



Board of Health Meeting # 03-25

Public Health Sudbury & Districts

Thursday, April 17, 2025

1:30 p.m.

Boardroom

1300 Paris Street

March 11, 2025

Mark Signoretti, Chair
Board of Health for Public Health Sudbury & Districts

Dear Mr. Signoretti,

RE: Board Member Appointment for the LaCloche Foothills Municipalities
(Espanola, Sables-Spanish Rivers, Baldwin, Nairn-Hyman)

As Secretary for the LaCloche Foothills Municipal Association, I am writing to inform you that the LaCloche Foothills Municipal Association has declared its representative seat on the Board of Health vacant due to the resignation of the Member of Council that held the seat, Mr. Guy Despatie, from the Council of Nairn and Hyman. The member municipalities maintain their intention to have this seat filled by an individual who currently holds elected office to ensure appropriate reporting and accountability for the public.

The Association intends to appoint a new member who holds elected office on one of the respective municipal councils at a Special Meeting on March 20th. I will provide notification to the Board of the newly appointed member subsequently.

I wish to take this opportunity to thank Mr. Despatie for his service on behalf of our member municipalities.

Kind regards,



Joseph Burke
Secretary – LaCloche Foothills Municipal Association
Chief Administrative Officer/Clerk – Town of Espanola

CC.

Dr. Hirji, Medical Officer of Health and Chief Executive Officer, Public Health
Sudbury and Districts

Mr. Guy Despatie

The Town of Espanola is committed to serving the needs of our community by supporting the positive, well-balanced, economic and physical growth of the Town. We will continue to pursue excellence by providing accountable and affordable services while promoting the highest quality of life.



Public Health
Santé publique
SUDBURY & DISTRICTS

March 14, 2025

Guy Despatie
LaCloche Foothills Municipal Association

Dear Guy:

Re: Public Health Sudbury & Districts Board of Health

With your time on the Board of Health ending this month, I am extending my gratitude on behalf of the entire Board for your service since your appointment by the LaCloche Foothills Municipal Association in March 2023. We have appreciated your consistent attendance and sharing of perspectives during a busy time for the Board of Health.

Please accept our gratitude for your contributions and our well wishes for the future.

Sincerely,

Mark Signoretti, Chair
Board of Health

cc: Dr. M. Mustafa Hirji, Acting Medical Officer of Health and
Chief Executive Officer
Board of Health, Public Health Sudbury & Districts

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AGENDA – THIRD MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
BOARDROOM, SECOND FLOOR
THURSDAY, APRIL 17, 2025 – 1:30 P.M.

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT

- Letter from the LaCloche Foothills Municipal Association to the Board of Health Chair re resignation of Guy Despatie dated March 11, 2025
- Thank you letter to Guy Despatie from the Board of Health Chair dated March 14, 2025

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

4. DELEGATION/PRESENTATION

i) Oral Health Program

- Stephanie Meyer, Manager, Health Promotion and Vaccine Preventable Diseases Division
- Jodi Maki, Health Promoter, Health Promotion and Vaccine Preventable Diseases Division

ii) 2024 Year-In Review

- Stacey Gilbeau, Director, Health Promotion and Vaccine Preventable Diseases Division and Chief Nursing Officer
- Stacey Laforest, Director, Health Protection Division
- Kathy Dokis, Director, Indigenous Public Health
- M. Mustafa Hirji, Acting Medical Officer of Health and Chief Executive Officer

5. CONSENT AGENDA

i) Minutes of Previous Meeting

- a. Second Board of Health Meeting – February 20, 2025

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, April 2025

v) Correspondence

- a. Animal Bite Prevention Strategies
 - Motion from Windsor-Essex County Board of Health dated February 6, 2025
- b. Rabies Prevention
 - Motion from Windsor-Essex County Board of Health dated December 5, 2024
- c. Addressing Household Food Insecurity
 - Motion from Windsor-Essex County Board of Health dated December 5, 2024
- d. Intimate Partner/Gender Based Violence
 - Motion from Windsor-Essex County Board of Health dated December 5, 2024

vi) Items of Information

- a. Statement from the Chief Medical Officer of Health March 14, 2025
- b. City of Greater Sudbury News Release
Board of Health Seeking Indigenous Representative March 5, 2025

APPROVAL OF CONSENT AGENDA

MOTION:

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

6. NEW BUSINESS

i) Association of Local Public Health Agencies (alPHa)

- a. alPHa's 2025 Conference and Annual General Meeting (AGM), June 18-20, 2025
 - Pre-Notice to Members of 2025 Annual General Meeting
 - Draft Conference Program
 - Mobile Workshops Poster
 - Call for Resolutions and for 2025 Distinguished Service Awards
- b. alPHa Board of Directors North East Representative
 - Call for Board of Health Nominations to alPHa Board of Directors
 - Email from alPHa dated April 9, 2025

**NOMINATION TO THE ASSOCIATION OF LOCAL PUBLIC HEALTH AGENCIES (ALPHA)
BOARD OF DIRECTORS FOR THE NORTH EAST REGION**

MOTION:

**WHEREAS alPHa is accepting nominations for a North East representative
on the alPHa Board of Directors for a two-year term from June 2025 to
June 2027;**

THAT the Board of Health for Public Health Sudbury & Districts supports the nomination of Robert Barclay, Board of Health member for Public Health Sudbury & Districts, as a North East candidate for election to the alPHa Board of Directors and to the Boards of Health Section Executive Committee for the June 2025 to June 2027 term.

**ii) Association of Local Public Health Agencies (alPHa) Annual General Meeting
Resolution: Advocating for Indigenous Representation on Boards of Health**

- Briefing Note from the Acting Medical Officer of Health to the Board of Health Chair for Public Health Sudbury & Districts dated April 10, 2025
 - Draft Briefing Note to the alPHa Chair, Board of Directors
 - Draft Resolution for alPHa Annual General Meeting and Resolution Session

ADVOCATING FOR INDIGENOUS REPRESENTATION ON BOARDS OF HEALTH

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 Indigenous representation in decision-making is crucial to ensuring that public health policies reflect the self-determined aspirations of Indigenous peoples and address their health priorities; and

WHEREAS the Indigenous Engagement Governance Reconciliation Framework calls for a commitment to promote the selection of Indigenous municipal and provincial appointees to the Board of Health; and,

WHEREAS on June 20, 2024, the Board of Health passed [Motion #41-24](#): Calling for the Selection of Indigenous Municipal and Provincial Appointees for Board of Health for Public Health Sudbury & Districts; and,

WHEREAS in December 2024, the Board of Health prepared and sent advocacy letters to the Province and local municipalities, while also engaging with local First Nations and Aboriginal Health Access Centres to support this initiative;

THEREFORE BE IT RESOLVED THAT the Board of Health support the Association of Local Public Health Agencies adopting a position statement that Indigenous persons be included on all boards of health.

7. ADDENDUM

ADDENDUM

MOTION:

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

8. IN CAMERA

IN CAMERA

MOTION:

THAT this Board of Health goes in camera to deal with information explicitly supplied in confidence to the local board by Canada, a province or territory or a Crown agency of any of them. Time: _____

9. RISE AND REPORT

RISE AND REPORT

MOTION:

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

10. ANNOUNCEMENTS

11. ADJOURNMENT

ADJOURNMENT

MOTION:

THAT we do now adjourn. Time: _____

MINUTES – SECOND MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
BOARDROOM, SECOND FLOOR
THURSDAY, FEBRUARY 20, 2025 – 1:30 P.M.

BOARD MEMBERS PRESENT

Ryan Anderson	René Lapierre	Mark Signoretti
Robert Barclay	Abdullah Masood	Natalie Tessier
Michel Brabant	Ken Noland	
Renée Carrier	Michel Parent	

BOARD MEMBERS REGRET

Guy Despatie
Natalie Labbée

STAFF MEMBERS PRESENT

Kathy Dokis	M. Mustafa Hirji	Rachel Quesnel
Stacey Gilbeau	Sandra Laclé	Renée St Onge
Emily Groot	Stacey Laforest	

M. SIGNORETTI PRESIDING

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT

The meeting was called to order at 1:30 p.m.

- City of Greater Sudbury Council motion dated January 21, 2025, re: appointment of Natalie Labbée to the Board of Health for Public Health Sudbury & Districts
- Thank you letter to René Lapierre from the Acting Medical Officer of Health and Chief Executive Officer dated February 13, 2025

The Board Chair announced that N. Labbée has been appointed by the City of Greater Sudbury to the Board of Health for Public Health Sudbury & Districts, replacing Pauline Fortin. N. Labbée extended her regrets for today's Board meeting.

Today is R. Lapierre's last Board of Health meeting. He was thanked for serving as the Board of Health Chair for Public Health Sudbury & Districts for 10 years and a letter of recognition is included in the agenda package.

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) Recruitment and Retention

- Troy Haslehurst, Manager, Human Resources, Corporate Services Division
- Julia Demianiuk, Human Resources Officer, Corporate Services Division

Troy Haslehurst, Manager of Human Resources and Julia Demianiuk, Human Resources Officer were invited to co-present regarding recruitment and retention at Public Health Sudbury & Districts.

Similar to other organizations, Public Health Sudbury & Districts is facing market challenges including shortages and increased demand for talent. PHSD is experiencing skill gaps as baby boomers retire and exit the workforce. Greater competition in the labour market is impacting employee retention. Budget constraints and economic uncertainty, particularly for publicly funded organizations, compound recruitment challenges.

COVID-19 also had a substantial staffing impact on the agency's staffing with an increase in hiring and turnaround. The staffing complement surged in 2021 and 2022, before declining in 2023 when recovery work began to transition its COVID-related efforts to regular program work.

Challenges currently being faced include competing demands for health professionals, recruitment challenges due to difficulties in matching or exceeding total compensation packages such as relocation allowance. There has been an increase in employees moving on to job opportunities with other organizations or retiring earlier than expected. Staff leaves have increased requiring recruitment of temporary staff.

The multiple strategies being implemented or maintained to address the recruitment and retention challenges and to ensure PHSD is an employer of choice were summarized.

Questions and comments were entertained, and it was noted that these challenges are also being experienced in other public health units, including in the north. It was clarified that executive search firms have and continue to be used at times when agency recruitment

efforts are not producing desired candidates for specific roles. Trends are also monitored, including through exit interviews and cultural surveys.

It was clarified that PHSD collaborates and has strong connections with educational institutions and there is good work undertaken through the Chief Nursing Officer, Professional Practice Manager and robust professional development program as well as student placement programs.

In response to a question regarding trends with retirements such as whether unplanned retirements happen consistently, it was noted that an operational Policy and Procedure is being restored post-pandemic and reports will resume being shared regularly with senior management.

The presenters were thanked.

5. CONSENT AGENDA

i) Minutes of Previous Meeting

- a. First Meeting – January 16, 2025

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, February 2025

v) Correspondence

- a. Calling for the Selection of Indigenous Municipal and Provincial Appointees to Board of Health for Public Health Sudbury & Districts

(Related motion from Board of Health Public Sudbury & Districts [Motion #31-24](#))

- Letter from Middlesex-London Health Unit Board of Health Chair and Secretary to Mark Signoretti, dated January 31, 2025

vi) Items of Information

- a. Letter from alPHa Chair to the Minister of Finance regarding 2024 Pre-Budget Submission: Public Health Programs and Services, dated January 20, 2025

M.M. Hirji noted that the Joint Board/Staff Accountability Working Group is responsible to review draft Accountability Monitoring reports including annual Accountability Monitoring Reports. One of the Board members on the Joint Board/Staff Accountability Working Group is R. Lapierre and with his resignation effective following today's Board of Health meeting, a Board of Health member replacement is being sought. Anyone interested is invited to email

the Board Chair or Board Secretary.

M.M. Hirji provided highlights from the virtual alpha Winter Symposium and the Council of Ontario Medical Officers of Health (COMOH) section meeting he attended February 12 to 14, 2025. He shared an example of resulting collaboration in that a PHSD staff who presented at the Symposium has been contacted by another health unit with a request to share our work.

In advance of the provincial election, the PHSD awareness campaign highlights the importance of sustainably funding local public health efforts. M.M. Hirji added that continues to communicate the importance of public health in all appropriate forums and audiences and encouraged Board members to raise awareness about and speak of the value of Public Health.

In response to an inquiry, it was noted that a presentation on Artificial Intelligence will be made at a future Board of Health meeting once the project work has advanced. It was shared that the needle/syringe program is tracking stats and work is underway to have the data posted to phsd.ca for the public and to greater transparency. Additional information was provided regarding the increase in flu cases this year and risk of reassortment.

11-25 APPROVAL OF CONSENT AGENDA

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

CARRIED

6. NEW BUSINESS

i) Accountability Monitoring Report

- Briefing Note from the Acting Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated February 13, 2025
- 2024 Accountability Monitoring Report
- Public Health Sudbury & Districts Overview of Planning and Reporting

In November 2023, the Board of Health approved the 2024–2028 Strategic Plan for Public Health Sudbury & Districts and directed the Medical Officer of Health to operationalize the Plan, ensuring regular monitoring reports to the Board of Health. The Public Health Sudbury & Districts 2024–2028 Accountability Monitoring Plan, which was approved by the Board of Health in April 2024, outlines this monitoring process. The Monitoring Report is shared yearly with the Board of Health and with other stakeholders such as staff and community.

On February 4, 2025, the Joint Board of Health/Staff Accountability Working Group met to review the draft 2024 Accountability Monitoring Report and provided comments and

direction to finalize the report for submission to the Board of Health. As a member of the Working Group, R. Barclay summarized questions and clarification that were entertained at the Working Group meeting regarding the Accountability Monitoring Report that is included in today's agenda package for the Board of Health's information. R. Barclay was thanked for his engagement and staff thanked for the final report and accompanying briefing note.

ii) Part VIII - Ontario Building Code Fee Increases

- Briefing Note from the Acting Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated February 13, 2025
- Revised Board of Health Manual G-I-50 By-law 01-98 and Schedule A

Public Health Sudbury & Districts is mandated under the *Ontario Building Code Act* (S.O. 1992 c. 23), to enforce the provisions of the Act and the Building Code pertaining to sewage systems. Under the authority of the *Ontario Building Code Act*, Public Health Sudbury & Districts collects fees for Part VIII (private sewage system permits) and services in order to recover all costs associated with administration and enforcement of the Act.

The current user fees have been in place and not increased since 2018. Since 2018, there has been substantial inflation in the broader economy which has similarly increased costs to deliver this program. Per budget discussions, the proposed fee increases are recommended to address these increasing program operation and delivery costs and bring Sudbury & Districts fees into line with those in other Northern Ontario health units.

In accordance with *Building Code* requirements, Public Health Sudbury & Districts has notified all contractors, municipalities, lawyers, and other affected individuals of the proposed fee increases and conducted a public meeting on January 29, 2025, to discuss the proposed changes. The notification process has now concluded with no concerns having been reported.

Questions were entertained and it was clarified that although the recommendation includes a comprehensive review of fees conducted once every five years for the Board's approval, there will be an annual adjustment in accordance with the rate of inflation. The Board has full authority to set fees and a recommendation to further adjust rates can be brought at any time while following the public consultation process that would include the Board's final approval.

M.M. Hirji reviewed proposed revisions to amend program user fees to continue to administer the Part VIII (Sewage System) *Ontario Building Code* program on a cost-recovery basis.

12-25 AMENDMENT TO THE FEE SCHEDULE FOR SERVICES UNDER PART VIII OF THE ONTARIO BUILDING CODE AND TO BOARD OF HEALTH MANUAL BY-LAW 01-98

MOVED BY BARCLAY - TESSIER: WHEREAS the Board of Health is mandated under the Ontario Building Code Act (S.O. 1992 c. 23), to enforce the provisions of this Act and the Building Code related to sewage systems; and

WHEREAS program related costs are funded through user fees on a cost-recovery basis; and

WHEREAS the proposed fees are necessary to address current program associated operational and delivery costs; and

WHEREAS in accordance with Building Code requirements, staff have held a public meeting and notified all contractors, municipalities, lawyers, and other affected individuals of the proposed fee increases, with no concerns having been reported;

THEREFORE BE IT RESOLVED THAT the Board of Health approve the amendments in Part VIII-Ontario Building Code fees as outlined within Schedule “A” to Board of Health By-law 01-98, and

FURTHER THAT the Board of Health direct staff to plan to adjust Part VIII – Ontario Building Code fees on an annual basis in accordance with the rate of inflation, with a comprehensive review of fees conducted once every five years, for Board of Health consideration.

CARRIED

iii) Ontario Building Code – By-Law 02-02

- Revised Board of Health Manual G-I-60, By-law 02-02

M.M. Hirji noted that this proposed by-law revision is housekeeping in nature. We are required to name the person who is responsible for the Chief Building Official role and, due to a retirement, the by-law is being updated to reflect the employee in the role.

13-25 BOARD OF HEALTH MANUAL – AMENDMENT TO BY-LAW 02-02

MOVED BY NOLAND – BRABANT: WHEREAS changing personnel requires updates to this by-law,

BE IT RESOLVED THAT the Board of Health approve the proposed revision to By-Law 02-02.

CARRIED

iv) Public Health Sudbury & Districts Infrastructure Projects

- Briefing Note from the Acting Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated February 13, 2025

M.M. Hirji recapped the infrastructure modernization initiative at 1300 Paris Street building that the Board approved in 2020 to address aging infrastructure in a then 48-year-old building. The infrastructure modernization initiative addressed the second and third floors at 1300 Paris Street. Not within scope of the project were the district offices in Chapleau, Manitoulin Island, and Espanola, nor did the ground floor of 1300 Paris Street.

The modernization initiative in 2020 was extensive and the Board had authorized the transfer of up to \$11 million from its Reserve Funds to the operating budget as the budget for infrastructure modernization. The ultimate expenditure for infrastructure modernization was under budget at \$9.625 million, \$1.375 million less than the Board's authorized budget for this project, and remaining funds were maintained in the reserves for future needs.

The infrastructure in Espanola and Manitoulin District Offices, including paint and flooring, has aged and deteriorated and it is recommended that this work be completed. In addition, colour schemes, naming, and logos needs to be updated to reflect the organization's updated branding.

With experience gained in using the redesigned spaces at 1300 Paris Street, some collaborative spaces have not been successful and get limited use, while other spaces have been extremely well-used and have greater demand. With a better understanding of the needs of hybrid workplaces and the spaces needed to support that work, additional space modifications are recommended for 1300 Paris Street, particularly converting unused open collaborative spaces to smaller, closed offices and meeting rooms to match patterns of work. Reconfiguration of the Indigenous cultural space is also recommended to address limitations that has precluded its use for meetings as well as to provide ventilation for smudging.

The Board's support is sought to transfer up to \$879,000 from the Reserve Funds to the operating budget to offset expenses related to the supplementary infrastructure modernization projects. It was noted that Public Health Sudbury & Districts will submit a capital funding application to the provincial government for District office infrastructure improvements and if successful, we will use this funding to offset the costs.

Questions and comments were entertained, and M.M. Hirji provided an overview of the reserve funds noting that the Board of Health has established reserve funds and will ensure critical work on infrastructure does not impact municipal levies. It was also clarified with

the allocation of the recommended \$879,000 in this briefing note, the reserves would remain at 9 weeks of cash flow.

In response to a question about recent flood damage, it was clarified that funding has already been allocated to fix a pipe under the parking lot at 1300 Paris Street this spring. Broader renovations to L1 are not recommended at this point in time.

The district office renovations will be approx. \$150,000 and the main office renovations approx. \$729,000.

M.M. Hirji noted that there is a fulsome communication plan and staff will continue to be kept updated.

14-25 INFRASTRUCTURE MODERNIZATION PROJECTS: RESERVE FUNDS

MOVED BY ANDERSON – MASOOD: THAT the Board of Health, per By-Law G-I-70, authorize the transfer of up to \$879k from the Reserve Funds to the operating budget to offset expenses related to the supplementary infrastructure modernization projects.

CARRIED

v) Board of Health Manual

- Board of Health Manual By-law 04-88, G-I-30
- Board of Health Manual By-law 01-93, G-I-40

The proposed revisions were reviewed. G-I-30 reflects the recording and posting of delegations that took effect January 2025.

Proposed revisions to G-I-10 formally outlines the delegation of Board Chair approval for MOH/CEO all expenses, including credit card expenses.

15-25 BOARD OF HEALTH MANUAL – AMENDMENTS TO BY-LAW 04-88 AND BY-LAW 01-93

MOVED BY LAPIERRE – PARENT: THAT the Board of Health, having reviewed the revised by-law 04-88 and by-law 01-93, approve the contents therein for inclusion in the Board of Health manual.

CARRIED

vi) Unlearning & Undoing White Supremacy and Racism Project – Unlearning Club Launch

- Briefing Note from the Acting Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated February 13, 2025
- Invitation to the March 21, 2025, Unlearning Club launch event

Board members were reminded that the Unlearning Club is a structured, 18-month learning journey that reflects the Board’s commitment to transformative action. The Board has

committed to monthly self-guided learning and closed group discussions. The Unlearning Project includes three additional components that make up the total of the project structure including cultural competency training, foundational obligations to Indigenous Peoples Series and Thinking Intersectionally Series.

The Unlearning Club will officially launch on March 21, 2025. To mark the beginning of this important journey, the launch event will be held in ceremony at 1300 Paris Street in the Ramsey Room, led by Nokomis (Grandmother) Martina Osawamick, followed by a feast to mark the occasion together. All Board members are invited to attend the event. The launch event is an essential part of the overall learning experience for the staff as well as Board of Health members for Public Health Sudbury & Districts. Each Board of Health member is encouraged to attend the March 21 ceremonial launch of the project.

7. ADDENDUM

None.

8. ANNOUNCEMENTS

M. Signoretti was pleased to share that, in alignment with the Board of Health motion [#41-21 Calling for the Selection of Indigenous Municipal and Provincial Appointees for Board of Health for Public Health Sudbury & Districts](#), on February 18, 2025, the City of Greater Sudbury Council agreed to appoint an Indigenous representative as one of the City of Greater Sudbury appointments on the Board of Health to fill a vacancy resulting from R. Lapierre's resignation. The City of Greater Sudbury will receive applications from Indigenous persons in the community and a representative will be appointed to the Board by the City's Nominations Committee.

M.M. Hirji announced that a meeting with indigenous partner communities will be held on Manitoulin Island and the meeting is being aligned with the June 12 Board of Health meeting date. The meeting with Indigenous partners will be held in the late morning and following lunch, the regular June Board of Health meeting will be held. Joint transportation is being explored. Board members are asked to hold June 12, 2025, in their calendars.

Board members are encouraged to complete the Board of Health meeting survey.

There is no regular Board meeting in March; therefore, the next regular Board of Health meeting will be held on Thursday, April 17, 2025, at 1:30 pm

Board members and senior managers are invited to stay for the celebration to thank R. Lapierre for his ten-year commitment as Board of Health Chair.

9. ADJOURNMENT

The meeting was adjourned at 2:49 p.m.

16-25 ADJOURNMENT

MOVED BY NOLAND -BRABANT: THAT we do now adjourn. Time: 2:49 p.m.

CARRIED

(Chair)

(Secretary)

Medical Officer of Health/Chief Executive Officer Board of Health Report, April 2025

Words for thought

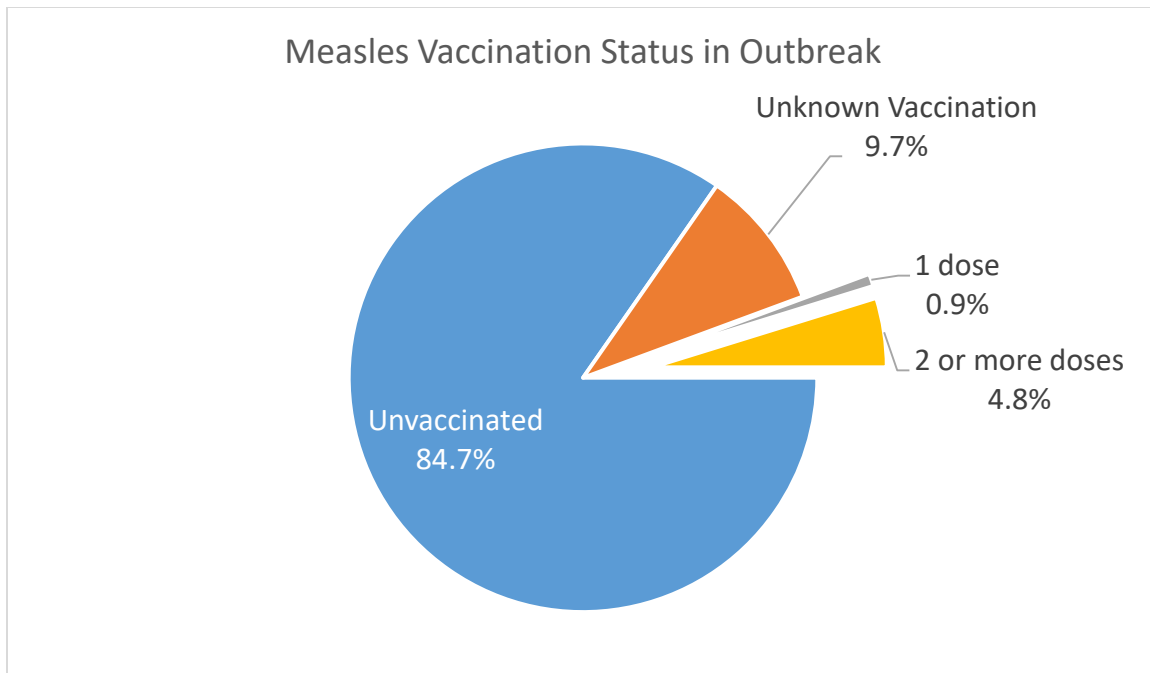
The Essential Role of Vaccination in Schools & Child Care

There has been plenty of news coverage in recent weeks about measles outbreaks in Ontario, as well as the southern United States. These outbreaks represent a global resurgence of measles since the COVID-19 pandemic response, as the pandemic's emergency phase caused health care to focus on treating acute illnesses of COVID-19, and away from general preventive care such as vaccination.

As of April 9, Ontario has had 816 measles infections related to the current outbreak. While this many not seem to be many, that includes 61 persons becoming hospitalized—one in every 13 people. Almost all, if not all, of those hospitalized were likely children, as measles is most severe in children. This is not a benign disease.

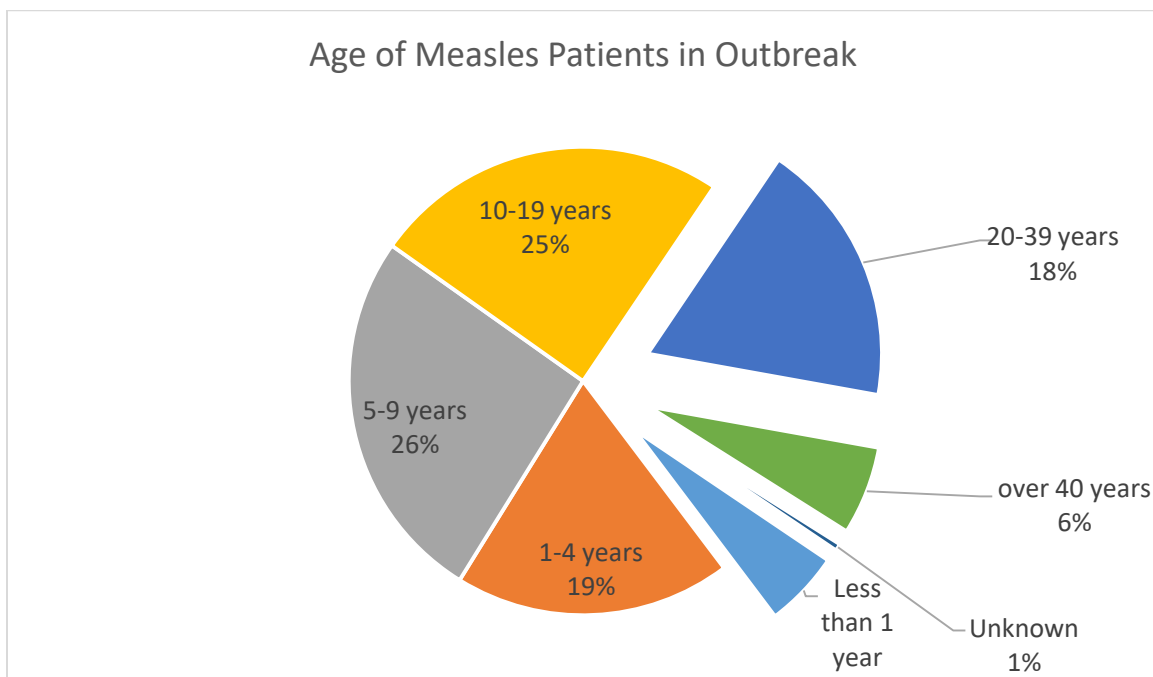
In the past month, the Ontario outbreak has stabilized with between 98 and 118 new infections occurring each week. However, to end the outbreak, we need infections to trend downward so there is more work to do. Even once infections start to decline, it will likely be months before the outbreak can end, and in that time, hundreds more persons will become—with one in every 13 being hospitalized.

There are two key statistics worth highlighting from this outbreak. First, the breakdown of vaccination status for those who have become infected:



Only 4.8% of persons affected by the outbreak were fully vaccinated. 95.2% were unvaccinated, had two few vaccinations, or didn't know if they were vaccinated (likely were not fully vaccinated).

The second key statistic is the age of those infected with measles:



70% of persons affected by the outbreak are in the ages of 1 to 19 years, when they are usually in school or child care.

In Public Health, we place a priority on vaccination in schools. In recent years, even as our staffing has reduced due to declining funding from the provincial government, we have maintained all our work in schools, although vaccination in the community has decreased. This data shows the importance of that work.

Public Health is currently undertaking its enforcement activities around the *Immunization of School Pupils' Act*. This effort ensures all parents have made a decision on whether to vaccinate their child and do not put off deciding. Overwhelmingly, parents choose to vaccinate their children with upwards of 95% of children getting up to date through this effort each spring. A similar effort occurs each summer to encourage and remind parents of child care attendees to get their children up to date.

As this outbreak shows, these efforts to vaccinate children are the most critical to preventing outbreaks, and to preventing severe illness from those outbreaks.

However, Public Health's efforts are only part of the equation. We also need professionals who can deliver vaccines to those who are informed when they are due for more immunizations. As public health sector grapples with declining funding and primary care is overwhelmed by increased need for care, it is becoming more difficult for parents and children to find opportunities to get vaccinated. And for those with socioeconomic challenges (for example, the need for transportation, language and cultural barriers, parents who can't take time off work during business hours), barriers to vaccination are even greater.

Preventing outbreaks of measles and other vaccine-preventable diseases needs both ongoing diligence of public health to audit vaccinations for children, as well as investment by governments into health services to deliver vaccinations, especially to those who have barriers.

Date: April 10, 2025. *Ontario Agency for Health Protection and Promotion (Public Health Ontario). Measles in Ontario. Toronto, ON: King's Printer for Ontario; 2025.*
<https://www.publichealthontario.ca/-/media/Documents/M/24/measles-ontario-epi-summary.pdf>

Report Highlights

1. Measles Outbreak

As noted under Words for Thought, Ontario is currently grappling with a measles outbreak, the largest in decades. In addition to vaccination efforts discussed earlier, Public Health has been doing comprehensive preparations including supplemental training of staff and upskilling of on-call teams. We are moving swiftly to follow up with contacts and suspected infections in our region to contain any spread before it might arise. As of April 4, there have been no infections occurring in Sudbury and districts' residents, and no exposures locally.

2. Outbreak Intensity Continues

Since the start of the COVID-19 pandemic, outbreaks have increased 10-fold, and this continues. In February and March, most respiratory outbreaks were influenza outbreaks (13 of 25); however other viruses also led to outbreaks in congregate setting with vulnerable residents.

In addition to respiratory outbreaks, the last two months saw an unusually large number of enteric outbreaks for this time of year. Two were identified to be norovirus outbreaks, with the others unclassified. Norovirus was known to be circulating at high levels in Canada this winter.

3. Federal Election

With the ongoing federal election, Public Health is highlighting issues of public health relevance to the public through social media campaigns, in hopes that voters will be mindful of these when assessing their candidates. Please keep an eye on our posts and reshare them.

4. Unlearning Club Launch

As discussed in greater detail below, this month sees the launch of the Unlearning Club, part of the Unlearning & Undoing White Supremacy and Racism project. This project seeks to take our Indigenous reconciliation work from awareness-building and engagement to the next level: uprooting deep-seeded sources of bias and colonialism in our organization. Over one third of our staff have volunteered to be a part of this project, a real testament to the calibre of employee in this agency. The Board of Health will be participating in this effort as well.

5. Artificial Intelligence Initiative

The Senior Management Executive Committee is digesting the recommendations from Deloitte on next steps for our artificial intelligence efforts. As public health funding continues to lag inflation, artificial intelligence is seen as an opportunity to maintain capacity. In the coming months, as a clearer path forward is adopted, an update will be provided to the Board of Health.

6. Electronic Medical Record

Public Health has completed its request for proposals for an electronic medical record vendor. Proposals are in the final stage of assessment before a winner is awarded. The Senior Management Executive Committee hopes to have one program area using the electronic medical record by year-end, with a resourcing plan to adopt usage more widely being part of deliberations for the 2025 operating budget.

7. Recruitment Challenges Continue

As discussed at past meetings, Public Health continues to face a challenging recruitment environment. This has been a particular challenge for IT, where key positions have remained vacant for months. This challenge puts at risk plans around major technology initiatives such as artificial intelligence and electronic medical records. Recruitment challenges have also presented around finding a new Director of Corporate Services. Efforts discussed at the previous meeting continue, particularly around increasing the organization's competitiveness in recruitment. Some of these are investments budgeted in the 2025 operating budget approved by the Board of Health.

General Report

1. Board of Health

Annual Board of Health declaration forms

All Board of Health members are required to complete the Board of Health Code of Conduct and Conflict of Interest declaration forms. Reminders will be sent to Board of Health members who have not had a chance to complete the forms.

Membership

I welcome to Amy Mazey to the Board of Health who was recently appointed by the LaCloche Foothills Municipal Association, to replace Guy Despatie.

An abbreviated initial Board orientation session is scheduled for April 17 for new Board members, Natalie Labbée and Amy Mazey.

The City of Greater Sudbury is currently advertising for an Indigenous representative to join the Board of Health as a City of Greater Sudbury municipal appointee.

A full orientation session for all three new members will be scheduled later this spring.

Continuing education opportunity for Board of Health members

[alPHa Annual General Meeting and Conference](#)

alPHa will be holding its in-person 2025 Annual General Meeting (AGM), Conference and Section Meetings from June 18 to June 20, 2025, in Toronto. A motion will be included on the May Board of Health agenda relating Board member attendance and voting delegation for the alPHa AGM. Any Board of Health member interested in attending is asked to communicate with the Board of Health Secretary who will look after registration and book accommodation. Registration, accommodation, travel, and meal expenses will be covered by Public Health Sudbury & Districts.

Group Photo - Board of Health

A business Board of Health group photo will be taken prior to the May 15, 2025, Board of Health meeting. Please arrive for 12:20 p.m. on May 15. Weather permitting, the photo will be taken outside. Otherwise, the group photo will be taken inside at 1300 Paris Street. Wearing business casual in neutral or light colours is recommended rather than bright colours or bold patterns.

We hope everyone will be able to be present for the May 15 photo. The group photo will be posted on phsd.ca.

2. Local and Provincial Meetings

I attend the Northern Medical Officers of Health (MOH) virtual meetings every second Wednesday as well as the Northern MOH meetings with the office of the Chief Medical Officer of Health. I continue to participate on the monthly Public Health Sector Coordination Table (PHSCT) meetings as well as regular NOSM University Public Health and Preventive Medicine Residency Program Committee meetings.

I attended The Ontario Public Health Convention themed *Insight to Impact*, on March 26, 2025, in Toronto, and virtually on April 2, 2025.

3. Human Resources

Recruitment is ongoing for the Director of Corporate Services position and a part-time Associate Medical Officer of Health. Western Management Consultants has been engaged to support the former recruitment, and it is hoped that a successful candidate will be contracted by late spring. Some of the feedback received from the consultants is that Public Health's pay scale is not competitive to recruit for this level of role, greatly limiting the applicant pool.

4. Financial Report

Following the Board of Health's approval of the 2025 cost-shared operating budget in November 2024, the Senior Management Executive Committee adjusted budget areas to align resources to program priorities particularly within the Health Promotion and Vaccine Preventable Diseases Division.

The financial statements ending February 2025, show a minimal overspend of \$28,301 (0.5%) as compared to revenues in the cost-shared programs. At this early stage in the year, trends in financial expenditures are unreliable to extrapolate. The Senior Executive Committee will continue to closely monitor the budget.

4. Annual Service Plan and Budget Submission

The *2025 Annual Service Plan and Budget Submission* was submitted to the Ministry of Health in March. This report is prepared each year to communicate the agency's planned work for foundational and program standards based on local needs as well as budget information at the program level. Requests for one-time funds are also made to support eligible projects.

5. Quarterly Compliance Report

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

Accountability Framework and Organizational Requirements, to provide for the effective management of our funding and to enable the timely identification and management of risks. Public Health Sudbury & Districts has disbursed all payable remittances for employee income tax deductions and Canada Pension Plan and Employment Insurance premiums, as required by law to March 28, 2025, on March 31, 2025. The Employer Health Tax has been paid, as required by law, to February 28, 2025, with an online payment date of March 14, 2025. Workplace Safety and Insurance Board premiums have also been paid, as required by law, to February 28, 2025, with an online payment date of March 28, 2025. There are no outstanding issues regarding compliance with the *Occupational Health & Safety Act* or the *Employment Standards Act*. No new matter has come forward pursuant to the *Ontario Human Rights Code* or the *Accessibility for Ontarians with Disabilities Act*.

Following are the divisional program highlights.

Health Promotion and Vaccine Preventable Diseases Division

1. Chronic Disease Prevention and Well-Being

Healthy eating behaviours

To improve awareness of Indigenous approaches to addressing food insecurity, staff were honoured to collaborate with the Sudbury Food (In)Security Committee to host an event at the Main Branch of the Greater Sudbury Public Library on Indigenous Food Sovereignty. The event began with a reading by acclaimed author Waubgeshig Rice from his most recent book, *The Moon of the Turning Leaves*. This was followed by an engaging discussion with local experts: Jordan Assinewe, Manager of Community Relations and Health Promotion at Shkagamik-kwe Health Centre; Dr. Joseph LeBlanc, Associate Vice-president Equity and Inclusion and Assistant Professor of Indigenous Health at NOSM University; and Quinn Meawasige, Northeast Community Relations Lead at Gaagige Zaagibigaa. The session was facilitated by Natalie Lacasse, Manager of Indigenous Strategic Community Engagement at Laurentian University.

The event showcased and celebrated Indigenous culture and Indigenous led-solutions to food security challenges. The solutions highlighted ways in which communities are reclaiming, rebuilding, reskilling, and restoring knowledge and skills to move toward food self-determination. The importance of Indigenous-led solutions to effectively address food security concerns was evident from the knowledge and experiences shared. The event was well attended and encouraged learning and sharing among all attendees.

Seniors Dental Care

Staff continued to deliver comprehensive dental care to clients at the Seniors Dental Care Clinic at Elm Place, offering restorative, diagnostic, and preventive services. Additionally, staff

facilitated client referrals to contracted community providers for emergency, restorative and/or prosthodontic services. They also provided enrollment assistance to seniors eligible for the Ontario Seniors Dental Care Program.

2. Healthy Growth and Development

Infant feeding

Staff provided 170 clinic appointments to clients at the main office. This service empowers parents to make informed decisions about feeding their baby. Parents learn skills that promote, protect and support breastfeeding while also receiving guidance on alternative infant feeding options, such as formula feeding. Additionally, nurses conduct assessments to screen for potential concerns, including tongue tie and insufficient milk supply, while also monitoring the infant's weight gain and overall growth to ensure they are within expected parameters.

Growth and development

Staff made 164 follow-up calls within 48 hours of birth to parents of newborns, providing guidance on infant feeding, postpartum care, and available community resources.

To encourage parents to schedule their child's 18-month well-baby visit, 107 reminder postcards were sent. This initiative aims to increase the number of toddlers screened by health care providers for developmental milestones, supporting early identification of concerns and timely referrals to appropriate services.

Staff facilitated two food literacy program sessions for the Our Children Our Future Creating Healthy Babies participants using Public Health's community kitchen. Two nursing students assisted with facilitation as part of their placement. A total of 24 participants attended the session.

Health Information Line

The Health Information Line received 173 calls on topics such as infant feeding, healthy pregnancies, parenting, child growth and development, mental health services, and finding a nearby family physician.

Healthy Babies Healthy Children

Staff continued to support over 181 client families, completing 2215 interactions. Public health dietitians provided ongoing support to clients identified as being at high nutritional risk.

Healthy pregnancies

A total of 64 individuals enrolled in the new *Informed Journey (INJOY)* prenatal eClass. This interactive platform covers topics such as life with a new baby, infant feeding, self-care, and the impact of a new baby on relationships. It also integrates the latest Canadian nutritional

guidelines, provides information on labour and delivery, and highlights local programs and services that support families.

Preparation for Parenting

Staff facilitated a *Prep4Parenting* class with nine parents in attendance. This class supports new parents in their transition to parenthood, covering topics such as bonding with their baby, maintaining a healthy relationship with their partner, and accessing support networks across the catchment area.

3. School Health

Healthy eating behaviours

Public Health began implementing a sustainable model for the *Nourish to Flourish* Food Literacy in School program in collaboration with a local elementary school. Key steps included strengthening partnerships, engaging in joint-planning with school administrators, and building capacity among educators. As a result, the school was able to independently deliver the seven-week program to Grade 5 students. Twenty-five students gained valuable food knowledge and life skills while participating in discussions about the food environment.

Mental health promotion

This past month, Public Health facilitated the *Connections Build Brains – Brain Architecture* workshops for third- and fifth-year post-secondary students in community health and education programs. These workshops highlighted the critical role of early brain development in mental health, equipping students with foundational knowledge to apply in their future professional roles. By fostering this understanding, Public Health aims to support a new generation of professionals who will contribute to mental health promotion and the development of resilient, supportive communities.

Oral health

At the end of March, staff completed the school-based dental screening program for the 2024-2025 school year and continued case management follow up for students identified with urgent dental needs. Throughout the school year, staff screened 9909 students, identifying 658 children in need of urgent care.

Staff also continued to provide preventive dental care to children enrolled in the *Healthy Smiles Ontario (HSO)* program and support families with enrollment applications. In 2024, staff provided 1018 preventive appointments to children enrolled in HSO.

Substance use and harm reduction

In March, Public Health delivered a presentation on drug poisoning and naloxone training to post-secondary students in a Community Health class. This session aimed to increase

knowledge of substance use-related harms, teach students how to recognize and respond to poisonings, and promote community resources and support services.

4. Substance Use and Injury Prevention

Alcohol and Cannabis

On February 26, staff presented to 85 Children’s Aid Society staff on the health effects of cannabis use and breast/chest feeding. By providing best practice guidelines, we are equipping front-line workers with evidence-based information to better support their clients.

Mental health promotion

Staff gave a presentation to the LaCloche area Mental Health and Substance Use Subcommittee on behalf of the Anti-Stigma Working Group. In 2023, the group recognized the need for a collective awareness of stigma and its impact on our communities, emphasizing the importance of mindfulness in our thoughts, words, and actions. The panel selected *Harm Reduction Fundamentals* by the Canadian AIDS Treatment Information Exchange (CATIE) as the most suitable training resource for all group members. Given the increasing demand for harm reduction knowledge across various organizations, this toolkit offers essential foundational information for service providers working with people who use drugs.

Substance Use

In February, the Community Drug Strategy (CDS) for the City of Greater Sudbury held an Executive Committee meeting and a health promotion stream meeting, continuing its efforts to reduce substance-related harms.

Public Health responded to a media request from Sudbury.com to discuss the CDS's past, present, and future vision for Greater Sudbury.

On March 7, a [drug warning](#) was issued following an increase in drug poisonings (overdoses) and unexpected reactions to substances in the Sudbury and Manitoulin districts. Rapid responses to adverse drug reactions or newly circulating substances help protect the public and mitigate further harms.

Public Health remains committed to raising awareness about substance use-related harms, promoting community resources, and supporting services. Staff have shared resources and evidence related to anti-stigma and harm reduction efforts with members of the CDS for Greater Sudbury and Manitoulin, as well as with committee and health unit partners across various district.

Harm reduction— Naloxone

In March, a new Memorandum of Understanding (MOU) was signed with a community partner in the LaCloche and Manitoulin areas as part of the *Ontario Naloxone Program*. This brings the

total number of agreements to 53. Staff under the new MOU have completed the required onboarding and naloxone training. These partnerships are essential for ensuring naloxone and harm reduction resources remain widely accessible across the region. By expanding naloxone distribution points, Public Health is strengthening the community's ability to respond to opioid overdoses, ultimately saving lives and reducing the impact of the opioid crisis.

In February, 1068 naloxone doses were distributed, and 18 individuals received training on proper naloxone use. This initiative is part of Public Health's ongoing harm reduction efforts, equipping individuals with the tools to safely intervene in drug poisonings and mitigate the harms of opioid use.

5. Vaccine Preventable Diseases

Immunization information line

In February, the team responded to approximately 790 calls through the immunization information line. Of these, 68% were related to the *Immunization of School Pupils Act*, 19% to general immunization inquiries, and 4% to respiratory vaccines (influenza, COVID-19, respiratory syncytial virus). The remaining calls covered topics such as accessing immunization records, travel-related immunizations, adverse events following immunization, and foreign immunization record submissions.

Immunization of School Pupils Act and Child Care and Early Years Act

The team continues its annual review of immunization records for elementary and secondary students in accordance with the *Immunization of School Pupils Act (ISPA)*. As of March 7, 4379 parents had received notices regarding their child's immunization status and any missing vaccinations. Initial notices will continue to be sent until the end of March.

For schools where suspensions have been enacted, 23% of students who received a first notice of incomplete records were suspended. Most schools are highly supportive of the *ISPA* process and proactively contact parents upon receiving the initial list of students at risk of suspension.

To support families in receiving missing immunizations, daily drop-in clinics and weekly evening appointments were offered at 1300 Paris Street. Additional opportunities were made available to families in the Mindemoya, Espanola, and Chapleau offices.

Cold chain inspections

In January and February, four cold chain inspections were conducted for new vaccine fridges. All sites passed their initial inspection.

Health Protection

1. Control of Infectious Diseases (CID)

In the months of February and March, staff investigated 180 sporadic reports of communicable diseases. During this time, 25 respiratory outbreaks and 13 enteric outbreaks were declared. The causative organisms for the respiratory outbreaks were identified to be: influenza A (16), human coronavirus (2), enterovirus/rhinovirus (2), metapneumovirus (1), and parainfluenza virus (1). The causative organisms for the remaining respiratory outbreaks were not identified. The causative organism for two of the enteric outbreaks was identified to be Norovirus. The causative organisms for the remaining enteric outbreaks were not identified.

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

Measles infections have been rising across the province, with many cases linked to outbreaks in Southwestern Ontario. An up-to-date measles preparedness plan is in place to ensure that staff are prepared to respond in the event of a measles case reported locally. At this time, no local measles infections have been reported. Five contact investigations have been conducted, all linked to exposures outside of our service area. An Advisory Alert was sent out to health care providers during the month of March, and staff have responded to media requests focusing on symptoms, testing, and vaccination.

March 24, 2025, was World TB Day, and the theme was “*Yes! We Can End TB: Commit, Invest, Deliver*”. Public Health issued a letter to local health care providers to both acknowledge the work that has been done to manage TB locally and to identify ways in which we can continue to commit, invest, and deliver to protect our communities and eliminate TB.

During the months of February and March, two infection control complaints were received and investigated, and four requests for service were addressed.

Infection Prevention and Control Hub

The Infection Prevention and Control (IPAC) Hub provided 145 services and supports to congregate living settings in February and March. These included proactive IPAC assessments, education sessions, feedback on facility policies, and supporting congregate living settings in developing and strengthening IPAC programs and practices, to ensure that effective measures were in place to prevent transmission of infectious agents.

2. Food Safety

One food premises closed voluntarily in the month of March due to a fire. The food premises has since reopened following corrective actions.

Public health inspectors issued one charge to one food premises for an infraction identified under the *Food Premises Regulation*.

Staff issued 44 special event food service and non-exempt farmers' market permits to various organizations in the months of February and March.

3. Health Hazard

In February and March, 28, health hazard complaints were received and investigated. Further, staff provided 35 consultations in response to health hazards that are not part of the public health mandate and redirected clients to the most appropriate lead agency for investigative follow up.

4. Ontario Building Code

In February and March, three sewage system permits, eight renovation applications, and four consent applications were received.

5. Rabies Prevention and Control

In February and March, 53 rabies-related investigations were conducted.

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

6. Safe Water

During February and March, 37 residents were contacted regarding adverse private drinking water samples. Additionally, public health inspectors investigated 13 regulated adverse water sample results.

Three boil water orders and one drinking water order were issued in the months of February and March. Additionally, three boil water orders and one drinking water order were rescinded following corrective actions.

In March, one public pool was ordered closed due to a lack of disinfection and poor water clarity. Following corrective actions this public pool was reopened and the order rescinded.

7. Smoke Free Ontario Act, 2017 Enforcement

In February and March, *Smoke-Free Ontario Act* Inspectors charged one individual for smoking on school property, and one retail employee for selling tobacco to a person who is less than 19 years of age.

8. Emergency Preparedness & Response

During the months of February and March, staff participated in community partner emergency preparedness meetings to ensure that plans are in place to effectively respond in the event of a local emergency. These include meetings with the Town of Espanola Emergency Management Committee, the Greater Sudbury Emergency Management Advisory Panel, and the Conservation Sudbury/CGS Flood Contingency in-service. Additionally, we participated in planning meetings regarding an Emergency Food Plan. Information was also sent out through social media regarding response to power outages in preparation for the freezing rain event at the end of March.

9. Needle/Syringe Program

In February, harm reduction supplies were distributed, and services received through 3 104 client visits across our service area. Public Health Sudbury & Districts and community partners distributed a total of 44 936 syringes for injection, and 64 130 foils, 15 369 straight stems, and 5 599 bowl pipes for inhalation through both our fixed site at Elm Place and outreach harm reduction programs.

In February, approximately 30 271 used syringes were returned, which represents a 94% return ratio of the needles/syringes distributed in the month of January.

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

Sexual health promotion

Sexual health promotion collaborated with six community partners on eight separate occasions during February and March. Staff provided sexual health resources and promotional materials to support the Afro Women and Youth Foundation, Barrydowne College, and Unexpected Pleasures (adult social club), assisting in strengthening their community outreach efforts. In the last few months, sexual health promotion has focused heavily on increasing visibility for the sexual health clinic through targeted advertising.

Sexual health clinic

In February and March, there were 171 drop-in visits to the Elm Place site related to sexually transmitted infections, blood-borne infections, and/or pregnancy counselling. As well, staff at the Elm Place site completed a total of 577 telephone assessments related to STIs, blood-borne infections, and/or pregnancy counselling in February and March, resulting in 379 on-site visits.

Growing Family Health Clinic

In February and March, the Growing Family Health Clinic provided services to a total of 87 patients. The Growing Family Health Clinic permanently closed on March 30, 2025. Clients were

proactively notified about the closure and provided alternatives for accessing primary care services.

Knowledge and Strategic Services

1. Health Equity

Public Health is partnering on a Social Sciences and Humanities Research Council-funded project to amplify 2SLGBTQIA+ voices across generations in Greater Sudbury. Led by a University of Toronto professor, it builds on the 2019 *Invisible No More* project to explore community assets, needs, and research priorities. The findings will help Public Health strengthen partnerships, improve outreach, assess resources, and plan inclusive programs for 2SLGBTQIA+ youth and older adults. The project also supports capacity-building and amplifies community voices in decision making. Engagement sessions will take place during Pride season.

On March 18, a staff member from Comprehensive Health Promotion and the public health nurse from the Health Equity team participated in an interactive session organized by the Table de collaboration avec les personnes de la région du Moyen Nord which is part of the Fédération des aînés et des retraités francophones de l'Ontario. The priorities identified for 2025 by the advisory committee are French-language home services and ageism, and these were the topics covered at the session. Conversations among community members and partners in support of evolving these priorities will continue throughout the year.

On March 15, the health promoter for Racial Equity attended the *Mental Health Matters* March Break Day Camp, organized by Thriving African Families. Participation aimed to bring awareness of systemic disparities in mental health by engaging Black children and youth (ages 14-29) in a culturally affirming space. A brief presentation on the role of Public Health in promoting and protecting health and preventing disease was shared. To further support awareness, agency “swag” items related to mental health were provided to participants, reinforcing key messages of resilience, emotional well-being, and the importance of culturally responsive support systems.

The health promoter for Racial Equity also participated in *Forum communautaire 2025* on March 21, organized by the Centre de santé communautaire du Grand Sudbury and the Community Advisory Board of the Communauté francophone accueillante (CFA de Sudbury). As CFA de Sudbury enters its fifth year, the forum focused on developing a work plan for 2025–2028 to enhance collaboration between service providers, Francophone organizations, and community members to support the successful integration of newcomers in the City of Greater Sudbury. The opportunity to participate in CFA de Sudbury activities aligns well with our commitment to health equity by fostering inclusive partnerships and addressing barriers to health and social services for Francophone and newcomer populations.

Staff from the Health Equity team attended the *Third Annual Greater Sudbury Immigration Summit* hosted by the Sudbury Local Immigration Partnership (SLIP) on March 24. This event featured keynote presentations on critical topics such as anti-racism, advocacy, mental health, and health equity. Engaging small group conversations highlighted the impactful work of community organizations, and an interactive panel discussion reinforced the significance of deepening our understanding of ways community partners can make Sudbury more inclusive for newcomers.

Along with the manager of Indigenous Public Health, the Health Equity manager attended a local gathering of northeast Ontario Health Teams (OHTs) on March 25. OHT leaders gathered to discuss collaboration, capacity building, and enabling health equity within health care settings. Insights from Indigenous Engagement and Health Equity work happening at Public Health Sudbury & Districts were presented, and both managers participated in small group knowledge exchange.

On April 11, the Health Equity team will host a staff information session related to Engagement, Governance, Access, and Protection (EGAP) principles in collecting health data. This session, led by subject matter expert Jemal Demeke from the Wellesley Institute, will provide Public Health staff with insights into responsible data practices and evidence-informed decision making to strengthen public health effectiveness and improve health outcomes for equity-denied populations. Additionally, this session will build on recent OCAP training attended by staff and will help to provide further guidance in support of key initiatives such as the Information Data Governance Project and the Socio-Demographic Data Collection Pilot Project.

2. Indigenous Engagement

On March 6, 2025, the manager, Indigenous Public Health, co-presented with the manager Indigenous Health for Haliburton, Kawartha, Northumberland & Peterborough Health Unit to the Ontario Public Health Climate Network a presentation called: *Climate Change and Impacts on Indigenous Communities*. The presentation shared the unique challenges that Indigenous communities face with regard to climate change, legal frameworks that affirm Indigenous rights, respectful engagement with Indigenous communities and how to apply Indigenous rights and principles of relationship building in public health climate change work.

The Unlearning Club was launched in ceremony with Nokomis Martina Osawamick on March 21, 2025, to coincide with the International Day for the Elimination of Racial Discrimination. The Unlearning Club is a voluntary 18 month learning journey that explores racism, white supremacy, and colonization as key factors influencing health outcomes. It aims to provide participants with the tools to recognize how anti-Indigenous racism and white supremacy manifest in our daily work—through policies, practices, and processes—and to actively adopt anti-racist strategies to challenge and dismantle these systems.

This event was hybrid, with 77 people in person, and 17 online. As of the launch, 119 participants have signed up for this voluntary project, including staff, managers, executive committee, and the Board of Health. This places the organization at approximately a 1/3 participation rate. The post event survey revealed a positive response to the event.

Facilitated discussions are scheduled to start in April 2025 for staff. The Board of Health is receiving an orientation for the upcoming Unlearning Club following their April 17, 2025, meeting. Board of Health members who participate in the voluntary project will complete independent learning prior to facilitated discussions beginning in May 2025.

3. Population Health Assessment and Surveillance

In February and March, the Population Health Assessment and Surveillance team responded to 35 requests, including routine surveillance and reporting, media requests, and other internal and external requests for data, information, and consultation. This included 6 project-related requests (e.g., dashboard development, database, report development, and process improvement projects). The team continues to support agency data needs by preparing regular internal reports and dashboards, such as reports on the control of infectious diseases and vaccination data.

In February, a team member was invited to speak at alPHA's 2025 Winter Symposium workshop *Harnessing the Power of 'Where' for Public Health Decisions*. The School Resource Atlas was highlighted as an example of how Geographic Information System (GIS) can be used to break down silos across an organization and encourage thinking spatially. Other health units have reached out to find out more about the School Resource Atlas as a result of this presentation.

In March, the team published a new resource on the Demographics and Health Statistics section of the website. The [Snapshot of infectious diseases 2024: Sudbury and districts](#) provides an overview of infectious disease data for 2024, including case numbers, crude incidence rates, and age- and sex-specific rates for diseases of public health significance.

4. Effective Public Health Practice

A research project is underway to develop tools and resources to support public health with measuring the effectiveness of building healthy public policy. The research team consists of staff from Public Health Sudbury & Districts, Public Health Ontario, Algoma Public Health, and Ottawa Public Health. Building Healthy Public Policy is a core action of health promotion and is one of three strategies in the draft *Ontario Public Health Standards*.

5. Staff Development

Preliminary planning is currently underway for an agency Staff Day 2025. This initial planning has been informed by Public Health Sudbury & Districts strategic priorities and medium-term operational priorities with a key focus on organizational culture, staff development, engagement, and recognition. The last Staff Day was held in 2018. A half-day session is currently planned for the fall of 2025.

6. Student Placement

February and March saw several student placements beginning, including a NOSM University Public Health and Preventive Medicine resident completing a Communicable Disease Control rotation in March and April, the first NOSM University medical resident we have hosted since early 2023. The agency also hosted two first-year NOSM University medical students for a half-day 'Foundations of Interprofessional Team Based Care in the North' (FIT) observational experience, where they met with staff from Public Health Assessment and Surveillance Team (PHAST), Effective Public Health Practice (EHP), Health Equity, dietetics and Indigenous Engagement. April will see another Public Health and Preventive Medicine resident from NOSM University begin their capstone Leadership and Management rotation with Public Health. The rotation, consisting of six blocks, will run until October.

7. Communications

During the lead up to the provincial election, the agency developed key messages of interest to residents within our service area. Topics pertaining to sustainable investments in public health, childhood vaccinations, emergency preparedness, and investing in children, along with voter information was shared via the agency's social channels. Work is also underway to promote messaging from the Canadian Public Health Association within the context of the federal election.

Throughout February and March, Communications supported teams in promoting programs and services for clients including the sexual health clinic and upcoming dental screenings, as well as through awareness social posts for topics such as Ramadan, *National Human Trafficking Day*, and the *International Day for the Elimination of Racial Discrimination*. In collaboration with the Health Protection division, a public notice was issued related to preventing the spread of respiratory and enteric illnesses. Communications also assisted in the creation and distribution of promotions for the provincial election, including a news release, video content, and various social media posts. Communications supported program teams in addressing media inquiries for a variety of topic areas including the provincial election, the current status of measles and preventative measures, vaccine confidence, updates surrounding the Community Drug Strategy, opioid mortality trends, public education for cervical screening changes, looking back at the COVID-19 pandemic, and data pertaining to the *Immunization of School Pupils Act*.

Communications and the Information Technology teams are working with a vendor to conduct a needs assessment to inform the requirements for a new website. In March, Public Health also launched Instagram accounts to deliver public health messaging to new audiences in new ways. Follow us: @PublicHealthSD and @SantePubliqueSD.

Respectfully submitted,

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 2 Periods Ending February 28, 2025

Cost Shared Programs

	Adjusted BOH Approved Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
Revenue:					
MOH - General Program	18,723,731	3,120,622	3,089,736	30,886	15,633,995
MOH - Unorganized Territory	826,000	137,667	137,668	(1)	688,332
Municipal Levies	11,186,768	1,864,461	1,864,751	(289)	9,322,017
Interest Earned	300,000	50,000	70,743	(20,743)	229,257
Total Revenues:	\$31,036,499	\$5,172,750	\$5,162,898	\$9,852	\$25,873,601
Expenditures:					
Corporate Services:					
Corporate Services	6,320,175	1,251,875	1,035,232	216,644	5,284,944
Office Admin.	104,350	17,392	9,341	8,051	95,009
Espanola	131,102	23,953	22,244	1,709	108,858
Manitoulin	141,746	25,938	21,744	4,194	120,002
Chapleau	140,300	25,545	21,161	4,384	119,139
Sudbury East	19,530	3,255	3,330	(75)	16,200
Intake	372,587	71,651	60,015	11,636	312,572
Facilities Management	744,668	133,945	35,659	98,286	709,010
Volunteer Resources	3,850	642	0	642	3,850
Total Corporate Services:	\$7,978,309	\$1,554,195	\$1,208,724	\$345,471	\$6,769,585
Health Protection:					
Environmental Health - General	1,272,898	232,591	239,601	(7,010)	1,033,296
Enviromental	2,824,889	551,101	498,169	52,932	2,326,720
Vector Borne Disease (VBD)	42,914	5,851	4,441	1,410	38,473
CID	1,528,164	293,646	280,799	12,847	1,247,365
Districts - Clinical	236,444	45,444	43,709	1,736	192,736
Risk Reduction	53,756	7,376	3,306	4,070	50,450
Sexual Health	1,508,238	288,112	309,171	(21,059)	1,199,068
SFO: E-Cigarettes, Protection and Enforcement	257,027	44,982	39,054	5,928	217,973
Total Health Protection:	\$7,724,330	\$1,469,103	\$1,418,250	\$50,853	\$6,306,080
Health Promotion and Vaccine Preventable Diseases:					
Health Promotion and VPD - General	1,849,198	349,212	294,434	54,778	1,554,764
Districts - Espanola / Manitoulin	376,553	72,414	70,096	2,318	306,457
Nutrition & Physical Activity	1,568,704	297,833	222,062	75,771	1,346,642
Districts - Chapleau / Sudbury East	432,484	83,170	77,402	5,767	355,081
Comprehensive Substance Use (Tobacco, Alcohol, Cannabis) & School & Daycare Coordination	951,390	181,506	94,722	86,785	856,669
Family Team	1,481,508	280,425	235,682	44,743	1,245,826
Community Drug Strategy & Toxic Drug Crisis & Mental Health Promotion	960,374	183,791	200,234	(16,443)	760,140
Oral Health	524,052	100,668	106,519	(5,851)	417,533
Healthy Smiles Ontario	667,047	125,651	124,816	834	542,230
SFO: TCAN Coordination and Prevention	505,286	94,205	57,611	36,594	447,675
Harm Reduction Program Enhancement	198,465	38,019	24,584	13,435	173,881
COVID Vaccines	111,689	21,479	7,506	13,972	104,183
VPD	1,673,068	319,254	285,672	33,582	1,387,396
MOHLTC - Influenza	(0)	1,251	(215)	1,466	215
MOHLTC - Meningitis	0	346	(1,182)	1,528	1,182
MOHLTC - HPV	0	479	(884)	1,363	884
Total Health Promotion:	\$11,299,817	\$2,149,703	\$1,799,060	\$350,643	\$9,500,758
Knowledge and Strategic Services:					
Knowledge and Strategic Services	3,048,643	580,895	619,010	(38,115)	2,429,633
Workplace Capacity Development	43,507	0	6,391	(6,391)	37,116
Health Equity Office	10,970	1,745	3,779	(2,034)	7,191
Nursing Initiatives: CNO, ICPHN, SDoH PHN	516,126	99,255	87,978	11,277	428,148
Indigenous Engagement	414,797	79,520	48,007	31,513	366,790
Total Knowledge and Strategic Services:	\$4,034,043	\$761,415	\$765,165	\$(3,750)	\$3,268,878
Total Expenditures:	\$31,036,499	\$5,934,415	\$5,191,198	\$743,217	\$25,845,301
Net Surplus/(Deficit)	\$ (0)	\$(761,666)	\$(28,301)	\$733,365	

Public Health Sudbury & Districts

Cost Shared Programs
STATEMENT OF REVENUE & EXPENDITURES
Summary By Expenditure Category
For The 2 Periods Ending February 28, 2025

	Adjusted BOH Approved Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over) /under	Budget Available
Revenues & Expenditure Recoveries:					
MOH Funding	31,036,499	5,172,750	5,171,406	1,344	25,865,093
Other Revenue/Transfers	657,147	79,845	134,904	(55,059)	522,243
Total Revenues & Expenditure Recoveries:	31,693,646	5,252,595	5,306,310	(53,715)	26,387,336
Expenditures:					
Salaries	19,341,764	3,719,567	3,730,833	(11,266)	15,610,931
Benefits	6,978,499	1,341,822	1,204,302	137,520	5,774,197
Travel	264,343	36,536	13,506	23,030	250,837
Program Expenses	748,022	93,983	36,980	57,003	711,042
Office Supplies	72,150	11,080	4,369	6,711	67,781
Postage & Courier Services	90,100	15,017	9,917	5,100	80,183
Photocopy Expenses	5,030	838	109	730	4,921
Telephone Expenses	73,850	12,308	12,621	(312)	61,230
Building Maintenance	528,488	97,915	24,819	73,096	503,669
Utilities	190,605	31,768	26,636	5,131	163,969
Rent	329,758	54,960	55,530	(570)	274,228
Insurance	147,768	132,976	98,508	34,468	49,260
Employee Assistance Program (EAP)	37,000	0	19,228	(19,228)	17,772
Memberships	51,750	8,608	9,523	(915)	42,227
Staff Development	151,201	11,340	11,713	(373)	139,488
Books & Subscriptions	7,045	1,662	1,648	14	5,397
Media & Advertising	101,850	16,975	2,613	14,362	99,237
Professional Fees	992,511	165,418	65,414	100,004	927,097
Translation	58,430	8,210	16,155	(7,944)	42,275
Furniture & Equipment	18,870	2,506	(90,283)	92,789	109,153
Information Technology	1,504,612	250,769	80,470	170,299	1,424,142
Total Expenditures	31,693,646	6,014,260	5,334,610	679,650	26,359,035
Net Surplus (Deficit)	(0)	(761,666)	(28,301)	733,365	

Sudbury & District Health Unit o/a Public Health Sudbury & Districts
SUMMARY OF REVENUE & EXPENDITURES
 For the Period Ended February 28, 2025

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
100% Funded Programs							
Indigenous Communities	703	90,400	21,799	68,601	24.1%	<i>Dec 31</i>	16.7%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	83,945	16,055	83.9%	<i>Mar 31/2025</i>	91.7%
Northern Fruit and Vegetable Program	743	176,100	73,179	102,921	41.6%	<i>Dec 31</i>	16.7%
Healthy Babies Healthy Children	778	1,725,944	1,559,904	166,040	90.4%	<i>Mar 31/2025</i>	91.7%
IPAC Congregate CCM	780	930,100	823,446	106,654	88.5%	<i>Mar 31/2025</i>	91.7%
Ontario Senior Dental Care Program	786	1,315,000	162,017	1,152,983	12.3%	<i>Dec 31</i>	16.7%
Anonymous Testing	788	64,293	58,920	5,373	91.6%	<i>Mar 31/2025</i>	91.7%
Total		4,401,837	2,783,210	1,618,627			



Windsor-Essex County Health Unit Board of Health

RECOMMENDATION/RESOLUTION REPORT – RECOMMENDATION/RESOLUTION REPORT – Animal Bite Prevention Strategies in Windsor and Essex County

2025-02-06

ISSUE

Human injuries from animal bites are a major public health issue. These bites can lead to rabies exposures, a viral disease that is almost always fatal in humans if not treated promptly as well as cause severe infections and psychological trauma. Preventive measures such as responsible pet ownership, rigorous animal control measures, and pet vaccinations can help to reduce the number of animal bites and rabies exposures.

BACKGROUND

Rabies is a reportable disease in Ontario which is investigated in accordance with the [Health Protection and Promotion Act](#), the [Management of Potential Rabies Exposures Guideline](#), and the [Rabies Prevention and Control Protocol](#). Local public health units evaluate probable rabies exposure cases within 24 hours of notice, assessing risk, advising post exposure prophylaxis (PEP) where needed, and organizing testing or confinement of affected animals.

The Windsor-Essex County Health Unit (WECHU) has investigated approximately 2600 animal bite cases (in humans) in Windsor and Essex County (WEC) from 2022 to 2024, 92% of which involved canine and feline species.

A 2020 University of Guelph study found individuals living in a city are twice as likely to be bit by a dog compared to those living in the rural areas. Approximately 60% of all bites occurred while playing or interacting with the dog. The study also indicated that 77% of the dogs that bit were unleashed and approximately 17% were not vaccinated against rabies.¹ According to Government of Canada, the high-risk groups that get bitten the most are include children, people who work with animals and the people who are outdoors.²

In Ontario and across Canada, animal control is managed by municipal governments. Currently, all municipalities in WEC have by-laws for animal control which include licensing, leashing, maximum number of pets permitted per household, and breed-specific legislation. Evidence shows that increased enforcement for off-leash infractions and increased signage at parks, trails and dog parks could help reduce animal bite incidents. The signs should provide clear information about the dangers of rabies as well as what to do in the event of a bite or scratch from an animal, obtain animal owner information, cleaning the wound and reporting the incident to the health unit.

Successful exposure prevention efforts require positive changes in public behaviour and increased awareness of leashing requirements as a way to promote responsible pet ownership. A proactive community education and awareness campaign can support enforcement and compliance with the goal of reducing the occurrence of animal bites as well as increase in rabies vaccination rates for animals.

Timely and complete reporting of animal bites is an essential component of a successful rabies prevention program. Under [O. Reg. 557 of the Health Protection and Promotion Act](#), there is a requirement that a physician, registered nurse in the extended class, veterinarian, police officer or any other person who has information of any animal bite or other animal contact with a human must notify the Medical Officer of Health (MOH). Prompt reporting of animal bites and/or contact assists the public health unit in the decision to recommend post-exposure prophylaxis treatment to prevent potential risk of rabies transmission to humans. The health unit works closely with municipalities, veterinarians, healthcare providers as well as police services to provide information for reporting and investigation. In response to the recent human rabies case in Ontario, additional engagement with local primary care providers will take place to ensure all providers are confident with strategies to assess rabies exposure risks and administer post-exposure prophylaxis (PEP).

PROPOSED MOTION

WHEREAS, animal bites to humans increase the risk of rabies virus transmission which can be fatal if left untreated; and

WHEREAS, data indicates that approximately 92% of local animal to human bite investigations involved canine and feline species, emphasizing the need for responsible pet ownership and up-to-date rabies vaccinations for pets; and

WHEREAS, animal bites affect vulnerable populations such as children, people working with animals, people who are outdoors, as well as people living and working in urban areas disproportionately; and

WHEREAS, a proactive community education and awareness campaigns can effectively promote compliance with leashing requirements and vaccination regulations; and

WHEREAS, the WECHU is committed to ongoing collaborations with local municipalities, veterinarians, healthcare providers as well as police services to provide information on accurate and complete reporting of animal bites.

THEREFORE, BE IT RESOLVED THAT, that the Windsor-Essex County Board of Health recommends that WEC municipalities support ongoing education, prevention and advocacy efforts related to animal bite and rabies prevention activities;

AND FURTHER THAT, the Windsor-Essex County Board of Health encourages all local municipalities to review, strengthen and enforce existing animal control by-laws, including off-leash violations.

References:

1. Julien, D. A., Sargeant, J. M., Filejski, C., & Harper, S. L. (2020). Ouch! A cross-sectional study investigating self-reported human exposure to dog bites in rural and urban households in southern Ontario, Canada. *Zoonoses and public health*, 67(5), 554–565. <https://doi.org/10.1111/zph.12719>
2. Government of Canada (2024). *Rabies for health professionals*. Retrieved from <https://www.canada.ca/en/public-health/services/diseases/rabies/for-health-professionals.html>



Windsor-Essex County Health Unit Board of Health

RECOMMENDATION/RESOLUTION REPORT – Rabies Prevention in Windsor and Essex County

2024-12-05

ISSUE

The Windsor-Essex County Health Unit's (WECHU) [Rabies Prevention Board of Health Informational Report](#) from September 2024 highlighted the on-going risk of rabies to Ontario residents, reaffirmed from the recent identification of the province's first human rabies death since 1967. This case, involving exposure to a rabid bat, underscores the persisting risk of rabies transmission to humans. The frequency of post-exposure prophylaxis (PEP) issued in response to potential high-risk rabies exposures puts considerable strain on healthcare resources. The on-going public risk and status of rabies prevention emphasizes an opportunity for strengthened public health interventions to mitigate risk in high-risk animal interactions, and potential human exposure incidents.

BACKGROUND

Rabies is transmitted through the bite or scratch of infected animals, primarily wildlife such as bats, raccoons, skunks, and foxes, as they are known reservoirs for rabies. Generally, rabies is less likely to occur in domestic animals, compared to stray or wild animals. Domestic animals are more likely to be vaccinated and may spend less time outdoors where exposure to a potentially rabid animal could occur. Reported exposure from a wild or outdoor animal is considered to yield a higher risk of rabies transmission as part of the overall assessment of risk.

Effective wildlife vaccination programs, domestic animal licensing and vaccination policies, public education, and proactive policy measures for high-risk animal control are critical components of a comprehensive local rabies prevention strategy.

Keeping domestic animals (pets) up to date on vaccination is an important strategy to reduce the risk of rabies exposure in the community. In WEC, approximately 60% of domestic animals are not current on their rabies vaccination, contrary to the [Ontario Regulation 567: Rabies Immunization](#). These animals are more susceptible to contracting rabies, which could lead to increasing rates of exposure and human transmission.

Currently, most local municipal licensing requirements for residents are limited to dogs and do not take into consideration the vaccination status of the animal (i.e. licences are provided regardless of whether animals are up to date with rabies vaccination recommendations). Broadening animal licensing by-laws to require up-to date vaccination records, and to expand licensing requirements to include all common domestic animals (i.e., cats and ferrets) known to be capable of carrying and transmitting rabies, are effective ways for municipalities to reduce exposure risks. With comprehensive by-laws in place, ongoing by-law enforcement and compliance efforts can result in greater preventative results. Recognizing the significant cost barrier that exists for both animal licensing and animal vaccination services, it is also important that municipalities integrate opportunities for low-cost access to such services in order to ensure barrier free compliance pathways for all local populations.

As noted, exposure from a wild or outdoor animal is considered to yield a higher risk of rabies transmission than exposures involving domestic animals. In addition to exposures that occur in nature and an animals habitat area, rabies exposures can occur when residents attempt to remove high-risk animals (i.e. bats) that have entered a home, public, or living space. To date in 2024, 20 high-risk animal rabies exposures have been investigated; in three of these cases, improper removal of animals resulted in PEP being issued at an average cost of \$2,000 per case. Attempting to remove wild animals without proper protection and training can lead to preventable risk points. Procuring wildlife trapping specialists that are trained and certified although recommended, can be costly for individuals and families. Exploring opportunities to provide accessible and affordable animal removal services is an important measure that communities can support to reduce human rabies exposures, and the costs associated with exposure investigations and post exposure care costs.

PROPOSED MOTION

WHEREAS, rabies is almost always fatal in humans once symptoms develop; and

WHEREAS, rabies is present in our community with bats, raccoons, foxes, and skunks as the most common wildlife carriers; and

WHEREAS, immunization requirements for domestic animals are a key prevention and management strategy in Ontario to reduce rabies exposure risks; and

WHEREAS, municipal animal licensing strategies are an effective way for communities to clarify what animals can and cannot be kept as pets and what regulations pet owners must follow in caring for them; and

WHEREAS, there are opportunities for communities to prevent high-risk animal exposures through accessible and affordable wildlife removal services; and

THEREFORE, BE IT RESOLVED THAT, the Windsor-Essex County Board of Health encourages all local municipalities to review, strengthen, and enforce animal licensing by-laws and include provisions that consider the immunization status of domestic animals as a part of the licensing process.

AND FURTHER THAT, the Windsor-Essex County Board of Health recommends local municipalities explore opportunities to coordinate accessible and affordable animal removal services for residents to reduce instances of high-risk rabies exposures in the community.



Windsor-Essex County Board of Health

RESOLUTION REPORT - Addressing Household Food Insecurity

Date: December 5, 2024

ISSUE

Food insecurity, defined as inadequate or insecure access to food due to financial constraints (Li et al., 2023), remains a significant public health issue in Windsor-Essex County (WEC). Locally, WEC had a 20.7% household food insecurity rate between 2021-2023, with a 24.1% rate in 2023 alone (PHO, 2024). The [2024 Real Cost of Eating Report](#) demonstrates that income, particularly when dependent on social assistance, is not adequate for many WEC residents to afford basic needs. Even after adjusting for other well-established social determinants of health, such as education and income levels, food insecurity has been found to negatively impact people's physical, mental, and social well-being. Food insecurity is a robust predictor of healthcare use and costs, resulting in considerable public spending on health care. Due to its impact on health, food insecurity is an urgent public health problem and upstream income-based solutions are needed to address poverty, income insecurity, and household food insecurity.

BACKGROUND

Income disparities: Income inequality has been recognized as one of the most significant social determinants contributing to poor population health outcomes and is the main driver of food insecurity. According to the Statistics Canada Labour Force Survey (2023) 41% of Windsor residents have difficulty meeting their financial needs. Table 1 outlines the disparities in a variety of income streams. Of note, the monthly amount a single adult on Ontario Works receives has gone unchanged since 2018, and although the minimum wage rate has increase by \$3.20/hr in that same period, it is still well below the living wage rate for our community.

	2018	2019	2020	2021	2022	2023	2024
Living Wage in WEC	\$14.81	\$15.15	\$15.52	\$16.60	\$18.15	\$18.65	\$19.85
Minimum Wage	\$14.00	\$14.00	\$14.25	\$14.35	\$15.50	\$16.55	\$17.20
Difference	-\$0.81	-\$1.15	-\$1.27	-\$2.25	-\$2.65	-\$2.10	-\$2.65
OW Monthly Rate	\$733	\$733	\$733	\$733	\$733	\$733	\$733
OW rate as a 40hr/week wage	\$4.58	\$4.58	\$4.58	\$4.58	\$4.58	\$4.58	\$4.58
ODSP Monthly Rate	\$1,169	\$1,169	\$1,169	\$1,169	\$1,228	\$1,308	\$1,368
ODSP rate as a 40hr/week wage	\$7.30	\$7.30	\$7.30	\$7.30	\$7.68	\$8.18	\$8.55

Table 1: Income rates from various sources since 2018.

Link between income and health/well-being: Income has a critical impact on health, with better health outcomes associated with higher income levels, and poorer health outcomes associated with lower income levels (Raphael et al, 2020). The severity of food insecurity makes it more difficult to manage self-care and conditions through diet, which further compromises health overall. This bi-directional relationship is also profoundly seen in mothers experiencing food insecurity, as they tend to cease exclusive breastfeeding sooner than those who are food secure leading to the “breastfeeding paradox”; those who can least afford to buy infant formula and whose babies can benefit most from breastmilk are least likely to breastfeed. This increases the risk infants being inadequately nourished, as research suggests that mothers in food-insecure circumstances struggle to maintain an adequate

supply of formula. Evidence suggests income supplementation reduces food insecurity for low-income Canadians and positively impacts childhood health outcomes (e.g., birth weight, mental health) (ODPH, 2020).

Addressing Food Insecurity through income responses: Policy decisions play an important role in determining food insecurity rates, because many of these decisions directly impact households' financial circumstances. Evidence and modelling clearly indicate that a livable minimum wage and increasing the amount of money provided by social assistance programs (such as the Canada Child Benefit, Employment Insurance, the Canada Pension Plan, and rental assistance programs), reduce the risk of household food insecurity (Dietitians of Canada, 2024). Further, [numerous Ontario municipalities](#) and their boards of health, have endorsed basic income, calling on the provincial and federal governments to collaborate to implement a basic income program ([Kitchener City Council – 2024](#); [Region of Waterloo - 2023](#); [Hamilton City Council – 2023](#)). Successful examples of a Canadian basic income include the Old Age Security (OAS) and Guaranteed Income Supplement (GIS). In a cohort of individuals over 65 receiving OAS/GIS, compared to a cohort aged 55-64 years, the probability of food insecurity was reduced by half, even when age, sex, income level, and home ownership were considered (McIntyre et al, 2016). Income policies preserve dignity, address the root cause of the problem, give choice of which foods to buy, and ensure the basic right to food.

Previous Food Security Resolution and Current Work: In 2012, the Board of Health passed a resolution formalizing their commitment to improving food security for Windsor-Essex County residents. Since this resolution, the Chronic Disease and Injury Prevention Department has maintained the local [Food Policy Council](#), monitored the [rising cost of food](#) in the community, and advocated for sustainable policy solutions to multiple levels of government. In March of 2024, the Board of Health received and passed the resolution [Food Insecurity Compromises Infant Health](#), which inspired and informed, the Ontario Dietitians in Public Health resolution [A24-04 Early Childhood Food Insecurity](#) which was passed at the Association of Local Public Health Agencies (aLPHA) AGM in June.

PROPOSED MOTION

WHEREAS *the 2024 Monitoring food affordability results demonstrate that households relying on minimum wage and social assistance do not have enough money to cover their living expenses, including food; AND*

WHEREAS *food insecurity is a chronic and worsening health issue as documented by annual local data on food affordability and as recognized by multiple aLPHA resolutions: [A05-18](#) (Adequate Nutrition for Ontario Works and Ontario Disability Support Program), [A18-02](#) (Minimum Wage that is a Living Wage), [A15-04](#) (Basic Income Guarantee), [A23-05](#) (Monitoring Food Affordability in Ontario and the Inadequacy of Social Assistance Rates), and [A24-04](#) (Early Childhood Food Insecurity); AND*

WHEREAS *numerous agencies such as Dietitians of Canada and the Ontario Dietitians in Public Health (ODPH) have position papers calling for income-based policy solutions for food insecurity at all levels of government.*

NOW THEREFORE BE IT RESOLVED *that the Windsor-Essex County Board of Health call on the federal government to implement income-related policy interventions that have the potential to reduce food insecurity, including: the expansion of the Canadian Child Benefit, implementing a basic income guarantee for those age 18-64, enhancing the Canada disability benefit, and providing access to automated income-tax returns for low income Canadians; AND*

FURTHER, *the Board of Health call on the provincial government to incorporate local food affordability data in determining social assistance rates and to index Ontario Works rates to inflation to reflect the current costs of living; AND*

FURTHER, *the Board of Health intensify its work with relevant area agencies and community groups, and municipalities to shift the focus of food insecurity initiatives from food charity to income-based solutions, including but not limited to the sharing of data and evidence-based income solutions.*

References:

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

Public Health Ontario (2024). Toronto, ON: King's Printer for Ontario; 2024 [cited 2024 09 09]. Available from: <https://www.publichealthontario.ca/en/Data-andAnalysis/Health-Equity/Household-Food-Insecurity>

Statistics Canada (2023). Labour Force Survey, October 2023. Retrieved from: <https://www150.statcan.gc.ca/n1/daily-quotidien/231103/dq231103a-eng.htm>

Raphael, D., Bryant, T., Mikkonen, J. and Raphael, A. (2020). Social Determinants of Health: The Canadian Facts. Oshawa: Ontario Tech University Faculty of Health Sciences and Toronto: York University School of Health Policy and Management

Ontario Dietitians in Public Health. (2020). Position Statement and Recommendations on Responses to Food Insecurity. Available from: odph.ca.

Dietitians of Canada (2024). Position Statement on Household Food Insecurity in Canada. Available from [https://www.dietitians.ca/Advocacy/Priority-Issues-\(1\)/Position-Statement-on-Household-Food-Insecurity](https://www.dietitians.ca/Advocacy/Priority-Issues-(1)/Position-Statement-on-Household-Food-Insecurity)

McIntyre, L., Dutton, D.J., Kwok, C., & Emery, J.C.H. (2016). Reduction of food insecurity among low-income Canadian seniors as a likely impact of a guaranteed annual income. Canadian Public Policy 42:3, 274-286.

Tarasuk V, Li T, Fafard St-Germain AA. (2022) Household food insecurity in Canada, 2021. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from <https://proof.utoronto.ca/> September 2, 2022.

Windsor Essex County Health Unit (2023). Real Cost of Eating Well in Windsor-Essex. Retrieved from: <https://www.wechu.org/healthy-eating/nutritious-food-basket>



Windsor-Essex County Health Unit Board of Health

RECOMMENDATION/RESOLUTION REPORT – Intimate Partner/Gender Based Violence

2024-12-05

BACKGROUND

The [World Health Organization \(WHO\)](#) defines intimate partner violence as behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours. This definition covers violence by both current and former spouses and partners. In 2018, the topic of violence was added to the Ontario Public Health Standards, acknowledging it as a public health priority and requiring boards of health to assess local risks and prevention factors through collaboration with local partners.

Anyone can experience domestic violence, regardless of age, race, economic status, religion, sexual orientation or education. While men can experience intimate partner violence, women experience it at a higher rate. Women and children with intersectional identities may be at greater risk of intimate partner violence.

In 2022, Ontario's chief coroner published the results of a jury inquest into the circumstances surrounding the deaths of Carol Culleton, Anastasia Kuzyk, and Nathalie Warmerdam, all of whom were killed by the same perpetrator on September 22, 2015. The inquiry result included 86 recommendations to address the systemic conditions with the intention of preventing future cases. Recommendations included enhanced education and awareness, provincial regulatory recognition, investment in prevention initiatives, training for law enforcement and emergency responders, and required registries for repeat offenders.

Key statistics on Intimate Partner Violence and Gender Based Violence:

- The Statistics Canada 2023 Crime Severity Index (CSI) indicated that Windsor and Amherstburg's crime severity index increased by 4.8%, the violent crime severity index increased by 15.5%, and the non-violent crime severity index increased by 0.6% from 2022. ¹
 - Compared with data from 2022, Windsor and Amherstburg saw higher rates of assaults (up 16%). Of the total number of assaults reported, 45% were related to intimate partner violence.²
- The WHO estimates that 26% of women have been subjected to physical and or sexual violence from a current or former male intimate partner at least once in their lifetime.³
- In Canada in 2019, of the 107,810 people aged 15 and over who experienced intimate partner violence 79% were women. ⁴

¹ <https://www150.statcan.gc.ca/n1/daily-quotidien/240725/dq240725b-eng.htm>

² <https://www150.statcan.gc.ca/n1/daily-quotidien/240725/dq240725b-eng.htm>

³ <https://apps.who.int/violence-info/intimate-partner-violence/>

⁴ Conroy, Shana. 2021. "Section 3: Police-reported intimate partner violence in Canada, 2019." In Family violence in Canada: A statistical profile, 2019. *Juristic*. Statistics Canada Catalogue no. 85-002-X

- Approximately once a week in Canada, a woman is killed by her male partner.⁵
- Intimate partner violence costs Canadian taxpayers billions of dollars each year.⁶
- Indigenous women are 3 times more likely to experience violent victimization than non-Indigenous women and are 2.5 times more likely to experience spousal violence.⁷
- Eighty percent of survivors of intimate partner violence tell family or friends of their situation, only 30 percent report the abuse to the police.⁸

PROPOSED MOTION

Whereas, the WECHU believes that everyone has the right to live in safety and with dignity, free from intimidation and the threat of violence; and

Whereas, the Ontario Public Health Standards requires boards of health, based on local evidence, to address violence through public health interventions including collaboration and advocacy; and

Whereas, the elements of proposed Bill 173, the Intimate Partner Violence Epidemic Act, 2024, would establish provincial recognition that intimate partner violence is at crisis level in Ontario; and

Whereas, Windsor and Essex County residents and families have lived experience with intimate partner violence as a complex, multi-faceted issue that requires our community to address the root causes while simultaneously supporting survivors and families;

Now therefore be it resolved that the Windsor-Essex County Board of Health urges the Province of Ontario to implement a meaningful and sustained society-wide response to intimate partner violence and gender-based violence; and

FURTHER THAT, Windsor and Essex County municipalities address gender based and intimate partner violence prevention within their provincially legislated community safety and well-being plans; and

FURTHER THAT, intimate partner violence, gender based, and family violence prevention is funded provincially to ensure the necessary ongoing investment of resources to support an effective public health approach to addressing violence in Ontario's communities; and

FURTHER THAT, the WECHU endorses calls for the provincial government to address intimate partner and gender based through legislative action.

⁵ Canadian Femicide Observatory for Justice and Accountability, 2019. <https://femicideincanada.ca/>

⁶ An Estimation of the Economic Impact of Spousal Violence in Canada, Department of Justice, 2009
https://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/rr12_7/rr12_7.pdf

⁷ <https://www150.statcan.gc.ca/n1/pub/85-002-x/2022001/article/00004-eng.htm>

⁸ <https://www.ontario.ca/page/intimate-partner-violence>

From: Ontario News <newsroom@ontario.ca>
Sent: March 14, 2025 11:02 AM
To: Jamie Lamothe <lamothej@phsd.ca>
Subject: Statement from the Chief Medical Officer of Health



STATEMENT

Statement from the Chief Medical Officer of Health

March 14, 2025

[Ministry of Health](#)

TORONTO — Today, Dr. Kieran Moore, Chief Medical Officer of Health, issued the following statement:

“Over the last several weeks, we have seen the number of new measles cases rise to 173 bringing the total number of confirmed cases in Ontario to 350 since 2024, including 31 hospitalizations. This is the most measles cases Ontario has seen in over a decade. It is critical we work together to mitigate further spread of this vaccine-preventable disease.

Over 96 per cent of cases in Ontario are among individuals who are unimmunized, or have unknown immunization status, and were exposed in their community or while travelling. A majority of Ontario's cases are concentrated in southwestern Ontario among unvaccinated people.

Vaccination is the most effective way to limit the spread of measles and protect yourself and your loved ones. The measles, mumps and rubella (MMR) vaccine has been in use for more than 50 years and is proven to be one of the safest and most effective vaccines available. All Ontarians should ensure themselves, and their children, are up to date on their vaccinations. Children who are fully immunized with two doses of the measles vaccine are nearly 100 per cent protected, with one dose estimated to be up to 95 per cent protective.

As part of routine vaccination schedules, children should receive two doses of the measles vaccine, their first at 12 months and a second when they are between four to



six years old. If you are not sure about your immunization status, please contact your health care provider or your local public health unit.

Measles spreads easily among those who aren't vaccinated and can lead to serious health issues including pneumonia, respiratory failure, swelling of the brain, and in rare cases, death. If you think you or a family member has been exposed to measles, please contact your health care provider immediately. Before any visit, be sure to call ahead to let them know that you are coming and that you suspect that you may have measles so appropriate precautions can be taken.

We will continue to work alongside our public health partners to respond to measles and to ensure the health and safety of communities across the province.”

Additional Resources

- [Learn about measles including how it's spread, vaccines and treatment](#)
- [Publicly Funded Immunization Schedules for Ontario](#)
- [Public Health Unit locations](#)
- [Public Health Ontario: Measles Exposures in Ontario](#)

Media Contacts

Hannah Jensen

Minister Jones' Office

hannah.r.jensen@ontario.ca

Media Relations

Communications Branch

media.moh@ontario.ca

From: April Low <April.Low@greatersudbury.ca>
Sent: March 5, 2025 1:32 PM
To: April Low <April.Low@greatersudbury.ca>
Subject: Board of Health Seeking Indigenous Representative / Représentation autochtone recherchée par le Conseil de santé

For immediate release
Wednesday, March 5, 2025

Board of Health Seeking Indigenous Representative

Public Health Sudbury & Districts is seeking an Indigenous representative to join its governing body and policy maker, the Board of Health for Public Health Sudbury & Districts.

Qualified persons, who are grounded in community, have lived experience, are from this territory and reside in Greater Sudbury are invited to submit their application until 4:30 p.m. on Friday, March 28, 2025.

The board meets the third Thursday of each month, with exceptions in March, July, August and December. The successful candidate will be appointed to the board until November 14, 2026.

How to Apply

Application forms are available:

- Online at www.greatersudbury.ca/signon.
- By mail by calling 311 to request a form.
- In person at your nearest Greater Sudbury Public Library, Citizen Service Centre or at the One-Stop Services counter at Tom Davies Square.

About the Board of Health

The Board of Health for Public Health Sudbury & Districts is established by the provincial public health legislation, the Health Protection and Promotion Act (HPPA) and regulations. Boards of health monitor all operations within their public health unit and are accountable to the community and to the Ministry of Health.

For more information and to apply, visit www.greatersudbury.ca/signon.

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Media Contact:
communications@greatersudbury.ca

Pour diffusion immédiate
Le mercredi 5 mars 2025

Représentation autochtone recherchée par le Conseil de santé

Santé publique Sudbury et districts est à la recherche d'une représentante ou d'un représentant autochtone qui se joindra à son corps dirigeant et responsable des politiques, à savoir le Conseil de santé de l'organisme.

Les personnes qualifiées qui sont ancrées dans leur communauté, ont une expérience vécue, sont d'ici et habitent au Grand Sudbury sont invitées à présenter leur candidature au Bureau du greffier municipal le vendredi 28 mars 2025 à 16 h 30, au plus tard.

Le Conseil se réunit le troisième jeudi du mois, sauf en mars, juillet, août et décembre. La personne retenue sera nommée au Conseil jusqu'au 14 novembre 2026.

Comment présenter sa candidature

On peut obtenir un formulaire de candidature de l'une ou l'autre des façons suivantes :

- en ligne au www.grandsudbury.ca/sinscrire;
- par la poste en composant le 311 pour demander un formulaire;
- à la bibliothèque publique du Grand Sudbury ou au Centre de services aux citoyens le plus proche ou au comptoir des Services un arrêt à la Place Tom Davies.

Le Conseil de santé en bref

Le Conseil de santé de Santé publique Sudbury et districts est créé en vertu de la législation provinciale en matière de santé publique, de la Loi sur la protection et la promotion de la santé et ses règlements. Les conseils de santé encadrent toutes les activités au sein de leur bureau de santé respectif et sont responsables de leurs gestes devant le public et le ministère de la Santé.

Pour obtenir plus de renseignements et présenter votre candidature, visitez le www.grandsudbury.ca/sinscrire.

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Renseignements :

communications@grandsudbury.ca

APPROVAL OF CONSENT AGENDA

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

PRE-NOTICE

2025 ANNUAL GENERAL MEETING

PRE-NOTICE is hereby given that the 2025 Annual General Meeting of the **ASSOCIATION OF LOCAL PUBLIC HEALTH AGENCIES (alPHa)** will be held in Toronto on **Thursday, June 19, at 10:15 a.m. Eastern Daylight Time** at the 2025 Annual Conference for the following purposes:

1. To consider and approve the minutes of the 2024 Annual General Meeting;
2. To receive and adopt the annual reports from the Chair, Chief Executive Officer, Section Chairs, and others, as appropriate;
3. To consider and approve the Audited Financial Statements for 2024-2025;
4. To appoint an auditor for 2025-2026; and
5. To transact such other business as may properly be brought before the meeting.

DATED at Toronto, Ontario. Monday, March 3, 2025.

BY ORDER OF THE BOARD OF DIRECTORS.



Loretta Ryan
Chief Executive Officer



June 18th: Mobile Workshops 10 a.m. to noon and 1:30 p.m. to 3:30 p.m.
Opening Reception 5 p.m. to 7 p.m. EDT

June 19th: AGM & Conference 8:15 a.m. to 4:45 p.m. EDT

June 20th: BOH Section & COMOH Section Meetings 9 a.m. to 12 p.m. EDT

**Pantages Hotel, Rehearsal Hall, 3rd Floor, 200 Victoria Street
 Toronto, ON M5B 1V8**

Draft Program: April 8, 2025

June 18th	
Toronto Public Health - Food and Health History: Toronto's First Market – Mobile Workshop Workshop Leaders: Lori Zuppinger and Jessica Algie, Educators, Outreach & Public Programming, City of Toronto The histories of food and health have always been closely linked. Join representatives from the City of Toronto Archives for a walking tour of the St. Lawrence Market complex – Toronto's oldest marketplace and its first civic centre – to explore the evolution of food regulation and food safety in the city. The meeting point of the beginning of the tour is the front doors of the Pantages Hotel and the end point is the St. Lawrence Market. Please note, the distance from the Pantages Hotel to the St. Lawrence Market is a 25-minute walk. Following the tour, attendees are encouraged to enjoy lunch at the market and then head to Nathan Phillips Square in time for the afternoon mobile workshop. <i>Tour runs rain or shine. Please dress accordingly.</i>	10 a.m. – noon
Spirit Garden and Nathan Phillips Square at Toronto City Hall - Mobile Workshop The City of Toronto revitalized Nathan Phillips Square in order to host a greater	1:30 p.m. – 3:30 p.m.

number and variety of activities and special events. A key element of this revitalization is the Spirit Garden that opened in Fall 2024. The south-west quadrant of Nathan Phillips Square is an Indigenous cultural space and responds to the Truth and Reconciliation Commission of Canada's Call to Action 82, aligns with the City of Toronto's commitments to Indigenous Peoples, and is led by the Toronto Council Fire Native Cultural Centre in partnership with the City of Toronto. Additional changes at Nathan Phillips Square that are part of the revitalization project, also important in enhancing the public realm, will be highlighted. <i>Tour runs rain or shine. Please dress accordingly.</i>	
Opening Reception Come and join colleagues, old and new, at a reception with a cash bar and light snacks at the Pantages Hotel. This is an excellent opportunity to connect and reconnect with colleagues and special guests.	5 p.m. – 7 p.m.
June 19th	
<i>Breakfast will be available at 7:30 a.m.</i>	
Call to Order, Opening Remarks, and Land Acknowledgement Conference Chair: Trudy Sachowski, Chair, alPHa Board of Directors Hon. Doug Ford, Premier of Ontario (<i>invited</i>) Hon. Sylvia Jones, Deputy Premier and Minister of Health (<i>invited</i>)	8:15 a.m. – 8:30 a.m.
Fostering Understanding, Reconciliation, and Indigenous Connection Keynote Address and Workshop Marc Forgette, Makatew Workshops Moderator: Dr. Na-Koshie Lamptey Marc Forgette is a noted Indigenous speaker and founder of Makatew Workshops, working with organizations across Canada to deliver meaningful, hands-on learning rooted in Indigenous culture. Back by popular demand, Marc will share powerful teachings through a keynote address and an engaging workshop that fosters understanding, reconciliation, and connection.	8:30 a.m. – 10 a.m.
Morning Break	10 a.m. – 10:15 a.m.
Combined alPHa Business Meeting and Resolutions Session Conference Chair: Trudy Sachowski, Chair, alPHa Board of Directors Resolutions Chair and Parliamentarian: Dr. Robert Kyle, MOH, Durham Region Health Department	10:15 a.m. – 12:15 p.m.

<p>Lunch, Distinguished Service Awards, and Recognition of Board of Directors Speakers: Trudy Sachowski, Chair, alPHa Board of Directors and Loretta Ryan, Chief Executive Officer, alPHa</p> <p>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.</p>	12:15 p.m. – 1:45 p.m.
<p>Connecting Ontarians to Primary Care Speaker: Dr. Jane Philpott, Chair, Primary Care Action Team (<i>invited</i>) Moderator: Dr. Hsiu-Li Wang, Commissioner & Medical Officer of Health, Region of Waterloo</p>	1:45 p.m. – 2:10 p.m.
<p>Ontario Health & Public Health Ontario: Working in Partnership with Local Public Health Speakers: Dr. Chris Simpson (<i>invited</i>), Acute and Hospital-Based Care Executive Vice-President, Chief Medical Executive, Ontario Health, and Michael Sherar, President and Chief Executive Officer, Public Health Ontario Moderator: Susan Stewart, Director, Merger Office, South East Public Health</p>	2:10 p.m. – 2:35 p.m.
<p>Public Health and Engagement with Indigenous Communities Speakers from the Indigenous and Intergovernmental Unit Accountability and Liaison Branch, Ministry of Health and Indigenous Primary Health Care Council (IPHCC) Moderator: Dr. Lianne Catton, Medical Officer of Health and Chief Executive Officer, Northeastern Public Health</p>	2:35 p.m. – 3:00 p.m.
Networking Break	3:00 p.m. – 3:30 p.m.
<p>Navigating Ontario's Political Landscape in Challenging Times Speakers: Sabine Matheson, Principal, and John Perenack, Principal, StrategyCorp Moderator: Cynthia St. John, Chief Executive Officer, Southwestern Public Health</p> <p>We live in an increasingly uncertain world. The political landscape is changing rapidly and by the time of the conference, both the Federal and the Provincial governments will be well into their new mandates. 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 for this session to: communications@alphaweb.org on or before June 13th.</i></p>	3:30 p.m. – 4:15 p.m.
<p>Update from the Chief Medical Officer of Health Speaker: Dr. Kieran Moore, Chief Medical Officer of Health Moderator: Trudy Sachowski, Chair, alPHa Board of Directors</p>	4:15 p.m. – 4:45p.m.

Wrap Up Conference Chair: Trudy Sachowski, Chair, alPHa Board of Directors	4:45 p.m. – 4:50 p.m.
June 20th	
<i>Breakfast will be available starting at 8:30 a.m.</i> Section Meetings: <i>Members of the BOH Section and COMOH Section will meet in the morning. There are separate agendas for these meetings.</i>	9 a.m. – 12 p.m.

The 2025 Conference is co-hosted by alPHa and Toronto Public Health.



This event is sponsored by:



alPHa 2025 AGM and Conference

St Lawrence Market and Nathan Phillips Square

Mobile Workshops, June 18th 2025 – Register [here](#)



10:00a.m-12:00p.m.
St Lawrence Market
Mobile Workshop



The histories of food and health have always been closely linked. Join representatives from the City of Toronto Archives for a walking tour of the [St. Lawrence Market](#) complex – Toronto’s oldest marketplace and its first civic centre – to explore the evolution of food regulation and food safety in the city. The meeting point of the beginning of the tour is the front doors of the Pantages Hotel and the end point is the St. Lawrence Market. Please note, the distance from the Pantages Hotel to the St. Lawrence Market is a 25-minute walk. Following the tour, attendees are encouraged to enjoy lunch at the market and then head to Nathan Phillips Square in time for the afternoon mobile workshop.



1:30p.m.-3:30p.m.
Spirit Garden/
Nathan Phillips Square
Mobile Workshop



The City of Toronto revitalized [Nathan Phillips Square](#) in order to host a greater number and variety of activities and special events. A key element of this revitalization is the Spirit Garden that opened in Fall 2024. The south-west quadrant of Nathan Phillips Square is an Indigenous cultural space and responds to the Truth and Reconciliation Commission of Canada’s Call to Action 82, aligns with the City of Toronto’s commitments to Indigenous Peoples, and is led by the Toronto Council Fire Native Cultural Centre in partnership with the City of Toronto. Additional changes at Nathan Phillips Square that are part of the revitalization project, also important in enhancing the public realm, will be highlighted. The meeting place will be at Nathan Phillips Square in front of the Toronto Sign (shown above).

Note: Mobile Workshops are included as part of Conference Registration.

These run rain or shine. Please dress accordingly.

Call for Resolutions

alPHA members are invited to submit Resolutions for consideration at the 2025 alPHA Annual General Meeting & Resolutions Session during the *Annual Conference* in June.

It is important Resolutions are drafted using the "**Procedural Guidelines for alPHA Resolutions**" found by [clicking here](#). Members are also strongly encouraged to visit alPHA's [extensive library](#) of past Resolutions to ensure consistency with or to build upon existing positions where appropriate.

Please note, Resolutions should be limited to **one** operative clause **per issue** (other than specific directions on whom to advise) to allow for focused advocacy and monitoring.

Who may submit?

- Member Board of Health.
- The alPHA Board of Directors, the alPHA Executive Committee, an alPHA Section (i.e. COMOH or Boards of Health) or a Section Executive Committee.
- An Affiliate member organization.

When is the deadline to submit?

- **Friday, April 18 at 4:30 p.m.** for Resolutions that request amendments to alPHA's By-law
Update: April 18 deadline has been extended to 4:30 p.m. on Tuesday, April 22.
- **Monday, May 5 at 4:30 p.m.** for all Resolutions that do not request amendments to alPHA's By-law.
- **Late Resolutions:** Resolutions received after the deadline may still be considered under the criteria for Late Resolutions. We ask the sponsor to submit these along with supporting materials to the alPHA office as soon as possible after the deadline for review and advance distribution to the membership. Late Resolutions will only be debated at the AGM if time allows and if delegates agree to consider these by a two-thirds majority vote. Members are strongly encouraged to submit Resolutions on time and to avoid Late Resolutions.

When will Resolutions be debated by the alPHA membership?

There will be a special session to consider Resolutions on Thursday, June 19, 2025, immediately following the Annual General Meeting portion of the Annual Conference.

How may I submit the Resolutions?

- Only electronic submissions in **MS Word** will be accepted. Please [click here](#) to download a template.

Please email Submissions to: Loretta Ryan, Chief Executive Officer, alPHA loretta@alphaweb.org.

CALL FOR NOMINATIONS

alPHA Distinguished Service Award

The Distinguished Service Award (DSA) is awarded annually by the Association of Local Public Health Agencies to individuals in recognition of their outstanding contributions made to public health in Ontario.

How many awards are given yearly?

- A maximum of one award per Section and Affiliate organization may be presented in any given year.
- On occasion, an award may be given to individuals outside of alPHA for their contributions to public health. No more than one such nomination will be considered in any given year.

Who is eligible to receive the DSA?

- Eligibility is open to individuals who fall under the following categories and have served a health unit that is currently a member in good standing of alPHA for at least three years:
 - A current member of alPHA's Boards of Health (BOH) Section.
 - A current member of alPHA's Council of Ontario Medical Officers of Health (COMOH) Section.
 - A senior management/non-union current member of one of alPHA's seven affiliated organizations (i.e., AOPHBA, APHEO, ASPHIO, HPO, OAPHD, ODPH, OPHNL).
- Consideration may also be given to individuals outside of the alPHA membership who have made outstanding contributions to public health in Ontario.

Who deserves the DSA?

- Eligible recipients have:
 - Demonstrated exceptional qualities of leadership in their own milieu.
 - Achieved tangible results through lengthy service and/or distinctive acts.
 - Displayed exemplary devotion to public health at the provincial level.

Who is eligible to nominate?

- Eligibility to nominate is subject to the same requirements as those for nominees including minimum length of service. Please note that three Section or Affiliate members of alPHA must sign the nomination form.
- In the case of nominations of *non-members of alPHA*, nominations must come from any three eligible nominators from alPHA's Sections or Affiliates.
- The Award is presented on behalf of each of alPHA's various membership groups, i.e., the BOH Section, COMOH Section, and the seven Affiliate organizations of alPHA.

- **Therefore, nominations must be issued by the nominee's Section or Affiliate organization** (i.e., nominations of BOH Section members must come from the BOH Section; nominations of a Medical/Associate Medical Officer of Health must come from the COMOH Section; and nominations of senior public health staff must come from the nominee's respective Affiliate organization and be signed by management/non-union staff). If you want to recommend an individual for nomination by their Section or Affiliate organization, please contact the Chair or President of the respective Section or Affiliate organization.
- **Nominees must be active members of alPHa – i.e. currently employed at a public health unit or currently serving on a Board of Health.**
- In the case of awards presented to non-members of alPHa, the award will be presented on behalf of alPHa's Board of Directors.

What materials must accompany the nomination form?

1. Signatures of the nominator and two other supporting eligible nominators.
2. A **cover letter explaining why the nominee is deserving of this award**. Since the members of the Selection Committee more than likely will not know the nominee, they will base their assessment on what is conveyed to them in the cover letter. The letter should tell the Selection Committee what the nominee has achieved and why it is outstanding.
3. A service record or curriculum vitae that includes the following:
 - Special or distinctive services on behalf of public health provincially.
 - Leadership and contributions on behalf of alPHa and/or one of its Sections; an Affiliated organization; or a provincial public health organization. (if applicable)

Where should I send the nominations to?

- Nomination forms along with all relevant accompaniments / full package should be emailed to Loretta Ryan, Chief Executive Officer, alPHa, at loretta@alphaweb.org.

When is the deadline to submit nominations?

- **Friday, April 18, 2025, at 4:30 p.m. Only complete applications will be considered for an award.**
Update: April 18 deadline for has been extended to 4:30 p.m. on Tuesday, April 22.

Who selects the DSA recipients?

- All nominations are reviewed by the alPHa Executive Committee.
- In the event of a tie, the alPHa Board of Directors will determine the Award recipient.

How are DSA recipients notified?

- Award recipients are notified by alPHa approximately one month prior to the conference date.
- Award recipients will be recognized during the Annual Conference.

Whom can I contact if I have further questions about the DSAs?

- Loretta Ryan, Chief Executive Officer, alPHa at loretta@alphaweb.org.

I HEREBY NOMINATE THE FOLLOWING INDIVIDUAL TO RECEIVE THE alPHA DISTINGUISHED SERVICE AWARD :

Nominee: (Must be from the nominees' Section or Affiliate organization.):

Title:

Health Unit/Agency/Organization (Must be currently employed by a Public Health Unit or actively serving on a Board of Health.):

Mailing Address:

Email:

Telephone:

Membership Group within alPHA (choose one):

BOH Section	COMOH Section	AOPHBA	APHEO	ASPHIO
HPO	OAPHD	ODPH	OPHNL	OTHER

NOMINATOR'S SIGNATURE:

Name (please print):

Title:

Health

Unit/Agency/Organization: _____

Email:

Signature: _____ Date: _____

SUPPORTING SIGNATURES (Must be different from nominator and signatories must be from the nominee's Section or Affiliate organization.):

1. _____ Name (please print):

2. _____ Name (please print):

This completed form **must** be accompanied by a **cover letter** and **service record**, or curriculum vitae, to at least include a list of personal achievements at the local level, special or distinctive services on behalf of public health provincially and contributions on behalf of alPha and/or one of its Sections, Affiliated organizations, or a provincial health organization.

Please forward by Friday, April 18 at 4:30 p.m. Update: April 18 deadline has been extended to 4:30 p.m. on Tuesday, April 22. Please forward to: Loretta Ryan, Chief Executive Officer, alPha, loretta@alphaweb.org

CALL FOR BOARD OF HEALTH NOMINATIONS alPHa BOARD OF DIRECTORS



The Association of Local Public Health Agencies (alPHa) is accepting nominations for four Board of Health Section (BOH) representatives to fill positions on its Board of Directors from the following regions and for the following terms:

1. North East	}	2-year term each (June 2025 to June 2027)
2. Central East		
3. North West		
4. Central West		1-year term (June 2025 to June 2026) Mid-Term replacement due to vacancy.

As local leaders in public health, the alPHa BOH Section is committed to representing the Boards of Health as Members of alPHa to improve the health of Ontarians and strengthening Ontario's public health system. alPHa's BOH Section achieves this through alPHa's leadership and coordination in collaboration with the provincial government and other organizations, and through evidence-informed policy positions on public health policy.

Available positions will fill seats on the alPHa Board of Health Section Executive Committee and a seat on the alPHa Board of Directors. If you are an active Member of a Board of Health/Regional Health Committee who is a member of alPHa and are interested in running for a seat, please consider standing for nomination. **Further details, including the Boards of Health listed for each of the regions holding elections, are in the appendix. All candidates are strongly encouraged to read this additional information.**

How do I stand for consideration for appointment to the alPHa Board of Directors?

Submit a completed Form of Nomination and Consent along with a biography of your suitability for candidacy (maximum 200 words) and a copy of the motion from your Board of Health supporting your nomination to alPHa by *Nominations close* on **Friday, April 18 at 4:30 p.m. EDT. Update: April 18 deadline has been extended to 4:30 p.m. on Tuesday, April 22.** Only complete nomination packages will be considered – this includes signatures from the sponsors, who must be Board of Health Members in good standing with alPHa.

New for this year – online elections!

An election to determine the representatives will be held at the alPHa BOH Section Zoom meeting on Tuesday, May 6 at 2:00 p.m. EDT for the sole purpose of electing regional representatives. All candidates must be in attendance and be prepared to give a two-minute speech to the attendees. All alPHa Board of Health Section Members who wish to participate and vote, including candidates, must pre-register by Friday, April 18 at 4:30 p.m. EDT. **Update: April 18 deadline has been extended to 4:30 p.m. on Tuesday, April 22.**

alPHa will reach out at a later date to the public health units for a list of Members who plan to attend the meeting. This is a similar process to previous years in that an EA/AA will send in the list to alPHa on behalf of their Board of Health to communications@alphaweb.org. Members do not individually register.

Whom should I contact if I have questions on any of the above? Loretta Ryan, Chief Executive Officer, alPHa at loretta@alphaweb.org.

_____, a Member of the Board of Health of
(Please print nominee's name)

_____, is HEREBY NOMINATED
(Please print health unit name)

as a candidate for election to the alPHa Board of Directors for the following Boards of Health Section Executive seat from:

- ☐ North East (2- year term)
- ☐ Central East (2-year term)
- ☐ North West (2-year term)
- ☐ Central West (1-year term)

SPONSORED BY:

1) _____
(Signature of a Member of the Board of Health)

2) _____
(Signature of a Member of the Board of Health)

Date: _____

I, _____, HEREBY CONSENT to my nomination
(Signature of nominee) and agree to serve as a **Director of the alPHa Board** if appointed.

Date: _____

IMPORTANT:

1. Nominations close on Friday, April 18, at 4:30 p.m. and must be submitted to alPHa by this deadline. **Only complete nomination packages will be considered. Update: April 18 deadline has been extended to 4:30 p.m. on Tuesday, April 22.**
2. A **biography and a record of the Board of Health motion** of the nominee outlining their suitability for candidacy, as well as a **motion passed by the sponsoring Board of Health** (i.e. record of a motion from the Clerk/Secretary of the Board of Health) must also be submitted with this nomination form on separate pages by the deadline. **There is a 200-word limit for the biography. Links may be included in the biography but not attachments.**
3. **Email the completed form, biography and copy of the Board of Health motion, to Loretta Ryan, Chief Executive Officer, alPHa at loretta@alphaweb.org.**

APPENDIX

BOARDS OF HEALTH SECTION

BACKGROUND INFORMATION FOR CANDIDATES

BOH Section Elections ON MAY 6, 2025

<p>North West Region Boards of Health in this region include:</p> <ul style="list-style-type: none"> • Northwestern Public Health Unit • Thunder Bay District Health Unit 	<p>North East Region Boards of Health in this region include:</p> <ul style="list-style-type: none"> • Algoma Public Health • North Bay Parry Sound District Health Unit • Northeastern Public Health • Public Health Sudbury & Districts
<p>Central East Region Boards of Health in this region include:</p> <ul style="list-style-type: none"> • Region of Durham Public Health • Haliburton Kawartha Northumberland Peterborough • Peel Public Health • Simcoe Muskoka District Health Unit • York Region Public Health 	<p>Central West Region Boards of Health in this region include:</p> <ul style="list-style-type: none"> • Grand Erie Public Health • Halton Region Health Department • City of Hamilton Public Health Services • Niagara Region Public Health • Region of Waterloo Public Health and Paramedic Services • Wellington-Dufferin-Guelph Public Health

BOARDS OF HEALTH (BOH) SECTION OBJECTIVES

The objectives of alPHA's BOH Section are to do the following:

- Provide strong, province-wide leadership in public health.
- Advocate for health protection and promotion policies and programs that maintain and improve the health of Ontarians.
- Promote and maintain the highest standards for Ontario's public health legislation, policy, programs, and services.
- Support the planning, implementation, and evaluation of effective and efficiently run public health programs and services.
- Act as a forum for sharing information and resources and for addressing and discussing public health issues both amongst the BOH Section Members and other agencies that support the goals of alPHA.
- Engage with and provide public health and related policy advice to alPHA, such as the Office of the Chief Medical Officer of Health, the Government of Ontario, Public Health Ontario, Ontario Health, Health Canada, the Public Health Agency of Canada, and other public health partners, subject to approval by the alPHA Board of Directors.
- Promote and support the governance role of its Members.
- Provide support to Boards of Health, as needed.
- Support alPHA's education and networking events.
- Seek recognition for outstanding service from amongst Board of Health Members through the annual

alPHa Distinguished Service Awards.

BOH SECTION EXECUTIVE COMMITTEE

- Seven Directors are elected by BOH Members to the alPHa Board of Directors. These Directors must be Members of a BOH and satisfy the qualification requirements in Section 5.03(a) of the [By-law](#).
- Members will be elected for 2-year terms by the Membership and constitute the Executive Committee of the Section.
- The BOH Section Executive Committee will include one representative from each of the following regions of Ontario: North West; North East; South West; East; Central East; Central West; and Toronto.
- The BOH Section Executive Committee will elect a BOH Section Executive Committee Chair and a BOH Section Executive Committee Vice Chair.
- No Member of the BOH Section Executive Committee receives any remuneration or honorarium from alPHa for acting as such.

MEETINGS

- The BOH Section follows alPHa's By-law and policies and procedures, including the Establishment and Terms of Reference for Sections, Committees, Working Groups, and Subcommittees Policy and Procedures and the Boards of Health Section Terms of Reference.
- The general Membership meets at the alPHa Annual Conference, and other meetings may be held, at the call of the BOH Section Chair.
- Any BOH Member qualifies to be a voting delegate at large at any general meeting of the BOH Section for member public health agencies.
- Serve as a public figure and spokesperson for alPHa, as approved by the Chair of the Board of Directors or the Chief Executive Officer.
- The BOH Section Executive Committee meets as required and at the call of the BOH Section Chair to conduct the business of the Section. At other times the BOH Section Executive Committee will maintain a continuity of effort through correspondence or directly through the alPHa Chief Executive Officer.
- A quorum for the transaction of business at a BOH Section Executive Committee meeting is four (4).
- The BOH Section Executive Committee Chair presides over the Section Executive meetings.
- Procedure for the order of business are those set forth in the By-Law and *Robert's Rules of Order*.
- In all matters of procedure not provided for by law or this policy arising at any meeting, the question will be decided by the BOH Section Executive Committee Chair, whose decision may be appealed to the meeting without debate.
- BOH Section Executive Committee Members may not substitute their Board position to an alternate member of the BOH Section to sit in for the Director responsibilities at a meeting of the Board of Directors or the BOH Section Executive Committee.
- The BOH Section Executive Committee may, from time to time or upon direction from the alPHa Board of Directors, establish special committees or recruit special representatives from the BOH Section Membership to committees and working groups, with the approval of the alPHa Board of Directors.
- Any Member who has two absences in a row, or a total of three during the same year, without giving prior notice of their absence, will be reminded by the BOH Section Executive Committee Chair via official letter. After a total of four absences, or three in a row during the same year, without giving prior notice of their absence, the Member will be deemed to have resigned from the Section unless exempted by a Section resolution. An Attendance Report is presented at the annual meeting of the BOH Section Membership.

From: allhealthunits <allhealthunits-bounces@lists.alphaweb.org> **On Behalf Of** alPHa communications
Sent: Wednesday, April 9, 2025 11:35 AM
To: allhealthunits@lists.alphaweb.org
Cc: ea@lists.alphaweb.org
Subject: [allhealthunits] Important reminder for the 2025 BOH Section Elections Meeting and other Information

PLEASE ROUTE TO:

ALL BOARD OF HEALTH MEMBERS

Hello,

This is a reminder that Board of Health (BOH) Section Members who are in good standing are invited to attend a meeting that is taking place via Zoom on May 6, 2025, at 2:00 p.m. EDT for the sole purpose of electing Boards of Health Regional Representatives for the alPHa Board of Directors from the following regions:

1. North East (2-year term [June 2025 to June 2027])
2. Central East (2-year term [June 2025 to June 2027])
3. North West (2-year term [June 2025 to June 2027])
4. Central West (1-year term [June 2025 to June 2026]) – Mid-term replacement due to vacancy

alPHa encourages members of the BOH Section to register and participate in the May 6 meeting. All members, regardless as to whether there is a position open in their region or not, are entitled to vote. It is very important that we have quorum as this is the BOH Section's opportunity to elect members to the alPHa Board of Directors. Please note, this May 6 meeting replaces the in-person voting that formerly took place at the Section Meeting in June. Additionally, quorum on May 6 is having at least 15 of the public health agencies sending at least one board of health representative (or more) to this meeting. The deadline to register for the meeting is at 4:30 p.m. on Tuesday, April 22. Please note, you will not individually register for the elections meeting, and your EAs/AAs will manage this process.

As local leaders in public health, the alPHa BOH Section is committed to representing the Boards of Health as Members of alPHa to improve the health of Ontarians and strengthening Ontario's public health system. alPHa's BOH Section achieves this through alPHa's leadership and coordination in collaboration with the provincial government and other organizations, and through evidence-informed policy positions on public health policy. The package for the Annual General Meeting (AGM) was sent out to the membership and the information in it regarding the BOH nominations can be found [here](#).

All BOH Members who wish to vote must be in attendance at the May 6 meeting. **Update:** Voting will now be done using the Zoom platform with Mentimeter. So, whether you are new to voting via Mentimeter or have used it in the past, you will be supported on-line and will be able to vote. Additionally, alPHa staff will be on hand to assist you at the May 6 meeting.

Attendees are entitled to vote for all Regional Representatives, not just for your own Region. Each BOH Member may appoint a proxyholder to vote on their behalf. The proxy is valid only for this specific meeting. No individual may hold or exercise more than one proxy. If you are assigned a proxy vote, you must have access to two devices (e.g. phones, laptops and/or tablets) and log in using two different email addresses for the meeting. This is necessary as Mentimeter does not allow for individuals to cast two ballots with one email address. Again, this extra requirement only applies if you are using a proxy.

If you have any questions, please email Loretta Ryan, Chief Executive Officer at:
loretta@alphaweb.org.

Sincerely,

Melanie Dziengo
Communications Coordinator
Association of Local Public Health Agencies (alPHa)
PO Box 73510, RPO Wychwood
Toronto, ON M6C 4A7
Tel: 416-595-0006 x 225
communications@alphaweb.org
www.alphaweb.org

**NOMINATION TO THE ASSOCIATION OF LOCAL PUBLIC HEALTH AGENCIES (ALPHA)
BOARD OF DIRECTORS FOR THE NORTH EAST REGION**

MOTION:

WHEREAS alPHa is accepting nominations for a North East representative on the alPHa Board of Directors for a two-year term from June 2025 to June 2027;

THAT the Board of Health for Public Health Sudbury & Districts supports the nomination of Robert Barclay, Board of Health member for Public Health Sudbury & Districts, as a North East candidate for election to the alPHa Board of Directors and to the Boards of Health Section Executive Committee for the June 2025 to June 2027 term.

Briefing Note

To: Mark Signoretti, Chair, Board of Health for Public Health Sudbury & Districts

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

Date: April 10, 2025

Re: alPHa resolution for Indigenous Representation on Boards of Health

☐ For Information

☐ For Discussion

☒ For a Decision

Issue: As per the Governance ReconciliAction Framework, The Board of Health is sponsoring an alPHa resolution to advocate for Indigenous representation on its Board and all boards of health in Ontario. Indigenous representation in decision-making is crucial to ensuring that public health policies reflect the self-determined needs of Indigenous peoples and address their health priorities. Both alPHa and the Board of Health play a crucial role in addressing the health disparities faced by the Indigenous population as per the Health Equity Guideline.

Recommended Action:

THAT Public Health Sudbury & Districts sponsors a resolution for alPHa to adopt a position that an Indigenous member be included on all boards of health across Ontario.

Alternative Actions: N/A

Background:

The Board of Health's endorsement of [The Indigenous Engagement Governance ReconciliAction Framework](#), in June 2023, was a significant step in our commitment to reconciliation. The framework's first strategic direction emphasizes the importance of informing public health work through Indigenous community voices and lived experiences. On June 20, 2024, the Board of Health for Public Health Sudbury & Districts passed [Motion #41-24](#) to prioritize the appointment of Indigenous representatives when vacancies arise. The Board recognizes that Indigenous representation is not just a matter of inclusion but that it is imperative for the health and well-being of Indigenous communities. Ensuring Indigenous perspectives are present at the table will lead to more equitable, responsive, and culturally relevant public health decisions. By advocating for Indigenous Representation on Boards of Health, it will contribute to answering the Truth and Reconciliation [Call to Action 23](#), which calls upon all levels

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

of government to “Increase the number of [Indigenous] professionals working in the health-care field.”¹ Recognizing this, Public Health Sudbury & Districts has prepared and sent advocacy letters to the province and municipalities, while also engaging with local First Nations and Aboriginal Health Access Centres to support this initiative.

The City of Greater Sudbury has embraced this call and is actively recruiting an Indigenous Representative who is grounded in community, has lived experience, is from this territory and resides in the City of Greater Sudbury for a vacant board position.

Risks for not Proceeding:

Without Indigenous representation in public health decision-making, health disparities may persist, and public health initiatives may fail to address the unique needs of Indigenous communities. Excluding Indigenous voices could erode trust in public health efforts. Prioritizing Indigenous representation supports more equitable, culturally relevant health outcomes and aligns with national reconciliation efforts.

Financial Implications: N/A

Ontario Public Health Standard:
Health Equity Guideline, 2018

Strategic Priority:
Equal opportunities for health
Impactful relationships
Excellence in public health practice
Healthy and resilient workforce

Governance ReconciliAction Framework – Strategic Direction I

Contact:
Kathy Dokis, Director, Indigenous Public Health
Knowledge and Strategic Services

¹ National Center for Truth and Reconciliation. (2015). *Truth and Reconciliation Commission of Canada: Calls to Action*. https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Calls_to_Action_English2.pdf

Briefing Note

To: Trudy Sachowski, Chair, alPHa Board of Directors

From: Mark Signoretti, Chair, Board of Health for Public Health Sudbury & Districts

Date: June 18, 2025

Re: Indigenous Representation on Boards of Health

☐ For Information

☐ For Discussion

☒ For a Decision

Issue:

Indigenous representation in decision-making is essential to ensuring that public health policies and programs reflect the self-determined needs and aspirations of Indigenous peoples. Their presence at decision-making tables is critical for policies that genuinely address their health priorities. Public Health Sudbury & Districts is requesting a motion from alPHa to support its advocacy for Indigenous representation on its Board of Health and to extend this advocacy to all boards of health across Ontario.

Recommended Action:

1. **Advocate for Indigenous Representation** on all boards of health in Ontario. This includes urging the Province of Ontario to prioritize the appointment of qualified Indigenous persons to provincial appointments on each board of health, ensuring a diversity of perspectives and greater alignment with the needs of Indigenous communities.

Background:

The Board of Health for Public Health Sudbury & Districts is dedicated to advancing reconciliation and ensuring that Indigenous voices inform public health decisions. On June 20, 2024, the Board of Health for Public Health Sudbury & Districts committed to advocating for the appointment of Indigenous persons to the Board of Health when vacancies arise. At its meeting on June 20, 2024, the Board of Health carried the following motion #41-24,

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,

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

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.

22% of all Indigenous Peoples in Canada reside in Ontario. Indigenous people disproportionately experience “poorer reported physical and mental health status, and a higher prevalence of chronic conditions (e.g., asthma and diabetes) as well as disabilities compared to non-Indigenous people” (Hahmann & Kumar, 2022; Hahmann et al., 2019). In addition, “the life expectancy of First Nations people, Métis and Inuit has been shown to be consistently and significantly lower than that of the non-Indigenous population (Tjepkema et al., 2019).”¹ These poorer health outcomes are a direct result of the Canadian government’s genocidal policies, which have had and continue to have a reverberating impact on today’s systems.

Both alPHA and Boards of Health play a crucial role in addressing the health disparities faced by the Indigenous population. It is imperative to the health of Indigenous peoples that appropriate representation is included when decisions about Indigenous peoples are made. Having Indigenous representation on the Board of Health, will ensure alignment with this commitment. We also hope that it will contribute to answering the Truth and Reconciliation [Call to Action 23](#), which calls upon all levels of government to “Increase the number of [Indigenous] professionals working in the health-care field.”²

¹ Yangzom, K., Masoud, H., & Hahmann, T. (2023). Primary health care access among First Nations people living off reserve, Métis and Inuit, 2017 to 2020. Ottawa, Canada: Statistics Canada. [Primary health care access among First Nations people living off reserve, Métis and Inuit, 2017 to 2020 \(statcan.gc.ca\)](#)

² National Center for Truth and Reconciliation. (2015). *Truth and Reconciliation Commission of Canada: Calls to Action*. https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Calls_to_Action_English2.pdf

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

Risks for not Proceeding:

If Indigenous representation in public health is not prioritized at the highest level, there is a risk that health disparities, may persist. Without the inclusion of Indigenous voices in decision-making, public health initiatives may not fully reflect the unique needs and perspectives of these communities, potentially affecting their trust and engagement with public health. Prioritizing Indigenous representation is also a crucial step toward meeting the Truth and Reconciliation Commission’s Call to Action 23, which encourages more Indigenous professionals in healthcare. Ensuring Indigenous perspectives are included helps create more culturally relevant and equitable health outcomes while supporting progress in reconciliation.

Ontario Public Health Standard:

Health Equity Guideline, 2018

Relationship with Indigenous Communities Guideline, 2018

Strategic Priority:

Equal opportunities for Health

Contact:

Kathy Dokis, Director, Indigenous Public Health
Knowledge and Strategic Services

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

TITLE:	Advocating for Indigenous Representation on Boards of Health
SPONSOR:	Board of Health for Public Health Sudbury & Districts
WHEREAS	22% of all Indigenous Peoples in Canada reside in Ontario. Indigenous people disproportionately experience “poorer reported physical and mental health status, and a higher prevalence of chronic conditions (e.g., asthma and diabetes) as well as disabilities compared to non-Indigenous people” (Hahmann & Kumar, 2022; Hahmann et al., 2019). In addition, “the life expectancy of First Nations people, Métis and Inuit has been shown to be consistently and significantly lower than that of the non-Indigenous population (Tjepkema et al., 2019).” ¹ These poorer health outcomes are a direct result of the Canadian government’s genocidal policies, which have had and continue to have a reverberating impact on today’s systems; and
WHEREAS	the Association of Local Public Health Agencies and Boards of Health play a crucial role in addressing the health disparities faced by the Indigenous population as per the Ontario Public Health Standards, <i>Relationships with Indigenous Communities Guideline</i> , 2018; and
WHEREAS	Indigenous peoples have the inherent right to self-determination, which includes the right to actively participate in decisions that affect their health and well-being; and
WHEREAS	meaningful Indigenous representation in decision-making processes is essential to ensuring that public health policies and programs adequately reflect the needs, priorities, and self-determined aspirations of Indigenous peoples; and
WHEREAS	the Truth and Reconciliation Call to Action 23 , which calls upon all levels of government to “Increase the number of [Indigenous] professionals working in the health-care field;” ² and
WHEREAS	the Ontario Public Health Standards states “Selection of board of health members based on skills, knowledge, competencies and representatives of the community, where boards of health are able to recommend the recruitment of members to the appointing body;” ³

¹ Yangzom, K., Masoud, H., & Hahmann, T. (2023). Primary health care access among First Nations people living off reserve, Métis and Inuit, 2017 to 2020. Ottawa, Canada: Statistics Canada. [Primary health care access among First Nations people living off reserve, Métis and Inuit, 2017 to 2020 \(statcan.gc.ca\)](https://www150.statcan.gc.ca/n1/pub/82-625-x/2023001/article/00001-eng.htm)

² National Center for Truth and Reconciliation. (2015). *Truth and Reconciliation Commission of Canada: Calls to Action*. https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Calls_to_Action_English2.pdf

³ Ontario Ministry of Health. *Ontario Public Health Standards: Requirements for Programs and Services*. 2021. Accessed March 27, 2025. <https://files.ontario.ca/moh-ontario-public-health-standards-en-2021.pdf>.

NOW THEREFORE BE IT RESOLVED THAT the Association of Local Public Health Agencies call upon the Government of Ontario to ensure Indigenous representation on all local Boards of Health.

THAT Indigenous representatives be verifiably Indigenous, grounded in community, with lived experience, from the territory in which they will represent on a Board of Health.

AND FURTHER that the Minister of Health and local Boards of Health be so advised.

DRAFT

ADVOCATING FOR INDIGENOUS REPRESENTATION ON BOARDS OF HEALTH

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 Indigenous representation in decision-making is crucial to ensuring that public health policies reflect the self-determined aspirations of Indigenous peoples and address their health priorities; and

WHEREAS the Indigenous Engagement Governance Reconciliation Framework calls for a commitment to promote the selection of Indigenous municipal and provincial appointees to the Board of Health; and,

WHEREAS on June 20, 2024, the Board of Health passed [Motion #41-24](#): Calling for the Selection of Indigenous Municipal and Provincial Appointees for Board of Health for Public Health Sudbury & Districts; and,

WHEREAS in December 2024, the Board of Health prepared and sent advocacy letters to the Province and local municipalities, while also engaging with local First Nations and Aboriginal Health Access Centres to support this initiative;

THEREFORE BE IT RESOLVED THAT the Board of Health support the Association of Local Public Health Agencies adopting a position statement that Indigenous persons be included on all boards of health.

ADDENDUM

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

IN CAMERA

MOTION: THAT this Board of Health goes in camera to deal with information explicitly supplied in confidence to the local board by Canada, a province or territory or a Crown agency of any of them. Time: _____

RISE AND REPORT

MOTION:

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

ADJOURNMENT

MOTION: THAT we do now adjourn. Time: _____