$9,613,088	\$7,130,547	\$6,560,250	\$570,297	\$3,052,838
Vaccine Preventable Diseases and COVID Preventio					
VPD and COVID CCM - General	311,216	226,264	233,919	(7,655)	77,297
VPD and COVID CCM	909,095	700,120	915,879	(215,759)	(6,784)
Sexual Health	1,353,228	1,036,928	988,151	48,777	365,078
MOHLTC - Meningitis	(0)	(0)	0	(0)	(0)
Total SVC:	\$2,573,539	\$1,963,312	\$2,137,949	\$(174,637)	\$435,591
Knowledge and Strategic Services:					
Knowledge and Strategic Services	3,021,373	2,283,467	2,339,207	(55,740)	682,165
Workplace Capacity Development	23,507	11,463	8,196	3,268	15,311
Health Equity Office	14,440	8,740	17,491	(8,752)	(3,051)
Nursing Initiatives: CNO, ICPHN, SDoH PHN	482,094	370,842	367,148	3,694	114,946
Strategic Engagement	10,230	750	442	308	9,788
Total Knowledge and Strategic Services:	\$3,551,644	\$2,675,262	\$2,732,485	\$(57,223)	\$819,159
Total Expenditures:	\$28,549,210	\$21,481,344	\$20,730,708	\$750,636	\$7,818,502
Net Surplus/(Deficit)	\$0	\$45,692	\$996,907	\$951,215	

Public Health Sudbury & Districts

Cost Shared Programs

STATEMENT OF REVENUE & EXPENDITURES

Summary By Expenditure Category

For The 9 Periods Ending September 30, 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	28,621,571	21,599,398	21,831,392	0	21,831,392	(231,995)	(231,995)	6,790,179
Other Revenue/Transfers	638,091	445,275	523,255	0	523,255	(77,980)	(77,980)	114,836
Total Revenues & Expenditure Recoveries:	29,259,662	22,044,673	22,354,648	0	22,354,648	(309,974)	(309,974)	6,905,014
Expenditures:								
Salaries	18,610,509	14,313,680	13,911,640	2,639,027	16,550,667	402,040	(2,236,988)	4,698,869
Benefits	5,870,045	4,515,171	4,368,409	373,705	4,742,114	146,762	(226,943)	1,501,636
Travel	291,920	175,456	151,403	33,092	184,495	24,053	(9,039)	140,517
Program Expenses	1,076,576	425,607	460,302	13,951	474,253	(34,695)	(48,646)	616,274
Office Supplies	75,150	44,791	16,717	6,589	23,305	28,074	21,486	58,433
Postage & Courier Services	74,100	52,410	50,204	0	50,204	2,206	2,206	23,896
Photocopy Expenses	4,240	2,994	8,540	0	8,540	(5,545)	(5,545)	(4,300)
Telephone Expenses	67,810	50,857	49,196	10,803	59,999	1,661	(9,141)	18,614
Building Maintenance	479,008	363,701	362,518	3,155	365,674	1,183	(1,972)	116,490
Utilities	236,920	177,690	125,169	0	125,169	52,521	52,521	111,751
Rent	323,548	242,661	242,813	84,744	327,558	(153)	(84,897)	80,735
Insurance	191,590	190,340	185,311	0	185,311	5,029	5,029	6,279
Employee Assistance Program (EAP)	35,000	26,250	25,903	0	25,903	347	347	9,097
Memberships	33,209	25,866	33,749	0	33,749	(7,883)	(7,883)	(540)
Staff Development	125,781	52,535	25,849	213	26,062	26,687	26,473	99,932
Books & Subscriptions	9,695	6,202	6,382	0	6,382	(180)	(180)	3,313
Media & Advertising	130,654	25,026	20,448	497	20,946	4,577	4,080	110,206
Professional Fees	415,012	261,522	352,342	55,146	407,488	(90,819)	(145,966)	62,670
Translation	49,390	39,679	49,585	10,534	60,119	(9,906)	(20,440)	(195)
Furniture & Equipment	22,120	7,357	(1,746)	0	(1,746)	9,103	9,103	23,866
Information Technology	1,137,385	999,186	913,008	32,538	945,546	86,178	53,640	224,377
Total Expenditures	29,259,662	21,998,981	21,357,740	3,263,996	24,621,737	641,240	(2,622,756)	7,901,921
Net Surplus (Deficit)	0	45,692	996,907		(2,267,089)	951,215	2,312,781	

Sudbury & District Health Unit o/a Public Health Sudbury & Districts
SUMMARY OF REVENUE & EXPENDITURES
For the Period Ended September 30, 2023

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
100% Funded Programs							
Indigenous Communities	703	90,400	31,812	58,588	35.2%	<i>Dec 31</i>	75.0%
Pre/Postnatal Nurse Practitioner	704	139,000	72,355	66,645	52.1%	<i>Mar 31/2024</i>	50.0%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	8,930	91,070	8.9%	<i>Mar 31/2024</i>	50.0%
Northern Fruit and Vegetable Program	743	176,100	144,662	31,438	82.1%	<i>Dec 31</i>	75.0%
MOH - ISPA Vaccination Clinic Catch Up	756	-	80,412	(80,412)	#DIV/0!	<i>Mar 31/2024</i>	50.0%
Supervised Consumption Site	767	1,094,021	678,370	415,651	62.0%	<i>Dec 31</i>	75.0%
Healthy Babies Healthy Children	778	1,476,897	694,852	782,045	47.0%	<i>Mar 31/2024</i>	50.0%
IPAC Congregate CCM	780	840,000	356,856	483,144	42.5%	<i>Mar 31/2024</i>	50.0%
Ontario Senior Dental Care Program	786	1,256,200	696,272	559,928	55.4%	<i>Dec 31</i>	75.0%
Anonymous Testing	788	64,293	32,148	32,145	50.0%	<i>Mar 31/2024</i>	50.0%
Total		5,236,911	2,796,669	2,440,242			

Ministry of Health

Office of the Deputy Premier
and Minister of Health

777 Bay Street, 5th Floor
Toronto ON M7A 1N3
Telephone: 416 327-4300
www.ontario.ca/health

Ministère de la Santé

Bureau du vice-premier ministre
et ministre de la Santé

777, rue Bay, 5^e étage
Toronto ON M7A 1N3
Téléphone: 416 327-4300
www.ontario.ca/sante



November 3, 2023

e-Approve-72-2023-544

René Lapierre
Chair, Board of Health
Sudbury and District Health Unit
1300 Paris Street
Sudbury ON P3E 3A3

Dear René Lapierre:

I am pleased to advise you that the Ministry of Health will provide the Board of Health for the Sudbury and District Health Unit up to \$914,100 in one-time funding for the 2023-24 funding year to support continued implementation and operations of the Infection Prevention and Control (IPAC) Hubs.

The Executive Lead of the Office of Chief Medical Officer of Health, Public Health Division will write to the Sudbury and District Health Unit shortly with further details concerning this funding.

Thank you for the important service that your public health unit provides to Ontarians, and your ongoing dedication and commitment to addressing the public health needs of Ontarians.

Sincerely,

A handwritten signature in black ink, appearing to read "S. Jones".

Sylvia Jones
Deputy Premier and Minister of Health

c: Dr. Penny Sutcliffe, Medical Officer of Health, Sudbury and District Health Unit
Dr. Kieran Moore, Chief Medical Officer of Health and Assistant Deputy Minister
Elizabeth Walker, Executive Lead, Office of Chief Medical Officer of Health, Public Health

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October 30, 2023

Sent by e-mail: sylvia.jones@ontario.ca

The Honourable Sylvia Jones
Deputy Premier and Minister of Health
Ministry of Health
College Park 5th Floor, 777 Bay Street
Toronto ON M7A 2J3

Dear Minister Jones,

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

As Regional Chair for the Regional Municipality of Niagara, I am writing in support of Simcoe Muskoka District's letter on September 7, 2023, (attached) regarding Bill 103, Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023. Bill 103 addresses the following:

1. Prohibiting the promotion of vapour products.
2. Amending the legal age to purchase products to 21 years old and above.
3. Prohibiting vapour flavouring and restrict high concentration vapour products.
4. Restricting vapour products to being sold at specialty vape stores or designated stores in remote/rural communities, with approval from the board of health. Selling or offering to sell vapour products online be prohibited.
5. Minister provided the ability to direct tax revenue from vapour product sales at specialty stores to be used for education on the health risks of vaping.
6. Require Ontario Health prepare an annual report to the Ministry on youth vaping with recommendations to the Minister in developing policies.

Vaping rates among youth in Niagara and Ontario continue to remain high with 54% of students in grade nine to 12 reporting trying vaping, and 12% of students in grade seven and eight, which are significantly higher compared to Ontario (38.6%)¹. Vaping can impact the developing brain, increases risk of lung injury² and can impact other health issues like lung

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¹ Niagara Region Public Health (2020). 2019 Report on Health Behaviours and Perceptions of Niagara Students. Thorold, ON.
² Shmerling, R. Can vaping damage your lungs? What we do and don't know. Harvard Health Publishing- Harvard Medical School. 2023-06-15. [cited 2023-08-18]. Available from: <https://www.health.harvard.edu/blog/can-vaping-damage-your-lungs-what-we-do-and-dont-know-2019090417734>

disease, asthma and cardiovascular disease³. High nicotine concentrations, flavours, low cost, easy access, marketing strategies aimed at youth and the lack of regulatory measures to protect youth are all factors contributing to youth vaping. Long-term health risks of vaping are still largely unknown. Amendments proposed in Bill 103 align with the philosophy of previous positions of Niagara Region Public Health (NRPH), where through consultations and letters to the Province of Ontario and the Federal Government have advocated for stricter legislation to prohibit vaping flavours, limit adjectives and ingredients to describe flavours, regulate advertising/promotion/sponsorship, reduce permitted nicotine concentrations, and increase regulation of online vape sales.

The proposed requirements of Bill 103 to the Smoke-Free Ontario Act would have a positive impact on the health of Ontarians, in particular for youth. Bill 103, if passed, would result in reducing the availability of vape devices and restrict vaping product advertising that has resulted in an increase in nicotine addiction and increasing present and future stress on the healthcare system. NRPH would be happy to work with your government in supporting the changes proposed within Bill 103 as a part of our comprehensive strategy to reduce youth vaping and decrease nicotine addiction.

Yours truly,



Jim Bradley, Chair
Niagara Region

cc: Dr. Kieran Moore, Chief Medical Officer of Health
Honourable Michael Tibollo, Associate Minister of Mental Health and Addictions
Sam Oosterhoff, MPP Niagara West
Jeff Burch, MPP, Niagara Centre
Wayne Gates, MPP, Niagara Falls
Jennifer (Jennie) Stevens, MPP, St. Catharines
All Ontario Boards of Health
Association of Local Public Health Agencies

³ Chronic e-cigarette use impairs emotional function on the physiological and cellular levels. *Arteriosclerosis, Thrombosis, and Vascular Biology*. 2022. Nov; 42(11); Available from: [Chronic E-Cigarette Use Impairs Endothelial Function on the Physiological and Cellular Levels | Arteriosclerosis, Thrombosis, and Vascular Biology \(ahajournals.org\)](https://doi.org/10.1161/ATVB.122.311111)



September 7, 2023

The Honourable Sylvia Jones
 Deputy Premier and Minister of Health
 Ministry of Health
 College Park 5th Floor, 777 Bay Street
 Toronto ON M7A 2J3
sylvia.jones@ontario.ca

Dear Minister Jones:

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

Electronic cigarettes (e-cigarettes) are addicting youth to nicotine at an alarming rate. Between 2017-2019, vaping rates doubled among Ontario students in grades 7-12. In Simcoe Muskoka, 32% of students in grades 7-12 and 43% of high school students reported using an e-cigarette in the past year. This is particularly concerning when considering the highly addictive effects of nicotine in e-cigarettes is associated with an increased risk for future tobacco cigarette use among youth who vape (Ontario Agency for Health Protection and Promotion, 2018). Further, there are significant health risks associated with youth vaping as a result of the toxic and carcinogenic substances in devices including lung damage, changes to the brain, burns, dependence or addiction, difficulty learning, and increased anxiety and stress.

As chair of the Simcoe Muskoka District Health Unit (SMDHU) Board of Health I am writing in support of Public Health Sudbury and Districts letter on June 28, 2023 regarding Bill 103, Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023. Bill 103's focus on preventing youth uptake of vaping is important to decrease morbidity and mortality and keep Ontarians out of the healthcare system now and in the future. This includes prohibiting the promotion of vapour products, raising the minimum age for purchasing vapour products and requiring that specialty vape stores obtain store location approval from the Board of Health.

Such amendments proposed by Bill 103 align with the philosophy of previous positions of the Board of Health, which have been focused on reducing nicotine and tobacco use in our communities. This includes previous Board communications to the Province of Ontario and the Federal Government in support of the previous 2017 Tobacco Endgame for Canada (committing to a target of less than 5% tobacco use in Canada by 2035), supporting previous tobacco tax increases (2018) and a 2014 letter to the Director General, Health Products and Food Branch Inspectorate regarding the increased use and availability of electronic cigarettes.

In 2023, the Board of Health called on the Ontario government to establish a renewed smoking, vaping and nicotine strategy which was supported from the Association of Local Public Health Agencies and the linked [letter](#) was sent in August 2023 to the Ontario Minister of Health. Such communications to government have been supported by SMDHU's comprehensive approach to smoke-free programming via education, promotion and

Barrie: 15 Sperling Drive Barrie, ON L4M 6K9 705-721-7520 FAX: 705-721-1495	Collingwood: 280 Pretty River Pkwy. Collingwood, ON L9Y 4J5 705-445-0804 FAX: 705-445-6498	Cookstown: 2-25 King Street S. Cookstown, ON L0L 1L0 705-458-1103 FAX: 705-458-0105	Gravenhurst: 2-5 Pineridge Gate Gravenhurst, ON P1P 1Z3 705-684-9090 FAX: 705-684-9887	Huntsville: 34 Chaffey St. Huntsville, ON P1H 1K1 705-789-8813 FAX: 705-789-7245	Midland: A-925 Hugel Ave. Midland, ON L4R 1X8 705-526-9324 FAX: 705-526-1513	Orillia: 120-169 Front St. S. Orillia, ON L3V 4S8 705-325-9565 FAX: 705-325-2091
---------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------

enforcement efforts which are required to manage increasing youth vaping rates through strategies that prevent nicotine addiction such as the Not An Experiment initiative.

The proposed requirements of Bill 103 to the Smoke-Free Ontario Act would have a positive impact on the health of Ontarians, in particular for the youth. Bill 103, if passed, would result in reducing the availability of vape devices and restrict vaping product advertising that has resulted in an increase in nicotine addiction and increasing present and future stress on the healthcare system. SMDHU would be happy to work with your government in supporting the changes proposed within Bill 103 as a part of our comprehensive strategy to reduce youth vaping and decrease nicotine addiction.

Sincerely,

ORIGINAL Signed By:

Ann-Marie Kungl, Board of Health Chair
Simcoe Muskoka District Health Unit

AMK:CG:SR:sh

cc: France Gélinas, Member of Provincial Parliament, Nickel Belt
Dr. Kieran Moore, Chief Medical Officer of Health
Honourable Michael Parsa, Minister of Children, Community and Social Services
Honourable Steve Clark, Minister of Municipal Affairs and Housing
All Ontario Boards of Health
Association of Local Public Health Agencies

From: Hamilton, Amanda (HC/SC) <amanda.hamilton@hc-sc.gc.ca> **On Behalf Of** CSD DGO / BDG DSC (HC/SC)

Sent: Friday, October 20, 2023 2:52 PM

To: Rachel Quesnel <quesnelr@phsd.ca>

Subject: In response to your correspondence of June 12, 2023

You don't often get email from csddgo-bdgdsc@hc-sc.gc.ca. [Learn why this is important](#)

Dear René Lapierre:

Thank you for your correspondence of June 12, 2023, addressed to the Honourable Jean-Yves Duclos, former Minister of Health, regarding support for Bill S-254 – *An Act to amend the Food and Drugs Act* (warning labels on alcoholic beverages). I have been asked to reply to you directly and sincerely apologize for the delay in responding.

Health Canada recognizes that alcohol use presents a serious public health and safety issue that affects individuals and communities across Canada. Our efforts to address alcohol harms are guided by the [Canadian Drugs and Substances Strategy](#), which takes a comprehensive, collaborative, compassionate, and evidence-based approach to reduce the harms associated with substance use in Canada.

The Government of Canada supports research to better inform Canadians of the various harms associated with alcohol use, and advance evidence-based policy with the aim of reducing alcohol-related harms. Public education and awareness building are some of the best tools available to support Canadians in making informed decisions about alcohol consumption.

To that end, Health Canada provided \$1.5 million to the Canadian Centre on Substance Use and Addiction (CCSA) through the Substance Use and Addictions Program for the update of [Canada's Guidance on Alcohol and Health](#) (CGAH), formerly known as Canada's Low-Risk Alcohol Drinking Guidelines. Released on January 17, 2023, the CGAH provides evidence-based information on the risks and harms associated with consuming alcohol. The final report contains policy recommendations such as strengthening regulations on alcohol advertising and marketing, increasing restrictions on the physical availability of alcohol, adopting minimum prices for alcohol, and the mandatory labelling of alcoholic beverages.

Health Canada has studied the recommendations of the CCSA and is exploring opportunities to engage and hear from Canadians on knowledge translation and the best way to communicate the risks of alcohol consumption. This is important to ensure that the unique circumstances of people with diverse backgrounds and personal experiences are considered as part of addressing alcohol and substance use harms.

Thank you for reaching out to share your perspective. Addressing alcohol-related harms is a complex issue and a shared responsibility between federal, provincial, territorial, and municipal governments. Any future federal approach will be guided by evidence-

based research, best practices, and the advice and recommendations of experts and those with lived and living experience.

Sincerely,

Carol Anne Chenard

Carol Anne Chenard
Acting Director General
Controlled Substances Directorate
Health Canada

The 2023 Economic Outlook and Fiscal Review was released on November 2nd, 2023. In keeping with the priorities that the Ontario Government has clearly signaled since its election, there is a heavy and literal emphasis on building, with investments in natural resources (mining), manufacturing, energy production, transportation (highways and transit), housing, and other infrastructure (hospitals, long-term care, schools).

There is no direct mention in the report of public health, but there are several points that may nonetheless be of interest for further examination as they relate to public health programs and services.

- Coordinated Vaping Product Taxation Agreement with the federal government.
- Legislated increase to minimum wage (from \$15.50 to \$16.55).
- Additional investments in health human resources.
- Expansion of breast cancer screening to those 40-49 of age.
- Improving access to medical services for youth, including mental health.

Information was also provided about the launch of the 2024 pre-budget consultation, the online portal for which can be accessed [here](#).

Links to the official documents:

- Landing page for the 2023 Ontario Economic Outlook is [here](#).
- The full statement can be read online or downloaded [here](#).
- Highlights of the Report are provided [here](#).
- The News Release is [here](#).

We hope that you find this information useful.

The Chief Public Health
Officer of Canada's Report
on the State of Public Health
in Canada 2023



Creating the Conditions for Resilient Communities:

A Public Health Approach to Emergencies



Public Health
Agency of Canada

Agence de la santé
publique du Canada

Canada



La version française est également disponible sous le titre : *Rapport de l'administratrice en chef de la santé publique du Canada sur l'état de la santé publique au Canada 2023 : Créer les conditions favorables à la résilience des communautés : une approche de santé publique en matière d'urgences.*

Suggested citation: Public Health Agency of Canada. Chief Public Health Officer of Canada's Report on the State of Public Health in Canada 2023: Creating the Conditions for Resilient Communities: A Public Health Approach to Emergencies. Ottawa, ON: Public Health Agency of Canada; 2023.

To obtain additional information, please contact:

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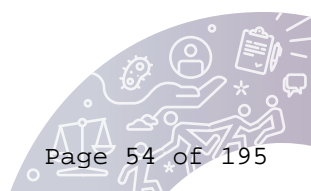
Note about the report's cover design:

The cover page design was inspired by the health promotion emblem created by the World Health Organization (WHO) and used at the First International Conference on Health Promotion held in Ottawa, Canada, in 1986. Since then, the WHO has used the emblem to represent the approach to health promotion as outlined in the *Ottawa Charter for Health Promotion*. Further details on the meaning of the WHO health promotion emblem can be found [here](#).

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Message from the Chief Public Health Officer of Canada



In recent years, our communities have faced monumental challenges, from the scale and scope of the COVID-19 pandemic to more frequent extreme weather events driven by climate change.

Emergencies are increasingly becoming a part of our daily lives, both here in Canada and around the world. In the past year alone, we have witnessed record heat waves, devastating floods, and an unprecedented wildfire season that has affected the air we breathe and forced the evacuation of thousands of people in communities across the country.

These events can have profound impacts on our physical and mental health, as well as on the well-being of our communities. In some cases, recovery from one emergency may not even be possible before another one hits. Emergency response is becoming more complex and more challenging.

In this report, I explore how public health can work with communities and partners across sectors to build healthier and more resilient communities. When communities are more resilient, we are better equipped to prevent, withstand, and recover from emergencies. Just as strengthening our physical infrastructure is important for emergency preparedness,

such as reinforcing power grids, we must also invest in our social infrastructure to ensure strong community supports are in place for times of crisis.

Some Communities are Disproportionately Affected by Emergencies

The impacts of emergencies are not the same for everyone. Some populations are at greater risk of exposure and poor health outcomes because of pre-existing social, economic, environmental, or health inequities, including those related to racism, discrimination, and colonization. For example, people experiencing homelessness, populations that are racialized, and people living with mental health conditions or substance use disorders experienced more negative health impacts from the COVID-19 pandemic, with worse outcomes for those facing multiple and overlapping barriers to good health.

Likewise, First Nations, Inuit, and Métis communities have been disproportionately affected by climate-related emergencies, such as wildfires and floods. These events do not just damage property, they destroy homes, livelihoods, and shared community spaces and culture that are an integral part of community resilience and are key determinants of health.

I am calling for us to reflect on and reset how we think about emergencies. We need to look beyond the immediate response and work on the foundational conditions that keep our communities healthy and strong.

Health Promotion can Strengthen Emergency Management

A growing focus on community resilience is already part of emergency management efforts. Public health has an important role to play and can bring existing tools to support this work.

Health promotion, an essential public health function, provides ways to work with communities and partners to advance health equity, strengthen social supports, and build trusted relationships that can foster social cohesion. These are all essential for an effective response to emergencies, as well as other public health crises, such as the current toxic drug crisis. Health promotion can also support partnerships with First Nations, Inuit, and Métis leadership and Indigenous-led approaches, while honouring our commitments to broader reconciliation efforts.

The COVID-19 pandemic showed us that we have to do better. We saw the inequitable impacts. We listened and learned about the barriers faced by communities and how we can effectively address them. We achieved more when we worked across sectors to bring our collective expertise and tools to the table, and supported trusted community organizations to reach diverse populations.

Now is the time to apply these lessons to emergency management. We can do this by integrating health promotion into emergency management plans and ensuring that communities are prioritized in all aspects of the planning cycle, from prevention to recovery. We must also put equity at the core of emergency management science, evidence, and technology.

If we take these steps, Canada can be at the forefront of international health promotion efforts. Fifty years ago, the Lalonde Report helped to spur a paradigm shift in how we think about health in Canada, beyond just health care and treatments, to include the social and economic conditions in which we live, work, and play. We have to move forward with this legacy, if we want to succeed in building a stronger and more equitable society that prioritizes safety and well-being before, during, and after emergencies.

Dr. Theresa Tam

Canada's Chief Public Health Officer



About this Report

Each year, the Chief Public Health Officer of Canada (CPHO) writes a report on the state of public health in Canada. These reports are intended to highlight important public health issues, spark discussion, and support action to improve population health and the conditions of health. This year's annual report explores the inequitable health impacts of emergencies. It highlights opportunities for public health to contribute to emergency management through the essential public health functions, particularly health promotion approaches that can support equity and resilience.

A key objective of this report is to ensure better health security by including critical health promotion capabilities and capacities in emergency management plans and activities. If systematically integrated, health promotion can help communities to be more resilient, increase social connections and cohesion, and foster trust amongst communities, response partners, and decision makers.

The report builds on previous CPHO reports that detailed the inequitable risks and impacts of climate change and infectious disease emergencies. It also continues the conversation from the 2021 CPHO report on public health transformation, with the goal of optimizing existing public health skills and capacities to best support the health and well-being of all people living in Canada.

Orientation of the Report

SECTION 1 explores the rise in emergency frequency and intensity, the different types of hazards that can lead to emergencies in Canada, and the inequitable population impacts of emergencies. By describing the growing risk of emergencies, as well as their widespread and differential consequences, this section details why emergencies are a public health priority.

SECTION 2 summarizes how we address emergencies in Canada, including governance structures, key documents guiding emergency management, and emergency management with First Nations, Inuit, and Métis communities. This section outlines emergency management as an essential public health function.

SECTION 3 describes how health promotion, which is another essential public health function, can contribute to emergency management. This includes the key action areas of building healthy public policy, creating supportive environments, and strengthening community action. This section also explores considerations for the use of health promotion approaches with First Nations, Inuit, and Métis communities.

SECTION 4 details specific opportunities to apply health promotion approaches to emergency management, spanning the different components of prevention and mitigation, preparedness, response, and recovery. This includes summaries of available research evidence, examples of relevant tools, and applied case studies from across Canada.

THE WAY FORWARD outlines tangible actions to bring health promotion into emergency management policies and practice.

APPENDIX A provides select examples of key health promotion tools and approaches that may be applicable for emergency management procedures.

APPENDIX B gives a brief update on the COVID-19 pandemic in Canada between August 2022 and August 2023. This includes epidemiological trends, the continuing impact on people and healthcare systems, and the ongoing long-term management of COVID-19.

In addition to research evidence, including rapid reviews completed by the National Collaborating Centre for Methods and Tools as well as the COVID-19 Evidence Network to Support Decision-making (COVID-END), this report includes quotes from discussions with public health experts and community organizations. Further details on the methods and limitations are provided in **APPENDIX C**.

A key mechanism to action the report's recommendations is through the generation of new knowledge. *Generating Knowledge for a Health Promotion Approach to Emergencies* is a companion resource that outlines priority knowledge gaps and research needs. The objectives are to bridge the science-to-policy divide, catalyze collective scientific activity, and provide the evidence base needed to support the application of a health promotion approach to emergencies in Canada. These priorities are geared toward a broad audience, including individual researchers, organizations, funding agencies, and others wishing to mobilize research and knowledge on this important topic.

Health of People in Canada Dashboard

Previous CPHO reports have included key indicators on the health of people living in Canada. These data are now included in an interactive online dashboard, available [here](#). The CPHO message that accompanies the dashboard provides a high-level overview of current population trends. All dashboard information will be periodically updated.

Public Health's Role in Emergency Preparedness and Response



Public Health Sudbury & Districts Mandatory Annual Training
Revised: October, 2022

Notes:

The Ontario Public Health Standards Emergency Management Guideline requires that Public Health Sudbury & Districts provide emergency preparedness and response education and training for all staff and Board of Health members.

Public Health Emergency Preparedness and Response

- *Health Protection and Promotion Act (HPPA)*
- Ontario Public Health Standards (OPHS)
 - Emergency Management Guideline, 2018
 - Other Protocols



Notes:

Our role in emergency response comes primarily from two sources: the *Health Protection and Promotion Act* and the Ontario Public Health Standards, including the Emergency Management Guideline, and several supporting protocols and guidelines under the program standards.

Health Protection and Promotion Act (HPPA)



<https://www.ontario.ca/laws/statute/90h07>

Notes:

The Health Protection and Promotion Act gives legal authority to boards of health to respond to a public health emergency that has been determined to be a health hazard or is the result of a communicable disease.

Ontario Public Health Standards (OPHS)



- Emergency Management Standard and Guideline
- Infectious Diseases Protocol
- Rabies Prevention and Control Protocol
- Food Safety Protocol
- Safe Drinking Water and Fluoride Monitoring Protocol
- Health Hazard Response Protocol

Notes:

The Emergency Management standard and guideline provide support to boards of health to effectively prepare for emergencies in order to ensure a 24/7 timely, integrated, safe, and effective response to, and recovery from emergencies with public health impacts.

Several program standard protocols and guidelines support the Emergency Preparedness Guideline. These include Food Safety, Health Hazard Response, Infectious Diseases, and Safe Water.

Public Health's Role in an Emergency Situation

- Public Health is not a first responder nor would we normally assume the lead role
- Our regular role is to provide support and public health advice on:
 - Water safety
 - Food safety
 - Sanitation
 - Infection control
 - Disinfection
 - Clean up
 - Sewage disposal



Notes:

In what are considered typical emergencies, Public Health Sudbury & Districts is not a first responder nor would we normally assume the lead role.

We may be called upon in a supportive role to provide public health advice, information, and direction on, for example, water safety, food safety, sanitation, infection control, disinfection, clean up, and sewage disposal.

Public Health Sudbury & Districts also has a supportive role in case of an evacuation.

Emergency Response



Lead agency

- pandemic
- disease outbreak

Co-lead agency

- food
- water

Support agency

- chemical spills
- evacuation
- flooding: water supplies, septic systems, food safety

Notes:

We are the lead agency in pandemic or disease outbreak situations such as COVID-19, SARS, H1N1, Ebola virus, and Hepatitis A disease.

Our expertise in food and water can also make us a co-lead in emergencies involving these areas. Boards of health are increasingly being asked to coordinate responses outside of traditional roles because of the experience and capabilities our staff possess.

In our supportive role, we provide public health information and advice in a number of other emergency situations such as chemical spills, evacuations, and flooding. As an example, flooding can affect water supplies, septic systems, and food safety and it could result in evacuations, sanitary clean up, and the need for disinfection advice.

Emergency Preparedness Requirements

To support the implementation of measures that will prepare the Board of Health to respond to emergencies defined as:

A situation or an impending situation that constitutes a danger of major proportions that could result in serious harm to persons or substantial damage to property and that is caused by the forces of nature, a disease or other health risk, an accident or an act whether intentional or otherwise.

Source: Ontario Public Health Standards, Emergency Management Guideline



Notes:

Effective emergency management programs ensure that boards of health are ready to cope with, and recover from, threats to public health or disruptions to public health programs and services. This planning, and its associated activities, is critical for strengthening the overall resilience of boards of health and the broader health system.

Emergency Management Guideline

In accordance with the guideline, the Board of Health shall:

- Consider emergency management in all program development and implementation
- Develop and maintain networks of community partners
- Maintain awareness
- Increase public awareness



Notes:

Emergency management is one of the Ontario Public Health Foundational Standards. Due to this fact, and in accordance with the guideline, emergency management must be considered in all public health program development and implementation.

The guideline also states that the Board of Health shall:

Develop and maintain networks of community partners for collaboration in emergency management program activities. Community partners may include, but are not limited to, health system partners including hospitals, long-term care homes, and paramedic services, as well as local authorities, municipalities, and Community Emergency Management Coordinators.


Maintain awareness of:

- public health hazards and risks that may give rise to an emergency or disruption
- incidents that may disrupt public health service delivery
- continuity of operations vulnerabilities to disruption; and
- priority populations in the community and the potential for them to experience disproportionate health impacts from emergencies or disruptions.

In collaboration with community partners, the board of health shall also increase public awareness regarding emergency management and public health.

Emergency Management Guideline

In accordance with the guideline, the Board of Health shall:

- Conduct emergency planning in coordination with community partners and government bodies
 - Incorporate concepts consistent with the Incident Management System
 - Ensure 24/7 communication and timely notification between staff, the MOH, community partners and government bodies
 - Ensure staff are oriented and regularly trained on emergency preparedness and response
 - Practice emergency planning and 24/7 notification procedures
- 

Notes:

The board of health is also required to:

- Conduct emergency planning in coordination with community partners and government bodies and incorporate concepts consistent with the Incident Management System (IMS)
- Ensure 24/7 communication and timely notification between board of health staff, the MOH, community partners, and government bodies for receiving, notifying and responding to reports of an emergency or disruption, a potential health hazard, or a reportable or communicable disease including institutional and hospital outbreaks.
- Ensure that staff are oriented and regularly trained in emergency planning, 24/7 notification protocols, or crisis communications.
- Practice, in whole or in part, emergency planning and 24/7 notification procedures every three years.


What has Public Health done to prepare?



Notes:

So what have we done to meet these requirements?

What has Public Health done to prepare?

- Business Continuity Plan
 - Emergency Response Plan based on the Incident Management System
 - 24/7 Emergency Response
 - Processes to identify and assess hazards
 - Emergency preparedness promotion to public and staff
 - Updates to internal infrastructure
 - Emergency preparedness training for all staff
 - N-95 Respirator fit testing for all staff
- 

Notes:

Here is an overview of what Public Health Sudbury & Districts has done to meet the OPHS requirements. Each bullet will be described in more detail shortly.



Business Continuity Plan

- Public Health has a Business Continuity Plan (BCP)
- BCP is available on the intranet
- Hard copies provided to the MOH/ CEO, and Directors
- Manual updated according to the BCP schedule

Notes:

Public Health Sudbury & Districts has developed and maintains a business continuity plan. This plan was developed in 2008 to ensure that the delivery of essential programs and services, and interactions with essential resources, people, information, assets, and facilities are continued in the event of a disruption.

The BCP is housed in SharePoint under the Emergency Preparedness and Response site. This e-version has been set-up with securities to ensure appropriate access.

The Medical Officer of Health and Directors have hard copies of the BCP which is housed in a burgundy binder offsite. A copy is also located in the Boardroom in the locked cabinets.

The BCP is updated according to the revision schedule set out in the plan.

Emergency Response Plan

- Emergency Response Manual on SharePoint
- Hard copy available in the Boardroom
- Plan is based on the Incident Management System (IMS) and includes:
 - emergency declaration process
 - emergency Control Group membership and responsibilities
 - staff contact numbers
 - staff deployment
 - partner agencies and their contact numbers
 - emergency supplies and equipment
 - alternate office locations
- Manual updated as needed and according to the emergency revision schedule

Notes:

Public Health Sudbury & Districts has also developed and maintains an Emergency Response Plan. It has been in place since 2001.

The Emergency Response Manual is housed in SharePoint under the Emergency Preparedness and Response site. There is a hard copy in the Boardroom.

The Medical Officer of Health, Directors, and Managers have a hard copy of the Emergency Response Manual offsite.

The plan is based on the Incident Management System (IMS) and contains information on:

- Emergency declaration process
- Emergency Control Group membership and responsibilities
- Staff contact numbers
- Staff deployment
- Partner agencies and their contact numbers
- Emergency supplies and equipment
- Alternate office locations

The Emergency Response Plan is updated on an ongoing basis and according to the emergency revision schedule set out in the manual.

Public Health Emergency Plan

Supporting Documentation:


- Business Continuity Plan (BCP)
- Control of Infectious Diseases Manual
- Control of Infectious Diseases Outbreak Support Manual (CID Team)
- Outbreak Support Manual (PHI Team)
- Food Safety Program Manual
- Health Hazard Prevention and Management Manual
- The Mass Immunization Plan
- Rabies Prevention and Control Program Manual
- Drinking Water Program Manual
- Interagency Pandemic Influenza Plan for the Health Sector, Across the Manitoulin and Sudbury Districts
- Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector
- Ontario Health Plan for an Influenza Pandemic

Notes:

The Emergency Response Plan of Public Health Sudbury & Districts is not a stand-alone document. We have many supporting manuals, which are also housed in the Boardroom.

The supporting documents and manuals shown on this slide, form part of the Emergency Response Plan and are to be consulted depending on the emergency.

Incident Management System (IMS)

- The Incident Management System is used to achieve command and control within an organization and seamless inter-agency coordination during any type of emergency.
 - The Incident Management System is built around five major management functions:
 - Incident Commander
 - Operations
 - Planning
 - Logistics
 - Finance and administration
- 

Notes:

The Incident Management System (IMS) is a management system used to achieve command and control within an organization and seamless inter-agency coordination during emergencies. Under IMS, common titles are used for key management roles across all jurisdictions to facilitate inter-agency communication.

The IMS organization is built around five major management functions:

- Incident Commander
- Operations
- Planning
- Logistics
- Finance and Administration

These five major functions are applicable during minor or major incidents.

Benefits of Incident Management System (IMS)

- Flexible and adapts to large and small situations
- Allows incidents to be managed in a cohesive manner
- Allows all agencies to be on the same page with regards to communicating, coordinating, and responding

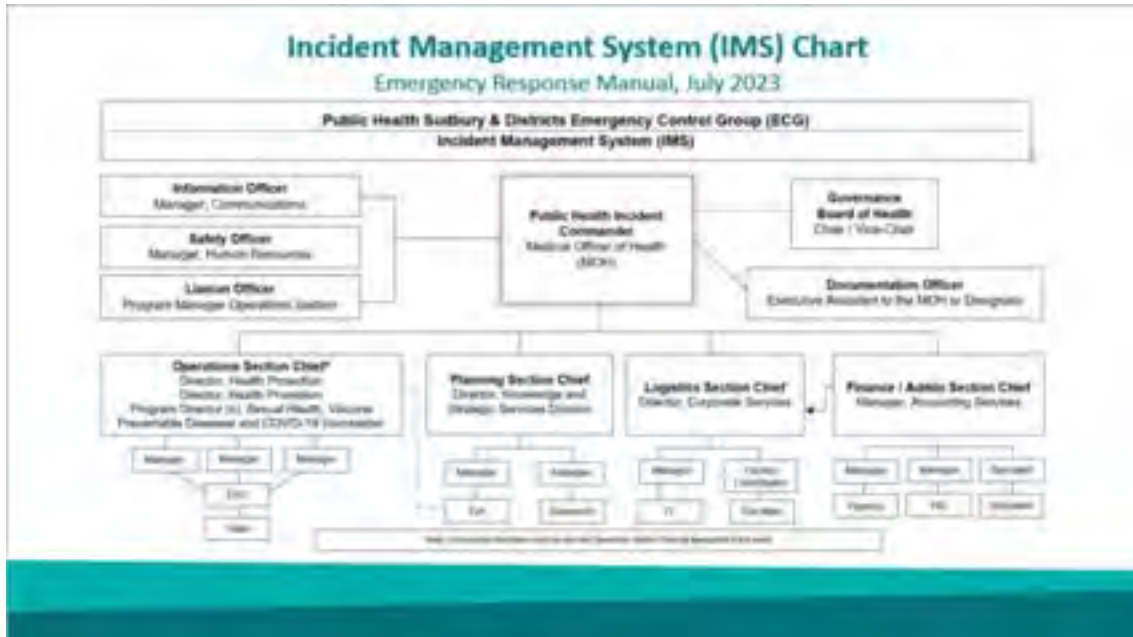


Notes:

The Incident Management System is flexible and adapts to large and small situations.

It allows for a cohesive and coordinated response amongst agencies.

It also allows agencies to speak the same language. In essence, the roles in the Incident Management System should be the same in all response agencies, allowing all to be on the same page with regards to communicating, coordinating and responding.



Notes:

This is the Incident Management System Chart for Public Health Sudbury & Districts. It is found in the Emergency Response Manual.

The Medical Officer of Health is the Incident Commander depending on the size and nature of the issue. This role may be delegated depending on the situation.

In smaller situations the Incident Commander may manage all functions.

In plain terms:

- The Incident Commander runs the show.
- Operations gets the job done.
- Planning anticipates what is next and needed.
- Logistics acquires resources necessary to do the job.
- Finance and Administration tracks everything and pays the bills.

Municipal Emergency Response Plans Manuals

- City of Greater Sudbury
- Corporation of the Township of Assiginack
- Township of Baldwin
- Municipality of Billings
- Township of Central Manitoulin
- Municipality of the Township of Chapleau
- Corporation of the Town of Espanola
- The Community of Gogama
- Corporation of the Municipality of Killarney
- Township of Northeastern Manitoulin and the Islands
- Corporation of the Township of Sables – Spanish River
- Corporation of the Township of Tehkummah
- Township of Nairn and Hyman
- Municipality of French River
- Municipality of St. Charles
- Municipality of Markstay-Warren
- Township of Cockburn Island
- Township of Barrie Island
- Township of Burpee and Mills

Notes:

Also housed in our Boardroom are Municipal Emergency Response Plans from our member municipalities.

These plans are kept as current as possible. Each year we send an outline of our roles and responsibilities in emergency situations to our municipalities asking that this be included in their municipal emergency preparedness plans and we also ask that they send us any updates to their plans.

24/7 Emergency Response

Internal

- on-call system

External

- direct contact information



Notes:

Several of the Ontario Public Health Standards including Emergency Management, Infectious Diseases, Food Safety, Safe Water and Health Hazards, require that public health be available on a 24/7 basis for notification and response to emergencies or disruptions, as well as potential health hazards, or reportable or communicable diseases. In order to meet this requirement, we have a 24/7 on-call rotation schedule that is staffed by the public health inspectors and nurses in the Health Protection Division and the Medical Officer of Health or designate is accessible on a 24/7 basis. There are also managers on-call. The on-call system has been in place since 2002.

We also have confidential contact numbers for many of our external partners should it be necessary to reach them.

Identify and Assess Hazards

- Meeting with local industry regarding high-risk situations
- Hazard Identification Risk Assessment (HIRA) both for Public Health Sudbury & Districts and with local municipalities

Notes:

As part of Hazard Identification, Public Health Sudbury & Districts has worked closely with various municipalities in developing their HIRAs (Hazard Identification Risk Assessment).

Regular meetings with major industry and the Ministry of Environment, Conservation and Parks include the discussion of hazard identification issues.

Public Health Sudbury & Districts has also been involved in training sessions with railway operators and has participated in mock scenarios with various municipalities and industry.

Identify and Assess Hazards

- MOH: Member of the City of Greater Sudbury Community Control Group and representation on various other municipality's Community Control Groups.
 - Public Health representatives on the Greater Sudbury Emergency Management Advisory Panel (GSEMAP)
 - Public Health participates on the Infectious Diseases Planning and Response Committee
 - Regular meetings with the Ministry of the Environment, Conservation and Parks (MECP)
- 

Notes:

Public Health Sudbury & Districts maintains strong links with municipalities and agencies involved in dealing with emergencies.

Staff participate on the following committees:

- The Medical Officer of Health is a member of the Community Control Group for the City of Greater Sudbury and has representation on various other municipality's Community Control Groups
- We have representatives on the Greater Sudbury Emergency Management Advisory Panel (GSEMAP)
- We participate on the Infectious Diseases Planning and Response Committee (formerly the Pandemic Clinical Care Committee - PC3)
- We meet regularly with the Ministry of the Environment, Conservation and Parks (MECP)
- Our staff also participate with Industry in planning Emergency Scenarios.

Promotion

- Partnership with Greater Sudbury Emergency Management Advisory Panel (GSEMAP)
 - Emergency preparedness pamphlets
 - Emergency Preparedness Week
- Information to staff
 - Emergency Preparedness Week staff information
 - Emergency preparedness kits for staff
- Website



Notes:

Public Health Sudbury & Districts promotes emergency preparedness and coordinates with the Greater Sudbury Emergency Management Advisory Panel to promote emergency preparedness.

We encourage and promote public emergency preparedness during Emergency Preparedness Week, which is held every year in May.

Public Health Sudbury & Districts website has information on how to prepare for emergencies such as power outages, loss of water, heat waves, ice storms, and disease outbreaks. These are all possible emergencies that can impact your life and community.

The website also has links to resources that will help the general public prepare for emergencies.

Internal Infrastructure



Notes:

A part of our emergency preparedness we have established a central location that consists of the Boardroom, and several meeting rooms that can be used as break out rooms on the third floor. This area has access to WiFi which allows telephone via Jabber, and internet capability. The Boardroom has a television that allows for web-based communication with the city's Emergency Operations Centre via WebEOC. Floor level 1 has a satellite base station unit with an external antenna.

The Boardroom also contains Public Health Sudbury & Districts Emergency Response Plan manual and municipal response plans as well as all supporting manuals. Mobile communication equipment such as walkie talkies, and satellite phones necessary for response are also located in the Boardroom. A collection of maps is located at offsite storage.

Emergency Supply Storage Room



Notes:

Located at our offsite location are our Emergency Supplies if ever needed.

Internal Infrastructure



Notes:

These emergency supplies include respirators, protective outerwear, traffic vests, batteries, flashlights, sample bottles, sample bags, response forms and information, safety glasses, a full sized first aid kit, and more.

Grab and Go kits containing necessary supplies have been assembled should a public health inspector or public health nurse need to go out in the field on short notice.

Grab and Go kits are also available in some of the district offices.

Internal Infrastructure



Notes:

To maintain operations during hydro outages, we currently have a generator that provides power for critical equipment such as vaccine fridges, freezers, computers, communication equipment, and the Boardroom.

The generator is tested on a monthly basis.

Internal Infrastructure

Information Technology:

- District offices accessible through our current phone system
- 23 phone lines expandable to 46 in event of emergency
- Ability to provide voice prompts and messages for people calling in
- We have cellular phones as backup to our phone system
- Satellite phones and other communication devices are available
- Video conferencing capabilities with district offices

Notes:

We have a robust internal communication infrastructure that allows for comprehensive and rapid response appropriate to the situation.

- Our district offices are accessible through our current phone system.
- We have 23 phone lines expandable to 46 in the event of an emergency.
- We can provide voice prompts and messages appropriate to the situation.
- We have cellular phones as backup to our phone system.
- We also have mobile and fixed satellite phones as well as walkie-talkies.
- We have full video conferencing capabilities utilizing teams.

Training

- Basic Emergency Management Course (BEM)
- Emergency Operations Centre Management Course, Canadian Emergency Management College, Ottawa
- All new staff receive introduction to emergency preparedness and response
- Annual training



Notes:

As part of our readiness we have an ongoing program to provide basic emergency management training for staff on a priority basis.

Senior staff have taken advanced training in Emergency Operations Centre Management at the Canadian Emergency Management College in Ottawa, as well as through Emergency Management Ontario.

All new staff receive an introduction to emergency preparedness and response during their orientation.

All staff receive annual emergency response training as per the Emergency Management Guideline.

N-95 Respirator Fit Testing

Name : _____

Mask Type : _____

Model : _____

Size : _____

Date Tested: _____



Respirator Fitting



Public Health
Santé publique
SUDBURY & DISTRICTS

Notes:

As part of our outbreak and pandemic preparedness, all staff from Public Health Sudbury & Districts are fit tested for N-95 respirators masks.

Mask Respirator fit testing takes place every two years and, in most cases, it is done in-house

Local Emergencies

- COVID-19
- H1N1
- Foleyet train incident
- Kashechewan evacuations
- E.coli outbreak
- Municipal water system failures
- Blue-green algae
- Train derailments
- Major flooding
- Chapleau power outage
- Parry Sound 33 forest fire
- Hepatitis A response
- Sudbury Downburst



Notes:

These are some of the emergencies Public Health Sudbury & Districts has responded to over the past few years.

Ongoing Measures

- Training
- Business continuity planning
- Meetings with local industry, agencies, and institutions regarding emergency issues
- Meetings with other emergency response groups
- Testing emergency response plans
- Updating potential health hazards
- Updating website



Notes:

Emergency preparedness is an ongoing effort.

We will continue with our internal preparations by:

- offering training sessions
- enhancing our business continuity planning
- meeting with local industry, agencies and institutions regarding emergency issues
- meeting with other emergency response groups
- testing emergency response plans
- updating potential health hazards, and
- continue updating our website

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ALPHA Fall Symposium & Section Meetings November 24, 2023

*Draft as of October 25, 2023. Note: Meeting is hosted via Zoom Webinar
8:30 am to 4:30 pm - All times are Eastern Time (ET)*

<p>Public Health Matters Infographics and Videos <i>We have a full program for the day and will be getting things underway right at 8:30 am! Attendees are encouraged to get started a few minutes early to check their internet connection, log into the Zoom webinar, test audio settings etc. ALPHA's Public Health Matters infographics and videos will play at this time and again during the morning break.</i></p>	<p>8:15 am - 8:30 am</p>
<p>Call to Order, Greetings and Land Acknowledgement Speaker: Dr. Charles Gardner, President, ALPHA</p> <p>Welcoming Remarks Hon. Doug Ford, Premier of Ontario and Minister of Intergovernmental Affairs <i>Invited</i> Hon. Sylvia Jones, Deputy Premier and Minister of Health <i>Invited</i> Dr. Theresa Tam, Chief Public Health Officer <i>Invited</i> Colin Best, President, Association of Municipalities of Ontario <i>Invited</i> Professor France Gagnon, Acting Dean, Dalla Lana School of Public Health <i>Invited</i></p>	<p>8:30 am - 8:45 am</p>
<p>Update from the Chief Medical Officer of Health Speaker: Dr. Kieran Moore, Chief Medical Officer of Health Moderator: Dr. Charles Gardner, President, ALPHA</p> <p>Dr. Kieran Moore will give an update on key public health issues. He will have the following staff with him to support his presentation: Elizabeth Walker, Executive Lead, Public Health, Ministry of Health; Colleen Kiel, Director, Public Health; Strategic Policy, Planning and Communications, Ministry of Health; Brent Feeney, Director, Accountability and Liaison, Ministry of Health; and Carol Ma, Manager for the Chief Medical Officer of Health, Ministry of Health.</p>	<p>8:45 am - 9:45 am</p>
<p>Reflections from Southwestern Public Health's Merger Speaker: Cynthia St. John, Chief Executive Officer, Southwestern Public Health Moderator: Emma Tucker, Affiliate Representative, ALPHA Board</p> <p>After five years as a newly merged public health unit and adding in the largest pandemic response in a generation, Cynthia will share her reflections on the successes and on the challenges associated with developing a newly merged public health unit. She will cover the early days of how the Boards of Health connected to present day and learnings along the way.</p>	<p>9:45 am - 10:15 am</p>

<p><i>Break</i></p>	<p>10:15 am - 10:45 am</p>
<p>aPHa 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. Join public health colleagues to learn more about aPHa's 2024 to 2026 Strategic Plan.</p>	<p>10:45 am - 11:45 am</p>
<p>Not-for-Profit Corporations Act, 2010 (ONCA) Update (30 minutes) Speakers: John Allen, Partner, Allen & Malek LLP, and Dr. Robert Kyle, Chair, aPHa-ONCA Compliance Working Group and Steven Rebellato, member, aPHa-ONCA Compliance Working Group Moderator: Trudy Sachowski, Past President, aPHa</p> <p>aPHa representatives and legal counsel will provide an update on the changes to the current Constitution, as required, to transition to a by-law to come into compliance with the Not-for Profit Corporations Act, 2010.</p>	<p>11:45 am - 12:15 pm</p>
<p>Lunch Break Take a break, grab a sandwich, and come back for an important update from PHO.</p>	<p>12:15 pm - 1:00 pm</p>
<p>Public Health Ontario Update Michael Sherar, President and Chief Executive Officer Colleen Geiger, Chief, Strategy and Stakeholder Relations, Research, Information and Knowledge Dr. Jessica Hopkins, Chief Health Protection and Emergency Preparedness Officer Dr. Samir Patel, Chief Laboratory Science and Operations Officer Dr. Tamara Wallington, Chief Health Promotion and Environmental Health Officer</p> <p>Moderator: Dr. Hsiu-Li Wang, Chair, COMO H Section</p> <p>The development of Public Health Ontario (PHO)'s next Strategic Plan (2024-29) is well underway. Join Michael Sherar for an update on PHO's strategic planning process. This will be followed by a panel of PHO executives describing the services that PHO provides to local public health units.</p>	<p>1:00 pm - 1:30 pm</p>
<p>Section Meetings <i>Members of the BOH Section and COMO H Section meet separately in the afternoon. Boards of Health members are asked to stay with the Zoom webinar platform. COMO H members will join a separate meeting. Agendas for these meetings are provided separately. The agenda for the BOH Section Meeting can be found here.</i></p>	<p>1:30 pm - 4:30 pm</p>

This event is hosted by alPHa with generous support from:

Dalla Lana

School of Public Health



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Boards of Health Section Meeting
Friday, November 24, 2023
1:30 PM to 4:30 PM
BOH Section Chair: Carmen McGregor
Preliminary Agenda
October 16, 2023

Note: Meeting is hosted via Zoom Webinar
All times are Eastern Time (ET)

<p>Call to Order Land Acknowledgement Welcoming Remarks Introductions Speaker: Carmen McGregor, Chair, BOH Section</p>	<p>1:30 pm</p>
<p>alPHa Update / Section Business/ Approval of Minutes Speakers: Carmen McGregor, BOH Section Chair, alPHa, and Loretta Ryan, Executive Director, alPHa</p> <p>New Boards of Health Section Courses Speakers: Monika Turner, Principal, Roving Capacity and Loretta Ryan, Executive Director, alPHa</p>	<p>1:35 pm</p>
<p>alPHa Legal Counsel Update for Boards of Health Speaker: James LeNoury, Legal Counsel, alPHa Moderator: René Lapierre, BOH Section, alPHa</p>	<p>2:00 pm</p>
<p>Ontario Health Teams Update Speaker: Ian Cummins, Director, Ontario Health Teams (OHTs) Strategy, Ontario Health Moderator: Wess Garrod, Vice President, alPHa</p>	<p>2:35 pm</p>
<p>Public Health and the Political Landscape Updates will be provided by StrategyCorp on the current public policy climate and key political issues impacting public health agencies and their local boards of health.</p> <p>Speakers: Sabine Matheson, Principal, StrategyCorp Moderator: Carmen McGregor, Chair, BOH Section</p>	<p>3:10 pm</p>

<p>Association of Municipalities of Ontario (AMO) Update Speakers: Lindsay Jones, Director of Policy, AMO, Michael Jacek, Senior Advisor, AMO, and Daniela Spagnuolo, Policy Advisor, AMO</p>	<p>3:45 pm</p>
<p>Wrap Up & Next Meeting</p>	<p>4:20 pm</p>

Meeting ends at 4:30 pm.

This meeting is being held by alpha with generous support from:

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From: allhealthunits <allhealthunits-bounces@lists.alphaweb.org> **On Behalf Of** alPHa communications
Sent: November 9, 2023 3:30 PM
To: AllHealthUnits@lists.alphaweb.org
Cc: board@lists.alphaweb.org
Subject: [allhealthunits] 2023 alPHa Fall Symposium is around the corner!

ATTENTION:

All Board of Health Members
All Medical Officers of Health and Associate Medical Officers of Health
All Senior Public Health Directors & Managers



Dear alPHa Members,

If you haven't already, don't forget to [register for this year's Fall Symposium, Section Meetings, and Workshops](#) that are taking place **online** from November 22-24! The events are jam-packed and will continue the important conversation on the critical role of the province's public health system.

Our lineup of speakers for the Symposium, taking place on November 24th, includes: Dr. Charles Gardner (President, alPHa), Dr. Kieran Moore (Chief Medical Officer of Health), Cynthia St. John (CEO, Southwestern Public Health), *Maria Sánchez-Keane (Principal Consultant, Centre for Organizational Effectiveness)*, *John Allen (Partner, Allen & Malek LLP)*, *Dr. Robert Kyle and Steven Rebellato (alPHa ONCA Compliance Working Group)*, *Michael Sherar, Colleen Geiger, Dr. Jessica Hopkins, Dr. Samir Patel, and Dr. Tamara Wallington (Public Health Ontario)*, and more. The draft program can be accessed by clicking [here](#).

The Section meetings are also taking place that day and you can find the preliminary agenda for the Boards of Health Section through [this link](#). The BOH Section meeting features Chair Carmen McGregor and alPHa's Executive Director, Loretta Ryan. Other speakers include Ian Cummins, Director (Ontario Health Teams (OHTs) Strategy, Ontario Health), *Lindsay Jones, Michael Jacek, and Daniela Spagnuolo (Association of Municipalities of Ontario)*, *James LeNoury (Principal, LeNoury Law)*, *Sabine Matheson (Principal, StrategyCorp)* and *Monika Turner (Principal, Roving Capacity)*. Affiliates are also welcome to attend the BOH Section meeting. The COMOH Section meeting agenda will be released at a later date.

Additionally, this event would not be possible without Dr. Charles Gardner, who is chairing the Fall Symposium and moderating the session with Dr. Kieran Moore, and all of the Board members who are moderating including: Emma Tucker, Trudy Sachowski, Dr. Hsiu-Li Wang, René Lapierre, Wess Garrod, and Carmen McGregor.

The Fall Symposium kicks off with the workshops. The first, *How to Use a Human Rights Based Framework in the Workplace*, will be held from 1 p.m. to 4 p.m. ET on November 22. A second workshop, *Importance of Risk Communication in A Changing World*, will take place from 1 p.m. to 4 p.m. ET on November 23. Both workshops are being offered at no additional cost to attendees and you will be registered automatically when you sign-up for the Fall Symposium.

Registration for the event is \$399.00+HST and **the closing date to register is Wednesday, November 15, 2023**. Please note, you must be an ALPHa Member to participate in the Fall Symposium, Section Meetings, and Workshops. **Additionally, Zoom links to both workshops and the Fall Symposium will be distributed closer to their respective dates. Please keep an eye on your e-mail for them.** Lastly, *the speakers' biographies can be found [here](#).*

ALPHa would like to thank the University of Toronto's Dalla Lana School of Public Health and the Eastern Ontario Health Unit for their generous support.

We hope to see you online on November 22-24, 2023!

Take Care,

Loretta

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APPROVAL OF CONSENT AGENDA

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

To: René Lapierre, Board of Health Chair, Public Health Sudbury & Districts
From: Dr. Penny Sutcliffe, Medical Officer of Health, Chief Executive Officer
Date: November 9, 2023
Re: 2024 – 2028 Strategic Plan

For Information

For Discussion

For a Decision

Issue:

Per the Ontario Public Health Standards (2021), boards of health shall have a strategic plan that sets out the local vision, priorities, and strategic directions for the agency.

Planning for the development of the new Strategic Plan for Public Health Sudbury & Districts began in early 2023. Board of Health motion 10-23 approved the Executive Committee of the Board of Health to be responsible for the oversight of the Strategic Plan development process for the planning cycle beginning in 2023.

At its April 2023 meeting, the Board of Health approved the Strategic Plan Engagement Plan, as recommended by the Board of Health Executive Committee. The Engagement Plan has been actioned and the Board of Health Executive Committee is now recommending the 2024–2028 Strategic Plan for Board of Health approval.

Recommended Action:

That the Board of Health for Public Health Sudbury & Districts review and endorse the 2024–2028 Strategic Plan and direct the Medical Officer of Health and Chief Executive Officer to operationalize the Plan, ensuring regular progress reports to the Board of Health.

Background:

The [Ontario Public Health Standards](#) (OPHS) mandate Boards of Health to have a Strategic Plan that that establishes strategic priorities over 3 to 5 years, includes input from staff, clients, and community partners, and is reviewed at least every other year.

In late 2022, the Board of Health for Public Health Sudbury & Districts approved that the current iteration of Public Health’s Strategic Plan (2018–2022) be extended until Fall 2023 (motion 22-04).

2018–2022 Strategic Priorities:

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

O: October 19, 2001
R: January 2018

This section outlines key steps in the development of the new Strategic Plan.

February 16 Board of Health meeting: In February 2023, through motion 10-23, the Board of Health for Public Health directed the Executive Committee of the Board of Health to oversee the development process for the next Strategic Plan.

April 6 Board of Health Executive Committee meeting: The Board of Health Executive Committee met to discuss planning for the development of the engagement approach for the Strategic Plan. As part of this discussion, the Executive Committee reviewed the history of Public Health Sudbury & Districts’ Strategic Plan, as well as the results of an environmental scan. The Executive Committee also discussed strengths, weaknesses, opportunities, and threats in our current environment to inform how we should engage for the strategic planning process. From this discussion, the Board of Health Executive Committee recommended the Strategic Plan engagement plan being brought forward for Board of Health for approval.

April 20 Board of Health meeting: Through motion 20-23, the Board of Health approved the 2023 Public Health Strategic Plan Engagement Plan and associated timelines, with the process beginning immediately, working towards the completion of the new Strategic Plan by the end of 2023. Table 1 summarizes the engagement methods and participation between May – August 2023.

DATE	AUDIENCE	METHOD	No. ENGAGED
May 2023	Public Health staff	In-person and virtual (via Teams) drop-in focus group sessions open to all staff.	7 focus group sessions (67 staff)
Jun 2023	Board of Health	In-person focus group	1 Board of Health session
Jun 2023	Public Health staff	Targeted virtual focus group sessions with individual teams.	5 team-specific sessions
Jun 2023	Community partners	Virtual focus groups (via Teams sessions).	5 sessions held including 1 UI/FN and 1 Francophone (25 partners)
Jul 20 – Aug 4, 2023	Community members and partners	Online survey	Community members: 507 Partners: 38

September 8 Senior Management Executive Committee meeting: Findings from the 2023 engagement process were shared with the Senior Management Executive Committee. The Senior Management Executive Committee discussed and finalized a recommendation to present to the Board of Health Executive Committee.

October 2 Board of Health Executive Committee meeting: The Board of Health Executive Committee reviewed and discussed details of the proposed 2024–2028 Strategic Plan and directed through motion 23-03, that the Medical Officer of Health finalize the Plan for Board of Health approval at its November 16, 2023 meeting.

- 2018–2022 Strategic Priorities:
1. Equitable Opportunities
 2. Meaningful Relationships
 3. Practice Excellence
 4. Organizational Commitment

O: October 19, 2001
R: January 2018

Next Steps: Following the Board of Health approval of the 2024–2028 Strategic Plan, the Medical Officer of Health and Chief Executive Officer will disseminate and operationalize the Plan, ensuring regular monitoring reports to the Board of Health. Next steps will also include the development of an Accountability and Monitoring Plan to demonstrate **how** Public Health is working to achieve its mission and vision and actioning its values and priorities.

Financial Implications:

Within the current Strategic Plan budget.

Strategic Priority:

All

Contact:

Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer

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

Public Health Sudbury & Districts 2024–2028 Strategic Plan



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**Public Health
Santé publique**
SUDBURY & DISTRICTS



About us

Public Health Sudbury & Districts is a progressive public health agency committed to improving health and health equity through evidence-informed practice and focused on building healthier communities for all.

With offices located in Greater Sudbury and across Sudbury and Manitoulin districts, over 250 dedicated public health professionals deliver provincially legislated programs and services.

Public Health works with individuals, families, communities, and partner agencies in the communities we serve to protect health and prevent disease for everyone. Programs and services are for people of all ages and are offered in places where they are needed the most.

Medical Officer of Health and Chief Executive Officer

I am very pleased to present Public Health Sudbury & Districts' 2024–2028 Strategic Plan. This plan focuses on working to create equal opportunities for health that builds on our past successes and directs our future actions; establishing impactful relationships that lead to successful partnerships and engagement while simultaneously striving for ongoing excellence in public health service and programming delivered by a healthy and resilient workforce.

Throughout its history, Public Health Sudbury & Districts has continually sought to evolve and strengthen public health practice to meet the needs of local communities. We look forward to working with all communities over the course of the 2024–2028 Strategic Plan to foster and build strong, resilient, and healthier communities for all.

Dr. Penny Sutcliffe

Vision

Healthier communities for all.

Mission

Working with local communities to promote and protect health and to prevent disease for everyone.



Values

The following values represent what our organization is all about and guide how we do our work.

These values further articulate our **commitments** to ourselves and to the communities we serve. These commitments guide the ways in which we embody and live these values in our everyday practice.



Humility

We are **modest** and **self-reflective**. We respond to the needs of others, are open to feedback, and **seek to understand** biases to develop and maintain authentic and trusting **relationships**. We are **committed to reconciliation** with Indigenous Peoples and to listening and learning from truth and history.



Trust

We are **honest** and dependable and **demonstrate integrity** in our actions. We are evidence-informed, and our approaches are founded on facts, seeking to use **objective information**. We encourage **transparent and accountable** decisions, collaboration, and service delivery. We **honour our commitments** to our funders, stakeholders, partners, and the communities we serve.



Respect

We treat everyone with **respect, sensitivity, and empathy**, and we **value diversity**. We show regard and consideration for our team members, partners, stakeholders, and communities, and **value all contributions**.



Strategic Priorities:

Equal opportunities for health

We strive for health equity by championing equal opportunities for health.

To achieve this, we will:

- Identify and address systemic barriers and social and economic factors that impact health, including mental health.
- Support awareness, education, advocacy, and policy development to address the root causes of health inequities, including poverty and class, structural racism, discrimination, and oppression.
- Ensure inclusive programs and services that are informed by diverse community voices and experiences, needs, and priorities.
- Champion actions to improve health equity at every opportunity by supporting all communities in our service area, including Indigenous, racialized, and all equity-deserving communities, to reach their full health potential.



Impactful relationships

We establish relationships that lead to impactful partnerships, collaborations, and engagement.

To achieve this, we will:

- Foster strong and collaborative relationships with local communities, organizations, municipalities, and diverse sectors (locally and provincially), to work toward improving the health of the population.
- Ensure community engagement with a diversity of people, including with people with lived and living experiences, as we identify, plan, implement, and evaluate initiatives and services.
- Engage with all communities, including Indigenous populations, in a way that is meaningful for them and in a manner that is trauma-informed and respectful of their lived experiences.
- Invest time and resources in developing and strengthening partnerships and working collaboratively and collectively to positively impact a shared goal.



Excellence in public health practice

We strive for ongoing excellence in local public health practice, including demonstrating accountability and monitoring the effectiveness, impact, and quality of our programs and services.

To achieve this, we will:

- Ensure effective public health practice to collect, use, and generate quality evidence, including feedback from communities and partners.
- Collaborate with communities and partners from across all sectors that influence health and well-being to deliver programs and services that are innovative and evidence-informed and that can be adapted to reflect current and emerging needs and priorities.
- Demonstrate accountability and transparency to clients, communities, and stakeholders.
- Safeguard public health resources to ensure appropriate investment in upstream health promotion and disease prevention priorities, leveraging local initiatives while remaining within the scope of public health.



Healthy and resilient workforce

We will invest in our public health workforce and ensure that we are well positioned to meet the needs of the communities we serve.

To achieve this, we will:

- Cultivate a skilled, diverse, and culturally competent and humble workforce that values equity, diversity, and inclusion and prioritizes the creation of safe and supportive environments in efforts to foster genuine allyship.
- Build a culture of collaboration, engagement, continuous quality improvement, and ongoing learning.
- Foster an enriching work environment that supports and sustains the mental health, well-being, and resiliency of Public Health staff.
- Invest in and support the development of a well-trained, knowledgeable, and adaptable workforce to meet the ongoing and evolving public health needs and priorities of the community.



Accountability and Monitoring

The 2024–2028 Strategic Plan will guide and inform Public Health’s programs, services, and initiatives. To demonstrate how Public Health is working to achieve its mission and vision and actioning its values and priorities, we will develop an Accountability Monitoring Plan. This Plan will be implemented in alignment with our other monitoring activities, including the Ministry of Health accountability requirements, and will be shared with our partners and local communities.

Santé publique Sudbury et districts

Plan stratégique 2024–2028



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Public Health
Santé publique
SUDBURY & DISTRICTS

À propos de nous

Santé publique Sudbury et districts est un organisme progressiste de santé publique qui s'est donné pour mission d'améliorer la santé et l'équité dans ce domaine en fondant la pratique sur les données probantes et qui concentre son action sur la création de communautés plus saines pour tout le monde.

Depuis nos bureaux dans le Grand Sudbury et un peu partout dans les districts de Sudbury et de Manitoulin, plus de 250 professionnels dévoués en santé publique fournissent des programmes et services prescrits par la loi provinciale.

Santé publique collabore avec les particuliers, les familles, les collectivités et les organismes partenaires des localités qu'il sert afin de protéger la santé, mais aussi de prévenir les maladies dans toute la population. Les programmes et services sont destinés aux personnes de tous âges et sont offerts aux endroits où ils sont les plus requis.

Médecin-hygiéniste et directrice générale

C'est avec grand plaisir que je présente le plan stratégique 2024-2028 de Santé publique Sudbury et districts. Ce dernier vise surtout à créer des possibilités égales d'être en santé en s'inspirant de nos réussites passées et en orientant nos actions à venir. Il a aussi pour objet d'établir des rapports significatifs qui mènent à des partenariats et des échanges fructueux, tout en veillant à ce que les programmes et services de santé publique soient sans cesse fournis d'excellente façon par une main-d'œuvre saine et résiliente.

Tout au long de son histoire, Santé publique Sudbury et districts a toujours cherché à faire évoluer et à renforcer la pratique en santé publique pour répondre aux besoins des communautés locales. Il nous tarde de collaborer avec toutes les collectivités pendant la durée du plan stratégique 2024-2028 pour favoriser et créer des communautés plus fortes, plus résilientes et plus saines pour tout le monde.

Dre Penny Sutcliffe

Vision

Des communautés plus saines pour tous

Mission

Collaborer avec les communautés afin de promouvoir et de protéger la santé, mais aussi de prévenir les maladies dans toute la population.

Valeurs

Voici les valeurs qui représentent ce qu'est notre organisme et qui orientent notre manière de travailler.

Ces valeurs expriment plus clairement nos **engagements** envers nous-mêmes et les communautés que nous servons. Ces engagements orientent notre façon d'incarner et de vivre ces valeurs dans notre pratique quotidienne.



Humilité

Nous faisons preuve de **modestie** et d'**autoréflexion**. Nous répondons aux besoins des autres, nous sommes ouverts à la rétroaction, et nous **cherchons à comprendre** les biais afin de créer et d'entretenir de véritables **relations** de confiance. Nous sommes **voués à la réconciliation** avec les peuples autochtones et nous tâchons d'écouter et de tirer des leçons de la vérité et de l'histoire.



Confiance

Nous sommes **honnêtes** et fiables, et nous faisons **preuve d'intégrité** dans nos gestes. Nous nous basons sur les données probantes, et nos approches reposent sur les faits et visent à utiliser des **renseignements objectifs**. Nous encourageons la **transparence et la responsabilité** dans nos prises de décisions, la collaboration et la prestation des services. Nous **tenons nos engagements** envers les bailleurs de fonds, les parties prenantes, les partenaires et les communautés que nous servons.



Respect

Nous traitons tout le monde avec **respect, sensibilité et empathie**, et nous **valorisons la diversité**. Nous traitons les membres de notre équipe, nos partenaires et nos collectivités avec égard, et nous **apprécions toutes les contributions**.



Priorités stratégiques :

Possibilités égales d'être en santé

Nous œuvrons pour l'équité en matière de santé en prônant des possibilités égales d'être en santé.

Afin d'y arriver, nous allons :

- déterminer les obstacles systémiques et les facteurs économiques et sociaux qui influencent la santé, y compris la santé mentale, et nous y attaquer;
- favoriser la sensibilisation, l'éducation, la défense des intérêts et l'élaboration de politiques afin de nous attacher aux causes fondamentales des iniquités en santé, dont la pauvreté et la classe, le racisme structurel, la discrimination et l'oppression;
- offrir des programmes et services inclusifs, orientés par un éventail de points de vue et d'expériences vécues, de besoins et de priorités;
- profiter de toutes les occasions pour prôner des mesures afin d'améliorer l'équité en matière de santé, en aidant tous les groupes de la région, dont les communautés autochtones, racisées ou ayant droit à un traitement équitable, à atteindre tout leur potentiel de santé.



Rapports significatifs

Nous établissons des rapports significatifs qui mènent à un dialogue, des collaborations et des partenariats fructueux.

Afin d'y arriver, nous allons :

- prôner de solides rapports de collaboration avec les communautés, les municipalités et les organismes et divers secteurs (à l'échelle locale et provinciale), dans le but d'améliorer la santé de la population;
- favoriser un engagement communautaire auprès de diverses personnes, ayant notamment une expérience concrète, à mesure que nous définissons, planifions, réalisons et évaluons les initiatives et les services;
- dialoguer avec toutes les communautés, dont les populations autochtones, d'une manière significative pour elles, fondée sur les traumatismes et respectueuse de l'expérience vécue;
- investir temps et ressources dans la création et le renforcement de partenariats, mais aussi dans la collaboration pour exercer une influence positive sur un objectif commun.



Excellence en matière de pratique en santé publique

Nous œuvrons pour l'excellence continue de la pratique locale en santé publique, y compris en faisant preuve de responsabilité et en surveillant l'efficacité, l'effet et la qualité de nos programmes et services.

Afin d'y arriver, nous allons :

- assurer une pratique efficace en santé publique afin de recueillir, d'utiliser et de produire des données probantes de qualité, dont la rétroaction provenant des communautés et des partenaires;
- collaborer avec les collectivités et les partenaires de tous les secteurs qui influencent la santé et le bien-être afin d'offrir des programmes et des services innovants et fondés sur les données probantes qui peuvent être adaptés aux priorités et aux besoins, actuels et nouveaux;
- faire preuve de responsabilité et de transparence à l'égard de la clientèle, des collectivités et des parties prenantes;
- préserver les ressources de santé publique pour assurer un investissement approprié dans les priorités en amont de promotion de la santé et de prévention des maladies, en exploitant les initiatives locales tout en demeurant dans le cadre des services de santé publique.



Main-d'œuvre saine et résiliente

Nous allons investir dans nos effectifs de santé publique et nous assurer d'être bien placés pour répondre aux besoins des collectivités que nous servons.

Afin d'y arriver, nous allons :

- créer une main-d'œuvre qualifiée, variée et culturellement compétente et humble qui valorise l'équité, la diversité et l'inclusion et priorise la création d'un environnement sécuritaire et favorable dans le but de favoriser une véritable alliance;
- développer une culture de collaboration, de dialogue, d'amélioration continue de la qualité et d'apprentissage continu;
- prôner un milieu de travail enrichissant qui favorise la santé mentale, le bien-être et la résilience du personnel de Santé publique;
- investir dans une main-d'œuvre bien formée, bien renseignée et adaptable et en favoriser le perfectionnement dans le but de répondre aux priorités et aux besoins évolutifs et constants de la population.



Imputabilité et surveillance

Le plan stratégique 2024–2028 orientera les programmes, les services et les initiatives de Santé publique. Afin de démontrer comment Santé publique s’efforce de remplir sa mission et sa vision et d’appliquer ses valeurs et ses priorités, nous allons dresser un plan de surveillance de la responsabilité. Celui-ci sera exécuté en conformité avec nos autres activités de surveillance, dont les exigences de responsabilité du ministère de la Santé, et transmis à nos partenaires et aux communautés locales.

Plan stratégique 2024–2028 | 7

STRATEGIC PLAN 2024-2028

MOTION:

WHEREAS the Ontario Public Health Standards require boards of health to have strategic plans of 3 to 5 years duration that establish strategic priorities, include input from staff, clients, and community partners, and are reviewed at least every other year; and

WHEREAS the Board of Health for Public Health Sudbury & Districts assigned responsibility to the Board Executive Committee for the oversight of the Strategic Plan development process for the planning cycle beginning in 2023; and

WHEREAS the Board Executive has ensured a thorough review and engagement process to develop the next Strategic Plan; and

WHEREAS the Board Executive Committee, having reviewed the draft Plan at its October 3, 2023, meeting, recommends the 2024-2028 Strategic Plan to the Board of Health for approval;

THEREFORE BE IT RESOLVED that the Board of Health approve the 2024–2028 Strategic Plan for Public Health Sudbury & Districts and direct the Medical Officer of Health to operationalize the Plan, ensuring regular monitoring reports to the Board of Health.

To: Chair, Board of Health, Public Health Sudbury & Districts

From: Rachel Quesnel, Secretary to the Board
Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer

Date: 2023 Board of Health Self-Evaluation of Performance – Annual Survey Results

Re: November 9, 2023

For Information

For Discussion

For a Decision

Issue

The annual self-evaluation is part of the Board of Health's ongoing commitment to good governance and continuous quality improvement and is consistent with C-I-12 and C-I-14 of the Board of Health Manual.

The annual Board of Health self-evaluation resumed in 2022 after being deferred in 2021 due to the focus on COVID-19 and altered Board of Health meeting schedule.

In the September 2023 Board of Health report, Board of Health members were asked to complete the Board of Health self-evaluation survey available in BoardEffect by October 20, 2023. The deadline was extended to October 27, 2023

Board members were informed that the results would be confidentially compiled by the Board Secretary and reported at the regularly scheduled meeting in November 2023. This briefing note constitutes the evaluation report.

Recommended Action

That Board of Health members receive this report for information and discussion to ensure continued reflection and improvement.

Board Member Self-Evaluation of Performance

Methods

- The Board of Health Member Self-Evaluation of Performance survey consists of 23 questions on performance and processes, and open-ended questions after each section inviting additional comments or suggestions.

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

O: October 19, 2001
R: January 2017

- Board of Health members were asked to rate each of the items as either “Strongly Agree”, “Agree”, “Disagree”, “Strongly Disagree” or “Not Applicable”.
- Board of Health members were advised in the September 2023, Board of Health report that the online self-evaluation questionnaire was available for completion in BoardEffect under the Board of Health workroom – Collaborate – Surveys.
- Email reminders were sent to Board members on October 26 and November 2, 2023.
- The October 2023 MOH/CEO report to the Board also included a reminder to complete the survey.
- At the October 19, 2023, Board of Health meeting, the Board Chair reminded Board members to complete the evaluation.

Results

- All Board members (12) were invited to complete the 2023 Board of Health self-evaluation survey. A total of 6 out of 12 Board members completed the survey, for a response rate of 50%.
- Previous response rates:

Year	Response Rate
2022	81.8%
2021	Survey deferred
2020	58.3%
2019	78.6%
2018	85.7%

- The following tables summarize the responses to each of the rated questions.

Part 1: Individual Performance Compliance with Individual Roles and Responsibilities as a Board of Health member	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Total Responses
1. As a BOH member, I am satisfied with my attendance at meetings.	3 (50%)	3 (50%)	0 (0%)	0 (0%)	0 (0%)	6
2. As a BOH member, I am satisfied with my preparation for meetings.	3 (50%)	3 (50%)	0 (0%)	0 (0%)	0 (0%)	6
3. As a BOH member, I am satisfied with my participation in meetings.	2 (33%)	4 (67%)	0 (0%)	0 (0%)	0 (0%)	6
4. As a BOH member, I understand my roles and responsibilities.	4 (67%)	2 (33%)	0 (0%)	0 (0%)	0 (0%)	6
5. As a BOH member, I understand current public health issues.	2 (33%)	4 (67%)	0 (0%)	0 (0%)	0 (0%)	6

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Part 1: Individual Performance Compliance with Individual Roles and Responsibilities as a Board of Health member	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Total Responses
6. As a BOH member, I have input into the vision, mission and strategic direction of the organization.	3 (50%)	3 (50%)	0 (0%)	0 (0%)	0 (0%)	6
7. As a BOH member, I am aware and represent community perspective during board meetings.	3 (50%)	3 (50%)	0 (0%)	0 (0%)	0 (0%)	6
8. As a BOH member, I provide input into policy development and decision-making.	2 (33%)	4 (67%)	0 (0%)	0 (0%)	0 (0%)	6
9. As a BOH member, I represent the interests of the organization at all times.	4 (67%)	2 (33%)	0 (0%)	0 (0%)	0 (0%)	6

Part 2: Board of Health Processes	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Total Responses
1. The BOH is compliant with all applicable legislation and regulations.	4 (67%)	2 (33%)	0 (0%)	0 (0%)	0 (0%)	6
2. The BOH ensures members are aware of their roles and responsibilities through orientation of new members	2 (33%)	4 (67%)	0 (0%)	0 (0%)	0 (0%)	6
3. The BOH is appropriately informed about financial management, procurement policies and practice, risk management and human resources issues.	2 (33%)	4 (67%)	0 (0%)	0 (0%)	0 (0%)	6
4. The BOH holds meetings frequently enough to ensure timely decision-making.	4 (67%)	2 (33%)	0 (0%)	0 (0%)	0 (0%)	6

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Part 2: Board of Health Processes	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Total Responses
5. The BOH bases decision making on access to appropriate information with sufficient time for deliberations.	4 (67%)	1 (17%)	1 (17%)	0 (0%)	0 (0%)	6
6. The BOH is kept apprised of public health issues in a timely and effective manner.	4 (67%)	2 (33%)	0 (0%)	0 (0%)	0 (0%)	6
7. The BOH sets bylaws and governance policies.	4 (67%)	2 (33%)	0 (0%)	0 (0%)	0 (0%)	6
8. The BOH remains informed with issues pertaining to organizational effectiveness through performance monitoring and strategic planning.	4 (67%)	2 (33%)	0 (0%)	0 (0%)	0 (0%)	6
9. The consent agenda is helpful in enabling the Board to engage in detailed discussion of important items.	4 (67%)	1 (17%)	1 (17%)	0 (0%)	0 (0%)	6

Part 3: Overall Performance of the Board of Health	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Total Responses
1. The BOH contributes to high governance and leadership performance.	3 (50%)	3 (50%)	0 (0%)	0 (0%)	0 (0%)	6
2. The BOH oversees the development of the strategic plan.	4 (67%)	2 (33%)	0 (0%)	0 (0%)	0 (0%)	6
3. The BOH ensures planning processes consider stakeholder and community needs.	2 (33%)	4 (67%)	0 (0%)	0 (0%)	0 (0%)	6
4. The BOH ensures a climate of mutual trust and respect between themselves and the	4 (67%)	2 (33%)	0 (0%)	0 (0%)	0 (0%)	6

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Part 3: Overall Performance of the Board of Health	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Total Responses
Medical Officer of Health (MOH).						
5. The BOH as a governing body is achieving its strategic outcomes.	3 (50%)	3 (50%)	0 (0%)	0 (0%)	0 (0%)	6

Other comments or suggestions

Respondents were provided the opportunity to offer additional comments or suggestions throughout the survey. Respondents shared positive comments, including comments about how the consent agenda is helpful to ensure efficient meetings, feedback about the beneficial role of the Chair and Vice-Chair in prompting participation from all Board of Health members, and appreciation for the delegation presentations, which provide insights into the agency’s programs and operations and promote better understanding of the function of public health.

Summary

The 2023 Board of Health member self-evaluation of performance questionnaire gives Board members a chance to reflect on their individual performance, the effectiveness of Board policy and processes, and the Board’s overall performance as a governing body. Board of Health self-evaluation of performance is an internal tool to ensure compliance with the Ontario Public Health Organizational Standards.

Overall results from the self-evaluation questionnaire indicate that most Board of Health members have a positive perception of their governance process and effectiveness. It should be noted, however, that one person indicated that they disagree that the Board bases decision making on access to appropriate information with sufficient time for deliberations, and one person disagrees that the consent agenda is helpful in enabling the Board to engage in detailed discussion of important items. It should also be noted that the response rate was low, likely reflecting the fact that there are several newer members who have had limited time on the Board.

As we move further into working on Ministry public health strengthening initiatives, it is anticipated that there will be further opportunities for Board member engagement into the future.

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

From: Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer

Date: November 9, 2023

Re: Voluntary Mergers related to Provincial *Public Health Strengthening* Initiative

For Information

For Discussion

For a Decision

Issue:

The purpose of this briefing note is to provide further information on voluntary mergers as set out in the late August 2023 Provincial announcement and meetings and as described in the September 14, 2023 Board briefing note (attached). Additional information was shared in the Ministry of Health, *Outcomes and Objectives to Support Voluntary Mergers, October 30, 2023* (attached) as well as from meetings and conversations held to date.

Given the tight timelines set by the province for merger proposals (March 2024) and the potential to access one-time funds to March 31, 2024 to conduct feasibility studies, preliminary Board direction is sought at this time.

Recommended Action:

That the Board of Health consider the following motion:

THAT the Board of Health for Public Health Sudbury & Districts, having reviewed the Ministry of Health *Outcomes and Objectives to Support Voluntary Mergers, October 30, 2023*, and considered related discussions, direct the Medical Officer of Health to engage with Algoma Public Health to seek provincial funding to study the feasibility of a voluntary merger of our two local public health agencies; and

THAT additional Board direction be sought should further consultation result in a recommendation to explore voluntary mergers with other regional local public health agencies; and

THAT the Medical Officer of Health ensure timely reporting back to the Board on this matter.

Key Messages:

- Although referred to as *voluntary*, mergers are increasingly being understood to be necessary for Ontario public health system sustainability and future funding investments.

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- Per Ministry communication to date, the only quantifiable criterion for mergers is the minimum population base of approximately 500,000. That said, it is also noted that consideration of population density and geography may be such that in limited circumstances, geographic challenges may outweigh the benefits of achieving the minimum population base of 500,000.
- The Ministry timeline for mergers is for them to “take effect” by January 1, 2025. We understand that “take effect” may mean that the bare minimum is in place to ensure that such mergers are then fully implemented (e.g. board of health, medical officer of health, signed commitments, etc.).
- Although provincial funding for feasibility studies may be available through to March 31, 2024, the three-year dedicated merger support funding for boards of health would not flow until proposed mergers are approved by government. The timelines for such approvals are not known at this time.
- The Board is reminded that the *Province’s Public Health Strengthening* strategy (attached) includes three initiatives. Voluntary merger is one initiative; the other two are the review of the Ontario Public Health Standards and the review of the funding methodology for public health. It is critical that Public Health Sudbury & Districts has the capacity to fully engage in all three of these transformative endeavours.

Background:

Ministry Planning Materials:

From the October 30, 2023, *Outcomes and Objectives to Support Voluntary Mergers* materials (attached), the following is highlighted:

- Desired **outcome**: Merge smaller local public health agencies (LPHAs) to achieve critical mass and capacity, to have skilled personnel and competencies, and to ensure a cohesive public health system that better aligns with community and system partners.
- Desired **objectives** linked to these outcomes:
 1. Build critical mass through LPHAs that have a minimum population base of approximately 500,000 (with consideration for population trends, population characteristics, and geography).
 2. Maximize improvements in organizational performance, which may include reinvestment of any expected savings.
 3. Build and sustain strong leadership structures (including MOH, AMOH, Chief Nursing Officer, and CEO, if appropriate) with the competencies and expertise necessary to navigate the complexities of leading a LPHA and enable deep pathways for succession planning.
 4. Achieve and sustain sufficient competencies and capacities for specialized positions for which the LPHAs have historical or ongoing vacancies.
 5. Support improved alignment and coordination with key system partners both within and outside the health system, to improve public health service delivery.
 6. Support strengthened alignment and partnerships with communities and priority populations to address health inequities.
- **Implementation** will require:

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1. Resolution or other form of agreement from existing boards to request approval from the Ministry of Health to create a new LPHA.
 2. Description¹ of the proposed new LPHA (boundaries, name, governance and leadership structure) and the leadership structure that will be responsible for the planning and oversight of the proposed merger (e.g., joint steering committee structure and its mandate).
 3. A preliminary transition budget, including funding request for up to 3 years to support merger processes based on admissible costs.
- Timelines and **milestones**: Additional information on the merger proposal submission process (including business case template and eligible expenses) is expected in early December for submission in March 2024.



Engagement to Date:

Since the September Board of Health meeting, the Board Chair and MOH have met twice for exploratory conversations with representatives of Algoma Public Health (APH) and North Bay Parry Sound District Health Unit (NBPSDHU). The NBPSDHU Board motion indicated its intention to also explore mergers with other neighbour(s).

Our Board Chair, Vice-Chair, MOH, and Director Corporate Services were invited to a virtual meeting on October 31, 2023 between Ministry of Health officials and the seven northern health units to review the *Outcomes and Objectives to Support Voluntary Mergers* materials. Similar meetings are being held with regional groups of boards of health across the province. We have requested that a summary of these meetings, themes, and questions and answers be shared with all.

¹ Description to include how the proposed new LPHA supports broader policy objectives, including:

- Reducing the number of LPHAs.
- Maintaining or enhancing service levels through the new structure.
- Minimizing impact on frontline jobs.
- Incorporating input from local partners into the planning process and enhancing the new organization’s capacity to implement health equity strategies and consider the needs of local populations, including Indigenous partners and Francophone communities.

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We have received correspondence from the Deputy Minister and the Office of the Chief Medical Officer of Health (CMOH) in response to our collective request (Algoma, North Bay Parry Sound, and Public Health Sudbury & Districts) for an in-person meeting. We received notice from the Office of the Chief Medical Officer of Health on November 7, 2023 that a meeting will be scheduled in Sudbury for November 20 or 21.

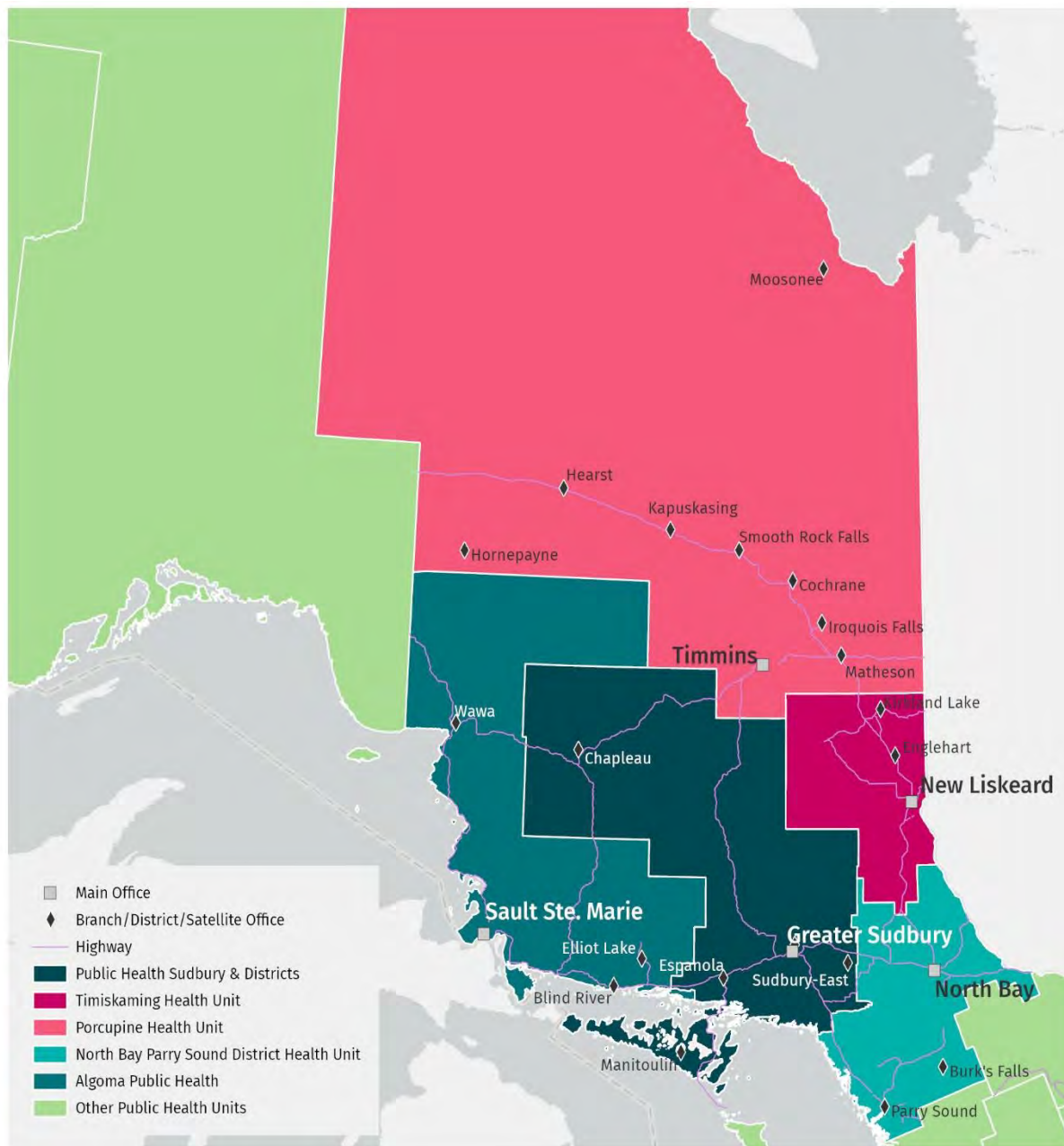
Dr. Sutcliffe has maintained contact with northern counterparts, including the medical officers of health for Porcupine Health Unit (PHU) and Timiskaming Health Unit (THU), to ensure mutual awareness of developments. She has also kept in contact with Ministry of Health leads for this initiative.

Considerations for Potential Merger Partners

Per the Ministry voluntary merger planning materials shared to date, local public health agencies (LPHAs) considering mergers must be contiguous, avoid divisions to existing agencies, and preserve relationships with municipalities.

The LPHAs contiguous with Public Health Sudbury & Districts include Algoma Public Health (APH) and North Bay Parry Sound District Health Unit (NBPSDHU), noting that Porcupine Health Unit (PHU) and Timiskaming Health Unit (THU) have announced they are pursuing a merger between their two boards of health.

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It is unlikely that APH will pursue a merger with the LPHA to the west, given that Thunder Bay District Health Unit (TBDHU) is part of northwestern Ontario and significantly differs in its geography, population density, and population characteristics. As noted above, the Board resolution for NBPSDHU noted that they would explore potential merger opportunities with neighbouring LPHAs in addition to those in the North East.

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In addition to the criterion of a minimum population base of 500,000 (subject to the note that in limited circumstances, geography and population density may result in a smaller population base), the Ministry has also shared that population characteristics may be important factors (such as “like to like”) for successful mergers.

From preliminary conversations with the Ministry leads on voluntary mergers, we do not know of the level of support for a smaller base population (below 500,000) given our own geographic considerations. For example, is the approximate 315,000 total population of APH and PHSD sufficient given our large, combined geography or would we be advised to also merge with NBPSDHU (total population combined of approximately 445,000)? Further, we do not know the degree to which the new funding model will benefit those merged organizations whose total populations are more closely aligned with the voluntary merger population criterion.

Regardless of the merger model, significant impacts on human resources would be anticipated given the agency disruption. Although Ministry documents note the importance of minimizing the impact on frontline jobs, there is uncertainty for all levels of staff. This is arguably a “perfect storm” for public health human resources, including factors such as post pandemic fatigue and heavy demands to catch up on backlogs, combined with a need to fully engage and be leaderful in system structure redesign (mergers), programs and services reviews, and funding review. Loss of critical leadership skills and competencies to engage in this essential work to create the future state of local public health is anticipated to be a significant risk.

In this context, it will be important *at a minimum* to consider merger circumstances that might minimize these pressures, promote successful outcomes, and reduce anticipated staff and management disruption and potential resignations.

Such considerations lead to the recommendation from the Medical Officer of Health that the Board consider merging only with Algoma Public Health. Note that this recommendation is subject to any additional Ministry information that might support an alternate path (e.g., anticipated future funding model implications if the merged organization is not *large enough*).

Merging only with APH is considered to be a more feasible action based on the following preliminary assessment:

- Reduced complexities in merging with only one other organization (e.g., cultures, unions, corporate structures and processes, boards, etc.).
- Merges “like with like” as both have a similar mix of urban and rural geographic profiles.
- Organizations are well known to each other and have well-established relationships and programmatic connections – noteworthy is our leadership coverage (MOH and CEO) to APH for an approximate two-year period during which time relationships were strengthened.
- There are some areas of complementary strengths as identified through our 2019 North East Public Health Transformation Initiative work (e.g., Indigenous engagement and health equity, clinical records).

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- An understanding that we have similar and synergistic cultures and values (e.g., our respective work on Indigenous engagement and health equity)

It is also noted that there are considerations of economies of scale and relative strengths of other organizations that would not be explored (or to a lesser extent) with a merger with only one board of health.

A preliminary summary of selective characteristics of the three LPHAs is included in the table below to help inform additional discussion and reflection:

Demographic/Geographic information

Characteristic	Public Health Sudbury & Districts	Algoma Public Health	North Bay Parry Sound District Health Unit
Population	202,431	112,764	129,362
Population density (per square kilometer)	3.99	2.53	6.78
Land Area (square kilometers)	50,763	44,606	19,073
Urban/Rural mix (%)	69.1/30.9	72.4/27.6	52.7/47.3
# of municipalities <i>Inclusive of town, township, municipality, city as defined in Census Subdivisions. Excludes Indian Reserves, Villages, Unorganized CSDs</i>	19	21	31
# of First Nation communities	13	8	8
Indigenous identity (number/%)	27,630 (13.9%)	15,830 (14.3%)	14,755 (11.7%)
Mother tongue French (number/%)	42,560 (21.2%)	5,750 (5.1%)	17,740 (13.9%)
Newcomers (number/%) <i>Newcomers is defined as recent immigrants (arriving between 2016 and 2021) as well as non-permanent residents</i>	5,315 (2.7%)	1,670 (1.5%)	1,100 (0.9%)

(Source: Statistics Canada. 2023. Census Profile. 2021 Census. Statistics Canada Catalogue no. 98-316-X2021001. Ottawa. Released February 8, 2023.)

Public Health Unit Information

Note that where information could not be verified, data from 2019 North East collaborative work is used for illustrative purposes and noted in *blue italics*.

Characteristic	Public Health Sudbury & Districts	Algoma Public Health	North Bay Parry Sound District Health Unit
HU permanent FTEs 2023	224.66	150	

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Characteristic	Public Health Sudbury & Districts	Algoma Public Health	North Bay Parry Sound District Health Unit
<i>HU permanent FTEs 2019</i>	<i>230</i>	<i>123</i>	<i>154</i>
HU 2023 cost shared budget	28,549,210	17,740,689	17,160,804
<i>HU 2019 cost shared & 100% funded budget</i>	<i>27,275,518</i>	<i>13,552,491</i>	<i>17,969,891</i>
MOHs (#)	1	1	1
AMOHs (#)	1 (vacant)	1	1 (vacant)
Location of HU main office	1300 Paris Street, Sudbury	294 Willow Ave, Sault Ste Marie	345 Oak Street West North Bay
# of sub offices	5	3	1

Ontario Public Health Standard:
Good Governance

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O: October 19, 2001
R: January 2017

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

From: Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer

Date: September 14, 2023

Re: Provincial Announcements Regarding Changes to the Public Health System: *Public Health Strengthening*

For Information

For Discussion

For a Decision

Issue:

On August 22, 2023, the Ministry of Health made an announcement signaling significant changes to Ontario's public health system. These changes were further elaborated on during August 25 and 31 briefings with Medical Officers of Health, Business Administrators, and Board of Health members, among others. This briefing note provides details of the recent announcement and shares important Public Health Sudbury & Districts historical context on these matters. It also recommends preliminary next steps for the Board.

Recommended Action:

That the Board of Health consider the following resolution:

Let it be resolved that the Board of Health support the following three recommendations:

- 1. That the Board of Health for Public Health Sudbury & Districts receive this briefing note for information.**
- 2. That the Board of Health for Public Sudbury & Districts support the Board Chair and Medical Officer of Health to engage with their Northeastern counterparts for further exploratory dialogue about voluntary mergers in light of recent provincial announcements and building on previous collaborations.**
- 3. That the Board Chair ensure reporting back to the Board on this matter at future meetings.**

Background:

Ministry Announcement

From the August 22, 2023 news release of the Ministry of Health:

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- *Starting January 1, 2024, the province will restore \$47 million in provincial annual base funding for public health units, which is the level previously provided under the 75 per cent provincial / 25 per cent municipal cost-share ratio.*
- *The province is also providing local public health units an annual one per cent funding increase over the next three years so they can more effectively plan ahead and prepare.*
- *The province will also work with its partners to refine and clarify the roles of local public health units, to reduce overlap of services and focus resources on improving people’s access to programs and services close to home.*
- *One-time funding, resources and supports will be offered to local public health agencies that voluntarily merge to streamline and reinvest back into expanding programs and services.*

A preliminary financial assessment is that the restoration of provincial funding to the level provided in 2020 (which had not changed since 2018), combined with an upcoming provincial increase of 1% for three years (2024, 2025, 2026), and the prior increases of 1% in each of 2022 and 2023, is sub-inflationary and that it will be challenging to meet growing and complex local public health needs. Notwithstanding this, the three-year funding increased of 1% per year is intended to address the *urgent need for stabilization while change processes are underway within the system.*

The public health system *changes* referred to in the August 22 announcement (last two bullet points) were further clarified during briefings following the announcement. There are three sequential aspects of “Strengthening Public Health” - each with aggressive timelines:

1. **Roles and responsibilities** – review the Ontario Public Health Standards (OPHS) to identify what can be refined, stopped or “re-leveled” to regional or provincial levels; implement fully revised OPHS beginning January **2025**
2. **Voluntary mergers** - fewer local public health units/agencies but with greater capacity to delivery core programs and better aligned with broader health system; any savings would be re-invested in local public health; mergers to take effect January 1, **2025**
3. **Funding** – in addition to “stabilization funding” noted above, there will be a dedicated three-year merger support fund to provide one-time transition and stabilization costs; the ministry will undertake a review of their methodology for base funding for local public health; implement new funding approach in **2026**

There is a stated commitment to collaboration and working in partnership, including in the development of criteria for voluntary mergers. The Ministry has highlighted the importance of population as a key criteria, citing 200,000 to 500,000 population figures as thresholds at various meetings. We do not yet know what the engagement/ consultation process will be.

Financial Context: Provincial Funding Policy and Base-Funding Grant History

The following is a brief summary of Ministry of Health funding policy history as well as the provincial grant to Public Health Sudbury & Districts for its mandatory cost-shared programs and services.

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Funding policy

- The *Health Protection and Promotion Act* specifies that municipalities are obligated to pay the expenses of the Board and of the Medical Officer of Health to ensure the provision of health programs and services in accordance with the *Act*; the Minister may make grants for the purposes of the *Act*.
- The provincial funding policy to determine the amount funded through Minister grants has historically and nominally been based on a percentage of Boards' costs for the provision of cost-shared (as distinct from 100% provincially funded) programs and services.
 - In the 1990's, the grant was set to 75% of the Board's costs.
 - In 1998, the costs were entirely shifted to the municipalities.
 - From 1999 to 2004, funding was shifted to a 50/50 ratio between municipal and provincial funders.
 - Subsequent to reports following the Walkerton *E.coli* tragedy and the SARS emergency, provincial funding policy shifted to
 - 55% in 2005,
 - 65% in 2006 and
 - 75% in 2007
 where it nominally remained until announced system changes in 2019¹, which brought the Minister grant to 70% and folded-in the previously 100%-funded programs to the cost-shared base at 70%. The impact on municipalities of this funding policy change was mitigated by the provision of a "one-time" mitigation grant (four years 2020 to 2023).
 - The August 22, 2023 announcement signals a shift again in that as of January 2024, provincial funding will revert to the amount provided in 2020 (which had not changed since 2018) with three 1% annual increases as the province undertakes a wholesale review of its funding methodology, to be implemented by 2026.
 - There has been recognition by Ministry staff that the Minister grant as a percentage of the Board's costs has been eroded over time and is calculated based on historical provincial funding rather than on the budgets approved annually by boards of health. This means that any stated percentage is increasingly of limited significance. Per the legislative responsibilities, boards of health have made different decisions based on local cost drivers and local public health needs and, in light of flat lined or sub-inflationary provincial funding, the relative contributions of municipalities have grown.
- There have been a number of initiatives over the years to review the funding policy for local public health. The 2006 Capacity Review Committee called for a collaborative process to refine

¹ In 2020 the Province implemented a funding policy shift from a mixed 75%/25% and 100% funding model to a 70%/30% Provincial/Municipal funding formula for all public health programs and services under the Ontario Public Health Standards (Mandatory Programs), except the Ontario Seniors Dental Care Program (OSDCP) which remains 100% provincially funded. The Ministry of Health provided one-time mitigation funding in 2020 through to 2023 with the aim of "protecting municipalities from any cost increases resulting from this cost-sharing change that exceed 10% of their existing costs."

2018–2022 Strategic Priorities:

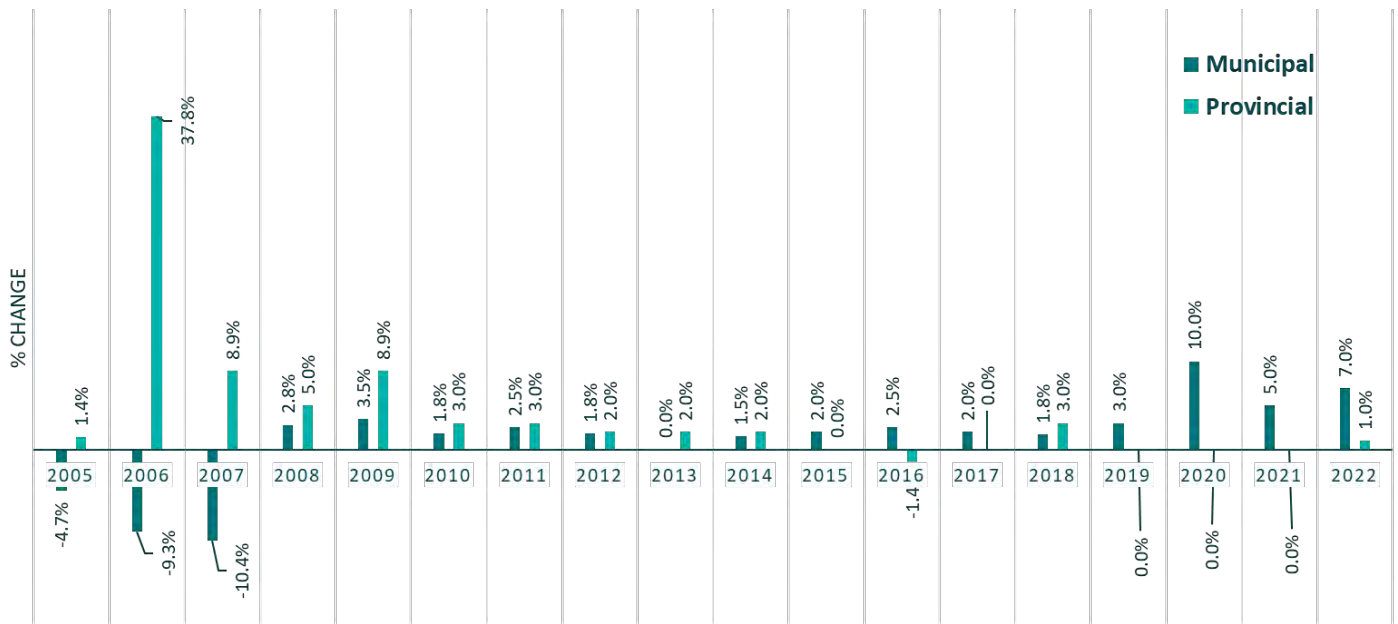
1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

O: October 19, 2001
R: January 2017

the budgetary allocation mechanism to achieve greater equity in public health system funding over time. The most recent initiative is the 2013 Funding Review Working Group Report which was accepted by government and implemented in 2015. Any Ministry growth funding was to be distributed proportionately to health units that had not reached their “share” per the model developed by the Working Group. As there was no provincial growth funding subsequent to the first year, this model was never fully implemented.

Base-funding provincial grant history for Public Health Sudbury & Districts

- The graph below shows the year over year percent changes to municipal and provincial funding for the base cost-shared budget for Public Health Sudbury & Districts, as per the Board-approved budget.



- And further provincial grant data:
 - 2023: 1% (3.75% municipal)
 - 2024, 2025 and 2026, per announcement: 1%

System Change/Merger Context

Over the past number of years, there has been considerable attention paid to the current complexity of the Ontario public health system.

In 2017, the report release by the provincial Liberal government entitled, *Public Health within an Integrated Health System; Report of the Minister’s Expert Panel on Public Health*, raised a number of ideas and recommendations for transforming that system. It noted that it addressed such challenging issues as system delivery boundaries and leadership and governance models that might better accomplish the best fit of public health within a larger, transformed health system.

- 2018–2022 Strategic Priorities:
1. Equitable Opportunities
 2. Meaningful Relationships
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The five Northeastern health units, serving the areas of Algoma, North Bay/Parry Sound, Porcupine, Sudbury/Manitoulin, and Timiskaming began in 2017 to explore how they could collaborate more closely to achieve improved efficiencies with potential “functional mergers”.

In 2019, Ontario’s current government introduced fundamental change in the way health care was to be funded, structured and delivered, and in its conceptualization embodied some of the ideas raised earlier regarding public health. For the public health system, this included the dissolution of the 34 boards of health and the creation of 10 “regional public health entities”.

With the [April 2019 announcement](#) of public health regionalization, we in the Northeastern health units were in a unique position to quickly refocus our work to consider how a new, single autonomous regional public health ‘entity’ might be created should the announced changes proceed. The goal would be to continue to meet the important public health standards in Ontario with all of the requisite standardization, capacity, and equity in the delivery of programs and services across the larger region, while at the same time realizing efficiencies and meeting the cost savings goals of government (stated to be \$200 million system-wide).

A submission from the Northeastern health units was finalized (2019, attached). It provided our best advice regarding governance and leadership in the Northeast should the changes to the public health system proceed as announced.

Subsequent to this submission, the government announced the appointment of Special Advisor, Mr. Jim Pine, and a process of consultation on the proposed reforms, termed *Public Health Modernization*. The Board and senior management of Public Health Sudbury & Districts undertook extensive dialogue and make a submission to the Special Advisor (2020, attached). The submission was informed by our ongoing collaborations with our Northeastern public health partners and the communities we serve.

The consultation process was halted prematurely in early 2020 due to the pandemic.

The August 22, 2023 announcements concerning voluntary mergers and *Public Health Strengthening* are the latest announcements on public health system reform. Notably different with the recent announcements is that they are characterized as voluntary, merger costs funded over three years, and with no goal of system-wide cost savings (any savings would be reinvested in local public health operations). As noted above, the criteria for mergers are yet to be established, however, population size is expected to be a key factor.

Governance of Local Public Health

Governance considerations are critical to any discussion of potential mergers. There are currently three types of governance models in Ontario for local Boards of Health:

1. 24 are **autonomous** and operate separately from the administrative structure of their municipalities, with their own policies and procedures. (e.g. Public Health Sudbury & Districts)

1. Equitable Opportunities
2. Meaningful Relationships
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2. 6 are **regional** meaning that they are within a regional government, the municipal council has the mandate and authority of a board of health and public health services may be combined with other services or placed in other departments. (e.g. Durham Region, Halton Region)
3. 4 are **semi-autonomous** or **single-tier** and integrated into municipal administrative structures and although autonomous and focused primarily on public health, operate under the policies and procedures of their municipalities; the municipal government may fully or partially serve as the board of health. (e.g. Toronto (partially), Hamilton (fully))

The Capacity Review Committee Final Report (2006, excerpt attached) recommends that public health units be governed by autonomous, locally based boards of health and that these boards should focus primarily on the delivery of public health programs and services. This and other considerations for governance foundations for success are in the attached excerpt.

Summary:

The recent government announcements regarding Ontario's public health system signal potentially significant change to the status quo. The announcements land in a context of post-pandemic exhaustion of public health professionals with arguably little reserve and much catch-up to do as part of population health recovery efforts. That being said, our historical investments, collaborations, and leadership in this area leave us with a strong foundation upon which to build. The announcements can be seen as an opportunity to strengthen local public health and ensure we optimize our collective potential to serve the public health needs of our area, including optimal governance, programs and services, and human and financial resources.

Resources Appended:

1. Ministry of Health | Office of Chief Medical Officer of Health Slide Deck, *Strengthening Public Health*, August 2023
2. Ministry of Health News Release. *Ontario Investing in a Stronger Public Health Sector*. August 22, 2023. [Ontario Investing in a Stronger Public Health Sector](#)
3. Ministry of Municipal Affairs and Housing News Release. *Working with Municipalities to Build Ontario*. August 23, 2023. [Working with Municipalities to Build Ontario](#)
4. Letter from Chair, Board of Health for Public Health Sudbury & Districts. *Transforming Public Health for the People of Northeastern Ontario*. February 10, 2020.
 - *Public Health Modernization: Submission of Public Health Sudbury & Districts*. February 10, 2020.
5. Letter from Dr. Penny Sutcliffe on behalf of five Medical Officers of Health for Northeastern Ontario. *Transforming Public Health for the People of Northeastern Ontario*. July 26, 2019.
 - *Transforming Public Health for the People of Northeastern Ontario: a submission to the Government of Ontario, Deputy Minister and Chief Medical Officer of Health*. Medical Officers of Health of Northeastern Ontario. July 2019.

2018–2022 Strategic Priorities:

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6. Capacity Review Committee. *Foundations for Success: Governance and Funding. Excerpts and Chapter 5 of Revitalizing Ontario's Public Health Capacity: The final report of the Capacity Review Committee.* May 2006.

Ontario Public Health Standard:

Good Governance

2018–2022 Strategic Priorities:

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R: January 2017

Ministry of Health

Office of Chief Medical Officer
of Health, Public Health

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Ministère de la Santé

Bureau du médecin hygiéniste
en chef, santé publique

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Toronto, ON M7A 1N3

Téléc. :416 325-8412

October 30, 2023

MEMORANDUM

TO: Local Public Health Agency (LPHA) Board Chairs, Medical Officers of Health, Chief Executive Officers

FROM: Dr. Kieran M. Moore, Chief Medical Officer of Health of Ontario and Assistant Deputy Minister, Public Health, Ministry of Health

RE: Strengthening Public Health – Planning Materials and Next Steps

Dear Colleagues:

As you are aware, in August 2023 the government announced the Ministry of Health's (ministry) commitment to working closely with local public health agencies (LPHAs), municipalities, and the broader public health sector on a strategy to strengthen public health, centred on three priorities:

1. Clarifying roles and responsibilities through the Ontario Public Health Standards (OPHS).
2. Supporting voluntary mergers among LPHAs.
3. Providing stable, sustainable funding to LPHAs.

As one of the foundational components of the strategy, voluntary mergers, particularly among smaller LPHAs, have significant potential to address long-standing challenges in the public health system and present an opportunity to work towards a vision for an optimized and better coordinated public health system.

This vision centers on LPHAs that have the critical mass and capacity, skilled personnel and competencies needed to deliver core public health services and address public health emergencies within a cohesive system that better aligns with local community and system partners.

In recent weeks, the ministry has reviewed past reports and recommendations and engaged with public health, municipal, community and other sector partners to gather input on a set of outcomes, objectives, and considerations to further articulate this future state and develop an approach to voluntary mergers that advances this vision. We are pleased to share the results of this work in the attached slide deck, *Strengthening Public Health: Outcomes and Objectives to Support Voluntary Mergers*.

In the coming days, we will be reaching out directly to LPHAs and Boards of Health to facilitate regional engagement, and support proposal development for LPHAs interested in voluntary mergers. We will be working with the Associate Chief Medical Officers of Health to schedule meetings, leveraging the existing regional engagement structure. LPHAs are also encouraged to engage with local communities and priority populations, including Indigenous and Francophone communities, early in the planning and assessment process.

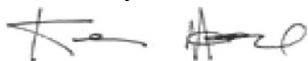
Additional information on the merger proposal submission process (including merger proposal business case template and eligible expenses) will be shared with the 2024 Annual Service Plan and Budget Submission template in early December 2023 with merger proposal business cases due in March 2024.

In the coming weeks, updates will also be provided on the Roles and Responsibilities and Funding workstreams of the Strengthening Public Health Strategy.

Should you have any questions about the process, please don't hesitate to contact the ministry team at StrengtheningPH@ontario.ca.

Thank you for your continued collaboration in the interest of improving public health for all Ontarians.

Sincerely,



Dr. Kieran Michael Moore, MD, CCFP(EM), FCFP, MPH, DTM&H, FRCPC, FCAHS
Chief Medical Officer of Health and Assistant Deputy Minister, Public Health

Attachment

c:

Dr. Catherine Zahn, Deputy Minister, Ministry of Health
Elizabeth Walker, Executive Lead, Ministry of Health
Colleen Kiel, Director, Ministry of Health
Brent Feeney, Director, Ministry of Health
Dr. Barbara Yaffe, Associate Chief Medical Officer of Health
Dr. Daniel Warshafsky, Associate Chief Medical Officer of Health
Dr. David McKeown, Associate Chief Medical Officer of Health
Dr. Fiona Kouyoumdjian, Associate Chief Medical Officer of Health
Dr. Michelle Murti, Associate Chief Medical Officer of Health
Dr. Wajid Ahmed, Associate Chief Medical Officer of Health
Michael Sherar, Public Health Ontario
LPHA Business Administrators
Colin Best, President, Association of Municipalities of Ontario
Brian Rosborough, Executive Director, Association of Municipalities of Ontario
Lindsay Jones, Director of Policy, Association of Municipalities of Ontario
Loretta Ryan, Executive Director, Association of Local Public Health Agencies

STRENGTHENING PUBLIC HEALTH

Outcomes and Objectives to Support Voluntary Mergers

October 2023

Context: A Strategy to Strengthen Public Health in Ontario



A Three-Pronged, Sector-Driven Approach

In August 2023, the government announced that the province is proceeding with a **three-pronged, sector-driven strategy** to optimize **capacity, stability, and sustainability** in public health and deliver **more equitable health outcomes** for Ontarians.



1. Roles and responsibilities

Conducting a **review of the Ontario Public Health Standards (OPHS)** with an aim to refine, refocus and re-level roles and responsibilities, collaborating with partners to optimize functions, for implementation beginning January 1, 2025.



2. Voluntary mergers

Enhancing capacity by facilitating voluntary mergers between LPHAs, through a **sector-driven approach** and by providing **time-limited funding**, for implementation beginning January 1, 2025.



3. Funding

Restoring **provincial base funding** to 2020 levels by January 1, 2024, implementing 1% **growth base funding** for the next three calendar years (2024-2026), creating a **three-year Merger Support Fund** for 2024-25 to 2026-27, and reviewing public health funding methodology for sustainability.



System Vision & Strategic Approach

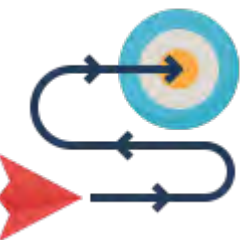
The public health sector, municipalities and the province have an opportunity to work in partnership towards a **vision for a public health system in Ontario** where all local public health agencies have the **critical mass** and **capacity**, **skilled personnel** and **competencies** needed to deliver core public health services and address public health emergencies **within a cohesive system** that better aligns with community and system partners.

Voluntary mergers, **particularly among smaller LPHAs**, have significant potential to advance this vision by building critical mass, strengthening human resources, and improving system alignment.

A public health sector comprised of fewer, larger, strengthened LPHAs will lead to **improved public health services** for residents, a greater ability to **respond to the unique needs** of communities, **clearer communications** and more **coordinated action for public health emergencies** and issues that cross regional boundaries.

The ministry is working with sector partners to facilitate the voluntary merger process and advance this vision by:

1. Identifying **outcomes** for the public health system
2. Setting **objectives** to achieve these outcomes
3. Establishing a process through which LPHAs can submit **proposals for mergers** that align with the vision, objectives and outcomes.



Public Health Challenges to Address



Public Health System Challenges

Long-standing challenges and opportunities in Ontario's Public Health sector have been well-documented through multiple reports over the past 20 years. Many of these reports have cited challenges with the current system and proposed merging LPHAs in order to strengthen service delivery both locally and across the province.

Capacity

Some LPHAs do not have the **critical mass** to effectively or efficiently deliver all programs and services and to meet unexpected surges in demand. This results in inconsistent **organizational performance** across the province and barriers to effective emergency response.

Human Resources

Some LPHAs have challenges recruiting and retaining skilled **human resources**, both in leadership and in front-line staff, which impacts their ability to deliver programs and services.

System Alignment & Partnerships

The number of public health units creates challenges for **alignment and coordination** across LPHAs, with key partners and with the broader system, which can lead to duplication of efforts and impede progress on common goals.

Strengths and Benefits of Larger LPHAs



Benefits of Larger LPHAs

Mergers to create larger LPHAs can address long-standing capacity (i.e., critical mass and organizational performance) and human resource challenges.

1 Larger agencies serving larger populations are better able to perform essential services, provide a greater array of services, access timely surge capacity and provide a stronger voice for public health in their region.

2 Programs and services can be strengthened in larger agencies, including through targeted service delivery to meet unique community needs.

3 Larger agencies have a greater ability to recruit and retain staff and allow for career progression, including for specialized roles.

Mergers among LPHAs can also address challenges with system alignment and support stronger community partnerships and coordination.

4 Having fewer, larger agencies can reduce duplication and strengthen coordination within the public health system and among partners to enable progress on public health goals.



Preserving and Bolstering Current Strengths

Key strengths of Ontario's current public health system can be preserved and bolstered.

Local Service Delivery

Leveraging local knowledge and relationships, including with municipalities, allows the work of public health to be responsive to the needs of their communities.

Skilled Workforce

Public health professionals are the backbone of program and service delivery.

Focus on Health Equity

Public health's equity perspective is essential for improving population health outcomes.

This means...

Mergers are **not intended to result in a reduction in local public health service delivery** but should maintain these relationships and strengthen LPHAs' ability to be responsive to community needs.

Mergers are **not intended to result in the loss of front-line jobs** but should increase the capacity of LPHAs and enable recruitment and retention of public health professionals.

Mergers are **intended to enhance LPHA capacity to implement health equity strategies** and consider the needs of local populations, including Indigenous partners and Francophone communities.

Desired Outcomes and Objectives



Desired Outcomes

Mergers of smaller LPHAs are a key strategy to strengthen public health in Ontario as they have significant potential to contribute to the following outcomes:

- A public health system where all LPHAs have the **critical mass and capacity** needed to optimize performance and meet unexpected surges in demand.
- A public health system where all LPHAs have the **skilled personnel and competencies needed** to fully deliver **core public health services**.
- A **cohesive public health system that better aligns with community and system partners** to support progress on improving population health outcomes while reducing health inequities.



Capacity Objective: Critical Mass

Expected Outcome: A public health system where all LPHAs have the critical mass and capacity needed to optimize performance and meet unexpected surges in demand.

1

Build critical mass through LPHAs that have a **minimum population base of approximately 500,000** (with consideration for population trends, characteristics and geography, as outlined below).

- *A systematic review found that increasing the size of population served by local public health agencies is the strongest predictor of performance and is associated with economies of scale. One study found increases in performance plateau around a population of 500,000, while Ontario specific data indicates there may be benefits up to 1,000,000.*
- *Multiple inputs from stakeholders in 2019-2020 cited that population size is a predictor of public health performance and noted target population sizes in the range of 300,000 - 500,000.*

When considering the optimal population size, potential merger partners may also consider:

- **Future population growth** as it relates to minimum population base to ensure a critical mass is achieved and maintained.
- **Population density** and **geography** recognizing that in limited circumstances, mergers of geographically large, remote and sparsely populated LPHAs may result in geographic challenges that outweigh the benefits of achieving a minimum population base of 500,000.
- The impact of **population characteristics** on LPHA capacity, including considering whether the merger would benefit from 'like to like' (e.g., multiple rural agencies merging) or the presence of an urban centre (i.e., central hub for service delivery and access to skilled workforce).



Capacity Objective: Organizational Performance

Expected Outcome: A public health system where all LPHAs have the critical mass and capacity needed to optimize performance and meet unexpected surges in demand.



Maximize **improvements in organizational performance**, which may include reinvestment of any expected savings.

- *Previous LPHA mergers have demonstrated they provide opportunities for integrating operations and strengthening service delivery over time.*

When considering how to maximize organizational performance, potential merger partners should also consider:

- Addressing **current or ongoing performance issues** based on local organizational assessments and/or previous audits, where applicable.
- Identifying how changes will ensure adequate **infrastructure and support services** (e.g., legal, human resources, I&IT systems, capital infrastructure).
- Identifying opportunities for **changes to the organizational management and governance structures** to maximize performance.
- Achieving an optimal **balance of administrative and program delivery expenses** and opportunities for efficiencies, recognizing that some efficiencies may only be realized in the medium to longer term.



Human Resources Objectives

Expected Outcome: A public health system where all LPHAs have the skilled personnel and competencies needed to fully deliver core public health services.

3

Build and sustain strong **leadership structures** (including MOH, AMOH, CNO and CEO, if appropriate) with the competencies and expertise necessary to navigate the complexities of leading a LPHA and enable deep pathways for succession planning.

4

Achieve and sustain **sufficient competencies and capacities for specialized positions** for which the LPHAs have historical or ongoing vacancies.

- *Issues with recruitment and retention of specialized staff can impact a LPHA's ability to meet requirements of the OPHS.*
- *Studies indicate the presence of full-time, highly qualified leadership and the number of staff and specialized employees in local public health agencies is positively correlated with performance and health outcomes.*
- *Larger agencies can enable strengthened medical leadership, including through the presence of Associate Medical Officers of Health, who can provide additional expertise, support and coverage, and allow for organizational succession planning.*

Potential merger partners should consider:

- Addressing **current or persistent recruitment challenges** for positions within the LPHA(s).



System Alignment and Partnerships Objectives

Expected Outcome: A cohesive public health system that better aligns with community and system partners to support progress on improving population health outcomes while reducing health inequities.

5

Support **improved alignment and coordination with key system partners** both within and outside the health system, to improve public health service delivery.

6

Support **strengthened alignment and partnerships with communities** and **priority populations** to address health inequities.

- *Strengthening alignment with the health system and community partners can support public health's role in delivering health services (e.g., immunization, sexual health, school health), foster action on shared goals and allow for a more coordinated response during emergencies.*

Potential merger partners should also consider:

- That they only include LPHAs with **contiguous boundaries** and **do not result in isolated LPHAs** (i.e., leaving a small neighbouring LPHA behind).
- **Avoiding divisions to existing LPHAs where possible**, unless significant benefits for critical mass, system alignment and partnerships can be achieved.
- That they **preserve relationships with municipalities**.

Implementation Approach



Approach

The objectives and key considerations are designed to support LPHAs in considering voluntary mergers that will benefit local communities while supporting system-level outcomes and priorities.

- LPHAs will be invited to submit a voluntary merger business case that demonstrates how the proposed merger is anticipated to achieve progress on these objectives and advance the intended outcomes.
 - The ministry recognizes that there is considerable diversity across LPHAs and that challenges vary across regions.
 - Based on local and regional circumstances, it is understood that proposed mergers may advance the objectives in different ways and to greater or lesser degrees, depending on the objective.
- LPHAs will also be required to provide implementation and readiness information.
- Transition costs for approved mergers will be funded by the province, along with business continuity requirements.



Implementation and Readiness Information

LPHAs will need to provide additional information for proposed mergers.

This will include:

- Resolution or other form of agreement from existing boards to request approval from the Ministry of Health to create a new LPHA.
- Description of the proposed new LPHA (boundaries, name, governance and leadership structure) and the leadership structure that will be responsible for the planning and oversight of the proposed merger (e.g., joint steering committee structure and its mandate).
- A preliminary transition budget, including funding request for up to 3-years to support merger processes based on admissible costs.

A description of how the proposed new LPHA supports broader policy objectives, including:

- Reducing the number of LPHAs.
- Maintaining or enhancing service levels through the new structure.
- Minimizing impact on frontline jobs.
- Incorporating input from local partners into the planning process and enhancing the new organization's capacity to implement health equity strategies and consider the needs of local populations, including Indigenous partners and Francophone communities.



Merger Transition Funding

The Ministry will establish a three-year Merger Transition Fund to support voluntary mergers.

Examples of merger/transition costs include, but are not limited to:

- Temporary dedicated FTEs to support transition and assist with change management
- Consulting services
- Wage harmonization
- Severance costs
- Communication and community engagement costs
- Legal costs
- Information and Information Technology supports
- Capital infrastructure supports
- Moving and relocation costs

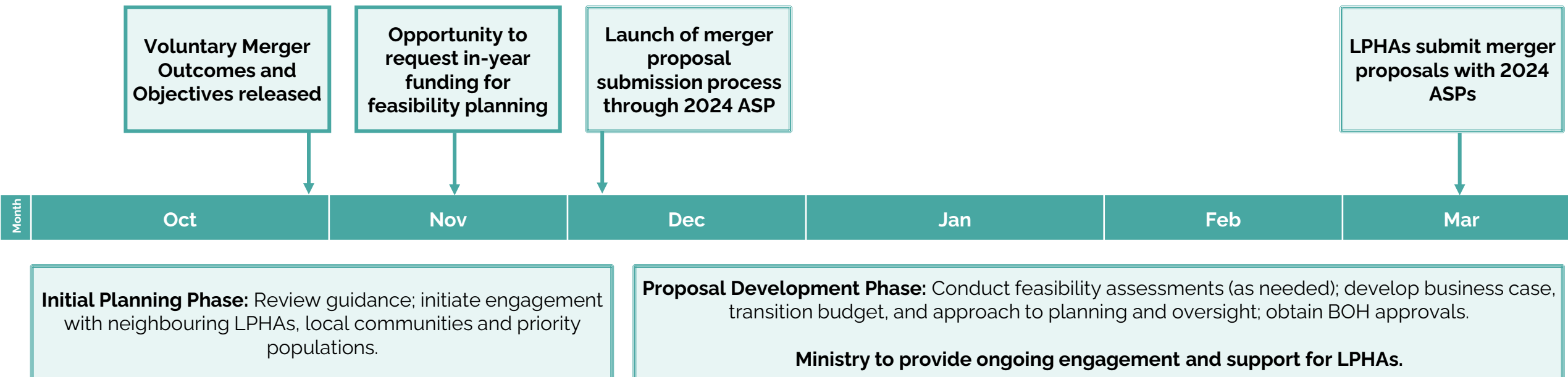
Additional funding will also be considered for those LPHAs that are approved for mergers to support business continuity and to ensure program and service delivery stability while change is underway.

LPHAs will also have an opportunity through a 2023-24 in-year process to request one-time funding to support feasibility assessments and initial planning processes, where such costs cannot be managed from within operating funding.



Key Milestones

Additional information on the merger proposal submission process (including merger proposal business case template and eligible expenses) will be shared with the 2024 Annual Service Plan and Budget Submission template in early December 2023 with merger proposal business cases due in March 2024.





Next Steps

LPHAs, together with their BOHs, are encouraged to pursue the following next steps in considering voluntary mergers:

- ▶ Review the information provided and participate in ministry outreach about voluntary mergers.
- ▶ Initiate or continue discussions with other LPHAs about mergers where there is potential to advance the outcomes and objectives, considering local/regional and provincial/system-level perspectives.
- ▶ Engage with local communities and priority populations, including Indigenous and Francophone communities, early in the planning process.
- ▶ Share updates with the ministry on the status and progress of consideration of voluntary mergers, including any resolutions issued by Boards of Health.
- ▶ Consider need for one-time funding from the ministry to support merger planning or feasibility assessments, if these costs cannot be managed from within the LPHA's existing funding/budget. Information on an in-year request for one-time funding mechanism to be released in late Fall.

Questions about voluntary mergers can be emailed to StrengtheningPH@ontario.ca.



Sources

Multiple inputs were used to inform the development of the voluntary merger objectives and considerations, including:

Reports

- Public Health Modernization Discussion Paper (2019)
- Minister's Expert Panel on Public Health (2017)
- Final Report of the Funding Review Working Group (2013)
- Building Capacity – Ministry Discussion Paper (2009)
- Final Report of the Capacity Review Committee (2006)
- Walker Reports - For the Public's Health: Interim and Final Report of the Ontario Expert Panel on SARS and Infectious Disease Control (2003-04)

Other Sources

- Engagement with sector stakeholders, including the Public Health Leadership Table and the Voluntary Merger Key Informant Group, with representation from Boards of Health, LPHA Leadership (Medical Officers of Health and CEOs), Municipalities, the Association of Local Public Health Agencies, and the Association of Municipalities of Ontario.
- Syntheses of research evidence on public health performance and capacity.
- Documentation from previous LPHA mergers, including Southwestern, Huron-Perth and Simcoe-Muskoka.
- Stakeholder submissions in response to the Public Health Modernization Discussion Document (2019-2020).

Strengthening Public Health

August 2023

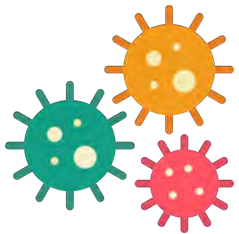


Context

There are **long-standing challenges** within the public health **sector in Ontario related to capacity, stability and sustainability** (along with implications for **inequitable health outcomes** for Ontarians) that have been identified through **multiple reports over the past 20 years**.



- Since the SARS pandemic in 2003, there have been a series of reports that have consistently called for strengthening public health to address critical challenges such as a **lack of capacity** and **critical mass**, structural **governance challenges** and skills gaps in boards of health, **misalignment of public health** with other health and social services, as well as challenges with the public health **workforce**, including with recruitment, retention and leadership.
- The **COVID-19 pandemic** reinforced the critical importance of a robust public health sector. Key lessons from the pandemic included: the importance of Local Public Health Agencies (LPHAs, often referred to as PHUs) having **sufficient capacity** to respond in a crisis, the **benefit of collaboration** across the health care system, the need for **stability and sustainability** to allow for LPHAs to plan for and be able to respond to ongoing and future crises and challenges.





What we want to achieve

Goal

To **optimize capacity, stability and sustainability** in public health and deliver **more equitable health outcomes** for Ontarians:

Desired Outcomes

1. Clarified and refined **public health roles and responsibilities** that result in:
 - Stronger connections to and relationships with key health system stakeholders (e.g., OHTs, primary care).
 - Core public health functions being performed either locally, regionally, or provincially, informed by a prioritization framework.
 - Reduced variability in prioritization and decision-making and public communications (especially during crises) while remaining responsive to local needs.
2. A system that has **fewer LPHAs but with greater capacity** to deliver **core public health services** and **better alignment** with broader health system structures.
3. Stability for the sector and **sustainability in funding for the longer term** to support program planning and consistent, more equitable program and service delivery.
4. Improved **frontline programs and services** to Ontarians at the local level.

Strategy

The Ministry of Health is proceeding with a **three-pronged, sector-driven strategy** to optimize **capacity, stability, and sustainability** in public health and deliver **more equitable health outcomes** for Ontarians

Strengthening Public Health

1. Roles and responsibilities



2. Voluntary mergers



3. Funding



#1 | Roles and responsibilities

Clarify and strengthen the role of LPHAs by **refining, refocusing and re-leveling roles and responsibilities**

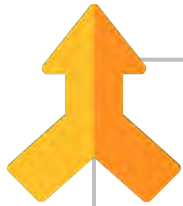


- Conduct a routine, sector-driven review of the **Ontario Public Health Standards (OPHS)**, against a **prioritization framework**.
- Work with partners to identify roles and responsibilities that can be refined or stopped, and/or 're-leveled' to a regional or provincial level.
- Implement the full revised **OPHS beginning in January 1, 2025**.



#2 | Voluntary Mergers

Optimize capacity by encouraging mergers between LPHAs through a **time-limited voluntary, sector-driven process**



- Re-engage with LPHAs that have **identified interest in mergers** and work with sector partners to identify other merger candidates.
- Leverage sector relationships (e.g., aPHa, AMO) to co-develop a **voluntary merger approach**, including objectives, parameters, and accountability mechanisms with time-limited funding supports to facilitate the merger process.
- Mergers to take effect January 1, 2025.

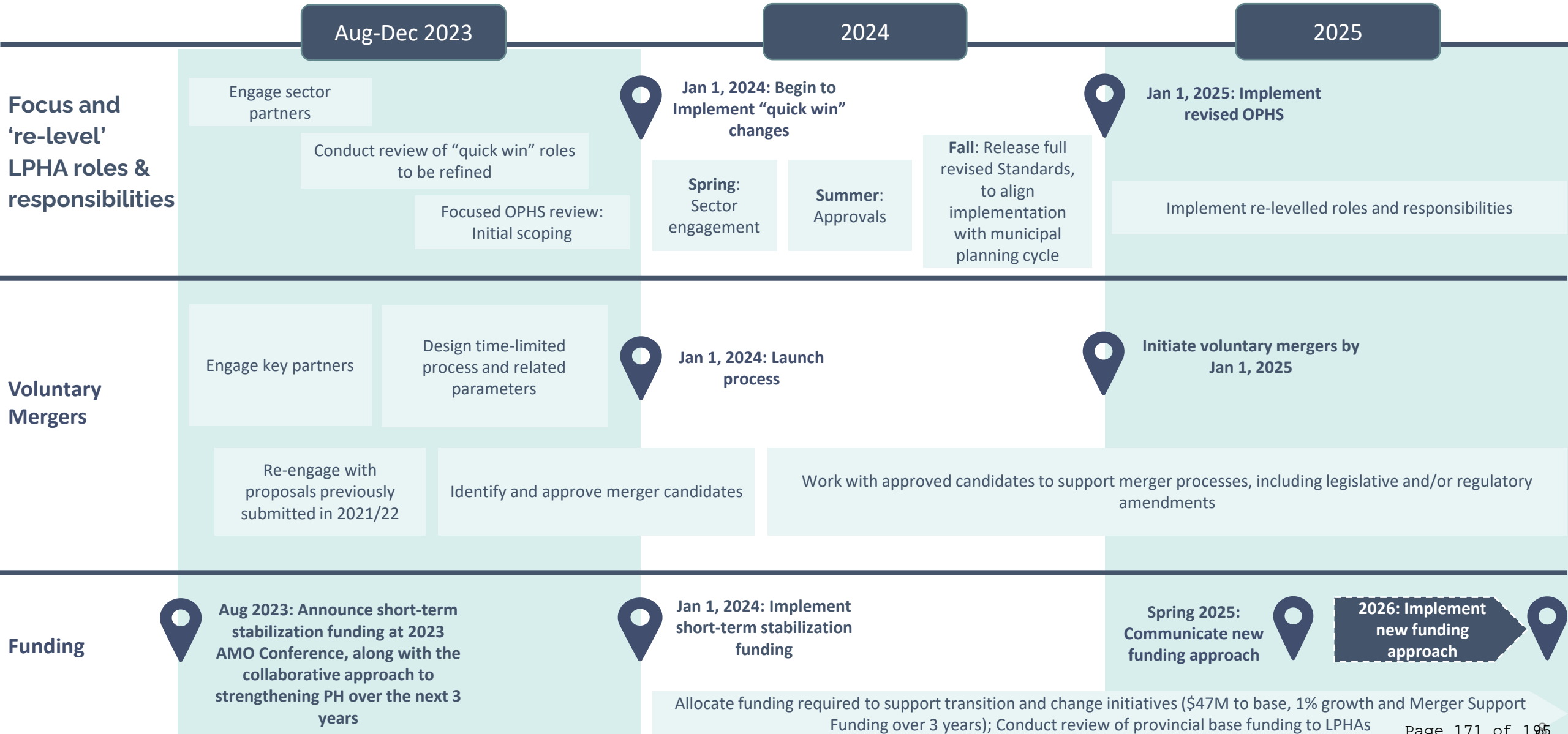
#3 | Funding

Provide **3-year funding** to LPHAs that addresses the urgent need for stabilization while change processes are underway, support voluntary mergers by providing one-time transition and stabilization costs; and review longer-term base funding needs



- **Restore provincial base funding** to the level provided under the 2020 cost-share formula (\$46.81M), effective January 1, 2024.
- Provide **growth base funding** of 1% for each of the next 3 calendar years (2024 – 2026).
- Establish a dedicated, three-year Merger Support Fund to **support change**.
- Undertake a review of the ministry's **funding methodology** for public health.

Implementation Timeline





Working together on next steps

We are committed to working in partnership to **maximize opportunities for local improvement and system impact**

- We will be working closely with our partners to support design and implementation of this strategy. Your expertise and insights will be invaluable as we move through this process.
- Initial ministry engagement with sector partners, including AMO, alPHa, MOHs & CEOs, Business Administrators, etc., will occur in late August / early September.
- We will follow up on next steps regarding how we will collectively work together in the coming months once we have finished these consultations.

November 2, 2023

362-2023-220

Luc Morrissette
Vice-Chair, Board of Health
Algoma Public Health

Dr. Jennifer Loo
Medical Officer of Health/CEO
Algoma Public Health

Rick Champagne
Chair, Board of Health
North Bay Parry Sound District Health Unit

Dr. Carol Zimbalatti
Acting Medical Officer of Health/CEO
North Bay Parry Sound District Health Unit

René Lapierre
Chair, Board of Health
Public Health Sudbury & Districts

Dr. Penny Sutcliffe
Medical Officer of Health/CEO
Public Health Sudbury & Districts

Dear Luc Morrissette, Dr. Jennifer Loo, Rick Champagne, Dr. Carol Zimbalatti, René Lapierre and Dr. Penny Sutcliffe:

Thank you for your letter dated October 13, 2023 regarding voluntary mergers of boards of health within Ontario's public health system.

Our current opportunity to realign Local Public Health Agencies is an important step in creating a stronger public health system across the province – one that is more effective at serving the public health needs of Ontarians every day and more ready to respond to an emergency.

Please pass on my thanks to your board colleagues and to the leadership teams in your organizations for their readiness to explore change and build upon your proven track record of collaboration and partnership.

.../2

Luc Morrissette, Dr. Jennifer Loo, Rick Champagne, Dr. Carol Zimbalatti, René Lapierre and Dr. Penny Sutcliffe

Thank you for your invitation for an in-person meeting. Unfortunately, I am unable to attend but pleased to defer to Dr. Kieran Moore, Chief Medical Officer of Health, who will connect with you directly about this meeting.

I look forward to hearing about your progress.

Sincerely,

A handwritten signature in cursive script, appearing to read "Catherine Zahn", written in black ink on a light background.

Dr. Catherine Zahn
Deputy Minister

c: Dr. Kieran Michael Moore, Chief Medical Officer of Health and Assistant Deputy Minister, Public Health
Elizabeth Walker, Executive Lead, Office of Chief Medical Officer of Health, Public Health

Ministry of Health

Office of Chief Medical Officer
of Health, Public Health

Box 12
Toronto, ON M7A 1N3

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Ministère de la Santé

Bureau du médecin hygiéniste
en chef, santé publique

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Toronto, ON M7A 1N3

Télec. :416 325-8412

November 2, 2023

Luc Morrissette
Vice-Chair, Board of Health
Algoma Public Health

Dr. Jennifer Loo
Medical Officer of Health/CEO
Algoma Public Health

Rick Champagne
Chair, Board of Health
North Bay Parry Sound District Health Unit

Dr. Carol Zimbalatti
Acting Medical Officer of Health/CEO
North Bay Parry Sound District Health Unit

René Lapierre
Chair, Board of Health
Public Health Sudbury & Districts

Dr. Penny Sutcliffe
Medical Officer of Health/CEO
Public Health Sudbury & Districts

Dear Luc Morrissette, Dr. Jennifer Loo, Rick Champagne, Dr. Carol Zimbalatti, René Lapierre and Dr. Penny Sutcliffe:

Luc Morrissette, Dr. Jennifer Loo, Rick Champagne, Dr. Carol Zimbalatti, René Lapierre and Dr. Penny Sutcliffe

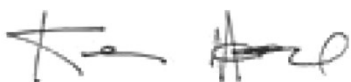
Thank you for your letter dated October 13, 2023 and for your offer to host an in-person meeting to discuss the voluntary merger of Local Public Health Agencies in your region of the Northeastern Ontario.

I would be delighted to meet with you, along with colleagues from my office, Elizabeth Walker, Executive Lead of the Office of Chief Medical Officer of Health, Public Health Division and Brent Feeney, Director of the Accountability and Liaison Branch.

We will coordinate as identified to schedule the meeting and finalize logistics. Thank you also for your thoughtful comments on how your collaborations to date have created a strong foundation to build upon in the merger planning process.

Looking forward to seeing you soon and noting your additional request for me to join a regional Northern Medical Officer of Health meeting which I understand is being scheduled.

Yours truly,



Dr. Kieran Michael Moore, MD, CCFP(EM), FCFP, MPH, DTM&H, FRCPC, FCAHS
Chief Medical Officer of Health and Assistant Deputy Minister, Public Health

- c: Dr. Catherine Zahn, Deputy Minister, MOH
Dr. Fiona Kouyoumdjian, Associate Chief Medical Officer of Health
Elizabeth Walker, Executive Lead, Office of Chief Medical Officer of Health, Public Health
Brent Feeney, Director, Accountability and Liaison Branch, MOH

PUBLIC HEALTH STRENGTHENING

MOTION:

THAT the Board of Health for Public Health Sudbury & Districts, having reviewed the Ministry of Health *Outcomes and Objectives to Support Voluntary Mergers, October 30, 2023*, and considered related discussions, direct the Medical Officer of Health to engage with Algoma Public Health to seek provincial funding to study the feasibility of a voluntary merger of our two local public health agencies; and

THAT additional Board direction be sought should further consultation result in a recommendation to explore voluntary mergers with other regional local public health agencies; and

THAT the Medical Officer of Health ensure timely reporting back to the Board on this matter.

Briefing Note

To: René Lapierre, Chair, Board of Health
From: Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer
Date: November 16, 2023
Re: 2024 Recommended Cost-Shared Operating Budget

For Information

For Discussion

For a Decision

Issue:

Approval is being sought for the recommended 2024 cost-shared operating budget for Public Health Sudbury & Districts. The draft budget was reviewed at the November 6, 2023, meeting of the Board's Finance Standing Committee. The Finance Standing Committee is recommending the budget to the Board of Health for approval.

Recommended Action:

THAT the Board of Health approve the 2024 cost-shared operating budget for Public Health Sudbury & Districts in the amount of \$30,073,079.

1. Budget Summary:

The recommended 2024 cost-shared operating budget for programs and services is **\$30,073,079**, representing an increase of **\$1,396,294** (4.87%) over the 2023 restated BOH approved budget (incorporating Ministry of Health 2023 funding approvals). The proposed 2024 cost-shared operating budget for the Board of Health for Public Health Sudbury & Districts is the result of significant planning and due diligence within a context of unprecedented system change, programmatic uncertainties, and financial pressures. Other than minimal costs associated with a significantly downsized COVID-19 program, the budget includes only fixed cost increases and incorporates operational reductions in addition to unfunded budget pressures.

As the Board of Health is aware, the Ministry announced the *Strengthening Public Health* initiative at the end of August 2023. There is great uncertainty associated with this initiative, and management is striving to create and maintain as much organizational **stability** as possible in order to respond to community public health needs, address the backlog of services, and ensure capacity to fully engage in the three transformative pillars of *Strengthening Public Health*: voluntary mergers, review of roles and responsibilities, and funding model review.

2018–2022 Strategic Priorities:

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

The Board has received reports over the past year of Public Health's commitment to address the significant unmet community public health needs caused by the pandemic and by our over 30-month reduction or suspension of most public health programs and services. COVID-19 programming will need to continue in 2024, however, the Ministry has advised boards to budget for future COVID-19 costs within their cost-shared operating budgets, adding more pressure to an already constrained fiscal situation. Accordingly, this budget includes bare minimum COVID-19 programming with a staffing complement of 2.47 FTEs.

The recommended 2024 operating budget includes the provincial mitigation funding of \$1,179,500, now part of the provincial cost shared funding base, as well as provincial and municipal increases of \$226,073 and \$1,130,221, respectively. There is also an increase of \$40,000 in interest revenue reflecting current market returns on investments, overall reductions of \$121,586 and unfunded budget pressures of \$256K to be managed within year.

The significant increases in the price of goods and services (fueled by historically high inflation rates) are driving fixed and operational cost increases, including significant increases to the cost of benefits as a result of increase utilization rates and market price increases..

Management continues to work diligently within the current dynamic fiscal environment to balance pressures and maintain quality programs. Public Health Sudbury & Districts is known to be an organization that is accountable, transparent, and responsive to local public health needs. Maintaining these strengths and our skilled public health human resources will be critical to our effective engagement in the anticipated upcoming transformative changes to Ontario's public health system.

The following sections provide details on key 2024 budget factors.

2. Budget Background

2.1 Environmental Context:

2023 saw continued local public health efforts in the response to the pandemic while we worked to prioritize and address the backlog of programs and services and focused on catching up. This involved the ongoing and careful repatriation of staff and resources from COVID-19 back to Ontario Public Health Standards (OPHS) programming while recruiting and filling needed positions in COVID-19 to ensure continued response capacity.

The provincial government shifted its focus from the pandemic to pre-COVID-19 priorities. With this shift, on August 22, 2023, the Ministry of Health announced significant changes to Ontario's public health system, titled *Strengthening Public Health*, which focuses on three areas (and as detailed in the September briefing note to the Board):

2018–2022 Strategic Priorities:

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

1. **Roles and responsibilities** – review the Ontario Public Health Standards (OPHS) to identify what can be refined, stopped or “re-leveled” to regional or provincial levels; implement fully revised OPHS beginning January **2025**
2. **Voluntary mergers** - fewer local public health units/agencies but with greater capacity to delivery core programs and better aligned with broader health system; any savings would be reinvested in local public health; mergers to take effect January **2025**
3. **Funding** – in addition to a one percent funding increase in each of the next three years, there will be a dedicated three-year merger support fund to provide one-time transition and stabilization costs; the ministry will undertake a review of their methodology for base funding for local public health; implement new funding approach in **2026**

Within this context of fundamental change, it is important to create and maintain as much stability as possible so that:

1. The Board **retains** its highly skilled staff in a *highly competitive market* and minimizes the risks of staff departure
2. The Board maintains its ability *to do and to be seen to be doing its work*, **responding** to community and partner needs and delivering mandated public health programs and services (including a balance of **risk management** for both health protection and health promotion programs)
3. The Board ensures it has the bench strength to engage with the province and other health units in creating the future of public health, as a **relevant** and strong participant in the voluntary merger initiatives, as well as in the Ontario Public Health Standards review and the funding review

Maintaining public health capacity to the fullest extent possible will see the Board through 2024 and ensure it emerges as a strong and effective newly merged board of health/local public health agency.

Noteworthy is that per the Ministry voluntary merger timelines, **this is expected to be the last budget approved for Public Health Sudbury & Districts as it currently exists.**

2.2 Financial Context:

2023:

At its November 10, 2022, meeting, the Board of Health approved a cost-shared budget for programs and services of \$28,549,210, representing an increase of \$402,528 (1.43%) over the 2022 restated BOH 2022 approved budget. This included the provincial mitigation grant of \$1,179,500, and total provincial and municipal funding of \$17,005,200 and \$9,418,510, respectively.

On August 29, 2023, the Board of Health received correspondence from the Ministry of Health dated August 22, 2023, providing notice of Ministry of Health funding for 2023, including one-time funding for the 2023-24 funding year.

2018–2022 Strategic Priorities:

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

-
- A 1% increase was received to Mandatory Program funding for an approved allocation of \$17,132,775 for 2023. This allocation is pro-rated for the period of April 1, 2023, to December 31, 2023.
 - The approved base funding for the Ontario Seniors Dental Care Program (OSDCP) was increased to \$1,256,200, which is also pro-rated for the period of April 1, 2023, to December 31, 2023.
 - The mitigation grant was approved as previously communicated at \$1,179,500.
 - The funding for Unorganized Territories was maintained at \$1,092,500.

In response to the Board's request for one-time funding, we had approvals for our roof repair capital project (terrace), vaccine catch up for school-aged children, vaccine fridges, and public health inspector practicum. One time funding was not received for our server replacement or for enhancements to the OSDCP.

The Ministry advises that funding approvals for 2023 COVID-19 extraordinary costs will be separately communicated and likely will be based on actual costs incurred (based on the quarterly reports).

On November 6, 2023, the Board of Health received correspondence from the Ministry of Health, dated, November 3, 2023 providing notice of funding approvals for the Infection Prevention and Control (IPAC) Hub in the amount of \$914,100 with a March 31, 2024 year end.

2024:

The Ministry of Health announced on August 22 that starting January 1, 2024, the province will return \$47 million in provincial annual base funding to public health units, which is the level previously provided in 2018 and 2019 prior to the provincial funding policy change announced that year. Based on meetings with the Ministry, for PHSD that would mean \$1,179,500 (which has been the amount of our mitigation grant) included in provincial base funding instead of an annual mitigation grant. It was also announced that the province will provide boards of health an annual one per cent funding increase over the next three years.

A preliminary financial assessment is that the return to provincial funding at the level provided in 2018, combined with an upcoming provincial increase of 1% for three years (2024, 2025, 2026), and the prior increases of 1% in each of 2022 and 2023, is sub-inflationary and that it will be challenging to meet growing and complex local public health needs. Notwithstanding this, the Ministry has stated the recognition of the *urgent need for stabilization while change processes are underway within the system*.

3. Assumptions and Risks

2018–2022 Strategic Priorities:

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

3.1 Assumptions:

- In 2024, the Ministry is returning funding levels to those provided in 2018. The provincial mitigation grant will be rolled into mandatory base funding. This, combined with a 1% increase in both 2023 and 2024, will provide a base provincial funding grant in 2024 of \$18,538,348.¹
- The Ministry will continue to fund Unorganized Territories (which incorporates the Northern Fruit and Vegetable and Indigenous Communities programs), the Medical Officer of Health/Associate Medical Officer of Health (MOH/AMOH) Compensation Initiative and the Ontario Senior Dental Care Program (OSDCP) at 100%.
- Fixed costs, including benefit increases of 13% overall, steps on salary grids, negotiated settlements, utilities, insurance, etc., continue to increase. Canada's inflation rate year over year has been decreasing however, prices continue to be high. The Bank of Canada has taken an aggressive position by increasing interest rates over the past year.
- It is the Ministry's expectation that COVID-19 costs will now be managed within the Board's mandatory cost-shared budget and that we should budget accordingly. This is a significant departure from the policy over the last three years during which additional funds that were available to boards of health for the COVID-19 program. The Ministry has indicated that there may be opportunities to request COVID-19 one-time funding for Q1 2024, depending on health units' forecasted expenditures from 2023 Q3 reports and any remaining funding in the Ministry's last quarter (January to March 2024).
- The recent government announcements regarding Ontario's public health system signal significant change to the status quo. The announcements land in a context of post-pandemic exhaustion of public health professionals with arguably little reserve and much catch-up to do as part of population health recovery efforts. Public Health staff need to have the capacity to fully engage in this transformative change that will create the future of Ontario's public health system.
- The legislative requirements of boards of health remain the same, as articulated in the *Health Protection and Promotion Act* and related regulations, and the Ontario Public Health Standards and related protocols and guidelines.

3.2 Risks:

There are significant risks related to the recommended 2024 cost-shared budget about which the Board should be apprised to inform its governance deliberations:

- The recommended budget excludes estimated costs associated with the COVID-19 program for the first quarter (January to March of 2024). The Ministry has advised that there may be funds available for this quarter to cover COVID-19 costs.
- The recommended budget significantly reduces COVID-19 program activities for 2024 and assumes that other providers will administer significantly more vaccine than has been the case to date. There is a risk that other providers (e.g., pharmacy and primary care) will not increase

2018–2022 Strategic Priorities:

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their vaccination coverage, leaving the population at risk. The Ministry has advised that boards of health are expected to fund the COVID-19 program from within their base budget for 2024.

- The recommended budget assumes that the Infection Prevention and Control (IPAC) Hub program funding will be continued beyond March 31, 2024, for another year at least. This program contributes significantly to outbreak prevention and control in high-risk settings (e.g. long term care homes, retirement homes, congregate living settings, Elder Care Lodges). Should this program not continue, there is a risk that we will have insufficient resources to prevent and support outbreaks in vulnerable settings, leaving high risk individuals at risk of infections such as influenza, COVID-19, RSV, etc. The 2023-2024 annual IPAC program budget was approved at \$914,100 to March 31, 2024.
- The recommended budget includes estimated **benefits** increases and increases to employer statutory benefits. There is a risk that these are underestimated in the context of escalating prices overall.
- The recommended budget do not include any costs to support the provincial **voluntary merger** initiative. As we begin to unpack the direction and have further conversations, should mergers between PHSD and other health units be supported by the Board, budget estimates to support feasibility studies and actual merger costs will need to be defined and submitted to the Ministry. There are many unknowns and risks related to voluntary mergers and to the potential loss of scarce human resources during the transition period.

4. Reserve Funds

As part of fiscally sound management, the Board of Health has long-established reserve funds for the agency. Financial reserves are recognized as a prudent and expedient way to provide the organization with resources for emergencies, known future infrastructure investments and future planned projects that support the vision and mission of the organization.

Of the \$11M of reserve funds that were committed to the Infrastructure Modernization Capital project, just over \$8.8M was expensed in 2021 and 2022. There is a remaining balance in 2023 of \$16M (December 31, 2022 balance of \$18.2M reduced by the remaining \$2.2M to fund the outstanding capital project) of which almost \$4.8M could support emergency needs of the organization. This represents a 7.38-week cash flow and is below the general standard of 12 weeks.

2018–2022 Strategic Priorities:

1. Equitable Opportunities
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4. Organizational Commitment

5. Recommended 2024 Budget

With the financial context described above, management began budget deliberations with a projected shortfall of \$1.774M. The 2024 recommended budget incorporates increases to projected interest income of \$40,000, provincial and municipal increases of \$226,073 and \$1,130,221, respectively, overall reductions of \$121,586 and incorporates unfunded budget pressures of \$256K.

5.1 Operating Revenues

The 2024 operating revenues include Ministry of Health base funding for mandatory cost-shared programs (now including the one-time mitigation grant and a 1% increase), the Ministry of Health Unorganized Territories funding, municipal funding, and interest as detailed in the following table.

Revenue	Budget
MOH – General programs	18,538,348
MOH – one time mitigation grant	-
Municipal levies	10,548,731
Interest earned	160,000
Total	30,073,079

The provincial funding is increased by \$226,073, municipal funding is increased by \$1,130,221 (per capita levy of \$65.44 or increase of \$7 per person per year), and interest revenue is increased by \$40,000 over the 2023 budgeted levels. There is no change in Unorganized Territories funding.

5.2 Expenditures

5.2.1 Overall

The 4.87% *overall* budget increase is comprised of the following:

Salary cost increase	2.27%
Benefit cost increase	2.84%
Operating cost decrease	-0.24%
Overall Increase	4.87%

5.2.2 Salary and Benefit Changes

Comparisons of 2024 expenditures with 2023 are outlined below.

As compared with 2023, the salary and benefit budget lines for 2024 reflect an increase of **3.49%** and **13.81%** respectively:

- **Salary:** As compared with 2023, salaries show an increase of \$650,161 (3.49%). This is a result of annual increases, staff movement along salary grid steps, as well as staffing changes to incorporate the COVID-19 program, now in the cost-shared budget.

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- **Benefits:** As compared with 2023, benefits show an increase of \$815,699 (13.81%). Historical high utilization rates are factoring heavily in the projection of the rate increases in addition to the significant market increases expected next year. A 28-month guarantee was provided for life, AD&D and long-term disability, resulting in a rate freeze until April 1, 2024. Life, AD&D and LTD; extended health premiums, short-term disability, and dental are projected to increase by, 15%, 17%, 20% and 16%, respectively, effective April 1, 2024. The 2024 budget also incorporates expected increases in Employer Statutory Deductions to the CPP rates as announced by the CRA, the EI rate and WSIB rates.

5.2.3 Operating Expenditure Changes

As compared with the 2023 budget, the 2024 recommended budget reflects an overall decrease in operating expenditures of \$69,566 or a reduction of 1.69%. Increases were applied to fixed costs such as insurance, and information technology to reflect the increased costs associated with these items. These were offset by decreases in program expenses including the removal of over \$100,000 from Needle Syringe Program supplies (now uploaded to the province) and the discontinuation of the Rapid Risk Factor Surveillance System (RRFSS) program for additional savings of approximately \$70K.

Expenditure lines with significant changes are highlighted below, following the order of appearance in the attached schedule:

- **Health Services/Purchased Services:** The increase is increased costs of external contracted services.
- **Travel:** The ability to meet virtually and to obtain staff development opportunities online has helped to reduce the need to travel overall.
- **Program Expenses:** The decrease is related to reductions in the Needle Syringe Program as the Ministry will now be providing those supplies at no cost to Health Units and the discontinuation of the Rapid Risk Factor Surveillance System (RRFSS)..
- **Postage & Courier Services:** The increase is due to increased costs from one of the agency's courier service providers.
- **Insurance:** The increase is related to general market rates increasing across the insurance industry.
- **Information Technology:** The increase is due to rising costs associated with new photocopiers, software subscriptions and licensing and the renewal of end-of-life hardware and software systems.
- **Memberships:** The increase is due to increasing provincial organizational membership (including alPHA) budgets to reflect the actual cost of annual memberships.
- **Rent:** The increase is due to increases in contractual rates for rent at PHSD offices, including district offices and satellite offices.

2018–2022 Strategic Priorities:

1. Equitable Opportunities
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5.3 Schedules

Appendix A provides the detailed schedules for the recommended 2024 operating cost-shared budget by divisions and expenditure categories.

6 Conclusion

The recommended 2024 budget for public health programs and services is \$30,073,079 representing an increase of \$1,396,294 (4.87%). At a 4.87% increase over last year’s budget, the recommended budget strives to create and maintain as much stability as much as possible for a strong and engaged workforce as we undertake the work to implement the Ministry’s *Strengthening Public Health* initiative while continuing to respond to local needs and carrying out the Board’s responsibilities.

Ontario Public Health Standard:

Organizational Requirements – Fiduciary Requirements Domain

Strategic Priority:

Organizational Commitment

¹ History of grants from Ministry of Health for cost-shared budget.

MOH Cost Shared Funding History		
Year	Amount	% Change over previous year
2014	14,892,975	0.0%
2015	14,893,000	0.0%
2016	14,893,000	0.0%
2017*	14,687,000	-1.38%
2018	15,127,700	3.0%
2019**	15,298,700	0.0%
2020***	18,016,300 (includes cost shared and 100% funded programs in the amount of 16,836,800 and mitigation grant of 1,179,500) For accurate comparison, 2019 funding including 100% funded programs was 18,016,300.	0%
2021	16,836,800	0.0%
2022****	17,005,200	1.00%
2023^	18,538,348	1.00%

*Integration of Dental cost shared program to 100% funded Healthy Smiles Ontario program

**Cost-shared funding for Vector Borne Disease (VBD) and Small Drinking Water Systems (SDWS) was moved into base line. This does not change overall cost-shared funding levels.

***Funding formula change to 70:30 and integration of most 100% funded programs into cost-shared budget

****1% increase to base funding in 2022, pro-rated at \$16,963,100 for 2022 funding year

^Provincial funding restored to 2020 levels (moving the mitigation grant back into base funding) plus a 1% increase

2018–2022 Strategic Priorities:

1. Equitable Opportunities
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Public Health Sudbury & Districts
 Cost Shared Programs & Services

2024 Recommended Budget

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	BOH 2023 Approved	In Year Adj's	2023 Restated Budget	2024 Budget	Increase (Decrease)
Revenue					
MOH					
MOHLC - General Programs	17,005,200	127,575	17,132,775	18,538,348	1,405,573
MOH One Time Mitigation Grant	1,179,500		1,179,500	-	(1,179,500)
MOHLC - Unorganized Territory	826,000		826,000	826,000	-
Total MOH	19,010,700	127,575	19,138,275	19,364,348	226,073
Municipal					
Municipal Levies	9,418,510		9,418,510	10,548,731	1,130,221
Total Municipal	9,418,510	-	9,418,510	10,548,731	1,130,221
Other					
Interest Earned	120,000		120,000	160,000	40,000
Total Other	120,000		120,000	160,000	40,000
Total Revenue	28,549,210	127,575	28,676,785	30,073,079	1,396,294
Expenditures					
Total Expenditures	28,549,210	127,575	28,676,785	30,073,079	1,396,294
Net Deficit (Surplus)	0	-	0	0	0

Public Health Sudbury & Districts
Cost Shared Programs & Services

2024 Recommended Budget

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Page 2 of 3

	BOH 2023 Approved	In Year Adj's	2023 Restated Budget	2024 Budget	Increase (Decrease)
Revenue					
MOHLTC - General Programs	17,005,200	127,575	17,132,775	18,538,348	1,405,573
MOH One Time Mitigation Grant	1,179,500		1,179,500	-	(1,179,500)
MOHLTC - Unorganized Territory	826,000		826,000	826,000	-
Municipal Levies	9,418,510		9,418,510	10,548,731	1,130,221
Interest Earned	120,000		120,000	160,000	40,000
MOHLTC-MOH/AMOH SUBSIDY	-		-	-	-
Total Revenue	28,549,210	127,575	28,676,785	30,073,079	1,396,294
Expenditures					
Corporate Services					
Corporate Services	5,572,941	127,575	5,700,516	5,675,238	(25,279)
Office Admin	111,350		111,350	111,350	-
Espanola	120,721		120,721	126,473	5,752
Manitoulin Island	131,888		131,888	137,892	6,004
Chapleau	130,602		130,602	139,699	9,097
Sudbury East	18,970		18,970	19,270	300
Intake	343,287		343,287	354,886	11,599
Facilities Management	677,485		677,485	684,866	7,381
Volunteer Resources	3,850		3,850	3,850	-
Total Corporate Services	7,111,094	127,575	7,238,669	7,253,523	14,854
Health Promotion					
Dental	464,592		464,592	501,055	36,463
Vision Health	11,770		11,770	11,770	-
Promotion - General	1,156,588		1,156,588	1,321,333	164,744
School Health Promotion	1,177,924		1,177,924	1,189,147	11,223
District Offices (Espanola/Manitoulin)	457,390		457,390	369,527	(87,863)
Nutrition & Physical Activity Team	1,847,236		1,847,236	2,013,604	166,368
District Offices (Sudbury East/Chapleau)	421,764		421,764	419,200	(2,564)
Tobacco, Alcohol and Cannabis	675,857		675,857	708,943	33,086
Family Team	1,344,607		1,344,607	1,408,191	63,584
Mental Health and Addictions	786,387		786,387	852,081	65,694
Smoke-Free Ontario Strategy: TCAN Coordination	473,208		473,208	485,266	12,058
Harm Reduction Program Enhancement	161,321		161,321	173,699	12,378
Healthy Smiles Ontario Program	634,445		634,445	665,118	30,673
Total Health Promotion	9,613,088	-	9,613,088	10,118,932	505,844
Knowledge and Strategic Services					
Knowledge and Strategic Services	3,021,373		3,021,373	3,245,904	224,532
Workplace Capacity Development	23,507		23,507	23,507	-
Health Equity Office	14,440		14,440	14,440	-
Strategic Engagement Unit	10,230		10,230	10,230	-
Social Determinants of Health Nurses Initiative	482,094		482,094	503,611	21,517
Total Knowledge and Strategic Services	3,551,644	-	3,551,644	3,797,692	246,048
Health Protection					
Clinic	785,461		785,461	848,341	62,879
Clinical Services - Branches	214,329		214,329	224,061	9,731
Risk Reduction	178,042		178,042	53,756	(124,286)
COVID CCM	-		-	98,732	98,732
Health Protection - General	1,348,429		1,348,429	1,395,200	46,771
Environmental	2,668,155		2,668,155	2,939,396	271,241
Vector Borne Disease	89,308		89,308	90,847	1,539
Small Drinking Water Systems	198,210		198,210	209,356	11,147
Smoke-Free Ontario Strategy: Protection and Enforceme	265,559		265,559	280,314	14,755
Total Health Protection	5,747,493	-	5,747,493	6,140,003	392,509
School Health, Vaccine Preventable Diseases and COVID Prevention					
Sexual Health	1,353,228		1,353,228	1,416,735	63,507
MOHLTC - Influenza	-		-	0	0
MOHLTC - Meningittis	-		-	0	0
MOHLTC - HPV	-		-	(0)	(0)
School Health, VPD, COVID Prevention - General	262,567		262,567	235,128	(27,439)
VPD and COVID CCM	910,095		910,095	944,790	34,695
COVID Vaccine	-		-	166,275	166,275
Total School Health, Vaccine Preventable Diseases and	2,525,890	-	2,525,890	2,762,928	237,038
Total Expenditures	28,549,210	127,575	28,676,785	30,073,079	1,396,294
Net Deficit (Surplus)	0	0	0	0	0

2024 Recommended Budget

**Public Health Sudbury & Districts
Expenditures By Category**

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Description	2023 BOH Approved Budget	In Year Adj's	2023 Restated Budget	2024 Recommended Budget	Change (\$) Inc/(Dec)
Salaries	18,649,575		18,649,575	19,299,736	650,161
Benefits	5,908,586		5,908,586	6,724,284	815,699
Total Salaries & Benefits	24,558,160	-	24,558,160	26,024,021	1,465,860
Office Supplies	87,031		87,031	86,448	(583)
Media & Advertising	131,265		131,265	131,265	-
Health Services / Purchased Services	132,433		132,433	154,433	22,000
Professional Fees	74,770		74,770	77,070	2,300
Travel	287,607		287,607	270,607	(17,000)
Program Expenses	915,378		915,378	726,842	(188,536)
Telephone Expenses	65,810		65,810	68,050	2,240
Postage & Courier Services	74,100		74,100	90,100	16,000
Vector Borne Disease - Education and Surveillance	44,825		44,825	44,825	-
Books & Subscriptions	9,695		9,695	7,445	(2,250)
Furniture & Equipment	22,120		22,120	22,453	333
Rent Revenue	(69,076)		(69,076)	(69,076)	-
Insurance	191,590		191,590	208,850	17,260
Information Technology	1,132,815	127,575	1,260,390	1,335,660	75,270
Rent Surplus Transferred to Reserve	56,642		56,642	56,642	-
Translation	48,890		48,890	49,090	200
Memberships	31,689		31,689	40,189	8,500
Expense Recoveries	(620,271)		(620,271)	(637,176)	(16,905)
Rent	323,548		323,548	328,254	4,706
Building Maintenance	687,838		687,838	690,966	3,128
Utilities	236,920		236,920	236,920	-
Staff Development	125,431		125,431	129,201	3,770
Total Operational Expenses	3,991,050	127,575	4,118,625	4,049,058	(69,566)
Total Expenditures	28,549,210	127,575	28,676,785	30,073,079	1,396,294

2024 OPERATING BUDGET

MOTION:

WHEREAS the Board of Health Finance Standing Committee reviewed and discussed the details of the proposed 2024 cost-shared operating budget at its November 6, 2023, meeting; and

WHEREAS the Finance Standing Committee recommends the proposed budget to the Board of Health for approval;

THEREFORE BE IT RESOLVED THAT the Board of Health approve the 2024 cost-shared operating budget for Public Health Sudbury & Districts in the amount of \$30,073,079.

IN CAMERA

MOTION:

THAT this Board of Health goes in camera for two personal matters involving one or more identifiable individuals, including employees or prospective employees.

Time: _____

RISE AND REPORT

MOTION:

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

STAFF APPRECIATION DAY

MOTION:

THAT this Board of Health approve a Staff Appreciation Day for the staff of Public Health Sudbury & Districts during an extended period encompassing the upcoming holiday season. The Staff Appreciation Day may be taken between the dates of December 1, 2023, to February 29, 2024. Essential services will be available and provided at all times except for statutory holidays when on-call staff will be available.

ADDENDUM

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

ADJOURNMENT

MOTION: THAT we do now adjourn. Time: _____