



# Board of Health Meeting # 05-24

Public Health Sudbury & Districts

Thursday, June 20, 2024

1:30 p.m.

Boardroom

1300 Paris Street

**AGENDA – FIFTH MEETING**  
**BOARD OF HEALTH**  
**PUBLIC HEALTH SUDBURY & DISTRICTS**  
**BOARDROOM, SECOND FLOOR**  
**THURSDAY, JUNE 20, 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. DELEGATION/PRESENTATION**
  - i) Odemin Giizis**
    - Sarah Rice, Special Advisor, Indigenous Public Health
    - Jasmine Fournier, Health Promoter, Indigenous Public Health
  - ii) Recognizing and Prioritizing Healthy Aging in Public Health**
    - Laryssa Vares, Public Health Nurse, Health Promotion and Vaccine Preventable Diseases
    - Laura Cousineau, Health Promoter, Health Promotion and Vaccine Preventable Diseases
- 5. CONSENT AGENDA**
  - i) Minutes of Previous Meeting**
    - a. Fourth Meeting – May 16, 2024
  - ii) Business Arising From Minutes**
  - iii) Report of Standing Committees**
    - a. Unapproved Board of Health Finance Standing Committee meeting – June 4, 2024
  - iv) Report of the Medical Officer of Health / Chief Executive Officer**
    - a. MOH/CEO Report, June 2024
  - v) Correspondence**
    - a. Screen for Life Mobile Cancer Screening
      - Letter from the Township of Chapleau to Cancer Care Ontario, dated June 6, 2024
    - b. Support for Bill 173 and declaring intimate partner violence an epidemic

- Letter from the Greater Sudbury Police Service Board Chair to the Premier of Ontario, dated May 30, 2024
- c. Phasing out free water well testing for private wells
- Letter from the Town of Gore Bay to the Premier of Ontario, dated May 14, 2024
- vi) **Items of Information**
  - a. 2024 alPHa Conference, Annual General Meeting and Board Section Meeting
    - Conference Program - Final
    - Board of Health Section Agenda

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

##### **MOTION:**

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

#### **6. NEW BUSINESS**

- i) **2023 Audited Financial Statements**
  - Public Health Sudbury & Districts Audited Financial Statements for 2023

#### **ADOPTION OF THE 2023 AUDITED FINANCIAL STATEMENTS**

##### **MOTION:**

**WHEREAS the Board of Health Finance Standing Committee recommends that the Board of Health for the Sudbury and District Health Unit adopt the 2023 audited financial statements, as reviewed by the Finance Standing Committee at its meeting of June 4, 2024;**

**THEREFORE BE IT RESOLVED THAT the 2023 audited financial statements be approved as distributed.**

- ii) **Organizational Risk Management**
  - Briefing Note from Dr. M. Mustafa Hirji, Acting Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated June 13, 2024
  - Annual Organizational Risk Assessment Progress Report, 2023
  - Organizational Risk Management Plan: 2023-2025

#### **2023–2025 RISK MANAGEMENT PLAN**

##### **MOTION:**

**WHEREAS the Board of Health motion [#23-03](#) endorsed the 2023–2025 Risk Management Plan with quarterly reporting to Senior Management Executive Committee and an annual roll-up of all data for Board of Health approval; and**

**WHEREAS the 2023–2025 Risk Management Plan is an organizational requirement under the Ontario Public Health Standards; and**

**THEREFORE BE IT RESOLVED THAT the Board of Health receive the 2023 annual Risk Management Report; and**

**FURTHER THAT the Board of Health receive the updated 2023–2025 Risk Management Plan including updates related to Strengthening Public Health.**

- iii) Indigenous Engagement Governance Reconciliation Framework – Indigenous Municipal and Provincial Appointees to Board of Health**

**CALLING FOR THE SELECTION OF INDIGENOUS MUNICIPAL AND PROVINCIAL APPOINTEES TO BOARD OF HEALTH FOR PUBLIC HEALTH SUDBURY & DISTRICTS**

**MOTION:**

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

**WHEREAS on June 15, 2023, the Board of Health passed [Motion #37-23 Indigenous Engagement Governance Reconciliation Framework](#) which supports the advancement of the Indigenous Engagement Strategy at the governance level; and,**

**WHEREAS Public Health Sudbury & Districts Indigenous Engagement Strategy's Strategic Direction 1 led to a commitment to promote the selection of Indigenous municipal and provincial appointees to the Board of Health;**

**THEREFORE BE IT RESOLVED THAT the Board of Health call upon the municipalities in the service area to advocate for the appointment of qualified Indigenous persons, who are grounded in community, have lived experience, are from this territory and reside in Public Health Sudbury & Districts; and**

**THAT the Board of Health call upon the municipalities in the service area to appoint qualified Indigenous persons, who are grounded in community, have lived experience, are from this territory and reside in Public Health Sudbury & Districts, where more than one representative appointment exists; and**



**THAT the Board of Health call upon the Province of Ontario to appoint qualified Indigenous persons, who are grounded in community, have lived experience, are from this territory and reside in Public Health Sudbury & Districts.**

**iv) Business Name Registration Renewal**

- Briefing Note from Dr. M. Mustafa Hirji, Acting Medical Officer of Health and Chief Executive Officer dated June 13, 2024

**BUSINESS NAME REGISTRATON RENEWAL**

**MOTION**

**WHEREAS the Board of Health for Sudbury & District Health Unit adopted the name Public Health Sudbury & Districts ([motion 14-18](#)) and that its solicitors were instructed to take all required steps to register the aforesaid business name pursuant to the Business Names Act (Ontario); and**

**WHEREAS the Business Name Act (Ontario) requires that the business names be renewed every five (5) years;**

**THEREFORE, BE IT RESOLVED THAT the Board of Health for the Sudbury & District Health Unit, renew the registration of Public Health Sudbury & Districts as its business name and that its solicitors be instructed to take all required steps to renew the aforesaid business name pursuant to the *Business Names Act* (Ontario).**

**FURTHERMORE, the Director, Corporate Services alone, is authorized to execute all documents necessary to complete the renewal as required by the Corporation's solicitors.**

**v) Board of Health Manual**

- a. Posting of In-Camera Board of Health Agenda Packages and Members Initiating Motions
  - Briefing Note from Dr. M. Mustafa Hirji, Acting Medical Officer of Health and Chief Executive Officer dated June 13, 2024

**BOARD OF HEALTH MANUAL**

**MOTION:**

**THAT the Board of Health, having reviewed the revised E-I-13 Procedure, E-I-14 Policy, and E I 15 Procedure, approves the contents therein for inclusion in the Board of Health Manual.**

**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 – FOURTH MEETING  
BOARD OF HEALTH  
PUBLIC HEALTH SUDBURY & DISTRICTS  
BOARDROOM, SECOND FLOOR  
THURSDAY, MAY 16, 2024 – 1:30 P.M.**

**BOARD MEMBERS PRESENT**

Robert Barclay	René Lapierre	Mark Signoretti
Renée Carrier	Abdullah Masood	Natalie Tessier
Guy Despatie	Ken Noland	
Pauline Fortin	Mike Parent	

**BOARD MEMBERS REGRET**

Ryan Anderson	Al Sizer
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**STAFF MEMBERS PRESENT**

Kathy Dokis	Stacey Laforest	Renée St Onge
Stacey Gilbeau	Rachel Quesnel	
M. Mustafa Hirji	France Quirion	

**R. LAPIERRE PRESIDING**

**1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT**

The meeting was called to order at 1:30 p.m. The Chair noted the Moose hide campaign was being observed that day in respect of violence against Indigenous and non-Indigenous women and girls.

**2. ROLL CALL**

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

The agenda package was pre-circulated. There were no declarations of conflict of interest.

**4. DELEGATION/PRESENTATION**

- i) **Forward Momentum: Keeping Children Safe from Outbreaks in School using the  
*Immunization of School Pupils Act***

- Stacey Gilbeau, Director, Health Promotion Division and Vaccine Preventable Diseases Division and Chief Nursing Officer
- Stephanie Hastie, Program Specialist, Vaccine Preventable Diseases Program

S. Gilbeau and S. Hastie were invited to provide an overview of the *Immunization of School Pupils Act* (ISPA) which protects children against nine designated diseases; requires Boards of Health to collect, maintain, assess, and enforce immunization requirements for these diseases; and improves health and health equity.

Vaccine preventable diseases are re-emerging across the country, including in Ontario. There is a risk to children and schools for cases and outbreaks to occur and the important work undertaken as part of the ISPA ensures that children are protected from outbreaks and of these very serious vaccine preventable diseases through publicly funded vaccines. Board members were reminded who administers publicly funded vaccines and of the reporting requirements and responsibilities.

As part of post-pandemic recovery efforts, Public Health Sudbury & Districts staff have been working to ensure that students received any missed vaccines and that all immunization information reported to PHSD during and after the pandemic was properly entered in the provincial database. S. Gilbeau was pleased to share that PHSD has no pandemic backlog of entries and the ISPA implementation for the 2023/24 school year is well underway after a successful 2022/23 resumption. The 8 phases of the ISPA process were reviewed and it was noted that not every student will need to go through all the steps. The phases may involve collecting information, evaluating immunization records, informing parents/guardians of overdue vaccines, offering immunizations services, and issuing suspension notice if necessary.

It was noted that Public Health Sudbury & Districts staff worked to find opportunities to streamline data submission from the school boards, uploading and reporting processes internally. S. Hastie shared highlights from the 2022/23 ISPA work describing the engagement process as well as communication and enforcement/suspensions relating to elementary and secondary school student immunizations. The efforts last year helped get students up-to-date on vaccination and ensure community immunity against outbreaks in schools. The 2023/24 effort will maintain momentum in keeping schools safe and helping the few students who remain not fully up-to-date, to get there.

Questions and comments were entertained regarding the ISPA enforcement, suspension rates, suspension periods and extensions, lost vaccination records and exemption rates and immunization status for suspension. It was noted that advocacy for a national centralized vaccination repository for children and adult continues at many levels including the Council of Ontario Medical Officers of Health (COMOH) as well as the public health community.

Both presenters were thanked.

## 5. CONSENT AGENDA

- i) **Minutes of Previous Meeting**
  - a. Third Board of Health Meeting – April 18, 2024
- ii) **Business Arising from Minutes**
- iii) **Report of Standing Committees**
- iv) **Report of the Medical Officer of Health / Chief Executive Officer**
  - a. MOH/CEO Report, May 2024
- v) **Correspondence**
  - a. Recommendation for Federal Restrictions on Nicotine Pouches
    - Letter from Peterborough Public Health Board of Health Chair to the Minister of Health, dated April 30, 2024
  - b. Household Food Insecurity  
*Public Health Sudbury & Districts [Motion #06-24](#)*
    - Email and resolution from Municipality of Dutton Dunwich in supporting the Municipality of St. Charles and Public Health Sudbury & Districts resolutions, dated April 29, 2024
  - c. 2023 Annual Chief Medical Officer of Health Report *Balancing Act – An All-of-Society Approach to Substance Use and Harms*
    - Letter from Haliburton, Kawartha, Pine Ridge District Health Unit to the Premier of Ontario and Minister of Health dated May 6, 2024
    - Letter from Peterborough Public Health Board of Health Chair to the Ontario Chief Medical Officer of Health and Deputy Premier and Minister of Health, dated April 23, 2024
  - d. Ministry of Health Base and One-Time Funding for Board of Health, Public Health Sudbury & Districts
    - Letter to Board of Health Chair, Public Health Sudbury & Districts from the Deputy Premier and Minister of Health dated March 28, 2024
- vi) **Items of Information**
  - None

The Board of Health Chair advised that Dr. Hirji had an item for the Board's discussion. Dr. Hirji sought the Board's feedback on the current format, length, and content of the MOH/CEO report to the Board. He noted the report is one of the lengthiest agenda attachments; however, does not concern any discussion. The report is detailed and varies in its format to include stats and some narrative detail. It was noted that the Board meeting evaluation results relating to the MOH/CEO report is positive. The Board was asked whether the report is helpful and useful for their governing role or whether it is more information than needed. Is there anything the Board would want changed or preserved.

It was shared that, in the past, discussion was held regarding the topics within the reports which were operational in nature and when the consent agenda was introduced, the MOH report was included as a consent agenda item.

Board members shared their feedback and overall, felt that the report was helpful and informative, including for newer board members. Although the content is mainly operational in nature, the updates are found to provide a pulse regarding the work and priorities of the organizational. There was openness to explore a report that includes priorities and strategic updates through a high-level, plain language, summary upfront of the report.

M. Parent reference a City of Greater Sudbury motion in regards to used needles in public spaces and on the streets which directed the Mayor to meet with the Medical Officer of Health to see how collectively, there could be improvements. Dr. Hirji's input was sought regarding the CGS's needle waste motion. Dr. Hirji responded he would be pleased to meet with City of Greater Sudbury on this matter. It was noted that waste management is within the City of Greater Sudbury's responsibility. Public Health Sudbury & Districts does education with every client, has contributed to public kiosks for needle disposal and is working with partners for pick up. He noted that PHSD is always ready to meet and collaborate with partners to ensure *healthier communities for all*.

### **33-24 APPROVAL OF CONSENT AGENDA**

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

**CARRIED**

## **6. NEW BUSINESS**

- i) Association of Local Public Health Agencies (alPHA)'s Annual General Meeting (AGM) and Conference, June 5 to 7, Toronto**
  - Preliminary Program for AGM, Conference and Section meetings
  - Summary of Resolutions for consideration at alPHA Resolutions Session
  - Allocation of Votes by Health Unit
  - Agenda for the alPHA Board of Health Section Meeting – June 7, 2024

The Board Chair invited Board members to consider attending the Association of Local Public Health Agencies (alPHA)'s Annual General Meeting (AGM), resolution session and conference. This is a great learning opportunity to further learn about public health and to network with provincial peers. Given no names were put forward, the motion was not voted upon.

If any Board member would like to attend, they are asked to contact the Board Secretary before the May 27 registration deadline.

## 2024 ALPHA AGM/CONFERENCE

**WHEREAS the Public Health Sudbury & Districts is allocated five votes\* at the alpha Annual General Meeting;**

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

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

**MOTION WAS NOT ENTERTAINED**

**ii) Physical Literacy for Communities: A Public Health Approach**

- Briefing Note from Dr. M. Mustafa Hirji, Acting Medical Officer of Health and Chief Executive Officer to the Board of Health, dated May 9, 2024
- *Physical Literacy for Communities: A Public Health Approach*, May 2024

Dr. Hirji reminded the Board that in October 2022, the Board of Health for Public Health Sudbury & Districts approved motion #29-22 outlining the importance of Physical Literacy for Healthy Active Children and expressing the need for local quality physical literacy enriched programs for children and youth.

According to ParticipACTION's (2022) Report Card on Physical Activity, only 17.5% of Canadian children were getting the recommended at least 60 minutes of moderate to vigorous physical activity every day and a Statistics Canada health report published in 2022 revealed a decrease in physical activity participation among Canadian youth. In Ontario, an estimated \$2.6 billion of the total annual economic burden of chronic disease risk factors can be attributed to physical inactivity.

Individuals who are developing physical literacy have the motivation, confidence, physical competence, knowledge, and understanding to value and take responsibility for engaging in physical activities for life. These skills help them make healthy, active choices. A longitudinal study had also revealed that higher levels of certain physical literacy attributes in childhood were associated with increased physical activity levels in later years or during adulthood.

There is some evidence speculating that resilience plays a mediating role in linking physical literacy to positive mental health; however, this needs more study.

The *Physical Literacy for Communities: A Public Health Approach* included in today's agenda package serves as an exemplary guide for public health professionals to work collaboratively and efficiently within a multi-sector, community-based partnership to address physical literacy. The document provides ways in which public health can work with other sectors towards building a physically literate community and was developed based on Public Health Sudbury & Districts' experience implementing the Physical Literacy for

Communities strategy in partnership with Active Sudbury under the guidance of Sport for Life. The motion seeks the Board of Health's endorsement of the guide for other public health professionals' use to address physical literacy.

### **34-24 PHYSICAL LITERACY FOR COMMUNITIES: A PUBLIC HEALTH APPROACH**

**MOVED BY DESPATIE – FORTIN: WHEREAS** according to ParticipACTION's Report Card on Physical Activity for adults: only 49% of Canadian adults ages 18-79 years get at least 150 minutes of moderate to vigorous physical activity (MVPA) per week. Only 17.5% of children were getting at least 60 minutes of moderate to vigorous physical activity every day<sup>1</sup>; and

**WHEREAS** higher levels of certain physical literacy attributes in childhood—specifically physical competence, motivation, and knowledge—were associated with increased physical activity levels in later years or during adulthood<sup>2</sup>; and

**WHEREAS** the Board of Health for Public Health Sudbury & Districts approved the Physical Literacy for Healthy Active Children ([motion #29-22](#)) which recognized that physical literacy sets the foundation for physical activity participation throughout life; and encouraged all area school boards, sport and recreation organizations, and early learning centres to work collaboratively to improve physical activity levels among children and youth across Sudbury and districts.

**THEREFORE BE IT RESOLVED THAT** the Board of Health for Public Health Sudbury & Districts endorses the *Physical Literacy for Communities: A Public Health Approach* as an exemplary guide for public health professionals to work collaboratively and efficiently within a multi-sector, community-based partnership to address physical literacy.

**CARRIED**

#### **iii) Early Childhood Food Insecurity: An Emerging Public Health Problem Requiring Urgent Action**

- Briefing Note from Dr. M. Mustafa Hirji, Acting Medical Officer of Health and Chief Executive Officer to the Board of Health, dated May 9, 2024

Dr. Hirji shared that food insecurity relates to not having the means to access to sufficient amounts of food or food of an adequate quality to be healthy. This could relate to cost or geographic challenges. Food insecurity, inadequate or insecure access to food due to household financial constraints, continues to be a serious and pervasive public health

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<sup>1</sup> ParticipACTION (2022), Pandemic-Related Challenges & Opportunities for Physical Activity. Retrieved from: <https://www.participaction.com/wp-content/uploads/2022/10/Report-Card-Key-Findings.pdf>

<sup>2</sup> Lloyd, M., Saunders, T. J., Bremer, E., & Tremblay, M. S. (2014). Long-term importance of fundamental motor skills: A 20-year follow-up study. Adapted physical activity quarterly, 31(1), 67-78. <https://doi.org/10.1123/apaq.2013-0048>



problem for individuals of all ages. While the prevalence of infant-specific food insecurity has not been formally investigated, as no provincial surveillance system exists, it is likely significant considering that nearly 1 in 4 children under the age of six live in a household experiencing food insecurity.

The price of food has increased by 10.6% since last year, rising at a rate not seen since the early 1980. Prices of certain foods have risen even higher, for example the price of infant formula increased 35.5% in Ontario. Rates for Ontario Works recipients have been frozen since 2018 and recent a increase of 6.5% to the Ontario Disability Support Program rates in 2023 continue to be inadequate to support the cost of living.

Today's motions seeks Board of Health endorsement to amplify the efforts of the Ontario Dietitians in Public Health and Food Allergy Canada by asking the Provincial government to raise food allowance in provincial income support programs so that these programs can safeguard healthy growth and development among families most impacted by food insecurity and health inequities.

In response to a question, it was clarified that this motion relates to children aged 0-24 months.

**35-24 EARLY CHILDHOOD FOOD INSECURITY: AN EMERGING PUBLIC HEALTH PROBLEM REQUIRING URGENT ACTION**

**MOVED BY TESSIER – NOLAND: WHEREAS THE SEVERITY OF FOOD INSECURITY ACROSS ONTARIO IS WORSENING<sup>3</sup>; AND**

**WHEREAS Provincial action is urgently needed to protect young children 0-24 months of age from the harmful effects of household food insecurity; and**

**WHEREAS Public Health Sudbury & Districts advocacy efforts have long underscored the need for income-based solutions to food insecurity and has recently resolved on [06-24 Household Food Insecurity](#); and**

**WHEREAS when food insecurity results in early childhood malnutrition, infants and young children may experience growth faltering, and compromised health<sup>4</sup>; and**

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<sup>3</sup> Food Insecurity Policy Research (PROOF). *New Data on Household Food Insecurity in 2023* [webpage online]. Accessed May 2, 2024, from: <https://proof.utoronto.ca/2024/new-data-on-household-food-insecurity-in-2023/>

<sup>4</sup> Martins, V. J. B., Toledo Florêncio, T. M. M., Grillo, L. P., Do Carmo P. Franco, M., Martins, P. A., Clemente, A. P. G., Santos, C. D. L., Vieira, M. de F. A., & Sawaya, A. L. (2011). *Long-Lasting Effects of Undernutrition*. International Journal of Environmental Research and Public Health, 8(6), 1817–1846. <https://doi.org/10.3390/ijerph8061817>

**WHEREAS food prices including the price of infant formula have increased over the past year<sup>5,6</sup>; and**

**THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts amplify the efforts of the Ontario Dietitians in Public Health and Food Allergy Canada by asking the Provincial government to safeguard healthy growth and development among families most impacted by food insecurity and health inequities, by:**

**i) Assessing the adequacy of the Pregnancy and Breastfeeding Nutritional Allowance and the Special Diet Allowance to ensure families reliant on Ontario Works or the Ontario Disability Support Program can afford the products they need to adequately nourish their infants.**

**ii) Expanding the Ontario Drug Benefit to include specialized infant formulas for families whose children (0-24 months) have a medical diagnosis\* requiring strict avoidance of standard soy and milk proteins.**

**\* Medical diagnosis can include an IgE mediated food allergy and/or a non-IgE mediated food allergy, such as food protein-induced enterocolitis syndrome (FPIES), food protein-induced enteropathy (FPE), allergic proctocolitis (AP), eosinophilic esophagitis (EoE) and several others. Due to the variability in clinical presentation and lack of validated diagnostic tests, a diagnosis relies on a detailed medical history, physical examination, and a trial elimination of the suspected food allergen.**

**AND FURTHER THAT the Board of Health for Public Health Sudbury & Districts continues to advocate for income-related policies to reduce household food insecurity, especially for households with children where prevalence of food insecurity is highest.**

**CARRIED**

**iv) Support for Bill C-322: National Framework for a School Food Program Act**

- Briefing Note from Dr. M. Mustafa Hirji, Acting Medical Officer of Health and Chief Executive Officer to the Board of Health, dated May 9, 2024

Dr. Hirji noted that it was estimated in 2019 that 35% of Canadian schools offered a school food program, serving approximately 20% of Kindergarten to Grade 12 students. Also in 2019, the Ontario Student Nutrition Program reached roughly 40% of students and 71% of publicly funded schools, while 67% of band-operated and federally funded schools were covered by the First Nations Student Nutrition Program

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<sup>5</sup> Statistics Canada. Consumer Price Index, February 2023. Retrieved 13 April 2023 from <https://www150.statcan.gc.ca/n1/daily-quotidien/230321/dq230321a-eng.pdf>

<sup>6</sup> Statistics Canada. Monthly Average Retail Prices for Selected Products. Retrieved March 19 2024 from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1810024501&pickMembers%5B0%5D=1.6&cubeTimeFrame.startMonth=01&cubeTimeFrame.startYear=2022&cubeTimeFrame.endMonth=12&cubeTimeFrame.endYear=2023&referencePeriods=20220101%2C20231201>

Some schools are not able to implement a healthy school food program due to the inconsistent patchwork of funding from public and private contributions and charitable donations. Many of these programs rely on volunteers to administer the program as the funds are prioritized for covering rising costs of food and maintaining program infrastructure to deliver school meals or snacks.

A fully-funded universal national school food program is recognized as a population health approach for fostering student nourishment, healthy growth and development, positive learning outcomes, and academic achievement. The universality element is key: with a universal program, no child will be left out of the program, regardless of their families' ability to pay, fundraise or volunteer with the program providing equal opportunities and reducing stigma.

PHSD and this board supported the implementation of a federal school food program, and one was subsequently announced in Federal Budget 2024 with 1 billion dollars announced towards this. However, concerns have arisen that the program isn't specified to be universal, and so could carry some of the harms discussed above.

Private member's bill C-322 seeks to enshrine principles of universality, stigma reduction, cultural diversity, and ensuring sufficient program infrastructure in the National School Food Program.

The Board of Health for Haliburton, Kawartha, Pine Ridge has endorsed Bill C-322. Today's motion seeks this Board's endorsement as well.

### **36-24 SUPPORT FOR BILL C-322 NATIONAL FRAMEWORK FOR A SCHOOL FOOD PROGRAM ACT**

**MOVED BY PARENT - CARRIER: WHEREAS the current Ontario student nutrition program only reaches 40% of students and 71% of publicly funded Kindergarten to Grade12 schools due to insufficient funding, rising food costs, inadequate infrastructure and human resources, and an increase in student need for proper nourishment<sup>7</sup>; and**

**WHEREAS the Board of Health for Public Health Sudbury & Districts passed motion [02-20](#) supporting a universal fully funded healthy school food program, and motion [61-23](#) supporting a funded national school food program in the 2024 Federal Budget; and**

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<sup>7</sup> Ruetz, A. T., & McKenna, M. L. (2021). *Characteristics of Canadian school food programs funded by provinces and territories*. Canadian Food Studies, 8(3), 70-106. <https://doi.org/10.15353/cfs-rcea.v8i3.483>

**WHEREAS** although the Government of Canada recently announced [an investment of \\$1 billion over 5 years for the national school food program](#) in the 2024 Budget to help enhance and broaden existing programs throughout Canada, more support is required to ensure a universal fully-funded school food program for all students; and

**WHEREAS** Private Member's [Bill C-322](#) calls for a national framework to establish a school food program that is universal, sustainable and effective, where no child is left out or stigmatized in the program due to their families' ability to pay, fundraise, and volunteer with the program; and

**THEREFORE BE IT RESOLVED THAT** the Board of Health for Public Health Sudbury & District commend the Government of Canada for prioritizing healthy school food in Budget 2024 and for working in partnership with provinces, territories and Indigenous communities throughout Canada; and

**FURTHER THAT** the Board of Health urges local Members of Parliament and other key partners to endorse Bill C-322, National Framework for a School Food Program Act and continue to uphold the commitment to the health and wellbeing of children and youth in Canada.

**CARRIED**

## **7. ADDENDUM**

None.

## **8. IN CAMERA**

None.

## **9. RISE AND REPORT**

None.

## **10. ANNOUNCEMENTS**

Board members are reminded to reach out to the Board Secretary if they are interested in attending the annual ALPHA AGM and Conference.

The next regular Board of Health meeting will be held on Thursday, June 20, 2024, at 1:30 p.m. in the Boardroom.

Board members were asked to complete the meeting evaluation for today's Board of Health meeting in BoardEffect.

## **11. ADJOURNMENT**

**37-24 ADJOURNMENT**

**MOVED BY LAPIERRE: THAT we do now adjourn. Time: 2:31 p.m.**

**CARRIED**

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(Chair)

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(Secretary)

**UNAPPROVED MINUTES  
BOARD OF HEALTH FINANCE STANDING COMMITTEE  
TUESDAY, JUNE 4, 2024 – 10 A.M.  
BOARDROOM/VIRTUAL MEETING**

**BOARD MEMBERS**

René Lapierre  
Mark Signoretti

Ken Noland

Mike Parent

**STAFF**

Dr. M. Mustafa Hirji

France Quirion

Rachel Quesnel, Recorder

**INVITED STAFF**

Keeley O'Neill, Manager, Accounting Services

**GUEST**

Oscar Poloni, KPMG

**R. QUESNEL PRESIDING**

**1. CALL TO ORDER**

The meeting was called to order 10:01 a.m.

**2. ROLL CALL**

**3. ELECTION OF BOARD OF HEALTH FINANCE STANDING COMMITTEE CHAIR FOR 2024**

Nominations were held for the position of Board of Health Finance Standing Committee Chair. Mark Signoretti was nominated and nominations were closed. M. Signoretti accepted his nomination and the following was announced:

**01-24 APPOINTMENT OF BOARD OF HEALTH FINANCE STANDING COMMITTEE CHAIR**

***MOVED BY LAPIERRE – PARENT: THAT the Board of Health Finance Standing Committee appoint Mark Signoretti as the Board of Health Finance Standing Committee Chair for 2024.***

**CARRIED**

**M. SIGNORETTI PRESIDING**

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

There were no declarations of conflict of interest.

## **5. APPROVAL OF BOARD OF HEALTH FINANCE STANDING COMMITTEE MINUTES**

### **5.1 Board of Health Finance Standing Committee Notes dated November 6, 2023**

#### **02-24 APPROVAL OF MEETING NOTES**

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

**CARRIED**

## **6. NEW BUSINESS**

### **6.1 2023 Audited Financial Statements**

- a) Briefing Note from the Medical Officer of Health and Chief Executive Officer dated May 28, 2024

A change in KPMG representation at today's meeting was noted in that Oscar Poloni will be presenting the Auditor's report and findings.

Dr. Hirji reviewed the role of Public Health Sudbury & Districts for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards as well as the auditor's responsibility to express an opinion on financial statements based on their audit. The audit procedures and considerations were outlined. Based on the auditor's report, the financial statements present fairly, in all material respects, the financial position of Public Health Sudbury & Districts as at December 31, 2023, and its results of operations and accumulated surplus, changes in net financial assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Dr. Hirji was pleased to share that there were no recommendations for changes as a result of the 2023 annual audit completed by KPMG. Public Health Sudbury & Districts recommends the adoption of the 2023 audited financial statements to the Board of Health Finance Standing Committee to be ultimately adopted by the Board of Health.

- b) Review of the 2023 Audited Finding Report and Audited Financial Statements
  - F. Quirion, Director, Corporate Services
  - K. O'Neill, Manager, Accounting Services
  - Oscar Poloni, KPMG

F. Quirion thanked the KPMG audit team, Derek D'Angelo, Lead Audit Engagement Partner, Jennifer Bronicheski, Lead Audit Engagement Manager, and all other members of the KPGM team for a successful audit. K. O'Neill and team were recognized for their work compiling, preparing, and analyzing the financial information that form the draft 2023 financial statements.

The financial statements are based on the budget framework endorsed by the Board of Health. Of note, a condition of funding is that an annual audit of the organization's financial information be conducted and that a copy of the Audited Financial Statements be provided with the completed Annual Reconciliation and Attestation Report to the Ministry.

O. Poloni was invited to present the Auditor's Audit Findings Report for year ending December 31, 2023. He shared there was nothing of contention that arose from the audit and reviewed the audit highlights. It was highlighted that PS 3280 Asset Retirement Obligations was effective for the fiscal 2023 audit and audit procedures performed concluded over the impact of this new accounting standard and had no findings to report. It is the auditors opinion that the financial statements present fairly, in all material respects, the financial position as at December 31, 2023, and its results of operations, its changes in net assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards. There were no recommendations received as a result of the 2023 audit completed by KPMG.

Questions were entertained relating to cybersecurity, materialities, and frequency of changing auditing firms and auditors. The auditor was thanked and excused.

F. Quirion noted that significant variances are generally attributed to COVID-19 ramp down, refocusing on Public Health priorities and addressing the backlog that occurred over the pandemic. The infrastructure modernization projects were mostly completed with two additional initiatives completed in 2023 that included the elevator refurbishment and the lab roofing/terrace replacement projects at 1300 Paris.

It was noted that the Ministry continued to provide Public Health Units with funding for COVID-19 extraordinary expenses at a significantly lower levels with the continued expectation that cost-shared funding should be completely expensed before applying for COVID-19 extraordinary funding.

K. O'Neill provided a detailed overview of the statements and notes. Questions and comments were entertained relating to COVID-19 extraordinary funding, budgeted salaries and wages for cost-shared programs and 100% provincially funded programs, tangible capital assets amortization and reserves.

In response to an inquiry, Dr. Hirij will explore the feasibility of the auditors privately meeting with the Board Chair or individual Board members to discuss whether there have been or are potential improprieties to be reported.

Staff were thanked for the detailed presentation and the following motion read:



### **03-24 2023 AUDITED FINANCIAL STATEMENTS**

***MOVED BY LAPIERRE – PARENT: THAT the Board of Health Finance Standing Committee recommend to the Board of Health for the Sudbury and District Health Unit the adoption of the 2023 audited financial statements.***

**CARRIED**

#### **6.2 Year to Date Financial Statements**

##### **a) March 2023 Financial Statements**

The financial statements ending March 31, 2024, show a positive variance of \$380,171 in the cost-shared programs.

F. Quirion recapped the ministry's expectation that COVID-19 costs be managed within the Boards mandatory cost-shared budget, therefore, the temporary COVID-19 division (Sexual Health, Vaccine Preventable Diseases and COVID-19 Vaccinations SVC division) and related budget account set up to support COVID-19 was collapsed and the significantly reduced resources were incorporated into the renamed Health Promotion and Vaccine Preventable Disease Division and the Health Protection Division. Other resources were also shifted within the budget to align with program priorities. However, the total budget amount remains \$30,037,079.

Calenderization of 2024 expenses will be implemented and reflected in the financial statements; however, expenditures are currently on target at approx. 25% of our budget for the first quarter. We continue to experience staff vacancies and gapping and are working to fill vacancies.

Questions and comments were entertained.

Discussion ensued regarding the 2025 budget pressures. M. Parent shared financial pressures municipalities are facing, and inquired what might be the budget environment for Public Health in 2025. Dr. Hirji discussed that it will be a challenging budget year given the province has announced a 1% increase while inflation rates continue to be of concern and many other considerations such as staffing and labour relations. Higher interest rates and reserves were also discussed. It was noted that advocacy for adequate public health funding has been undertaken in the past by local Boards of Health, including for Public Health Sudbury & Districts and effective advocacy has come through the Association of Municipalities of Ontario (AMO).

**7. ADJOURNMENT**

**04-24 ADJOURNMENT**

***MOVED BY NOLAND – PARENT: THAT we do now adjourn. Time: 11 a.m.***

**CARRIED**

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(Chair)

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(Secretary)

Unapproved



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

### Words for thought

#### *Laying the groundwork for: Artificial Intelligence to Advance Public Health in Canada*

##### Executive Summary

###### Connection and understanding around national data, AI modelling, and public health

Artificial Intelligence (AI) has the potential to support public health in a wide range of applications, however, there are significant barriers to adopting AI in public health, and it is not yet clear which applications of AI will be most useful for public health research and practice. To elucidate and better understand barriers and uncertainties, as well as strengthen connections between national agencies and the academic community, a workshop entitled 'Connection and understanding around national data, AI modelling, and public health' was funded by the Canadian Institutes for Health Research (CIHR) and co-hosted by AI for Public Health (AI4PH) and Statistics Canada (StatCan) in Ottawa, Ontario on October 17th and 18th, 2023. The workshop connected public health stakeholders with experts in AI and public health, encouraging collaboration and facilitating discussion around the opportunities, priorities, and challenges associated with the use of AI for public health applications at the national level.

Workshop participants were individuals from national agencies including Health Canada, the Public Health Agency of Canada (PHAC), the Canadian Institute for Health Information (CIHI), and StatCan, public health scholars from across Canada leading research, training, and national data initiatives, and representatives from the AI4PH Community Advisory Board. AI4PH is a national training platform based at the University of Toronto's Dalla Lana School of Public Health and funded by CIHR. This training platform is building a workforce of public health researchers and practitioners who develop and apply innovations in equitable AI and machine learning to public health research, policy, and practice in Canada.



Participants attended from  
BC, SK, MB, ON, and QC



##### Executive Summary Continued

The main themes and recommendations for action that emerged from the workshop are:

**Data and infrastructure:** the need for improved data availability and access, common data standards, further linkages between data sources, and modernized analytical infrastructure

- **Recommendations:** address major infrastructure gaps related to linking health data for public health research and practice, with explicit consideration for data quality, data standards, and synthetic data; ensure that public health expertise and applications, distinct from clinical applications, are explicitly incorporated into national AI strategies and data initiatives

**Skills and training:** the need to address gaps in technical skills, the ability to work effectively in multidisciplinary teams, and dedicated strategies for training and upskilling

- **Recommendations:** develop a formal strategy to build AI expertise and resource the public health sector

**Collaboration:** the need for more collaboration across disciplines and between organizations, and the importance of removing barriers to collaborative partnerships

- **Recommendations:** formally foster collaboration between academic and public health organizations to increase the likelihood that AI applications being developed are useful for public health; build mechanisms to foster collaboration and resource sharing across federal and provincial health and data agencies to increase efficiencies and accelerate learning

**Equity and trust:** the need for focused strategies to engage community members, build trust, mitigate bias, and improve health equity

- **Recommendations:** use formal frameworks and standards for AI adoption and oversight to ensure that AI applications in public health meet ethical, equity, and methodological standards

This report includes a more detailed synthesis of the main themes and recommendations to provide guidance for the responsible and effective adoption of AI in public health research and practice.



Data & Infrastructure



Skills & Training



Collaboration



Equity & Trust

Source: <https://ai4ph-hrtp.ca/wp-content/uploads/2024/05/AI-to-advance-public-health-in-Canada-2024-FINAL.pdf>

Date: Retrieved June 6, 2024

Artificial Intelligence (AI) is having a moment of great attention and interest, and deservedly so. It is a suite of technologies that are invisibly already a part of our daily lives (e.g. the autocorrect when we are typing messages on our smartphones); however, more powerful tools are now in the spotlight as new products, or envisioned products for the near future. While AI carries considerable risks (e.g. data privacy, errors and “hallucinations” made by AI systems, internalized biases), the potential benefits in terms of efficiency and even, in some cases, accuracy are profound.

At Public Health, we see several ways AI could strategically support our mission. First, as we continue to face resource constraints and provincial funding that decreases relative to inflation while our workload is growing, AI holds the opportunity to solutions to get more work done with less. Second, as Public Health is already a custodian and subscriber of significant amounts of health data, we have an asset that could be leveraged with new AI tools to better understand and serve our population. Finally, as we pursue Effective Public Health Practice every day, the need for rigour (e.g. finding and reviewing all of the scientific evidence on a topic) often slow us down; AI systems offer the opportunity to eliminate these delays and make it far easier to perform our work optimally.

The AI 4 Public Health institute at the University of Toronto, in partnership with Statistics Canada and the Canadian Institutes of Health Research, recently released their report “Laying the groundwork for: Artificial Intelligence to Advance Public Health in Canada”. We are carefully reviewing this report.

As a next step for Public Health, Knowledge & Strategic Services is hosting an Artificial Intelligence (AI) for Public Health Think Tank on June 18. The goal of the Think Tank is to learn about this emerging topic and explore ways that Public Health can benefit from AI strategies and approaches. The intent is also for the Think Tank to be a springboard to inform further steps for our agency.

The opportunities for Artificial Intelligence are exciting and daunting, and we will continue to report on them going forward.

## Report Highlights *(new)*

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Further to the Board of Health’s feedback at the May 16, 2024, Board of Health meeting regarding the Board report template, this *new* section of the Board report highlights activities that action our strategic plan priorities.

### 1. Workload challenges

As Public Health has returned to pre-pandemic provincial funding as of April 1, and staffing levels have scaled down accordingly, the new normal 4 years out from the pandemic declaration is becoming increasingly clear. Unfortunately, it is one where we are mandated to

do more work without more resources. As discussed in the report, COVID-19 remains present, and several other reportable infections are requiring significantly more work than pre-pandemic. Other health issues have also worsened since the pandemic and are requiring more of our attention.

To manage this increasingly unsustainable workload, Public Health has begun to identify lower priority work that can be scaled back or eliminated (e.g. tuberculin skin testing clinics were offered by our agency as a highly valued service, but one we were not mandated to offer; we are scaling back this service to redeploy those staff resources to areas of pressure). Larger scale discussion of this will continue this summer and lead into 2025 budget conversations with the Board in the fall.

## 2. Supporting our Managers

Managers do the hard work of figuring out how to get work done with limited resources and supporting staff through burnout and stress from an unsustainable workload. This difficult work coupled with a highly competitive recruitment environment for health workers, and a rapidly changing environment in public health has made it difficult for PHSD to fill all of its management vacancies in recent months, leading to more being imposed on remaining managers as they help do the work of unfilled positions.

Managers are often underappreciated for the contributions they make. To help support them during these difficult times, Public Health has developed a community of practice so that they can better support each other. We are also hosting a full day development workshop to support them with the skills and tools to better address the increasingly dynamic and complex challenges they face.

## 3. Strategic Plan Implementation

As I have been focused on orienting to the Agency and the wider community in the last three months, work around the strategic plan has focused mostly on socializing it and building further understanding of it by our teams. Some of this work will continue over the summer.

The major area of active focus has been around Healthy & Resilient Workforce. With many staff feeling the pressures of a heavy workload, we have been attentive to better managing that and prioritizing staff wellness and staff engagement efforts, many of which are outlined in this report. We are also deeply engaged in Effective Public Health Practice, continuing work around Indigenous Engagement and Health Equity, as well as launching new exploration of Artificial Intelligence.

As we engage in planning for 2025 and managing workload longer term, the Strategic Plan will be our guide on how to prioritize our work and direct our resources.

## 4. Health Equity Indicators

As discussed in the report, we have recently completed research work on health equity indicators. These will now be reviewed for incorporating into measuring performance and supporting accountability and monitoring.

## 5. Infection Prevention and Control Hub

The Infection Prevention and Control (IPAC) Hub continues proactive work to prevent outbreaks through IPAC assessment, education sessions, and policy reviews. They also support management of acute outbreaks. The team provided 52 services or supports in the month of May.

## 6. Indigenous Cultural Competence Building

There is a new Indigenous Engagement module as part of all new staff orientation.

Members of the Board of Health are invited to attend the National Indigenous Peoples Day Pow Wow hosted by N'Swakamok Native Friendship Centre on June 21 from 11 a.m. to 3 p.m. at Bell Park in Sudbury.

## 7. Data Reporting Changes

We have been reviewing our data reporting to the public to both increase the efficiency of our work, but also better meet our community's needs. We have automated internal workflows to more quickly and accurately build reports. We are completing analyses on the impact of drug alerts on overdoses detected so that we can optimize these reports.

Unfortunately, due to a provincial change in their data management of COVID-19 data, we are having to pause COVID-19 reporting as well as our respiratory illness dashboard so that we can build new reporting systems to align with the new provincial systems. The province's plan to discontinue wastewater testing will also prevent us from reporting this data after July.

## 8. Emergency After-Action Report Highlighted

Public Health's Manager of Effective Public Health Practice participated in a panel for Public Health Ontario's (PHO) Learning Exchange: *Sharing Experiences, Building Resilience for the Future* regarding after-action reviews of emergencies. This spotlighted the work of PHSD across the province as a model of how to do this work well. Congratulations to the excellence of our team!

## General Report

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### 1. Public Health Sudbury & Districts MOH/CEO Engagement

I continue to participate in engagement opportunities. I have met with all Public Health Sudbury & Districts divisional teams and visited all district offices, including the Chapleau District office.

I continue to meet with key community partners and recently met in person with the Mayor and CAO of the Township of Chapleau as well as the Chapleau Health Services CEO. I met with MPP Jamie West and MPP France Gélinas. Accompanied by Stacey Gilbeau, I met Dr. Christina McMillan Boyles, Director, School of Nursing, and, accompanied by Renée St Onge, I met with Shauna Lehtimaki, Director, Institutional Planning from Laurentian University. I will be meeting with City of Greater Sudbury Mayor Lefebvre on June 18. A virtual meeting will be held on June 18 with First Nations partners.

### 2. Local and Provincial Meetings

I participated in the 2024 Public Health Physicians of Canada CPD Symposium May 23 and 24, 2024, virtually. The Symposium theme was Public Health and Housing.

I and the Board of Health Chair attended the Association of Local Public Health Agencies (alPHA) Annual General Meeting (AGM) and Conference, June 5 to 7, 2024, in Toronto. On June 7, I attended the Council of Ontario Medical Officers of Health (COMOH) section meeting while the Board of Health Chair attended the Board of Health Section meeting. R. Lapierre will provide a verbal update at the June 20 Board of Health meeting.

I will participate in the NOSM University Public Health Preventative Medicine (PHPM) spring program experiential learning event and PHPM Residency Program Committee meeting.

### 3. Financial Report

As a reminder, following the Board approval of the 2024 cost-shared operating budget in November 2023, the Senior Management Executive Committee adjusted budget areas to align resources to program priorities and to address the inclusion of COVID-19 within the budget. The temporary division created to support COVID-19 was collapsed and the significantly reduced resources were incorporated into the renamed Health Promotion and Vaccine Preventable Disease Division and the Health Protection Division. Other resources were also shifted to align with program priorities. The adjustments are reflected under the “Adjusted BOH Approved Budget” column of the financial statements.

The financial statements ending March 2024, show a positive variance of \$380,171 in the cost-shared programs. To date, the Ministry has yet to flow the 1% increase in provincial



funding along with the portion of funding related to the previously titled “mitigation grant”, which will now be part of base funding. The Ministry is expected to started flowing these funds to health units in May 2024.

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

Public Health Sudbury & Districts has disbursed all payable remittances for employee income tax deductions and Canada Pension Plan and Employment Insurance premiums, as required by law to May 24, 2024, on June 3, 2024. The Employer Health Tax has been paid, as required by law, to April 30, 2024, with an online payment date of May 14, 2024. Workplace Safety and Insurance Board premiums have also been paid, as required by law, to April 30, 2024, with an online payment date of May 28, 2024. There are no outstanding issues regarding compliance with the *Occupational Health & Safety Act*, Ontario Human Rights Code, or *Employment Standards Act*.

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

## Corporate Services Division

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### 1. Accounting

On November 6, 2023, the Ministry approved IPAC funding for the 2023–2024 funding year in the amount of \$914,100. The Ministry has committed to sustainable funding for the IPAC program going forward. The 2024–2025 year will be a transition year for the program where they will work towards determining sustainable budgets.

The 2023 Q4 Standards Activity Report was submitted to the Ministry by the due date of January 31, 2024.

On March 28, the Ministry of Health sent a revised funding confirmation letter for the 2023–2024 funding year which included funding approvals for merger planning (\$402,600), Respiratory Syncytial Virus Prevention Programming (\$71,500), and C-19 Vaccine Program extraordinary costs for January to March 2024 (\$225,000). This funding was to be used by March 31, 2024. 2023 Funding confirmations for C-19 extraordinary costs were also received in the first quarter of 2024.

The 2024 Annual Service plan was submitted to the Ministry in March 2024. The 2024 Annual Service plan did not include the option to apply for any one-time requests for funding other



than funding for health units that are engaging in voluntary mergers. The Ministry has indicated that funding for PHI Practicums will be available at the same or similar amount to 2023–2024 funding and has advised health units that they can move ahead with recruiting PHI Practicum students.

As part of the Public Health Strengthening framework, the Ministry is undergoing a funding formula review. Engagement with stakeholders is anticipated to start in late Spring or early Summer of 2024. The new approach will be announced in Spring 2025 with an implementation date of January 1, 2026.

Accounting has completed the preparation of the 2023 financial statements which were audited by KPMG in March. The draft audited financial statements were presented to the Board Finance Standing Committee on June 4, 2024.

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

## 2. Facilities

The next phase of the Infrastructure Modernization project at the 1300 Paris Street is the electrical switchboard upgrade. The switchboard is the main conduit for power distribution within the 1300 Paris Street office. The tender for this project has closed, and successful proponent has been selected.

Previous Infrastructure Modernization projects, including the roof and patio refurbishment, and renovations to both the Paris and Elm Place offices are all complete with minor deficiencies remaining.

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

## 3. Human Resources

### ***Recruitment and Retention***

Recruitment over this period has transitioned back to a normal level. The temporary positions that were in place for recovery ended at the end of 2023, with a few extended to the new year to support in specific areas. Vacancies are mostly due to leaves of absence which are posted internally and result in a ripple effect with internal movement. Some vacancies have risen due to resignations.

Managers continued to fill vacancies based on budget constraints and operational needs. We face ongoing recruitment challenges for some positions. This has recently been prevalent when recruiting for experienced applicants for our vacant management and specialty area positions. Providing an attractive total compensation package is critical to compete with other employers from all sectors.

In addition to our total compensation package, factors such as hybrid work offering flexible work arrangements, relocation program (to name just a few), are now very important features to highlight to prospective employees. These factors are now part of the decision-making process for prospective future employees. Human resources is reviewing advertisement templates to include what PHSD has to offer to maintain a competitive advantage over other employers seeking to attract the same talent.

Agency recruitment policies continue to be under review as part of the organization's policy review cycle and will continue to completion. The review has included incorporating an equity, diversity, and inclusion lens.

### ***Health and Safety***

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

Human Resources in collaboration with management, completed a health and safety risk assessment to identify gaps on an organizational level. In addition, a review to ensure compliance with the *Transportation of Dangerous Goods Act* is underway. The date from each assessment is being reviewed and recommendations will be provided to senior leadership.

Some agency policies for health and safety training have been reviewed and updated. The review of policies continues and will include identifying any gaps associated with the findings of the risk assessment.

The agency strives to create a supportive work environment where people value and prioritize health and safety and psychological health & wellbeing. The Psychological Health and Wellness Committee is offering staff the opportunity to participate in the Canadian Mental Health Association's (CMHA) Your Health Space program. Your Health Space is a free workplace mental health program for Ontario's health care settings. It aims to support health care organizations in addressing staff burnout and promoting psychological health and safety in the workplace. The committee is offering seven virtual workshops to staff on topics such as trauma informed workplaces, mindfulness, flourishing in the workplace, managing stress, and intersecting identities.

May was Workplace Health, Safety and Wellness month, and during this month staff were offered 30 minutes of work time each week to participate in a wellness activity of choice. The committee offered staff activities each week that they could participate in. Examples of activities include a guided walk, mindfulness, or journaling. In addition to this, the Your Health Space spring series started May 1 and staff were able to register directly with CMHA. This included self-guided courses and live skill building sessions. The course topics include well-being at work, navigating stress at work, and continuing to care at work.

### ***Accessibility for Ontarians with Disabilities Act (AODA)***

The agency works towards meeting its legislated requirements of AODA. The Accessibility Plan and agency AODA policies are available to the public on the website and updated as needed.

The agency has completed and update of its accessibility policies and staff orientation related to AODA and human rights. The agency human rights policies, and accessibility plan are currently under review.

Human Resources continues to work with managers on meeting our AODA and Ontario Human Rights legislation and compliance requirements. Public Health recently completed its compliance report required by AODA and submitted this by the end of 2023 which includes the need for the agency to update its website to meet the WCAG 2.0 level AA standard.

### ***Privacy and Access to Information***

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

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

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

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

The agency General Administrative Manual (GAM) policy and procedures are currently under review. This review includes a LEAN review of access to information requests which will help to inform the policy updates and to identify areas of efficiency.

Agency compliance with mandatory breach reporting required by PHIPA to the Information and Privacy Commissioner of Ontario has been maintained. To date, 1 privacy breach has been reported in 2024 compared to 12 breaches in total in 2023. The 2024 breach involved a chart that could not be located, and the 2023 breaches mainly involve inappropriate access through

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

### ***Access to Information Requests***

The following table provides a yearly history on the numbers of requests.

<b>Year</b>	<b># of requests</b>
2017	12
2018	4
2019	14
2020	4
2021	6
2022	12
2023	15
2024	7 to date

### ***Labour Relations***

The organization has prepared for bargaining with ONA as the collective agreement expired March 31, 2024. Bargaining dates occurred on May 7, 8 and 9, 2024 and additional dates of September 10 and 11, 2024, have been scheduled.

## **4. Information Technology and Records Management**

### ***IT Infrastructure Modernization***

Information Technology has been working diligently on the infrastructure modernization initiative.

The SharePoint Online pilot site (Health and Safety) was completed, and we are currently working on the rollout plan for them remainder of the sites. With the shift to SharePoint Online, we also need to update the records management software to Collabspace. The project team is focused on developing the rules by which sites and records will be migrated which includes having Exchange emails ingested into the records management system.

The phone system project continues with the Espanola office being launched as a pilot site on May 3. The team is working on the design and configuration the system for the remaining offices.

We received non-profit status with Microsoft for our Enterprise Agreement which will save us approximately \$65,000 per year.

### ***Security posture***

The security of the IT infrastructure continues to be a priority. We are currently exploring options related to the management and detection of intrusions, and the management of devices that can access our network. We continue to make improvements to security with a 63.69% protection security score via Microsoft Defender and Endpoint Management which is 21.46% higher than other organizations of the same size. Our phishing score increased by 5.49% over the last month (the higher the better) and the web monitoring and filtering blocked 1291 URL's. A total of 15 incidents and 69 alerts were resolved which came in the form of phishing attacks, malware, and man in the middle attacks which attempt to steal user's credentials.

## **5. Volunteer Resources**

Since 2001, Public Health Sudbury & Districts has offered various volunteer opportunities tailored to specific needs identified by our teams and programs. Since 2020, the volunteer resources portfolio has only offered volunteer opportunities to the COVID-19 vaccine clinics, and since early 2022 all-volunteer opportunities have paused. The Corporate Services division is conducting a program review that will assess and document the current state of the program, determine if we are meeting the program goals and expectations of the agency, assess if the volunteer resources program is adding value to our organization, and recommend a future state for the program.

## **6. Quality & Monitoring**

### ***Continuous Quality Improvement***

#### *Client Satisfaction Survey*

Provides everyone who interacts with Public Health Sudbury & Districts an opportunity to share their feedback and contribute to program and service improvements. This includes clients, community members, partners, and stakeholders. The survey can be completed in person or online in both English and French. The survey feedback is reviewed regularly to inform the tailoring of and improvements to programs and services. The 2023 Client Satisfaction Survey annual report was presented to the Executive Committee in May 2024 and key results include:

- 127 satisfaction surveys completed and received
  - Increase from 56 surveys in 2022
- Respondents were asked to rate the service they received. The majority of respondents (72.4) indicated that the service was either excellent or good (respectively 66.1%, 6.3%)
- Respondents were asked to identify the name of the program or service they are commenting on. Immunization (including COVID-vaccine) was the topic commented on most, followed by sexual health and dental services

- Most respondents indicated receiving their service in an office (75.6%) and of those, (40.0%) received their services from Chapleau followed by Paris Street location (26.0%) and Elm Place Downtown location (22.9%)
- Half of the total survey respondents either strongly agreed or agreed that they were treated in a respectful, friendly, and courteous manner; that they were given the opportunity to ask questions; and that the location where they received services was accessible, welcoming, and respectful.

Next steps for the client satisfaction survey in 2024 include:

- Review the current survey questions and identify where questions can be merged or grouped to create space for the collection of voluntary socio-demographic data
- Modernize the survey. Examples of initiatives that will be reviewed include but are not limited to; the implementation of a QR code, email to client with survey link to complete, and exploration of AI
- Develop a process to track program and service improvements based on feedback from clients
- Continue to promote and actively offer the survey with our clients and partners
- Continue to monitor *How Did We Do Today?* survey data and compare results and trends over time
- In partnership with the Equity Diversity and Inclusion committee, continually review and update the survey to include feedback mechanisms for positive space, including equity, diversity, and inclusion

#### *Client Service Standards*

Client Services Standards are a public commitment to a measurable level of performance that clients can expect under normal circumstances. The client service standards are available on our website and continue to guide the interactions and set expectations for service delivery and responsiveness. Client service standards will be reviewed in Fall 2024 with updated standards launched in January 2025.

#### *Lean*

Lean reviews provide methodology and principles to deliver value to clients and end-users through reflecting and understanding current ways of working and processes. It provides tools that document the current state and root causes and recommend opportunities for improvements by identifying waste and transforming the waste into value. Lean reviews provide recommendations for an improved future state with a plan for implementation, change management, and monitoring. In 2023, the organization led 14 Lean reviews, and there are 4 new reviews as of Q1 2024. Examples of completed Lean reviews in Q4 2023 include the hybrid work check-in report and electronic signatures.

### *Risk Management*

In May 2023, the Board of Health approved the 2023–2025 Risk Management plan. Reporting is underway to review the red risks and provide the Senior Management Executive Committee with a Q1 2024 report.

The Senior Management Executive Committee is focusing its attention on the Public Health Strengthening provincial announcement and how this impacts the agency. This announcement directs a critical review of the three-pronged approach to Public Health Strengthening, including funding, voluntary mergers, and a review of the Ontario Public Health Standards. The current risk management Q1 2024 report includes the work related to mitigating this risk within the political risk 9.1 and strategic risk 11.1. The Senior Management Executive Committee has reviewed its current 2023–2025 Risk Management Plan to ensure that risks are identified specific to Public Health Strengthening. It is anticipated that an amended Risk Management Plan will then be shared with the Board of Health in June 2024.

## **Health Promotion and Vaccine Preventable Diseases Division**

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

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

### **2. Healthy Growth and Development**

#### ***Infant feeding***

In May, staff provided a total of 101 clinic appointments to clients at the main office, as well as the Val Caron, Espanola, and Manitoulin 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 and can ask questions about infant feeding choices such as formula feeding. The assessment conducted by the nurse also offers an opportunity to screen for potential concerns, including tongue tie, insufficient milk supply, and ensuring the infant's weight gain and growth are within expected parameters.

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

In May, 50 reminder post cards were sent to parents to book their child's 18-month well-baby visit. The goal of this intervention is to increase the number of infants that are screened early for developmental milestones and referred to services as appropriate.

In May, staff conducted 120 48-hour calls to parents of newborns, addressing such topics as infant feeding, post-partum care, and offering information on community resources and supports services.

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

The Health Information Line fielded 99 calls concerning topics such as infant feeding, healthy pregnancies, parenting, healthy growth and development, mental health services and locating a nearby family physician.

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

In May, staff continued to provide support to 198 client families. Eight hundred and ninety-seven (897) interactions were completed. Public health dietitians continued to provide nutrition support to clients who are identified as high nutritional risk.

### ***Healthy pregnancies***

In May, 31 individuals signed up for the online prenatal course. This course provides information on life with a new baby, infant feeding, the importance of self-care and navigating the changes a new baby can bring to relationships.

### ***Positive parenting***

In May, six Bounce Back and Thrive (BBT) parenting sessions were provided to parents by staff in the Espanola office in partnership with the Lacloche EarlyON centre. BBT is a resiliency skills training program designed to meet the needs of parents and those in a parenting role of children under the age of eight. BBT helps parents gain self-regulation and thinking skills that increase their capacity to provide caring relationships and role model resilience-building skills in daily interactions with their children.

On May 13, staff attended Our Children Our Future's Baby Basics event at Minnow Lake Place. The goal of this program is to provide information on topics such as preparation for parenting, positive parenting strategies and healthy growth and development. The intended audience is new parents with a special focus on newcomers to Canada. Healthy Families team rack cards were also provided to further promote our services.



### 3. School Health

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

The team delivered one Healthy Sexuality and Birth Control presentation to 11 secondary school students in a parenting class and provided curriculum support and resources to support teachers from another secondary school in delivering the Healthy Sexuality curriculum.

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

During the month of May, coinciding with many schools' kindergarten open houses and activities, the team promoted PHSD's Welcome to Kindergarten resources via posters and emails to school boards and schools. The web content and resources cover a range of topics, e.g., Mental Health, Healthy Eating, Immunizations, Physical Activity, etc., and aim to help families and children prepare for this major life transition, providing an overview and helpful resources.

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

Staff continued to conduct case management follow-ups for children with urgent dental needs, and to provide preventive dental care to children enrolled in the Healthy Smiles Ontario Program and enrollment support to families interested in applying for the program.

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

During the month of May, the team delivered a Safe Grad presentation to nearly 370 Grade 12 students from six secondary schools. The Safe Grad presentation encourages students to celebrate safely, educating them about substance use and harm reduction strategies, healthy sexuality, other risky behaviours and refusal skills.

#### ***Vision***

Staff continued to deliver school-based vision screening for children in Senior Kindergarten. Parents/guardians of any students identified with a vision concern during screening were informed and advised to have their child receive a comprehensive eye exam with an optometrist.

### 4. Substance Use and Injury Prevention

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

Public Health highlighted Mental Health Week (May 6-12) and the theme of "Compassion Connects" through social media, asking people to consider ways to spread kindness in their lives and communities.

In support of Sudbury and districts activities for Child and Youth Mental Health Week, Public Health collaborated with Compass. A mindfulness and breathing activity sheet was provided to educators and caregivers to facilitate with their youth. A mental health sticker and art contest

was also implemented to engage students in thinking about what positive mental health looks like and how to support it. Contest winners were chosen, with stickers of winning designs being created and sent to winning schools.

### ***Substance Use***

Public Health participated in various community events throughout the month of May, providing valuable information and raising awareness about substance use in the community, as well as strengthening social ties and promoting supportive environments. Public Health attended the Greater Sudbury Police Service Chief's Youth Advisory Council Leadership Forum on May 17. Information and resources on healthy relationships, resiliency, substance use, naloxone, and drink spiking were distributed through a display to 35 secondary school students in Greater Sudbury.

The Manitoulin Drug Strategy in collaboration with Public Health Sudbury & Districts coordinated a series of social media post (May 3, 8 and 9), bringing awareness to why people use drugs, what harm reduction is and why it is important. These messages reinforced that harm reduction protects health and supports individuals to maintain connections to family and community, and links people to needed services and wrap-around supports such as food, security, and housing.

### ***Violence***

In honour of Sexual Violence Prevention Month, social media posts on May 23 and 28 helped to raise awareness about the impact of violence on individuals and communities.

### ***Harm reduction – Naloxone***

In April, together with partners, a total of 1844 naloxone doses were distributed, and 153 individuals were trained in its use.

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

In partnership with Lung Health Foundation, the Ontario Tobacco Control Area Networks (TCANs) created a youth brief conversations toolkit to help youth allies facilitate vaping cessation. The TCANs also produced a brief contact intervention training video to help health care providers screen and navigate clients who use nicotine products. Brief contact intervention is low cost and is effective in initiating cessation.

Additionally, the Northeast TCAN promoted Smokers' Helpline's First Week Challenge Contest to support people who smoke or vape on their quit journey, including access to free Nicotine Replacement Therapy and cessation supports through Smokers' Helpline.

## 5. Vaccine Preventable Diseases

Between April 15 and May 15, the Vaccine Preventable Diseases team received 3227 phone calls. Calls were related to the following inquiries:

- the *Immunization of School Pupils Act* (ISPA)
- general immunization inquiries
- school-based immunization clinics
- COVID-19 and Universal Influenza Immunization Program
- accessing an immunization record
- cold chain maintenance
- international immunization record submission

The team continued the ISPA enforcement activities for secondary schools into the spring:

- The ISPA program began with 1,706 students overdue for mandatory school vaccinations or had incomplete records.
- As of May 27, there were 17 students overdue for vaccinations.
- Public health nurses will continue to follow-up with school principals regularly regarding their suspension status.

Staff continued with the provision of grade seven school vaccination clinics. School-based vaccine clinics have been offered in a total of 21 schools between April 15 to the end of May.

In May, one Advisory Alert was issued, informing pharmacy partners about the Universal Influenza Immunization Program (UIIP) for the 2024–2025 respiratory season.

On May 28, the team participated in an event hosted by the Centre de santé communautaire de Sudbury geared towards newcomers in Greater Sudbury. The team provided an overview of the vaccine preventable diseases program, which included the importance of routine immunization, where to access them, and how to report their families' vaccines to public health.

Between January and May, the team filled 488 orders and distributed 24 681 doses of publicly funded vaccine to different community partners across the service area (including pharmacies, primary care offices, walk-in clinics, and long-term care homes).

- 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, influenza, RSV and COVID-19.

Lastly, 2587 doses of publicly funded vaccines were administered out of our Public Health Sudbury & Districts offices between April 15 to the end May.

# Health Protection

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## 1. Control of Infectious Diseases

In May 2024, staff followed up with 67 new local cases of COVID-19 and investigated 66 sporadic reports of other communicable diseases. During this timeframe, five respiratory outbreaks and one enteric outbreak were declared. The causative organisms for the respiratory outbreaks were identified to be: SARS-CoV-2 (COVID-19, 2), and parainfluenza virus (2). The causative organism for the remaining respiratory outbreak, as well as the enteric outbreak, were not identified.

Public Health Sudbury & Districts continues to receive and respond to increasing numbers of reports of certain Diseases of Public Health Significance. In recent years, the number of locally diagnosed cases of latent tuberculosis infection (LTBI) has steadily increased. To-date in 2024, our service area has reported double the rate of confirmed LTBI cases (91.5 per 100 000 population) compared to Ontario (45 per 100 000 population).

Similar to what is being seen across the province and beyond, cases of infectious disease such as invasive Group A Streptococcal Disease (iGAS) and syphilis continue to rise. Fifty-one cases of iGAS were reported in our service area in 2023, compared to 26 cases in 2018. Between 2018 and 2023, local syphilis cases increased by over 500% with 106 cases of syphilis reported in 2023, compared to 16 cases in 2018.

The number of annual respiratory outbreaks also continue to remain above pre-pandemic levels. During the 2023–2024 respiratory season, staff responded to a total of 104 outbreaks, with 22 active outbreaks at one time during the peak of the season. This is compared to 38 outbreaks during the entire 2018–2019 respiratory season, and 8 active outbreaks responded to at one time during the peak of the season. Recent outbreaks are more complex, with many involving multiple causative organisms including COVID-19, influenza, RSV, and other respiratory viruses.

Staff continue to monitor all reports of enteric and respiratory diseases in institutions, as well as sporadic communicable diseases.

During the month of May, two infection control complaints were received and investigated and two requests for service were addressed.

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

The Infection Prevention and Control Hub provided 52 services and supports to congregate living settings in the month of May. These included proactive IPAC assessment, education sessions, policy review, and working with facility staff to respond to cases and outbreaks of

acute respiratory infection (ARI), COVID-19, and enteric illness, to ensure that effective measures were in place to prevent further transmission.

## **2. Food Safety**

During the month of May, public health inspectors issued one closure order to a food premises due to rodent/vermin activity. The closure order has since been rescinded following corrective action, and the premises allowed to reopen.

Staff issued 56 special event food service permits to various organizations.

Through five Food Handler Training and Certification Program sessions offered in May, 83 individuals were certified as food handlers.

## **3. Health Hazard**

In May, 30 health hazard complaints were received and investigated. One of these complaints involved marginalized populations.

## **4. Ontario Building Code**

In May, 37 sewage system permits, 11 renovation applications, and one consent application were received. Further, seven complaints were investigated.

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

In May, 39 rabies-related investigations were conducted. One specimen was submitted to the Canadian Food Inspection Agency Rabies Laboratory for analysis and was subsequently reported as negative.

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

## **6. Safe Water**

During May, 61 residents were contacted regarding adverse private drinking water samples. Public health inspectors investigated nine regulated adverse water sample results, as well as drinking water lead exceedances at three local schools.

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

A closure order was issued to a local public spa in May due to an exceedance in total alkalinity. The order has since been rescinded following corrective action.

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

In May, *Smoke-Free Ontario Act* inspectors charged one retail employee for selling e-cigarettes to a person who is less than 19 years of age.

## **8. Vector Borne Diseases**

In May, 28 ticks were submitted to the Public Health Ontario Laboratory for identification, nine of which were identified as *Ixodes scapularis*, commonly known as the blacklegged tick or deer tick. Infected blacklegged ticks are vectors of Lyme disease and other tick-borne diseases.

## **9. Emergency Preparedness & Response**

National Emergency Preparedness Week 2024 took place from May 5 to May 11. A media release was issued on May 6 to remind the public that being prepared is our best defence against an emergency and the corresponding risks posed to our health and well-being. The media release also provided guidance on the role that households play in response to an emergency and highlighted the importance of having an emergency plan and kit ready. PHIs also attended an event on May 8, 2024, at the Municipality of Central Manitoulin, to speak with the community. An interactive presentation to Grade 8 students took place teaching them the importance of safe drinking water during an emergency situation. Initiatives such as these provide valuable opportunities for public education and to work with partners reach a larger audience.

## **10. Needle/Syringe Program**

In April, harm reduction supplies were distributed, and services received through 2824 client visits across our service area. Public Health Sudbury & Districts and community partners distributed a total of 81 639 syringes for injection, 350 609 foils, 8416 straight stems, and 5576 bowl pipes for inhalation, through our fixed site at Elm Place and outreach harm reduction programs.

In May, approximately 73 346 used syringes were returned, which represents a 90% return rate of the needles/syringes distributed in the month of April.

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

### ***Sexual health clinic***

In May, there were 116 drop-in visits to the Elm Place site related to sexually transmitted infections, blood-borne infections, and/or pregnancy counselling. As well, the Elm Place site completed a total of 269 telephone assessments related to STIs, blood-borne infections, and/or pregnancy counselling, resulting in 168 onsite visits.

### ***Growing Family Health Clinic***

In May, the Growing Family Health Clinic provided services to 37 patients.

## **Knowledge and Strategic Services**

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### **1. Health Equity**

On May 27, a team member participated in an Anti-Opressive Indicator Training session from the Prairie Center for Racial Justice to help examine where and how colonial structures and processes may be playing out in organizations. In addition, staff from the Health Equity team participated in the co-creation and use of health equity frameworks to advance health justice sessions led by the National Collaborating Centre for Determinants of Health. The aim of this work is to help support and accelerate a culture of equity in health organizations and systems.

As part of a Capstone Project, a graduate student on placement with the Health Equity team recently completed work on health equity indicators. The findings and recommendations from the student's project will help inform Public Health efforts to build on organizational knowledge and capacity to adopt and develop performance indicators and meet accountability and monitoring targets.

On May 28, in collaboration with the Centre de santé communautaire du grand Sudbury, staff members from Health Equity, Healthy Families, Oral Health, Vaccine Preventable Diseases, and Sexual Health delivered a presentation to newcomers. In-person and virtual attendees learned about public health in Ontario, local public health programs and services, and how these differentiate from health services accessed within hospital or clinic settings. Program staff were able to answer several questions from participants. This was a good opportunity to help create more awareness about the mandate, values, and vision of Public Health Sudbury & Districts and build impactful relationships with newcomers and racialized community members.

A summary of findings from the 2023 Workforce Diversity Survey was recently shared with all staff. This survey was conducted in late 2023 to help Public Health better understand the makeup of our workforce. The findings will be used to support organizational efforts to

acknowledge, welcome, and support the diverse experiences and needs of staff across the agency.

On June 10, Health Equity staff attended the opening of the new collaborative research space for the Dr. Gilles Arcand Centre for Health Equity at NOSM University in Sudbury. In addition to engaging with priority populations, cultivating connections with researchers and community partners is essential to advancing Public Health's commitment to equal opportunities for health in Sudbury and districts.

## 2. Indigenous Engagement

Members of the Board of Health are invited to attend the National Indigenous Peoples Day Pow Wow hosted by N'Swakamok Native Friendship Centre on June 21 from 11 a.m. to 3 p.m. at Bell Park in Sudbury. This is an opportunity to attend an Indigenous-led community event and further build relationships as per the ReconciliAction Framework, Strategic Direction #2: *Board of Health members commit to attend and participate in Indigenous-led events and support Indigenous causes, such as National Day for Truth and Reconciliation events, Indigenous Peoples' days, Indigenous Health conferences, and community gatherings as appropriate.*

The Indigenous Engagement team has finalized an Indigenous Engagement Orientation Articulate module. The module reviews the Indigenous Engagement Strategy as well as the associated policies. The module will be added to the initiation/orientation training document for all new hires as well as added to the Employee Services site.

## 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. This also includes the epidemiological surveillance and reporting of issues of public health importance such as respiratory illness including COVID-19 cases and vaccination, infectious diseases, student illness-related absenteeism, Acute Care Enhanced Surveillance, suspected opioid overdose related emergency medical services (EMS) calls, and drug-related deaths.

An example of this work includes a graphical analysis of the temporal relationship between the public issuance of drug alerts/warnings and daily counts of suspected opioid-related EMS calls as well as suspected drug-related deaths to support the work of the Mental Health and Substance Use team. Future steps will involve the investigation of potential algorithms to better inform when a drug alert/warning should be issued based on the data. The team has also revised the process involved in weekly internal reporting of Diseases of Public Health Significance (DOPHS) in order to maximize efficiency and reduce time required for routine data uploads.



Due to the Ministry's decommissioning of provincial data sources used for COVID-19 case reporting, Public Health is pausing our public COVID-19 case reporting. The Respiratory Illness Surveillance dashboard will be temporarily unavailable while adjustments are made to reflect data that remains available.

In May, Public Health Sudbury and Districts was invited by the Canadian Wastewater Network and the National Collaborating Centre for Infectious Diseases to participate in the Wastewater-Based Surveillance Program's Strategic Sharing Group (the WBS-SSG). The purpose of the group is to bring public health practitioners together to share experiences and knowledge about the value of WBS, how to interpret and communicate WBS data, and how the data can be used to inform timely public health decisions or interventions. An epidemiologist will participate in this national group and work will continue through Spring of 2025.

## 4. Effective Public Health Practice

On May 27, Public Health's Manager of Effective Public Health Practice participated in a panel for Public Health Ontario's (PHO) Learning Exchange: *Sharing Experiences, Building Resilience for the Future*. PHO shared best practices on after action reviews while representatives from three public health units presented on local experiences implementing after action reviews for COVID-19 response. The public health unit representatives also responded to questions through a facilitated panel discussion. Highlights from Public Health Sudbury & Districts partner and staff debrief processes, and application of findings, were shared to inform future emergency preparedness.

The first phase of program planning for 2025 has begun, with teams synthesizing evidence on programs and services. Information from this phase will inform the setting of priorities and future phases of planning to set us up to be ready for next year.

Knowledge & Strategic Services is hosting an Artificial Intelligence (AI) for Public Health Think Tank on June 18. The goal of the Think Tank is to learn about this emerging topic and explore ways that Public Health can benefit from AI strategies and approaches. The intent is also for the Think Tank to be a springboard to inform next steps for our agency.

## 5. Staff Development

On May 15, the Effective Public Health Practice team hosted a half-day Knowledge Exchange Symposium for agency staff. The Knowledge Exchange Symposium is a talk-show style event where staff from across the agency speak about the work they are involved in. Topics covered included, for example, ageism, climate change, plans for measles management, agency corporate culture and engagement, and intergenerational LGBTQ gatherings. The presentations illuminated opportunities to work synergistically across teams. The event proved to be a

success at bringing us together, informing, and inspiring, contributing to the development of a healthy and resilient workforce.

Management development is an area of focus this spring. It includes a management community of practice, where managers discuss topics of mutual interest and learn from one another. Development also includes a full-day in-person management training session scheduled for June 17, 2024. The session will cover topics on managing in a hybrid work environment, fostering a healthy workplace culture, and strategies for growth and resiliency.

## 6. Student Placement

Public Health Sudbury & Districts is hosting several placements over the summer months. Specifically, there are five active Master of Public Health students placed across the agency in teams like Health Equity, Oral Health, Quality & Monitoring, and Healthy Families. The Health Promotion and Vaccine Preventable Diseases division is also hosting a Northern Ontario Dietetic Internship Program student until mid-June. The agency is also starting to plan for fall placements.

## 7. Communications

In collaboration with the Quality and Monitoring Specialist, the Communications team is in the process of implementing updated agency-wide recommendations related to development and approval processes for the agency's resources. This initiative will help ensure that staff and financial resources are maximized and that community resources are effective.

The Communications team continues to offer support across the agency. Ongoing strategic supports are offered to seasonal public health topic areas such as West Nile virus, Lyme disease, and water safety. Over the month of May, Public Health's social media campaign to highlight achievements and services highlights from 2023 showcased how the agency fulfills its community commitments and is locally responsive.

Respectfully submitted,

*Original signed by*

M. Mustafa Hirji, MD, MPH, FRCPC  
Acting Medical Officer of Health and Chief Executive Officer

# Public Health Sudbury & Districts

## STATEMENT OF REVENUE & EXPENDITURES

For The 3 Periods Ending March 31, 2024

### Cost Shared Programs

	Adjusted BOH Approved Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
<b>Revenue:</b>					
MOH - General Program	18,538,348	4,634,587	4,293,810	340,777	14,244,538
MOH - Unorganized Territory	826,000	206,500	206,500	0	619,500
Municipal Levies	10,548,731	2,637,183	2,637,428	(245)	7,911,303
Interest Earned	160,000	40,000	87,165	(47,165)	72,835
<b>Total Revenues:</b>	<b>\$30,073,079</b>	<b>\$7,518,270</b>	<b>\$7,224,903</b>	<b>\$293,367</b>	<b>\$22,848,176</b>
<b>Expenditures:</b>					
<b>Corporate Services:</b>					
Corporate Services	5,662,649	1,437,196	1,793,039	(355,843)	3,869,610
Office Admin.	111,350	27,838	17,118	10,719	94,232
Espanola	126,473	33,106	30,416	2,690	96,057
Manitoulin	137,892	36,147	26,647	9,501	111,245
Chapleau	139,699	36,487	30,126	6,361	109,573
Sudbury East	19,270	4,817	4,916	(99)	14,354
Intake	354,886	95,546	73,342	22,204	281,544
Facilities Management	684,866	171,217	189,651	(18,434)	495,215
Volunteer Resources	3,850	963	0	963	3,850
<b>Total Corporate Services:</b>	<b>\$7,240,935</b>	<b>\$1,843,316</b>	<b>\$2,165,254</b>	<b>\$(321,938)</b>	<b>\$5,075,681</b>
<b>Health Protection:</b>					
Environmental Health - General	1,462,523	385,025	337,278	47,746	1,125,244
Enviromental	2,934,156	793,293	766,573	26,720	2,167,583
Vector Borne Disease (VBD)	90,847	12,756	1,678	11,077	89,169
Small Drinking Water Systems	209,356	56,365	33,264	23,101	176,092
CID	1,005,683	270,779	259,043	11,736	746,641
Districts - Clinical	224,061	60,305	59,424	881	164,637
Risk Reduction	53,756	13,439	8,240	5,199	45,516
Sexual Health	1,416,735	379,692	335,447	44,246	1,081,288
SFO: E-Cigarettes, Protection and Enforcement	278,625	68,821	40,826	27,995	237,799
<b>Total Health Protection:</b>	<b>\$7,675,742</b>	<b>\$2,040,475</b>	<b>\$1,841,773</b>	<b>\$198,702</b>	<b>\$5,833,970</b>
<b>Health Promotion and Vaccine Preventable</b>					
Health Promotion - General	1,557,094	420,981	364,585	56,396	1,192,509
School Health and Behavior Change	1,114,046	299,495	258,539	40,956	855,507
Districts - Espanola / Manitoulin	369,527	99,033	95,318	3,715	274,208
Nutrition & Physical Activity	1,735,450	474,268	390,080	84,188	1,345,370
Districts - Chapleau / Sudbury East	419,200	113,303	100,948	12,355	318,252
Tobacco, Vaping, Cannabis & Alcohol	708,943	189,873	73,412	116,461	635,531
Family Health	1,357,541	364,544	253,320	111,224	1,104,222
Mental Health and Addictions	750,486	201,379	246,643	(45,265)	503,842
Dental	501,055	136,691	132,579	4,112	368,475
Healthy Smiles Ontario	665,118	175,849	159,976	15,873	505,142
Vision Health	11,770	2,943	829	2,114	10,941
SFO: TCAN Coordination and Prevention	485,266	128,425	89,851	38,574	395,415
Harm Reduction Program Enhancement	173,699	46,654	0	46,654	173,699
COVID Vaccines	172,022	46,314	777	45,536	171,245
VPD and COVID CCM	1,281,912	345,076	228,069	117,008	1,053,843
MOHLTC - Influenza	(0)	928	95	833	(95)
MOHLTC - Meningittis	(0)	250	68	182	(68)
MOHLTC - HPV	(0)	363	9	354	(9)
<b>Total Health Promotion:</b>	<b>\$11,303,128</b>	<b>\$3,046,369</b>	<b>\$2,395,099</b>	<b>\$651,270</b>	<b>\$8,908,029</b>
<b>Knowledge and Strategic Services:</b>					
Knowledge and Strategic Services	3,301,486	882,168	768,825	113,343	2,532,660
Workplace Capacity Development	23,507	0	1,962	(1,962)	21,545
Health Equity Office	14,440	3,610	2,294	1,316	12,146
Nursing Initiatives: CNO, ICPHN, SDoH PHN	503,611	135,587	104,358	31,230	399,253
Strategic Engagement	10,230	1,645	69	1,576	10,161
<b>Total Knowledge and Strategic Services:</b>	<b>\$3,853,274</b>	<b>\$1,023,011</b>	<b>\$877,507</b>	<b>\$145,504</b>	<b>\$2,975,767</b>
<b>Total Expenditures:</b>	<b>\$30,073,079</b>	<b>\$7,953,170</b>	<b>\$7,279,633</b>	<b>\$673,538</b>	<b>\$23,248,447</b>
<b>Net Surplus/(Deficit)</b>	<b>\$(0)</b>	<b>\$(434,901)</b>	<b>\$(54,730)</b>	<b>\$380,17</b>	<b>Page 47 of 128</b>

## Public Health Sudbury & Districts

### Cost Shared Programs

#### STATEMENT OF REVENUE & EXPENDITURES

Summary By Expenditure Category

For The 3 Periods Ending March 31, 2024

	Adjusted BOH Approved Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over) /under	Budget Available
<b>Revenues &amp; Expenditure Recoveries:</b>					
MOH Funding	30,073,079	7,518,270	7,279,945	238,325	22,793,134
Other Revenue/Transfers	706,252	176,563	127,533	49,030	578,719
<b>Total Revenues &amp; Expenditure Recoveries:</b>	<b>30,779,331</b>	<b>7,694,833</b>	<b>7,407,478</b>	<b>287,355</b>	<b>23,371,853</b>
<b>Expenditures:</b>					
Salaries	19,295,938	4,998,168	4,626,273	371,895	14,669,665
Benefits	6,691,083	1,801,297	1,506,463	294,834	5,289,620
Travel	276,457	65,059	30,314	34,745	246,143
Program Expenses	828,480	189,382	46,513	142,869	781,967
Office Supplies	75,150	17,598	11,621	5,977	63,529
Postage & Courier Services	90,100	22,525	17,791	4,734	72,309
Photocopy Expenses	5,030	1,257	689	568	4,340
Telephone Expenses	70,050	17,513	16,888	625	53,162
Building Maintenance	476,961	119,240	144,958	(25,718)	332,003
Utilities	236,920	59,230	48,129	11,101	188,791
Rent	328,254	82,064	78,746	3,317	249,508
Insurance	208,850	205,100	200,623	4,477	8,227
Employee Assistance Program ( EAP)	37,000	9,250	8,360	890	28,640
Memberships	40,189	12,966	8,160	4,806	32,029
Staff Development	127,701	20,470	18,308	2,162	109,393
Books & Subscriptions	7,445	1,769	2,274	(506)	5,171
Media & Advertising	131,265	35,271	12,953	22,317	118,312
Professional Fees	440,684	120,171	92,726	27,445	347,958
Translation	49,090	12,072	38,347	(26,275)	10,743
Furniture & Equipment	22,120	4,572	41,792	(37,220)	(19,672)
Information Technology	1,340,564	334,761	510,281	(175,520)	1,180,283
<b>Total Expenditures</b>	<b>30,779,331</b>	<b>8,129,733</b>	<b>7,462,208</b>	<b>667,525</b>	<b>23,772,123</b>
<b>Net Surplus ( Deficit )</b>	<b>(0)</b>	<b>(434,901)</b>	<b>(54,730)</b>	<b>380,171</b>	

	C-S Programs	
Gapped Salaries & Benefits	666,729	175.38%
Gapped Operating and Other Revenues	(286,559)	-75.38%
Total gapped funding at March 31, 2024	<b>380,171</b>	

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

### SUMMARY OF REVENUE & EXPENDITURES

For the Period Ended March 31, 2024

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
<b>100% Funded Programs</b>							
Indigenous Communities	703	90,400	19,320	71,080	21.4%	<i>Dec 31</i>	25.0%
Pre/Postnatal Nurse Practitioner	704	139,000	139,008	(8)	100.0%	<i>Mar 31/2024</i>	100.0%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	100,000	-	100.0%	<i>Mar 31/2024</i>	100.0%
MOH - Merger Planning	739	402,600	325,643	76,957	80.9%	<i>Mar 31/2024</i>	100.0%
Northern Fruit and Vegetable Program	743	176,100	84,765	91,335	48.1%	<i>Dec 31</i>	25.0%
RSV- One Time Funding	744	71,500	71,500	-	100.0%	<i>Mar 31/2024</i>	100.0%
MOH - ISPA Vaccination Clinic Catch Up	756	152,500	152,500	-	100.0%	<i>Mar 31/2024</i>	100.0%
Healthy Babies Healthy Children	778	1,476,897	1,476,889	8	100.0%	<i>Mar 31/2024</i>	100.0%
IPAC Congregate CCM	780	914,100	874,756	39,344	95.7%	<i>Mar 31/2024</i>	100.0%
Ontario Senior Dental Care Program	786	1,256,200	248,913	1,007,287	19.8%	<i>Dec 31</i>	25.0%
Anonymous Testing	788	64,293	64,293	-	100.0%	<i>Mar 31/2024</i>	100.0%
<b>Total</b>		4,843,590	3,557,587	1,286,003			



June 6, 2024

Cancer Care Ontario

Dear Sir/Madame:

The Township of Chapleau is concerned about the removal of services of the Screen for Life Mobile Cancer Screening initiative in our community. As such, the Council of the Township of Chapleau, have passed the following resolution.

**RESOLUTION 08-140:**  
**C. ANSARA – L. BERNIER**

**WHEREAS** Council of the Township of Chapleau has been informed that the Thunder Bay Screen for Life Coach, delivering breast, cervical and colon cancer screening services to Chapleau and area clients for many years, will no longer be travelling and providing services to the community in 2024;

**WHEREAS** Council recognizes and understands the challenges faced by women in Chapleau, Wawa, White River, Dubreuilville and Indigenous communities in the region to access mammogram, cervical (PAPs) and colorectal cancer screening test services and desires to bring awareness to this matter to ensure proactive and necessary cancer screening care is accessible, affordable and available to all persons in the Province of Ontario including Northeastern Ontario and communities in the Chapleau Region;

**WHEREAS** in 2022, 170 persons from Chapleau, White River and Wawa are estimated to have used the Mobile Coach to obtain Mammograms and in 2023 that number increased to approximately 205, broken down as follows;

	2022	2023
Chapleau	65	40
Wawa	70	125
White River	35	40

**WHEREAS** Council understands that a Mobile Cancer Screening Coach has been funded in Northeastern Ontario, with planning and engagement to begin in the Northeast Region in 2024 to operationalize the screening coach but desires to ensure necessary supports are provided to clients in the area who are unable to travel on their own to attend cancer screening clinics and appointments outside their community over the next few years and until the Mobile Coach becomes operational and delivers cancer screening services to Chapleau and surrounding communities;

**BE IT RESOLVED THAT** Council of the Township of Chapleau requests that the Ministry of Health and Ontario Health, together with its partners provide and fund a pop-up cancer screening clinic in Chapleau to provide necessary testing services for anyone eligible for breast, cervical and colorectal cancer screening until such time that the Northeast Mobile Cancer Screening Coach travels regularly to the community of Chapleau and surrounding areas.

**FURTHER, THAT THIS RESOLUTION** to be sent to the Ontario Minister of Health, Ontario Health (SSM), North East Regional Cancer Program (Sudbury), M.P.P. Michael Mantha, FONOM, Council White River, Council Dubreuilville, Council Hornepayne and Council Wawa, Chapleau Health Services CEO, Dawn Morissette, Algoma Public Health, Health Sciences North, and Sault Area Hospital.

**Carried.**

Thank you for considering our concerns.

Yours truly,  
TOWNSHIP OF CHAPLEAU



Judith M. Meyntz, AOMC  
Chief Administrative Officer

/jm

cc M. Mustafa Hirji, MD, MPH, FRCPC  
Medical Officer of Health and Chief Executive Officer  
Public Health Sudbury & Districts



The Honourable Doug Ford  
Premier's Office  
Room 281  
Legislative Building, Queen's Park  
Toronto, ON  
M7A 1A1

May 30, 2024

**RE: Support for Bill 173 and declaring intimate partner violence an epidemic**

Dear Premier Ford,

The interlinked issues of gender-based violence and intimate partner violence are of particular note to the Greater Sudbury Police Service Board. The Board feels these are pressing societal issues that need dedicated resources to assist in targeting them and rooting them out. Many municipalities and Police Service Boards in Ontario have passed resolutions in the last year to recognize these interlinked issues as social epidemics in need of specific and targeted financial and legislative support to help those affected.

At its January meeting of this year, the Greater Sudbury Police Service Board passed the following resolution:

*THAT the Greater Sudbury Police Service Board declare gender-based violence and intimate-partner violence an epidemic in the City of Greater Sudbury; and*

*THAT the Board urges provincial and federal governments to rightfully declare intimate partner and gender-based violence an epidemic and enact the additional 85 recommendations from the inquest into the 2015 murders of Carol Culleton, Anastasia Kuzyk, and Nathalie Warmerdam in Renfrew County, Ontario, which provide a roadmap to preventing intimate partner violence from escalating to femicide; and*

*THAT the Greater Sudbury Police Service Board calls on the provincial and federal governments to provide the necessary support to the police services, emergency, social services, and health care agencies to meaningfully address the gender-based violence and intimate partner violence epidemic; and further*





*THAT the Board request the local Public Health Unit declare intimate partner and gender-based violence an epidemic in their District; and*

*THAT the Board advocates that Femicide be added as a term to the Criminal Code of Canada and state its position to the Honourable Arif Virani, Minister of Justice and Attorney General Canada, and the Prime Minister of Canada; and*

*THAT the Greater Sudbury Police Services Board forward this item to Sudbury and Nickel Belt MPs and MPPs, and to Ontario's Associate Minister of Women's Social and Economic Opportunity; and further*

*THAT the Greater Sudbury Police Services Board supports OAPSB Zone 1A in its resolution to declare the same.*

Further to that resolution, at its May meeting the Board passed the following resolution:

*THAT the Board encourages the provincial government to promptly pass Bill 173.*

The Board sincerely hopes that the province will recognize the support in cities across Ontario to recognize and address the epidemic that is gender-based violence and intimate partner violence and enact Bill 173.

Sincerely,

Al Sizer, Chair

Cc:

Chief Paul Pedersen  
Members of the Board  
Dr. Mustafa Hirji, Medical Officer of Health, Public Health Sudbury & Districts  
Jamie West, MPP Sudbury  
France Gélinas, MPP Nickel Belt  
Charmaine Williams, Associate Minister of Women's Social and Economic Opportunity  
Michael Kerzner, Minister of the Solicitor General  
Viviane Lapointe, MP Sudbury  
Marc Serré, MP Nickel Belt  
Arif Virani, Minister of Justice and Attorney General Canada  
Justin Trudeau, Prime Minister of Canada  
Ontario Association of Police Service Boards  
OAPSB, Zone 1A  
Canadian Association of Police Governance



May 14, 2024

The Honourable Doug Ford  
Premier of Ontario  
Legislative Building, Queen's Park  
Toronto, ON M7A 1A1  
Via Email: [premier@ontario.ca](mailto:premier@ontario.ca)

Dear Premier Ford:

**Re:Public Health Ontario proposes phasing out free water testing for private wells**

Please be advised that the Council of the Town of Gore Bay adopted the following resolution at their meeting of May 13, 2024, regarding the above noted matter;

15772

*Moved by Kelly Chaytor*

*Seconded by Rob Dearing*

*BE IT RESOLVED THAT Gore Bay Council supports the Township of Archipelago's request to the Province of Ontario to reconsider and ultimately decide against the proposed phasing out of free private drinking water testing services;*

*FURTHER, this resolution is circulated to all Ontario municipalities, the Minister of Health, and Sudbury District Health Unit.*

*Carried*

Should you have any questions or concerns, please do not hesitate to contact the undersigned.

Respectfully,

A handwritten signature in black ink, appearing to read 'Stasia', written in a cursive style.

Stasia Carr  
Clerk

Cc:  
Minister of Health [sylvia.jones@pc.ola.org](mailto:sylvia.jones@pc.ola.org)  
Sudbury District Health Unit [sutcliffe@phsd.ca](mailto:sutcliffe@phsd.ca)  
Ontario Municipalities



May 23, 2024

Bradford West Gwillimbury  
100 Dissette Street  
Units 7 & 8  
Box 100  
Bradford, Ontario  
L3Z 2A7

Thank you for bringing your resolution to our attention. Well water testing is an important need of many of our residents as well.

Council reviewed your resolution and passed the following motion in support with a slight change for our region.

Resolution No. 114-05-2024

Moved by: L. Cook

Seconded by: M. Erskine

RESOLVED THAT the Council of the Corporation of the Town of Northeastern Manitoulin and the Islands supports the well water testing resolution put forth by Brandford west Gwillimbury and further that a copy of this resolution be forwarded to Manitoulin Sudbury Health Unit.

Carried

Thank you

Pam Myers

Clerk



**June 5<sup>th</sup>: Walking Tour 2 p.m. to 4 p.m. & Opening Reception 5 p.m. to 7 p.m. EDT**

**June 6<sup>th</sup>: AGM & Conference 8 a.m. to 4:45 p.m. EDT**

**June 7<sup>th</sup>: BOH Section & COMOH Section Meetings 9 a.m. to 12 p.m. EDT**

Pantages Hotel, Rehearsal Hall, 3<sup>rd</sup> Floor, 200 Victoria Street, Toronto, ON M5B 1V8.

<b>June 5<sup>th</sup></b>	
<b>Walking Tour Featuring Toronto Public Health Heritage Plaques</b>  For more than 140 years, Toronto Public Health has worked hard to advance the health of all those who live, work, and play in Toronto. These efforts focus on keeping people safe from illnesses, preventing diseases, and promoting good health. Join your colleagues for a guided walk to learn more about the many ways that public health has helped to make Toronto a better and healthier place to live.  Tour Leader: Lori Zuppinger, Toronto Archives	2 p.m. – 4 p.m.
<b>Opening Reception</b>  Come and join colleagues, old and new, at a reception with a cash bar and light snacks. This is an excellent opportunity to connect and reconnect with colleagues at this unique venue overlooking Massey Hall.	5 p.m. – 7 p.m.
<b>June 6<sup>th</sup></b>	
<i>A light breakfast will be available at 7:30 a.m.</i>	7:30 a.m. – 8 a.m.
<b>Call to Order, Opening Remarks, and Land Acknowledgement</b> Conference Chair: Dr. Charles Gardner, President, alPHa Board of Directors	8 a.m. – 8:05 a.m.

<b>Medicine Bag Workshop</b> Facilitator: Marc Forgette, <a href="#">Makatew Workshops</a>  Marc Forgette is a noted Indigenous speaker who works with organizations from across Canada. In this workshop, each participant will assemble their own medicine bag. During the workshop, Marc will share his thoughts on several topics including the difference between cultural appropriation versus appreciation, terminology, and the Truth and Reconciliations' 94 Calls to Action.	8:05 a.m. – 9 a.m.
<b>Welcoming Remarks</b> Speakers: Hon. Doug Ford, Premier of Ontario, and the Hon. Sylvia Jones, Deputy Premier and Minister of Health	9 a.m. – 9:30 a.m.
<b>Welcoming Remarks and an Update on Public Health Priorities and Initiatives from the Chief Medical Officer of Health</b> Speaker: Dr. Kieran Moore, Chief Medical Officer of Health	9:30 a.m. – 10 a.m.
<b>Morning Break</b>	10 a.m. – 10:15 a.m.
<b>Combined alPHa Business Meeting and Resolutions Session</b> Conference Chair: Dr. Charles Gardner, President, alPHa Board of Directors Resolutions Chair and Parliamentarian: Dr. Robert Kyle, MOH, Durham Region Health Department	10:15 a.m. – 12:15 p.m.
<b>Lunch, Distinguished Service Awards, and Board Recognition</b> Speakers: Dr. Charles Gardner, President, alPHa Board of Directors and Loretta Ryan, Executive Director, alPHa  The Distinguished Service Award (DSA) is given by alPHa to individuals in recognition of their outstanding contributions to public health in Ontario by board of health members, health unit staff, and public health professionals. The Award is given to those individuals who have demonstrated exceptional qualities of leadership in their own milieu, achieved tangible results through long service or distinctive acts, and shown exemplary devotion to public health.	12:15 p.m. – 1:45 p.m.
<b>Proposed Voluntary Public Health Unit Mergers</b> Speakers: Dr. Lianne Catton, Medical Officer of Health & CEO, Porcupine Health Unit Wess Garrod, Chair, Kingston, Frontenac, Lennox & Addington Public Health Bonnie Clark, Board member, Peterborough Public Health Moderator: Dr. Eileen de Villa, Treasurer, alPHa Board of Directors  One-time funding, resources, and supports are being offered by the Province of Ontario to local public health agencies that voluntarily merge to streamline and reinvest back into strengthening and enhancing programs and services. Come and hear about three proposed voluntary mergers of public health units. Speakers will discuss the rationale for the proposed mergers and what brought them to the decision to move forward.	1:45 p.m. – 2:15 p.m.

<p><b>Update on Strengthening Public Health</b></p> <p>Speakers:</p> <ul style="list-style-type: none"> <li>• Liz Walker, Executive Lead, Office of the Chief Medical Officer of Health</li> <li>• Colleen Kiel, Director, Public Health Strategic Policy, Planning and Communications Branch</li> <li>• Brent Feeney, Director, Accountability and Liaison Branch</li> </ul> <p>Moderator: Paul Sharma, Affiliate Representative, alPHa Board of Directors</p> <p>The Province of Ontario's Strengthening Public Health initiative aims to have a stronger public health system that will support Ontario communities for years to come. The province is working with partners to refine and clarify the roles of local public health units, to reduce overlap of services, and focus resources on improving people's access to programs and services. Come and hear the latest updates from staff from the Office of the Chief Medical Officer of Health.</p>	2:15 p.m. – 3:00 p.m.
<p><b>Networking Break</b></p>	3 p.m. – 3:30 p.m.
<p><b>Two Years In and Two Years Out – <i>What's in Store at Queen's Park?</i></b></p> <p>Speakers: Sabine Matheson, Principal, StrategyCorp and John Perenack, Principal, StrategyCorp</p> <p>Raconteur: Dr. Charles Gardner, President, alPHa Board of Directors</p> <p>The current provincial government is two years into its mandate with two years left to go. Hear about what to expect regarding the public policy climate and key political issues impacting public health agencies and their local boards of health.</p> <p><i>Attendees will have an opportunity to pose questions in advance and at the conference. Please send advance questions to <a href="mailto:communications@alphaweb.org">communications@alphaweb.org</a> on or before May 24.</i></p>	3:30 p.m. – 4:30 p.m.
<p><b>Wrap Up</b></p> <p>Conference Chair: Dr. Charles Gardner, President, alPHa Board of Directors</p>	4:30 p.m. – 4:45 p.m.
<p><b>June 7<sup>th</sup></b></p>	
<p><b>Section Meetings:</b> <i>Members of the BOH Section and COMO H Section will meet the next day. There are separate agendas for these meetings. <b>A light breakfast will be available starting at 8:30 a.m.</b></i></p>	9 a.m. – 12 p.m.

*The 2024 Conference is co-hosted by alPHa and Toronto Public Health.*



*This event is sponsored by:*







## Boards of Health Section Meeting Agenda (revised June 3, 2024)

**June 7, 2024 from 9 a.m. to 12 p.m. EDT**

BOH Section Chair: Carmen McGregor

Pantages Hotel, Rehearsal Hall, 3<sup>rd</sup> Floor, 200 Victoria Street, Toronto, ON M5B 1V8.

<b><i>A light breakfast will be available at 8:30 a.m.</i></b>	8:30 a.m. – 9 a.m.
<b>Call to Order, Opening Remarks, and Land Acknowledgement</b> Speaker: Carmen McGregor, Chair, BOH Section, alPHA Board of Directors,	9 a.m. – 9:05 a.m.
<b>alPHA Update/Section Business</b> Speakers: Carmen McGregor, Chair, BOH Section, alPHA Board of Directors and Loretta Ryan, Executive Director, alPHA  Section update and approval of minutes from February 16, 2024, 2023, BOH Section Meeting.	9:05 a.m. – 9:15 a.m.
<b>On the Front Lines</b>  Back by popular demand! This session features senior public health managers in key public health disciplines – inspections, dentistry, health promotion, and epidemiology. Speakers will discuss key public health issues from the unique perspectives of these affiliate members. Don't miss these important updates!  Speakers from the alPHA Board of Directors: Association of Public Health Epidemiologists in Ontario, Caitlyn Paget Association of Supervisors of Public Health Inspectors of Ontario, Steven Rebellato Health Promotion Ontario, Susan Stewart Ontario Association of Public Health Dentistry, Paul Sharma  Moderator: Cynthia St. John, Affiliate Representative, alPHA Board of Directors	9:15 a.m. – 10 a.m.
<b>Networking Break</b>	10 a.m. - 10:30 a.m.

<p><b>Association of Municipalities of Ontario (AMO) Update</b>  Speakers: Alicia Neufeld, Senior Manager, Policy, and Daniela Spagnuolo, Policy Advisor, AMO  Moderator: Trudy Sachowski, Past-President, alPHA Board of Directors</p> <p>AMO works with Ontario's 444 municipalities to make municipal governments stronger and more effective. Come and hear the latest from AMO with regards to public health issues, including homelessness, from a municipal perspective with a focus on their recent work.</p>	10:30 a.m. – 10:50 a.m.
<p><b>Hamilton's Proposed Board of Health Structure</b>  Speakers: Maureen Wilson, BOH Executive Committee, alPHA Board of Directors  Jennifer Vickers-Manzin, Affiliate Representative, alPHA Board of Directors  Moderator: Abinaya Chandrabalan, BOH Executive Committee, alPHA Board of Directors</p> <p>Earlier this year, Hamilton City Council approved a series of recommendations to apply to the Province of Ontario to become a semi-autonomous board of health, similar to Toronto and Ottawa. The model being pursued would change the board composition with the aim of making it more inclusive and representative of the community. Come and hear about these proposed changes.</p>	10:50 a.m. – 11:10 a.m.
<p><b>Board of Health Governance</b>  Speakers: Monika Turner, Principal, Roving Capacity and Loretta Ryan, Executive Director, alPHA</p> <p>Don't miss this unique opportunity to enhance your knowledge and strengthen local public health leadership in Ontario. Hear highlights about public health legislation, funding, accountability, roles, structures, and much more. You will gain insights into leadership and services that drive excellence.</p>	11:10 a.m. – 11:30 a.m.
<p><b>BOH Section Elections</b></p> <p><i>An election to determine the representatives will be held at the meeting. All nominees must be present.</i></p>	11:30 a.m. -11:50 a.m.
<p><b>Closing Remarks</b>  Speaker: Loretta Ryan, Executive Director, alPHA</p>	11:50 a.m. - noon

*The 2024 Conference is co-hosted by alPHa and Toronto Public Health.*



*The 2024 Conference is sponsored by the following:*



**REVISED DRAFT MINUTES**  
**Boards of Health Section Meeting**  
**Friday, February 16, 2024 – 2 p.m. – 4:30 p.m.**  
*Chair: Carmen McGregor*

**1.0 CALL TO ORDER/LAND ACKNOWLEDGEMENT/WELCOMING REMARKS/INTRODUCTIONS**

The Chair, C. McGregor, called the meeting to order at 2:15 p.m. and provided welcoming remarks and introductions to Boards of Health (BOH) Section members, Affiliates, and speakers.

**1.1 Land Acknowledgement**

The Land Acknowledgement was read by C. McGregor.

**2.0 ALPHA UPDATE AND SECTION BUSINESS**

**alPHa Update**

C. McGregor stated the most pressing issue currently facing public health is the province's *Public Health Strengthening* initiative. She also noted alPHa will continue to well-represent the sector's interests and will work with its key stakeholders including the Office of the Chief Medical Officer of Health, the Association of Municipalities of Ontario, and others.

**Section Business**

C. McGregor introduced the BOH Section Executive members, thanked them for their volunteer leadership and important role in alPHa's work. She provided the BOH Section with an overview of the work the BOH Section Executive does, stating highlights can be found in alPHa's monthly newsletter, *Information Break*. C. McGregor also reminded BOH Section members they can use the dedicated section for Boards of Health members in the newsletter and the resource page on the alPHa website. It was also noted that alPHa frequently communicates with BOH members via email and BOH members should ensure they are on their PHU's distribution list.

**Approval of Minutes**

C. McGregor called for a motion to approve the minutes from the November 24, 2023, Boards of Health Section Meeting. The motion to accept the minutes as presented was approved and carried.

**3.0 ALPHA LEGAL COUNSEL UPDATE FOR BOARDS OF HEALTH**

C. McGregor introduced James LeNoury, alPHa's Legal Counsel, to BOH Section members. She noted he would provide a legal update for Boards of Health members.

J. LeNoury stated his presentation would cover process considerations for meetings. He gave BOH Section members an overview of his presentation's topics, noting he would cover: The government merger mandate and the merger process considerations: meetings.

J. LeNoury provided BOH Section members with an overview of key issues in the merger process - saying communications, organizational culture, and systems integration are the most important issues to focus on. This is because the three issues ensure the public and stakeholders are aware of how the health unit is proceeding when merging. J. LeNoury explained the importance of health units doing their due diligence, saying there should be leadership (who will be responsible for the planning and oversight of the proposed merger), a plan (one that includes timelines; the organizational structure; layoffs; and amalgamation of organizational structures); and a parallel process (the leaders in the process review who will help make decisions).

He also covered issues with mergers, saying any merger or acquisitions can fail due to missing their objectives. They also fail because of issues such as incompatible cultures, poor motivation, and loss of key talent. J. LeNoury noted culture is the biggest issue to the success of a merger, saying the merger process should ensure both organizations can come together harmoniously. He stated the health units' cultures should be evaluated ahead of the merger and, if any conflicts arise, they need to be addressed immediately.

J. LeNoury discussed public accountability for meetings, saying local governments must comply with the open meeting rules in the Municipal Act, 2001. He also noted this is fundamental to being accountable to constituents. J. LeNoury stated a board of health is subject to the meeting provisions in sections 238 and 239 of the Municipal Act (with the exception being the City of Toronto). He noted there are exceptions for holding open meetings such as: when open meetings would not serve the public interest or the interests of the municipality and if the closed meeting, when held by a municipality, follows all the procedural rules such as: giving notice of the closed meeting, passing a resolution in public to close the meeting, etc.

J. LeNoury also reviewed how to vote and keep records for a closed meeting. He stated voting is allowed for a procedural matter or when giving directions to officers, employees, agents of the municipality or persons under contract. J. LeNoury noted all resolutions, decisions and proceedings must be recorded. Additionally, to ensure the most thorough record, he stated the ombudsman recommends audio and video recordings be made. There must also be a report on the closed meeting in the open meeting on what occurred during the closed meeting. J. LeNoury provided BOH Section members with an overview of exceptions to open meeting rules such as: labour relations or employee negotiations – section 239(2)(d); litigation or potential litigation – section s. 239(2)(e), and advice subject to solicitor-client privilege – section 239(2)(f). Additionally, he reviewed examples of case law from the Town of Pelham, the Township of The North Shore, and the City of Greater Sudbury and ombudsman complaints from the Township of McMurrich/Monteith, the Township of McKellar, and the Municipality of Grey Highlands.

L. Ryan moderated questions from the audience for J. LeNoury and a question-and-answer session took place. L. Ryan thanked him for his time and for speaking at the meeting.

#### **4.0 ASSOCIATION OF MUNICIPALITIES OF ONTARIO (AMO) UPDATE**

C. McGregor introduced Lindsay Jones, Director of Policy, Michael Jacek, Senior Advisor, Social and Health Policy, and Daniela Spagnuolo, Policy Advisor from AMO. She noted they would speak about public health issues from a municipal perspective.

L. Jones stated their presentation had three parts: 1. M. Jacek will speak about the mergers process and the work done with alPHa and the Ministry of Health; 2. D. Spagnuolo will present

on access to health services; and 3. L. Jones will speak about AMO's *Social and Economic Prosperity Review*.

M. Jacek stated AMO's position on the province's *Public Health Strengthening* initiative had three main objectives: 1. To keep "local" in the public health system; 2. To maintain effective service delivery; and 3. To ensure the system has the financial footing for municipalities and adequate resources for agencies to get the job done right. He also noted AMO is working with the Ministry of Health to support the voluntary merger process, review the standards and responsibilities, and to review funding. M. Jacek noted there are challenges and skepticism with the merger process. He stated they are working through the issues. This included a joint webinar and a concurrent session at the ROMA Conference in January, noting it was meant to encourage a two-way dialogue. M. Jacek asked for the feedback to be submitted to L. Ryan. M. Jacek then turned the presentation over to D. Spagnuolo.

D. Spagnuolo stated accessing health services is a particular problem in rural and northern areas. She provided BOH Section members with an overview of how a provincial, sector-wide health human resources strategy would improve access to health services across Ontario, saying the strategy should follow the themes of compensation, mental health and well-being, diversity, equity, and inclusion, etc. She also discussed the steps AMO had taken, asking for the Minister of Health for the development and implementation of a sector-wide health human resources strategy. Lastly, D. Spagnuolo stated AMO is engaging with health sector partners and will bring their findings back to the Health Transformation Task Force to inform their strategic approach to ongoing advocacy. She noted a number of alPHA Board members including T. Sachowski who is representing the BOH Section, and alPHA's Executive Director sit on this task force.

L. Jones presented on AMO's *Social and Economic Prosperity Review*. She stated AMO has asked the provincial government to work with municipalities on a joint review of revenues, costs, and financial risks. The review will also include an analysis of Ontario's infrastructure investment and service delivery needs. She also provided BOH Section members with an update on their pre-budget. L. Jones noted they have asked members to work towards securing provincial commitment to a social and economic prosperity review as part of the provincial government's spring budget.

D. Spagnuolo moderated questions from the audience for L. Jones, M. Jacek, and herself and a question-and-answer session took place. C. McGregor thanked them all for their time and for speaking at the meeting, noting the strong relationship they have with L. Ryan.

## **5.0 ARTIFICIAL INTELLIGENCE (AI) AND PUBLIC HEALTH – WHAT YOU NEED TO KNOW AND WHY YOU NEED TO BE READY**

C. McGregor introduced Steven Rebellato, Affiliate Representative, alPHA Board of Directors. She noted S. Rebellato would provide BOH Section members with an overview of the risks and benefits of artificial intelligence for local public health. Additionally, he will provide considerations and guiding principles so BOH members can gauge their organizational preparedness for AI solutions.

S. Rebellato stated his presentation will not age well because AI is changing rapidly, and its pace is unprecedented.

He stated the focus of his presentation will be on: The risks and benefits of AI for local public health; data, ethics, and a human-centred approach to AI applications currently being used in North America; and consideration and guiding principles for BOH Section members.

S. Rebellato stated AI isn't a fad and will become more mature as time goes on. He provided BOH Section members with examples of AI that already exist such as AI that creates PowerPoint presentations, Google knowing your search history, and Siri.

S. Rebellato explained important concepts such as: the definition of AI, how it works, and the types of AI that are available. He also discussed AI's current capabilities like facial recognition, predictive typing, ChatGPT, MS Bing, and AI for literature searches and content creation, coding, and graphics. S. Rebellato stated he could have used AI to create his presentation as its power is large. However, he noted though that it currently does an okay job rather than a great job (though it will get a presentation started) but this will improve as AI further develops.

S. Rebellato discussed the status of local public health agencies' AI engagement, noting there is informal collaboration. Examples he provided included staff use and solution sharing. He also reviewed local public health agencies' AI policies. S. Rebellato noted examples have been provided through the business administrators group, saying there are best practices to manage the risks associated with use. There is also accountability and governance, principles of use, transparency and explainability and privacy and a need to ensure there is a human-centred approach.

He noted the risks of AI such as data privacy and security, algorithmic bias, limited access and resources, a lack of transparency, and threats of misinformation/disinformation. S. Rebellato provided BOH Section members with the potential impact of AI, saying there can be both positive and negative impacts through education, socioeconomic factors, and social and community needs. He also spoke about the ethics associated with AI and who can access it, saying it will impact BOHs and populations because more powerful tools are more expensive, and therefore, are investments for public health. Other challenges include: a limited capacity for AI expertise in public health; educational infrastructure for future leaders; data quality (which is paramount); whether or not AI will exacerbate health inequity; and 'AI-creep' which is solutions that have already infiltrated common platforms such as Apple (face ID) and Microsoft (Co-pilot).

S. Rebellato noted the potential and benefits of AI such as GPT development, leveraging 'big data' to improve public health response and policy, etc.

He also discussed applications of AI that are happening right now. This includes the Chicago Department of Health and their use of predictive modelling for lead poisoning prevention and bots used by the Region of York and Wellington-Dufferin-Guelph Public Health and their chatbot.

S. Rebellato stated he is providing ongoing updates to alPha on AI and is preparing a resolution for the AGM. He also reminded BOH members they need to have an AI policy in place given the pace of development. He stated members should keep the Fair, Appropriate, Valid, Effective, and Safe (FAVES) principle in mind.

M. Wilson moderated questions from the audience for S. Rebellato and a question-and-answer session took place. M. Wilson then passed the meeting over to C. McGregor, noting she had found S. Rebellato's presentation fascinating and that she is looking forward to having an AI page on the ALPHA website and is excited for his presentation at the Fall Symposium.

## **6.0 REFLECTIONS FROM SOUTHWESTERN PUBLIC HEALTH'S MERGER – CONTINUING THE CONVERSATION**

C. McGregor introduced Cynthia St. John, Chief Executive Officer, Southwestern Public Health. She noted that, as a follow-up to her presentation at the 2023 ALPHA Fall Symposium, C. St. John would speak about her reflections on the successes and challenges with developing a newly merged public health unit.

C. St. John stated her presentation is not meant to be a guide for health units that are looking at mergers. Instead, they are points to consider. She reiterated Southwestern Public Health came together from two large rural and small urban health units in 2018, saying the separate organizations were similar in size in terms of employees, budget, and population served. And, at that time, there was no pre-announced financial support for mergers from the provincial government. C. St. John acknowledged timelines for the mergers to occur are short, saying it's important to lean on the legal team and to use their advice throughout the process.

She noted the merger team's early work included deciding the type of governance they would need and how many representatives from each municipality there would be. They also created a Transition Governance Committee and took legal and financial considerations and communication into consideration. C. St. John stated the committee did the work (with staff leadership support) while the legal team developed by-laws, reviewed policies, and drafted agreements to form the new health unit.

C. St. John also provided her reflections, saying stakeholder engagement, vision setting, commitments to others, and evolving together are vital. She also noted the work done with the two boards at the beginning was used throughout every major decision that had to be made. C. St. John stated external support was used to facilitate discussion so both boards could contribute. She also noted the commitment to each other and trust in the other made the merger possible because both boards were able to jump in with both feet and were willing to tackle any obstacle to see the vision be a success.

Furthermore, she spoke about Southwestern Public Health's evolution, noting they serve almost 230,000 people. C. St. John stated the health unit has robust staff groups, a new capacity, new systems, and varying governance interests that deliver community needs. She also noted they still have tailored programs and services for niche communities. However, C. St. John conceded that it takes considerable time to develop a new workplace culture (about 5-10 years) and SWPH is still evolving as a new organization. In hindsight, the work of getting to a merged state fell on too few people



and instead, and if there was a next time, they would invest more in champions in merging.

C. St. John noted the government's *Strengthening Public Health* initiative has a different landscape — especially because more people than ever are aware of the work public health does. She also noted there might be more scrutiny. C. St. John stated it's important to have a high-functioning health unit deliver in the day-to-day while planning a merger. She noted merging needs to be done with an honest intention while not sacrificing programs and services.

C. McGregor moderated questions from the audience for C. St. John and a question-and-answer session took place. She also thanked C. St. John for her presentation, saying it was great to have her speak at the meeting.

## **7.0 CLOSING REMARKS**

C. McGregor thanked Dr. Paul Roumeliotis, Karine Hébert, and Andy Morrisson from the Eastern Ontario Health Unit for their event support. She also thanked Obadiah George from the Dalla Lana School of Public Health for his technical support, and L. Ryan and the alPHA staff for their work.

C. McGregor reminded BOH Section members about the 2024 Annual General Meeting & Conference, which is taking place in Toronto on June 5-7. She noted alPHA will be in touch with more information about the event.

C. McGregor adjourned the meeting at 4:26 p.m.



## ELECTION TO THE alPHA BOARD OF DIRECTORS 2024-2026 Page 1/2

### ACCLAIMED:

#### For the **South West** Region:

- **Bernia Martin** (BOH, Southwestern Public Health)  
Bernia Martin was elected Councillor for the City of Woodstock and County of Oxford in October 2022 and was subsequently appointed to the Southwestern Public Health Board of Health as Vice Chair for the 2023 year.

Raised in rural Southwestern Ontario, and a graduate of the University of Waterloo, she is no stranger to the unique opportunities and challenges that face the residents of our region, and as a local business owner and elected official, Board Chair Martin is dedicated to advancing local public health work in our community and committed to creating healthier and more vibrant places to live and work.

With her extensive experience in governance, business ownership, and public service, Bernia Martin is well-equipped to contribute to the alPHA Board of Directors and the alPHA Board of Health Section Executive. Her proven commitment to public health, coupled with her strategic thinking and ability to collaborate with a diverse range of stakeholders, ensures she can effectively share her board of health perspective, contribute to the development of strategic initiatives, and uphold the mission and objectives of alPHA.

The SWPH Board of Health is confident that Chair Martin will make meaningful contributions to alPHA's mission of strengthening leadership and advocacy for local public health agencies in Ontario.

**ELECTION TO THE alPHA BOARD OF DIRECTORS**  
**2024-2026 Page 2/2**

**CANDIDATES FOR THE EAST REGION (2 IN TOTAL):**

- **Wess Garrod**

Wess Garrod is a provincial Order-In-Council appointee to the Kingston, Frontenac, Lennox and Addington (KFL&A) Board of Health. He has been with the Board for 10 years and is currently serving as Chair. Wess serves the alPHA Board as the East Region BOH Representative, currently Vice President and Executive Committee member, having served Treasurer and BOH Section Chair.

Wess was a Secondary School Teacher, Principal and Senior Staff Member with the Limestone District School Board (LDSB) for 32 years. After retiring, he served as an LDSB School Board Trustee. He has been recognized for his contributions with the 'Outstanding Service Award' and the establishment of the 'Wess Garrod Healthy Active Living Award' presented annually to an LDSB educator.

Currently, Wess serves on the Board of Directors for the Limestone Learning Foundation and is President of the Kingston Track and Field Club. He was recognized by the City of Kingston as the final medal bearer for the Rick Hansen 25th Anniversary Tour and for his leadership in the building of Kingston's Track & Field facility.

Wess has displayed exemplary devotion to public health at the local and provincial levels with his outstanding contributions to alPHA, earning him alPHA's Distinguished Service Award in 2023. He is a strong, unwavering advocate for local public health.

- **Tammy DeGiovanni**

Tammy DeGiovanni is a dynamic health leader with over 25 years of experience. She holds a Master of Health Administration, a Bachelor of Science in Nursing, and is a Certified Health Executive with the Canadian College of Health Leaders.

Tammy's career began as a Registered Nurse across diverse settings. She then moved into leadership roles in pediatric acute care, including the organization-wide implementation of an electronic health record. She is now the Senior Vice-President of Clinical Services and Chief Nurse Executive at the Children's Hospital of Eastern Ontario, overseeing all clinical programs, nursing and health professional practices. Tammy serves on the CHEO Board and various regional and provincial committees to advance healthcare system changes.

She collaborates with the University of Ottawa's Faculty of Health Sciences as a guest lecturer and works with the CHEO Research Institute to integrate evidence-based care. Additionally, Tammy has been Vice-Chair of the Ottawa Board of Health for six years and is active in community organizations related to the arts, schools, sports, and her neighborhood.

Tammy's extensive leadership and strategic expertise make her an ideal candidate for the alPHA Board of Directors, with a strong focus on governance structures that help teams achieve their mandates, aligning with the goals of Public Health Boards across the Province.

**APPROVAL OF CONSENT AGENDA**

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

Financial Statements of

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

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

And Independent Auditor's Report thereon

Year ended December 31, 2023

## INDEPENDENT AUDITOR'S REPORT

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

### ***Opinion***

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

- the statement of financial position as at December 31, 2023
- the statement of operations and accumulated surplus for the year then ended
- the statement of changes in net financial assets for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies

(Hereinafter referred to as the "financial statements")

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Entity as at December 31, 2023, and its results of operations, its changes in net financial assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

### ***Basis for Opinion***

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

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

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

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

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

In preparing the financial statements, management is responsible for assessing the Entity's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using

the going concern basis of accounting unless management either intends to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.

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

### ***Auditor's Responsibility for the Audit of the Financial Statements***

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

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

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

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

We also:

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

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

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

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

Chartered Professional Accountants, Licensed Public Accountants

Sudbury, Canada

(date)



# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Financial Position

December 31, 2023, with comparative information for 2022

	2023	2022
<b>Financial assets</b>		
Cash and cash equivalents	\$ 10,027,872	\$ 14,716,265
Accounts receivable	529,551	1,805,805
Receivable from the Province of Ontario	34,220	987,773
	10,591,643	17,509,843
<b>Financial liabilities</b>		
Accounts payable and accrued liabilities	2,769,256	3,833,343
Deferred revenue	356,652	1,472,286
Payable to the Province of Ontario	1,024,127	5,643,882
Employee benefit obligations (note 2)	3,770,170	3,934,882
	7,920,205	14,884,393
<b>Net financial assets</b>	<b>2,671,438</b>	<b>2,625,450</b>
<b>Non-financial assets:</b>		
Tangible capital assets (note 3)	15,208,514	15,153,948
Prepaid expenses	459,492	420,160
	15,668,006	15,574,108
<b>Commitments and contingencies (note 4)</b>		
<b>Accumulated surplus (note 5)</b>	<b>\$ 18,339,444</b>	<b>\$ 18,199,558</b>

See accompanying notes to financial statements.

On behalf of the Board:

\_\_\_\_\_ Board Member

\_\_\_\_\_ Board Member

# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

## (OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

### Statement of Operations and Accumulated Surplus

Year ended December 31, 2023, with comparative information for 2022

	2023 Budget (note 10)	2023 Actual	2022 Actual
Revenue (note 9):			
Provincial grants	\$ 22,341,165	\$ 27,390,098	\$ 31,034,662
Per capita revenue from municipalities (note 7)	9,418,510	9,418,510	9,078,101
Other:			
Plumbing inspections and licenses	317,000	357,806	422,637
Interest	120,000	546,275	274,178
Other	476,023	442,571	420,202
	32,672,698	38,155,260	41,229,780
Expenses (note 9):			
Salaries and wages	20,555,589	24,816,191	26,736,003
Benefits (note 6)	6,411,498	6,771,029	6,557,383
Administration (note 8)	2,819,562	2,920,027	4,905,997
Supplies and materials	1,289,333	1,141,367	1,150,986
Amortization of tangible capital assets (note 3)	1,067,858	1,144,542	1,067,858
Small operational equipment	1,291,010	930,947	1,066,629
Transportation	305,707	291,271	384,934
	33,740,557	38,015,374	41,869,790
Annual surplus (deficit)	(1,067,859)	139,886	(640,010)
Accumulated surplus, beginning of year	18,199,558	18,199,558	18,839,568
Accumulated surplus, end of year	\$ 17,131,699	\$ 18,339,444	\$ 18,199,558

See accompanying notes to financial statements.

# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Changes in Net Financial Assets

Year ended December 31, 2023, with comparative information for 2022

	2023	2022
Annual surplus (deficit)	\$ 139,886	\$ (640,010)
Purchase of tangible capital assets	(1,199,108)	(6,526,456)
Amortization of tangible capital assets	1,144,542	1,067,858
Change in prepaid expenses	(39,332)	(147,894)
Change in net financial assets	45,988	(6,246,502)
Net financial assets, beginning of year	2,625,450	8,871,952
Net financial assets, end of year	\$ 2,671,438	\$ 2,625,450

See accompanying notes to financial statements.

# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Cash Flows

Year ended December 31, 2023, with comparative information for 2022

	2023	2022
Cash provided by (used in):		
Cash flows from operating activities:		
Annual surplus (deficit)	\$ 139,886	\$ (640,010)
Adjustments for:		
Amortization of tangible capital assets	1,144,542	1,067,858
Change in employee benefit obligations	(164,712)	134,706
	1,119,716	562,554
Changes in non-cash working capital:		
Decrease in accounts receivable	1,276,254	156,138
Decrease (increase) in receivable from the Province of Ontario	953,553	(963,657)
Decrease in accounts payable and accrued liabilities	(1,064,087)	(1,188,448)
Increase (decrease) in deferred revenue	(1,115,634)	162,061
Increase (decrease) in payable to the Province of Ontario	(4,619,755)	1,438,173
Increase in prepaid expenses	(39,332)	(147,894)
	(3,489,285)	18,927
Cash flows from investing activity:		
Purchase of tangible capital assets	(1,199,108)	(6,526,456)
Decrease in cash and cash equivalents	(4,688,393)	(6,507,529)
Cash and cash equivalents, beginning of year	14,716,265	21,223,794
Cash and cash equivalents, end of year	\$ 10,027,872	\$ 14,716,265

See accompanying notes to financial statements.

# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

## (OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

### Notes to Financial Statements

Year ended December 31, 2023

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

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

#### 1. Summary of significant accounting policies:

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

##### (a) Basis of accounting:

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

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

##### (b) Cash and cash equivalents:

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

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

Guaranteed investment certificates amounted to \$2,495,545 as at December 31, 2023 (2022 - \$2,378,159) and these can be redeemed for cash on demand.

##### (c) Employee benefit obligations:

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

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

# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2023

## 1. Summary of significant accounting policies (continued):

### (c) Employee benefit obligations (continued):

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

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

### (d) Non-financial assets:

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

### (e) Tangible capital assets:

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

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

### (f) Prepaid expenses:

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

# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2023

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## 1. Summary of significant accounting policies (continued):

### (g) Accumulated surplus:

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

The accumulated surplus consists of the following surplus accounts:

- Invested in tangible capital assets:

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

- Unfunded employee benefit obligations:

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

The accumulated surplus consists of the following reserves:

- Working capital reserve:

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

- Public health initiatives:

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

- Corporate contingencies:

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

- Facility and equipment repairs and maintenance:

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

- Sick leave and vacation:

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

- Research and development:

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

# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2023

---

## 1. Summary of significant accounting policies (continued):

### (h) Revenue recognition:

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

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

### (i) Budget figures:

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

### (j) Use of estimates:

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

### (k) Financial instruments:

All financial instruments are initially recorded on the statement of financial position at fair value.

All investments held in equity instruments that trade in an active market would be recorded at fair value. Management has elected to record investments at fair value as they are managed and evaluated on a fair value basis.

Unrealized changes in fair value would be recognized in the statement of remeasurement gains and losses until they are realized, when they would be transferred to the statement of operations. As there have been no unrealized changes in fair value to note, a statement of remeasurement gains and losses has not been presented.

Transaction costs incurred on the acquisition of financial instruments measured subsequently at fair value are expensed as incurred.



# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2023

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## 1. Summary of significant accounting policies (continued):

### (k) Financial instruments (continued):

Where a decline in fair value is determined to be other than temporary, the amount of the loss is removed from accumulated remeasurement gains and losses and recognized in the statement of operations. On sale, the amount held in accumulated remeasurement gains and losses associated with that instrument is removed from net assets and recognized in the statement of operations.

Financial instruments are classified into fair value hierarchy Levels 1, 2 or 3 for the purposes of describing the basis of the inputs used to determine the fair market value of those amounts recorded a fair value, as described below:

Level 1 Fair value measurements are those derived from quoted prices (unadjusted) in active markets for identical assets or liabilities.

Level 2 Fair value measurements are those derived market-based inputs other than quoted prices that are observable for the asset or liability, either directly or indirectly.

Level 3 Fair value measurements are those derived from valuation techniques that include inputs for the asset or liability that are not based on observable market data.

All financial instruments are Level 1. The Health Unit has selected to account for transactions at the trade date.

### (l) Asset retirement obligation:

An asset retirement obligation is recognized when, as at the financial reporting date, all of the following criteria are met:

- (i) There is a legal obligation to incur retirement costs in relation to a tangible capital asset;
- (ii) The past transaction or event giving rise to the liability has occurred;
- (iii) It is expected that the future economic benefits will be given up; and
- (iv) A reasonable estimate of the amount can be made.

A liability for asset retirement obligations has not been recorded in these financial statements. Given the nature of the assets, the age of the facilities and the remediation work completed to date it was determined there is no further legal obligation on the part of the Health Unit to complete remediation efforts.

# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2023

## 2. Employee benefit obligations:

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

	2023	2022
Accumulated sick leave benefits	\$ 563,488	\$ 594,549
Other post-employment benefits	1,826,848	1,702,504
	2,390,336	2,297,053
Vacation pay and other compensated absence	1,379,834	1,637,829
	\$ 3,770,170	\$ 3,934,882

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

	2023	2022
Discount	4.00%	4.00%
Health-care trend rate		
Initial	5.42%	5.75%
Ultimate	3.75%	3.75%
Salary escalation factor	2.75%	2.75%

The Health Unit has established reserves in the amount of \$675,447 (2022 - \$675,447) to mitigate the future impact of these obligations. The accrued benefit obligations as at December 31, 2023 are \$2,891,129 (2022 - \$2,833,758).

	2023	2022
Benefit plan expenses:		
Current service costs	\$ 201,023	\$ 191,394
Interest	112,252	110,564
Amortization of actuarial loss	35,912	29,440
	\$ 349,187	\$ 331,398

Benefits paid during the year were \$255,904 (2022 - \$273,241). The net unamortized actuarial loss of \$500,793 (2022 - \$563,705) will be amortized over the expected average remaining service period.

# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2023

## 3. Tangible capital assets:

Cost:

	Land	Building	Leasehold improvements	Computer hardware	Computer software	Website design	Furniture and equipment	Parking lot resurfacing	2023 Total
Balance, January 1, 2022	\$ 26,938	14,966,096	2,699,586	3,677,404	423,933	69,845	3,939,616	252,346	26,055,764
Additions	-	62,956	790,665	79,838	-	-	265,649	-	1,199,108
Balance, December 31, 2023	\$ 26,938	15,029,052	3,490,251	3,757,242	423,933	69,845	4,205,265	252,346	27,254,872

Accumulated amortization:

	Land	Building	Leasehold improvements	Computer hardware	Computer software	Website design	Furniture and equipment	Parking lot resurfacing	Total
Balance, January 1, 2022	\$ -	3,813,029	679,729	3,086,623	423,933	69,845	2,602,262	226,395	10,901,816
Amortization	-	374,939	227,147	335,454	-	-	192,151	14,851	1,144,542
Balance, December 31, 2023	\$ -	4,187,968	906,876	3,422,077	423,933	69,845	2,794,413	241,246	12,046,358

Net book value:

	Land	Building	Leasehold improvements	Computer hardware	Computer software	Website design	Furniture and equipment	Parking lot resurfacing	Total
At December 31, 2022	\$ 26,938	11,153,067	2,019,857	590,781	-	-	1,337,354	25,951	15,153,948
At December 31, 2023	26,938	10,841,084	2,583,375	335,165	-	-	1,410,852	11,100	15,208,514

# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2023

## 3. Tangible capital assets (continued):

Cost:

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

Accumulated amortization:

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

Net book value:

	Land	Building	Leasehold improvements	Computer hardware	Computer software	Website design	Furniture and equipment	Parking lot resurfacing	Total
At December 31, 2021	\$ 26,938	6,443,149	1,704,570	789,836	-	-	679,671	51,186	9,695,350
At December 31, 2022	26,938	11,153,067	2,019,857	590,781	-	-	1,337,354	25,951	15,153,948

# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2023

## 4. Commitments and contingencies:

### (a) Line of credit:

The Health Unit has available an operating line of credit of \$500,000 (2022 - \$500,000). There is \$Nil balance outstanding on the line of credit at year end (2022 - \$Nil).

### (b) Lease commitments:

The Health Unit enters into operating leases in the ordinary course of business, primarily for lease of premises and equipment. Payments for these leases are contractual obligations as scheduled per each agreement. Commitments for minimum lease payments in relation to non-cancellable operating leases at December 31, 2023 are as follows:

No later than one year	\$ 268,087
Later than one year and no later than 5 years	642,499
Later than five years	822,780
	<hr/>
	\$ 1,733,366

### (c) Contingencies:

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

# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2023

## 5. Accumulated surplus:

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

	Balance, beginning of year	Annual surplus (deficit)	Purchase of tangible capital assets	Capital Infrastructure Project	Balance, end of year
Invested in tangible capital assets	\$ 15,153,948	(1,144,542)	1,199,108	-	\$ 15,208,514
Unfunded employee benefit obligation	(3,934,882)	164,712	-	-	(3,770,170)
Working capital reserve	3,248,187	1,114,025	(1,199,108)	62,957	3,226,061
Public health initiatives	2,000,000	-	-	-	2,000,000
Corporate contingencies	500,000	-	-	-	500,000
Facility and equipment repairs and maintenance	499,998	5,691	-	(62,957)	442,732
Sick leave and vacation	675,447	-	-	-	675,447
Research and development	56,860	-	-	-	56,860
	\$ 18,199,558	139,886	-	-	\$ 18,339,444

## 6. Pension agreements:

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

The amount contributed to OMERS for 2023 was \$2,157,752 (2022 - \$1,849,843) for current service and is included within benefits expense on the statement of operations and accumulated surplus.

# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2023

## 7. Per capita revenue from municipalities:

	2023	2022
City of Greater Sudbury	\$ 8,055,880	\$ 7,808,068
Town of Espanola	250,848	241,050
Township of Sable and Spanish River	163,784	148,068
Municipality of French River	140,236	131,183
Municipality of Markstay-Warren	142,165	128,641
Township of Northeastern Manitoulin & The Islands	122,532	117,657
Township of Chapleau	114,176	105,855
Township of Central Manitoulin	98,165	94,598
Municipality of St. Charles	72,163	63,914
Township of Assiginack	45,811	41,673
Town of Gore Bay	44,174	40,856
Township of Baldwin	29,099	27,874
Township of Billings (and part of Allan)	30,677	27,693
Township of Gordon (and part of Allan)	26,937	24,788
Township of Nairn & Hyman	23,840	21,883
Township of Tehkummah	22,087	20,067
Municipality of Killarney	21,328	19,159
Township of Burpee	14,316	15,074
Township of Cockburn Island	292	-
	<b>\$ 9,418,510</b>	<b>\$ 9,078,101</b>

## 8. Administration expenses:

	2023 Budget	2023 Actual	2022 Actual
Professional fees	\$ 1,681,119	\$ 1,102,188	\$ 2,786,448
Building maintenance	693,338	471,170	485,640
Advertising	135,265	93,713	160,944
Telephone	69,060	161,173	285,525
Rent	473,945	548,513	623,738
Utilities	243,324	181,087	170,376
Liability insurance	191,590	185,311	162,596
Staff education	125,431	47,255	125,951
Postage	74,100	84,509	62,780
Memberships and subscriptions	41,384	45,108	41,999
	<b>\$ 3,728,556</b>	<b>\$ 2,920,027</b>	<b>\$ 4,905,997</b>

# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT (OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2023

## 9. Revenues and expenses by funding sources:

	OLHA	UIIP	Men C	HPV	Unorganized Territories	Ontario Sr. Dental Care Program	MOH/ AMOH	MCCSS: HBHC & PPNP	HIV-Aids Anonymous Testing	Non- Ministry	Sub- Total
<b>Revenue:</b>											
Provincial grants											
Operation	\$ 17,132,785	-	-	-	-	1,098,118	17,000	1,593,516	63,519	-	19,904,938
Mitigation grant	1,179,500	-	-	-	-	-	-	-	-	-	1,179,500
One-time	-	-	-	-	-	-	-	-	-	-	-
Unorganized territories	-	-	-	-	1,092,500	-	-	-	-	-	1,092,500
Municipalities	9,418,510	-	-	-	-	-	-	-	-	-	9,418,510
Plumbing and inspections	357,806	-	-	-	-	-	-	-	-	-	357,806
Interest	410,752	-	-	-	-	-	-	-	-	135,523	546,275
Other	235,603	7,745	20,800	33,821	-	8,038	-	-	-	136,564	442,571
	28,734,956	7,745	20,800	33,821	1,092,500	1,106,156	17,000	1,593,516	63,519	272,087	32,942,100
<b>Expenses:</b>											
Salaries and wages	19,080,684	6,347	17,942	29,731	706,012	351,952	17,000	1,242,679	50,963	65,801	21,569,111
Benefits	5,486,237	1,292	2,858	4,090	206,806	87,466	-	330,575	12,556	13,237	6,145,117
Transportation	127,258	106	-	-	89,632	291	-	14,212	-	129	231,628
Administration (note 9)	1,964,910	-	-	-	26,740	518,992	-	588	-	36,603	2,547,833
Supplies and materials	850,371	-	-	-	63,310	101,069	-	5,462	-	13,731	1,033,943
Small operational equipment	889,731	-	-	-	-	1,908	-	-	-	-	891,639
Amortization of tangible capital assets	1,144,542	-	-	-	-	-	-	-	-	-	1,144,542
	29,543,733	7,745	20,800	33,821	1,092,500	1,061,678	17,000	1,593,516	63,519	129,501	33,563,813
Annual surplus (deficit)	(808,777)	-	-	-	-	44,478	-	-	-	142,586	(621,713)
Capital expenditures	330,073	-	-	-	-	44,478	-	-	-	-	374,551
Annual surplus (deficit) net of capital expenditures	\$ (1,138,850)	-	-	-	-	-	-	-	-	142,586	(996,264)

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



# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT (OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2023

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

		2022-23 One-time Funding					2023-24 One-time Funding								
		COVID-19 Infection Prevention and Control Hub	COVID-19 School Focused Nurses	One-Time Nursing Initiative (TRIN)	Needle Exchange Program	Capital	COVID-19 General	COVID-19 Vaccine	COVID-19 Infection Prevention and Control Hub	COVID-19 School Focused Nurses	One-Time Nursing Initiative (TRIN)	Non-ISPA Vaccination clinic catch up	PHI Practicum	Capital	Total
Revenue:															
Provincial grants															
Operation	\$ 19,904,938	-	-	-	-	-	-	-	-	-	-	-	-	-	19,904,938
Mitigation grant	1,179,500	-	-	-	-	-	-	-	-	-	-	-	-	-	1,179,500
One-time	-	408,864	201,072	13,878	61,031	22,442	345,979	2,322,100	599,862	300,000	-	132,629	9,196	739,157	5,213,160
Unorganized territories	1,092,500	-	-	-	-	-	-	-	-	-	-	-	-	-	1,092,500
Municipalities	9,418,510	-	-	-	-	-	-	-	-	-	-	-	-	-	9,418,510
Planning and inspections	357,806	-	-	-	-	-	-	-	-	-	-	-	-	-	357,806
Interest	546,275	-	-	-	-	-	-	-	-	-	-	-	-	-	546,275
Other	442,571	-	-	-	-	-	-	-	-	-	-	-	-	-	442,571
	32,942,100	408,864	201,072	13,878	61,031	22,442	345,979	2,322,100	599,862	300,000	-	132,629	9,196	739,157	38,155,260
Expenses:															
Salaries and wages	21,569,111	328,518	167,221	12,500	-	-	192,174	1,683,414	505,069	246,020	-	103,487	7,877	-	24,816,191
Benefits	6,145,117	68,967	33,851	1,378	-	-	67,912	287,222	87,414	53,980	-	13,869	1,319	-	6,771,029
Transportation	231,628	586	-	-	-	-	10,233	46,315	2,416	-	-	93	-	-	291,271
Administration (note 9)	2,547,833	2,197	-	-	-	-	52,317	252,921	56,125	-	-	7,852	-	-	2,620,027
Supplies and materials	1,033,943	8,596	-	-	-	-	12,608	13,655	25	-	-	7,326	-	-	1,141,367
Small operational equipment	891,639	-	-	-	61,031	-	10,735	28,573	-	-	-	-	-	-	930,947
Amortization of tangible capital assets	1,144,542	-	-	-	-	-	-	-	-	-	-	-	-	-	1,144,542
	33,563,813	408,864	201,072	13,878	61,031	-	345,979	2,322,100	599,862	300,000	-	132,629	9,196	-	38,015,374
Annual surplus (deficit)	(621,713)	-	-	-	-	22,442	-	-	-	-	-	-	-	739,157	139,886
Capital expenditures	374,551	-	-	-	-	22,442	-	-	-	-	-	-	-	739,157	1,136,150
Annual surplus (deficit) net of capital expenditures	\$ (996,264)	-	-	-	-	-	-	-	-	-	-	-	-	-	(996,264)

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

# BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Notes to Financial Statements

Year ended December 31, 2023

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## 10. Budget information:

The Budget adopted by the Board of Directors on November 10, 2022, was not prepared on a basis consistent with that used to report actual results (Public Sector Accounting Standards). The budget did not include amortization of tangible capital assets. As a result, the budget figures presented in the statement of operations and accumulated surplus represent the Budget adopted by the Board of Directors on November 10, 2022 including subsequent budget amendments, with adjustments as follows:

---

Budget surplus for the year	\$	–
Less: amortization		1,067,859
Budget deficit per the statement of operations and accumulated surplus	\$	1,067,859

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## 11. Comparative information:

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

## **ADOPTION OF THE 2023 AUDITED FINANCIAL STATEMENTS**

### **MOTION:**

**WHEREAS the Board of Health Finance Standing Committee recommends that the Board of Health for the Sudbury and District Health Unit adopt the 2023 audited financial statements, as reviewed by the Finance Standing Committee at its meeting of June 4, 2024;**

**THEREFORE BE IT RESOLVED THAT the 2023 audited financial statements be approved as distributed.**

# Briefing Note

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

**From:** M.M. Hirji, Acting Medical Officer of Health/Chief Executive Officer

**Date:** June 13, 2024

**Re:** 2023 – 2025 Risk Management Plan

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☐ For Information

☐ For Discussion

☒ For a Decision

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**Issue:**

Risk Management is an organizational requirement under the Ontario Public Health Standards. It is the responsibility of boards of health to provide governance direction and oversight to risk management.

In October 2016, the Board of Health proactively approved an organization-wide risk management framework, policy, procedure, and a risk management plan. The risk management plan prescribes quarterly reporting for Senior Management Executive Committee and annual roll-up of all data for Board of Health approval.

In May 2023, through motion #23-03 the Board approved a 2023–2025 risk management plan with quarterly reporting to the Executive Committee and annual reporting to the board.

**Recommended Action:**

That the Board of Health for Public Health Sudbury & Districts:

1. **Receive** the 2023 Annual Risk Management Report (*Q3 and Q4 only*)
2. **Receive** the updated 2023–2025 Risk Management Plan (*incorporates updates related to Strengthening Public Health*).

**Background:**

Risk Management is an organizational requirement under the [Good Governance and Management Practices Domain in the Ontario Public Health Standards](#). The Board of Health is required to provide governance direction and oversight of risk management, delegating to senior staff the responsibility to monitor and respond to emerging issues and potential threats to the organization. Risk management is expected to include, among other issues, financial risks, human resource risks, security risks, technology risks, equity risks, and operational risks.

---

2018–2022 Strategic Priorities:

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

O: October 19, 2001  
R: January 2017

As per policy and procedure C-I-80, organizational risk reports will be reviewed quarterly by Senior Management and an annual report will be presented to the Board of Health each June. As the 2023 – 2025 Risk Management Plan was approved in May 2023, there are only two quarters to roll-up into an annual 2023 report.

Strengthening Public Health

The Executive Committee has updated the 2023 – 2025 Risk Management Plan related to Strengthening Public Health. The 2023-2025 Risk Management Plan is being presented to the Board of Health for information.

**Financial Implications:**

Within 2023 budget.

**Strategic Priority:**

#3 – Excellence in public health practice

**Contact:**

France Quirion, Director, Corporate Services Division

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

# 2023 Annual Report

## Organizational Risk Management Plan: 2023—2025

### Organizational Risk Assessment

**Overall Objective:** To identify future events that may impact the achievement of the agency's vision and mission.

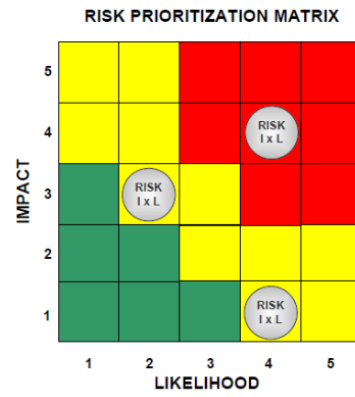
**Subordinate Objective:** To coordinate and align risk mitigation strategies and provide a framework for risk assessment work at different levels within the organization.

Risk Categories		Rating Scale	Risk Connections
<b>1. Financial</b>			
1.1	The organization may be at risk of insufficient provincial funding for local public health, due to government policy direction and resulting in increased budget pressures over the next several years.	L4 I4	7.1 9.1
<b>2. Governance / Organizational</b>			
2.1	The organization may be at risk of not having the full scope of diversity and skill sets on the Board of Health for optimal Board governance given the legislated board member appointment processes.	L3 I2	
<b>3. People / Human Resources</b>			
3.1	The organization may be at risk of not recruiting and retaining a sufficient number of staff with all the necessary competencies, skills, diversity, and abilities to respond to and meet expanding role and expectations of Public Health, ongoing and evolving community needs, and the growing backlog of services and any future emergency situations.	L4 I3	
3.2	The organization may be at risk of erosion of our current culture, staff mental health and resiliency, and team morale, due to the intense, competing and frequently changing work pressures (e.g. public health mandated priorities, COVID-19 response, backlog of services).	L4 I3	

Risk Categories		Rating Scale	Risk Connections
3.3	The organization may be at risk as some staff work offsite in uncontrolled environments.	L1 I2	
<b>4. Information / Knowledge</b>			
4.1	The organization may be at risk of not being viewed as a relevant and reputable source of credible health information to counter increase in circulation of mis/disinformation, resulting in long-term health impacts to the community.	L3 I4	10.2
<b>5. Technology</b>			
5.1	The organization may be at risk of not having a comprehensive and future oriented information technology infrastructure impacting on our ability to respond and meet the needs of the operation and client expectations.	L4 I4	12.1 1.1
<b>6. Legal / Compliance</b>			
6.1	The organization may be at risk of not achieving full compliance with the many and varied obligations imposed by statutes and regulations impacting on governance and management of Public Health Sudbury & Districts.	L2 I2	
<b>7. Service Delivery / Operational</b>			
7.1	The organization may be at risk of erosion of its mandate due to government policy direction and resulting in reduced effectiveness in preventing non-communicable diseases and promoting health equity (i.e. not being able to deliver on the full scope of public health programs and services).	L3 I4	1.1 14.1
<b>8. Environmental</b>			
8.1	The organization itself may be at risk of natural and anthropogenic disasters or hazards (e.g. floods, fires, extremes weather events, changing climate, infrastructure failure, climate change, and other emergencies).	L4 I3	
8.2	The organization may be at risk of not being able to appropriately support the public health needs of individuals, partners, and communities as they deal with climate change impacts.	L4 I3	
<b>9. Political</b>			
9.1	The organization may be at risk of significant public health system instability and reform due to political priority of acute health care system sustainability.	L4 I4	1.1

Risk Categories		Rating Scale	Risk Connections
<b>10. Stakeholder / Public Perception</b>			
10.1	The organization may be at risk of not sustaining relationships with partners, communities, and municipalities, including Indigenous peoples and communities, as a result of capacity issues.	L3 I3	7.1
10.2	The organization may be at risk of our programs and services being mis-represented and under-recognized for their impact on improving the health of the population contributing to healthier communities for all.	L3 I3	4.1
<b>11. Strategic / Policy</b>			
11.1	The organization may be at risk of not effectively planning strategically for the future due to uncertainty with provincial direction, including direction on programming expectations and expectations regarding alignment within the broader health care system.	L4 I5	9.1
<b>12. Security</b>			
12.1	The organization may be at risk of threats to network security, system attacks, network outages, and breaches, resulting in possible loss of productivity and IT infrastructure vulnerability.	L5 I5	5.1
<b>13. Privacy</b>			
13.1	The organization may be at risk of not being able to fully eliminate all potential risks of privacy breaches.	L2 I2	
<b>14. Equity</b>			
14.1	The organization may be at risk of not being able to effectively support equity, diversity, and inclusion, through its policies and workforce and hindering our capacity to support equitable health outcomes for all, including racialized groups and Indigenous peoples.	L3 I3	7.1





VALUE	LIKELIHOOD	IMPACT	PROXIMITY	SCALE
1	Unlikely to occur	Negligible Impact	More than 36 months	<i>Very Low</i>
2	May occur occasionally	Minor impact on time, cost or quality	12 to 24 months	<i>Low</i>
3	Is as likely as not to occur	Notable impact on time, cost or quality	6 to 12 months	<i>Medium</i>
4	Is likely to occur	Substantial impact on time, cost or quality	Less than 6 months	<i>High</i>
5	Is almost certain to occur	Threatens the success of the project	Now	<i>Very High</i>

## Annual Organizational Risk Assessment Progress Report

*July 1 – December 31, 2023*

#	CATEGORY	TOP RISKS (RED)	Status*				Progress Report/Comments
			Q1	Q2	Q3	Q4	
1.1	Financial	The organization may be at risk of insufficient provincial funding for local public health, due to government policy direction and resulting in increased budget pressures over the next several years.			3	3	Continue to monitor provincial changes and directions, Board of Health has endorsed direction to explore potential merger opportunities with Northeastern Public Health agencies. Information gathering with Algoma Public Health to explore voluntary merger was initiated. Continue to stay connected and up to date with provincial intelligence from provincial groups and others.
3.1	People / Human Resource	The organization may be at risk of not recruiting and retaining a sufficient number of staff with all the necessary competencies, skills, diversity, and abilities to respond to and meet expanding role and expectations of Public Health, ongoing and evolving community needs, and the growing backlog of services and any future emergency situations.			3	3	Continue to engage in activities and practices that support a hybrid work environment which enhances our ability to recruit and retain staff. Continue to engage in cross training staff to address Public Health priorities/emergencies (e.g. on-call, core competencies). Continue to provide investment/promotion and encouragement for staff to participate in training pertaining to Public Health skills (e.g. On-Core, Public Health Agency of Canada, Public Health Ontario etc.), mental health and skills that support equity focused work and an inclusive workplace. Review of policies to support participation in these activities is also underway. Review of agency wide training plan and overall workforce development plan to be reviewed to ensure it meets evolving needs. Participated in capstone project to support understanding of best practices and future opportunities for PHSD to enhance recruitment and retention of staff. Continue to promote public health opportunities with the academic programs and institutions including participation in class presentation and maintenance of adjunct status in post-secondary institutions. Continue to maintain student placement program and engage a broad spectrum of students from various

						<p>education programs from across Ontario supporting future recruitment efforts.</p> <p>Continue to engage with external partners and participate in external committees which also promote and support ongoing educational and Public Health profession preparation (e.g. work with the Ontario Association of Public Health Nursing Leaders (OPHNL) to support PHN post-grduate PHN certificate program, contribute to abstract highlighting PHN post-grduate PHN certificate program and collaborate with Northern Ontario Professional Nursing Practice Network examining PHN orientation; participation in ASPHIO as well as advocate at a provincial level for sufficient nursing capacity.</p> <p>Continue to support professional practice competencies across the organization via the Professional Practice committee (team presentations).</p> <p>Initiated exploration of organizational supports required to facilitate expanded scope of practice for Registered Nurses.</p> <p>Opportunity to refocus succession planning efforts and begin to track turnover.</p> <p>Continue to provide leadership development and building management competencies (e.g. community of practices) via multiple mechanisms,</p> <p>Expand on targeted recruitment and retention of a more diverse and inclusive workforce that reflects the communities it is serving. Continue to support the mission of the internal Equity Diversity Inclusion committee and its implementation within the organization</p>
<b>3.2</b>	People / Human Resource	The organization may be at risk of erosion of our current culture, staff mental health and resiliency, and team morale, due to the intense, competing and frequently changing work pressures (e.g. public health mandated priorities,			3	3 <p>Continue to implement activities and interventions to support staff psychological health and wellness including holiday sing-a-long and a mindfulness program. Continue to be attentive to current culture specifically related to COVID-19 contracts ending, Public Health Strengthening, and potential mergers. Continue to prioritize opportunities to support positive culture, including a wellness passport in collaboration with United Way campaign.</p>

		COVID-19 response, backlog of services).					
<b>4.1</b>	Information / Knowledge	The organization may be at risk of not being viewed as a relevant and reputable source of credible health information to counter increase in circulation of mis/disinformation, resulting in long-term health impacts to the community.			1	1	Continue activities that increase and support health literacy overall; improve overall communications and provide credible, trusted, and transparent information to counter misinformation; Build social trust and engage community and partners to understand their perspectives and share information about what guides our approach to Public Health and our decision-making (for example, engage in conversations about the ethics and values that guide public health decisions). Ensure that Public Health communicates information to all public audiences about the agency's local responsiveness to community needs.
<b>5.1</b>	Technology	The organization may be at risk of not having a comprehensive and future oriented information technology infrastructure impacting on our ability to respond and meet the needs of the operation and client expectations.			2	2	All projects within the IT modernization plan were advanced with resources available. Staffing resources continue to pose challenges to meet the established timelines. Due to the dependency between projects, project schedules have been shifted to re-prioritize critical work.
<b>7.1</b>	Service Delivery / Operational	The organization may be at risk of erosion of its mandate due to government policy direction and resulting in reduced effectiveness in preventing non-communicable diseases and promoting health equity (i.e. not being able to deliver on the full scope			3	3	Continue to advocate for comprehensive health promotion, work is underway to prioritize municipal engagement, currently have an agency representative and core member on the local Sudbury-Espanola-Manitoulin-Elliot Lake Ontario Health Team Collaboration Council. Continue to profile public health and Public Health Sudbury & Districts, and to build trust through participation via local initiatives. Several regional cross-connections with managers and staff (North East Public Health agencies) in Chronic Disease Prevention and Well-Being, Substance Use and Injury Prevention, Healthy Growth and Development, School Health programming areas.

		of public health programs and services).					<p>Participating in the Locally Driven Collaborative Project (LDCP) Chronic Disease Prevention Indicators Working Group through the Ontario Chronic Disease Prevention Management in Public Health (OCDPMPH) with Thunder Bay District Health Unit and Ottawa Public Health as lead Public Health agency in partnership with the University of Toronto and Public Health Ontario.</p> <p>Staff presence at local health and social service provider committees in the 4 District Office areas (3 of 4 have close connections to the Sudbury-Espanola-Manitoulin-Elliot Lake Ontario Health Team); staff presence at local family service provider networks in the 4 District Office areas. Opportunity to continue to represent all areas of Public Health Sudbury &amp; Districts at these tables (e.g. share updates, new information, opportunities).</p> <p>Opportunity to strengthen our key partnerships (system wide) and opportunity to influence the strategic plans and priorities of other agencies that we are aligned with. Strive to strengthen connections and collaboration internally so that we can best represent the entire agency when working with communities and organizations across the catchment area and beyond.</p> <p>Opportunity to provide input to the Ministry regarding draft Ontario Public Health Standards and associated draft protocols.</p>
<b>8.1</b>	<b>Environmental</b>	The organization itself may be at risk of natural and anthropogenic disasters or hazards (e.g. floods, fires, extremes weather events, changing climate, infrastructure failure climate change, and other emergencies).			<b>3</b>	<b>3</b>	<p>The following strategies are in place to mitigate the risk: Emergency Response Plan; Business Continuity Plan; Emergency response training for staff; Emergency exercises (internal and external); HIRA's completed; Internal controls in place (IT and facility security); Ongoing monitoring and testing/maintenance of internal resources; Communication with partners (local, provincial, national, etc); Automated notification systems; Activation of Emergency Control Group; Activation of Business Continuity Plan; Monitor emergency response planning and preparation; Monitor emerging hazards and develop relevant HIRA's; Plan for implementation for scenarios.</p>

<b>8.2</b>	Environmental	The organization may be at risk of not being able to appropriately support the public health needs of individuals, partners, and communities as they deal with climate change impacts.			3	3	<p>Public Health Sudbury &amp; Districts (PHSD) continues to build our resources, relationships, and knowledge in the area of climate change, including the recognition of the impact of anthropogenic climate change on local events such as wildfire frequency and severity, and severe weather events. Up to date resources are posted on the PHSD website, including <i>Climate Change in Sudbury and Districts: Assessing Health Risks and Planning Adaptations Together</i>. This is a resource for Municipalities, First Nations Communities, and interested parties, to conduct Climate Change and Health Vulnerability and Adaptation Assessments within their communities.</p> <p>PHSD continues to work with partners to prepare for, and to mitigate, the impacts of climate change on local communities. In response to Environment and Climate Change Canada Special Air Quality Statements and Heat Warnings, PHSD issues public messaging via press releases and social media posts to inform the public of the associated health risks, and measures to take to protect health. Further, staff provide recommendations directly to operators of children's recreation camps, summer day camps and childcare cares as needed.</p>
<b>9.1</b>	Political	The organization may be at risk of significant public health system instability and reform due to political priority of acute health care system sustainability.			3	3	Critical attention to provincial announcement whereby critical review of the three pronged approach to Strengthening Public Health (funding, voluntary mergers, Ontario Public Health Standards review). Board of Health members are exploring opportunities for connections and mergers with Algoma Public Health including a feasibility study to gather information for Board of Health decision.
<b>11.1</b>	Strategic / Policy	The organization may be at risk of not effectively planning strategically for the future due to uncertainty with provincial direction, including direction on programming expectations and expectations regarding			3	3	With the provincial announcement on Strengthening Public Health, specifically, the review of the Ontario Public Health Standards: to identify what can be refined, stopped, or 're-leveled' to regional or provincial levels. Public Health Sudbury & Districts will need to be leaderful in its participation and contribution to this area. The MOH/CEO is working diligently with the Board of Health, COMOH, ALPHA, North Eastern Medical Officers of Health to lead the organization through this change strategically.

		alignment within the broader health care system.					
<b>12.1</b>	Security	The organization may be at risk of threats to network security, system attacks, network outages, and breaches, resulting in possible loss of productivity and IT infrastructure vulnerability.			2	2	Continue with forced shut downs and deployment of IT infrastructure modernization work will contribute to mitigating against this risk.

*\* Status: 1 = No Concerns; 2 = Attention Required; 3 = Concerns*

# Organizational Risk Management Plan 2023—2025

## Organizational Risk Assessment

**Overall Objective:** To identify future events that may impact the achievement of the agency's vision and mission.

**Subordinate Objective:** To coordinate and align risk mitigation strategies and provide a framework for risk assessment work at different levels within the organization.

*\*Updates noted in red*

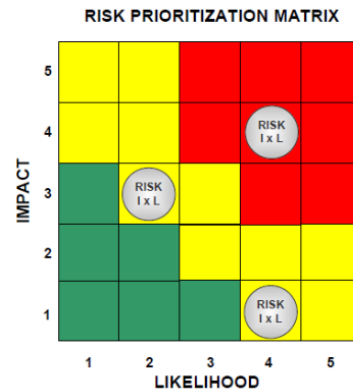
Risk Categories		Rating Scale	Risk Connections
<b>1. Financial</b>			
1.1	The organization may be at risk of insufficient provincial funding for local public health, due to government policy direction <b>and the Strengthening Public Health funding review</b> , resulting in <b>unknown</b> /increased budget pressures over the next several years <b>and thereby risk of having less resources to address the health and health equity of the community.</b>	L4 I4	7.1 9.1
<b>2. Governance / Organizational</b>			
2.1	The organization may be at risk of not having the full scope of diversity and skill sets on the Board of Health for optimal Board Governance given the legislated board member appointment processes.	L3 I2	
2.2	<b>The organization may be at risk of mandated system structure changes due to unknowns related to Strengthening Public Health.</b>	L2 I4	
<b>3. People / Human Resources</b>			
3.1	The organization may be at risk of not recruiting and retaining a sufficient number of staff with all the necessary competencies, skills, diversity, and abilities to respond to and meet expanding role and expectations of Public Health, ongoing and evolving	L4 I3	



Risk Categories		Rating Scale	Risk Connections
	community needs, and the growing backlog of services and any future emergency situations.		
3.2	The organization may be at risk of erosion of our current culture, staff mental health and resiliency, and team morale, due to the intense, competing and frequently changing work pressures (e.g. <b>Strengthening Public Health</b> , public health mandated priorities, COVID-19 response, backlog of services, <b>instability, covering vacancies</b> ).	L4 I3	
3.3	The organization may be at risk as some staff work offsite in uncontrolled environments.	L1 I2	
<b>4. Information / Knowledge</b>			
4.1	The organization may be at risk of not being viewed as a relevant and reputable source of credible health information to counter increase in circulation of mis/disinformation, resulting in long-term health impacts to the community.	L3 I4	10.2
4.2	<b>The organization may be at risk of not being able to clearly demonstrate outcomes of public health actions, including outcomes of upstream interventions or initiatives due to challenges associated with measuring such outcomes.</b>	L5 I4	
<b>5. Technology</b>			
5.1	The organization may be at risk of not having a comprehensive and future oriented information technology infrastructure impacting on our ability to respond and meet the needs of the operation and client expectations.	L4 I4	12.1 1.1
<b>6. Legal / Compliance</b>			
6.1	The organization may be at risk of not achieving full compliance with the many and varied obligations imposed by statutes and regulations impacting on governance and management of Public Health Sudbury & Districts.	L2 I2	
<b>7. Service Delivery / Operational</b>			
7.1	The organization may be at risk of erosion of its mandate due to government policy direction and resulting in reduced effectiveness in preventing non-communicable diseases and promoting health equity (i.e. not being able to deliver on the full scope of public health programs and services).	L3 I4	1.1 14.1

Risk Categories		Rating Scale	Risk Connections
<b>8. Environmental</b>			
8.1	The organization itself may be at risk of natural and anthropogenic disasters or hazards (e.g. floods, fires, extremes weather events, changing climate, infrastructure failure climate change, and other emergencies).	L4 I3	
8.2	The organization may be at risk of not being able to appropriately support the public health needs of individuals, partners, and communities as they deal with climate change impacts.	L4 I3	
<b>9. Political</b>			
9.1	The organization may be at risk of significant public health system instability and reform due to political priority of acute health care system sustainability.	L4 I4	1.1
<b>10. Stakeholder / Public Perception</b>			
10.1	The organization may be at risk of not sustaining relationships with partners, communities, and municipalities, including Indigenous peoples and communities, as a result of capacity issues.	L3 I3	7.1
10.2	The organization may be at risk of our programs and services being mis-represented and under-recognized for their impact on improving the health of the population contributing to healthier communities for all.	L3 I3	4.1
<b>11. Strategic / Policy</b>			
11.1	The organization may be at risk of not effectively planning strategically for the future due to uncertainty with provincial direction, including direction on programming expectations and expectations regarding alignment within the broader health care system.	L4 I5	9.1
<b>12. Security</b>			
12.1	The organization may be at risk of threats to network security, system attacks, network outages, and breaches, resulting in possible loss of productivity and IT infrastructure vulnerability.	L5 I5	5.1
<b>13. Privacy</b>			
13.1	The organization may be at risk of not being able to fully eliminate all potential risks of privacy breaches.	L2 I2	

Risk Categories		Rating Scale	Risk Connections
<b>14. Equity</b>			
14.1	The organization may be at risk of not being able to effectively support equity, diversity, and inclusion, through its policies and workforce and hindering our capacity to support equitable health outcomes for all, including racialized groups and Indigenous peoples.	L3 I3	7.1



VALUE	LIKELIHOOD	IMPACT	PROXIMITY	SCALE
1	Unlikely to occur	Negligible Impact	More than 36 months	Very Low
2	May occur occasionally	Minor impact on time, cost or quality	12 to 24 months	Low
3	Is as likely as not to occur	Notable impact on time, cost or quality	6 to 12 months	Medium
4	Is likely to occur	Substantial impact on time, cost or quality	Less than 6 months	High
5	Is almost certain to occur	Threatens the success of the project	Now	Very High

## **2023–2025 RISK MANAGEMENT PLAN**

### **MOTION:**

**WHEREAS the Board of Health motion [#23-03](#) endorsed the 2023–2025 Risk Management Plan with quarterly reporting to Senior Management Executive Committee and an annual roll-up of all data for Board of Health approval; and**

**WHEREAS the 2023–2025 Risk Management Plan is an organizational requirement under the Ontario Public Health Standards; and**

**THEREFORE BE IT RESOLVED THAT the Board of Health receive the 2023 annual Risk Management Report; and**

**FURTHER THAT the Board of Health receive the updated 2023–2025 Risk Management Plan including updates related to Strengthening Public Health.**

**CALLING FOR THE SELECTION OF INDIGENOUS MUNICIPAL AND PROVINCIAL APPOINTEES TO BOARD OF HEALTH FOR PUBLIC HEALTH SUDBURY & DISTRICTS**

**MOTION:**

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

**WHEREAS** on June 15, 2023, the Board of Health passed [Motion #37-23 Indigenous Engagement Governance Reconciliation Framework](#) which supports the advancement of the Indigenous Engagement Strategy at the governance level; and,

**WHEREAS** Public Health Sudbury & Districts Indigenous Engagement Strategy's Strategic Direction 1 led to a commitment to promote the selection of Indigenous municipal and provincial appointees to the Board of Health.

**THEREFORE BE IT RESOLVED THAT** the Board of Health call upon the municipalities in the service area to advocate for the appointment of qualified Indigenous persons, who are grounded in community, have lived experience, are from this territory and reside in Public Health Sudbury & Districts; and

**THAT** the Board of Health call upon the municipalities in the service area to appoint qualified Indigenous persons, who are grounded in community, have lived experience, are from this territory and reside in Public Health Sudbury & Districts, where more than one representative appointment exists; and

**THAT** the Board of Health call upon the Province of Ontario to appoint qualified Indigenous persons, who are grounded in community, have lived experience, are from this territory and reside in Public Health Sudbury & Districts.

# Briefing Note

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

**From:** Dr. M. Mustafa Hirji, Acting Medical Officer of Health and Chief Executive Officer

**Date:** June 13, 2024

**Re:** Business Name Registration

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☐ For Information

☒ For Discussion

☒ For a Decision

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**Issue:**

Board of Health [motion # 14-18](#) adopted the business name Public Health Sudbury & Districts and instructed its solicitors to take all required steps to register the aforesaid business name pursuant to the *Business Names Act (Ontario)*. The Board is now required under the *Business Names Act (Ontario)* to renew the registration of the business name.

**Recommended Action:**

That the Board of Health for Sudbury & District Health Unit renew the registration of the business name Public Health Sudbury & Districts and that its solicitors be instructed to take all required steps to register the aforesaid business name pursuant to the *Business Names Act (Ontario)*.

**Background:**

At the January 18, 2018, meeting, the Board of Health for the Sudbury & District Health Unit (the "Corporation") approved the 2018-2022 Strategic plan which included a refresh of our visual identity and an endorsement to identify itself publicly using the business name Public Health Sudbury & Districts. At the April 19, 2018, meeting, the Board of Health approved the registration of the business name pursuant to the *Business Names Act (Ontario)*.

The *Health Protection and Promotion Act (HPPA)* provides that we are a corporation without share capital and specifies that our name shall be the "Board of Health for the Sudbury & District". As a Corporation, the agency is subject to the provisions of the *Business Names Act of Ontario (BNA)* which stipulates that "no corporation shall carry on business or identify itself to the public under a name other than its corporate name unless the name is registered by that corporation". (BNA, ss2(1)).

As a corporation, should we carry on business in violation of the BNA, we would be unable to maintain a court proceeding in Ontario in connection with our business, except with the permission of the court. Considering that the agency undertakes proceedings in Provincial Offences Court, we do not wish to be

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2024–2028 Strategic Priorities:

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

O: October 19, 2001  
R: February 2024

faced with a situation where we are not able to proceed until we register our business name or even, have our proceedings terminated as a result of not having properly registered our business name.

Note that any registration filed under the BNA is valid for a period of five years only and can be renewed at any time during the five-year period of registration.

**Financial Implications:**

Registration and legal fees will cost approximately \$1400 plus HST.

**Ontario Public Health Standard:**

Accountability Framework – Good Governance and Management Practices

**Strategic Priority:**

None

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2024–2028 Strategic Priorities:

- 1. Equal opportunities for health
- 2. Impactful relationships
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- 4. Healthy and resilient workforce

O: October 19, 2001  
R: February 2024

## **BUSINESS NAME REGISTRATON RENEWAL**

### **MOTION:**

**WHEREAS** the Board of Health for Sudbury & District Health Unit adopted the name Public Health Sudbury & Districts ([motion 14-18](#)) and that its solicitors were instructed to take all required steps to register the aforesaid business name pursuant to the Business Names Act (Ontario); and

**WHEREAS** the Business Name Act (Ontario) requires that the business names be renewed every five (5) years;

**THEREFORE, BE IT RESOLVED THAT** the Board of Health for the Sudbury & District Health Unit, renew the registration of Public Health Sudbury & Districts as its business name and that its solicitors be instructed to take all required steps to renew the aforesaid business name pursuant to the *Business Names Act* (Ontario).

**FURTHERMORE**, the Director, Corporate Services alone, is authorized to execute all documents necessary to complete the renewal as required by the Corporation's solicitors.



# Briefing Note

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

**From:** Dr. M. Mustafa Hirji, Acting Medical Officer of Health and Chief Executive Officer

**Date:** June 13, 2024

**Re:** Posting of in-camera Board of Health agenda packages and members initiating motions

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☐ For Information

☐ For Discussion

☒ For a Decision

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**Issue:**

Confidential Board of Health in-camera agenda packages are made available to Board of Health members at the time of the closed meeting through the BoardEffect application ([E-I-15 procedure](#)). Individual Board members have shared with the Board Chair that receiving the closed material at the time of the closed meeting does not provide them the sufficient time to carefully review materials and prepare questions to ensure a thorough discussion.

Board of Health members are also interested in the process by which to bring forward motions.

**Recommended Action:**

**THAT the Board of Health, having reviewed the revised E-I-13 Procedure, E-I-14 Policy, and E-I-15 Procedure, approves the contents therein for inclusion in the Board of Health Manual.**

**Background:**

Closed Agenda Packages

Closed agenda packages are made available/visible in the BoardEffect application at the time the Board of Health meetings go in-camera. Of note, when in-camera agenda packages are made visible in BoardEffect within the in-camera workroom, the workbook settings are set to View Only and the workbook cannot be available to download nor print.

Once the in-camera agenda package is made visible, Board members are provided time to review the in-camera agenda materials and to determine if there are any declarations of conflict. Chair advised that additional time can be provided to review the related materials as they reach the items on the agenda. The Medical Officer of Health and Chief Executive Officer and/or the Chair are invited to provide a verbal update and/or review the in-camera materials outlining the issue, providing background and recommended action, typically presented through a briefing note and/or presentation. Questions and comments are entertained. If there is a recommended action in the closed agenda item, general consensus is sought to entertain the motion upon rise and report.

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Of note, Section 32, *Motions and Order of Putting Questions*, in bylaw 04-88 states:

1. A motion for introducing a new matter shall not be presented without notice unless the Board, without debate, dispenses with such notice by a majority vote and no report requiring action of the Board shall be introduced to the Board unless a copy has been placed in the hands of the members at least one day prior to the meeting, except by a majority vote, taken without debate.
2. Every motion presented to the Board shall be written.
3. Every motion shall be deemed to be in possession of the Board for debate after it is presented by the Chair, but may, with permission of the Board, be withdrawn at any time before amendment or decision.

C-I-15 states Board members have a duty to hold in strict confidence all information concerning matters dealt with at meetings closed to the public. Board members shall not, either directly or indirectly, release, make public or in any way divulge any such information or any aspect of the meeting closed to the public deliberations to anyone, unless expressly authorized.

The following Board of Health Manual Policy and Procedures, and By-Law reference in-camera agenda packages: E-I-13 Minutes and Motions Procedure, E-I-14 Posting and Circulation of Board Minutes Policy; E-I-15 Preparation of a Closed Meeting Agenda Procedure and By-law 04-88 G-I-30.

Taking into account feedback received from the Board of Health, the following revised Board of Health Manual Policy and Procedures are attached and reflect the availability of the in-camera agenda packages prior to the scheduled meetings:

- E-I-13 Minutes and Motions Procedure
- E-I-14 Posting and Circulation of Board Minutes Policy
- E-I-15 Preparation of a Closed Meeting Agenda Procedure

A review of the whole Board of Health Manual will take place this year with a view to ensure coherence.

### Board of Health Member Initiated Motions

Board of Health members have also inquired how they may bring forward a motion to a meeting.

Board of Health Bylaw By-law 04-88 section 32 outlines that a motion may be brought to the Board as long as there is at least one days' notice to other Board members. As the agenda is typically circulated 7 days before a meeting, a motion would need to be submitted a week before the meeting to appear on the agenda. A motion brought forward to the Board in this manner would likely see that motion appear under *New Business*, unless it was more appropriately elsewhere. As an alternative, a Board member may make a motion under review of the MOH Report under *Consent Agenda*.

Having noted these avenues for bringing forward motions by a member, the historical absence of such motions is a reflection of good board governance, and typically in board governance, motions by members is discouraged.

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#### 2024–2028 Strategic Priorities:

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R: February 2024

It is important to highlight that board operations differ significantly from a political council or assembly. Westminster democracy is predicated on the tension and conflict between the legislative and the executive branches, and so disagreement and opposition is encouraged. In a political body, members will routinely bring forward motions to direct the executive. Motions may sometimes be for public or political statement, as opposed to for the actual utility. This is a very different philosophy to operating in a board.

In board governance, a board-CEO relationship is supposed to be the focus, with open and transparent communication, and mutual respect. Where a board member has issues or concerns, normal practice should be to discuss those with the CEO (in our case the Medical Officer of Health/CEO) who should follow-up with the concern expeditiously. This allows rapid resolution of issues, builds a relationship of trust and respect by both parties, keeps Board meetings focused on high level strategic issues, and maintains a public image of unity and orderly operations.

While Board of Health members may raise motions as outlined above, best practice is that motions not be raised in this fashion, and that conversations occur with the Medical Officer of Health/CEO instead. Board members should reserve tabling motions only for when the Medical Officer of Health/CEO is unresponsive and there is a breakdown in normal governance through trusted and respectful communication.

**Financial Implications:**

Nil

**Strategic Priority:**

N/A

**Contact:**

Dr. M. Mustafa Hirji, Acting Medical Officer of Health and Chief Executive Officer  
Rachel Quesnel, Executive Assistant and Board of Health Secretary

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

# Board of Health Manual Public Health Sudbury & Districts

## Procedure

### Category

Board of Health Proceedings

### Section

Board of Health Meetings

### Subject

Minutes and Motions

### Number

E-I-13

### Approved By

Board of Health

### Original Date

February 26, 1990

### Revised Date

June 20, 2024~~June 21, 2018~~

### Review Date

June 20, 2024~~September 15, 2022~~

### Process

## Board of Health Meeting Minutes

All items listed on the Agenda in order of appearance, should be addressed in the minutes even if it is only to indicate no action/discussion or tabled for information. It should contain a brief, succinct synopsis of any discussion that takes place and the conclusions reached. Specific reference to an individual should be avoided, other than that of "the Chair", "Board Members", etc. The comments should not be so brief that anyone years after would not be able to determine the theme of the discussion as the minutes are classed as permanent documents.

Closed session minutes are taken by the Recording Secretary. In the event the Recording Secretary is excused from the closed session, the Chair or designate must document the proceedings. Closed session minutes of the Board must be approved in a subsequent closed meeting of the Board.

Board of Health closed session materials, that may include the previous in-camera minutes, will be made available electronically as non downloadable and non printable, no less than three business days and no more than one week prior to the scheduled Board of Health meeting with a closed session. The in-camera agenda package, that may include the previous in-camera minutes, will be removed immediately following the meeting. Closed session Board minutes are distributed and retrieved at the meeting. Once approved, the minutes of the closed sessions must be retained by the Recording Secretary.

See Policy E-I-14 Posting/Circulation Board of Health approved and unapproved minutes. Minutes of previous meetings constitute part of the Agenda Package.

See Procedure E-I-12 regarding Distribution of the Agenda Package.

Once approved, original minutes are filed for permanent preservation and properly labeled in a binder along with the supporting documentation, i.e. attendance register (once photocopied and forwarded to Payroll for disbursements of per diems, mileages, etc.), addendum and any information distributed at the Board meeting.

The Board Chair and Recorder signs the approved minutes at the next regularly scheduled meeting.

## **Standing Committee Minutes**

These are also a brief, succinct synopsis of events that transpire during the meeting. Motions that are prepared for the meeting can relate only to items which the Committee may deal with on their own (i.e. election of committee Chair). All other items should be listed as recommendations and presented as a motion to the Board for approval as the Committee may not approve an item, only recommend that the Board approves the item, save and except when the Board Executive Committee assumes governance of the Board when regular board meetings are not scheduled.

See Policy E-I-14 Posting/Circulation Board of Health approved and unapproved minutes. Minutes of previous meetings constitute part of the Agenda Package.

Committee minutes for the Board and Board Standing Committee minutes should indicate the presiding Chairperson for that meeting and be signed off by that Chairperson and the Recording Secretary.

Closed session minutes of Board Standing Committees such as the Board Executive Committee are taken by the Recording Secretary. In the event the Recording Secretary is excused from the closed session, the Chair or designate must document the proceedings. Closed session minutes must be approved in a subsequent closed meeting of the originating standing committee. Board of Health closed session materials, that may include the previous in-camera minutes, will be made available electronically as non downloadable and non printable, no less than three business days and no more than one week prior to

the scheduled Board Standing Committee meeting with a closed session. The in-camera agenda package, that may include the previous in-camera minutes, will be removed immediately following the meeting. Closed session minutes of Board Standing Committees are distributed and retrieved at the meeting. Once approved, the minutes of the closed sessions must be retained by the Recording Secretary.

## Motions

Motions are prepared as listed on the agenda in advance of the meeting, for review by the Medical Officer of Health/Chief Executive. They are then numbered in sequence at the top right-hand corner (i.e. 1 of 12, 2 of 12, etc.) as they are distributed amongst the Board members upon their arrival prior to the start of the Board meeting for a Mover and a Secunder. Motions can therefore, be put in order and made available to the Chair for reference and approval at the meeting as they appear on the agenda.

### Motions – Closed Meeting

Before holding a meeting or part of a meeting that is to be closed to the public, the board shall state by resolution the fact of the holding of the closed meeting and the general nature of the matter to be considered at the closed meeting.

### Motions - Open Meeting

A meeting shall not be closed to the public during the taking of a vote.

### Exception

A meeting may be closed to the public during a vote if the vote is for a procedural matter or for giving directions or instructions to officers, employees or agents of the municipality, local board or committee of either of them or persons retained by or under a contract with the municipality or local board.

After the meeting, motions are then numbered in conjunction with the other motions (i.e. 25-90, 26-90, etc.) with the last two digits signifying the year in which the motion was presented and approved. The numbering of motions for the Board and Standing Committee will be distinct. Once properly numbered and also included on an electronic master list, they then become a part of the master list of **all** motions that are available through the office of the Secretary to the Board. A summary of program-related motions is also available on the Public Health Sudbury & Districts website.

Motions are filed in the Board motion binder for permanent preservation.

# Board of Health Manual Public Health Sudbury & Districts Policy

## Category

Board of Health Proceedings

## Section

Board of Health Meetings

## Subject

Posting and Circulation of Board Minutes

## Number

E-I-14

## Approved By

Board of Health

## Original Date

February 26, 1990

## Revised Date

~~June 21, 2018~~June 20, 2024

## Review Date

~~September 15, 2022~~June 20, 2024

## Purpose

Once the regular Board meeting minutes are prepared, the Secretary to the Board of Health distributes electronic copies of unapproved minutes to the Board of Health members, Senior Management Executive Committee members and constituent municipalities for their information. The unapproved minutes are posted for staff to view.

All meeting minutes, whether it be a closed or public meeting, are approved at the subsequent meeting of the originating committee. Once approved by the Board of Health, the Board minutes are posted on the Public Health Sudbury & Districts website for a period of four years. The minutes are filed for permanent preservation.

Unapproved Board Standing Committee minutes are shared with Board members at the next regular Board meeting under Reports of Standing Committees.

If minutes of a closed meeting are circulated in print for approval or information, they are copied on colored paper and distributed and retrieved at the meeting. If they are circulated electronically at or prior to the closed meeting session, they are removed from the system at the end of the ~~closed session meeting~~.

# Board of Health Manual Public Health Sudbury & Districts Procedure

## Category

Board of Health Proceedings

## Section

Board of Health Meetings

## Subject

Preparation of a Closed Meeting Agenda

## Number

E-I-15

## Approved By

Board of Health

## Original Date

June 15, 2017

## Revised Date

~~June 21, 2018~~ June 20, 2024

## Review Date

~~September 15, 2022~~ June 20, 2024

## Process

A closed agenda is to be prepared ~~approximately one week prior to the scheduled meeting~~ and made visible for Board members via BoardEffect no less than three working days and no more than one week prior to the scheduled Board of Health meeting with a closed session at the time of the closed meeting. The in-camera agenda package will be removed immediately following the meeting.

~~#~~ The closed agenda should contain, along with the following items, in order of appearance, date, time and place of meeting to begin closed meeting proceedings once the in-camera motion is passed for the Board

### 1) Review of Agenda / Declaration of Conflict of Interest

This is asked by the closed meeting Chair (position held by the Vice-Chair) of the Board members and provides an opportunity to announce a conflict (as per C-I-16).



This would eliminate that individual from any discussion on that topic. These should be recorded in the minutes.

## **2) Approval of In-Camera Minutes of Previous In-Camera Meeting**

These are distributed as part of the closed meeting agenda package.

## **3) New Business**

These items are listed and are derived from items that are of interest/concern.

See By-Law 04-88 and Procedure F-111-10 regarding closed matters to be discussed.

Any motions listed on the agenda of a closed meeting should include a notation:

### **MOTION for consideration out of camera:**

The Board will entertain a motion to rise and report from the in-camera proceedings.

Once the agenda package has been prepared, the Board Secretary meets with the Medical Officer of Health/Chief Executive Officer to review and confirm its relevant agenda items.

A print package is required for the confidential Board of Health closed meeting binder.

See E-I-13 and E-I-14 related to the distribution of the closed meeting minutes, motions as well as the posting and circulation of closed meeting minutes.

## **BOARD OF HEALTH MANUAL**

### **MOTION:**

**THAT the Board of Health, having reviewed the revised E-I-13 Procedure, E-I-14 Policy, and E I 15 Procedure, approves the contents therein for inclusion in the Board of Health Manual.**

**ADDENDUM**

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

**ADJOURNMENT**

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