



# Board of Health Meeting # 02-24

Public Health Sudbury & Districts

Tuesday, February 20, 2024

1 p.m.

Boardroom

1300 Paris Street

**AGENDA – SECOND MEETING**  
**BOARD OF HEALTH**  
**PUBLIC HEALTH SUDBURY & DISTRICTS**  
**BOARDROOM, SECOND FLOOR**  
**TUESDAY, FEBRUARY 20, 2024 – 1 P.M.**

- 1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT**
- 2. ROLL CALL**
- 3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST**
- 4. DELEGATION/PRESENTATION**
  - None
- 5. CONSENT AGENDA**
  - i) Minutes of Previous Meeting**
    - a. First Board of Health Meeting – January 18, 2024
  - ii) Business Arising from Minutes**
  - iii) Report of Standing Committees**
  - iv) Report of the Medical Officer of Health / Chief Executive Officer**
    - Deferred
  - v) Correspondence**
    - Deferred
  - vi) Items of Information**
    - Deferred

**APPROVAL OF CONSENT AGENDA**

**MOTION:**

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

- 6. NEW BUSINESS**
  - i) Public Health Strengthening – Voluntary Merger**
    - a. Letter from CHADWIC Home Board of Directors Chair to Board of Health Chairs, Algoma Public Health & Public Health Sudbury & Districts dated February 14, 2024

**IN CAMERA**

**IN CAMERA**

**MOTION:**

**THAT this Board of Health goes in camera to deal with labour relations or employee negotiations, advice that is subject to solicitor-client privilege, including communications necessary for that purpose, and a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the Board. Time: \_\_\_\_\_**

**RISE AND REPORT**

**RISE AND REPORT**

**MOTION:**

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

**7. ADDENDUM**

**ADDENDUM**

**MOTION:**

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

**8. ANNOUNCEMENTS**

**9. ADJOURNMENT**

**ADJOURNMENT**

**MOTION:**

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

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

**BOARD MEMBERS PRESENT**

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

**STAFF MEMBERS PRESENT**

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

**R. QUESNEL 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 will be an in-camera session and addendum for today's meeting.

**4. ELECTION OF OFFICERS**

Following a call for nominations for the position of Chair of the Board of Health, René Lapierre was nominated. There being no further nominations, the nomination for the Board of Health Chair for Public Health Sudbury & Districts for 2024 was closed. R. Lapierre accepted his nomination.

**01-24 APPOINTMENT OF CHAIR OF THE BOARD**

**MOVED BY TESSIER – SIGNORETTI: THAT the Board of Health appoints René Lapierre as Chair for the year 2024.**

**CARRIED**

**R. LAPIERRE PRESIDING**

Following a call for nominations for the position of Vice-Chair of the Board of Health, Mark Signoretti was nominated. There being no further nominations, the nomination for Vice-Chair for the Board of Health for 2024 was closed. M. Signoretti accepted his nomination.

**02-24 APPOINTMENT OF VICE-CHAIR OF THE BOARD**

**MOVED BY SIZER – MASOOD: THAT the Board of Health appoints Mark Signoretti as Vice-Chair for the year 2024.**

**CARRIED**

Following a call for nominations for three positions of Board Member at Large to the Board Executive Committee, Ken Noland, Natalie Tessier, and Abdullah Masood were nominated. There being no further nominations, the nominations for the Board Executive Committee for the year 2024 was closed. The three nominees accepted their nominations.

**03-24 APPOINTMENT TO BOARD EXECUTIVE COMMITTEE**

**MOVED BY SIZER – BARCLAY: THAT the Board of Health appoints the following individuals to the Board Executive Committee for the year 2024:**

1. Ken Noland, Board Member at Large
2. Natalie Tessier, Board Member at Large
3. Abdullah Masood, Board Member at Large
4. René Lapierre, Chair
5. Mark Signoretti, Vice-chair
6. Medical Officer of Health/Chief Executive Officer
7. Director, Corporate Services
8. Secretary Board of Health

**CARRIED**

Following a call for nominations for three positions of Board Member at Large to the Finance Standing Committee of the Board, Michel Parent, Mark Signoretti, and Ken Noland were nominated. There being no further nominations, the nominations for the Finance Standing Committee of the Board of Health for the year 2024 was closed. The three nominees accepted their nominations.

**04-24 APPOINTMENT TO FINANCE STANDING COMMITTEE OF THE BOARD**

**MOVED BY NOLAND – ANDERSON: THAT the Board of Health appoints the following individuals to the Finance Standing Committee of the Board of Health for the year 2024:**

- 1. Mark Signoretti, Board Member at Large**
- 2. Mike Parent, Board Member at Large**
- 3. Ken Noland, Board Member at Large**
- 4. René Lapierre, Chair**
- 5. Medical Officer of Health/Chief Executive Officer**
- 6. Director, Corporate Services**
- 7. Secretary Board of Health**

**CARRIED**

**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

S. Gilbeau and B. King were invited to present on the topic of household food insecurity and provide a greater understanding of the complexities of food insecurity and the need for solutions to address inadequate incomes. Household food insecurity is defined as the inadequate or insecure access to food due to financial constraints (Li et al., 2023).

Household food insecurity is one of the strongest predictors of poor health, making it a serious public health issue. The healthcare costs of individuals who are the most food insecure can be more than double that of individuals who are food secure, and consequentially negatively impacting the health care system.

Food insecurity is more common among the female single-parent households, those living in rental housing, households receiving any form of social assistance and non-white households. It was noted that food insecurity is rooted in poverty and for racialized groups experiencing food insecurity, the experience is also entrenched in colonialism and racism.

Food affordability within the Public Health Sudbury & Districts service area was outlined and Board members were reminded that, since 1998, Ontario boards of health have been mandated to monitor food affordability using the National Nutritious Food Basket. In all four income scenarios, with the exception of a family of four on a median Ontario income, families or individuals were demonstrated to be likely to be struggling financially and may experience food insecurity.

It was noted that food charity is the most common response to food insecurity; however, evidence shows food banks do not address the root causes of the problem of food

insecurity. Programs and policies are needed to address inadequate incomes. All levels of government have a role to play for income solutions to address the root of the problem of food insecurity, including a living wage, social assistance, benefit rates, and minimum wage rates that match the cost of living and indexed to inflation as well as a basic income guarantee. Food insecurity is an urgent public health problem and a serious human rights and social justice issue for federal, provincial, and local public policy agendas.

Questions were entertained relating to food accessibility and affordability in remote areas and sourced data for the income scenarios. It was clarified that Public Health focuses on addressing income disparities versus advocating to lower food cost. It was noted that the DSSAB are another voice as it relates to food insecurity for those struggling financially.

## **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

R. Lapierre introduce Kathy Dokis who started on January 8, 2024, as the Director of Indigenous Public Health for Public Health Sudbury & Districts.

Board members were reminded that Public Health Sudbury & Districts’ Indigenous Engagement work formally started in 2018 when the Board of Health endorsed the *Indigenous Engagement Strategy, Finding our Path Together*. The Board had also endorsed the Indigenous Engagement Governance ReconciliAction Framework in June 2023 following a Board of Health education session that helped inform the steps for governance-level action. As part of this, the need for focused and experienced Indigenous leadership to further our path, leverage and build on the excellent work to date, and support our vision into the future was recognized.

The 2023 Board of Health meeting evaluation roll up includes informative data and the Board Chair will share the summary with Dr. Hirji.

#### **05-24 APPROVAL OF CONSENT AGENDA**

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

**CARRIED**

#### **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

The 2023 Public Health Sudbury & Districts’ monitoring food affordability results outlined in English and French Appendix A continue to indicate that some households struggle with eating healthfully and must make the choice between healthy eating and paying for other



core living expenses. Due to its impact on health, food insecurity is an urgent public health problem.

The proposed motion covers detail highlighting the importance of social assistance rates as well as population health assessment and surveillance as it relates to monitoring food environment and monitoring food affordability. The briefing note and motion build on today's presentation, *Food Insecurity: An Urgent Public Health Issue*,

#### **06-24 HOUSEHOLD FOOD INSECURITY**

**MOVED BY TESSIER – SIZER: 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.**

**CARRIED**

#### **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

The public health sector, including Public Health Sudbury & Districts, has an important role in denouncing acts of gender-based and intimate partner violence and in contributing to improved health opportunities for those directly affected, as well as families and communities.

The seriousness of this issue, including within our catchment area, was recognized, as evidenced by local statistics. The motion recommends endorsing the City of Greater

Sudbury motion declaring gender-based violence and intimate-partner violence an epidemic. Many other municipalities, including some within Public Health Sudbury & Districts have declared gender-based violence and intimate partner violence as an epidemic.

It was added that police-reported family violence in Canada has been rising annually for at least the last five years and it was noted that there is evidence of an increase in gender-based violence and intimate partner violence during the COVID-19 pandemic.

#### **07-24 GENDER-BASED AND INTIMATE PARTNER VIOLENCE**

**MOVED BY LEDUC – CARRIER: 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.**

**CARRIED**

Consensus was sought and received for agenda items 7 iv) and v) to be addressed before agenda item 7 iii).

**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

Dr. Sutcliffe walked through a slide deck outlining the journey Public Health Sudbury & Districts has been on since the Board of Health [motion 52-23](#) at the September 21, 2023, Board meeting. Steps to date were summarized for exploring the feasibility of a voluntary merger in response to the Board's direction on November 16, 2023, that 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.

The structure of the model for this work is similar to the North East Public Health Transformation Initiative (NEPHTI) model and recognizes important components such as change management and communication. Public Health Sudbury & Districts Board membership on the Merger Governance Working Group and Oversight Committee was outlined.

A timelines diagram identifying milestones since the Ministry's Strengthening Public Health Strategy announcement in August 2023, was reviewed. Work completed to date include the key informant interview, the development of the Snapshot and current work underway by the various working groups to gather information for the Integrated Working Document (IWD) that will be tabled at Board meetings in February. The IWD will inform the business case submission to Ministry. It is still unknown how long it will take for the Ministry to approve merger submissions. The business case requires a budget for the new merger entity and a business continuity. Before the final step of merger, there is an offramp opportunity for respective Boards of Health. The Ministry has indicated in their announcement that voluntary mergers would be taking affect January 1, 2025.

The IWD will help inform Board of Health deliberations. The consultants are leading this work and we are populating separately and jointly. Areas from within the IWD that will be the responsibility of Governance Working Group include governance/BOH, organizational leadership, geographic delivery model and staffing. It is proposed that the materials be tabled at a special Board meeting on February 15 for the Board's review and decision making at a Board meeting on February 20, 2024.

A joint education session was held for Algoma Public Health and Public Health Sudbury & Districts Boards of Health in Sault Ste Marie on Friday January 12 and Saturday, January 13, 2024. There was uneven participation with 9/10 APH Board members (10/10 until supper on Friday) and 6/12 PHSD Board members. It is important that all Board members have the opportunity the receive the same information and go on the journey.

Board members who were present at the Joint Education Session shared their observations. It was noted as being valuable to meet in person and provided opportunities to get to know

APH counterparts, gain clarity regarding their perspectives, better understand challenges, assumptions, concerns, and opportunities.

It was noted that the Snapshot was very helpful for both Boards in understanding their own organization and how their organization compares with their neighbour. The time and efforts that were put into the development of the Snapshot were recognized by the Board.

As evidenced through the key informant interviews and voiced at the Joint Education Session, not all BOH members are in favor of a merger.

Dr. Sutcliffe reviewed the current state for Algoma Public Health and Public Health Sudbury & Districts as these are informed by unique histories and milestones. Populations served/local demographics for both organizations were reviewed as well as geography, office locations, budget allocations by Foundation, Health Promotion, and Health Protection Standards, workforce/full time equivalents and individuals by main function, overview of Corporate Services and financial overview. Difference in provincial and municipal per capita funding were reviewed.

PHSD staffing functions include an emphasis on foundational standards and health equity. It was noted that there are no French language requirements for Algoma Public Health staffing positions. There are differences in APH has a central pool for support staff and PHSD embeds support staff, APH contracts out IT services and PHSD contracts out facilities management. It was also noted that both main offices are own with APH having 75,000 ft<sup>2</sup> and PHSD 47,000 ft<sup>2</sup> and APH has a mortgage.

The legal presentation by L. Stoltz, Morris+Stoltz+Evans LLP, during the Joint Board Education Session regarding legislative considerations for the merger was summarized. The threshold question for the Board is *will the proposed merger improve, or best protect, delivery of public health programs and services to population served by your BOH?* (during day-to-day and in times of extraordinary need/surge capacity).

Merger-related wise words from the speaker Karen McLure at Friday's Joint Education Session:

1. One team – all in
  - Do it quickly
2. Progress not perfection
  - Analysis paralysis
3. Find your North Star
  - Why are we doing this?
  - Believe in it!

Next steps were reviewed and it was mentioned that a letter will be going to community partners to inform them of the merger discussions.

A motion will come forward via today's addendum to hold a special Board meeting on February 15 to review and discuss details of the proposed merger and to change the regular meeting to February 20 for decision making. Both Boards are aligning Board meetings as meeting schedules are out of sync. If there is a need for another face to face meeting, PHSD will invite APH to Sudbury.

**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

The Board of Health manual policy and information sheets relating to Public Health Sudbury & District's strategic plan have been reviewed and updated to reflect the 2024–2028 strategic plan. A fulsome review of the Board of Health Manual will be conducted at a later date this year; however, it is timely to ensure the strategic plan is up to date in the Board of Health manual.

**08-24 BOARD OF HEALTH MANUAL**

**Moved by ANDERSON – PARENT: 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.**

**CARRIED**

**v) Board of Health Remuneration**

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

The Board Chair noted that the Board remuneration for Public Health Sudbury & Districts has not changed in 20 years. Further follow-up will be undertaken to determine what other local public health agencies are providing as Board remuneration.

Dr. Sutcliffe added that there was a scan conducted in 2016 of BOH remuneration and it was determined at that time that the rate would not change. The most recent scan resulted in a recommendation to increase the \$100 daily rate to \$110 and a rate of \$150 for Board functions that are longer than 4 hours. It was clarified that there are restrictions in remuneration per the Health Protection and Promotion Act in that if a BOH members is remunerated by their council, then Public Health Sudbury & Districts cannot remunerate.

The exception is the Board of Health Chair. Also, the remuneration rate cannot be higher than that for councillors within municipalities in the Board’s catchment area. The recommended motion provides a better alignment with the remuneration of other boards.

#### **09-24 BOARD OF HEALTH REMUNERATION**

**MOVED BY SIGNORETTI – DESPATIE: 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 for 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.**

**CARRIED**

#### **8. ADDENDUM**

##### **10-24 ADDENDUM**

**MOVED BY BARCLAY – CARRIER: THAT this Board of Health deals with the items on the Addendum.**

**CARRIED**

#### **DECLARATIONS OF CONFLICT OF INTEREST**

There were no declarations of conflict of interest.

##### **i) Board of Health Meeting Date**

The motion proposes to switch the February 15, 2024, regular Board meeting to February 20 and that a special meeting be held on February 20, 2024. The Integrated

Working Document (IWD) would be shared for review and discussed at the special February 15 meeting, and a motion would be entertained for the Board’s decision at the February 20, 2024, regular board meeting.

Algoma Public Health is also looking at hold a special Board meeting and regular Board meeting on a similar schedule.

**11-24 CHANGE IN BOARD OF HEALTH MEETING DATE**

**MOVED BY SIGNORETTI – DESPATIE: WHEREAS the Board of Health regularly meets on the third Thursday of the month; and**

**WHEREAS By-Law 04-88 in the Board of Health Manual stipulates that the Board may, by resolution, alter the time, day, or place of any meeting.**

**THEREFORE, BE IT RESOLVED THAT this Board of Health agrees:**

- **THAT a Special Board of Health meeting be held at 1:30 p.m. on Thursday, February 15, 2024, to discuss merger planning as set out in the provincial government’s Strengthening Public Health plan; and**
- **THAT the regular Board of Health meeting scheduled for 1:30 p.m. Thursday, February 15, 2024, be rescheduled to 1 p.m. on Tuesday, February 20, 2024.**

**CARRIED**

**9. IN CAMERA**

**11-24 IN CAMERA**

**MOVED BY MASOOD – SIZER: 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: \_\_\_\_\_**

**CARRIED**

**10. RISE AND REPORT**

Quorum was lost at 4:40 p.m. during the in-camera session; therefore, the remainder of the agenda was deferred and the meeting adjourned

**11. ANNOUNCEMENTS**

**12. ADJOURNMENT**

**12-24 ADJOURNMENT**

**MOVED BY BARCLAY – TESSIER: THAT we do now adjourn. Time: 4:44 p.m.**



**APPROVAL OF CONSENT AGENDA**

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



February 14, 2024

Sally Hagman & René Lapierre  
Board of Health Chairs  
Algoma Public Health & Public Health Sudbury & Districts

Dear Ms. Hagman and Mr. Lapierre,

Thank you for your letter of January 18<sup>th</sup>, 2024 in which you indicate the potential merger of the two public health units.

Our Board of Directors met February 7<sup>th</sup> and discussed your letter and the possible implications for our area and the clients we serve. CHADWIC Home offers emergency shelter and support, informal counselling, and referrals to women and their children who are experiencing Intimate Partner Violence.

We serve the communities of Wawa, Hornepayne, White River, Dubreuilville and Chapleau including the unorganized communities and First Nations within this catchment area. So, we are on the actual exterior parameter of the Algoma Public Health and Sudbury Public Health Units' Northern service area.

As your boards have your initial discussions, we would like you to keep in mind that the services and supports provided by the public health units to our area are crucial to the women & children that we serve. Any reduction in service available in our area would be problematic both for our clients and for the communities at large. The staff are valued community partners and we often look to them for advice and guidance on health matters affecting our clients and our organization.

As you discuss the potential merger of the two public health units, please keep in mind the valuable and necessary role that these services play in the smaller, northern communities and work hard to ensure their continued presence and level of service in our area.

Sincerely,

A handwritten signature in blue ink that reads "Marnie Lafleur". The signature is fluid and cursive, with the first name being more prominent than the last.

Marnie Lafleur  
Chairperson  
CHADWIC Home Board of Directors

**IN CAMERA**

**MOTION:**

**THAT this Board of Health goes in camera to deal with labour relations or employee negotiations, advice that is subject to solicitor-client privilege, including communications necessary for that purpose, and a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the Board.**

**RISE AND REPORT**

**MOTION:**

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

**ADDENDUM**

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

**ADJOURNMENT**

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