



# Board of Health Meeting # 04-25

Public Health Sudbury & Districts

Thursday, May 15, 2025

1:30 p.m.

Boardroom

1300 Paris Street

BOH Group Photo and lunch deferred to September 18, 2025

**Resolution Number** CC2025-93  
**Title:** Appointment to the Board of Health for Public Health Sudbury and Districts - April 2025  
**Date:** Tuesday, April 29, 2025

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**Moved By** Councillor Signoretti  
**Seconded By** Councillor Benoit

THAT the City of Greater Sudbury appoints Angela Recollet as the indigenous citizen representative to the Board of Health for Public Health Sudbury and Districts as outlined in the report entitled "Appointment to the Board of Health for Public Health Sudbury and Districts – April 2025" from the General Manager of Corporate Services, presented at the City Council meeting on April 29, 2025.

**CARRIED**

**LACLOCHE FOOTHILLS MUNICIPAL ASSOCIATION**

**Moved By:** V. Gorham

**Date:** March 20, 2025

**Seconded By:** D. Gervais

**Motion No.:** 1

**Be It Resolved That:** A. Mazey is appointed to the Public Health Sudbury-Districts Board as a representative for the LaCloche Foothills Municipal Association

**CARRIED** ✓ **DEFEATED**       

**DEFERRED**       

Dan Gervais  
**Chair**

**AGENDA – FOURTH MEETING**  
**BOARD OF HEALTH**  
**PUBLIC HEALTH SUDBURY & DISTRICTS**  
**BOARDROOM, SECOND FLOOR**  
**THURSDAY, MAY 15, 2025 – 1:30 P.M.**

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

- Motion from the City of Greater Sudbury Council dated April 29, 2025, regarding Indigenous Citizen Appointment to the Board of Health for Public Health Sudbury & Districts
- Motion from the Lacloche Foothills Municipal Association dated March 20, 2025, regarding Town of Espanola, and Townships of Baldwin, Nairn and Sables-Spanish Rivers appointment of Amy Mazey to the Board of Health for Public Health Sudbury & Districts

**2. ROLL CALL**

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

**4. DELEGATION/PRESENTATION**

**i) Healthy Babies Healthy Children**

- Arlene Lesenke, Manager, Healthy Families Team, Health Promotion and Vaccine Preventable Diseases Division
- Ashley Lawrence, Public Health Nurse, Healthy Babies Healthy Children, Health Promotion and Vaccine Preventable Diseases Division

**ii) Unlearning & Undoing White Supremacy and Racism Project Unlearning Club – Foundational Obligations to Indigenous Peoples Series**

- Sarah Rice, Manager, Indigenous Public Health
- Alicia Boston, Health Promoter, Indigenous Public Health

**5. CONSENT AGENDA**

**i) Minutes of Previous Meeting**

- a. Third Board of Health Meeting – April 17, 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, May 2025

**v) Correspondence**

- a. Walport Report and Continued Focus on Public Health Emergency & Pandemic Preparedness

*Public Health Sudbury & Districts [Motion #08-25](#)*

- Letter from the Board of Health Chair, Secretary, and Medical Officer of Health, Middlesex-London Health Unit to Board of Health Chair, Public Health Sudbury & Districts dated May 5, 2025
- Letter from the Acting Vice President, Infectious Diseases and Vaccination Programs Branch, Public Health Agency of Canada, to the Board of Health Chair, Public Health Sudbury & Districts received April 30, 2025

- b. Support for a Provincial Immunization Registry

*Public Health Sudbury & Districts [Motion #06-25](#)*

- Email from the Acting Vice President, Infectious Diseases and Vaccination Program Branch, Public Health Agency of Canada, to the Board of Health Chair, Public Health Sudbury & Districts dated May 1, 2025
- c. 2025 Provincial Base and One-Time Funding for Board of Health, Public Health Sudbury & Districts
- Letter to Board of Health Chair, Public Health Sudbury & Districts from the Deputy Premier and Minister of Health dated March 24, 2025

**vi) Items of Information**

- None

**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)'s Annual General Meeting (AGM) and Conference, June 18 to 20, 2025, Toronto**

- *Preliminary* Program for AGM, Conference and section meetings
- Agenda for the alPHA Board of Health Section Meeting

## 2025 ALPHA ANNUAL GENERAL MEETING AND CONFERENCE

### MOTION:

**WHEREAS** the Public Health Sudbury & Districts is allocated five votes\* at the Association of Local Public Health Agencies Annual General Meeting Resolution Session;

**THAT** the following individuals are appointed as voting delegates for the Annual General Meeting:

- Mark Signoretti;
- Robert Barclay;
- M. Mustafa Hirji;

- \_\_\_\_\_  
- \_\_\_\_\_

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

### ii) Client Service Standards

- Briefing Note from the Acting Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dates May 8, 2025

## 7. ADDENDUM

### ADDENDUM

### MOTION:

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

## 8. ANNOUNCEMENTS

## 9. ADJOURNMENT

### ADJOURNMENT

### MOTION:

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

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

**BOARD MEMBERS PRESENT**

Robert Barclay	Ken Noland	Natalie Tessier
Michel Brabant	Michel Parent	
Natalie Labbé	Mark Signoretti	

**BOARD MEMBERS REGRET**

Ryan Anderson	Abdullah Masood
Renée Carrier	Amy Mazey

**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.

The Board Chair recognized Public Health Sudbury & Districts staff for attending and presenting at the City of Greater Sudbury's Mayor's Special Community Safety and Well-Being Council meeting on April 15, 2025.

- 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
- City of Greater Sudbury appointee, N. Labbé was welcomed to her first Board of Health meeting.

On behalf of the Board, thanks was extended to Guy Despatie for his valuable contributions to the Board of Health over the past two years. It was shared that Amy Mazey has been

appointed by the LaCloche Foothills Municipal Association to replace Guy Despatie. She is the Mayor of the Township of Nairn and Hyman. Amy could not attend today's Board of Health meeting and the Board looks forward to meeting her at the May Board meeting.

## **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) Oral Health Program**

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

S. Meyer and J. Maki were introduced and, in recognition of Oral Health Month, invited to provide an update on Public Health Sudbury & Districts oral health programs, including plans and priorities for 2025.

J. Maki provided an overview of the oral health programs mandated by the Ontario Public Health Standards including school screening, Healthy Smiles Ontario as well as programming related to community water fluoridation and the Ontario Seniors Dental Care Program. Priorities for 2025 for children and youth include increasing access to preventive service especially in the districts, increasing Indigenous engagement, exploring upstream approaches to promote oral health and preventing early childhood caries. It was noted that much of this work will focus on children under six.

S. Meyer presented on the Ontario Seniors Dental Care Program that provides comprehensive dental care services to eligible low-income seniors through provincially funded dental clinics. The overall goal of the program is to reduce inequities in oral health by increasing access to dental care for seniors with low-income. Priorities for the seniors' program in 2025 will include continuing to recruit dental providers for the senior's dental program, with a focus on the districts. Aside from Chapleau, residents in the districts must travel to Sudbury for services. Ideally, we would like to partner with additional dentists in areas such as Manitoulin Island and Sudbury East to expand access in these areas. The Oral Health team will also be exploring opportunities to increase access to preventive care for seniors in long-term care facilities or who are homebound.



Questions and comments were entertained and discussion held regarding fluoridation options for residents who have private water wells, recruitment challenges of dental providers and reimbursement rate for the Ontario Seniors Dental Care Program.

The presenters were thanked for their presentation.

**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

M.M. Hirji noted that historically, on an annual basis, the program directors provided an overview of the previous year's work of Public Health Sudbury & Districts through a year-in review presentation and statistical report, that delved into the scope and breadth of the work organized according to the divisional programs and services, but with only limited depth given the volume presented. In a shift to produce a report that will be more engaging to the public and better explain what Public Health does, Dr. Hirji outlined that this year's presentation focuses on four key areas of work from 2024 and a deeper dive into these program areas:

- Indigenous Engagement - Creating more space for Indigenous voices
- Outbreaks and Vaccine Preventable Diseases - Resurging infections—protecting you and your loved ones
- Oral Health - Supporting healthy smiles at every age
- Substance Use - The toxic drug crisis

K. Dokis recapped Public Health Sudbury & Districts journey which began a few years ago with building cultural competencies, leading to the next step of building deeper engagement with Indigenous persons and communities and changing how we deliver some services. This includes having Indigenous voices present at all decision-making levels, integrating Indigenous considerations into our program planning, and preparing for the *Unlearning and Undoing White Supremacy and Racism* project. Moving forward in 2025, focus will include on Indigenous representation on the Board of Health, the launch of the *Unlearning Club*, working on an Indigenous data sovereignty strategy and engaging with and building stronger relationships by collaborating with the Maamwesying Ontario Health Team. With increased capacity and more Indigenous representation within decision-making processes, Indigenous Public Health is poised for greater impact moving forward. We will continue to prioritize relationships, community-driven strategies, and partnerships to ensure our work is culturally relevant and effective in addressing health disparities.

S. Laforest presented the important work that has been undertaken in 2024 to prevent illness, protect clients during a time of rising infections and to mitigate risks of outbreaks. The number of outbreaks and infections that Public Health staff responded to in 2024 were outlined to have been much larger than historically. Also described were the partner collaborations that were undertaken, contact tracing, and managing and mitigating risk of avian flu through careful planning, preparedness initiatives, and active surveillance. It was reiterated that the vaccine preventable diseases program has become increasingly complex with the introduction of new vaccine programs, changing provincial expectations and requirements and funding for COVID-19 vaccine administration and COVID-19 cold chain responsibilities. There has also been an increase in vaccine hesitancy and misinformation. Achieving and maintaining high immunization coverage is essential for effective prevention and control of vaccine preventable diseases and allows Public Health to minimize the risk of outbreaks throughout its service area. It was concluded that vaccination remains the best protection against vaccine preventable diseases and actively contributes to the agency's vision of creating healthier communities for all.

Stacey Gilbeau described the work that was undertaken in 2024 to support healthy smiles at every age, including school screenings, seniors dental care and early prevention. Areas of focus for 2025 will include exploring ways to increase access; preventative services; increasing engagement and supporting Public Health's district offices. S. Gilbeau also presented on the toxic drug crisis noting it is a complex issue requiring complex solutions. Public Health continued its efforts in 2024 to decrease barriers, address stigma, and increase public awareness and education surrounding substance use and the work undertaken was summarized. For 2025, one focus will be to adopt the Icelandic Prevention Model, called Planet Youth, for youth prevention bringing together parents, guardians, teachers, sporting centres, and other community organizations. We will continue to work with community partners on harm reduction efforts, supporting people who use substances and move forward with some of the top priorities from the Greater Sudbury Summit on Toxic Drugs.

M.M. Hirji thanked the directors for providing four unique stories from 2024 showcasing Public Health Sudbury & Districts efforts to advance population health and address local needs by working with partners with shared goals and investing in impactful client-driven programs and services.

The recorded presentation will be available on [phsd.ca](https://phsd.ca) for the broader public to hold ourselves accountable and elements will also be shared via social media.

Comments and questions were entertained relating to publicly funded vaccinations as well as the local public health preparedness for future pandemics. The Board was reminded of

[motion 08-25](#) from January 2025 endorsing the recommendations of the Walport Report and support for continued focus on Public Health Emergency and Pandemic Preparedness.

The presenters were thanked.

## 5. CONSENT AGENDA

- i) **Minutes of Previous Meeting**
  - a. First 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

Questions were entertained and updates were provided regarding the Electronic Medical Records (EMR) project, the sunseting of the Growing Family Health Clinic and the Snapshot of Infectious Diseases for 2024.

## 18-25 APPROVAL OF CONSENT AGENDA

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

**CARRIED**

## 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

M.M. Hirji noted that the 2025 alPHa Conference and AGM materials are for the Board's information at this time. The Conference and AGM is held annually in June providing educational and networking opportunities relating to current public health topics. This year's conference will cover topics such as Fostering Understanding, Reconciliation, and Indigenous Connection; Connecting Ontarians to Primary Care; and Navigating Ontario's Political Landscape in Challenging Times.

Any Board of Health member interested in attending is asked to advise R. Quesnel who will complete registrations and confirm accommodation.

- 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

M.M. Hirji shared that the alPHa Board of Directors membership includes five Board of Health Section (BOH) representatives from each of these four regions: North East, Central East, North West, Central West, and Toronto. Our former Board Chair, René Lapierre, was the North East regional representative on the alPHa Board of Directors and that seat is now vacant for a two-year term. An election to determine the representatives will be held at the alPHa BOH Section Zoom meeting on Tuesday, May 6 at 2 p.m. for the sole purpose of electing regional representatives. All Board of Health members are invited to participate and vote.

M. Signoretti indicated that Public Health Sudbury & Districts Board of Health member, Robert Barclay, has indicated an interest in putting his name forward for the North East representative on the alPHa Board.

In order for Robert to stand for consideration for the appointment to the alPHa Board of Directors, a Board motion is required to endorse his nomination. The motion along with a completed form of Nomination and Consent and Robert's bio would be submitted to alPHa.

Board members were encouraged to participate and vote at the May 6 alPHa Zoom meeting. Members are asked to let R. Quesnel know as she will register everyone by the April 22 registration deadline.

**19-25 NOMINATION TO THE ASSOCIATION OF LOCAL PUBLIC HEALTH AGENCIES (ALPHA) BOARD OF DIRECTORS FOR THE NORTH EAST REGION**

**MOVED BY TESSIER – BRABANT: 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.

**CARRIED**

**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

M.M. Hirji indicated that alPha members are invited to submit Resolutions for consideration at the 2025 alPha Annual General Meeting & Resolutions Session. There will be a special session to consider Resolutions on June 19, 2025, immediately following the Annual General Meeting portion of the Annual Conference.

In line with the Public Health Sudbury & Districts Governance ReconciliAction Framework and Board of Health's [motion 41-24](#), it is recommended 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.

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.

The sample Briefing Note and resolution that would be submitted to alPha are included in the agenda package.

Comments and questions were entertained. Consensus was reached for the proposed friendly amendment in the first motion clause: *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,*

## **20-25 ADVOCATING FOR INDIGENOUS REPRESENTATION ON BOARDS OF HEALTH**

**MOVED BY PARENT – LABBÉE: WHEREAS** the Board of Health for Public Health Sudbury & Districts is committed to ensuring all people in its service area 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 ReconciliAction 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.

**CARRIED UNANIMOUSLY**

## **7. ADDENDUM**

### **21-25 ADDENDUM**

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

**CARRIED**

## **DECLARATIONS OF CONFLICT OF INTEREST**

There were no declarations of conflict of interest.

### **i) Drug Toxicity Crisis in Greater Sudbury**

- Letter from the Greater Sudbury Police Service Board to the Minister of Health dated April 16, 2025

A copy of a letter, received from the Greater Sudbury Police Services Board (GSPS), addressed to the Minister of Health, is advocating for funding and resources to meaningfully address and end the Toxic Drug Crisis in Sudbury. The advocacy letter aligns

with our [Board Motion #39-23: Drug/Opioid Crisis Leadership Summit](#). The letter from the GSPS Board is shared for information.

## 8. IN CAMERA

### 22-25 IN CAMERA

**MOVED BY TESSIER – LABBÉE: 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: 2:57 p.m.**

**CARRIED**

## 9. RISE AND REPORT

### 23-25 RISE AND REPORT

**MOVED BY BARCLAY– BRABANT: THAT this Board of Health rises and reports.**

**Time: 3:15 p.m.**

**CARRIED**

It was reported that one matter was discussed to deal with information explicitly supplied in confidence to the municipality or local board by Canada, a province or territory or a Crown agency of any of them. The following motion emanated:

### 24-25 APPROVAL OF BOARD OF HEALTH INCAMERA MEETING NOTES

**MOVED BY NOLAND – LABBÉE: THAT this Board of Health approve the meeting notes of the November 21, 2024, Board in-camera meeting and that these remain confidential and restricted from public disclosure in accordance with exemptions provided in the Municipal Freedom of Information and Protection of Privacy Act.**

**CARRIED**

## 10. ANNOUNCEMENTS

Board members are encouraged to register for and attend the May 6 alpha voting session and support Robert Barclay's nomination as the North East representative on the alpha Board of Directors.

Board members are encouraged to complete the April 17, 2025, Board of Health meeting evaluation following today's meeting.

In the spirit of the Workplace Health, Safety and Wellness month and the alpha's Workplace Health and Wellness challenge to get moving, N. Labbée offered to provide a cardio drumming class at the Older Adult Centre in Sudbury.

Following today’s meeting, Board members are invited to participate in the first Board of Health session of the Unlearning Club.

The next regular Board meeting will be held on May 15, 2025, at 1:30 p.m. A Board of Health group photo is planned for that meeting, so in-person attendance is strongly encouraged. Board members are asked to arrive at 12:20 p.m. on May 15, 2025.

## **11. ADJOURNMENT**

### **25-25 ADJOURNMENT**

**MOVED BY PARENT – NOLAN: THAT we do now adjourn. Time: 3:19 p.m.**

**CARRIED**

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(Chair)

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(Secretary)



# Medical Officer of Health/Chief Executive Officer Board of Health Report, May 2025

## Words for thought

### *Do expenditures on public health reduce preventable mortality in the long run? Evidence from the Canadian provinces*

#### Abstract

#### Background

Investments in [public health](#)—prevention of illnesses, and promotion, surveillance, and protection of population health—may improve population health, however, effects may only be observed over a long period of time.

...

#### Results

We find evidence of a long-run relationship between expenditures on public health and preventable mortality, and no consistent short-run associations between these two variables. Findings suggest that a 1% increase in expenditures on public health could lead to 0.22% decrease in preventable mortality. Reductions in preventable mortality are greater for males (−0.29%) compared to females (−0.09%). These results are robust to different specifications. Reductions in some cancer and cardiovascular deaths are among the probable drivers of this overall decrease. By contrast, we do not find evidence of a consistent short-run relationship between curative expenditures and treatable mortality, except for males.

#### Conclusion

This study supports the argument that expenditures on public health reap health benefits primarily in the long run, which, in this case, represents a reduction in avoidable mortality from preventable causes. Reducing public health expenditures on the premise that they have no immediate measurable benefits might thus harm population health outcomes in the long run.

Source: [Do expenditures on public health reduce preventable mortality in the long run? Evidence from the Canadian provinces - ScienceDirect](#)

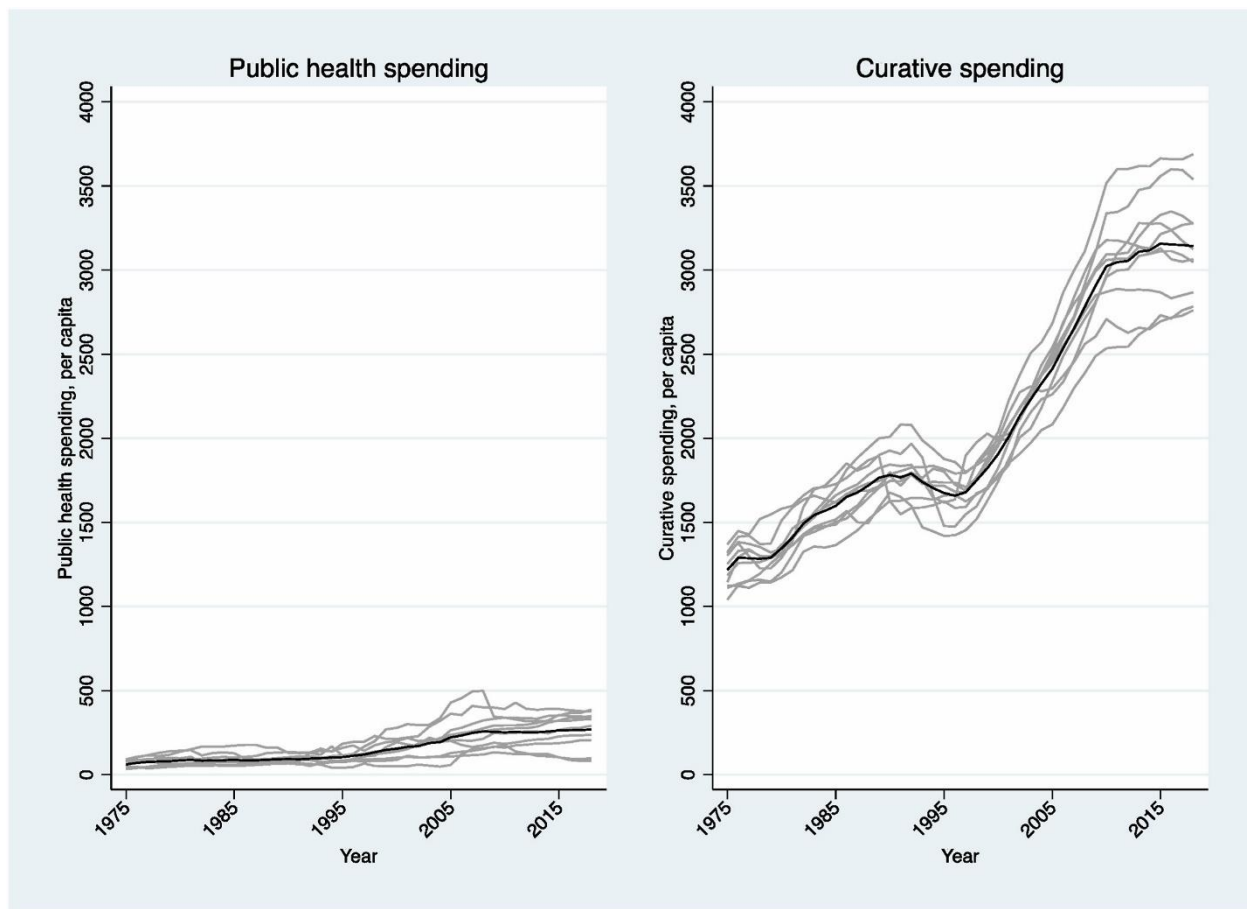
Date: March 2024



This fascinating research study led by the University of Toronto demonstrates something profound—increases in public health funding reduce premature but preventable deaths. However, incremental increases in health care spending do not reduce premature treatable deaths.

This finding would seem to imply that we have “saturated” the ability of the health care system to prevent further deaths. Likely, further increases in health care spending does have other benefits such as speedier care, better patient experience, reduced disability, or lessened pain and discomfort.

Indeed, these graphs from that same study showing public health spending and health care spending (curative spending) are consistent with saturation—money has been invested in health care to maximize lives that we can save, but we have not yet maximized that impact within public health.



This discrepancy in funding for public health and health care also means that a 1% increase in public health funding is now about 12 times smaller than a 1% increase in health care funding—an enormous return on investment.

This research once again demonstrates the importance of funding public health, and cautions that while cuts in public health have little short-term impact, the long-term impact is significant.

Public health in Ontario finds itself in a place where governments are skeptical of the value that public health brings. In large part, this is because we cannot demonstrate our impact the way the health care sector can as our impacts are more on the long-term versus short-term.

A medium-term priority of Public Health Sudbury & Districts is to better articulate our impacts, in part, so that we can make stronger cases to government for funding and demonstrate accountability to the public that we serve. This is difficult work given our long timelines for impact, and the challenge of teasing out all the many factors that impact health. However, research like this shows that it is possible to demonstrate these outcomes. While we are not an academic institution capable of this sophistication and complexity of analysis, it can inspire confidence in us that more elementary demonstrations of our impact are consistent with rigorous research. And it also highlights opportunities for us to partner with academics to employ greater rigour in targeted cases.

Over the next couple of years, we look forward to sharing with the Board of Health our progress towards demonstrating measureable outcomes of Public Health's work, and the return on investment that public dollars are providing to the community.

## Report Highlights

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### 1. North American Measles Outbreak Continues

There have now been 1440 measles infections (as of May 6, 2025) in Ontario as part of the larger North American measles outbreak. Some 76.4% of infections continue to be seen in those younger than 20 years of age. 101 persons have been hospitalized, and 8 have required treatment in the ICU. There have fortunately not been any deaths in Ontario from measles so far.

Measles infections have been detected in 17 of 29 public health units in Ontario. Fortunately, Public Health Sudbury & Districts remains among the minority that has not yet had a measles infection detected.

Over 95% of measles infections have been in those without records of being fully vaccinated. Public Health Sudbury & Districts, therefore, remains focused on vaccination as our first line of defense to this outbreak. Work continues to vaccinate students in schools. And plans exist this summer to focus on younger children in child care, as well as targeted vaccination clinics for communities known to have lower vaccination coverage.

### 2. Implementation of the *Immunization of School Pupils Act (ISPA)*

Public Health continues its annual campaign to implement the *Immunization of School Pupils Act*. As part of this, children with out-of-date vaccination records are being suspended for 20 days, or until they can provide an up-to-date vaccination record or a valid exemption from vaccination. This effort, which Public Health has resumed since 2023, is essential to maintaining high vaccination in children and protecting students from outbreaks in schools. The current measles outbreak underscores the importance of this work.

### 3. Staffing Challenges

Public Health continues to experience a challenging environment to maintain full staffing. Three months into the year, the agency is almost \$500,000 underspent on salaries and benefits, in large part, as a consequence of staffing vacancies. Consulting work budgeted for this year to help guide our human resources efforts are currently underway. We look forward to the findings to improve our staff recruitment and retention.

### 4. Electronic Medical Record

Public Health is in the final stages of procuring an electronic medical record (EMR) system for the agency. This will allow significant improvements in tracking and measuring our work, as well as more efficiently documenting our interactions with clients and partners. Work has begun to

establish an internal implementation team to begin the multi-year effort to redesign our work, and transition it to the EMR. Operating an EMR will require new staffing, which will be discussed as part of the 2026 operating budget proposal in the fall.

## 5. Artificial Intelligence Work

Public Health has received the final report on opportunities for deploying artificial intelligence (AI) technologies in the agency. As public health grapples with declining inflation-adjusted provincial funding, AI tools hold promise to allow us to maintain, or even increase, the work we do with fewer resources. We are currently reviewing the report, and hope to report our plans to the Board in the fall.

## 6. Reorienting Work to Emphasize Outcomes

Public Health has undertaken a rethink of how we plan and focus our programming. Historically, in adherence with provincial direction, our planning efforts have emphasized implementation of provincial direction and demonstrating accountability to the province of this. Moving forward, we seek to shift emphasis more to achieving measurable population health outcomes, and less to adhering strictly to provincial direction. This reflects the reality that provincial funding is no longer being granted, despite perfect adherence to provincial directions. It recognizes the provincial governments' skepticism of the value of public health programming, and our need to respond to that. And it aligns with our strategic plan priorities of Excellence in Public Health Practice and Equal Opportunities for Health to direct our limited funds and efforts accordingly. In recent months, Public Health has begun work to reorient our program planning efforts to incorporate this shift in emphasis. Ongoing work around this is expected to continue over the next two years.

## 7. Web Site Refresh

The 2025 the operating budget provided for funds to refresh the agency's web site. Intense consultations are currently underway to define what the new web site should be. A particular goal is to make the web site more user-focused. It is expected that the new web site will launch before the end of the calendar year.

# General Report

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## 1. Board of Health

### *Membership*

I am pleased to share that the Board of Health's advocacy to have an Indigenous voice at the governance table has been successful. Following a public advertisement, the City of Greater

Sudbury has appointed an Indigenous representative to our Board of Health. A warm welcome is extended to Angela Recollet, Chief Executive Officer of the Shkagamik-Kwe Health Centre.

### ***Group photo***

The Board of Health group photo and lunch originally scheduled for May 15, 2025, has been postponed to Thursday, September 18, 2025.

### ***June Board of Health meetings on Manitoulin Island***

A meeting will be held on Thursday, June 12, 2025, between the Board of Health and Indigenous partners on Manitoulin Island. Following the partner meeting, lunch will be provided before the regular Board of Health meeting at 1:30 p.m. The meetings will take place at the Manitoulin Hotel Conference Centre in Little Current. Transportation will be available, leaving from and returning to 1300 Paris Street. An email will be sent to the Board members with the logistical details.

## **2. Local and Provincial Meetings**

I presented live at Northern MedTalks on April 24, 2025, at Science North.

I attended the Public Health Physicians of Canada's Annual Continuing Professional Development (CPD) Symposium, in person, April 27 and 28, 2025. I also attended one day of the Canadian Public Health Association's annual conference, Public Health 2025, on April 29, 2025.

I continue to actively participate in bi-monthly Northern MOH group teleconferences, with the most recent meeting being held on May 7. I also continue to meet with the Council of Medical Officers of Health, the most recent meeting being on April 24, 2025.

## **3. Financial Report**

The financial statements ending March 2025 show positive budget variance of \$1,266,237 in the cost-shared programs. Cost shared revenue to date exceeds expenditure by \$682,576 (0.9%). This reflects the timing of some expenditures that are scheduled later in the year, as well as ongoing challenges with recruiting to fill staff vacancies.

## **4. 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, Canada Pension Plan and Employment Insurance premiums, as required by law to April 25, 2025, on April 25, 2025. The Employer Health Tax has been paid, as required by law,

to March 28, 2025, with an online payment date of April 15, 2025. Workplace Safety and Insurance Board premiums have also been paid, as required by law, to April 25, 2025, with an online payment date of April 23, 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

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

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

In April, the *Food Insecurity & Food Affordability in Ontario* report was released, jointly produced by Public Health Ontario (PHO) and the Ontario Dietitians in Public Health (ODPH). Staff contributed to the development of this report. It highlights the high prevalence and serious consequences of household food insecurity in Ontario, emphasizing that households reliant on social assistance face significant challenges in affording food. The report also underscores the importance of income-based policies, such as improvements to social assistance programs, in effectively reducing food insecurity.

#### ***Physical activity and sedentary behaviour***

As part of our ongoing policy development initiative, in partnership with Active Sudbury, a small working group was established with membership from Public Health staff, the City of Greater Sudbury, Active for Life, Outdoor Play Canada, and Learning Through Play. The group is focused on shaping policies that support physical literacy in early learning environments.

This month, the group explored *Appetite to Play* as a key resource to support these efforts, drawing on insights from other Physical Literacy for Communities (PL4C) projects across Canada. Members are also reviewing sample policies from early learning settings that have undertaken similar initiatives. Real-life examples provide valuable guidance and demonstrate how well-crafted policies can foster supportive environments and highlight the importance of staff training. These examples also illustrate how training not only supports implementation but also deepens the integration of physical literacy principles into early years programming.

#### ***Seniors dental care***

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



facilitated client referrals to contracted community providers for emergency, restorative, and prosthodontic services. They also assisted eligible individuals with enrollment in the Ontario Seniors Dental Care Program.

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

### ***Infant feeding***

Staff provided a total of 84 clinic appointments to clients at the main office, as well as at the Espanola and Manitoulin locations. This service supports parents in making informed decisions about how they would like to feed their baby. Clients learn skills that promote, protect, and support breastfeeding, and they can also ask questions about other infant feeding options, such as formula feeding.

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

30 reminder postcards were sent to parents to encourage them to book their child's 18-month well-baby visit. This intervention aims to increase early screening for developmental milestones and ensure timely referrals to appropriate services.

Staff also conducted 87 48-hour calls to parents of newborns, addressing such topics as infant feeding, post-partum care, and available community resources.

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

The Health Information Line fielded 112 calls related to topics such as infant feeding, healthy pregnancies, parenting, healthy growth and development, mental health services, and finding a family physician.

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

Staff continued to provide support to 161 client families, completing a total of 1359 interactions. Public health dietitians also provided specialized nutrition support to clients identified as being at high nutritional risk.

Public Health Sudbury & Districts staff met with Our Children Our Future staff to share information on Public Health's role in supporting their programming. Key topics included the Healthy Babies Healthy Children program, education on the period of purple crying, our position statement on safe sleep practices for infants, the *Prep4Parenting* classes, and our online prenatal education e-class. These efforts support our shared goal of ensuring a healthy start for all families.

### ***Healthy pregnancies***

In April, 19 individuals registered for the *Informed Journey (INJOY)* online prenatal e-class. This course covers life with a new baby, infant feeding, the importance of self-care, and navigating



changes in family relationships. It also provides information on local resources and supports available to families.

### ***Preparation for parenting***

Staff delivered an in-person *Prep4Parenting* class for 13 participants. The session covered a range of topics including preparing for the transition to parenthood, attachment and bonding, communication, roles and responsibilities, newborn care, postpartum mood disorders (PPMD), infant mental health, and general newborn care.

Additionally, a representative from Our Children, Our Future (OCOF) attended the session to observe and receive an orientation on delivery methods in preparation of OCOF offering this class to their own clients in the future.

## **3. School Health**

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

Public Health remains committed to fostering greater understanding of mental health, reducing stigma, and empowering individuals to seek help. In April, staff supported a school parent night by sharing resources that promote mental health and encourage student help-seeking behaviours.

### ***Oral health***

Staff provided preventive oral health services at the Paris Street office to children enrolled in the *Healthy Smiles Ontario (HSO)* program and assisted eligible families with enrollment. Staff also continued case management follow-ups for children requiring urgent dental care.

Additionally, staff hosted a drop-in dental screening clinic at the Paris Street office on the school professional activity day of March 31. Of the 28 children and youth screened, 7 (28%) were identified as having urgent dental care needs.

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

### ***Falls***

Staying socially connected helps build relationships and supports both physical and mental well-being. As part of the regional *Stay on Your Feet* strategy, Public Health Sudbury & Districts launched a pilot funding opportunity to help community partners deliver activities that encourage social connections among older adults.

Promoting social connections aligns with the core elements of the *Stay on Your Feet* approach to healthy aging — Let's be ACTIVE. Let's be SOCIAL. Let's be STRONG! 15 not-for-profit older adult clubs across the districts of Sudbury and Manitoulin were awarded small microgrants to

support social activities for older adults. Funding was used for a wide variety of initiatives, including the purchase of supplies and the delivery of fitness classes.

Microgrant recipients were invited to complete a satisfaction survey about the application process. Feedback was generally positive, and recipients expressed appreciation for the opportunity provided by the microgrant program.

### ***Substance use***

Continuing its efforts to reduce substance-related harm, the Community Drug Strategy (CDS) for the City Greater Sudbury held a Steering Committee meeting and subsequent Stream meetings in April. The CDS for Chapleau also hosted their second ever meeting. While still in the early stages of development, members learned about CDS initiatives taking place across the Public Health region.

Public Health is currently evaluating the drug warning process to identify opportunities for improvement. In March, Public Health Sudbury & Districts completed Phase 2 of this project by conducting external consultations with community partners across the region. Consultations included interviews with partners in Sudbury, Manitoulin, Espanola, Sudbury-East, and Chapleau. The goal is to create efficiencies and ensure that warnings and alerts effectively reach their intended audience.

Also in March, Public Health responded to three media inquiries related to drug warnings and toxic drug surveillance trends, including an [interview](#) with CBC and an [interview](#) with Radio Canada. Responding to media requests ensures that accurate, evidence-based information reaches broad audiences, helping to raise awareness and reduce substance-related harms.

### ***Violence***

Staff attended the Shared Knowledge & Innovation Solutions event on March 25, organized by the Coalition to End Violence Against Women. The keynote speaker explored Intimate Partner Violence (IPV) and Gender-Based Violence (GBV) from an Indigenous perspective, while the afternoon panel provided insights into IPV and GBV experiences among newcomers to Canada. Staff had the opportunity to network and learn from community partners working in this field. This engagement represents a first step toward better understanding Public Health's role in addressing IPV and GBV and identifying systemic barriers and social and economic factors that impact health.

### ***Harm reduction – Naloxone***

Public Health Sudbury & Districts holds 53 Memoranda of Understanding with community partners for the distribution of naloxone. This initiative is part of ongoing harm reduction efforts, equipping individuals with the tools to safely intervene in drug poisonings and reduce the harms associated with opioid use. In March, a total of 1315 naloxone doses were distributed through these partnerships, and 120 individuals were trained in its use.

In April, staff responded to a request to provide training on safe needle pick-up and disposal, as well as naloxone for personal use, to staff at the Espanola Recreation Complex. Staff also used the session as an opportunity to discuss stigma related to substance use.

## **5. Vaccine Preventable Diseases**

### ***Immunization information line***

In March, the team responded to approximately 1257 calls through the immunization information line, representing an increase compared to January and February. Of these calls, 74% were related to the ISPA and 15% to general immunization inquiries. The remaining calls addressed topics such as accessing immunization records, respiratory season vaccines, travel-related immunizations, adverse events following immunization, and foreign immunization record submissions.

### ***Publicly funded immunization programs***

Staff initiated the second round of Grade 7 school-based clinics to provide publicly funded vaccinations for Hepatitis B, Human Papillomavirus (HPV) and meningococcal disease to eligible students. These clinics will continue until mid-June.

In alignment with the Ministry of Health guidance, Public Health offered COVID-19 vaccines as part the spring 2025 campaign targeting high-risk individuals. In April, an Advisory Alert was sent to health care system partners providing updates on the spring 2025 vaccination programs for COVID-19 and Respiratory Syncytial Virus (RSV).

### ***Education, partnerships, and engagement***

In March and April, the team responded to three media requests related to vaccination rates since the pandemic, the ISPA, and vaccination services in the community. Information and key messages were also provided to support media responses regarding measles.

During this period, staff consulted with all walk-in clinics in the Greater Sudbury area to gain insight into the immunization services they provide. In addition, staff met with a community partner to explore potential immunization partnerships.

### ***Immunization of School Pupils Act (ISPA)***

The team continues the annual review of immunization records for elementary and secondary students in accordance with the ISPA. A total of 5740 students received an initial notice regarding their immunization status and any missing vaccinations. Among schools where suspensions were enacted, 45% of students who received a first notice of incomplete records were suspended. This represents 772 students suspended on day one of their suspension period.

Schools support the ISPA process and proactively contact parents upon receiving the initial list of students at risk of suspension. This proactive approach prompts parents and guardians to act quickly by either submitting their child's records to Public Health or obtaining the required vaccinations to avoid suspension.

To support families in updating immunizations, daily drop-in clinics and weekly evening appointments were offered at the 1300 Paris Street location. Additional opportunities for immunization were also made available at the Mindemoya, Espanola, and Chapleau offices.

## Health Protection

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### 1. Control of Infectious Diseases (CID)

In the month of April, staff investigated 32 sporadic reports of communicable diseases. During this timeframe, nine respiratory outbreaks were declared. The causative organisms for the respiratory outbreaks were identified to be influenza A (3), SARS-CoV-2 (2), human coronavirus (1), and enterovirus/rhinovirus (1). The causative organism for the remaining respiratory outbreaks were not identified.

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

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

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

The Infection Prevention and Control (IPAC) Hub provided 51 services and supports to congregate living settings in April. 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.

The IPAC Hub hosted the first in person Community of Practice meeting which included a guest speaker from Public Health Ontario who shared valuable information and resources regarding environmental cleaning with attendees from local congregate living settings.

### 2. Food Safety

Staff issued 54 special event food service and non-exempt farmers' market permits to various organizations.

### **3. Health Hazard**

In April, 12 health hazard complaints were received and investigated. Further, staff provided six 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 April, five sewage system permits, 13 renovation applications, and five consent applications were received. Two sewage complaints were received and investigated.

On April 22, 2025, a meeting was held with sewage contractors and designers to discuss recent changes to the *Ontario Building Code* and Public Health Sudbury & Districts' updated fee schedule.

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

In April, 31 rabies-related investigations were conducted.

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

### **6. Safe Water**

During April, 12 residents were contacted regarding adverse private drinking water samples. Additionally, public health inspectors investigated one regulated adverse water sample result.

One boil water order and one drinking water order were issued in the month of April. Additionally, one drinking water order was rescinded following corrective actions.

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

In April, *Smoke-Free Ontario Act* inspectors charged one retail employee and one retail establishment for selling tobacco to a person who is less than 19 years of age.

### **8. Emergency Preparedness and Response**

In April, staff participated in a tabletop exercise with the City of Sudbury and Vale regarding an airborne hazardous material release.

## 9. Needle/Syringe Program

In March, harm reduction supplies were distributed, and services received through 2590 client visits across our service area. Public Health Sudbury & Districts and community partners distributed a total of 22 459 syringes for injection, and 73 076 foils, 15 419 straight stems, and 3 873 bowl pipes for inhalation through both our fixed site at Elm Place and outreach harm reduction programs.

In March, approximately 36 759 used syringes were returned, which represents a return rate of 82% for the needles and syringes distributed in the month of February.

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

### *Sexual health promotion*

Sexual health promotion collaborated with multiple community partners including Cambrian College, College Boreal, Laurentian University, the midnight manor, five Sudbury arenas, World's Gym, Sudbury Youth Wellness Hub, and Little Montreal. Staff provided sexual health resources, promotional material, and set up three outreach opportunities to help assist in strengthening our community outreach efforts.

### *Sexual health clinic*

In April, there were 110 drop-in visits to the Elm Place site related to sexually transmitted infections (STIs), blood-borne infections, or pregnancy counselling. As well, staff at Elm Place site completed a total of 258 telephone assessments related to STIs, blood-borne infections, or pregnancy counselling in April, resulting in 118 onsite visits.

## Knowledge and Strategic Services

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### 1. Health Equity

The Health Equity team recently participated in Ontario Health's Advancing Health Equity in Ontario Through Education workshop to deepen their understanding of anti-racism and equitable health practices. The knowledge gained will help them better support colleagues within the organization to provide equity-informed programs, policies, and services.

The manager of Health Equity attended the 2025 Canadian Public Health Association conference in Winnipeg from April 29 to May 1. This gathering brought together various public health professionals to strengthen efforts to improve health and well-being, to share research and information, to promote best practices, and to advocate for public health issues and policies grounded in evidence.

## 2. Indigenous Public Health

Indigenous Engagement was renamed Indigenous Public Health to reflect a shift from building bridges to the Indigenous community, to now actively working to address the underlying causes of Indigenous health through decolonization efforts (for example, through the *Unlearning and Undoing White Supremacy & Racism Project*) and integration into program planning. This shift also aligns with moving away from viewing Indigenous Peoples as solely equity-seeking groups to recognizing their inherent rights-based status. The process of changing the team's name has begun internally and will continue externally on the website.

Each affinity group in the Unlearning Club participated in their first facilitated discussion in April. Also, the introductory session for the Board of Health took place following their regular Board of Health meeting.

Indigenous Public Health team members attended the Ontario Public Health Conference virtually on April 2, 2025. Topics of interest included data governance and holistic approaches for climate preparedness in public health and health equity.

Team members also attended the National Public Health Conference in Winnipeg, engaging with the founders of the *Unlearning and Undoing White Supremacy & Racism Project* and enhancing their knowledge of Indigenous data sovereignty.

The team delivered the first of two presentations to the Northern Ontario School of Medicine University's (NOSMU) Public Health and Preventive Medicine residency program, aimed at strengthening culturally safe health care practices when working with Indigenous Peoples.

## 3. Population Health Assessment and Surveillance

In April, the Population Health Assessment and Surveillance team responded to 22 requests, including routine surveillance and reporting, media requests, and other internal and external requests for data, information, and consultation. This included 3 project-related requests (such as 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 control of infectious diseases and vaccination data.

In March and April, a member of the team worked with the Ontario Dietitians in Public Health (ODPH) to update a data collection tool used by dietitians across Ontario health units to collect data in grocery stores and monitor food affordability.

## 4. Effective Public Health Practice

As part of the agency's ongoing program planning efforts, the Effective Public Health Practice team hosted meetings with program managers and program planners between April 23 and May 1, 2025. These sessions provided staff with the opportunity to reflect on past program planning efforts and establish goals and approaches for planning for 2026. A focus for the coming year will be to refocus program planning away from being accountable to Ministry standards and guidance, and towards making measurable impacts on the health of the population. Systematic program planning supports evidence-informed decision-making, provides documentation of our work, and serves as a tool for monitoring progress and identifying improvements.

The annual Knowledge Exchange Symposium, an internal event where staff from across the agency share their work with their colleagues, will be held May 13, 2025. This year's theme is Passion—focusing on what inspires and motivates us to do our best work. Designed to foster connection and learning, and to share current projects, the event featured a total of seven presentations including one from Dr. Hirji and one from Dr. Groot. Examples of work showcased included dental care for older adults, food systems, climate change, geographic information systems, racial equity, colonial knots in public health practice, and the continued shift toward outcomes and impacts.

## 5. Student Placement

The Student Placement Program continues to host students on placement, including a NOSM Public Health and Preventive Medicine resident and NOSM Foundations of Interprofessional Team Based Care in the North (FIT) Community sessions.

The agency will host its annual preceptor appreciation event on May 7, 2025. The event provides an opportunity to celebrate the efforts of our employees who contributed to student learning as preceptors in the 2024-25 school year, and to debrief on preceptor experiences with a view to continuous quality improvement.

## 6. Communications

Looking back on 2024, the agency's Year-in-Review focused on connecting the dots to highlight Public Health's efforts to promote healthy smiles at all ages, create more space for Indigenous voices, address the toxic drug crisis, and protect the community from resurging infections.

Recent media interest focused on the toxic drug crisis, drug surveillance, and increases in deaths as well as measles vaccination and immunizations required for school attendance. Raising awareness about immunization as a safe and effective way to protect the community—



for example, against measles—is ongoing as well as efforts to promote compliance with the ISPA. One drinking water advisory was issued.

With the end of April federal election, related messaging developed by the Canadian Public Health Associations was shared to highlight issues of public health importance, such as vaccination, decriminalizing drug possession, and adequate investments to prepare for emergencies.

Public Health promoted the availability of oral health financial assistance and raised awareness about Health Canada’s new nutrition labelling information for sodium, saturated fats, and sugars.

Public Health is also grateful for community input, which was gathered through an online survey that will help guide the development of the agency’s new website. The input will help identify priorities, areas for improvement, and suggestions to make sure the site meets the needs of users.

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 3 Periods Ending March 31, 2025**

**Cost Shared Programs**

	Adjusted BOH Approved Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
<b>Revenue:</b>					
MOH - General Program	18,723,731	4,680,933	4,634,600	46,333	14,089,131
MOH - Unorganized Territory	826,000	206,500	206,500	0	619,500
Municipal Levies	11,186,768	2,796,692	2,796,952	(260)	8,389,815
Interest Earned	300,000	75,000	97,833	(22,833)	202,167
<b>Total Revenues:</b>	<b>\$31,036,499</b>	<b>\$7,759,125</b>	<b>\$7,735,886</b>	<b>\$23,239</b>	<b>\$23,300,613</b>
<b>Expenditures:</b>					
<b>Corporate Services:</b>					
Corporate Services	6,320,175	1,743,020	1,286,714	456,307	5,033,462
Office Admin.	104,350	26,088	14,025	12,062	90,325
Espanola	131,102	34,352	31,974	2,379	99,129
Manitoulin	141,746	37,172	31,795	5,376	109,951
Chapleau	140,300	36,696	31,087	5,609	109,213
Sudbury East	19,530	4,883	4,997	(114)	14,533
Intake	372,587	100,312	83,454	16,857	289,133
Facilities Management	744,668	200,918	100,468	100,450	644,200
Volunteer Resources	3,850	963	0	963	3,850
<b>Total Corporate Services:</b>	<b>\$7,978,309</b>	<b>\$2,184,402</b>	<b>\$1,584,514</b>	<b>\$599,889</b>	<b>\$6,393,795</b>
<b>Health Protection:</b>					
Environmental Health - General	1,272,898	331,647	337,376	(5,729)	935,522
Enviromental	2,824,889	765,402	727,856	37,547	2,097,033
Vector Borne Disease (VBD)	42,914	8,225	6,245	1,981	36,670
CID	1,528,164	411,255	383,865	27,390	1,144,299
Districts - Clinical	236,444	63,639	61,492	2,147	174,952
Risk Reduction	53,756	13,439	3,691	9,748	50,065
Sexual Health	1,508,238	404,917	430,401	(25,484)	1,077,838
SFO: E-Cigarettes, Protection and Enforcement	257,027	63,044	56,254	6,790	200,773
<b>Total Health Protection:</b>	<b>\$7,724,330</b>	<b>\$2,061,567</b>	<b>\$2,007,179</b>	<b>\$54,388</b>	<b>\$5,717,150</b>
<b>Health Promotion and Vaccine Preventable</b>					
Health Promotion and VPD- General	1,865,620	507,216	379,621	127,596	1,485,999
Districts - Espanola / Manitoulin	376,553	101,380	98,639	2,741	277,914
Nutrition & Physical Activity	1,558,704	418,463	329,765	88,697	1,228,938
Districts - Chapleau / Sudbury East	432,484	116,438	110,756	5,681	321,727
Comprehensive Substance Use (Tobacco, Vaping, Ca	970,307	255,053	156,141	98,913	814,167
Family Health	1,491,508	400,919	346,363	54,556	1,145,145
Community Drug Safety & Toxic Drug Crisis & Ment	941,457	257,890	242,492	15,398	698,966
Oral Health	524,052	142,884	149,485	(6,601)	374,567
Healthy Smiles Ontario	667,047	176,369	177,623	(1,254)	489,424
SFO: TCAN Coordination and Prevention	505,286	133,815	90,577	43,237	414,709
Harm Reduction Program Enhancement	198,465	53,322	34,098	19,224	164,367
COVID Vaccines	111,689	30,070	7,895	22,175	103,794
VPD	1,656,646	433,521	281,318	152,203	1,375,327
MOHLTC - Influenza	(0)	938	(240)	1,178	240
MOHLTC - Meningittis	0	260	(2,593)	2,852	2,593
MOHLTC - HPV	0	359	(1,692)	2,051	1,692
<b>Total Health Promotion:</b>	<b>\$11,299,817</b>	<b>\$3,028,897</b>	<b>\$2,400,250</b>	<b>\$628,647</b>	<b>\$8,899,567</b>
<b>Knowledge and Strategic Services:</b>					
Knowledge and Strategic Services	3,048,643	814,754	829,204	(14,450)	2,219,439
Workplace Capacity Development	43,507	0	6,441	(6,441)	37,066
Health Equity Office	10,970	2,718	4,850	(2,132)	6,120
Nursing Initiatives: CNO, ICPHN, SDOH PHN	516,126	138,957	127,270	11,687	388,856
Indigenous Engagement	414,797	111,490	93,601	17,888	321,196
<b>Total Knowledge and Strategic Services:</b>	<b>\$4,034,043</b>	<b>\$1,067,918</b>	<b>\$1,061,366</b>	<b>\$6,552</b>	<b>\$2,972,677</b>
<b>Total Expenditures:</b>	<b>\$31,036,499</b>	<b>\$8,342,785</b>	<b>\$7,053,309</b>	<b>\$1,289,476</b>	<b>\$23,983,190</b>
<b>Net Surplus/(Deficit)</b>	<b>\$ (0)</b>	<b>\$ (583,660)</b>	<b>\$ 682,576</b>	<b>\$ 1,266,237</b>	

**Public Health Sudbury & Districts**

**Cost Shared Programs**

**STATEMENT OF REVENUE & EXPENDITURES**

Summary By Expenditure Category

For The 3 Periods Ending March 31, 2025

	Adjusted BOH Approved Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over) /under	Budget Available
<b>Revenues &amp; Expenditure Recoveries:</b>					
MOH Funding	31,036,499	7,759,125	7,755,144	3,981	23,281,355
Other Revenue/Transfers	657,147	164,287	162,930	1,356	494,216
<b>Total Revenues &amp; Expenditure Recoveries:</b>	<b>31,693,646</b>	<b>7,923,411</b>	<b>7,918,074</b>	<b>5,337</b>	<b>23,775,571</b>
<b>Expenditures:</b>					
Salaries	19,341,764	5,207,394	5,049,861	157,533	14,291,903
Benefits	6,978,499	1,878,678	1,538,825	339,854	5,439,674
Travel	266,343	55,249	23,396	31,853	242,947
Program Expenses	728,366	179,945	66,086	113,859	662,280
Office Supplies	72,150	16,847	11,774	5,072	60,375
Postage & Courier Services	90,100	22,525	14,965	7,560	75,135
Photocopy Expenses	5,030	1,257	109	1,149	4,921
Telephone Expenses	72,960	18,240	18,553	(313)	54,407
Building Maintenance	528,488	146,873	71,175	75,698	457,313
Utilities	190,605	47,651	50,706	(3,055)	139,899
Rent	329,758	82,439	81,462	977	248,296
Insurance	147,768	133,393	98,508	34,885	49,260
Employee Assistance Program ( EAP)	37,000	9,250	19,228	(9,978)	17,772
Memberships	51,750	13,037	10,976	2,061	40,774
Staff Development	151,201	21,595	23,719	(2,124)	127,482
Books & Subscriptions	7,045	2,357	2,995	(638)	4,050
Media & Advertising	112,850	26,563	3,000	23,563	109,850
Professional Fees	992,511	248,128	101,817	146,310	890,693
Translation	65,976	15,237	23,526	(8,289)	42,450
Furniture & Equipment	18,870	4,259	(89,278)	93,538	108,148
Information Technology	1,504,612	376,153	114,096	262,057	1,390,516
<b>Total Expenditures</b>	<b>31,693,646</b>	<b>8,507,071</b>	<b>7,235,498</b>	<b>1,271,573</b>	<b>24,458,148</b>
<b>Net Surplus ( Deficit )</b>	<b>(0)</b>	<b>(583,660)</b>	<b>682,576</b>	<b>1,266,237</b>	

**Sudbury & District Health Unit o/a Public Health Sudbury & Districts**  
SUMMARY OF REVENUE & EXPENDITURES  
For the Period Ended March 31, 2025

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
<b>100% Funded Programs</b>							
Indigenous Communities	703	90,400	30,733	59,667	34.0%	Dec 31	25.0%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	88,174	11,826	88.2%	Mar 31/2025	100.0%
Northern Fruit and Vegetable Program	743	176,100	82,285	93,815	46.7%	Dec 31	25.0%
Healthy Babies Healthy Children	778	1,725,944	1,624,855	101,089	94.1%	Mar 31/2025	100.0%
IPAC Congregate CCM	780	930,100	838,785	91,315	90.2%	Mar 31/2025	100.0%
Ontario Senior Dental Care Program	786	1,315,000	244,060	1,070,940	18.6%	Dec 31	25.0%
Anonymous Testing	788	64,293	64,293	-	100.0%	Mar 31/2025	100.0%
<b>Total</b>		4,401,837	2,973,185	1,428,652			

May 5, 2025

Councillor Mark Signoretti  
Chair, Board of Health  
Public Health Sudbury & Districts  
1300 Paris Street  
Sudbury, ON P3E 3A3

**Re: Endorsement of the Walport Report, and for Continued focus on Public Health Emergency and Pandemic Preparedness**

Dear Board Chair Signoretti,

At their April 24, 2025 meeting, the Middlesex-London Board of Health made the following resolution:

It was moved by **S. Franke**, seconded by **M. Newton-Reid**, that the Board of Health endorse items b) and g):

- b) *Windsor-Essex County Health Unit re: Addressing Household Food Insecurity*
- g) **Public Health Sudbury and Districts re: Endorsement of the Walport Report, and for continued focus on Public Health Emergency and Pandemic Preparedness**

Carried

The [Review of the Federal Approach to Pandemic Science Advice and Research Coordination](#) (also known as the Walport Report) was released in October 2024. As highlighted in your correspondence dated March 21, 2025, the Middlesex-London Board of Health also commends both the Chief Medical Officer of Health of Ontario and Health Canada for releasing reports related to emergency preparedness for infectious disease outbreaks.

The Board of Health heard at the April 24, 2025 meeting information on the new Middlesex-London Health System Emergency Management Table (MLHSEMT) through [Report No. 27-25](#). The MLHSEMT was formed in late 2024 (chaired by the Medical Officer of Health), with its first meeting in January 2025. This Table was established to create clearer mechanisms for the Middlesex-London health system to communicate, coordinate and plan for emergencies. The gaps in clearly articulated roles and responsibilities of health system partners during an emergency was highlighted during the COVID-19 pandemic, and this Table aims to address those gaps.

It is important for local public health units to continue to stay prepared for all types of emergencies, especially infectious diseases. The Board of Health supports further awareness of our local, provincial and federal partners to ensure optimal readiness to support our communities.

Sincerely,



Mike Steele  
Board Chair  
Middlesex-London Health Unit



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



Alex Summers MD, MPH, CCFP, FRCPC  
Medical Officer of Health  
Middlesex-London Health Unit



Ottawa, Ontario  
K1A 0K9

Mark Signoretti  
Chair, Board of Health  
Public Health Sudbury & Districts  
1300 rue Paris Street  
Sudbury, Ontario P3E 3A3

Mr. Mark Signoretti:

On behalf of the Minister of Health, I wish to thank you for your correspondence of March 21, 2025, concerning the endorsement of the Walport Report, and for the continued focus on Public Health Emergency & Pandemic Preparedness. I regret the delay in responding.

Protecting the health and safety of Canadians remains a top priority for the Government of Canada, and this includes ensuring preparedness for future pandemics and global health events. The COVID-19 pandemic has shown that a collaborative response is crucial to address public health threats and to keep people living in Canada safe. Investments made during the pandemic have increased Canada's ability to plan for and respond to infectious respiratory diseases and other pathogens of pandemic potential.

There have been many lessons for everyone in Canada and around the world from the COVID-19 pandemic. Findings from numerous reviews, including recommendations from the [Office of the Auditor General of Canada](#), informed the Public Health Agency of Canada's (PHAC) adaptive response during the COVID-19 pandemic, leading to innovative approaches (e.g., wastewater surveillance), as well as a recalibration of the Agency's preparedness and response posture as new information became available. More recent reports, such as PHAC's [COVID-19 Response: Lessons Learned report](#), are also helping us further prepare for potential future pandemics.

.../2

Lessons learned from the COVID-19 pandemic response and other recent public health events are informing Canada's ongoing preparedness and response, including the need to revitalize pandemic preparedness planning for Canada by leveraging the Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector (CPIP) and lessons learned to develop Canada's Pandemic Preparedness Plan (CPPP). Work to develop CPPP is underway and is targeted to be launched in 2026. CPPP will replace the CPIP.

CPPP's technical components will align with themes identified in WHO's Preparedness and Resilience for Emerging Threats (WHO PRET). These are: Emergency and Science Coordination, Collaborative Surveillance and Data Analysis, Community Protection, Medical Countermeasures, and Health Care Services. CPPP will be informed by the cross-cutting considerations of One Health, communication, health equity, science, and ethics.

CPPP is being developed as an evergreen document with the goal of being nimble to evolve along with the landscape of emerging threats, risk assessments, the forthcoming WHO PRET addressing other groups of pathogens, and as updates are made to domestic or international pandemic initiatives.

The Government of Canada has already taken a number of steps to be better prepared for a potential future pandemic including, but not limited to:

- On September 24, 2024, Health Canada and Innovation, Science and Economic Development Canada (ISED) announced the launch of [Health Emergency Readiness Canada](#)—a new special operating agency within ISED, that will help deliver on Canada's life sciences and medical countermeasure readiness objectives, strengthening Canada's preparedness for future health emergencies. Canada joins the rest of its G7 peers in creating a specialized entity to support health emergency readiness, following similar initiatives such as the United States' Biomedical Advanced Research and Development Authority, and the EU's Health Emergency Preparedness and Response Authority.
- Canada is one of the World Health Organization (WHO) Member States that has been working to develop a Pandemic Agreement. The goal of this agreement is to help the world prevent and minimize the devastating consequences of a potential future pandemic.

.../3

- Canada is one of WHO's Member States that came to consensus on a wide-ranging set of amendments to the International Health Regulations (2005), to strengthen global commitments to preparedness, surveillance, and response for public health emergencies.
- Canada continues to enhance national surveillance of circulating and emerging respiratory viruses, and contribute to global initiatives and monitoring for pandemic preparedness. Timely information is communicated to public health decision-makers and the public via the interactive [Canadian respiratory virus surveillance report](#) and [Human Emerging Respiratory Pathogens Bulletin](#).
- Furthermore, PHAC has developed public health guidance and advice for public health authorities and the general public, with the aim of preventing infection with and transmission of avian influenza.
- Following the COVID-19 pandemic, and based on lessons learned, the [Health Portfolio Emergency Response Plan](#) was updated in 2023.

Thank you again for writing.

Sincerely,

Steven Sternthal for Kerry Robinson  
Acting Vice President  
Infectious Diseases and Vaccination Programs Branch



**From:** PHAC Correspondence / Correspondance ASPC (PHAC/ASPC) <[correspondence-correspondance@phac-aspc.gc.ca](mailto:correspondence-correspondance@phac-aspc.gc.ca)>

**Sent:** Thursday, May 1, 2025 12:12 PM

**To:** Rachel Quesnel <[quesnelr@phsd.ca](mailto:quesnelr@phsd.ca)>

**Subject:** Response from the Public Health Agency of Canada

Unclassified / Non classifié

Dear Mark Signoretti:

On behalf of the Honourable Kamal Khera, Minister of Health, I wish to thank you for your correspondence of March 21, 2025, concerning the establishment of a comprehensive Ontario immunization registry and a pan-Canadian immunization registry.

In Canada, the provinces and territories regulate health professions and, therefore, only these governments can mandate entering vaccinations in a registry. Most provinces and territories do have immunization registries and many of them mandate that all vaccine providers, irrespective of setting (public health, primary care, pharmacy, or other), either enter administered vaccines in the provincial/territorial registry or report them to public health. Jurisdictions with such mandates can increasingly rely on their registry to monitor vaccination coverage. Ontario, like a few other jurisdictions, has no such mandate and has less immunization data in its existing repository than other jurisdictions have in theirs. Therefore, in Ontario, since family physicians vaccinate preschool-age children and the data is not comprehensively entered into the provincial repository, coverage estimates are not available.

Canada has focused on advancing interoperability of provincial/territorial immunization registries instead of on creating a centralized pan-Canadian registry. Each jurisdiction is thereby able to maintain its own registry share data across systems. The Public Health Agency of Canada (PHAC) and provincial and territorial health authorities have long worked together to monitor vaccination uptake and coverage, and this work includes improving the interoperability of immunization registries.

PHAC provides secretariat support to the Canadian Immunization Registry and Coverage Network (CIRC), a federal/provincial/territorial working group that helps the provinces and territories to develop, adopt, and implement standards, guidelines, policies, and best practices in order to (1) support the implementation of immunization information systems across Canada; and (2) improve the assessment and reporting of immunization coverage of childhood and adult immunization. Ontario, represented by the Ministry of Health, has been a longstanding and active member of CIRC. In 2020, CIRC issued the [Immunization Registry Functional Standards \(IRFS\)](#), which describe the functional standards/capabilities

that registries need to support jurisdictional immunization programs and a pan-Canadian network of interconnected immunization registries in Canada. To facilitate data sharing and reporting across jurisdictions, data standards are being developed, adopted, and implemented.

PHAC has worked with CIRC members to develop a new surveillance system for monitoring vaccine coverage. [The STARVAX system, or the Standardized Reporting on Immunization](#), received standardized reports, containing aggregate numbers from participating provinces and territories, on vaccine uptake. Since not all provinces and territories have functioning registries or collect comprehensive data, the data collected by this system is incomplete. Ontario has not yet reported to STARVAX but has participated in the discussions about its implementation.

The [National Vaccine Catalogue \(NVC\)](#), launched in March 2024 and developed by the Government of Canada in consultation with federal, provincial, and territorial partners, provides standardized terminology to ensure consistency of the reporting language and thereby supports the interoperability of immunization registries. A common language is essential for accurately exchanging data and seamlessly sharing information.

In addition to the work on registries, PHAC conducts [national coverage surveys](#) in order to collect national coverage estimates for reporting internationally and informing immunization guidance development and public health action. These are usually surveys in the general population, with some being specific to vaccine programs and others targeting hard-to-reach populations often missed in national general population surveys. If the sample size of the surveys is sufficient, we can estimate the provincial/territorial immunization coverage.

As part of the *Working together to improve health care for Canadians* plan, PHAC has been working with participating provinces and territories, which includes Ontario, on a proof-of-concept to show that a federated data approach can connect immunization registries enabling the seamless transfer of immunization records between jurisdictions and the analysis and assessment of public health coverage.

Again, thank you for writing.

Sincerely,

Steven Sternthal

Acting Vice President

Infectious Diseases and Vaccination Programs Branch

**Ministry of Health**

Office of the Deputy Premier and  
Minister of Health

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

**Ministère de la Santé**

Bureau du vice-premier ministre  
et ministre de la Santé

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



e-Approve-72-2024-717

March 24, 2025

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

Dear René Lapierre:

I am pleased to advise you that the Ministry of Health (the "Ministry") will provide the Board of Health for the Sudbury and District Health Unit up to \$527,200 in one-time funding for the 2024-25 funding year to support the provision of public health programs and services in your community.

The Executive Lead of the Office of Chief Medical Officer of Health, Public Health Division will write to the Sudbury and District Health Unit shortly concerning the terms and conditions governing the funding.

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

Sincerely,

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

Sylvia Jones  
Deputy Premier and Minister of Health

c: Dr. Mustafa Hirji, Medical Officer of Health (A), Sudbury and District Health Unit  
Dr. Kieran Moore, Chief Medical Officer of Health and Assistant Deputy Minister  
Elizabeth Walker, Executive Lead, Office of Chief Medical Officer of Health, Public Health

**APPROVAL OF CONSENT AGENDA**

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

**From:** allhealthunits <[allhealthunits-bounces@lists.alphaweb.org](mailto:allhealthunits-bounces@lists.alphaweb.org)> **On Behalf Of** alPHa communications  
**Sent:** Thursday, May 8, 2025 1:51 PM  
**To:** 'allhealthunits@lists.alphaweb.org' <[allhealthunits@lists.alphaweb.org](mailto:allhealthunits@lists.alphaweb.org)>  
**Cc:** Board <[board@lists.alphaweb.org](mailto:board@lists.alphaweb.org)>  
**Subject:** [allhealthunits] Calling all Board of Health Members (and Affiliate members too!) - 2025 alPHa AGM, Conference, and Section Meeting

**PLEASE ROUTE TO:**

**All Board of Health Members**  
**All Members of Regional Health & Social Service Committees**  
**All Senior Public Health Managers**



Dear Boards of Health Section Members,

I am writing to let you know about the exciting program for the upcoming [alPHa Annual General Meeting \(AGM\) and Conference](#). Whether you are a new board member or a seasoned professional, this must-attend event is being held June 18-20 in Toronto at the Pantages Hotel. You won't want to miss it! **The deadline to register is Thursday, June 5.** In addition to a Conference lineup that includes Premier Doug Ford (invited), the Chief Medical Officer of Health, Dr. Kieran Moore, and other public health leaders, here are some highlights of the Boards of Health Section Meeting:

- Back by popular demand! This session features senior public health managers in key public health disciplines – nutrition, inspections, dentistry, and nursing. Speakers will discuss key public health issues from the unique perspectives of these Affiliate members.
- There will be an opportunity for networking during the Section meeting. This will be a chance to get to know other Board of Health members and re-establish connections.
- A legal session with alPHa's Legal Counsel, James LeNoury, and alPHa Members.

- As a follow up to the *Artificial Intelligence and Public Health* session at the 2024 Fall Symposium, updates on local use cases, ongoing developments in artificial intelligence, and considerations for artificial intelligence implementation for public health units will be covered.

To read more, the draft agenda for the BOH Section Meeting is available [here](#), the draft program for the AGM and Conference can be found [here](#), and information on the mobile workshops is available [here](#).

Updates are also included in emails and alPHA's monthly newsletter, *Information Break*.

Please encourage your Board of Health colleagues to attend the AGM and Conference. Affiliate members are also welcome to attend the Section meeting. This is a great opportunity to network with Board of Health, Medical and Associate Medical Officers of Health, and Affiliate members of alPHA. I look forward to seeing you there!

Take Care,

Loretta

Loretta Ryan, CAE, RPP

Chief Executive Officer  
**Association of Local Public Health Agencies (alPHA)**  
PO Box 73510, RPO Wychwood  
Toronto, ON M6C 4A7  
Tel: 416-595-0006 x 222  
Cell: 647-325-9594  
[loretta@alphaweb.org](mailto:loretta@alphaweb.org)  
[www.alphaweb.org](http://www.alphaweb.org)



**June 18<sup>th</sup>: Mobile Workshops 10 a.m. to noon and 1:30 p.m. to 3:30 p.m. EDT**

**Opening Reception 5 p.m. to 7 p.m. EDT**

**June 19<sup>th</sup>: AGM & Conference 8:15 a.m. to 4:45 p.m. EDT**

**June 20<sup>th</sup>: BOH Section & COMOH Section Meetings 9 a.m. to 12 p.m. EDT**

**Pantages Hotel, Rehearsal Hall, 3<sup>rd</sup> Floor, 200 Victoria Street**

**Toronto, ON M5B 1V8**

**Program Draft May 2<sup>nd</sup>**

<b>June 18<sup>th</sup></b>	
<p><b>Toronto Public Health - Food and Health History</b>  <b>Toronto's First Market – St. Lawrence Market - Mobile Workshop</b>  Workshop Leaders: Lori Zuppinger and Jessica Algie, Educators, Outreach &amp; Public Programming, City of Toronto</p> <p>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 <a href="#">St. Lawrence Market</a> complex – Toronto's oldest marketplace and its first civic centre – to explore the evolution of food regulation and food safety in the city.</p> <p>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></p>	10 a.m. – noon
<p><b>Spirit Garden and Nathan Phillips Square at Toronto City Hall - Mobile Workshop</b></p>	1:30 p.m. – 3:30 p.m.

<p>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. <i>Tour runs rain or shine. Please dress accordingly.</i></p>	
<p><b>Opening Reception</b> 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.</p>	<p>5 p.m. – 7 p.m.</p>
<p><b>June 19<sup>th</sup></b></p>	
<p><b><i>Breakfast will be available at 7:30 a.m.</i></b></p>	
<p><b>Call to Order, Opening Remarks, and Land Acknowledgement</b> Speakers: Trudy Sachowski, Chair, Board of Directors, alPHa, Hon. Doug Ford, Premier of Ontario (<i>invited</i>) and Hon. Sylvia Jones, Deputy Premier and Minister of Health (<i>invited</i>)</p>	<p>8:15 a.m. – 8:30 a.m.</p>
<p><b>Fostering Understanding, Reconciliation, and Indigenous Connection</b> <b>Keynote Address and Workshop</b> Speaker: Marc Forgette, <a href="#">Makatew Workshops</a> Moderator: Dr. Na-Koshie Lamptey, Board of Directors, alPHa</p> <p>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 presentation that fosters understanding, reconciliation, and connection.</p>	<p>8:30 a.m. – 10 a.m.</p>
<p><b>Morning Break</b></p> <p>Network with colleagues old and new as you enjoy refreshments in the foyer.</p>	<p>10 a.m. – 10:15 a.m.</p>



<p><b>Combined alPHa Business Meeting and Resolutions Session</b>  Speakers: Trudy Sachowski, Chair, Board of Directors, alPHa, and Loretta Ryan, Chief Executive Officer, alPHa  Resolutions Chair and Parliamentarian: Dr. Robert Kyle, MOH, Durham Region Health Department</p>	<p>10:15 a.m. – 12:15 p.m.</p>
<p><b>Distinguished Service Awards Luncheon</b>  Speakers: Trudy Sachowski, Chair, Board of Directors, 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>	<p>12:15 p.m. – 1:45 p.m.</p>
<p><b>Ontario Health &amp; Public Health Ontario: Working in Partnership with Local Public Health</b>  Speakers: Dr. Chris Simpson, 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, Board of Directors, alPHa</p> <p>Ontario Health and Public Health Ontario are two key partners of alPHa. Learn more about how these organizations work in partnership with local public health to keep Ontarians safe and healthy.</p>	<p>1:45 p.m. – 2:30 p.m.</p>
<p><b>Public Health and Engagement with Indigenous Communities</b>  Speakers: Leonor Tavares, Manager, Indigenous and Intergovernmental Unit, Accountability and Liaison Branch, Office of Chief Medical Officer of Health, Ministry of Health and Dr. Nicole Blackman, Chief Operating Officer, Indigenous Primary Health Care Council (IPHCC)  Moderator: Dr. Lianne Catton, Chair, COMOHC Section, Board of Directors, alPHa</p> <p>Participants will gain insights into the importance of appropriate and inclusive Indigenous engagement with public health efforts. The session will provide an opportunity for reflection on how public health agencies can foster meaningful relationships with First Nations, Inuit, and Métis (FNIM) communities and organizations.</p>	<p>2:30 p.m. – 3:00 p.m.</p>
<p><b>Networking Break</b></p> <p>Network with colleagues old and new as you enjoy refreshments in the foyer.</p>	<p>3:00 p.m. – 3:30 p.m.</p>

<p><b>Navigating Ontario’s Political Landscape in Challenging Times</b>  Speakers: Sabine Matheson, Principal, and John Perenack, Principal, StrategyCorp  Moderator: Cynthia St. John, Board of Directors, alPHa</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: <a href="mailto:communications@alphaweb.org">communications@alphaweb.org</a> on or before June 13<sup>th</sup>.</i></p>	3:30 p.m. – 4:15 p.m.
<p><b>Update from the Chief Medical Officer of Health</b>  Speaker: Dr. Kieran Moore, Chief Medical Officer of Health  Moderator: Trudy Sachowski, Chair, Board of Directors, alPHa</p>	4:15 p.m. – 4:45p.m.
<p><b>Wrap Up</b>  Conference Chair: Trudy Sachowski, Chair, Board of Directors, alPHa</p>	4:45 p.m. – 4:50 p.m.
<b>June 20<sup>th</sup></b>	
<p><b><i>Breakfast will be available starting at 8:30 a.m.</i></b></p> <p><b>Section Meetings:</b> <i>Members of the BOH Section and COMO H Section will meet in the morning. There are separate agendas for these meetings. Affiliates are welcome to attend the BOH Section Meeting.</i></p>	9 a.m. – 12 p.m.

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



*Platinum Level Sponsors:*



**Gold Level Sponsor:**



**Silver Level Sponsors:**





## Boards of Health Section Meeting

**Agenda Draft April 30<sup>th</sup>**

**June 20, 2025 from 9 a.m. to 12 p.m. EDT**

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

<b><i>Breakfast will be available at 8:30 a.m.</i></b>	8:30 a.m. – 9 a.m.
<b>Call to Order, Opening Remarks, and Land Acknowledgement</b> <b>alPHa Update/Section Business/Approval of Minutes</b>  Speaker: Chair, BOH Section and Loretta Ryan, Chief Executive Officer, alPHa	9 a.m. – 9:10 a.m.
<b>On the Front Lines</b> Speakers: Carolyn Doris, Ontario Dietitians in Public Health Steven Rebellato, Association of Supervisors of Public Health Inspectors of Ontario Paul Sharma, Ontario Association of Public Health Dentistry Joanne Figliano-Scott, Ontario Association of Public Health Nursing Leaders Moderator: Cynthia St. John, Association of Ontario Public Health Business Administrators  Back by popular demand! This session features senior public health managers in key public health disciplines. Speakers will discuss issues from their unique perspectives as Affiliate members. Don't miss these important updates!	9:10 a.m. – 10 a.m.
<b>Networking Break</b> Network with colleagues old and new as you enjoy refreshments in the foyer.	10:00 a.m. - 10:30 a.m.

<b>Legally Speaking – alPHA’s Legal Counsel in Conversation with alPHA Members</b> Speakers: James LeNoury, Principal, LeNoury Law and Legal Counsel, alPHA Moderator:	10:30 a.m. – 11:10 a.m.
<b>AI and Public Health</b> Speaker: Steven Rebellato, Vice President, Simcoe Muskoka District Health Unit  As a follow up to the Fall 2024 workshop on AI and Public Health, updates will be provided on local use cases, ongoing developments in AI, and considerations for AI implementation in public health units. AI is rapidly changing the public health sector. You won’t want to miss this important update.	11:10 a.m. – 11:50 a.m.
<b>Closing Remarks</b> Speaker: Loretta Ryan, Chief Executive Officer, alPHA	11:50 a.m. - noon

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



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## 2025 ALPHA ANNUAL GENERAL MEETING AND CONFERENCE

### MOTION:

**WHEREAS** the Public Health Sudbury & Districts is allocated five votes\* at the Association of Local Public Health Agencies Annual General Meeting Resolution Session;

**THAT** the following individuals are appointed as voting delegates for the Annual General Meeting:

- Mark Signoretti;

- Robert Barclay;

- M. Mustafa Hirji;

- \_\_\_\_\_

- \_\_\_\_\_

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

# Briefing Note

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

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

**Date:** May 8, 2025

**Re:** Client Service Standards

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☒ For Information

☐ For Discussion

☐ For a Decision

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**Issue:**

The 2021 Ontario Public Health Standards, under the Good Governance and Management Practices Domain requirement 16, state that: The board of health shall ensure the administration develops and implements a set of client service standards. Additionally, client service standards fit within the broader scope of Quality and Transparency under the 2021 Ontario Public Health Standards whereby a public health system with a culture of quality and transparency is safe, effective, client and community/population centred, efficient, responsive and timely.

Public Health Sudbury & Districts' (Public Health) current client service standards were launched in January 2020. To ensure the client service standards remained timely and relevant, a comprehensive review was undertaken in 2024–2025, in accordance with Public Health's Client Service Policy C-I-180.

**Recommended Action:**

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

1. Receive Public Health's updated Client Service Standards (see Appendix A) and the communication strategy for the updated Standards, both internal and external.

**Background:**

Client Service Standards are Public Health's commitment to clients, community members, and community partners that the agency will deliver a high level of performance under normal circumstances. Normal circumstances would include service days where an organization's expected resources are available and expected level of demand does not exceed capacity. Special circumstances where regular service standards would not apply would be holidays, natural disasters, or emergencies.

---

2018–2022 Strategic Priorities:

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

O: October 19, 2001  
R: January 2017



The client service standards for our organization were developed through a rigorous process beginning in the spring 2018. In 2020, Public Health launched the client service standards with a goal to provide timely, quality, transparent, and appropriate public health services to individuals across our service area. Our goal is that clients, partners, and the public are satisfied with the services received from our agency.

Best practices for organization-wide client service standards were followed in the development of our agency client service standards. These best practices include (1) setting times for responsiveness to enquiries; (2) accessibility of programs and services in terms of locations, hours of service, and language; and (3) provision of public information in a manner that is timely and accessible, and in multiple formats.

**Comprehensive review in 2024/2025**

The comprehensive review in 2024/2025 included various methods, including, a review of literature and an environmental scan, all staff drop-in sessions and supplementary public health team-focused discussions, a client/community member survey, and a community partner survey.

**Background on development of the client service standards**

The client service standards were based on findings and recommendations from the staff drop-in sessions and team-focused discussions. Findings from the client and community member survey and the community partner survey echoed the recommendations of Public Health staff. The client service standards also align with the findings from the literature review and environmental scan. The format of the client service standards was inspired by the format of Public Health’s strategic plan, whereby each standard is supported by two to three defining elements that represent behaviours clients can expect from Public Health.

**What has changed in this new iteration of client service standards?**

Based on findings from the engagement process, there was consensus that the 2020 version of the client service standards remain relevant to public health’s context in 2025. Further, each of the eight client service standards from 2020 were rated high in terms of critical importance in achieving client satisfaction with Public Health’s programs and services.

There were eight standards in the previous 2020 iteration of the client service standards (see Appendix B) compared to five standards in the new 2025 iteration of client service standards. The new iteration of client service standards retains core content from the 2025 iteration that has been condensed to fewer, more succinct standards, with defining elements to demonstrate the Standards in action.

In summary, the new 2025 Client Service Standards continue to reflect our commitment to provide responsive, timely, accessible, and accountable public health service that is inclusive, culturally safe and informed by evidence. Public Health recognizes the importance of providing quality services to communities, clients and partners.

**Internal socialization and external communication plan**

To support awareness of Public Health’s updated Client Service Standards an internal socialization and external communication plan has been developed.

Internally, a socialization plan has been developed, integrating *Prosci’s* ADKAR model of change management. This model incorporates activities targeting key aspects of behaviour change including awareness of the change, desire to support the change, knowledge on how to change, skills and ability to change, and reinforcements to sustain the desired change. In alignment with the ADKAR model, a series of sequenced communications and activities are planned, including

- a presentation to management forum followed by a summary email
- a presentation at the June 2 all staff meeting followed by an all-staff email
- a series of voluntary drop-in sessions for staff to discuss the updated Standards and Guidance Document
- an internal newsletter article

Following Public Health’s internal communications, external communications to clients, community members and partners will occur in multiple ways including

- an update to our public-facing Client Service Standards webpage
- an email to community partners
- a series of social media posts.

**Financial Implications:**

Within budget.

**Strategic Priority:**

#3 – Excellence in public health practice

**Contact:**

Sandra Laclé, Interim Director, Corporate Services Division

**Appendix A: New 2025 iteration of Client Service Standards**

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: January 2017



### Client Service Standards

Public Health Sudbury & Districts (Public Health) recognizes the importance of providing quality services to communities, clients, and partners.

Our Client Service Standards reflect our commitment to deliver a high level of performance under normal circumstances where our expected resources are available. Special circumstances where regular service standards would not apply include, for example, holidays, natural disasters, or emergencies. In alignment with our core values, we pledge to demonstrate humility, trust, and respect in our actions.

**Our commitment to YOU!**

**1**

Public Health provides responsive and timely service.

**2**

Public Health provides accessible programs and services.

**3**

Public Health provides inclusive and culturally safe programs and services.

**4**

Public Health delivers evidence-informed practice.

**5**

Public Health provides accountable services.

**Clients can expect:**

- Prompt, professional service from the most appropriate program or staff.
- Acknowledgement and response to feedback and inquiries.
- Services and information to be provided in English and French.
- Clear, inclusive written material, to be made available in preferred languages, where and when possible.
- Barrier-free services, accessible to all.
- A welcoming and safe environment in all Public Health spaces.
- To be treated with respect and dignity, regardless of age, ethnicity, income, religion, gender, sexual orientation, or ability.
- Programs and services grounded and informed by reliable, best available research and evidence.
- A knowledgeable and skilled workforce dedicated to continuous improvement and ongoing learning.
- Their personal information and data to be kept private and confidential.
- Opportunities to provide feedback through our website or our Client Satisfaction Survey.
- To receive updates and progress reports on meeting our Client Service Standards.

**Appendix B: Previous 2020 iteration of Client Service Standards**

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: January 2017

## Our Commitment



Public Health Sudbury & Districts recognizes the importance of providing quality services to our communities, clients, and partners. We are committed to promoting excellence in public health practice by continuously developing a skilled and diverse workforce. In alignment with our core values, we pledge to demonstrate humility, trust, and respect in our actions; to communicate information clearly and transparently; and to hold ourselves accountable to the actions we take. We are open to feedback to improve our programs and services and continually work towards healthier communities for all.

## Our 8 Client Service Standards

### We will...

1

Respond to telephone, email, or social media requests within one business day. Our responses or automated messages tell clients when they can expect to get a reply.

5

Make sure that the locations where we offer services are accessible, welcoming, and respectful so that everyone has an opportunity to use and benefit from our services.

2

Strive to have services in French available, offered, accessible, and visible.

6

Strive to respond to requests from our communities, partners, or clients and to tailor our services as possible.

3

Offer our services respectfully to every client, recognizing the diversity of communities (for example, age, education, race, ethnicity, income, religion, gender, sexual orientation, or ability).

7

Make sure that all information and services provided to our communities use the best available evidence and strive for continuous improvement and ongoing learning.

4

Make sure that our approaches and environments are culturally appropriate, safe, and inclusive.

8

Protect our client's privacy and keep their information safe and secure.

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: January 2017

**ADDENDUM**

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

**ADJOURNMENT**

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