



# Board of Health Meeting # 01-24

Public Health Sudbury & Districts

Thursday, January 18, 2024

1:30 p.m.

Boardroom

1300 Paris Street

**AGENDA – FIRST MEETING**  
**BOARD OF HEALTH**  
**PUBLIC HEALTH SUDBURY & DISTRICTS**  
**BOARDROOM, SECOND FLOOR**  
**THURSDAY, JANUARY 18, 2024 – 1:30 P.M.**

- 1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT**
- 2. ROLL CALL**
- 3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST**
- 4. ELECTION OF OFFICERS**

**APPOINTMENT OF CHAIR OF THE BOARD**

*(2023 Chair: René Lapierre – 9 terms)*

**THAT the Board of Health appoints \_\_\_\_\_**  
**as Chair for the year 2024.**

**APPOINTMENT OF VICE-CHAIR OF THE BOARD**

*(2023 Vice-Chair: Mark Signoretti – 1 term)*

**THAT the Board of Health appoints \_\_\_\_\_**  
**as Vice-Chair for the year 2024.**

**APPOINTMENT TO BOARD EXECUTIVE COMMITTEE**

*(2023 Board Executive: René Lapierre – 9 terms; Ken Noland – 13 terms; Mark Signoretti – 1 term; Natalie Tessier – 1 term; Abdullah Masood – 1 term (effective September))*

**THAT the Board of Health appoints the following individuals to the Board Executive Committee for the year 2024:**

- 1. \_\_\_\_\_, Board Member at Large**
- 2. \_\_\_\_\_, Board Member at Large**
- 3. \_\_\_\_\_, Board Member at Large**
- 4. \_\_\_\_\_, Chair**
- 5. \_\_\_\_\_, Vice-chair**
- 6. Medical Officer of Health/Chief Executive Officer**
- 7. Director, Corporate Services**
- 8. Secretary Board of Health**

## **APPOINTMENT TO FINANCE STANDING COMMITTEE OF THE BOARD**

*(2023 Finance Committee: René Lapierre – 9 terms; Mark Signoretti – 7 terms; Ken Noland – 2 terms; Michel Parent – 1 term)*

**THAT the Board of Health appoints the following individuals to the Finance Standing Committee of the Board of Health for the year 2024:**

1. \_\_\_\_\_, **Board Member at Large**
2. \_\_\_\_\_, **Board Member at Large**
3. \_\_\_\_\_, **Board Member at Large**
4. \_\_\_\_\_, **Chair**
5. **Medical Officer of Health/Chief Executive Officer**
6. **Director, Corporate Services**
7. **Secretary Board of Health**

## **5. DELEGATION/PRESENTATION**

### **i) Food Insecurity: An Urgent Public Health Issue**

- Stacey Gilbeau, Director, Health Promotion Division
- Bridget King, Public Health Dietitian, Health Promotion Division

## **6. CONSENT AGENDA**

### **i) Minutes of Previous Meeting**

- a. Seventh Meeting – November 16, 2023
- b. Special Board of Health Meeting – November 21, 2023
- c. Special Board of Health Meeting – December 13, 2023

### **ii) Business Arising from Minutes**

### **iii) Report of Standing Committees**

### **iv) Report of the Medical Officer of Health / Chief Executive Officer**

- a. MOH/CEO Report, January 2024

### **v) Correspondence**

- a. Public Health Strengthening and Chronic Disease Prevention
  - Letter from Middlesex-London Health Unit Board of Health Chair, Medical Officer of Health and Secretary and Treasurer to Dr. Sutcliffe, dated December 19, 2023

- b. Universal Healthy School Food Program
    - Letter from Middlesex-London Health Unit Board of Health Chair, Medical Officer of Health and Secretary and Treasurer to Dr. Sutcliffe, dated December 19, 2023
  - c. Congratulatory letter re provincial appointment to Board of Health for Public Health Sudbury & Districts
    - Letter from the Deputy Premier and Minister of Health to R. Anderson, dated December 14, 2023
  - d. Regulation of Nicotine Products
    - Letter from alPHa President to Federal Minister of Health, December 1, 2023
  - e. Bill 103, Smoke-Free Ontario Amendment Act (Vaping is not for Kids), 2023
    - Letter from Haliburton, Kawartha, Pine Ridge District Health Unit Board of Health Chair to the Deputy Premier and Minister of Health, dated November 16, 2023
  - f. Ontario Not-for-Profit Corporations Act for Boards of Health
    - Letter from LeNoury Law to alPHa, dated May 11, 2023
- vi) Items of Information**
- a. Annual Survey Results from 2023 Regular Board of Health Meeting Evaluations
  - b. Annual Meeting Attendance Summary Board of Health for Public Health Sudbury & Districts 2023
  - c. alPHa’s Virtual 2024 Winter Symposium and Section Meetings and Workshops, February 14-16, 2023
  - d. Memo from Chief Medical Officer of Health Re: 2024 Annual Service Plan and Budget Submission Package dated December 13, 2023

#### **APPROVAL OF CONSENT AGENDA**

##### **MOTION:**

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

#### **7. NEW BUSINESS**

##### **i) Household Food Insecurity**

- Briefing Note from the Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated January 11, 2024

#### **HOUSEHOLD FOOD INSECURITY**

##### **MOTION:**

**WHEREAS** food security is a chronic and worsening health issue as documented by annual local data on food affordability and as recognized by multiple Association of Local Public Health Agencies (ALPHA) resolutions: [A05-18](#) (Adequate Nutrition for Ontario Works and Ontario Disability Support Program), [A18-02](#) (Minimum Wage that is a Living Wage), [A15-04](#) (Basic Income Guarantee), and [A23-05](#) (Monitoring Food Affordability in Ontario and the Inadequacy of Social Assistance Rates)

**THEREFORE BE IT RESOLVED THAT** the Board of Health for Public Health Sudbury & Districts call on the provincial government to incorporate local food affordability findings in determining adequacy of social assistance rates to reflect the current costs of living and to index Ontario Works rates to inflation going forward; and

**THAT** in the context of the Public Health Strengthening roles and responsibilities deliberations, the Board of Health urge all health system partners to remain committed to population health assessment and surveillance as it relates to monitoring food environments and, specifically, to monitoring food affordability; and

**FURTHER THAT** the Board of Health for Public Health Sudbury & Districts share this motion broadly with local and provincial stakeholders.

**ii) Gender-based and Intimate Partner Violence**

- Briefing Note from the Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated January 11, 2024

**GENDER-BASED AND INTIMATE PARTNER VIOLENCE**

**MOTION:**

**WHEREAS** boards of health are required under the Ontario Public Health Standards to develop interventions to prevent injuries, including those caused by violence; and

**WHEREAS** police-reported family violence across Canada is increasing and locally, in 2022, the Greater Sudbury Police Service investigated 3,227 intimate partner violence reports, resulting in 867 intimate partner violence charges; and

**WHEREAS in Sudbury, between 2018 and June 2023, there were 218 emergency department visits related to intimate partner violence; and**

**WHEREAS the [City of Greater Sudbury](#), [Northeastern Manitoulin and the Islands](#), [Billings Township](#), and [93 other municipalities](#) in Ontario have declared gender-based violence and intimate partner violence as an epidemic; and**

**WHEREAS calling out the urgency of the issue and denouncing violence contributes to changing norms and improving coordinated multi-sector action, ultimately improving health outcomes for those directly affected, as well as families and communities;**

**THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts endorse the November 7, 2023, City of Greater Sudbury [motion](#) declaring gender-based violence and intimate-partner violence an epidemic.**

**iii) Ministry of Health Public Health Strengthening – Voluntary Mergers**

- Algoma Public Health and Public Health Sudbury & Districts Feasibility Assessment
- Joint Board of Health session, Sault Ste Marie, January 12-13, 2024

**iv) Board of Health Manual**

- Revised B-I-10 Vision/Mission Information Sheet
- B-I-11 Strategic Plan Policy
- Revised B-I-12 Strategic Priorities Information Sheet

**BOARD OF HEALTH MANUAL**

**MOTION:**

**THAT the Board of Health, having reviewed the revised B-I-10 Vision/Mission Information Sheet, B-I-11 Strategic Plan Policy and B-I-12 Strategic Priorities Information Sheet, approves the contents therein for inclusion in the Board of Health Manual.**

**v) Board of Health Remuneration**

- Board of Health Manual Board of Health Remuneration Policy and Procedure I-I-10

**BOARD OF HEALTH REMUNERATION**

**MOTION:**

**WHEREAS the *Health Promotion and Protection Act (HPPA)* provides by way of Board of Health Policy I-I-10 for the remuneration of Board of Health members; and**

**WHEREAS Board of Health members are a valuable and integral part of the public health system, providing essential governance leadership of local public health agencies, and being accountable to the community for ensuring that the health of the public is protected and promoted; and**

**WHEREAS motion 17-04 set the rate of daily remuneration of board members for attendance at Board of Health meetings and approved Board of Health functions at \$100; and**

**WHEREAS it is reasonable to increase rates set 20 years ago, based on a current scan and ensuring compliance with applicable legislation;**

**THEREFORE BE IT RESOLVED THAT the rate of daily remuneration of board members for attendance at Board of Health meetings and approved Board of Health functions be set at \$110, and \$150 should the meeting(s) and/or approved function(s) be of total duration of four hours or more in a day, effective January 1, 2024.**

## **8. ADDENDUM**

### **ADDENDUM**

#### **MOTION:**

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

## **9. IN CAMERA**

### **IN CAMERA**

#### **MOTION:**

**THAT this Board of Health goes in camera to deal with personal matters involving one or more identifiable individuals, including employees or prospective employees. Time: \_\_\_\_\_**

## **10. RISE AND REPORT**

**RISE AND REPORT**

**MOTION:**

**THAT this Board of Health rises and reports. Time: \_\_\_\_\_**

**11. ANNOUNCEMENTS**

**12. ADJOURNMENT**

**ADJOURNMENT**

**MOTION:**

**THAT we do now adjourn. Time: \_\_\_\_\_**



**APPOINTMENT OF CHAIR OF THE BOARD**

*(2023 Chair: René Lapierre –9 terms)*

**THAT the Board of Health appoints \_\_\_\_\_  
as Chair for the year 2024.**

**APPOINTMENT OF VICE-CHAIR OF THE BOARD**

*(2023 Vice-Chair: Mark Signoretti - 1 term)*

**THAT the Board of Health appoints \_\_\_\_\_  
as Vice-Chair for the year 2024.**

**APPOINTMENT TO BOARD EXECUTIVE COMMITTEE**

(2023 Board Executive: René Lapierre – 9 terms; Ken Noland – 13 terms; Mark Signoretti – 1 term; Natalie Tessier – 1 term; Abdullah Masood – 1 term (effective September))

**THAT the Board of Health appoints the following individuals to the Board Executive Committee for the year 2024:**

- 1. \_\_\_\_\_, **Board Member at Large**
- 2. \_\_\_\_\_, **Board Member at Large**
- 3. \_\_\_\_\_, **Board Member at Large**
- 4. \_\_\_\_\_, **Chair**
- 5. \_\_\_\_\_, **Vice-chair**
- 6. **Medical Officer of Health/Chief Executive Officer**
- 7. **Director, Corporate Services**
- 8. **Secretary Board of Health**

## **APPOINTMENT TO FINANCE STANDING COMMITTEE OF THE BOARD**

*(2023 Finance Committee: René Lapierre – 9 terms; Mark Signoretti – 7 terms; Ken Noland – 2 terms; Michel Parent – 1 term)*

**THAT the Board of Health appoints the following individuals to the Finance Standing Committee of the Board of Health for the year 2024:**

1. \_\_\_\_\_, **Board Member at Large**
2. \_\_\_\_\_, **Board Member at Large**
3. \_\_\_\_\_, **Board Member at Large**
4. \_\_\_\_\_, **Chair**
5. **Medical Officer of Health/Chief Executive Officer**
6. **Director, Corporate Services**
8. **Secretary Board of Health**

**MINUTES – SEVENTH MEETING**  
**BOARD OF HEALTH FOR PUBLIC HEALTH SUDBURY & DISTRICTS**  
**BOARDROOM**  
**THURSDAY, NOVEMBER 16, 2023 – 1:30 P.M.**

**BOARD MEMBERS PRESENT**

Ryan Anderson	Abdullah Masood	Al Sizer
Robert Barclay	Ken Noland	Natalie Tessier
Guy Despatie	Michel Parent	
René Lapierre	Mark Signoretti	

**BOARD MEMBERS REGRET/ABSENCE**

Bill Leduc	Renée Carrier
------------	---------------

**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 1:30 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) 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

Co-presenters from the Population Health Assessment and Surveillance (PHAS) team were introduced and invited to speak about evidence-based data and how the PHAS team contributes to ensuring Public Health Sudbury & Districts has the best evidence possible to inform local public health practice.

D. Malaviarachchi summarized how the team turns data into evidence, and how the analytical work is grounded in community context. Examples were provided of how local relationships have been strengthened and how having a highly skilled local analytical team with connections across the North and across the province has enabled Public Health Sudbury & Districts to meet the requirements of the Ontario Public Health Standards. The effectiveness of the PHAS work is greatly enhanced by strong relationships with local partners and local information provided by PHSD can be vital to their work as well.

There are many types of evidence, from research evidence to political preferences and an important type of evidence is that on local community health issues and community context. The PHAS team is responsible for processing a huge and increasing amounts of data, specifically, 30 data sources and 152 categories of data, including:

- Systematic collection of local data, e.g. school absenteeism, suspected opioid overdose EMS, wildfire-related syndrome monitoring
- Opportunistic collection of data, e.g. enteric outbreaks, COVID-19 outbreak investigations
  - The team has a role in outbreak investigations by developing data collection and tracking tools and analyzing and reporting.

The team's work helps identify local public health needs, trends and emerging issues, priority populations, and program effectiveness to inform local action by public health and our partners. Data is collated, processed, and distilled into information in a variety of reports and tools for use by Public Health and our partners. One such example is the Respiratory surveillance dashboard and the dashboard to support the assessment and monitoring school immunizations. The team collectively has over 90 years of public health experience and have formed vital relationships with community members and understand the unique experience of living in Northern Ontario. They have provided training and orientation to other health unit analysts in the Northeast and adapted to new priorities as they arise, filling a vital need for analysis that takes the local context into consideration. They continuously strive to provide the best available evidence to inform and improve public health programming, practice, and policy to ultimately have a greater impact upon the public's health.

Questions and comments entertained and additional information was provided regarding mapping of communities to help identify economic and social risks. It was suggested that outlying areas be included in the dashboard. Dr. Sutcliffe concluded that, in the context of potential mergers, this important work, done behind the scenes, will continue to be important to better understand community needs and identify opportunities to support health.

## 5. CONSENT AGENDA

- i) **Minutes of Previous Meeting**
  - a. Board of Health 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

### 64-23 APPROVAL OF CONSENT AGENDA

***MOVED BY SIGNORETTI – NOLAND: THAT the Board of Health approve the consent agenda as distributed.***

**CARRIED**

## 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

The Board of Health Chair thanked staff for their work on the strategic plan as well as the Board of Health Executive Committee for their oversight of the development process and engagement plan. The Strategic Plan recommended by the Board of Health Executive Committee has included an engagement process that helped develop a plan that reflects the needs and perspective of our community, key stakeholders, and the organization.

Dr. Sutcliffe outlined the planning that took place as well as work and engagement involved for the development of the new Strategic Plan for Public Health Sudbury & Districts since early 2023.

To action the Board of Health motion 20-23 relating to the strategic plan engagement plan, engagement took place with 67 staff through team and focus group sessions, Board of Health members, and community partners, as well as 507 community members provided input into the next iteration of our Strategic Plan. The engagement approach was to explore ways in which the Public Health's Strategic Plan (2018–2022) strategic plan still resonated. Key feedback received through the engagement process was shared as well as additional considerations in the development of the new plan.

Renée St Onge, Director of Knowledge and Strategic Services provided a presentation to introduce the new 2024-2028 strategic plan.

Each value is now strengthened with a definition and framed as Public Health's commitments, emphasizing key words.

To demonstrate how Public Health is working to achieve its mission and vision and actioning its values and priorities, a new Accountability Monitoring Plan will be developed. 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.

The 2024-2028 strategic plan will be shared with staff, partner, and community members. A socialization and dissemination plan will be developed to action and operationalize the Plan.



**65-23 STRATEGIC PLAN 2024-2028**

***MOVED BY SIZER – TESSIER: 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.***

**CARRIED UNANIMOUSLY**

**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

The Board of Health self-evaluation is conducted annually as part of its commitment to good governance and survey results assist in identify possible areas for improvement. It provides an opportunity for the Board to reflect on their individual performance, the effectiveness of Board policy and processes, and the Board’s overall performance as a governing body. Response rate for the 2023 survey is lower than previous years at 50%, likely reflecting the fact that there are several newer members who have had limited time on the Board.

**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

The briefing note provided updates regarding voluntary mergers discussions as set out in the late August 2023, Provincial announcement and meetings and further to the September 14, 2023, Board briefing note.

Although the Ministry refers to voluntary mergers, it is becoming understood that such mergers will be necessary for public health sustainability and funding. The *Outcomes and Objectives to Support Voluntary Mergers*, October 30, 2023, previously referred to as the merger criteria, have been shared and the only quantifiable criterion for mergers is a minimum population base of approx. 500,000. The Ministry has 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 to *take effect* is January 1, 2025. We understand this to mean that the bare minimum is to be in place for that date to ensure that such mergers are then fully implemented, e.g., board of health, medical officer of health, signed commitments, etc.

One-time provincial funding for merger feasibility studies may be applied for until March 31, 2024; however, the application process is not yet known. The three-year dedicated merger support funding for boards of health will not flow until proposed mergers are approved by government. The timelines for such approvals are currently not known. Ministry approval for mergers will have to be approved before funding is provided.

Voluntary merger is one of three initiatives for the Province's *Public Health Strengthening*. The other two initiatives include a review of the Ontario Public Health Standards and a 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 and participate in creating the future of public health for Ontario and enhancing public health services to local needs.

Implementation of the merger will require a resolution, or other form of agreement, from the existing boards to request approval from the Ministry of Health to create a

new Local Public Health Agency (LPHA). It was noted that provincial regulatory changes will be required for mergers. Additional information on the merger proposal submission process, including business case template and eligible expenses, is expected in early December 2023 for submission to the Ministry in March 2024. The Ministry will be requesting details regarding the proposed new LPHA such as boundaries, name, governance and leadership structure as well as the leadership structure that will be responsible for the planning and oversight of the proposed merger.

Per the Ministry, LPHAs considering mergers must be contiguous to avoid divisions to existing agencies, and preserve relationships with municipalities. Public Health Sudbury & Districts (PHSD) has included Algoma Public Health (APH) and North Bay Parry Sound District Health Unit (NBPSDHU) in discussions given Porcupine Health Unit and Timiskaming Health Unit have announced they are pursuing a merger between their two boards of health.

Board of Health Chair, R. Lapierre, convened two meetings with public health neighbours to the east and west of Public Health Sudbury & Districts where exploratory conversations were held with representatives of APH and NBPSDHU. The NBPSDHU Board of Health motion indicated its intention to also explore mergers with other neighbour(s). In response to a collective request from APH, NBPSDHU, and PHSD, an in-person meeting will be held with the three health units along with the Chief Medical Officer of Health and Ministry staff on November 20, 2023, to further explore voluntary mergers and review questions regarding expectations and how we might engage.

We would expect there to be significant disruption and human resources challenges with such instability and anticipated change. 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.

For these reasons and the preliminary assessment, it recommended that we look to merging with one health unit, Algoma Public Health to the west of us.

Additional demographic and geographic comparators and characteristics for APH, NBPSDHU and PHSD were outlined.

Questions and comments were entertained. It is hoped that the province will take northern uniqueness and challenges such as large geographical size and smaller populations, into considerations.

The Board voiced concerns regarding the potential recruitment and retention disruptiveness as well as how daunting a merger can be with the associated work.

It was noted that further discussions will take place during the in-camera session for this and the following agenda item.

**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

As Chair of Finance Standing Committee of the Board of Health, M. Signoretti noted that at its November 6, 2023, meeting, the Finance Standing Committee carefully reviewed the recommended 2024 cost-shared operating Budget. Finance Standing Committee members René Lapierre, Ken Noland and Michel Parent were thanked for their dedicated participation.

The public health system is facing unprecedented changes, and the team has worked hard to bring forward a responsible and transparent budget that aims to create and maintain stability while also needing to manage budget reductions, incorporate the unfunded COVID-19 programming, and ensure the organization continues to meet the requirements of the Ontario Public Health Standards.

The recommended 2024 budget totals \$30,073,079 representing an increase of \$1,396,294, or 4.87% over the 2023 restated Board approved budget. It 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 \$256,000.

Dr. Sutcliffe provide further highlights, including the important assumptions that underpin the budget. She shared that the 2024 budget strives to create and maintain as much stability as possible for a strong and engaged workforce as we undertake the work to implement the Ministry's *Strengthening Public Health* initiative and explore mergers while continuing to respond to local needs and carry out the Board's responsibilities. She added that the budget includes bare minimum COVID-19 programming given the Ministry has advised boards to budget for future COVID-19 costs within their cost-shared operating budgets.

It was concluded a two-year budget was not presented given the unknowns for 2024 with regards to the *Public Health Strengthening* initiatives but could be a future consideration.

## IN CAMERA

### 66-23 IN CAMERA

***MOVED BY PARENT – ANDERSON: THAT this Board of Health goes in camera for two personal matters involving one or more identifiable individuals, including employees or prospective employees. Time: 2:35 p.m.***

**CARRIED**

## RISE AND REPORT

### 67-23 RISE AND REPORT

***MOVED BY ANDERSON – MASOOD: THAT this Board of Health rises and reports. Time: 3:36***

**CARRIED**

It was reported that two personal matters were discussed for which the following motions emanated:

### 68-23 APPROVAL OF THE BOARD OF HEALTH INCAMERA MEETING NOTES

***MOVED BY SIZER - TESSIER: THAT this Board of Health approve the meeting notes of the September 21, 2023, Board 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**

### 69-23 PUBLIC HEALTH STRENGTHENING

***MOVED BY SIGNORETTI – NOLAND: 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.***

**CARRIED**

**70-23 2024 OPERATING BUDGET**

***MOVED BY NOLAND – PARENT: 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.***

**CARRIED UNANIMOUSLY**

**v) Staff Appreciation Day**

Dr. Sutcliffe shared the background and long history for this motion to come forward annually at this time of the year for the Board of Health’s consideration. The staff appreciation day, if approved, is seen as a gift from the Board of Health. It was noted that the period of time that the day can be taken has been extended.

**71-23 STAFF APPRECIATION DAY**

***MOVED BY SIZER – MASOOD: 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.***

**CARRIED**

**7. ADDENDUM**

None.

**8. ANNOUNCEMENTS**

Board of Health members were reminded to complete the evaluation survey in BoardEffect for today’s meeting. The next regular Board of Health meeting is January 18, 2024, at 1:30 p.m.

There is a hold for a special Board of Health meeting in calendars for next Tuesday, November 21, 2023, at 3:45 p.m. to deal with a closed personal matter.

Board members were thanked for their commitment and time at Board and Standing Committee meeting. The team at Public Health Sudbury & Districts were also thanked.

## 9. ADJOURNMENT

### 72-23 ADJOURNMENT

***MOVED BY BARCLAY – DESPATIE: THAT we do now adjourn. Time: 3:50 p.m.***

**CARRIED**

\_\_\_\_\_  
(Chair)

\_\_\_\_\_  
(Secretary)



**MINUTES - SPECIAL MEETING**  
**BOARD OF HEALTH FOR PUBLIC HEALTH SUDBURY & DISTRICTS**  
**TUESDAY, NOVEMBER 21, 2023 – 3:45 P.M. – VIRTUAL**

**BOARD MEMBERS PRESENT**

Robert Barclay  
Renée Carrier  
Guy Despatie

René Lapierre  
Abdullah Masood  
Ken Noland

Michel Parent  
Mark Signoretti  
Al Sizer

**BOARD MEMBERS REGRETS**

Ryan Anderson

Bill Leduc

Natalie Tessier

**STAFF MEMBERS PRESENT**

Rachel Quesnel

France Quirion

**R. LAPIERRE PRESIDING**

**1. CALL TO ORDER**

The meeting was called to order at 3:52 p.m.

**2. ROLL CALL**

**3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST**

There were no declarations of conflict of interest.

**4. IN CAMERA**

- Personal matter involving one or more identifiable individuals, including employees or prospective employees.

**73-23 IN CAMERA**

***MOVED BY SIZER – MASOOD: THAT this Board of Health goes in camera to deal with personal matters involving one or more identifiable individuals, including employees or prospective employees. Time: 3:54 p.m.***

**CARRIED**

**5. RISE AND REPORT**

**74-23 RISE AND REPORT**



***MOVED BY DESPATIE– PARENT: THAT this Board of Health rises and reports.  
Time: 4:45 p.m.***

**CARRIED**

Two personal matters were discussed for which no motions emanated, and one point of direction was provided to the Board of Health Chair.

**6. ADJOURNMENT**

**75-23 ADJOURNMENT**

***MOVED BY BARCLAY – MASOOD: THAT we do now adjourn. Time: 4:45 p.m.***

**CARRIED**

\_\_\_\_\_  
(Chair)

\_\_\_\_\_  
(Secretary)



**MINUTES - SPECIAL MEETING**  
**BOARD OF HEALTH FOR PUBLIC HEALTH SUDBURY & DISTRICTS**  
**WEDNESDAY, DECEMBER 13, 2023 – 1 P.M. – VIRTUAL**

**BOARD MEMBERS PRESENT**

Ryan Anderson  
Robert Barclay  
Renée Carrier  
Guy Despatie

René Lapierre  
Abdullah Masood  
Ken Noland  
Michel Parent

Mark Signoretti  
Natalie Tessier

**BOARD MEMBERS REGRETS**

Bill Leduc

Al Sizer

**STAFF MEMBERS PRESENT**

Rachel Quesnel

France Quirion (@ 1:15)

**R. LAPIERRE PRESIDING**

**1. CALL TO ORDER**

The meeting was called to order at 1:01 p.m.

**2. ROLL CALL**

**3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST**

There were no declarations of conflict of interest.

**4. IN CAMERA**

- Two personal matters involving one or more identifiable individuals, including employees or prospective employees.

**76-23 IN CAMERA**

***MOVED BY CARRIER – TESSIER: THAT this Board of Health goes in camera to deal with two personal matters involving one or more identifiable individuals, including employees or prospective employees. Time: 1:04 p.m.***

**CARRIED**

**5. RISE AND REPORT**

**77-23 RISE AND REPORT**

***MOVED BY NOLAND – DESPATIE: THAT this Board of Health rises and reports.  
Time: 1:46 p.m.***

**CARRIED**

It was reported that the Board of Health discussed two personal matters involving one or more identifiable individuals, including employees or prospective employees for which the one motion emanated.

**78-23 APPOINTMENT OF MEDICAL OFFICER OF HEALTH/CHIEF EXECUTIVE OFFICER,  
PUBLIC HEALTH SUDBURY & DISTRICTS**

***MOVED BY MASOOD – PARENT: WHEREAS section 62 of the Health Protection and Promotion Act R.S.O. 1990, c. H.7 requires every board of health to appoint a full-time medical officer of health; and***

***WHEREAS section 64 of the Health Protection and Promotion Act requires that the Minister approve proposed medical officer of health appointments; and***

***WHEREAS Dr. Mustafa Hirji is the successful Medical Officer of Health and Chief Executive Officer candidate following a thorough recruitment process of the MOH/CEO Recruitment and Selection Sub-committee of the Board of Health;***

***THEREFORE BE IT RESOLVED that the Board of Health for Public Health Sudbury & Districts appoint Dr. Mustafa Hirji as Medical Officer of Health and Chief Executive Officer for Public Health Sudbury & Districts, effective March 18, 2024, serving as Acting Medical Officer of Health and Chief Executive Officer pending approval by the Minister of this appointment.***

**CARRIED**

**6. ADJOURNMENT**

**79-23 ADJOURNMENT**

***MOVED BY TESSIER – BARCLAY: THAT we do now adjourn. Time: 1:51 p.m.***

**CARRIED**

\_\_\_\_\_  
(Chair)

\_\_\_\_\_  
(Secretary)

## Medical Officer of Health/Chief Executive Officer Board of Health Report, January 2024

### Words for Thought

#### *Celebrating the Protection of our Kids against Vaccine Preventable Diseases!*



“While the immunization status of students is in a constant state of flux and to some extent there will always be students who are overdue, there is no longer a pandemic-related backlog of Immunization of School Pupils Act-designated immunizations amongst students in the catchment area!”

Source: H. Ballantyne, Manager, Vaccine Preventable Disease,  
Public Health Sudbury & Districts

We are celebrating!

With minor exceptions, Public Health Sudbury & Districts has completed all programming outlined by the Immunization of School Pupil’s Act for the year 2023.

Immunization records for all students enrolled in schools across Sudbury & Districts were reviewed by the Vaccine Preventable Diseases (VPD) Team last year. No small feat, notification letters were issued to all 8593 students with overdue immunization records on file with Public Health.

To further reduce the gap in childhood immunization, the VPD Team also reviewed the immunization profile for all students for whom a Grade 7 Immunization Consent Form was submitted during the three pandemic-affected school years. Through this effort many students were identified as being due or overdue for vaccines and follow up was conducted with all affected individuals.

The COVID-19 pandemic created challenges in delivering routine and school-based vaccinations to school age children resulting in delayed and missed vaccinations for many children in Ontario. However, thanks to Public Health Sudbury & Districts’ phased and integrated approach, our kids are now protected!

# General Report

---

## 1. Board of Health

### ***Association of Local Public Health Agencies (alPHA) Winter Symposium***

The Association of Local Public Health Agencies (alPHA) Winter Symposium and Boards of Health Section virtual meetings will take place on February 16, 2024. Bonus workshops for registered members will be held on February 14 and 15 and plenary sessions with public health leaders on February 16. If you are interested in attending the virtual Symposium, please contact Rachel Quesnel, Board Secretary, to be registered.

### ***Association of Local Public Health Agencies (alPHA) Conference/Annual General Meeting***

The Association of Local Public Health Agencies Annual Conference and General Meeting will be held from June 5 –7, 2024, in person. A motion will be included in our April Board agenda concerning Board attendance and voting delegation for the alPHA AGM.

### ***Board of Health Code of Conduct***

Board of Health members are responsible for conducting themselves in compliance with the Code of Conduct Policy C-I-15 (Code); in a manner that is professional, and with the highest regard for the rights of the public in accordance with the principles outlined in the Human Rights Code and the Charter of Rights and Freedoms. The standard obligations, values, and expected behaviours outlined in the Code serve to enhance public confidence that members operate from a foundation of trust, humility, and respect.

All members are required to sign an annual declaration attesting to their understanding and acknowledgement of this Code. The Code of Conduct Policy is included in the January 18, 2024, Board of Health *Event* in BoardEffect.

The declaration form, which must be signed and submitted annually, will be available at the January Board meeting or can be completed electronically in BoardEffect under Board of Health – Collaborate – Surveys. Deadline to submit is Friday, February 2, 2024.

### ***Board of Health Conflict of Interest***

As stipulated in the Board of Health Manual Conflict of Interest Policy and Procedure C-I-16, members bring a perspective based on their skills and experiences in order to act in the best interest of Public Health Sudbury & Districts and in compliance with their duties and obligations under the *Health Protection and Promotion Act*. Members cannot act in their own personal interest or as a representative of any professional, political, socio-economic, cultural, geographic, or other organization or group.

Each individual member of the Board of Health ensures that they are in compliance at all times with the *Municipal Conflict of Interest Act* and follows the Conflict of Interest Policy C-I-16.

At the beginning of each calendar year, Board of Health members are required to complete the Declaration of Conflict of Interest form. The Conflict of Interest Policy and Procedure is included in the January 18, 2024, Board of Health *Event* in BoardEffect. The Conflict of Interest declaration form, which must be signed and submitted annually, will be available at the January Board meeting or can be completed electronically in BoardEffect under Board of Health – Collaborate – Surveys. Deadline to submit is Friday, February 2, 2024.

## **2. Human Resources**

### ***Indigenous Engagement***

I am pleased to share that Kathy Dokis has been recruited for a one-year contract at 0.8 FTE as Director, Indigenous Public Health, and began at Public Health Sudbury & Districts on January 8, 2024.

This development is a departure from our initial plan for this position as it is time limited, not full time. This decision was made in the context of changes anticipated under the provincial Public Health Strengthening initiatives, budget constraints, and the need for focused and experienced Indigenous leadership to further our path, leverage and build on the excellent work of our agency to date, and support our vision into the future.

As a longstanding System Principal, Indigenous Education with Rainbow District School Board, Kathy has extensive experience with Indigenous engagement overall and knows our area well. Reporting to the Medical Officer of Health, the Director, Indigenous Public Health is an evolving role that will continue to be integrated with that of Knowledge and Strategic Services Division.

### ***Medical Officer of Health and Chief Executive Officer***

As per the December 13, 2023, Board of Health motion, Dr. Mustafa Hirji will be starting as the Medical Officer of Health and Chief Executive Officer for Public Health Sudbury & Districts on March 18, 2024. Dr. Sutcliffe begins her 12-month sabbatical, effective March 25, 2024, after which she will begin her retirement.

### **3. Local and Provincial Meetings**

Much work relating to merger planning has occurred with consultants hired jointly by Algoma Public Health and Public Health Sudbury & Districts. Steering and Oversight Committees and Working Groups have been formed. The January 12–13 joint Board education session with the Boards of Health from Algoma Public Health and Public Health Sudbury & Districts will be further discussed at the Board meeting for Public Health Sudbury & Districts on January 18, 2024. Joint Board education session materials are attached to the January 18 Board meeting event in BoardEffect and can also be found under Library – Board of Health – Merger Planning.

In November, I attended meetings with the Public Health Sector Coordination Table, NOSM Residency Program Committee, and COMOH section; in December, the Northern MOH teleconferences.

### **4. Chief Nursing Officer and Professional Practice Report**

The Chief Nursing Officer (CNO) for Public Health Sudbury & Districts was officially appointed in February 2012 as per Ministry direction. In 2018, the revised Ontario Public Health Standards further included a requirement for Boards of Health to designate the CNO position to have responsibility for professional nursing practice, nursing leadership, and organizational excellence.

The CNO is a leadership position that is key to professional practice within Public Health Sudbury & Districts (Public Health). The CNO leads the Professional Practice Committee, an interdisciplinary group of staff members seeking to foster an environment that supports evidence-based professional practice and promotes excellence in public health practice across all disciplines. The Committee also supports the maintenance of competency and creates systems and processes to enhance inter-professional practice and development. As well, the Committee provides a venue for regulated staff to share public health relevant updates from their respective regulatory colleges.

Over the past year, the CNO continued to share relevant information with the Professional Practice Committee and registered nurses in the organization. The CNO sought to engage in aspects of planning, logistics and operations for COVID-19 response, to respond to requests for information and interpretation of the professional College standards and requirements, and to support recommendations and engage in processes related to continuous quality improvement pertaining to reporting of clinical procedure errors and communicable disease response and emergency preparedness.

Much of the nursing system work was conducted through the CNO's participation in various committees such as the Ontario Public Health Chief Nursing Officers, The Ontario Public Health Nursing Leaders, and the Northern & Rural Professional Nursing Practice Network.

The Professional Practice Committee discussed practice issues, explored technological updates to the electronic reporting process as well as conducted a review of the current literature in efforts to improve mentorship approaches.

A sub-committee was also established in early 2023. They look to provide a formalized organizational structure and forum that facilitates discussion among clinic services programs and managers to ensure and support consistent clinical approaches and practices, the discussion of similar challenges, and the development of collective solutions and recommendations to address these challenges and approaches through training, program, or policy development.

The overall opportunities for student placements in 2023 continued to increase. Public Health hosted 33 student placements for a total of 7364 hours with several different educational institutions.

## **5. Financial Report**

The financial statements ending November 2023, show a positive variance of \$1,376,232 in the cost-shared programs before considering COVID-19 extraordinary expenses. The statements account for \$4,072,593 in COVID-19 extraordinary expenses incurred to the end of November. Cost-shared funding must be fully used prior to utilizing COVID-19 extraordinary funding, and so the actual variance in cost-shared programs at November 30 is nil with \$2,696,361 in COVID-19 extraordinary expenses.

## **6. Quarterly Compliance Report**

The agency is compliant with the terms and conditions of our provincial Public Health Funding and Accountability Agreement. Procedures are in place to uphold the Ontario Public Health Accountability Framework and Organizational Requirements, to provide for the effective management of our funding, and to enable the timely identification and management of risks.

Public Health Sudbury & Districts has disbursed all payable remittances for employee income tax deductions and Canada Pension Plan and Employment Insurance premiums, as required by law to December 22, 2023, on December 27, 2023. The Employer Health Tax has been paid, as required by law, to November 30, 2023, with an online payment date of December 14, 2023. Workplace Safety and Insurance Board premiums have also been paid, as required by law, to November 30 2023, with an online payment date of December 28, 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.

## **Health Promotion**

---

### **1. Chronic Disease Prevention and Well-Being**

#### ***Healthy eating behaviours***

In December, Public Health hosted a third intergenerational Harvest Pride event in partnership with New Horizons, Réseau Access Network, and Stay on Your Feet. We welcomed 20, Two-Spirit, lesbian, gay, bisexual, transgender, queer or questioning, and additional sexual orientations and gender identities (2SLGBTQ+) community members and allies as they all prepared and shared a nutritious meal together. These events aim to create safe spaces where 2SLGBTQ+ individuals can gather and socialize and to reinforce Public Health's commitment to strengthening access to safe space for building community.

In 2023, staff co-facilitated virtual, day-long weight-bias Foundational Training sessions to members in the public health workforce across Ontario. These sessions were facilitated in a partnership with Eating Disorders Ontario – Prevention, with the aim of increasing understanding of weight science and the negative influence of weight bias on well-being, and their competence in the holistic approach to promoting well-being in the community.

Fifty participants engaged in interactive learning activities and group discussions that prompted critical thinking and reflection about topics relating to food, weight, and shape. Staff would apply newly gained knowledge and self-awareness in implementing equitable public health programs and services and in utilizing supportive communication approaches that prioritize health equity, mental health promotion, and body diversity.

#### ***Seniors Dental Care***

Staff continued to provide comprehensive dental care to clients at our Seniors Dental Care Clinic at Elm Place, including restorative, diagnostic, and preventive services. In 2023, 967 clients were seen.

Staff also continued to provide client referrals to our contracted providers in the community for emergency, restorative and prosthodontic services, and enrolment assistance to low-income seniors eligible for the Ontario Seniors Dental Care Program.

## 2. Healthy Growth and Development

### ***Breastfeeding***

In November and December, staff provided 207 breastfeeding clinic appointments to clients at the main office on Paris Street, as well as our Val Caron, Espanola, and Manitoulin office locations. This service helps to support parents to make an informed decision regarding how they would like to feed their baby. Clients learn skills that promote, protect, and support breastfeeding. They can also ask questions about infant feeding choices such as formula feeding. The Public Health nurse's assessment also provides an opportunity to screen for any issues that may require a referral such as a tongue tie, insufficient milk supply, standard weight gain, and growth of the infant.

### ***Growth and development***

In November and December, 228, 48-hour calls were made to parents. Staff completed assessments with early identification and intervention screening questions to determine if additional support services would benefit these families.

### ***Health Information Line***

The Health Information Line received 132 calls in November and December. Most inquiries were related to information on breastfeeding, infant feeding, the lack of primary health care providers, as well as some requests for mental health services and general resources regarding healthy growth and development.

### ***Healthy Babies Healthy Children***

In November and December, the team continued to provide support to 185 active client families in the Greater Sudbury, Lacloche, and Manitoulin areas. Public Health completed 1607 interactions (in home and virtual visits as well as phone calls). Public Health dietitians continue to provide nutrition support to clients who are identified as high nutritional risk.

### ***Healthy pregnancies***

During November and December, 57 new registrants signed up for the Healthy Families team online prenatal course. This course provides information on life with a new baby, infant feeding as well as the importance of self care and the changes a new baby can bring to relationships.

As well, the Healthy Families team launched the new Preparation for Parenting program to the community. Topics included preparing for a smooth transition to parenthood, attachment and bonding, communication, roles and responsibilities, demands of caring for a newborn, Post Partum Mood Disorder (PPMD), infant mental health, and taking care of your newborn. We delivered 1 in-person and 1 virtual class to 16 parents. Monthly classes are scheduled to be offered throughout 2024.

### 3. School Health

#### ***Healthy eating behaviours***

The Northern Fruit and Vegetable Program initiated its fruit and vegetable deliveries in schools in November 2023. This school-based program aims to increase students' likeability, acceptance, and consumption of fresh fruit and vegetables. Ninety-four elementary and middle schools across the service area are enrolled into this weekly program. During fall 2023, thorough program planning and administrative activities helped to prepare for the rollout of the program. Partnership and collaboration between Public Health, school boards, schools, and the Ontario Fruit and Vegetable Grower's Association have been key to the success of this program implementation.

#### ***Healthy sexuality***

In November and December, the School Health team delivered 3 classroom chats to a total of 48 high school students on Healthy Sexual Behaviour, one in partnership with the Public Health Sudbury & Districts' sexual health clinic to highlight clinic programs and services. The team also continued to support schools and staff via consultation and provision of resources.

#### ***Mental Health Promotion***

During the months of November and December, the School Health team delivered its eight-session Mindfulness program in 2 schools. The program was delivered to 190 students from grades five to eight, alongside 8 teachers and staff from the same school in Greater Sudbury. The program was also delivered to 63 students from Grades 4 to 8 from 1 school in Espanola. Across these two large groups, the team reached more than 250 students with the Mindfulness program.

The team also delivered 2 mental health presentations to 32 secondary students as a part of the schools' comprehensive approach to health and wellbeing. The sessions focused on character strengths and the importance of having a growth mindset. Lastly, they delivered three brain architecture sessions, highlighting the importance of early experience for child development, to school staff (25 teachers from one school board) and pre-service workers (26 post-secondary students from two institutions). The team also continued to support teachers and staff via consultation, curriculum support and the provision of resources.

#### ***Oral Health***

Staff hosted a drop-in dental screening clinic for children and youth at the Paris Street office on the school Professional Activity Day in November. Of the 29 children and youth who were screened at the clinic, four (14%) required a referral to a dentist for urgent dental care and 12 (41%) initiated enrollment into the preventive services stream of the Healthy Smiles Ontario (HSO) Program.

Staff also continued to deliver school-based dental screening and assessment in elementary schools and conduct case management follow-ups for all children identified with urgent and/or unmet dental needs. Staff also continued to provide preventive dental care at the Paris Street dental clinic location for children enrolled in HSO and enrollment support to families interested in applying for the program.

### ***Substance use and harm reduction***

The School Health and Mental Health and Substance Use teams are working together to explore the Icelandic Prevention Model as an upstream, community-based intervention aimed at preventing substance use and improving mental health among children and youth. This month, Public Health applied for a grant offered by the Public Health Agency of Canada to support this endeavour.

The team continued to support schools and staff with consultation and the provision of resources on substance use and delivered Naloxone training to 30 post-secondary students from the Laurentian University Nursing Program.

## **4. Substance Use and Injury Prevention**

### ***Alcohol and Cannabis***

In December, a Holiday Mocktail campaign was launched in collaboration with the Northeast Alcohol and Cannabis Team (NEACT). NEACT is comprised of Algoma Public Health, North Bay Parry Sound District Health Unit, Timiskaming Health Unit, Porcupine Health Unit, and Public Health Sudbury & Districts. The goal of the campaign was to increase awareness of Canada's Guidance on Alcohol and Health to reduce alcohol-related harms. The mocktail campaign also increased the awareness of alternative beverages to alcohol during the holiday season to limit alcohol consumption.

For the month of December, the team launched the Plan Ahead Campaign in partnership with the Greater Sudbury Police Service. Public Health Sudbury & Districts provided educational resources about the safe consumption of alcohol and cannabis during the holiday, with a focus on impaired driving.

The team also created the Lock it Up Campaign which is an initiative to educate people about proper storage of cannabis products. This campaign aims to keep cannabis products out of reach of youth and young adults. Lock boxes and educational information about cannabis safety and harm reduction were shared with community partners in the child and family services sector in November and December.

### ***Comprehensive tobacco control***

From November 1 to December 15, 2023, the team promoted The Centre for Addiction and Mental Health (CAMH) STOP on the Net (SOTN) online smoking cessation program via Bell

Media and radio ads. The team also produced 3 social media posts promoting CAMH's SOTN on Facebook and X (Twitter) to help Ontarians over 18 years of age quit smoking cigarettes. The Tobacco Information Line received 7 calls during the month of November and 15 calls in December. Public Health Sudbury & Districts tobacco website has been updated to reflect the latest research evidence: [Smoking, Vaping, and Tobacco](#).

### ***Falls***

In November, staff in collaboration with Urban Poling Canada and a community champion organized and hosted an Urban Poling Instructor Certification Course. Participants learned the benefits of Urban Poling, how to teach proper Urban Poling technique, and how to safely run Urban Poling groups. A variety of partners from Greater Sudbury, Manitoulin Island and Sudbury East attended the training session, including health service providers, Francophone health services, Indigenous communities and health services, municipal services, a 2sLGBTQ+ group leader, and Older Adult centres. These partners can now provide free urban poling classes to community members. Where feasible, Public Health will facilitate the recommended in-person practicum with the community champion.

### ***Mental health promotion***

In partnership with the Psychological Health & Wellness Committee, the Mental Health and Substance Use (MHSU) team organized a staff toy drive to reinforce the benefits of giving back for mental health promotion. The seasonal campaign collected toys, books, and clothing items to support the children of families facing financial difficulties in the community. The items are being distributed through the [Our Children, Our Futures](#) community network. We donated over 115 new and used toys, 24 books and clothing items to over 500 families this year.

In collaboration with the *Mental Health Promotion in Public Health* Community of Practice through the Centre for Mental Health and Addictions, the team supported a webinar called "Social Prescribing in a Public Health Context". The webinar examined how loneliness and social connection impact population health across the lifespan. There were over 350 registrants consisting of mental health practitioners and public health professionals from across Ontario.

### ***On and off-road safety***

In December, Public Health staff made a presentation on vulnerable road users' safety such as pedestrians and cyclists to the Lacleche Foothills Municipal Association. The presentation provided the Association with local statistics on key road safety indicators and provided information on potential interventions including the road safety campaign "Watch for Us!" Members of the Association decided to create a working group with representatives from each municipality, Sagamok Anishnawbek First Nation, and Public Health. This working group will explore and plan the implementation of local road safety initiatives such as the Watch for Us! community sign campaign.

## ***Substance Use***

The [Greater Sudbury Summit on Toxic Drugs](#), held on December 7 and 8, brought together leaders from diverse community sectors, including health, education, municipal, Indigenous, social services, persons with lived and living experience, academia, and more, to review the magnitude of—and response to—the toxic drug crisis in Greater Sudbury. Over 200 participants, including over 50 organizations attended with opportunities to hear panel discussions and a variety of speakers. Areas of focus included wrap-around services, substance use care (harm reduction and treatment), health promotion, and stigma.

Over both days, participants also collaborated to generate ideas, identify actionable processes, solutions, and structures to mitigate harms. Table discussions fostered identifying opportunities based on participant expertise and learnings during the Summit activities. Numerous ideas and solutions were prioritized for action following the Summit. Participants highlighted what is necessary to address gaps by outlining any existing actions or services that should cease, be amplified, and if there are any actions or services absent from the community that should be initiated.

The Community Drug Strategy (CDS) received reports of increased drug poisonings (overdoses) and unexpected reactions from the use of substances in the Sudbury and districts area and a [drug warning](#) was issued. A social media post was shared to Facebook and X (Twitter) on the Opioid Dashboard website update. The [Opioid Dashboard](#) helps the community understand the local impact of opioid use in our community.

## ***Harm reduction – Naloxone***

There are, to date, a total of 47 signed Memorandum of Understandings between Public Health Sudbury & Districts and community partners for the distribution of naloxone. Although not all partners are active, staff continue to support all partners with the distribution and training of naloxone. In November, together with these partners, a total of 890 naloxone doses were distributed, and 260 individuals were trained in its use. There has been a steady and notable increase in requests for injectable naloxone.

## ***Smoke Free Ontario Strategy***

The Northeast Tobacco Control Area Network (NE TCAN) had several initiatives in market until year's end, including Smoke-Free Campuses and Stop on the Net.

The Youth, Adult and Young Adult Nicotine Dependence Advisory Committee (of which the NE TCAN is a member) finished several projects including a revamped Don't Quit Quitting website ([dontquitquitting.ca](#)), the Smoke-Free Housing website ([smokefreehousingon.ca](#)), and a number of translations for upcoming initiatives.

The NE TCAN also distributed materials to the North East public health units to support messaging for Not An Experiment ([notanexperiment.ca](#)), Quash ([quashapp.ca](#)), and Stop Vaping

Challenge ([stopvapingchallenge.ca](http://stopvapingchallenge.ca)) to support young people who vape or are contemplating vaping highlighting prevention and cessation resources.

## 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 763 phone calls, equating to 829 vaccine related inquiries in the months of November and December. Of these inquiries, 9% related to the Immunization of School Pupils Act (ISPA), 57% were general immunization inquiries, 11% related to school-based immunization clinics, 11% related to the Universal Influenza Immunization Program (UIIP), 5% related to accessing an immunization record, 4% related to immunizations for travel purposes, less than 1% related to international immunization record submission, 3% related to COVID-19 immunization, and less than 1% related to cold chain maintenance. The nature of approximately 5% of calls was classified as other or unknown.

The team continued ISPA enforcement activities throughout November and December. Public Health nurses continue to follow up with school principals regularly.

Vaccine Preventable Diseases staff continued with the provision of Grade 7 school vaccination clinics in the month of November and December, concluding the fall clinic rounds. School-based vaccine clinics have been offered in 49 area schools since implementation on September 20.

In November and December, the team issued 3 Advisory Alerts regarding Universal Influenza Immunization Program (UIIP) processes and the new respiratory syncytial virus (RSV) vaccine, Arexvy®. As well, information was sent to long-term care homes (LTCHs) and public hospitals regarding the reporting of influenza and RSV immunization for health care workers and residents.

In November and December, social media posts from the team focused on the promotion of COVID-19 and influenza vaccines, as well as education related to general health protection measures during the respiratory illness season (including, but not limited to, vaccinations).

During the months of November and December, the team filled 178 orders and distributed 12 566 doses of vaccine to 111 different community partners across the service area (including pharmacies, primary care offices, and walk-in clinics). These vaccines 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.

## 2. COVID-19 Vaccination

Public Health continued to offer COVID-19 vaccines as part of the Fall 2023 campaign (which began on September 14, 2023). Mass immunization clinics were offered across the service area, and flu shots were also offered at these clinics. Opportunities for vaccinations were offered to Indigenous communities in partnership with First Nation communities and Indigenous service providers. Staff continue to monitor local eligibility and uptake and plan clinic opportunities to meet the demand accordingly. Support was also offered to long-term care and retirement homes as needed. The team continues to onboard any primary care providers who are interested in offering the COVID-19 vaccines in their practice. As of December 20, 2023, a total of 31 863 COVID-19 doses were administered as part of the Fall campaign, representing a coverage rate of 16% of those aged 6 months and older. Public health-led clinics administered 37% of doses, while 54% were administered by pharmacies, and 9% by other providers. A total of 3900 flu doses were administered at public health-led clinics.

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

### *Sexual health clinic*

In November and December, there were 184 drop-in visits to the Elm Place site related to sexually transmitted infections, blood-borne infections, and pregnancy counselling.

The Elm Place site completed 607 telephone assessments related to STIs, blood-borne infections, and pregnancy counselling in November and December, resulting in 344 onsite visits.

### *Growing Family Health Clinic*

In November and December, the Growing Family Health Clinic saw 132 patients and had 5 [Click here to enter text.](#) new referrals.



# Health Protection

---

## 1. Control of Infectious Diseases (CID)

In November and December, staff investigated 461 new local COVID-19 reports, and investigated 83 sporadic reports of other communicable diseases. Further, three respiratory outbreaks were declared. The causative organisms for these outbreaks were identified to be influenza (2), while the causative organism for the third outbreak could not be identified. Further, one enteric outbreak was declared in an institution. The causative organism for this outbreak could not be identified. Staff continue to monitor all reports of enteric and respiratory illness in institutions, as well as sporadic communicable diseases.

During the months of November and December, 2 infection control complaints were investigated and 7 requests for service were addressed.

### ***Infection Prevention and Control Hub***

The Infection Prevention and Control Hub hosted the 2023 IPAC Training Series from November 20–24, 2023, with the aim of enhancing awareness of IPAC practices in Long-Term Care Homes, retirement homes, and other congregate living settings. The invitation was extended to other Northern Ontario Health Unit IPAC Hubs, which, were then shared with their respective congregate living settings. Through this collaboration, settings outside of our service area had the opportunity to participate. A total of 418 individuals registered for the sessions, representing a diverse range of communities across Northern Ontario.

In response to reports of acute respiratory infections, COVID-19, and enteric activity, IPAC practitioners provided eight reactive services to reduce risk and prevent potential outbreaks in congregate living settings and carried out 98 services and supports in response to outbreaks.

## 2. Food Safety

In November and December, one food product recall prompted public health inspectors to conduct checks of 114 local premises. All affected establishments had been notified, and subsequently removed the recalled products from sale. The recalled food products included: Malichita and Rudy brand Cantaloupes due to possible contamination with salmonella.

Public health inspectors issued 3 charges to 3 [Click here to enter text.](#) food premises for infractions identified under the *Food Premises Regulation*.

Staff issued 50 special event food service permits and 7 farmer's market permits to various individuals and organizations.

Through the Food Handler Training and Certification Program, seven sessions were offered in November and December, and 120 individuals were certified as food handlers.

### **3. Health Hazard**

In November and December, 53 health hazard complaints were received and investigated.

### **4. Ontario Building Code**

In November and December, 29 sewage system permits, 6 renovation applications, and 7 consent applications were received.

### **5. Rabies Prevention and Control**

In November and December, 43 rabies-related investigations were carried out. Two specimens were submitted to the Canadian Food Inspection Agency Rabies Laboratory for analysis and were subsequently reported as negative.

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

### **6. Safe Water**

During November and December, 63 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated 14 regulated adverse water sample results.

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

During the months of November and December, public health inspectors issued two closure orders to public pools due to safety concerns. One of the closure orders has since been rescinded following corrective action, and the premises allowed to reopen. The other pool remains closed.

### **7. Smoke Free Ontario Act, 2017 Enforcement**

In November and December, Smoke Free Ontario Act Inspectors charged three individuals for vaping on school property and two charges were laid for smoking on hospital property. In addition, eight warnings were issued to individuals for either vaping or smoking on school property. One corporation was charged for five infractions under the *Smoke Free Ontario Act, 2017*.

## 8. Needle/Syringe Program

In October and November, harm reduction supplies were distributed, and services received through 5239 client visits across the Public Health Sudbury & Districts' region. Public Health Sudbury & Districts and community partners distributed 91 629 syringes for injection and 330 720 foils, 30 348 straight stems, and 8476 bowl pipes for inhalation through both our fixed site at Elm Place and outreach harm reduction programs.

# Knowledge and Strategic Services

---

## 1. Health Equity

As part of National Francophone Immigration Week (November 5 to 11, 2023), the Health Equity team helped coordinate the agency's participation in a roundtable discussion on health care, moderated by Radio Canada, in response to an invitation from the Francophone Immigration Support Network of Northern Ontario. Public Health participants shared information about programs and services and about our agency's commitment to offer anti-oppressive, person-centred services.

In the fall of 2023, the Health Equity Team led the launch of the Agency Workforce Diversity Survey, which aimed to collect voluntarily provided socio-demographic data from staff. The survey response rate was 42.5%. Collecting socio-demographic data will help track changes in workplace diversity and ultimately inform the agency's equity, diversity, and inclusion efforts. Next steps include exploring options to collect socio-demographic data from clients.

The Health Equity Team helped respond to two surveys on behalf of the agency to contribute to improving overall public health practice. First, we contributed to the National Collaborating Centre for Determinants of Health (NCCDH) environmental scan, which seeks to identify opportunities to support, lead, and influence transformative public health action to address the structural and social determinants of health. Then, working with the Health Protection Division, the Health Equity team collaborated to complete a survey from the Ontario Public Health Association (OPHA) and RentSafe. Survey findings will inform and address health policy related to housing. Public Health provided input about addressing unhealthy housing conditions through intersectoral collaboration and health equity approaches, including engagement with individuals with lived or living experience.

Promoting the agency's internal *Health Equity Checklist* continues to help Public Health's program teams advance health equity in their work and offer more inclusive programs and services.

## 2. Indigenous Engagement

A total of 256 staff attended one of four Indigenous cultural safety training sessions this past fall— that were facilitated by Stephanie Stephens—titled *Journeying from the head to the heart, to affinity and beyond!*. An evaluation was completed for this training and additional Indigenous engagement competency building activities to inform future competency building initiatives.

The agency's Indigenous Engagement Health Promoter supported the Greater Sudbury Summit on Toxic Drugs (December 2023) as co-chair of the Indigenous Advisory Committee. Support included committee meetings, partner communications, liaising with the planning committee, creating a sweetgrass activity, and braiding sweetgrass brooches. Staff continue to support this initiative by helping to finalize a report, disseminating information, and continuing to grow partner relations.

As part of the agency's new policy related to smudging indoors at the main office, two presentations were offered to orient staff to the teachings of a smudging ceremony, the sacred medicines used, and important considerations for facilitating a smudging ceremony within our offices.

## 3. Population Health Assessment and Surveillance

The Population Health Assessment and Surveillance team continues to provide internal and external (public, media, ministry) support related to operational planning data and analysis requests and public health priorities. In December 2023, the team also supported the Greater Sudbury Summit on Toxic Drugs, which included presenting on recent local trends in drug-related overdose deaths.

The team enhanced the COVID-19 Vaccination Program Dashboard to incorporate new indicators for vaccination coverage and adverse events following immunization (COVID-19). The weekly *COVID-19 case epidemiology and vaccination program update* also includes the new coverage indicators.

The team is also working with the Ontario Dietitians in Public Health to update the data collection tools used by dietitians in Ontario public health units for the *Ontario Nutritious Food Basket*, which is used to monitor food affordability in local grocery stores. Standardized templates were created, and nutrition data was updated based on new Health Canada nutrition guidelines.

## 4. Effective Public Health Practice

In the fall of 2023, the Effective Public Health Practice team coordinated an agency-wide program planning process to identify interventions to implement in 2024 that align with Ontario Public Health Standards and that address community needs. Evaluation and monitoring activities were also identified to help ensure goals are achieved.

To inform discussions at the Greater Sudbury Summit on Toxic Drugs, participants were provided with important background knowledge developed by Knowledge and Strategic Services staff: [The Drug Toxicity Crisis: An environmental scan to inform the Greater Sudbury Summit on Toxic Drugs](#) and the complimentary [Summary](#), which includes a review of literature, local data, best practices, and information about local services.

## 5. Staff Development

In December 2023, approximately 125 staff participated in privacy training related to safeguarding client information to protect their autonomy and their rights to access their records, and ensuring safe and quality care.

## 6. Student Placement

A total of 12 student placements are confirmed for the winter 2024 term, which include nursing students from Laurentian and Cambrian, as well as students in dietetics, fitness and health promotion, human resources, social work, and who are completing a Master's of Public Health. A student *Public Health Officer* will also be placed with the Mental Health and Substance Use team.

## 7. Strategic Engagement and Communications

In recent months, the Communications team supported the Board of Health's announcement of the appointment of Dr. Mustafa Hirji as Public Health's next Medical Officer of Health (MOH) and Chief Executive Officer (CEO), succeeding Dr. Penny Sutcliffe in March 2024.

In addition, in collaboration with the City of Greater Sudbury, the agency supported communication efforts related to the Greater Sudbury Summit on Toxic Drugs, which took place December 7 and 8, 2023. Over the two-day Summit, close to 200 community leaders convened to hear from over 35 experts and engage in dialogue to review the magnitude of, and response to, the toxic drug crisis.

In November 2023, Public Health also started publishing information online ([www.phsd.ca/outbreaks](http://www.phsd.ca/outbreaks)) related to all active respiratory and enteric disease outbreaks in the Sudbury and Manitoulin districts. This increased reporting expanded previous reporting that

made information available about active outbreaks due to COVID-19, influenza, and RSV (respiratory syncytial virus).

## 8. Strategic Plan

Following the approval of the 2024-28 Strategic Plan by the Board of Health in November, the new Plan was disseminated to staff, community partners, and community members. Additional strategies are being explored to further operationalize the Strategic Plan internally with staff. Next steps include developing an Accountability and Monitoring Plan to demonstrate how Public Health is working to achieve its mission and vision and actioning its values and priorities. The Accountability and Monitoring Plan will be presented to the Board of Health for consideration at a subsequent meeting.

Respectfully submitted,

*Original signed by*

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

**Public Health Sudbury & Districts**  
**STATEMENT OF REVENUE & EXPENDITURES**  
For The 11 Periods Ending November 30, 2023

**Cost Shared Programs**

	<b>Annual Budget</b>	<b>Budget YTD</b>	<b>Current Expenditures YTD</b>	<b>Variance YTD (over)/under</b>	<b>Balance Available</b>
<b>Revenue:</b>					
MOH - General Program	17,132,775	15,768,832	15,701,502	67,330	1,431,273
MOH - One Time Mitigation Grant	1,179,500	1,081,211	1,081,211	0	98,289
MOH - Unorganized Territory	826,000	757,171	757,172	(1)	68,828
Municipal Levies	9,418,510	8,633,707	8,633,659	48	784,851
Interest Earned	120,000		380,776	(260,776)	(260,776)
<b>Total Revenues:</b>	<b>\$28,676,785</b>	<b>\$26,360,921</b>	<b>\$26,554,320</b>	<b>\$(193,399)</b>	<b>\$2,122,465</b>
<b>Expenditures:</b>					
<b>Corporate Services:</b>					
Corporate Services	5,700,516	5,194,227	4,902,805	291,422	797,712
Office Admin.	111,350	79,692	75,692	3,999	35,658
Espanola	120,721	111,073	110,384	689	10,337
Manitoulin	131,888	121,386	103,204	18,183	28,684
Chapleau	130,602	119,997	97,035	22,961	33,567
Sudbury East	18,970	17,389	17,769	(380)	1,201
Intake	343,287	316,880	308,734	8,146	34,553
Facilities Management	677,485	591,805	605,615	(13,810)	71,870
Volunteer Resources	3,850	2,888	0	2,888	3,850
<b>Total Corporate Services:</b>	<b>\$7,238,669</b>	<b>\$6,555,337</b>	<b>\$6,221,238</b>	<b>\$334,098</b>	<b>\$1,017,431</b>
<b>Health Protection:</b>					
Environmental Health - General	1,312,280	1,181,158	1,119,675	61,482	192,604
Environmental	2,666,155	2,421,143	2,202,891	218,252	463,264
Vector Borne Disease (VBD)	85,308	54,916	49,195	5,721	36,113
Small Drinking Water Systems	198,210	182,963	93,853	89,110	104,357
CID	786,461	732,808	969,061	(236,254)	(182,600)
Districts - Clinical	214,329	197,919	199,187	(1,268)	15,142
Risk Reduction	174,542	93,969	58,727	35,242	115,815
SFO: E-Cigarettes, Protection and Enforcement	262,559	235,467	195,987	39,480	66,572
<b>Total Health Protection:</b>	<b>\$5,699,844</b>	<b>\$5,100,342</b>	<b>\$4,888,577</b>	<b>\$211,766</b>	<b>\$811,268</b>
<b>Health Promotion:</b>					
Health Promotion - General	1,156,588	1,045,233	983,323	61,910	173,265
School Health and Behavior Change	1,177,924	1,078,603	1,005,922	72,681	172,002
Districts - Espanola / Manitoulin	353,273	324,521	324,569	(47)	28,704
Nutrition & Physical Activity	1,927,007	1,756,933	1,339,128	417,806	587,879
Districts - Chapleau / Sudbury East	446,110	411,629	386,823	24,806	59,287
Tobacco, Vaping, Cannabis & Alcohol	675,857	605,661	154,351	451,309	521,506
Family Health	1,344,607	1,226,036	1,063,080	162,956	281,527
Mental Health and Addictions	786,387	714,928	1,324,870	(609,942)	(538,483)
Dental	464,592	425,654	366,345	59,310	98,247
Healthy Smiles Ontario	634,445	578,725	570,779	7,946	63,666
Vision Health	11,770	9,765	4,539	5,226	7,231
SFO: TCAN Coordination and Prevention	473,208	425,373	401,069	24,304	72,139
Harm Reduction Program Enhancement	161,321	147,536	40,285	107,252	121,036
<b>Total Health Promotion:</b>	<b>\$9,613,088</b>	<b>\$8,750,598</b>	<b>\$7,965,082</b>	<b>\$785,516</b>	<b>\$1,648,006</b>
<b>Vaccine Preventable Diseases and COVID Preventio</b>					
VPD and COVID CCM - General	311,216	282,556	262,997	19,560	48,219
VPD and COVID CCM	909,095	843,440	1,090,343	(246,903)	(181,248)
Sexual Health	1,353,228	1,251,590	1,210,025	41,565	143,203
MOHLTC - Influenza	0	0	(3,329)	3,329	3,329
MOHLTC - Meningittis	(0)	(0)	(8,279)	8,279	8,279
MOHLTC - HPV	0	0	(9,597)	9,597	9,597
<b>Total SVC:</b>	<b>\$2,573,539</b>	<b>\$2,377,586</b>	<b>\$2,542,160</b>	<b>\$(164,574)</b>	<b>\$31,379</b>
<b>Knowledge and Strategic Services:</b>					
Knowledge and Strategic Services	3,021,373	2,770,607	2,752,968	17,639	268,405
Workplace Capacity Development	23,507	18,604	27,743	(9,140)	(4,236)
Health Equity Office	14,440	13,069	17,974	(4,905)	(3,534)
Nursing Initiatives: CNO, ICPHN, SDoH PHN	482,094	445,010	439,286	5,724	42,809
Strategic Engagement	10,230	7,193	485	6,708	9,745
<b>Total Knowledge and Strategic Services:</b>	<b>\$3,551,644</b>	<b>\$3,254,483</b>	<b>\$3,238,456</b>	<b>\$16,027</b>	<b>\$313,188</b>
<b>Total Expenditures:</b>	<b>\$28,676,785</b>	<b>\$26,038,347</b>	<b>\$24,855,514</b>	<b>\$1,182,833</b>	<b>\$3,821,271</b>
<b>Net Surplus/(Deficit)</b>	<b>\$0</b>	<b>\$322,574</b>	<b>\$1,698,806</b>	<b>\$1,376,232</b>	

**Public Health Sudbury & Districts**

**Cost Shared Programs**

STATEMENT OF REVENUE & EXPENDITURES  
 Summary By Expenditure Category  
 For The 11 Periods Ending November 30, 2023

	<b>BOH Annual Budget</b>	<b>Budget YTD</b>	<b>Current Expenditures YTD</b>	<b>COVID-19 Expenditures YTD</b>	<b>Total Expenditures YTD</b>	<b>Cost Shared Variance YTD (over)/under</b>	<b>Total Variance YTD (over)/under</b>	<b>Budget Available</b>
<b>Revenues &amp; Expenditure Recoveries:</b>								
MOH Funding	28,779,898	26,464,034	26,670,929	0	26,670,929	(206,895)	(206,895)	2,108,969
Other Revenue/Transfers	638,091	503,833	635,415	0	635,415	(131,582)	(131,582)	2,676
<b>Total Revenues &amp; Expenditure Recoveries:</b>	<b>29,417,989</b>	<b>26,967,867</b>	<b>27,306,344</b>	<b>0</b>	<b>27,306,344</b>	<b>(338,477)</b>	<b>(338,477)</b>	<b>2,111,645</b>
<b>Expenditures:</b>								
Salaries	18,596,518	17,163,918	16,750,537	3,307,762	20,058,299	413,382	(2,894,380)	1,845,981
Benefits	5,871,389	5,419,095	5,175,832	463,030	5,638,862	243,263	(219,767)	695,557
Travel	302,084	254,585	193,663	45,047	238,710	60,921	15,874	108,421
Program Expenses	1,072,040	717,134	595,980	15,008	610,987	121,154	106,147	476,060
Office Supplies	65,150	57,976	20,381	6,589	26,970	37,595	31,006	44,769
Postage & Courier Services	74,100	61,167	61,131	1,709	62,840	35	(1,673)	12,969
Photocopy Expenses	4,240	3,877	8,937	0	8,937	(5,060)	(5,060)	(4,697)
Telephone Expenses	66,210	61,092	60,771	13,509	74,280	321	(13,188)	5,439
Building Maintenance	479,008	432,023	449,188	3,155	452,344	(17,165)	(20,321)	29,820
Utilities	236,920	217,177	155,173	0	155,173	62,003	62,003	81,747
Rent	318,849	292,474	295,052	101,558	396,610	(2,579)	(104,136)	23,797
Insurance	191,590	191,173	185,311	0	185,311	5,863	5,863	6,279
Employee Assistance Program ( EAP)	35,000	32,083	34,263	0	34,263	(2,180)	(2,180)	737
Memberships	34,809	31,650	36,222	0	36,222	(4,572)	(4,572)	(1,413)
Staff Development	125,781	93,676	34,450	213	34,663	59,226	59,013	91,331
Books & Subscriptions	14,695	12,149	8,252	0	8,252	3,898	3,898	6,443
Media & Advertising	132,754	90,389	34,021	497	34,519	56,368	55,871	98,733
Professional Fees	425,747	352,260	447,766	66,254	514,020	(95,506)	(161,760)	(22,019)
Translation	61,525	54,129	68,000	12,627	80,627	(13,870)	(26,498)	(6,475)
Furniture & Equipment	44,620	16,193	13,908	0	13,908	2,285	2,285	30,712
Information Technology	1,264,960	1,091,072	978,701	35,634	1,014,335	112,371	76,737	286,259
<b>Total Expenditures</b>	<b>29,417,989</b>	<b>26,645,293</b>	<b>25,607,538</b>	<b>4,072,593</b>	<b>29,680,131</b>	<b>1,037,755</b>	<b>(3,034,839)</b>	<b>3,810,451</b>
<b>Net Surplus ( Deficit )</b>	<b>0</b>	<b>322,574</b>	<b>1,698,806</b>	<b>(4,072,593)</b>	<b>(2,373,787)</b>	<b>1,376,232</b>	<b>2,696,361</b>	



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

**SUMMARY OF REVENUE & EXPENDITURES**

For the Period Ended November 30, 2023

<b>Program</b>	<b>FTE</b>	<b>Annual Budget</b>	<b>Current YTD</b>	<b>Balance Available</b>	<b>% YTD</b>	<b>Program Year End</b>	<b>Expected % YTD</b>
<b>100% Funded Programs</b>							
Indigenous Communities	703	90,400	41,874	48,526	46.3%	<i>Dec 31</i>	91.7%
Pre/Postnatal Nurse Practitioner	704	139,000	93,931	45,069	67.6%	<i>Mar 31/2024</i>	66.7%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	64,516	35,484	64.5%	<i>Mar 31/2024</i>	66.7%
Northern Fruit and Vegetable Program	743	176,100	167,402	8,698	95.1%	<i>Dec 31</i>	91.7%
MOH - ISPA Vaccination Clinic Catch Up	756	152,500	121,205	31,295	79.5%	<i>Mar 31/2024</i>	66.7%
Supervised Consumption Site	767	1,094,021	828,370	265,651	75.7%	<i>Dec 31</i>	91.7%
Healthy Babies Healthy Children	778	1,476,897	919,037	557,860	62.2%	<i>Mar 31/2024</i>	66.7%
IPAC Congregate CCM	780	914,100	481,496	432,604	52.7%	<i>Mar 31/2024</i>	66.7%
Ontario Senior Dental Care Program	786	1,256,200	890,928	365,272	70.9%	<i>Dec 31</i>	91.7%
Anonymous Testing	788	64,293	42,864	21,429	66.7%	<i>Mar 31/2024</i>	66.7%
<b>Total</b>		<b>5,463,511</b>	<b>3,651,623</b>	<b>1,811,888</b>			

December 19, 2023

Dr. Penny Sutcliffe  
Medical Officer of Health and Chief Executive Officer  
Public Health Sudbury & Districts  
1300 Paris Street  
Sudbury, ON P3E 3A3

**Re: Public Health Strengthening and Chronic Disease Prevention**

Dear Dr. Sutcliffe,

At the November 16, 2023 meeting, under Correspondence item [d\)](#), the Middlesex-London Board of Health moved to endorse the following item:

**Date:** October 27, 2023  
**Topic:** Public Health Strengthening and Chronic Disease Prevention  
**From:** Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer on behalf of the Board of Health for Public Health Sudbury & Districts  
**To:** Premier Ford and Provincial Ministers Jones and Tibollo

The Middlesex-London Board of Health has seen the impacts that chronic disease has on residents of the Middlesex-London community. Chronic diseases account for a substantial burden on the health of the community, and disproportionately impact equity seeking populations who are socioeconomically disadvantaged. The Board of Health in March 2023 heard the data released by Public Health Ontario on [Burden of Health Attributable to Smoking and Alcohol Consumption in Middlesex-London](#). Smoking and alcohol use cause chronic diseases that have created challenges for citizens within the community.

The Middlesex-London Board of Health supports Public Health Sudbury & Districts in encouraging the Provincial Government to ensure all health system partners are supported to invest in coordinated action to promote health and reduce the burden of chronic diseases within the community.

Please advise how we can further support your advocacy.

Sincerely,



Matthew Newton-Reid  
Board Chair  
Middlesex-London Health Unit



Dr. Alexander Summers MD, MPH, CCFP, FRCPC  
Medical Officer of Health  
Middlesex-London Health Unit



Emily Williams BScN, RN, MBA, CHE  
Secretary and Treasurer  
Middlesex-London Health Unit

CC: Honourable Doug Ford, Premier of Ontario  
Honourable Sylvia Jones, Minister of Health  
Honourable Michael Tibollo, Associate Minister of Mental Health and Addictions

December 19, 2023

Dr. Penny Sutcliffe  
Medical Officer of Health and Chief Executive Officer  
Public Health Sudbury & Districts  
1300 Paris Street  
Sudbury, ON P3E 3A3

**Re: Support for a Funded Healthy School Food Program in Budget 2024**

Dear Dr. Sutcliffe,

At the November 16, 2023 meeting, under Correspondence item [e\)](#), the Middlesex-London Board of Health moved to endorse the following item:

**Date:** October 27, 2023  
**Topic:** Support for a Funded Healthy School Food Program in Budget 2024 (Federal)  
**From:** Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer on behalf of the Board of Health for Public Health Sudbury & Districts  
**To:** Federal Ministers Freeland, Sudds, MacAulay, and Duclos

The Middlesex-London Board of Health received a report in November 2023 titled “[Monitoring Food Affordability and Implications for Public Policy and Action](#)”. This report noted that local food affordability monitoring is a requirement of the Ontario Public Health Standards. It also provided an update on the Middlesex-London Health Unit’s 2023 Nutritious Food Basket survey results, which demonstrate that incomes, particularly when dependent on social assistance, are not adequate for many Middlesex-London residents to afford basic needs. It also noted that food insecurity has a pervasive impact on health, and there is a need for income-based solutions.

The Middlesex-London Board of Health previously supported the [Windsor-Essex County Health Unit](#) on this matter, and further supports Public Health Sudbury & Districts in advocating to the federal government for a federal school food policy for a universal, cost-shared school food program in schools.

Please advise how we can further support your advocacy.

Sincerely,



Matthew Newton-Reid  
Board Chair  
Middlesex-London Health Unit



Dr. Alexander Summers MD, MPH, CCFP, FRCPC  
Medical Officer of Health  
Middlesex-London Health Unit



Emily Williams BScN, RN, MBA, CHE  
Secretary and Treasurer  
Middlesex-London Health Unit

CC: Honourable Chrystia Freeland, Deputy Prime Minister and Ministry of Finance  
Honourable Jenna Sudds, Ministry of Families, Children and Social Development  
Honourable Lawrence MacAulay, Ministry of Agriculture and Agri-Food  
Honourable Jean-Yves Duclos, Ministry of Public Services and Procurement

**Ministry of Health**

Office of the Deputy Premier  
and Minister of Health

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

**Ministère de la Santé**

Bureau du vice-premier ministre  
et du ministre de la Santé

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



December 14, 2023

Ryan Anderson  
21 Blake Street West  
Box 151  
Little Current ON P0P 1K0

Dear Ryan Anderson:

Congratulations on your appointment to the Board of Health for the Sudbury and District Health Unit. I am very pleased that you have taken on this important responsibility.

As serving the people of Ontario is an honour and a privilege, I know you will be committed to the principles and values of public service and I am confident you will perform your duty with integrity.

I have enclosed a copy of the Order in Council which was approved on September 7, 2023, appointing you for the period September 7, 2023 until September 6, 2024.

Again, please accept my congratulations on your appointment. I am confident you will find this experience both interesting and rewarding.

Sincerely,

A handwritten signature in black ink, appearing to read "SJA", written over a light blue horizontal line.

Sylvia Jones  
Deputy Premier and Minister of Health

Enclosure

c: Medical Officer of Health  
Michael Mantha, MPP



**Executive Council of Ontario  
Order in Council**

**Conseil exécutif de l'Ontario  
Décret**


On the recommendation of the undersigned, the Lieutenant Governor of Ontario, by and with the advice and concurrence of the Executive Council of Ontario, orders that:

Sur la recommandation de la personne soussignée, le lieutenant-gouverneur de l'Ontario, sur l'avis et avec le consentement du Conseil exécutif de l'Ontario, décrète ce qui suit :

PURSUANT TO subsections 49(3) and 51(1) of the *Health Protection and Promotion Act*, **Ryan Anderson** of Little Current be appointed as a part-time member of the Board of Health for the Sudbury and District Health Unit to serve at the pleasure of the Lieutenant Governor in Council for a period not exceeding one year, effective the date this Order in Council is made.

-----

EN VERTU DES paragraphes 49 (3) et 51 (1) de la *Loi sur la protection et la promotion de la santé*, **Ryan Anderson** de Little Current est nommé au poste de membre à temps partiel du conseil de santé de la circonscription sanitaire de Sudbury et du district pour exercer son mandat à titre amovible à la discrétion du lieutenant-gouverneur en conseil, pour une période maximale d'un an à compter du jour de la prise du présent décret.

  
Recommended: Minister of Health  
Recommandé par : La ministre de la Santé

  
Concurred: Chair of Cabinet  
Appuyé par : La présidence du Conseil des ministres

Approved and Ordered: SEP 07 2023  
Approuvé et décrété le :

  
Lieutenant Governor  
La lieutenant-gouverneure

alPHa's members are  
the public health units  
in Ontario.

#### alPHa Sections:

Boards of Health  
Section

Council of Ontario  
Medical Officers of  
Health (COMOH)

#### Affiliate

#### Organizations:

Association of Ontario  
Public Health Business  
Administrators

Association of  
Public Health  
Epidemiologists  
in Ontario

Association of  
Supervisors of Public  
Health Inspectors of  
Ontario

Health Promotion  
Ontario

Ontario Association of  
Public Health Dentistry

Ontario Association of  
Public Health Nursing  
Leaders

Ontario Dietitians in  
Public Health

December 1, 2023

Hon. Mark Holland  
Minister of Health,  
House of Commons  
Ottawa, Ontario, K1A 0A6

Dear Minister Holland,

#### Re: Regulation of Nicotine Products

---

On behalf of the Association of Local Public Health Agencies (alPHa) and its Council of Ontario Medical Officers of Health, Boards of Health Section and Affiliate Organizations, I am writing to request that Health Canada take swift action to stop the sale and promotion of nicotine pouches to youth and continue progress towards eliminating commercial tobacco and nicotine use and in keeping with our Association's call for a comprehensive smoking, vaping, and nicotine strategy in the attached resolution.

While smoking rates are at an all-time low, commercial tobacco use remains the leading preventable cause of death and disability in Ontario, as well as in Canada.<sup>i, iii</sup> Emerging nicotine products such as e-cigarettes and nicotine pouches threaten to increase nicotine addiction amongst youth and adults who do not smoke. Research in nicotine addiction continues to show a path to tobacco. For example, youth who use e-cigarettes have been shown to be three to four times more likely to start smoking tobacco cigarettes<sup>iii</sup>.

alPHa is very concerned that nicotine pouches have been approved for sale and promotion in the Canadian market with even less regulation than e-cigarettes. Nicotine pouches have been approved for sale to children of *any* age and are legal to be promoted to all audiences, including on television, billboards and using social media and lifestyle ads. Colourful displays at points of sale and free samples are also permitted. Regulations prohibiting the sale and advertising of tobacco and vapour products to those under 18 years (19 years in Ontario) serve to protect youth from a lifetime of nicotine addiction and are thus among the strategies included within Canada's *Tobacco and Vaping Products Act* and the *Smoke-Free Ontario Act, 2017*.

Similar restrictions are urgently required for nicotine pouches including restricting flavouring that appeals to youth. Flavours were removed from tobacco cigarettes to help reduce their appeal to youth, though they continue to be a driving force of youth vaping<sup>iv</sup>. Restricting all flavours except those that impart a tobacco flavour in both e-cigarettes and nicotine pouches would further reduce the risk of nicotine addiction among youth and adults who have never smoked.

alPHa supports the immediate calls to action recently made by health organizations such as [Physicians for a Smoke-Free Canada](#), requiring reclassification of nicotine pouches as a prescription product, or to suspend the sale of nicotine pouches until the regulatory gap is closed, both of which being approaches that could be done quickly and administratively without the need for regulatory amendment. Further, alPHa supports the recommendation to establish a temporary moratorium on the approval of any further nicotine pouch products, or any new category of nicotine products, under the Natural Health Product Regulations, until the regulatory gap is closed, unless the products are sold on a prescription basis.

This emerging nicotine product highlights the need for a federal smoking, vaping, and nicotine strategy that aligns with Canada’s current Tobacco Strategy target of less than 5% commercial tobacco use by 2035 with respect to all nicotine delivery products. Such a strategy would complement the call for a renewed and comprehensive smoking, vaping, and nicotine strategy in Ontario that was introduced [via alPHa Resolution A23-02](#), passed by our membership at our 2023 Annual Conference as attached for your reference.

We look forward to working with you and welcome any questions regarding this issue. Please have your staff contact Loretta Ryan, Executive Director, alPHa, at [loretta@alphaweb.org](mailto:loretta@alphaweb.org) or 647-325-9594.

Sincerely,



Dr. Charles Gardner  
President

**Copy:** Dr. Kieran Moore, Chief Medical Officer of Health, Ontario

i Ontario Agency for Health Protection and Promotion (Public Health Ontario). Ontario Tobacco Monitoring Report 2018 [Internet]. Toronto, ON: Queen’s Printer for Ontario; 2019. Available from:

<https://www.publichealthontario.ca/-/media/documents/T/2019/tobacco-report-2018.pdf>

ii Murray CJL, Aravkin AY, Zheng P, Abbafati C, Abbas KM, Abbasi-Kangevari M, et al. Global burden of 87 risk factors in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019. *The Lancet*. 2020 Oct;396(10258):1223–49.

iii Collishaw, N. (2022, February 14). Science has marched on: it is time to update the advice to Canadians.

*Physicians for a Smoke-Free Canada*. <https://smoke-free-canada.blogspot.com/2022/02/science-has-marched-on-it-is-time-to.html>

iv Hammond, D., Reid, J. L., Rynard, V. L., & Burkhalter, R. (2019). ITC youth tobacco and vaping survey: Technical report – Wave 3 (2019). University Of Waterloo. Updated May 2020.

The Association of Local Public Health Agencies (alPHa) is a not-for-profit organization that provides leadership to Ontario’s boards of health. alPHa represents all of Ontario’s 34 boards of health, medical officers and associate medical officers of health, and senior public health managers in each of the public health disciplines – nursing, inspections, nutrition, dentistry, health promotion, epidemiology, and business administration. As public health leaders, alPHa advises and lends expertise to members on the governance, administration, and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective, and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHa’s members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario’s communities.

November 16, 2023

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

Sent via email to Sylvia.Jones@pc.ola.org

Dear Minister Jones

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

The Board of Health for the Haliburton, Kawartha, Pine Ridge District Health Unit (HKPRDHU), is writing in support of [Simcoe Muskoka District Health Unit's letter dated September 7, 2023, and Public Health Niagara Region's letter dated October 30, 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 local board of health.

Vaping rates among youth in Ontario continue to remain high with 26.4 % of students in grades 7-12 having tried vaping by e-cigarettes in their lifetime. Among those that had vaped in the last year, over 84% report vaping nicotine.

Vaping can impact the developing brain, increase risk of lung injury, and can impact other health issues like lung and cardiovascular disease. 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 that contribute to youth vaping. Long-term health risks of vaping are still largely unknown.

## PROTECTION · PROMOTION · PREVENTION

**HEAD OFFICE**  
200 Rose Glen Road  
Port Hope, Ontario L1A 3V6  
Phone · 1-866-888-4577  
Fax · 905-885-9551

**HALIBURTON OFFICE**  
Box 570  
191 Highland Street, Unit 301  
Haliburton, Ontario K0M 1S0  
Phone · 1-866-888-4577  
Fax · 705-457-1336

**LINDSAY OFFICE**  
108 Angeline Street South  
Lindsay, Ontario K9V 3L5  
Phone · 1-866-888-4577  
Fax · 705-324-0455



The Honourable Sylvia Jones

November 16, 2023

Page 2

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. The Haliburton, Kawartha, Pine Ridge District Health Unit would be happy to work with your government in supporting the changes proposed within Bill 103 as part of our comprehensive strategy to reduce youth vaping and decrease nicotine addiction.

Yours truly

BOARD OF HEALTH FOR THE HALIBURTON,  
KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT

David Marshall  
Chair, Board of Health  
Haliburton, Kawartha, Pine Ridge District Health Unit

Encl.

Cc: Honourable Michael Parsa, Minister of Children, Community and Social Services  
Honourable Steve Clark, Minister of Municipal Affairs and Housing  
Honourable Michael Tibollo, Associate Minister of Mental Health and Addictions  
Dr. Kieran Moore, Chief Medical Officer of Health  
Honourable David Piccini, MPP, Northumberland-Peterborough South  
Laurie Scott, MPP, Haliburton-Kawartha Lakes-Brock  
Ontario Boards of Health  
Association of Local Public Health Agencies

May 11, 2023

**Via Email:** loretta@alphaweb.org

Ms. Loretta Ryan  
Association of Local Public Health Agencies  
480 University Avenue, Suite 300  
Toronto, ON M5V 1V2

Dear Ms. Ryan,

**Re: Boards of Health and the *Ontario Not-for-Profit Corporations Act***

You have asked whether boards of health are subject to the *Ontario Not-for-Profit Corporations Act*? The short answer is “no” they are not.

As you know, a board of health in Ontario is created under Part VI of the *Ontario Health Protection and Promotion Act* (“*HPPA*”). Under section 52(1) of the *HPPA*, every board of health is a corporation without share capital. Under section 52(2) of the *HPPA*, the *Not-for-Profit Corporations Act* does not apply to a board of health, except as may be prescribed by regulation. (The sections of the *HPPA* are attached.) I am not aware of any regulation that would apply the *Not-for-Profit Corporations Act* to a board of health.

Accordingly, an Ontario board of health is a corporation regulated by the Health Protection and Promotion Act.

I trust that this assists you. Please contact me with any questions or if I can assist you further.

Yours truly,  
LeNOURY LAW

*James LeNoury*

James A. LeNoury  
JAL:dw

# LeNoury Law

## **Health Protection and Promotion Act, RSO 1990, c H.7**

### **Board to be corporation**

**52** (1) Every board of health is a corporation without share capital.

### **Non-application**

(2) The [\*Corporations Information Act\*](#) and the [\*Not-for-Profit Corporations Act, 2010\*](#) do not apply to a board of health except, in the case of the [\*Not-for-Profit Corporations Act, 2010\*](#), as prescribed by regulation.

# Board of Health for Public Health Sudbury & Districts Summary of Board Meeting Evaluations – 2023

After every regularly scheduled meeting, Board of Health members for Public Health Sudbury & Districts are asked to complete a post-meeting evaluation survey. Overall, the response rate for all meetings in 2023 was 46.3% compared to 2022, with a response rate of 74.0%. Response rates for each Board of Health meeting are indicated in the table below.

**Table 1: Board of Health Response Rate by Month, 2023**

Month	Completed Evaluations	Total Attendance	Response Rate%
February	5	11	45.5
	4	11	36.4
	5	11	45.5
June	5	12	41.7
September	6	13	46.2
October	6	12	50.0
November	7	12	58.3

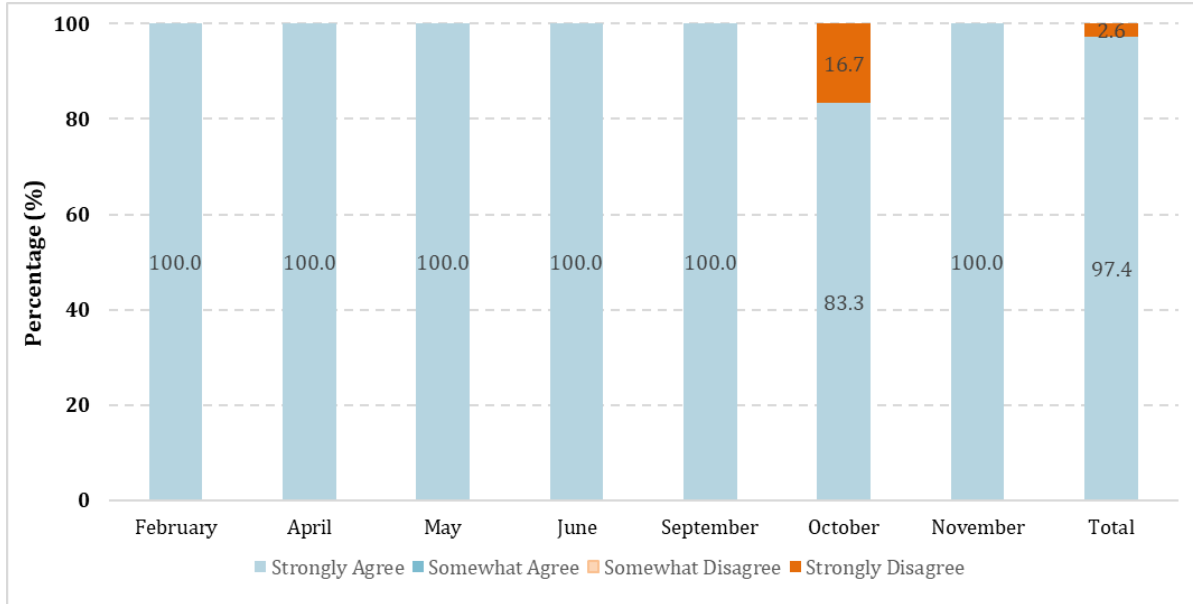
In these post-meeting evaluation surveys, Board of Health members are asked to reflect on various aspects of the meeting and to state their level of agreement or disagreement with the following statements:

1. The Board agenda package contained appropriate information to support the Board in carrying out its governance leadership role.
2. The delegation/presentation was an opportunity for me to improve my knowledge and understanding of an important public health subject.
3. The MOH/CEO report was informative, timely and relevant to my governance role.
4. Overall, Board members participated in a responsible way and made decisions that further the Public Health Sudbury & Districts’ vision and mission.
5. There is alignment with items that were included in the Board agenda package and the Public Health Sudbury & Districts’ 2018-2022 Strategic Plan.

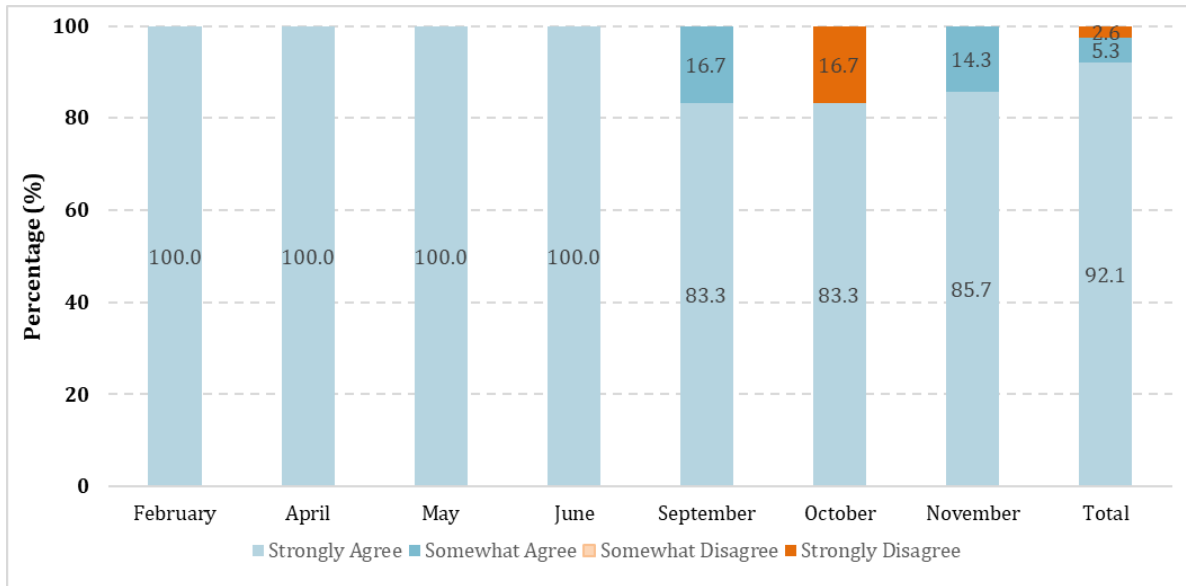
6. Board members' conduct was professional, cordial and respectful.

For the most part, Board of members mainly agreed with all statements, with some exceptions. These exceptions are highlighted in orange in the figures below.

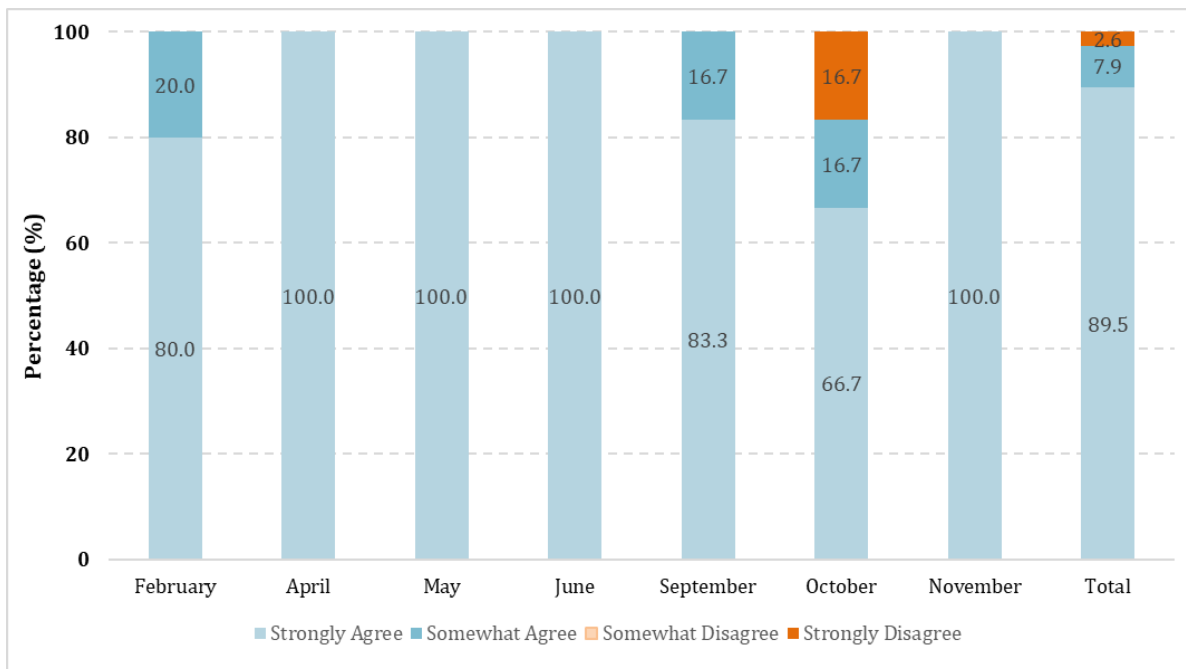
**Statement #1: The Board agenda package contained appropriate information to support the Board in carrying out its governance leadership role**



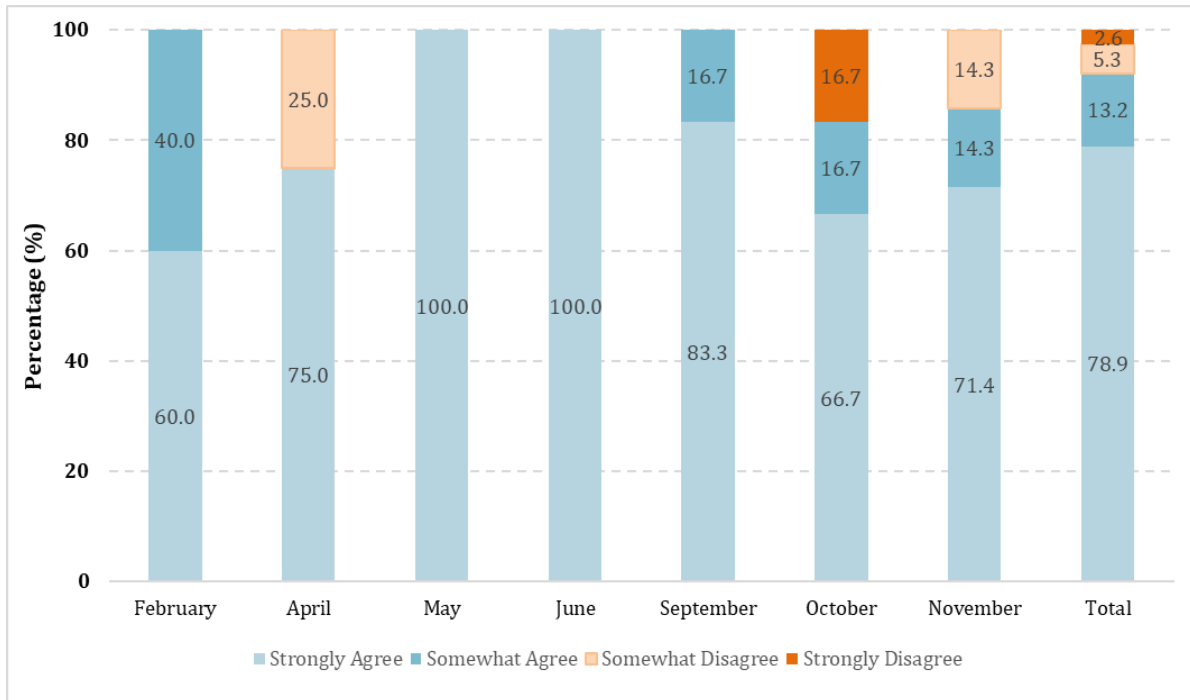
**Statement #2: The delegation/presentation was an opportunity for me to improve my knowledge and understanding of an important public health subject**



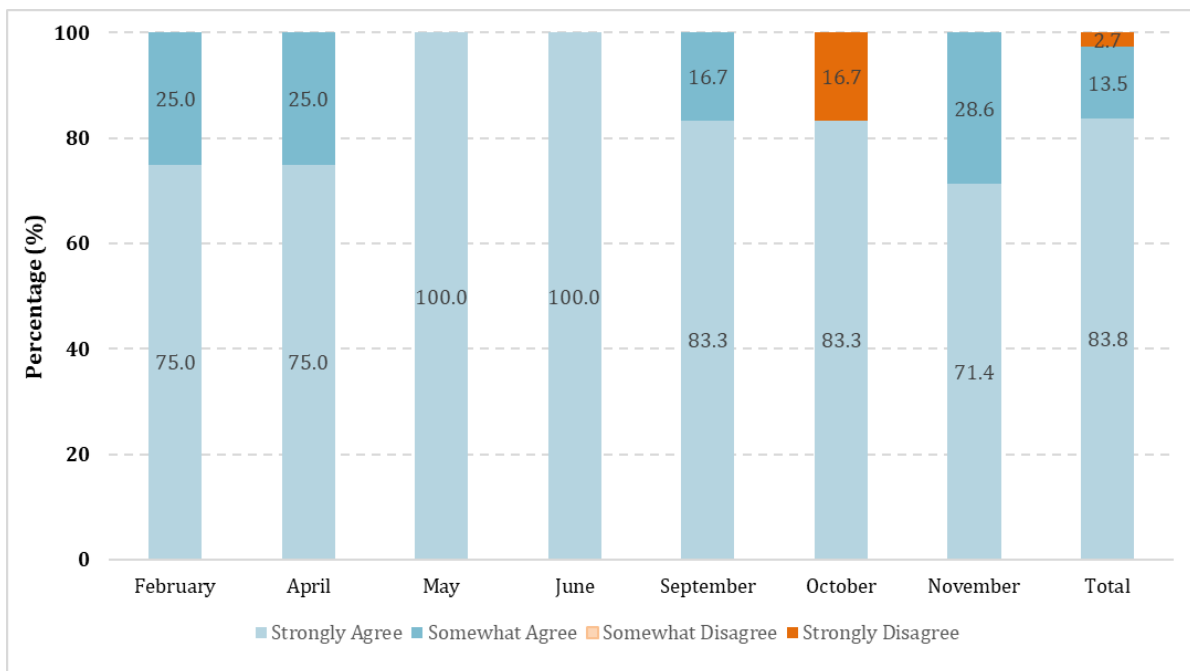
**Statement #3: The MOH/CEO report was informative, timely and relevant to my governance role**



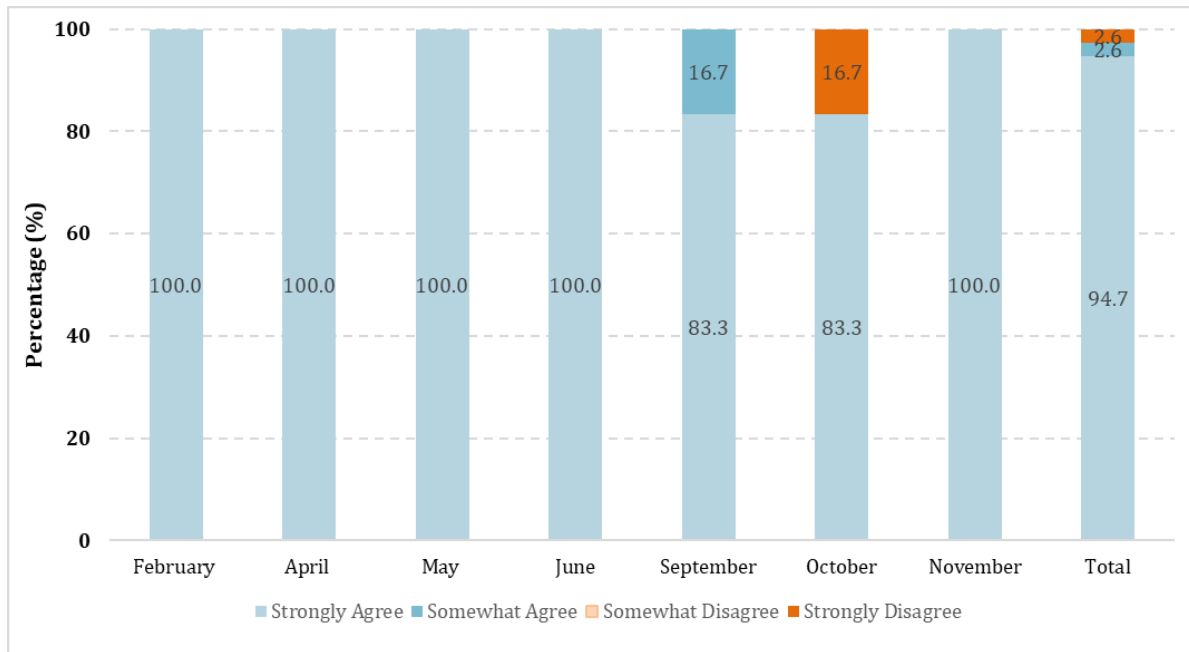
**Statement #4: Overall, Board members participated in a responsible way and made decisions that further the Public Health Sudbury & Districts' Vision and Mission**



**Statement #5: There is alignment with items that were included in the Board agenda package and the Public Health Sudbury & Districts' 2018-2022 Strategic Plan**



## Statement #6: Board members' conduct was professional, cordial and respectful



Combined cumulative responses for all eight monthly Board of Health meetings are found in the table below.

**Table 2: Overall (cumulative) Response to Statements**

Statement	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Total Responses
1. The Board agenda package contained appropriate information to support the Board in carrying out its governance leadership role.	37 (97.4%)	0 (0.0%)	0 (0.0%)	1 (2.6%)	38
2. The delegation/presentation was an opportunity for me to improve my knowledge and understanding of an important public health subject.	35 (92.1%)	2 (5.3%)	0 (0.0%)	1 (2.6%)	38
3. The MOH/CEO report was informative, timely and relevant to my governance role.	34 (89.5%)	3 (7.9%)	0 (0.0%)	1 (2.6%)	38
4. Overall, Board members participated in a responsible way	30 (78.9%)	5 (13.2%)	2 (5.3%)	1 (2.6%)	38



and made decisions that further the Public Health Sudbury & Districts' vision and mission.

5. There is alignment with items that were included in the Board agenda package and the Public Health Sudbury & Districts' 2018-2022 Strategic Plan.

6. Board members' conduct was professional, cordial and respectful.

	31 (83.8%)	5 (13.5%)	0 (0.0%)	1 (2.7%)	37
	36 (94.7%)	1 (2.6%)	0 (0.0%)	1 (2.6%)	38

## Comments and suggestions

In each meeting evaluation survey, Board of Health members were given the opportunity to provide feedback on the things they liked/disliked about the meeting, and to provide suggestions on how to improve future meetings.

A few respondents provided suggestions. These include a suggestion to have an agenda item dedicated exclusively to risk assessment, since the outcomes of our risk assessments should inform our work in public health. Another suggestion was to provide more time for questions overall on public health system reports, for example.

## Meeting highlights

- the high level of professionalism demonstrated by all those who participated.
- the open honest conversations that Board members can share while respecting everyone's ideas, including health debates.
- the Chair and Vice Chair being well prepared and managing the closed session discussions
- receiving information on the ALPHA conference and lessons learned by attendees
- the flow and format of some meetings
- the updated boardroom which has great lighting, sound, and table to accommodate the group

Overall, the majority of comments received for the monthly Board of Health meeting evaluations were positive. Taking the time to pause after meetings to reflect on their effectiveness is an important way to ensure continuous quality improvement.

**ATTENDANCE  
2023 BOARD OF HEALTH MEETINGS**

<b>Date of Meeting</b>	01/19/23 cancelled	02/16/23	04/20/23	05/18/23	06/15/23	Special 08/24/23	09/21/23	10/19/23	11/16/23	Special 11/21/23	Special 12/13/23	Total	%
Anderson, Ryan <i>(term started Sept 7/23)</i>							√	regrets	√	regrets	√	3/5	60%
Barclay, Robert <i>(term started May 23, 2023)</i>					√	√	regrets	√	√	√	√	6/7	86%
Carrier, Renée		√	√	regrets	√	√	√	√	absent	√	√	8/10	80%
Despatie, Guy <i>(Term started March 27, 2023)</i>			√	√	√	√	√	absent	√	√	√	8/9	89%
Gignac, Claire <i>(term ended Sept 23/23)</i>		√	√	regrets	√	√	√					5/6	83%
Lapierre, René		√	√	√	√	√	√	√	√	√	√	10/10	100%
Leduc, Bill		regrets	regrets	regrets	√	absent	√	regrets	absent	absent	regrets	2/10	20%
Masood, Abdullah		√	√	regrets	√	regrets	√	√	√	√	√	8/10	80%
Noland, Ken		√	√	regrets	√	√	√	√	√	√	√	9/10	90%
Parent, Michel		√	regrets	√	√	√	regrets	√	√	√	√	8/10	80%
Signoretti, Mark		√	√	√	√	√	√	√	√	√	√	10/10	100%
Sizer, Al		√	√	√	√	√	regrets	√	√	√	regrets	8/10	80%
Tessier, Natalie		√	regrets	√	√	√	√	√	√	regrets	√	8/10	80%

**Board of Health Manual Policy G-I-30 - By-law 04-88**

Board members who are elected or appointed representatives of their municipalities shall be bound by the rules of attendance that apply to the councils of their respective municipalities. Failure to attend without prior notice at three consecutive Board meetings, or failure to attend a minimum of 50% of Board meetings in any one calendar year will result in notification of the appointing municipal council by the Board chair and may result in a request by the Board for the member to resign and/or a replacement be named.

Board members appointed by the Lieutenant Governor-in Council are answerable to the Board of Health for their attendance. Failure to provide sufficient notice of non-attendance at three consecutive meetings or failure to attend a minimum of 50% of Board meetings without just cause may result in a request by the Board for the member to resign.

From: allhealthunits <allhealthunits-bounces@lists.alphaweb.org> On Behalf Of alPHa communications  
Sent: January 9, 2024 2:46 PM  
To: AllHealthUnits@lists.alphaweb.org  
Cc: board@lists.alphaweb.org  
Subject: [allhealthunits] 2024 alPHa Winter Symposium registration now open

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,

Registration is now open for the online [2024 Winter Symposium, Section Meetings, and Workshops](#) that are taking place February 14<sup>th</sup>-16<sup>th</sup>! This event will discuss a variety of issues of key importance to public health leaders and you won't want to miss out.

On Friday, February 16<sup>th</sup>, from 8:30 a.m. to 4:30 p.m., there is an exciting lineup of Symposium and Boards of Health Section meeting topics, with a focus on Strengthening Public Health, and key speakers including: Dr. Charles Gardner, President, alPHa; Kelly Pender, Chief Administrative Officer, County of Frontenac; Franger Jimenez; John Allen, Partner, Allen & Malek LLP and Dr. Robert Kyle, Chair, alPHa – ONCA Compliance Working Group; Michael Sherar, President and Chief Executive Officer, Public Health Ontario; Dr. Kieran Moore, Chief Medical Officer of Health (invited); and Sabine Matheson, Principal, StrategyCorp.

In conjunction with the Symposium and Section meetings, we are holding two workshops. The first one, *Building Climate Resilient Health Systems*, is on Wednesday, February 14<sup>th</sup>, from 9 a.m. to 4:30 p.m. The workshop objectives are: to assist alPHa members in recognizing the importance of climate change to local public health, its programming, and its impact and risk to Ontario and need for ongoing planning; to achieve a shared understanding of the roles of local public health regarding climate change mitigation and adaptation; to share perspectives regarding the status of challenges from, action on and response to climate change among local public health agencies; and to assist alPHa members in developing tools needed to manage heat-related adaptation and 2024 preparation.

On the afternoon of Thursday, February 15<sup>th</sup>, from 1 p.m. to 3 p.m., we will hold the second workshop: *Thriving in Change: Building Resilience in Turbulent Times* with Tim Arnold from [Leaders For Leaders](#). This workshop is designed to help you navigate the tricky and turbulent moments you face in the workplace. The interactive session integrates change management, emotional intelligence, and resilience, providing you with a holistic toolkit to thrive amidst unprecedented change, tight timelines, and high-stress work environments.

These workshops are being offered at no additional cost to Symposium registrants and you will be registered automatically when you sign up for the Winter Symposium. Separate registrations are not available for individual events.

The following documents can be accessed by clicking on the links below:

- [Event flyer](#)
- [Symposium draft program](#)
- [BOH Section Meeting draft agenda](#)
- [Building Climate Resilient Health Systems workshop draft agenda](#)
- [Thriving in Change: Building Resilience in Turbulent Times workshop](#)

Registration is for alPHA members only and the cost is \$399+HST (and is inclusive of the Symposium, Workshops, and Section Meeting). The closing date to register is Wednesday, February 7, 2024. Please note, the best way to pay for your registration is via credit card or Electronic Fund Transfer.

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

We hope to see you online February 14<sup>th</sup>-16<sup>th</sup>!

Take Care,

Loretta

---

Loretta Ryan, CAE, RPP  
Executive Director  
Association of Local Public Health Agencies (alPHA)

*Our mailing address has changed:*

*PO Box 73510, RPO Wychwood*

*Toronto, ON M6C 4A7*

Tel: 416-595-0006 x 222

Cell: 647-325-9594

[loretta@alphaweb.org](mailto:loretta@alphaweb.org)

[www.alphaweb.org](http://www.alphaweb.org)

**Ministry of Health**

Office of Chief Medical  
Officer of Health, Public  
Health  
Box 12,  
Toronto, ON M7A 1N3

Fax: 416 325-8412

**Ministère de la Santé**

Bureau du médecin  
hygiéniste en chef, santé  
publique  
Boîte à lettres 12  
Toronto, ON M7A 1N3

Téléc. :416 325-8412

December 13, 2023

**MEMORANDUM**

**TO:** Chairs, Boards of Health  
Medical Officers of Health/Chief Executive Officers

**RE:** **2024 Annual Service Plan and Budget Submission Package**

I am pleased to provide you with the 2024 Annual Service Plan and Budget Submission (Annual Service Plan) package, which includes the 2024 Annual Service Plan and Strengthening Public Health: Voluntary Merger Business Case templates. Customized versions of each local public health agency's 2024 Annual Service Plan will be added to the [Ontario Public Health Standards and Accountability Requirements and Reporting](#) SharePoint site.

As you are aware, the Government is taking steps to strengthen public health and lay the groundwork for a longer-term approach to sustainable funding for a renewed and bolstered sector. The strategy includes the following investments to support your 2024 budget planning:

- Restoring provincial base funding to the level previously provided under the 2020 cost-share formula, effective January 1, 2024 (where applicable).
- Providing growth base funding of 1% annually over the next three calendar years to address the urgent need for stabilization during change processes.
- Providing resources, supports, and incentives for local public health agencies to further strengthen and build their capacity through voluntary mergers.

.../2

The Strengthening Public Health Strategy will also clarify and strengthen public health roles and responsibilities, including relationships across the broader health care system, through a review of the Ontario Public Health Standards (the "Standards"). For the purposes of completing the 2024 Annual Service Plan, boards of health are to assume no changes to the current requirements in the Standards at this time. More information will be shared with the sector shortly regarding the Standards review.

Groups of local public health agencies that are interested in pursuing a voluntary merger are invited to complete the Voluntary Merger Business Case template to demonstrate how the proposed merger would advance the vision, outcomes, and objectives outlined in the *Strengthening Public Health: Outcomes and Objectives to Support Voluntary Mergers* slide deck. The Voluntary Merger Business Case template also includes an opportunity to request one-time funding to support implementation of the proposed merger over a three-year period.

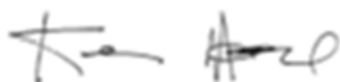
Both the completed and Board of Health approved 2024 Annual Service Plans and Voluntary Merger Business Cases are **due to the Ministry of Health by April 2, 2024**. Where applicable, both submissions can be uploaded to a local public health agency's folder in the SharePoint link provided above.

To facilitate these next steps, meetings will be arranged with the sector, as necessary, to provide an overview of the above noted templates and address any inquiries. In addition, we will be reaching out to arrange meetings in January with local public health agencies exploring mergers, to discuss your specific situation.

If you have any questions about the 2024 Annual Service Plan process and/or public health funding in general, please contact Elizabeth Walker, Executive Lead, Office of Chief Medical Officer of Health, Public Health at [Elizabeth.Walker@ontario.ca](mailto:Elizabeth.Walker@ontario.ca) and/or Brent Feeney, Director, Accountability and Liaison Branch, at [Brent.Feeney@ontario.ca](mailto:Brent.Feeney@ontario.ca).

As always, 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

-3-

c: Business Administrators, Local Public Health Agencies

Elizabeth Walker, Executive Lead, Office of Chief Medical Officer of Health, Public Health

Brent Feeney, Director, Accountability and Liaison Branch

Colleen Kiel, Director, Public Health Strategic Policy, Planning & Communications Branch

Senior Management Team, Office of Chief Medical Officer of Health, Public Health

**APPROVAL OF CONSENT AGENDA**

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



# Briefing Note

**To:** Chair, Board of Health, Public Health Sudbury & Districts  
**From:** Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer  
**Date:** January 11, 2024  
**Re:** An Urgent Public Health Issue – Household Food Insecurity

---

For Information

For Discussion

For a Decision

---

**Issue:**

Annual monitoring of food affordability is required of boards of health and is a fact-based tool to determine the local cost of eating a nutritious diet and to assess income adequacy for basic eating. The 2023 Public Health Sudbury & Districts' monitoring food affordability results ([Appendix A](#)) continues to indicate that some households struggle with eating healthfully and paying for other everyday expenses. Due to its impact on health, food insecurity is an urgent public health problem.

**Recommended Actions:**

WHEREAS food security is a chronic and worsening health issue as documented by annual local data on food affordability and as recognized by multiple Association of Local Public Health Agencies (alPHA) resolutions: [AO5-18](#) (Adequate Nutrition for Ontario Works and Ontario Disability Support Program), [A18-02](#) (Minimum Wage that is a Living Wage), [A15-04](#) (Basic Income Guarantee), and [A23-05](#) (Monitoring Food Affordability in Ontario and the Inadequacy of Social Assistance Rates)

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts call on the provincial government to incorporate local food affordability findings in determining adequacy of social assistance rates to reflect the current costs of living and to index Ontario Works rates to inflation going forward; and

THAT in the context of the Public Health Strengthening roles and responsibilities deliberations, the Board of Health urge all health system partners to remain committed to population health assessment and surveillance as it relates to monitoring food environments and, specifically, to monitoring food affordability; and

FURTHER THAT the Board of Health for Public Health Sudbury & Districts share this motion broadly with local and provincial stakeholders.

---

**2024–2028 Strategic Priorities**

1. Equal opportunities for health
2. Impactful relationships
3. Excellence in public health practice
4. Healthy and resilient workforce

**Background:***Monitoring Food Affordability in Ontario*

Since 1998, Ontario boards of health have been mandated to monitor food affordability using the National Nutritious Food Basket (NNFB). While the current [Ontario Public Health Standards](#) do not include a protocol, there is still a requirement to monitor food affordability at a local level as per the [Population Health Assessment and Surveillance Protocol](#) with further guidance provided in the [Monitoring Food Affordability Reference Document](#).

Monitoring food affordability data has many important uses including:

- Assessing the affordability of basic eating based on nutrition guidelines and consumption data
- Informing health and social policy
- Advocating for greater income supports (e.g., living wage, basic income, adequate social assistance rates)
- Engaging in public education about the relationship between income and food insecurity.

In 2019, Health Canada released a revised NNFB [list](#). This is the list of food items that is used across the country for monitoring food affordability. Since 2020, Public Health Ontario (PHO) and the Ontario Dietitians in Public Health (ODPH) have worked collaboratively to update the Ontario Nutritious Food Basket (ONFB) to reflect the revised NNFB and current consumer purchasing patterns i.e., online shopping. Monitoring food affordability did not occur in 2020 or 2021. With support from PHO, ODPH led the pilot of the updated tools in 2022 and 2023.

The monitoring food affordability tools are robust; however, they are not inclusive for all religious and cultural groups, nor do they acknowledge traditional Indigenous foods and food procurement practices. It is important for Public Health Sudbury & Districts to recognize this, and this statement is now included on our website material.

For 2023, ODPH developed 10 Income Scenarios ([Appendix A](#)). All income scenarios but one, the family of four on a median Ontario income, demonstrate situations where families or individuals are likely to be struggling financially and may experience food insecurity. For example, when the expenses of rent and food are considered, a family of four receiving Ontario Works has \$176 a month left over for all other household expenses (e.g., transportation, clothing, communications), while an individual receiving Ontario Works will be short \$336 each month. Social assistance rates are inadequate. They do not support basic eating and the purchase of other essentials necessary for living. These households are at risk of experiencing chronic food insecurity.

*Measuring Household Food Insecurity*

In Canada, household food insecurity is the “inadequate or insecure access to food due to financial constraints (Li et al., 2023).” Since 2004, household food insecurity has been measured by the

---

**2024–2028 Strategic Priorities**

1. Equal opportunities for health
2. Impactful relationships
3. Excellence in public health practice
4. Healthy and resilient workforce

Household Food Security Survey Module in the Canadian Community Health Survey. Starting in 2018, household food insecurity data have been collected through the Canadian Income Survey (CIS). The CIS is now the recommended data source for food insecurity monitoring (Li et al., 2023).

People living in First Nations and other Indigenous settlements are not included in the CIS. Although people living in First Nations (make up a small proportion of the population, their high levels of vulnerability to food insecurity due to the ongoing impacts of colonization, likely mean that the true prevalence of food insecurity is underestimated (Li et al., 2023).

*Household Food Insecurity*

Public Health Ontario provides access to CIS household food insecurity data through their Data and Analysis “Snapshots”. In Ontario, in 2022, 18.7% of households experienced household food insecurity. This is significantly higher compared to 2021 (16.1%) (Public Health Ontario, 2023).

The three-year combined survey results from 2019-2021 and 2020-2022 are outlined below.

<b>Household Food Insecurity Three-Year Combined Data</b>			
	Public Health Sudbury & Districts % (95% Confidence Interval)	Northeast Public Health Unit Region % (95% Confidence Interval)	Ontario % (95% Confidence Interval)
2019-2021	16.3 (14.2-18.4)	17.0 (15.3-18.7)	16.7 (16.1-17.3)
2020-2022	15.8 (11.4-20.1)	17.6 (14.5-20.8)	17.3 (15.1-19.5)

Compared to the region and the province food insecurity rates do not significantly differ for PHSD for the periods included in the table above.

Those most at risk: In their yearly report on household food insecurity in Canada, PROOF (Food Insecurity Policy Research) found higher prevalence of household food insecurity in:

- Female lone-parent households
- Households receiving any form of social assistance
- Those living in rental housing.
- Non-White households (Li et al., 2023). Note: Many racial groups experience significantly higher rates of household food insecurity. The racial disparities in food insecurity point to the serious consequences of historical and on-going colonialism and systemic racism. Current governmental policies are not adequately addressing systemic inequities that lead to certain populations experiencing higher rates of food insecurity (ODPH, 2023).

**2024–2028 Strategic Priorities**

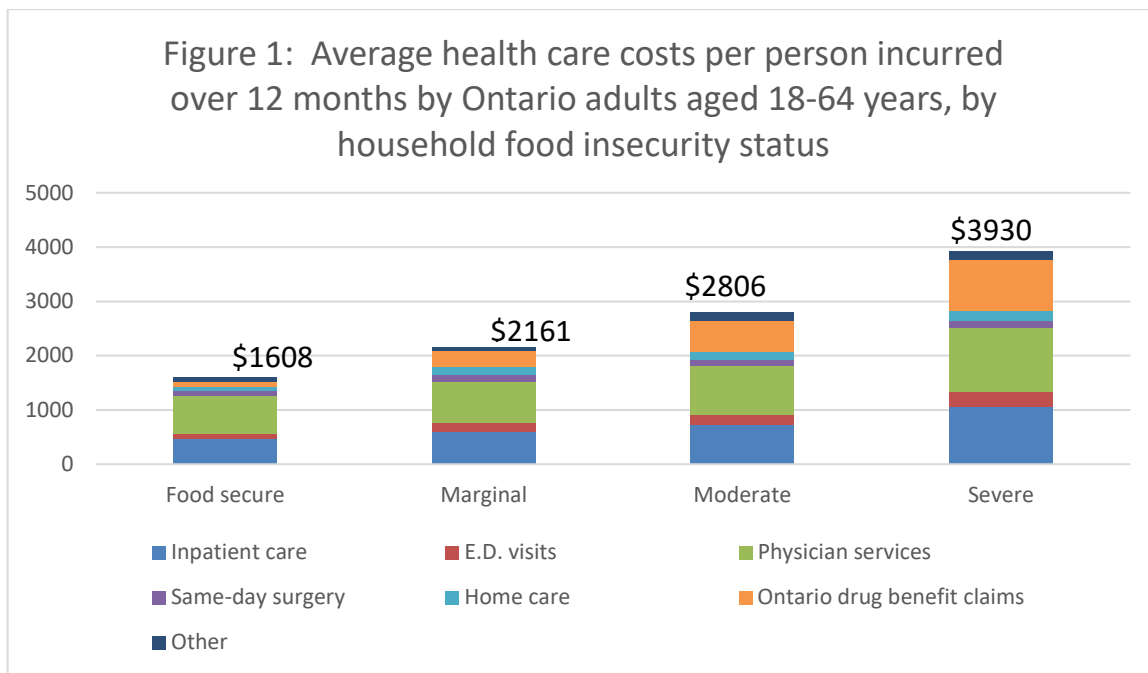
1. Equal opportunities for health
2. Impactful relationships
3. Excellence in public health practice
4. Healthy and resilient workforce

*Implications of Food Insecurity*

Household food insecurity is one of the strongest predictors of poor health, making it a serious public health issue (PROOF, 2023).

Chronic Disease Prevention and Well-Being

Individuals who are food insecure are at higher risk of diet-related diseases like diabetes and are at higher risk for a wide range of chronic conditions such as depression and anxiety disorders, arthritis, and chronic pain. This is because dietary recommendations and necessary medications are costly and often out of reach. This then can lead to more and longer hospital visits. As outlined in Figure 1, in Ontario, the healthcare costs of individuals who are the most food insecure can be more than double that of individuals who are food secure (PROOF, 2023, Tarasuk et al., 2015). This has consequences to everyone because of the burden it places on the health care system. Household food insecurity status is the strongest predictor of becoming a high-cost health care user (someone who ranks in the top 5% of total annual spending) (Li et al., 2023).



Source: PROOF (2023). What are the implications of food insecurity for health and health care? Identifying Policy Options to Reduce Household Food Insecurity in Canada. Data source: Canadian Community Health Survey (CCHS) 2005, 2007-08, and 2009-10.

2024–2028 Strategic Priorities

1. Equal opportunities for health
2. Impactful relationships
3. Excellence in public health practice
4. Healthy and resilient workforce

---

### Healthy Growth and Development

Household food insecurity leaves an indelible mark on children's health and well-being (PROOF, 2023). The experience of food insecurity in childhood is associated with mental health problems throughout childhood and into early adulthood (PROOF, 2023). Adverse childhood experiences (ACES) "are classified as potentially traumatic adverse events occurring in childhood that are predictive of health and social outcomes later in life" (Royer et al., 2022). A significant positive association between ACES and food insecurity has been observed (Royer et al., 2022). Similar to food insecurity, exposure to ACES is associated with an increased risk of mental illness and other health conditions, including cancer and cardiovascular disease (Bellis, et al., 2019).

### *Addressing Food Insecurity*

"The current approach of treating food insecurity as a problem that can be managed by expanding food banks, meal programs, or other forms of food provision is misguided because these programs are unable to address the underlying problem of inadequate and insecure incomes. Treating food insecurity as solely a measure of food deprivation neglects the broader implications of these experiences" (Li et al, 2023).

Policy decisions play an important role in determining the food insecurity rates because many of these decisions directly impact households' financial circumstances. Policies that improve incomes are needed to address food insecurity. For example, between 2007-2013, seniors living with low-income receiving public pensions (a form of guaranteed income) had half the rate of food insecurity, compared with Canadians living with low-income under the age of 65, who did not have this income floor (ODPH, 2020). Income solutions address the root of the problem of food insecurity, they help to preserve dignity, give choices to buy foods that meet needs, preferences, and promote the right to food.

Income solutions include:

- A living wage
- Social assistance, benefit rates, and minimum wage rates that match the cost of living, and are indexed to inflation
- A basic income guarantee or guaranteed liveable income
- Lowering income tax rates for lowest-income households

### **Financial Implications:**

No additional implications.

---

### 2024–2028 Strategic Priorities

1. Equal opportunities for health
2. Impactful relationships
3. Excellence in public health practice
4. Healthy and resilient workforce

**Ontario Public Health Standard:**

Chronic Disease Prevention and Well-Being

Health Equity

Population Health Assessment and Surveillance Protocol - Monitoring Food Affordability

**Strategic Priority:**

Equitable opportunities

Meaningful relationship

Organizational commitment

**Contact:**

Stacey Gilbeau, Director, Health Promotion and Vaccine Preventable Diseases Division

---

**2024–2028 Strategic Priorities**

1. Equal opportunities for health
2. Impactful relationships
3. Excellence in public health practice
4. Healthy and resilient workforce

---

## Glossary

**Food insecurity** exists when factors outside an individual's control negatively impact their access to enough foods that promote wellbeing. Economic, social, environmental, and geographical factors influence this access. Food insecurity is most acutely felt by those who experience the negative impacts of *structural inequities*, such as discrimination and on-going colonial practices (BC CDC, 2022).

**Food security** means that everyone has equitable access to food that is affordable, culturally preferable, nutritious and safe; everyone has the agency to participate in, and influence food systems; and that food systems are resilient, ecologically sustainable, socially just, and honour Indigenous food sovereignty (BC CDC, 2022).

**Household food insecurity** is the inadequate or insecure access to food due to financial constraints (Li et al., 2023)

---

## 2024–2028 Strategic Priorities

1. Equal opportunities for health
2. Impactful relationships
3. Excellence in public health practice
4. Healthy and resilient workforce

---

## References

BC Centre for Disease Control. (2022). *Defining food security and food insecurity: Vancouver, B.C.*: BC Centre for Disease Control, Population Public Health.

Bellis MA, Hughes K, Ford K, Ramos Rodriguez G, Sethi D, Passmore J. Life course health consequences and associated annual costs of adverse childhood experiences across Europe and North America: a systematic review and meta-analysis. *Lancet Public Health*. 2019 Oct;4(10):e517-e528. doi: 10.1016/S2468-2667(19)30145-8. Epub 2019 Sep 3. PMID: 31492648; PMCID: PMC7098477.

Li T, Fafard St-Germain AA, Tarasuk V. (2023) Household food insecurity in Canada, 2022. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from <https://proof.utoronto.ca/>

Ontario Dietitians in Public Health. (2023). 2023 Monitoring Food Affordability Income Scenarios. Backgrounder.

Ontario Dietitians in Public Health. (2020). Position Statement and Recommendations on Responses to Food Insecurity. Retrieved from: <https://www.odph.ca/odph-position-statement-on-responses-to-food-insecurity-1>

PROOF (2023). What are the implications of food insecurity for health and health care? Identifying Policy Options to Reduce Household Food Insecurity in Canada. Retrieved from: <https://proof.utoronto.ca/food-insecurity/what-are-the-implications-of-food-insecurity-for-health-andhealth-care/>

Public Health Ontario (2023). Snapshots Data File for Household Food Insecurity (2019 to 2022 (annual, 2-year combined, 3-year combined)). Source: Canadian Income Survey, 2018-2021, Statistics Canada. Retrieved from: <https://www.publichealthontario.ca/en/Data-and-Analysis/Health-Equity/Household-Food-Insecurity>

Royer, M., Ojinnaka, C., Zhang, X, Thornton, A., Blackhorse, K, and Bruening, M. (2022). Food insecurity and adverse childhood experiences; a systematic review. *Nutrition Reviews*, Vol 80, 2089-2099. <https://doi.org/10.1093/nutrit/nuac029>

Tarasuk, V., Cheng, J., de Oliveira, C., Dachner, N., Gundersen, C., Kurdyak, P. (2015). Association between household food insecurity and annual healthcare costs. *Canadian Medical Association Journal*. 1 87 (14) E429-E436. DOI: <https://doi.org/10.1503/cmaj.150234>

---

## 2024–2028 Strategic Priorities

1. Equal opportunities for health
2. Impactful relationships
3. Excellence in public health practice
4. Healthy and resilient workforce



**Appendix A**

# Food affordability in Sudbury and Districts

Each year Public Health Sudbury & Districts reports on food affordability.

The 2023 results indicate that some households must make the choice between healthy eating and paying for other core living expenses.



Household	\$ Monthly income	\$ Rent (% of income)	\$ Cost of a nutritious diet (% of income)	\$ What's left?
Family of 4, Ontario Works	\$2,815	\$1,473 (52%)	\$1,166 (41%)	\$176
Family of 4, full-time minimum wage earner	\$4,181	\$1,473 (35%)	\$1,166 (28%)	\$1,542
Family of 4, median income (after taxes)	\$9,284	\$1,473 (16%)	\$1,166 (13%)	\$6,645
Single-parent household with 2 children, Ontario Works	\$2,581	\$1,254 (49%)	\$858 (33%)	\$469
Single-parent household with 2 children, full-time minimum wage earner	\$4,323	\$1,254 (29%)	\$710 (16%)	\$2,359
Single pregnant person, Ontario Disability Support Program	\$1,423	\$930 (65%)	\$397 (28%)	\$96
One-person household, Ontario Works	\$879	\$796 (91%)	\$419 (48%)	-\$336
One-person household, Ontario Disability Support Program	\$1,383	\$930 (67%)	\$419 (30%)	\$34
One-person household, Old Age Security/Guaranteed Income Supplement	\$2,007	\$930 (46%)	\$301 (15%)	\$776
Married couple, Ontario Disability Support Program	\$2,454	\$930 (38%)	\$698 (28%)	\$826

---

## What can be done?

The root cause of food insecurity is poverty. Charitable food programs such as food banks are our primary response to food insecurity. Charitable food programs, however, do not address poverty. We need a sustainable income solution to this problem.

### We can do this by:

#### Learning more about:

- [household food insecurity](https://proof.utoronto.ca/food-insecurity/) (https://proof.utoronto.ca/food-insecurity/)
- [structural determinants of health](https://nccdh.ca/learn/glossary/#collapse_2101) (https://nccdh.ca/learn/glossary/#collapse\_2101)

#### Supporting:

- a [basic income](https://www.obin.ca/) guarantee (https://www.obin.ca/)
- an adequate increase in social assistance rates
- a minimum wage rate that aligns with the cost of living
- access to community tax clinics to ensure everyone receives all the benefits they deserve

For more information, call Public Health Sudbury & Districts at 705.522.9200, ext. 257 (toll-free 1.866.522.9200) or visit [phsd.ca/food-affordability](https://phsd.ca/food-affordability).

#### Note:

Canada's Food Guide and the Ontario Nutritious Food Basket, the tools used for monitoring food affordability, are not inclusive for all religious and cultural groups. Nor do they acknowledge traditional Indigenous foods and food procurement practices. Public Health Sudbury & Districts recognizes this as a significant limitation of this data collection.

When gathering food price information, in the event preferred items are unavailable, proxy items of similar nutrition and price may be used. There may be minor differences between nutrition and/or price between the preferred and proxy items.

November 2023

---

### 2024–2028 Strategic Priorities

1. Equal opportunities for health
2. Impactful relationships
3. Excellence in public health practice
4. Healthy and resilient workforce

## Abordabilité des aliments dans Sudbury et districts

Chaque année, Santé publique Sudbury et districts présente un rapport sur l'abordabilité des aliments.

Comme les données de 2023 ont été recueillies selon un processus mis à jour, elles ne peuvent être comparées à celles des années antérieures. Selon elles, certains ménages doivent choisir entre manger sainement et payer les autres dépenses essentielles pour vivre.



Ménage	Revenu mensuel \$	Loyer \$ (% du revenu)	Coût d'une alimentation nutritive \$ (% du revenu)	Ce qui reste? \$
Famille de quatre, bénéficiaire d'Ontario au travail	2 815 \$	1 473 \$ (52 %)	1 166 \$ (41 %)	176 \$
Famille de quatre, travail à temps plein au salaire minimum	4 181 \$	1 473 \$ (35 %)	1 166 \$ (28 %)	1 542 \$
Famille de quatre, revenu médian (après impôt)	9 284 \$	1 473 \$ (16 %)	1 166 \$ (13 %)	6 645 \$
Famille monoparentale avec deux enfants, bénéficiaire d'Ontario au travail	2 581 \$	1 254 \$ (49 %)	858 \$ (33 %)	469 \$
Famille monoparentale avec deux enfants, travail à temps plein au salaire minimum	4 323 \$	1 254 \$ (29 %)	710 \$ (16 %)	2 359 \$
Personne enceinte seule, bénéficiaire du Programme ontarien de soutien aux personnes handicapées	1 423 \$	930 \$ (65 %)	397 \$ (28 %)	96 \$
Personne seule, bénéficiaire d'Ontario au travail	879 \$	796 \$ (91 %)	419 \$ (48 %)	-336 \$
Personne seule, bénéficiaire du Programme ontarien de soutien aux personnes handicapées	1 383 \$	930 \$ (67 %)	419 \$ (30 %)	34 \$
Personne seule, bénéficiaire du Programme de la sécurité de la vieillesse ou du Supplément de revenu garanti	\$2,007 \$	930 \$ (46 %)	301 \$ (15 %)	776 \$
Couple marié, bénéficiaire du Programme ontarien de soutien aux personnes handicapées	2 454 \$	930 \$ (38 %)	698 \$ (28 %)	826 \$

## Solutions possibles

C'est la pauvreté qui est à l'origine de l'insécurité alimentaire. Les programmes alimentaires de bienfaisance comme les banques alimentaires constituent notre principal moyen d'intervention dans ce domaine. Cependant, ils ne permettent pas de s'attacher à la pauvreté. Il nous faut une solution durable en matière de revenu pour régler le problème.

### Moyens pour y arriver :

#### En apprendre davantage sur les sujets suivants :

- [insécurité alimentaire des ménages](https://proof.utoronto.ca/wp-content/uploads/2023/12/Linsecurite-alimentaire-des-menages-au-Canada-2022-PROOF.pdf) (https://proof.utoronto.ca/wp-content/uploads/2023/12/Linsecurite-alimentaire-des-menages-au-Canada-2022-PROOF.pdf)
- [déterminants structurels des inégalités sociales de santé](https://nccdh.ca/fr/learn/glossary/#collapse_2101) (https://nccdh.ca/fr/learn/glossary/#collapse\_2101)

#### Favoriser :

- un [revenu de base](https://www.obin.ca/) garanti (https://www.obin.ca/)
- une augmentation suffisante des taux d'aide sociale
- un taux de salaire minimum correspondant au coût de la vie
- l'accès à des comptoirs communautaires d'information fiscale pour que tout le monde reçoive toutes les prestations auxquelles il a droit

Pour en savoir plus, appelez Santé publique Sudbury et districts au 705.522.9200, poste 257 (1.866.522.9200, sans frais) ou visitez [phsd.ca/fr/abordabilite-des-aliments](https://phsd.ca/fr/abordabilite-des-aliments).

#### Note :

Le Guide alimentaire canadien et le Panier à provisions nutritif, soit les outils utilisés pour surveiller l'abordabilité des aliments, n'englobent pas tous les groupes religieux et culturels. Pas plus qu'ils ne tiennent compte des méthodes d'approvisionnement et des aliments traditionnels des Autochtones. Santé publique Sudbury et districts reconnaît qu'il s'agit là d'une limitation importante de la collecte des données.

Lorsque l'on recueille des données sur le prix des aliments, si jamais des articles privilégiés sont épuisés, on peut utiliser des articles substituts de valeur nutritive et de prix similaire. Il se peut qu'il y ait de légers écarts entre la valeur nutritive et le prix des articles privilégiés et des articles substituts.

novembre 2023

## **HOUSEHOLD FOOD INSECURITY**

### **MOTION:**

**WHEREAS** food security is a chronic and worsening health issue as documented by annual local data on food affordability and as recognized by multiple Association of Local Public Health Agencies (alPHA) resolutions: [AO5-18](#) (Adequate Nutrition for Ontario Works and Ontario Disability Support Program), [A18-02](#) (Minimum Wage that is a Living Wage), [A15-04](#) (Basic Income Guarantee), and [A23-05](#) (Monitoring Food Affordability in Ontario and the Inadequacy of Social Assistance Rates)

**THEREFORE BE IT RESOLVED THAT** the Board of Health for Public Health Sudbury & Districts call on the provincial government to incorporate local food affordability findings in determining adequacy of social assistance rates to reflect the current costs of living and to index Ontario Works rates to inflation going forward; and

**THAT** in the context of the Public Health Strengthening roles and responsibilities deliberations, the Board of Health urge all health system partners to remain committed to population health assessment and surveillance as it relates to monitoring food environments and, specifically, to monitoring food affordability; and

**FURTHER THAT** the Board of Health for Public Health Sudbury & Districts share this motion broadly with local and provincial stakeholders.

# Briefing Note

**To:** Chair, Board of Health, Public Health Sudbury & Districts  
**From:** Dr. Penny Sutcliffe, Medical Officer of Health and Chief Executive Officer  
**Date:** January 11, 2024  
**Re:** Gender-Based Violence – Sounding the Alarm

---

For Information

For Discussion

For a Decision

---

## Issue:

Acts of gender-based violence (GBV) and intimate partner violence (IPV) are unacceptable and preventable and require a whole-of-society commitment to end. GBV and IPV disproportionately affect women, girls, and gender-diverse people. Indigenous women and girls, women living in Northern, rural and remote communities, and women living with disabilities are all at greater risk, as are Black women and newcomer women to Canada. The public health sector, including Public Health Sudbury & Districts, has an important role in denouncing such violence and contributing to improved health opportunities for those directly affected, as well as families and communities.

## Recommended Action:

That the Board of Health for Public Health Sudbury & Districts endorse the November 7, 2023, City of Greater Sudbury [motion](#) declaring gender-based violence and intimate-partner violence an epidemic.

## Background:

Police-reported family violence (violence committed by spouses, parents, children, siblings, and extended family members) in Canada has been rising annually for at least the last five years (Statistics Canada, 2022).

There is evidence of an increase in GBV and IPV during the COVID-19 pandemic (Nelson et al., 2022). The various lockdowns, stay-at-home orders, and social distancing measures implemented to curb the spread of the virus, created situations where victims were isolated with their perpetrator, leading to heightened vulnerability and reduced access to support services.

Locally, of the 3,227 IPV investigations conducted by the Greater Sudbury Police Services in 2022, 867 IPV charges were laid (Greater Sudbury Police Service, 2022). Of those IPV investigations, Indigenous women were the targeted victims in 66% of IPV reports (Greater Sudbury Police Service, 2023).

---

## 2024–2028 Strategic Priorities

1. Equitable opportunities
2. Meaningful relationships
3. Practice excellence
4. Organizational commitment

---

On November 7, 2023, the City of Greater Sudbury Council passed a [motion](#) to declare GBV and IPV an epidemic. Within Sudbury and districts, [Northeastern Manitoulin and the Islands](#), and [Billings Township](#) have also declared IPV an epidemic. The mayors from Sault Ste. Marie, Timmins, and North Bay have also united urging the provincial government to declare GBV and IPV an epidemic. Additionally, [93 other municipalities](#) in Ontario have acknowledged the urgency and severity of this crisis by officially declaring it an epidemic.

By acknowledging GBV and IPV as an epidemic, municipalities and other sectors aim to raise public awareness and acknowledge the scale of the issue within their jurisdictions. This recognition underscores the need for urgent action and resource mobilization. Declarations help in changing norms, securing resources, and gaining commitments from government bodies and community partners, including Public Health.

The Ontario Public Health Standards (OPHS) require boards of health “to collect and analyze relevant data to monitor trends, priorities, and health inequities ... [and to] develop and implement a program of public health interventions using a comprehensive health promotion approach that address risk and protective factors to reduce the burden of preventable injuries” (OPHS, 2021, p. 57) including incurred by violence.

Public Health Sudbury & Districts has an important role in denouncing such violence and contributing to improved health opportunities for those directly affected, as well as families and communities. By drawing attention to the severity of the issue, Public Health assists in contributing to coordinated, evidence-based interventions and policies aimed at eradicating GBV and IPV and providing needed supports to impacted individuals and families.

**Financial Implications:**

There are no financial implications for Public Health Sudbury & Districts.

**Ontario Public Health Standard:**

Chronic Disease Prevention and Well-Being  
Healthy Growth and Development  
Infectious and Communicable Diseases Prevention and Control  
School Health  
Substance Use and Injury Prevention

**Strategic Priority:**

Equitable Opportunities  
Meaningful Relationships  
Practice Excellence  
Organizational Commitment

**Contact:**

[Stacey Gilbeau](#), Director, Health Promotion and Vaccine Preventable Diseases Division

---

**2024–2028 Strategic Priorities**

5. Equitable opportunities
6. Meaningful relationships
7. Practice excellence
8. Organizational commitment

---

**References**

- Government of Ontario. (2021). *Ontario Public Health Standards: Requirements for Programs, Services and Accountability*. Author: [Ontario Public Health Standards: Requirements for programs, services, and accountability | ontario.ca](https://www.ontario.ca/services/and-accountability)
- Greater Sudbury Police Service. (2022). *Greater Sudbury Police Annual Report 2022*. <https://www.gspcs.ca/en/about-gspcs/resources/Documents/Annual-Reports/2022AnnualReport.pdf>
- Greater Sudbury Police Service. (2023). *Guiding Our Path - Together We Heal: Human Trafficking and Intimate Partner Violence Toolkit for Survivors*. <https://www.gspcs.ca/en/reporting/resources/Documents/Toolkit2023-Condensed-Apr14.pdf>
- Nelson, T., Kent-Wilkinson, A, & Li, H. (2022). *Intimate Partner Violence in COVID-19: A Literature Review*. Canadian Journal of Emergency Nursing, 45(1). <https://doi.org/10.29173/cjen148>
- Statistics Canada. (2022). *Victims of police-reported family and intimate partner violence in Canada, 2021*. [The Daily — Victims of police-reported family and intimate partner violence in Canada, 2021 \(statcan.gc.ca\)](https://www150.statcan.gc.ca/n1/pub/24-62-x/2022001/article/00001-eng.htm)

---

**2024–2028 Strategic Priorities**

5. Equitable opportunities
6. Meaningful relationships
7. Practice excellence
8. Organizational commitment



## **GENDER-BASED AND INTIMATE PARTNER VIOLENCE**

### **MOTION:**

**WHEREAS** boards of health are required under the Ontario Public Health Standards to develop interventions to prevent injuries, including those caused by violence; and

**WHEREAS** police-reported family violence across Canada is increasing and locally, in 2022, the Greater Sudbury Police Service investigated 3,227 intimate partner violence reports, resulting in 867 intimate partner violence charges; and

**WHEREAS** in Sudbury, between 2018 and June 2023, there were 218 emergency department visits related to intimate partner violence; and

**WHEREAS** the [City of Greater Sudbury](#), [Northeastern Manitoulin and the Islands](#), [Billings Township](#), and [93 other municipalities](#) in Ontario have declared gender-based violence and intimate partner violence as an epidemic; and

**WHEREAS** calling out the urgency of the issue and denouncing violence contributes to changing norms and improving coordinated multi-sector action, ultimately improving health outcomes for those directly affected, as well as families and communities;

**THEREFORE BE IT RESOLVED THAT** the Board of Health for Public Health Sudbury & Districts endorse the November 7, 2023, City of Greater Sudbury [motion](#) declaring gender-based violence and intimate-partner violence an epidemic.

# Board of Health Manual Public Health Sudbury & Districts Information

## Category

Vision/Mission/Plan

## Section

Health Unit

## Subject

Vision/Mission

## Number

B-I-10

## Approved By

Board of Health

## Original Date

January 26, 1986

## Revised Date

~~June 21, 2018~~ January 18, 2024

## Review Date

~~September 15, 2022~~ January 18, 2024

## Information

### Vision Statement

O: 04-02

R: 52-12

Healthier communities for all.

Accomplishing this vision is based on our ability to build on the following values:

- Humility
- Trust
- Respect

### Mission Statement

O: 06-99

~~R: 52-12~~ R: 65-23

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

# Board of Health Manual Public Health Sudbury & Districts Policy

## Category

Vision/Mission/Plan

## Section

Health Unit

## Subject

Strategic Plan

## Number

B-I-11

## Approved By

Board of Health

## Original Date

May 27, 1993

## Revised Date

June 21, 2018

## Review Date

~~September 15, 2022~~ January 18, 2024

## Purpose

Public Health Sudbury & Districts shall have a strategic plan that expresses the mission, vision, values, goals and objectives of the Board of Health. The strategic plan will:

- Establish strategic priorities addressing local contexts and integrate local community priorities.
- Consider organizational capacity.
- Include input from staff, clients, and community partners.
- Reflect the local, provincial and federal context, and examine key influencing forces.
- Establish policy direction regarding a performance management and quality improvement system.
- Address equity issues in the delivery and outcomes of programs and services.

The Board of Health will ensure that administration:

- Provides an operational plan to implement the strategic plan
- Implements a monitoring plan

The strategic plan will cover a three to five year timeframe, is reviewed at least every other year, and is reported upon regularly to the Board of Health through staff reports during the current timeframe.

The Strategic Plan will set direction for the organization and will be operationalized by the Medical Officer of Health and Chief Executive Officer.

# Board of Health Manual Public Health Sudbury & Districts Information

## Category

Vision/Mission/Plan

## Section

Health Unit

## Subject

Strategic Priorities

## Number

B-I-12

## Approved By

Board of Health

## Original Date

January 26, 1986

## Revised Date

~~June 21, 2018~~ January 18, 2024

## Review Date

~~September 15, 2022~~ January 18, 2024

## Information

The following are the strategic priorities for the ~~2018 – 2022~~ 2024-2028 strategic planning cycle:

1. ~~Equitable~~ Equal opportunities for health.
2. ~~Meaning~~ Impactful relationships
3. ~~Practice excellence~~ Excellence in public health practice
4. ~~Organizational commitment~~ Healthy and resilient workforce

**BOARD OF HEALTH MANUAL**

**MOTION:**

**THAT the Board of Health, having reviewed the revised B-I-10 Vision/Mission Information Sheet, B-I-11 Strategic Plan Policy and B-I-12 Strategic Priorities Information Sheet, approves the contents therein for inclusion in the Board of Health Manual.**

**Board of Health Manual**  
**Public Health Sudbury & Districts**  
**Policy**

**Category**

Board of Health Administration

**Section**

Monetary

**Subject**

Remuneration and Expenses

**Number**

I-I-10

**Approved By**

Board of Health

**Original Date**

June 29, 1992

**Revised Date**

June 15, 2017

**Review Date**

September 15, 2022

**Purpose**

All members of the Board of Health receive remuneration in accordance with Section 49, Sub-section 4, 6, 10 and 11 of the *Health Promotion and Protection Act*, 1990.

Reasonable and actual expenses related to official Board activities will be reimbursed as per Section 49, Sub-section 5, 10 and 11 of the *Health Protection and Promotion Act* and as per the relevant GAM policies and procedures.

The rate of the remuneration will be paid according to Section 49, sub-section 6 of the *Health Protection and Promotion Act* which indicates that a member of the board of health shall not exceed the highest rate of remuneration of a member of a standing committee of a municipality within the health unit served by the board of health, but where no remuneration is paid to members of such standing committees the rate shall not exceed the rate fixed by the Minister and the Minister has power to fix the rate. R.S.O. 1990, c. H.7, s. 49 (6).

Expenses reimbursement rates are periodically adjusted consistent with existing GAM policies and procedures.

# Board of Health Manual Public Health Sudbury & Districts

## Procedure

### Category

Board of Health Administration

### Section

Monetary

### Subject

Remuneration and Expenses

### Number

I-I-10

### Approved By

Board of Health

### Original Date

March 23, 1989

### Revised Date

June 21, 2018

### Review Date

September 15, 2022

### Process

#### Board Remuneration for Attendance at Board of Health Meetings

1. Board members verify their attendance at meetings by the Roll Call taken at each meeting.
2. Payment of remuneration is issued to Board members within a reasonable amount of time following a remunerable meeting/function.
3. As determined by Board Resolution 17-04 and in accordance with the *Health and Protection and Promotion Act*, Section 49, a daily\* remuneration is paid to those Board members who are not a member of the council of a municipality, OR are a member of the council of a municipality and are not paid annual remuneration by any municipality, for the following authorized activities, whether in-person or via teleconference\*\*:
  - a) Attendance at regular and/or special Board of Health meetings.



- b) Attendance at Standing Board Committee meetings.
- c) Attendance at Board/Staff Working Group meetings.
- d) Attendance at the health unit at the request of the MOH or designate to fulfill duties related to the responsibilities of the Chair. This will include signing of documents when not carried out at meetings.
- d) Attendance at meetings on external committees that the Board Chair and/or Vice-Chair or Board delegate are approved to represent the SDHU.

\* A daily remuneration is one fee per day, regardless of whether the member attends more than one official function in a day.

\*\*When participating via teleconference, mileage will not be paid.

4. Upon appointment, Board members confirm mileage travelled to and from Board meetings for mileage reimbursement. Throughout the term of their Board membership, it is the Board member's responsibility to notify the Board Secretary immediately if there are any changes to the mileage travelled to and from meetings.

Notwithstanding 3 above, the Chair shall receive the daily remuneration as above in respect of above authorized activities.

Notwithstanding 3 above, the Vice-Chair shall receive the daily remuneration as above on those occasions where he/she is required to chair the entire meeting in the absence of the Chair.

### **Remuneration for Attendance at Board of Health Functions**

Remuneration at Board of Health functions applies only to those Board members who normally receive a daily meeting rate (above) from the Board of Health.

The categories of official Board of Health functions to which the daily remuneration rate will apply are as follows:

1. Attendance as a voting delegate to any annual or general meeting of aPHa;
  - a. Board attendance may be limited based on available resources.
2. Attendance as the official representative of the Board of Health at a local or provincial conference, briefing or orientation session, information session, or planning activity, with an expectation that a report will be tabled at the next Board meeting giving a brief overview of the topics discussed.

For example:

- a briefing session with the Minister of Health or the Public Health Branch on a public health issue;
- attendance at a local workshop, information session or Task Force on a Board-related issue such as Long Term Care Reform;

- an aPHa-sponsored committee, task force, workshop, etc., at which Board attendance is specifically requested and which is not recompensed from other sources;
  - others at the discretion of the Chair, subject to ratification by the Board.
3. This rate does not apply to any workshop, seminar, conference, public relation event, SDHU program event or celebration, which is voluntary and does not specifically require official Board representation.

## Expenses

1. Are recognized for attendance at Board of Health meetings and functions for which remuneration would apply.
2. Are not recognized for Board members other than the Chair who are members of the council of a municipality and are paid expenses by the municipality.
3. Registration, travel and accommodation for conferences and workshops should be coordinated through the Board Secretary to ensure consideration is given to the most economical and practical travel options and that these can be billed to and paid directly by the Health Unit.
4. The rate of reimbursement for use of a personal automobile is the straight kilometer rate as per the current General Administrative Manual.
5. The Travel Expense Claim Form is used to reimburse the kilometers traveled for attendance at Board functions (external committee meetings, conference, conventions or workshops).
6. Reasonable and actual expenses incurred respecting accommodation, food, parking\* and registration fees for conferences are reimbursed to any Board member and subject to any limitations as in the General Administrative Manual (receipts where applicable required).
7. Once submitted to the Board Secretary, Board/MOH travel expenses are to be approved as follows:
  - a. The Board of Health Chair expenses: The Board of Health Chair will sign to attest to expenses with no required approval;
  - b. Board member expenses will be approved by the Board of Health Chair or delegate.
  - c. MOH expenses will be approved by the Board of Health Chair or delegate.

Eligible expenses are reimbursed for Board members only.

8. Corporate Services will provide an itemized statement of the remuneration and expenses paid for the year to members appointed by a municipality on or before January 31 in the following year in accordance with s.284(3) of the Ontario *Municipal Act*.

## **BOARD OF HEALTH REMUNERATION**

### **MOTION:**

**WHEREAS** the *Health Promotion and Protection Act (HPPA)* provides by way of Board of Health Policy I-I-10 for the remuneration of Board of Health members; and

**WHEREAS** Board of Health members are a valuable and integral part of the public health system, providing essential governance leadership of local public health agencies, and being accountable to the community for ensuring that the health of the public is protected and promoted; and

**WHEREAS** motion 17-04 set the rate of daily remuneration of board members for attendance at Board of Health meetings and approved Board of Health functions at \$100; and

**WHEREAS** it is reasonable to increase rates set 20 years ago, based on a current scan and ensuring compliance with applicable legislation;

**THEREFORE BE IT RESOLVED THAT** the rate of daily remuneration of board members for attendance at Board of Health meetings and approved Board of Health functions be set at \$110, and \$150 should the meeting(s) and/or approved function(s) be of total duration of four hours or more in a day, effective January 1, 2024.

**ADDENDUM**

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

**IN CAMERA**

**MOTION:** THAT this Board of Health goes in camera to deal with 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: \_\_\_\_\_**

**ADJOURNMENT**

**MOTION: THAT we do now adjourn. Time: \_\_\_\_\_**