Board of Health Meeting # 05-25

Public Health Sudbury & Districts

Thursday, June 12, 2025

1:30 p.m.

Boardroom

1300 Paris Street

Public Health
Santé publique
SUDBURY & DISTRICTS

AGENDA – FIFTH MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
BOARDROOM, 3RD LEVEL
THURSDAY, JUNE 12, 2025 – 1:30 P.M.

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

4. DELEGATION/PRESENTATION

i) Preliminary Insights: Positive Space Evaluation

- Ginette Demers, Manager, Health Equity, Knowledge and Strategic Services
- Geneviève Projean, Public Health Nurse, Health Equity, Knowledge and Strategic Services

ii) Unlearning & Undoing White Supremacy and Racism Project Unlearning Club – United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)

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

5. CONSENT AGENDA

i) Minutes of Previous Meeting

a. Fourth Meeting – May 15, 2025

ii) Business Arising From Minutes

iii) Report of Standing Committees

a. Unapproved Board of Health Finance Standing Committee minutes dated June 2, 2025

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

a. MOH/CEO Report, June 2025

v) Correspondence

None

vi) Items of Information

a. 2025 alPHa Conference, Annual General Meeting and Board Section Meeting

- Conference Program – draft dated June 3
- Board of Health Section Agenda – draft dated May 23
- 2025 alPHa Resolutions for Consideration

b. Statement from the Chief Medical Officer of Health dated June 5, 2025

APPROVAL OF CONSENT AGENDA

MOTION:

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

6. NEW BUSINESS

i) 2024 Audited Financial Statements

- Public Health Sudbury & Districts Audited Financial Statements for 2024

ADOPTION OF THE 2024 AUDITED FINANCIAL STATEMENTS

MOTION:

WHEREAS the Board of Health Finance Standing Committee recommends that the Board of Health for the Sudbury and District Health Unit adopt the 2024 audited financial statements, as reviewed by the Finance Standing Committee at its meeting of June 2, 2025;

THEREFORE BE IT RESOLVED THAT the 2024 audited financial statements be approved as distributed.

ii) Organizational Risk Management

- Briefing Note from the Acting Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated June 5, 2025
- 2024 Risk Management Annual Report
- 2026–2028 Risk Management Plan – Engagement Strategy

RISK MANAGEMENT

MOTION:

BE IT RESOLVED THAT the Board of Health receive the 2024 Annual Risk Management Report; and

FURTHER THAT the Board of Health receive an update on the engagement strategy for the development of its 2026–2028 Risk Management Plan.

7. ADDENDUM

ADDENDUM

MOTION:

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

8. ANNOUNCEMENTS

9. ADJOURNMENT

ADJOURNMENT

MOTION:

THAT we do now adjourn. Time: ____

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

BOARD MEMBERS PRESENT

Ryan Anderson	Natalie Labbée	Angela Recollet
Robert Barclay	Amy Mazey	Natalie Tessier
Michel Brabant	Ken Noland	
Renée Carrier	Michel Parent	

BOARD MEMBERS REGRET

Abdullah Masood
Mark Signoretti

STAFF MEMBERS PRESENT

M. Mustafa Hirji	Stacey Laforest	Blessing Odia
Sandra Laclé	Rachel Quesnel	Renée St Onge

M. PARENT PRESIDING

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT

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

- 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

A. Mazey and A. Recollet were welcomed to their first Board of Health meeting and invited to introduce themselves.

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) 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

The co-presenters were introduced and invited to speak about the Healthy Babies Healthy Children (HBHC) Program which is a voluntary program intended to support families through pregnancy and into the early years of a child's life, until the transition to school. The Program also provides prevention, early identification and intervention services for families with newborns and young children with risks to healthy child development. The program goal is to optimize the health of prenatal families, newborns and children while working to facilitate access to services, encourage early screening and a key component of the HBHC program is to reduce health inequities.

The universal and targeted components of the program were described. Program details were shared, including the total number of family screen for HBHC (92% of live births in the service area in 2024), the topics of interests when providing in-home and virtual visits and the volume and type of calls addressed through the Health Information Line. Public Health Nurses and Family Home Visitors work with families across our service area to help them reach their prenatal and parenting goals through supportive and trauma-informed relationships. The Healthy Babies Healthy Children program operates in collaboration with many community partners to provide comprehensive care to meet the unique needs of our families.

Questions and comments were entertained relating to access for midwifery clients, collaboration with community partners, including First Nations, birthing centres and midwives, and exploring funding opportunities for newcomers.

A. Lesenke and A. Lawrence were thanked for their presentation.

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

M.M. Hirji reminded Board members that, in September 2024, the Board of Health approved their participation in the Unlearning and Undoing White Supremacy & Racism

project. The project includes four components: the Unlearning Club which is currently underway, cultural competency training which was previously completed, the Foundational Obligations to Indigenous Peoples Series, and the upcoming Thinking Intersectionally Series.

Today is the first of four presentations of the Foundational Obligations Series and a key component aimed at deepening the understanding of systemic racism, colonization, and their impacts on public health through engagement with foundational reports and calls to action authored or informed by Indigenous voices that tell us how to do the work of Reconciliation. Today's subject is *National Inquiry into Missing & Murdered Indigenous Women and Girls*.

M. M. Hirji added that May 15 is Moose Hide Campaign day, which is an Indigenous-led grassroots movement to engage men and boys in ending violence towards women and children. The campaign encourages both Indigenous and non-Indigenous Canadians to commit to take action to end violence against Indigenous women, girls, and 2SLGBTQQIA+. The subject of the presentation is therefore very fitting for this day.

The presenters were introduced.

S. Rice noted that May 5th marked the National Day of Awareness for Missing and Murdered Indigenous Women, Girls, and 2SLGBTQQIA+ People, also known as Red Dress Day. It was shared that key findings from Executive Summary of the National Inquiry into Missing and Murdered Indigenous Women and Girls from the *Reclaiming Power and Place Report*, is one of the Foundational Obligations for Indigenous Peoples that tell us how we can do the work of Reconciliation and decolonize our systems. The report was mandated to report on all systemic causes of all forms of violence and institutional policies and practices implemented in response to violence. The report calls for action through 231 *Calls for Justice* and the following sections are especially important to public health work:

1. For All Governments – There's a need for coordinated, rights-based policies that dismantle systemic barriers and promote Indigenous self-determination.
2. For Health and Wellness Service Providers – We must offer culturally safe, trauma-informed care rooted in respect, not colonial assumptions. That means committing to anti-racism, anti-colonial training, and uplifting Indigenous healing practices.
3. For All Canadians – Everyone has a role. That includes confronting harmful narratives, learning real histories, and standing up against injustice.

it is important to follow through with the calls to justice presented in the document, to be effective allies, actively denounce violence and speak out about the systemic harms faced by Indigenous women, girls, and 2SLGBTQQIA+ people. The Board of Health commitment to

the Unlearning and Undoing White Supremacy and Racism Project aligns with the call to action.

The Red Dress Day and campaign is a broader movement aimed at raising awareness and demanding justice and the empty red dresses suspended in public and private spaces, represent the absence of thousands of Indigenous women, girls, and Two-Spirit people who have gone missing or been murdered in Canada serves. It serves as a visual reminder that Canada is facing a national crisis. According to a 2023 Statistics Canada report, Indigenous women are six times more likely to be murdered than non-Indigenous women, despite making up only 5% of the population.

Board of Health members were reminded that Public Health Sudbury & Districts Indigenous Engagement Strategy and Governance Framework commits to working "together with area Indigenous Peoples and communities to collaboratively strengthen public health programs and services for all". The presenters concluded that it can be difficult to talk about these truths; however, acknowledging and speaking out is important and tips for talking about MIWWG2SLGBTQQIA+ were shared, including to approach the topic with care, respect and clarity.

S. Rice and J. Fournier were commended for their courage, bravery and truth and were thanked for their presentation.

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

In response to inquiries regarding the MOH/CEO report to the Board, clarification was provided relating to staffing challenges and vacancies, including in the district offices; reorienting work to emphasize outcomes; effective public health practice, the Electronic Medical Record (EMR) project

26-25 APPROVAL OF CONSENT AGENDA

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

CARRIED

6. NEW BUSINESS

i) Association of Local Public Health Agencies (alPHa)'s Annual General Meeting (AGM) and Conference, June 18 to 20, 2025, Toronto

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

M.M. Hirji noted that the annual alPHa Annual General Meeting (AGM) and Conference is open to all alPHa members including Medical Officers of Health, Associate Medical Officers of Health and members of all Boards of Health throughout the province. Board of Health interested in attending are asked to advise the Board Secretary who will coordinate accommodation, travel and registration.

alPHa members are invited to submit Resolutions for consideration at the 2025 alPHa Annual General Meeting & Resolutions Session during a special session to consider Resolutions on Thursday, June 19, 2025. This Board of Health's resolution 20-25 supporting

that alPHa adopt a position statement that indigenous persons be included on all boards of health has been submitted to alPHa for consideration at the alPHa Resolution Session.

It was noted that the number of votes allocated to each health unit at the Annual General Meeting Resolution Session is based on population and Public Health Sudbury & Districts has five votes. The proposed motion designated who will be a voting member at the meeting.

M.M. Hirji noted that the Director of Indigenous Public Health will be attending the AGM/Conference to present this Board's resolution. It was suggested that K. Dokis be assigned to carry a vote.

27-25 2025 ALPHA ANNUAL GENERAL MEETING AND CONFERENCE

MOVED BY ANDERSON – BARCLAY: 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;**
- **Kathy Dokis**

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

CARRIED

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

M.M. Hirji noted that this update regarding the Public Health Sudbury & Districts Client Services Standards is for the Board's awareness.

In 2020, Public Health Sudbury & Districts launched its client service standards with a goal to provide timely, quality, transparent, and appropriate public health services to individuals across our service area and clients, partners, and the public are satisfied with the services received from our agency. 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.

The 2020 iteration of the client service standards included eight standards 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. The new 2025 Client Service Standards continue to reflect Public Health Sudbury & Districts' 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. The internal socialization of and external communication plan was summarized. There were no questions.

7. ADDENDUM

None

8. ANNOUNCEMENT

Board members were invited to complete the May Board of Health meeting evaluation following the meeting.

The next regular Board meeting will be held on June 12, 2025, at 1:30 p.m. As shared with the Board earlier this week, the June 12 meeting with First Nations partners is being postponed. Therefore, the regular Board of Health meeting on June 12 will be held in Sudbury, in this boardroom

Board of Health members were reminded that the Board of Health group photo has been rescheduled and will be held prior to the September 18, 2025, Board of Health meeting. Also, following today's meeting, Board members are asked stay for the Unlearning Club session.

9. ADJOURNMENT

28-25 ADJOURNMENT

MOVED BY BARCLAY – PARENT: THAT we do now adjourn. Time: 2:27 p.m.

CARRIED

_____ (Chair)

_____ (Secretary)

UNAPPROVED MINUTES
BOARD OF HEALTH FINANCE STANDING COMMITTEE
MONDAY, JUNE 2, 2025 – 1 P.M.
BOARDROOM/VIRTUAL MEETING

MEMBERS:	Michel Parent	Natalie Tessier	Mark Signoretti
REGRETS:	Renée Carrier		
EX-OFFICIO STAFF:	Rachel Quesnel	Sandra Laclé	M. Mustafa Hirji
INVITED STAFF:	Keeley O'Neill		
GUESTS:	Derek D'Angelo, Lead Audit Engagement Partner, KPMG sJennifer Bronicheski, Lead Audit Engagement Manager, KPMG		

R. QUESNEL PRESIDING

1. CALL TO ORDER

The meeting was called to order 1 p.m.

2. ROLL CALL

3. ELECTION OF BOARD OF HEALTH FINANCE STANDING COMMITTEE CHAIR FOR 2025

Nominations were held for the position of Board of Health Finance Standing Committee Chair for 2025. M. Parent and M. Signoretti were nominated, and nominations were closed. M. Parent accepted his nomination and the following was announced:

01-25 APPOINTMENT OF BOARD OF HEALTH FINANCE STANDING COMMITTEE CHAIR

MOVED BY SIGNORETTI – TESSIER: THAT the Board of Health Finance Standing Committee appoint Michel Parent as the Board of Health Finance Standing Committee Chair for 2025.

CARRIED

M. PARENT PRESIDING

4. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

There were no declarations of conflict of interest.

5. APPROVAL OF BOARD OF HEALTH FINANCE STANDING COMMITTEE MINUTES

5.1 Board of Health Finance Standing Committee Notes dated November 4, 2024

02-25 APPROVAL OF MEETING NOTES

MOVED BY SIGNORETTI – TESSIER: THAT the meeting notes of the Board of Health Finance Standing Committee meeting of November 4, 2024, be approved as distributed.

CARRIED

6. NEW BUSINESS

6.1 2024 Audited Financial Statements

a) Briefing Note from the Acting Medical Officer of Health and Chief Executive Officer dated May 26, 2025

Dr. Hirji reviewed the purpose of the annual audit noting that provincial law and organizational best practices both require each board of health to have their financial records audited by an external auditing firm annually. He outlined the difference between and independence of the annual financial audit from the recent provincial government audit for the COVID-19 Vaccine Program. The annual financial audit is to validate Public Health Sudbury & Districts' preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards.

Based on the auditor's report, the financial statements present fairly, in all material respects, the financial position of Public Health Sudbury & Districts at December 31, 2024 in accordance with Canadian public sector accounting standards. There were no recommendations received for improvements as a result of the 2024 annual audit completed by KPMG.

b) Review of the 2024 Audited Finding Report and Audited Financial Statements
– Sandra Laclé, Interim Director, Corporate Services
– Keeley O'Neill, Manager, Accounting Services
– Derek D'Angelo and Jennifer Bronicheski, KPMG

S. Laclé acknowledged the commitment and dedication of the Manager of Accounting and team who compiled, prepared and analyzed the financial information that form the draft 2024 financial statements. The financial statements provide the financial performance of the Public Health Sudbury & Districts and is based on the budget framework endorsed by the Board of Health. She added that a condition of funding is that an annual audit be conducted of the organization's financial information and a copy of the Audited Financial Statements with the completed Annual Reconciliation and Attestation Report be provided to the Ministry.

Derek D'Angelo and J. Bronicheski from KPMG were introduced, and Derek D'Angelo was invited to present the Auditor's Audit Findings Report for year ending December 31, 2024.

The auditor noted that as of May 16, 2025, KPMG has completed the audit of the financial statements, with the exception of certain remaining procedures, which include amongst others

- Finalization of the review and sign offs of all working papers in the audit file
- Receipt of legal letters, and, or subsequent event verification to date of audit report, as necessary
- Receipt of the signed management representation letter
- Completing discussions with the Finance Committee
- Obtaining evidence of the Board of Director's approval of the financial statements

It was highlighted that Public Health Sudbury & Districts adopted the new revenue standard (PSAS 3400) for its reporting, as disclosed in Note 2 within the financial statements and there is no significant qualitative aspect to note with its adoption, though it does affect the comparability of year-to-year financial statements given the changes in reporting.

Questions were entertained and clarification provided relating to materiality thresholds, changes in provincial funding for COVID-19, and capital projects undertaken in 2024.

The KPMG audit team was thanked for their efforts.

K. O'Neill was invited to present the 2024 draft Audited Financial Statements, including the statement of financial position as at December 31, 2024, that statement of operations and accumulated surplus, the statement of changes in net financial assets, the statement of cash flows for the year then ended and the accompanying notes to the financial statements that include a summary of significant accounting policy information.

Questions were entertained and clarification provided as to why the revenues and expenditures listed under actual are higher than the budget. Explanation was provided around amortization of assets and how this appears as an expenditure on the actuals, but not in the budget. Further discussion occurred regarding the surplus, and reserves.

M.M. Hirji and team and the auditors were thanked for the presentations and on a successful audit.

03-25 2024 AUDITED FINANCIAL STATEMENTS

MOVED BY TESSIER – SIGNORETTI: THAT the Board of Health Finance Standing Committee recommend to the Board of Health for the Sudbury and District Health Unit the adoption of the 2024 audited financial statements.

CARRIED

6.2 Year to Date Financial Statements

a) April 2024 Financial Statements

M.M. Hirji stated that the financial statements at end of April 30, 2025, show the financial activities for the first 4 months of 2025, including a breakdown of revenues, expenditures displayed by program areas and by categories. The financial statements ending April 30, 2025, shows a positive variance of $657,249 in the cost-shared programs. It was highlighted that this in

part reflects timing of expenditures occurring later in the fiscal year, and the expectation is that this surplus will not be realized at the year end.

The specific programs which are funded 100% by the provincial government are outlined in a separate table of Summary of Revenue & Expenditures.

6.3 Benefits and Insurance Update
– Sandra Laclé, Interim Director, Corporate Services
– Keeley O'Neill, Manager, Accounting Services

S. Laclé provided an overview of the Public Health Sudbury & Districts insurance coverage changes and enhancements. It was shared that, effective January 1, 2025, HIROC (Healthcare Insurance Reciprocal of Canada) is the insurance provider, and the switch in provider resulted in a yearly savings of approximately $100,000. Details regarding coverage were provided. The insurance policy covers property and equipment breakdown risks that are more common in healthcare organizations. Flood insurance is included in property insurance policy and the equipment breakdown policy includes coverage on machinery breakdowns, extra expenses, and spoilage. An overview of the cyber liability coverage and cyber risk policy was provided.

As for the group benefits program, a number of benefits are offered to employees and the pooled benefits and experience rated benefits were outlined. The overall group benefit increase in 2025 is 11.7% or approximately $343,000 with extended health care being the highest at 18% followed by dental at 13.4%. Factors increasing benefits costs include extended health care claim increases:

- Prescription Drugs – increased by 25.9%
- Footwear – increased by 33.2%

These two categories make up over 80% of Public Health Sudbury & Districts total extended health claims.

Questions and comments were entertained and additional information provided regarding the footwear increase and next steps following the Mosey & Mosey investigation into this increase. It was shared that there is no plan to act at this time, however, it is under consideration for future decisions around benefit offerings. Clarification was provided regarding cybersecurity coverage, conditions, and limits

7. ADJOURNMENT

04-25 ADJOURNMENT

MOVED BY SIGNORETTI – TESSIER: THAT we do now adjourn. Time: 2:02 p.m.

CARRIED

_____ _____
(Chair) (Secretary)

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

Words for thought

Make America Healthy Again: Threats and a Surprising Opportunity?

The report, Making Our Children Healthy Again, has had a mixed reception. Tom Frieden, the former director of the US Centres for Disease Control and Prevention, said he welcomed the report's support for clear food labelling, limiting overmedicalisation, and promoting physical activity.

Others were more skeptical. Peter Lurie, president of the Center for Science in the Public Interest, a food and health watchdog, said that the report "selectively cherry picks the literature to support the idiosyncratic biases of Kennedy . . . rather than focusing on the root causes and well studied solutions to chronic disease."

…

Perhaps the most uncontroversial and popular item on Kennedy's agenda is the quest to improve children's diet. The report criticizes the fact that 70% of the products available to Americans came from UPFs, which also constitute 70% of an American child's energy intake. Nestle said that the report "reviewed the current state of research adequately."

The report also concluded, unsurprisingly, that too much screen time and too little physical exercise had been bad for children's health.

…

Much now rides on that follow-up report, due in August, and any real actions if Kennedy is to start making US children healthy again. Frieden emphasized that it was a welcome move for the government to try to take on major industries such as food, pharmaceuticals, and agriculture. But these are also major parts of the US economy.

The challenge, he said, would be in implementing effective policy when "voluntary measures invariably fail."

"Clearer labelling has been attempted before, so it can be expected that any new proposed change will be blocked by industry and legal challenges," Frieden said.

Source: *BMJ* 2025; 389 doi: https://doi-org.libaccess.lib.mcmaster.ca/10.1136/bmj.r1111

Date: May 29, 2025

The Trump administration in the United States has been rightfully criticized for much of their public health agenda: opposition to vaccines, downsizing public health infrastructure, and use of misinformation. However, a curious area where that government has aligned with science and evidence is around the impact of unhealthy foods and lack of physical activity in driving chronic diseases.

While behaviour change campaigns are popular ways to address these causes of ill health, policy measures such as taxation of unhealthy foods, and restrictions on their sale are likely going to be far more effective, just as similar policies were effective against tobacco. However, implementing such policies has always been difficult given the political power of corporations within the food and entertainment industries.

In light of that, it is interesting to note the unpredictability of the Trump administration when it comes to traditional free market economic policy, and its willingness to use government power in blunt ways to push forward its goals. Could this be a government that might run roughshod over industry lobbying in pursuit of goals around chronic disease prevention in children?

As the government is so unpredictable, it is hard to know. Should it act, it could certainly open the door to taking similar action in Canada. This is an opportunity for which we should keep an eye open.

However, should the government ultimately take strong action on unhealthy foods and sedentary behaviour, it would likely also use similar action in areas where its instincts are very wrong: on vaccinations, and on access to scientific and evidence-based health information.

As we prepare in Canada for the possibility of acting against unhealthy foods and sedentary behaviour in the wake of US action, we must also begin now to take strong action to defend vaccinations, and support evidence-based information ecosystems.

Report Highlights

1. Multi-Provincial Measles Outbreak

The national measles outbreak in Canada continues. In Ontario, there have been 2,009 measles infections across 19 of 29 local public health agencies as of June 3, 2025. It continues to be the case that 95.5% of measles infections have been in those who have no immunizations or inadequate immunizations. Sadly, Ontario has announced its first death due to measles as part of this outbreak. That death occurred in an infant.

As of June 5, 2025, Public Health Sudbury & Districts continues to have no local measles infections in residents of our service area, however, we remain involved in the follow-up of persons exposed to measles who travel to our region. Public Health is completing its annual school immunization review to ensure high vaccination amongst school-aged children. This will

be followed by an immunization review in the summer for children attending child care. Public Health is also exploring targeted measles vaccination efforts for areas with lower vaccination coverage.

2. Provincial Amendments to Section 22 Class Orders

In January 2025, the Board of Health adopted motion 07-25 ("Response to Propose Amendment of Section 22 of the Health Protection & Promotion Act"). This concerned the province's proposal within the *More Convenient Care Act, 2024* to amend section 22 to require the province's Chief Medical Officer of Health approve any section 22 class orders. The Board's position was that while class orders saw novel and more extensive use during the COVID-19 pandemic response which warrants a review of that use, they have a historical use in preventing outbreaks which was intended to enable swift and decisive action; requiring provincial approval would undermine the ability to issue such orders swiftly and decisively.

The Board of Health communicated its position to the provincial legislature in January 2025 as part of the legislative consultation process. However, the legislature was dissolved hours later with the call of the provincial election, so the Board's feedback was never considered.

In May 2025, the new provincial government reintroduced the *More Convenient Care Act, 2025*, with this same amendment to section 22. However, the province ultimately did not have any consultation period for the legislation this time, nor did it send the bill for normal committee review. Instead, the legislation was rapidly sped to approval with little debate (e.g. third reading had only 12 minutes afforded to each caucus for debate). The absence of consultation and or any committee review meant there was unfortunately no opportunity for the Board's input to be tabled before parliamentarians, and so was not considered as part of approving the legislation.

The Chief Medical Officer of Health has struck a working group to advise on how this amended legislation will be implemented. Dr. Hirji has requested and ultimately been invited to participate on this working group, and will attempt to have Board's concerns addressed to the extent possible through implementation.

3. Icelandic Prevention Model

The Icelandic Prevention Model (IPM) is an evidence-based health promotion intervention that has been associated with sizable reductions in substance use by youth. One of the recommendations of the December 2024 Summit on Toxic Drugs was to implement the IPM in Greater Sudbury.

As discussed below, a coalition has secured the funding to implement the IPM in Sudbury, Espanola, and Manitoulin. Public Health will provide in-kind administrative support for this

project, alongside many other partners who will help to deliver it. This is a significant success in efforts to help change the trajectory of substance use in our communities.

4. Public Health Services for Indigenous Peoples

As our agency has worked upon our Indigenous Public Health efforts in recent months, it has come to light that the federal government through Indigenous Services Canada, who we had historically understood to be responsible for funding or providing equivalent public health services to First Nations Communities, has not been supporting the level of service that we had expected. Engagement is now occurring with First Nations communities on whether there is a role for Public Health Sudbury & Districts to help fill the gap left unfilled by Indigenous Services Canada. Public Health will report back in the coming months.

General Report

1. Board of Health

Group Photo

A professional Board of Health group photo is scheduled for Thursday, September 18, 2025, at 12:25 p.m., followed by a light lunch and the regular Board of Health meeting at 1:30 p.m.

Board Effect App – Integration with the Diligent One Platform

On **June 14, 2025,** BoardEffect will integrate their BoardEffect account into the Diligent One Platform. The BoardEffect web page address (URL) will be changing, and all users will be required to create a new password in order to continue to access BoardEffect via the Diligent One Platform.

Board members will have received an email from R. Quesnel, Board Secretary, on June 5, 2025, with additional information and instructions. BoardEffect users will also be receiving correspondence from notification@highbond regarding the integration.

2. Local and Provincial Meetings

The Board Chair and I, as well as Board member, Robert Barclay, and Director of Indigenous Public Health, Kathy Dokis, will be attending the Association of Local Public Health Agencies (alPHa) Annual General Meeting, Conference and section meetings scheduled for June 18 to June 20, 2025 in Toronto. An oral update will be provided at the September Board of Health meeting.

The OPHID (Ontario Population Health Index of Databases) Advisory Council met on May 16. I participated in the bi-monthly Northern Medical Officers of Health Group meeting on June 4, 2025.

3. Recruitment

Recruitment efforts continue for the positions of Associate Medical Officer of Health (0.6 FTE) and a permanent Director of Corporate Services. Several candidates have been interviewed for the latter position, and it is hoped that a permanent hiring will occur this summer.

4. Financial Report

The financial statements ending April 2025 show positive budget variance of $657,249 in the cost-shared programs. Cost shared revenue to date exceeds expenditure by $260,340. 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.

5. Quarterly Compliance Report

The agency is compliant with the terms and conditions of our provincial Public Health Funding and Accountability Agreement. Procedures are in place to uphold the Ontario Public Health Accountability Framework and Organizational Requirements, to provide for the effective management of our funding and to enable the timely identification and management of risks. Public Health Sudbury & Districts has disbursed all payable remittances for employee income tax deductions, Canada Pension Plan and Employment Insurance premiums, as required by law to May 23, 2025, on May 23,2025. The Employer Health Tax has been paid, as required by law, to April 30, 2025, with an online payment date of May 13, 2025. Workplace Safety and Insurance Board premiums have also been paid, as required by law, to April 30, 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*.

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

Corporate Services Division

1. Accounting

On December 4, 2024, the Ministry approved IPAC funding for the 2024/25 funding year in the amount of $930,100. This is comprised of $465,050 in base funding which was approved for the 2024/25; 2025/26; 2026/27, 2027/28 and 2028/29 funding years. It also included $465,050 in one-time funding for the IPAC program for the 2024/25 funding year. The Ministry has committed to sustainable funding for the IPAC program going forward. The 2024/2025 year was a transition year for the program and the Ministry is working towards determining sustainable

budgets for IPAC Hubs. It is notable that the current announced funding includes no increment for inflation. This is in keeping with recent trends of the province not providing inflation adjustment to public health funding.

As part of the Strengthening Public Health initiative, the Ministry is undertaking a funding review. The new approach was to be announced in Spring 2025 with a January 1, 2026, implementation date, however it has been delayed.

The 2024 Q4 Standards Activity Report was submitted to the Ministry by the due date of February 21, 2025.

On March 26, 2025, the Ministry of Health sent a revised funding confirmation letter for the 2024/25 funding year which included funding approvals for Public Health Inspector practicum program ($20,000), Respiratory Syncytial Virus Prevention Programming ($40,800), and COVID-19 Vaccine Program extraordinary costs ($466,400). This funding was to be used by March 31, 2025.

On March 26, 2025. The Ministry of Health also sent a funding confirmation letter dated March 20, 2025 for the 2025 funding year. As expected, the Province increased base funding by the 1% growth to base funding effective January 1, 2025, for a total of provincial cost share base funding of $18,723,800. Approved funding for the Ontario Seniors Dental Care Program remained the same as in 2024 ($1,315,000). Funding for Unorganized Territories also remained unchanged from 2024 ($1,092,500). The Ministry has indicated that revised letters and Amending Agreements will be distributed once any one-time funding opportunities that health units applied for in the Annual Service Plan are approved.

The 2025 Annual Service plan was submitted to the Ministry by the due date of March 31, 2025. The 2025 Annual Service plan included the option to apply for one-time funding requests for urgent/critical capital and infrastructure renewal projects to support the delivery of public health programs and services and funding requests for the PHI Practicum Program. The agency applied for 5 one-time funding requests (the maximum allowed) in the 2025 Annual Service Plan – Public Health Inspector Practicum Program; capital upgrades to the Cultural Space including installation of an HVAC system; capital phase 2 infrastructure modernization upgrades 1300 Paris street and new flooring and paint in the District offices; capital safety upgrades related to the planter waterproofing and site redevelopment (Phase 2 of the Terrace Repair project) and capital safety upgrades to the server room at 1300 Paris.

Accounting has completed the preparation of the 2024 financial statements which were audited by KPMG in March. The draft audited financial statements were presented to the Board of Health Finance Standing Committee on June 2, 2025, and are included on today’s agenda.

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

2. Facilities

The Electrical Switchboard Upgrade, external door replacement, parking lot signage and carport stucco repairs have been successfully completed. The Facilities team is now collaborating with an architectural firm on the design phase of the Supplementary Infrastructure Modernization Project. This initiative will include the construction four new offices, a new meeting room, and the redesign of an existing meeting room to accommodate staff requiring modified workspaces. Following the completion of the design phase, the architectural firm will proceed with preparing the project for tender.

We are also working in partnership with our Facilities Management provider, EQUANS, to complete painting and flooring repairs at both the Espanola and Mindemoya offices.

Additionally, several exterior improvements are underway at the 1300 Paris Street location. These include water remediation efforts to redirect runoff from the Health Sciences North parking lot, replacement of deteriorated curbs and sidewalks, repairs to the staff entrance, remediation of water infiltration from the terrace planter, and sidewalk extension. Routine repairs and general maintenance projects have been completed at various offices throughout our service area. All systems and equipment continue to be maintained in accordance with CSA standards and applicable legislative requirements.

3. Human Resources

Recruitment and Retention

Recruitment continues to be at a usual level with human resources continuing to support Managers when requested with recruitment competitions by screening resumes, sitting on interview panels and completing reference checks. Managers continued to fill vacancies based on budget constraints and operational needs. We continue to face recruitment challenges for some positions. This has recently been prevalent when recruiting for experienced applicants for our vacant management and specialty area positions.

Providing an attractive total compensation package is critical to compete with other employers from all sectors. A market salary review RFP for non-union positions has been completed and assessment from the successful bidder is forthcoming.

Human Resources is providing input into the website review process to support enhancement features to the “Join us” section. Planning is underway to provide in-services for Managers and others who support recruitment on tools available to assist in the hiring process. Agency

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

Health and Safety

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

Human Resources continues to work on identified organizational gaps that flowed from the agency wide health and safety risk assessment that was conducted late 2023 and finalized in early 2024. This is being done at an organization and division/team level. Most notably the recent expansion of the agency Building Emergency Response Policy has involved collaboration of human resources with others to support the organization on building emergency procedures based on the international code system. The review of compliance with the *Transportation of Dangerous Goods Act* agency policy was approved by EC and human resources is now working with identified managers on appropriate training for applicable staff.

Some agency policies for health and safety training have been reviewed and updated. The review of policies and orientation modules will continue and includes updating where needed based on the findings of the risk assessment.

Psychological Health and Wellness

The Psychological Health and Wellness Committee had a visioning session in January 2024 to plan activities for 2025. This plan was approved at the Senior Management Executive Committee and the committee continues to action the approved activities within the 2024/2025 committee workplan. In May 2025, the committee offered staff health, safety, and wellness activities as part of *Workplace Health, Safety, and Wellness month*.

Planning is underway to support the 2025 Staff Day which will be held on October 7, 2025. The Psychological Health and Wellness Committee will support and facilitate activities related to the National Standard of Canada for Psychological Health and Safety in the Workplace.

Accessibility for Ontarians with Disabilities Act (AODA)

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

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

The PHSD Accessibility Plan is a 5-year plan up to 2025. Work is being done on a new 5-year plan.

Public Health compliance report required by AODA and submitted at the end of 2023 includes the need for the agency to develop an implementation plan to update its website to meet the WCAG 2.0 level AA standard. Work is underway for this to be completed in 2025.

Privacy and Access to Information

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

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

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

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

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

Agency compliance with mandatory breach reporting required by PHIPA to the Information and Privacy Commissioner of Ontario has been maintained. To date, 2 privacy breaches have been reported in 2025 compared to 7 breaches in total in 2024. The 2025 breaches involved a misdirected fax, and a suspension order left in a printer, and the 2024 breaches mainly involved inappropriate access through misdirected fax and email. When breaches occur, the agency takes the appropriate actions to immediately contain, resolve, and implement measures to mitigate future breaches.

Access to Information Requests

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

Year	# of requests
2017	12
2018	4
2019	14
2020	4
2021	6
2022	12
2023	15
2024	15
2025	2 to date

Labour Relations

There is no collective bargaining occurring in 2025. Human Resources will commence preparation for bargaining with CUPE in 2026.

4. Information Technology and Records Management

IT Infrastructure Modernization

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

The SharePoint Online pilot site (Health and Safety) was completed and the remainder of the site implementation was paused due to instability issues with the phone system. With the shift to SharePoint Online, we are continuing to update the records policies in Collabspace. The project team is focused on developing the rules by which sites and records will be migrated. Approval was completed for work with an external vendor to update our File Classification Scheme and citation tables for which work is expected to start in June.

Work is underway to conduct an M365 Adoption Strategy with more and more applications being used and adopted within the Microsoft ecosystem which will increase user adoption as well as ensuring the tools are secured and properly utilized. This will be followed by the rollout of the new phone system to the remaining offices.

The IT team is also working on a ServiceDesk Standardization Strategy to deliver better customer services and experiences throughout the organization while ensuring tickets can be triaged to the appropriate queues for actioning.

Magic Info (which is our central display system) issues with images have been resolved. We have purchased replacement TV's for Espanola and Mindemoya and Chapleau, who will also have a TV in their waiting room to display images.

Smartway 2 was officially launched in January, for the booking of desks. We will be launching the meeting rooms and lockers in May/June.

Security Posture

The security of the IT infrastructure continues to be a priority. For the management and detection of intrusions, and the management of devices that can access our network, a Managed Detection and Response system (MDR) called Defender for Experts was purchased via Microsoft. Onboarding work for this project is expected to be finished by the end of June 2025. The readiness check conducted by the Microsoft team revealed that our security posture is superior to other organizations of similar size, and IT is committed to making all our systems more secure by keeping up with the industry best practices and standards.

Electronic Medical Record System(EMR)

Public Health is in the process of procuring an Electronic Medical Record (EMR) system to support more efficient documentation and enhance our ability to track and measure the impact of our work with clients and partners. The vendor selection process has been completed, and we are now in the contract negotiation stage. Concurrently, a Steering Committee an internal implementation team is being established to lead the multi-year initiative to redesign workflows and support the transition to the EMR system. Based on a defined criteria, the first team to onboard within the EMR has been selected. The successful implementation and operation of the EMR will require additional staffing, which will be addressed in the 2026 operating budget proposal to be presented this fall.

5. Volunteer Resources

Since 2001, Public Health Sudbury & Districts has offered various volunteer opportunities tailored to specific needs identified by our teams and programs. Since 2020, the volunteer resources portfolio has only offered volunteer opportunities to the COVID-19 vaccine clinics, and since early 2022 all volunteer opportunities have paused, with exceptions based on Director approval and program need. The Corporate Services division has conducted a program review to determine if we are meeting the program goals and expectations of the agency, assess if the volunteer resources program is adding value to our organization, and recommend a future state for the program. The review recommendations were to decentralize the Volunteer Resources program, to the Divisions. This work will transition in 2025. In addition to this, Corporate Services will develop a Volunteer Resources program playbook that will guide how to strategically and quickly mobilize volunteers during a public health emergency.

6. Quality & Monitoring

Continuous Quality Improvement

The organization continues to prioritize growth and development in quality improvement and regularly assesses our quality improvement maturity levels. The assessment of quality maturity is a strategic priority performance measure (4.2) within the agency's Accountability Monitoring Plan. The Continuous Quality Improvement (CQI) Committee launched the 2024 Quality Maturity Survey in November 2024, and has since been reviewing and sharing the results with the leadership team.

Survey results: Eighty-three (83) staff participated in the survey for a response rate of 33%. The state of quality improvement maturity was scored as Emerging, defined by having newly adopted quality improvement (QI) approaches. This demonstrates nascent QI culture and few, if any, examples so far of attempts to incorporate QI as a routine part of practice.

The agency is striving to move up the levels of maturity during the 2024–2028 reporting term. As such, the Continuous Quality Improvement Committee is discussing ways to use the survey results to build a strategy to support the activities within the 2025 CQI work plan and prepare the organization for the 2025 quality maturity survey assessment.

Client Satisfaction Survey

Provides everyone who interacts with Public Health Sudbury & Districts an opportunity to share their feedback and contribute to program and service improvements. This includes clients, community members, partners, and stakeholders. The survey can be completed in person or online in both English and French. The survey feedback is reviewed regularly to inform the tailoring of and improvements to programs and services. A promotional campaign is underway exploring opportunities to increase survey response rates and with this, encouraging staff to actively offer the survey to clients or partners at each service interaction. A QR code was developed and was launched in the Fall of 2024. The QR code provides clients an accessible and efficient option where clients/partners can complete the survey using their personal cell phone.

Client Service Standards

These are a public commitment to a measurable level of performance that clients can expect under normal circumstances. The Client Service Standards are available on our website and continue to guide the interactions and set expectations for service delivery and responsiveness.

The team undertook a comprehensive review of the Standards in 2024/2025 which included various methods, such as, 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 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. The Client Service Standards were received by the Board of Health at the May 16, 2025 board meeting, and were shared publicly in early June.

Quality Improvement at Public Health

The CQI Committee has recently been reviewing models to ground our improvement initiatives. The Institute for Healthcare Improvement's model for improvement is a complementary model to our current Lean mindset. Together, the model for improvement and Lean provide methods and tools for quality improvement.

IHI Model for Improvement

Is a framework to guide and accelerate improvement work. The Model for Improvement has two parts: three fundamental questions to ground your work and the Plan-Do-Study-Act cycle to test and adapt to changes to ensure they result in the desired improvement.

Lean

Lean thinking and using Lean methodology provides a practice and set of tools and principles to improve efficiency and the quality of work. Lean thinking encourages a participatory approach

with a goal to deliver more value by reflecting and understanding the current state, root cause, and recommending opportunities for improvements. Lean reviews provide a future state for consideration with a plan for implementation, change management, and monitoring.

Through the Continuous Quality Improvement (CQI) Committee, CQI Champions lead and support staff with Lean projects or CQI reviews in their divisions. A process was developed to support the allocation of internal resources, including IT, to work on CQI or Lean reviews. Staff were asked to submit topics for CQI project requests and as part of this call-out 21 projects were received. The CQI committee has scored all of the projects and is currently allocating resources to support the requests.

Risk Management

The Executive Committee continues to monitor and report on the risks within the 2023–2025 Risk Management Plan, with a new reporting timeline of two times per year (instead of quarterly). In addition to the bi-annual reporting, the Senior Management Executive Committee continually updates the mitigation strategies for each risk, and is identifying the root cause of each risk and the consequence to the agency if the risk were to occur. The Senior Management Executive Committee is preparing for the development of a new risk management plan. This work will begin in September 2025 with a launch of the new 2026–2028 plan in February 2026.

Health Promotion and Vaccine Preventable Diseases Division

1. Chronic Disease Prevention and Well Being

Healthy eating behaviours

Registered dietitians continued to support the training of future professionals through ongoing collaboration with the Northern Ontario School of Medicine University Dietetic Practicum Program (NOSM U DPP). Over the past year, two dietetic learners completed six-week placements at the agency. During their placements, learners had opportunities to develop knowledge and skills in a variety of initiatives that promote healthy eating behaviours, including food literacy, food access, and food insecurity.

In collaboration with other northern Public Health Units, staff co-led a practice-based project involving two dietetic learners. The project focused on identifying resources to support the profession in deepening its understanding of Indigenous Food Sovereignty. To help learners meet the *Integrated Competencies for Dietetic Education and Practice* related to food systems, staff also facilitated a full-day workshop on dietetics and sustainable food systems.

As part of the Monitoring Food Affordability process, staff conducted the annual costing of the Ontario Nutritious Food Basket. This involved visiting 10 grocery stores across the service area during the first two weeks of May.

Additionally, Public Health staff partnered with Eating Disorders Ontario to facilitate a knowledge exchange event with community partners and representatives from local School Boards, mental health service providers, 2SLGBTQA+ allied agencies, and youth-based groups. The session explored the impact of disordered eating on youth, raised awareness of the provincial prevention strategy, and highlighted youth-focused initiatives being implemented locally. This event served as a foundational step toward building a collaborative network to strengthen community action and reorient health services aimed at preventing eating disorders among children and youth.

Emergency Food Plans (EFPs) are public strategies that complement broader Emergency Plans by addressing food access and its impact on health and well-being during emergency events. These plans are particularly focused on supporting households most vulnerable to emergencies, such as those experiencing chronic food insecurity. Currently, no municipality within the Public Health Sudbury & Districts service area has developed an EFP. In Ontario, Thunder Bay remains the only community with an established plan.

To build awareness and initiate local dialogue, staff from the Comprehensive Health Promotion team—supported by the Health Protection Division and Health Equity team—organized a networking meeting focused on EFPs. The event brought together organizations directly or indirectly involved in food access, including the City of Greater Sudbury, the United Way, the Sudbury Food Bank, and the Greater Sudbury Public Library.

A highlight of the meeting was a presentation by the Emergency Food Plan Coordinator from Thunder Bay, who shared insights and lessons from their community's experience. The presentation was followed by a group discussion exploring opportunities, challenges, and potential next steps. Staff are committed to advancing this important work and look forward to ongoing collaboration to support the development of an Emergency Food Plan.

Physical activity and sedentary behaviour

Public Health staff continued to advance physical literacy initiatives by supporting the expansion of the Sport for Life Post-Secondary Program to include Collège Boréal. Through this partnership, Collège Boréal has formally committed to promoting physical literacy within local communities—an important milestone in enhancing physical literacy and quality sport education at the post-secondary level.

This initiative strengthens the capacity of future leaders in sport, recreation, and education to create inclusive, developmentally appropriate environments. Public Health staff will continue to support community capacity building, reinforcing our ongoing commitment to fostering physical activity and reducing sedentary behaviours across the lifespan.

Seniors Dental Care

Staff continued to deliver comprehensive dental services at the Seniors Dental Care Clinic at Elm Place, providing restorative, diagnostic, and preventive care to eligible clients. In addition, referrals were coordinated to contracted community providers for emergency, restorative, and prosthodontic services, ensuring continuity of care.

Staff also supported individuals with the Ontario Seniors Dental Care Program (OSDCP) by assisting with enrollment and navigating eligibility requirements. Program planning activities were initiated to explore opportunities to improve access to OSDCP services for seniors living in long-term care facilities and in district communities.

To promote internal knowledge sharing, staff presented information about the OSDCP at the agency's Knowledge Exchange Symposium on May 13.

2. Healthy Growth and Development

Infant feeding

Public Health staff provided a total of 83 clinic appointments to clients at the main office as well as the Espanola and Manitoulin locations. These services support parents in making informed decisions about how they choose to feed their baby. During appointments, clients receive guidance and learn skills that promote, protect, and support breastfeeding. Staff also respond to questions about other infant feeding options, including formula feeding, ensuring families feel supported regardless of their feeding choices.

Growth and development

In May, staff conducted 92 follow-up calls within 48 hours of birth to parents of newborns. These calls provided an opportunity to discuss infant feeding, post-partum care, and available community supports, helping families navigate the early days of parenthood with confidence and connection.

Health Information Line

The Health Information Line responded to 65 inquiries on a range of topics such as infant feeding, healthy pregnancies, parenting, healthy growth and development, mental health services, and assistance with finding a family physician. This service continues to be a valuable source of accessible and reliable health information for the community.

Healthy Babies Healthy Children

Staff provided ongoing support to 155 client families through the Healthy Babies Healthy Children program, completing a total of 1,265 interactions. Public health dietitians also offered targeted nutrition support to clients identified as being high nutritional risk, helping to improve outcomes for both parents and children.

Healthy pregnancies

In May, 28 individuals registered for the *InJoy* online prenatal e-class. The course covers key topics such as life with a new baby, infant feeding, the importance of self-care, and adapting to changes in family relationships. Participants also receive information on local resources and supports available to them throughout their pregnancy and early parenting journey.

3. School Health

Healthy eating behaviours

During the 2024-2025 school year, the Northern Fruit & Vegetable Program (NFVP) was implemented in 96 of 99 eligible schools. This included elementary and secondary schools in First Nations communities, and public elementary schools across the seven School Boards within the Public Health service area.

Locally, Public Health staff led program coordination and partnership engagement with the Ontario Fruit and Vegetable Growers Association, the Ministry of Health, School Boards and participating schools. Through this collaborative approach, the NFVP aims to increase students' likeability, acceptance, and consumption of fruit and vegetables.

From January to June 2025, the program delivered one serving of fruit and one serving of vegetable each week to 20,682 students—supporting healthy eating habits in children and youth across the region.

Oral Health

Public Health staff provided preventive oral health services to children enrolled in the Healthy Smiles Ontario (HSO) Program at both the Paris Street and Mindemoya offices. Staff also supported families by assisting with HSO enrollment and continued to follow-up on cases involving children with urgent dental care needs to ensure timely access to treatment.

In collaboration with district office staff, the Oral Health team explored opportunities to expand oral health screening and preventive services for children living in outlying communities. In addition, staff engaged with partners in First Nations communities to begin building relationships and co-develop oral health programs for preschool aged children. These efforts reflect a commitment to culturally appropriate, community-driven care and improved access to oral health services across the region.

4. Substance Use and Injury Prevention

Mental health promotion

To mark Mental Health week, May 5 to 11, Public Health collaborated with the Mental Health Week Committee to develop and share a wellness-themed bingo card activity, encouraging individuals to engage in simple, everyday actions that support mental well-being.

Three social media posts were also developed and shared on Facebook and X, aligning with the national theme, "Unmasking Mental Health". The campaign aimed to encourage open conversations, reduce stigma, and break down barriers to mental health support. Public Health shared resources from The Canadian Mental Health Association (CMHA), helping to connect community members with trusted information and services.

Substance Use

A group of community partners has come together to bring the *Icelandic Prevention Model (IPM)* to the region through a five-year partnership with Planet Youth. The project will be implemented across Sudbury, Espanola, and Manitoulin. Co-led by Shkagamik-Kwe Health Centre and Sudbury District Restorative Justice, with administrative and operational support provided by Public Health Sudbury & Districts, this project represents a significant step forward in implementing evidence-based approaches to promote youth well-being and prevent substance use.

On May 6, 2025, a drug warning was issued in response to a rise in drug poisonings (overdoses) and unexpected reactions to substances in the Sudbury and Manitoulin districts. Timely alerts and coordinated responses to adverse drug events are essential to protecting public health and reducing harm.

The Sudbury-East Community Drug Strategy (CDS) held its committee meeting on April 22, welcoming new members from Emergency Medical Services, and the Manitoulin-Sudbury District Services Board, along with the returning co-chair from Univi Health Centre. In Greater Sudbury, the CDS hosted a health promotion stream meeting on May 13 to continue advancing local harm reduction and prevention efforts.

On May 22, Public Health staff co-chaired the Northern Ontario Toxic Drug Crisis Response Community of Practice (CoP) meeting. Preliminary 2024 data from the Office of the Chief Coroner of Ontario revealed that four northern Ontario cities—Thunder Bay, Sault Ste. Marie, Timmins, Sudbury—rank among the top ten in the province for highest per-capita rates of fatal drug poisonings. This underscores the urgent need for northern communities to collaborate, share knowledge, and identify collective solutions to address the toxic drug crisis. CoP members include public health units, service providers, community drug strategies, and community members from the northern Ontario regions.

In response to the release of the preliminary data, Public Health staff also participated in a media interview with CTV to discuss Sudbury and districts ranking as seventh in the province for opioid deaths.

Harm reduction – Naloxone

In April, Public Health Sudbury & Districts, in collaboration with community partners, distributed 1,068 doses of naloxone and trained 79 individuals in its proper use. This initiative is

part of ongoing harm reduction efforts aimed at equipping community members with the tools and knowledge to safely respond to drug poisonings and mitigate the harms of opioid use.

Smoke Free Ontario Strategy

In May, the Tobacco Control Area Networks (TCANs) hosted a provincial webinar for staff working in tobacco control. The session presented results from the 2024 evaluation of the Ontario Nicotine Dependence Structure (ONDS), a province-wide initiative led by TCANs. The webinar also highlighted the value of extending reach across Boards of Health and encouraged additional staff involved in tobacco control to participate in the ONDS network.

Feedback from 31 Public Health Units reinforced the value of the structure, noting increased opportunities for collaboration and networking, resource sharing, capacity building, and the development of high-quality, evidence-informed resources. Participants also identified areas for improvement, including the need for enhanced communication, enhanced orientation and project management processes, and a more equitable distribution of work through greater staff engagement across Public Health Units. Implementation of these suggestions is already underway to strengthen collaboration and improve overall effectiveness.

Public Health Sudbury & Districts continues to serve as the coordinating Public Health Unit for the North East TCAN, which includes Algoma Public Health, North Bay Parry Sound District Health Unit, and Northeastern Public Health (formerly Porcupine Health Unit and Timiskaming Health Unit).

5. Vaccine Preventable Diseases

Immunization information line

In April and May, Public Health staff responded to approximately 1,590 calls through the immunization information line. Of these, 75% were related to the *Immunization of School Pupils Act* (ISPA), while 15% addressed general immunization inquiries. The remaining calls focused on topics such as school-based clinics, accessing immunization records, respiratory season vaccines, travel-related immunizations, adverse events following immunization, and the submission of foreign immunization records.

Publicly funded immunization programs

Staff continued to deliver the second round of Grade 7 school-based clinics, offering publicly funded vaccines for Hepatitis B, Human Papillomavirus (HPV), and meningococcal disease to eligible students. These clinics are scheduled to continue through mid-June.

In alignment with the Ministry of Health guidance, Public Health also offered COVID-19 vaccines as part the spring 2025 campaign, with a focus on individuals at higher risk of severe illness.

Education, partnerships and engagement

Public Health responded to three media requests related to the Immunization of School Pupils Act and measles outbreaks. Staff also provided information and key messages to support media coverage on measles.

Immunization of School Pupils Act (ISPA) and Child Care and Early Years Act (CCEYA)

Public Health continues its annual review of immunization records for elementary and secondary students in accordance with the *ISPA*. To date, 5,740 students received an initial notice regarding their immunization status and any missing vaccinations, followed by 4,545 second notices. A total of 1,211 suspensions were applied.

Schools play an important role in supporting the ISPA process. Upon receiving the initial list of students at risk of suspension, school staff proactively reach out to families. This timely engagement encourages parents and guardians to submit immunization records or arrange for required vaccinations, helping to avoid suspension.

To support families in updating immunizations, Public Health offered daily drop-in clinics and weekly evening appointments at the 1300 Paris Street location. Additional immunization opportunities were made available at the Mindemoya, Espanola, and Chapleau offices to improve access across the service area.

Health Protection

1. Control of Infectious Diseases (CID)

In the month of May, staff investigated 26 sporadic reports of communicable diseases. During this timeframe, four respiratory outbreaks were declared. The causative organisms for three of the four outbreaks were identified: influenza A (1), metapneumovirus (1), and parainfluenza (1). The causative organism for the remaining respiratory outbreak was 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 May, seven requests for service were addressed. Six of these requests were for consultations with personal service setting operators related to applications for business licenses, for expansion of service offerings, and for provision of service off-site at special events. The one other request was for consultation regarding an animal exhibit at a spring fair.

Infection Prevention and Control Hub

The Infection Prevention and Control Hub provided 37 services and supports to congregate living settings in May. 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.

We hosted a Community of Practice Meeting with the IPAC NEO President Elect as a guest speaker, sharing knowledge on IPAC construction, renovation, maintenance, and design. Ninety-five participants were in attendance, including IPAC NEO members.

2. Food Safety

During the month of May, staff reviewed and issued 82 special event food service and non-exempt farmers' market permits to various organizations.

3. Health Hazard

In May, 17 health hazard complaints were received and investigated. Further, staff provided 24 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 May, 26 sewage system permits, seven renovation applications, and five consent applications were received.

5. Rabies Prevention and Control

In May, 27 rabies-related investigations were conducted. Two specimens were submitted to the Canadian Food Inspection Agency Rabies Laboratory for analysis. Both results were reported as negative.

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

6. Safe Water

During May, 22 residents were contacted regarding adverse private drinking water samples. Additionally, public health inspectors investigated eight regulated adverse water sample results, as well as a drinking water lead exceedance at one local daycare.

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

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

In May, *Smoke Free Ontario Act* inspectors charged three staff for smoking on hospital property and one retail employee for selling tobacco to a person who is less than 19 years of age. Furthermore, three warning letters were issued for vaping on school property.

8. Vector Borne Diseases

In May, 15 ticks were submitted to the Public Health Ontario Laboratory for identification. Five of these ticks were identified to be a species of tick other than *Ixodes scapularis*, commonly known as the blacklegged tick or deer tick. Identification results are pending for the remaining 10 ticks submitted. Infected blacklegged ticks are vectors of Lyme disease and other tick-borne diseases.

9. Emergency Preparedness & Response

The Spring Flooding Operational Group was activated through Conservation Sudbury in partnership with the City of Greater Sudbury Emergency Management operations to address the elevated water ways during the spring melt. Public Health participated in the meetings along with agency partners to ensure community readiness should a response be required.

May 4 to May 10, 2025, was Emergency Preparedness Week. This year's theme was "Plan for every season". The week encourages Canadians to understand the risks in their area and learn which actions they can take to protect themselves and their families. Local residents were encouraged though a social media campaign to be informed and prepared.

10. Needle/Syringe Program

In April, harm reduction supplies were distributed, and services received through 2503 client visits across our service area. Public Health Sudbury & Districts and community partners distributed a total of 20 620 syringes for injection, and 164 844 foils, 13 399 straight stems, and 5046 bowl pipes for inhalation through both our fixed site at Elm Place and outreach harm reduction programs.

In April, approximately 21 405 used syringes were returned, which represents a 95% return ratio of the needles/syringes distributed in the month of March.

11. 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, Compass, World's Gym, Sudbury Youth Wellness Hub, and Little Montreal. Staff provided sexual health resources, promotional material, and set up six outreach opportunities to help assist in strengthening our community outreach efforts. In May, staff visited the Sudbury Youth Wellness Hub to offer on-site STI testing and answer inquiries about our clinic and services. We are scheduled to return in the months of June, July, and August. We continue to focus on increasing visibility of our clinics through targeted advertisement and developed a spring social media advertisement that was released across all our social media channels.

Sexual health clinic

In May, there were 155 drop-in visits to the Elm Place site related to sexually transmitted infections, blood-borne infections and/or pregnancy counselling. As well, the Elm Place site completed a total of 313 telephone assessments related to STIs, blood-borne infections, and/or pregnancy counselling in May, resulting in 212 onsite visits.

Knowledge and Strategic Services

1. Health Equity

On May 26, at the Sudbury Local Immigration Partnership Council meeting, Public Health presented to service providers a draft of the newly developed *Guide for Newcomers.* This resource was designed to support individuals new to Canada in understanding and accessing public health services across Sudbury and districts. Feedback gathered during this session will play a key role in shaping the final version of the guide, which we plan to complete later this summer, following two additional community consultations with newcomers themselves.

On June 2, the Racial Equity Health Promoter participated, along with representatives from Health Protection and Health Promotion - Vaccine Preventable Diseases, in the Emergency Food Plan Networking Meeting hosted by Public Health. This gathering of community partners provided an opportunity to help guide the integration of equity-focused approaches into emergency food planning and support dialogue on the development of a coordinated plan for Sudbury. The Health Promoter was able to bring forward community voices and insights in emphasizing the need to address systemic barriers that impact food access for racialized and marginalized people when they are faced with emergencies. Involvement in this work aligns well with the organization's commitment to health equity and collaborative, community-led emergency response planning.

Public Health is once again sponsoring the annual Queer North Film Festival happening June 12-15. The Sudbury Indie Cinema offers the Queer North Film Festival to audiences throughout the region as a way of showcasing important stories of resilience, health, and wellbeing, relevant to members of the 2SLGBTQIA+ community and their allies. Presence at this festival provides Public Health the opportunity to demonstrate active allyship and celebrate the creative accomplishments and contributions of Queer filmmakers around the world.

Over the next few months, the Manager will be working closely with staff of the Sudbury Espanola Manitoulin Elliot Lake Ontario Health Team and other members of the Equity and Population Health Council to help refine and vet proposals for Primary Care Expansion. This collaborative work honours the Ontario Health Team's commitment to ensure efforts are focused on population health, equity and amplifying the voices of people with lived and living experience as the OHT supports primary care access for those who are most disadvantaged.

2. Indigenous Public Health

The Indigenous Public Health team delivered the second of two presentations to Northern Ontario School of Medicine University's (NOSMU) Public Health and Preventive Medicine residency program. This presentation focused on practical examples of how Public Health can support the inherent and treaty rights of Indigenous people and community.

The team delivered a NOSMU Fit presentation to second year students. This presentation focused on the agency's Indigenous Engagement journey.

The Unlearning Club facilitated discussions continued in May, this included the session for the Board of Health.

3. Population Health Assessment and Surveillance

In May, the Population Health Assessment and Surveillance team responded to 14 requests, including routine surveillance and reporting, media requests, and other internal and external requests for data, information, and consultation. This included 5 project-related requests (e.g., dashboard development, database, report development, and process improvement projects). The team continues to support agency data needs by preparing regular internal reports and dashboards, such as reports on Control of Infectious Diseases and vaccination data.

An epidemiologist co-presented a lecture to Northern Ontario School of Medicine University students on the topic of critical appraisal and evidence-based medicine.

A member of the team is leading the logistical components of a pilot project with Wellington Dufferin Guelph Health Unit to support the streamlined approach to the immunization assessment under the *Child Care Early Years Act*.

Epidemiologists and a foundational standards specialist continued their ongoing collaboration with a scientist from the Health Sciences North Research Institute (HSNRI) on wastewater surveillance. Wastewater surveillance is an emerging science that offers a cost-effective, non-invasive method to monitor community health indicators in real time. Public Health is currently engaging with HSNRI on projects aimed at tracking COVID-19 and other respiratory diseases, sexually transmitted diseases such as syphilis and gonorrhea, avian influenza in waterfowl, and biomarkers linked to cancer.

4. Effective Public Health Practice

As program planning for 2026 continues, the agency is beginning a new cycle of gathering and synthesizing evidence. This process will help staff identify community needs and assess the effectiveness of interventions for program and service implementation, ultimately informing recommendations for evidence-based programming and budgetary considerations.

Further, to support collaborative program planning, a new internal Effective Public Health Practice Forum was struck. The Forum provides a venue to facilitate agency-wide collaboration and support for program planning, while building evidence-informed practice skills, knowledge, and tools. The first Forum meeting was held on May 28.

A member of the Effective Public Health Practice team delivered a presentation to the Ontario Public Health Evaluators Network about the agency's AI developments. The presentation reviewed policy, planning, consultation, and strategy development processes.

The 2024 Annual Report and Attestation submission is due to the Ministry of Health at the end of the month. This report is an annual year-end summary of program achievements and finances and is used to demonstrate compliance with programmatic and financial requirements.

5. Student Placement

The Student Placement Program continues to host several placements. A Clinical Special Educational Experience (SEE) for a first-year NOSMU medical student begins June 9. A Clinical SEE allows students to gain exposure in clinical settings that involve patient interaction under the supervision of a licensed/qualified medical practitioner.

6. Communications

In May, the Communications team worked with agency staff on a variety of awareness campaigns. This included support in developing messaging and social media posts for initiatives such as Mental Health Week; World Maternal Mental Health Day; National Nursing Week; Red Dress Day; International Day Against Homophobia, Transphobia, and Biphobia; and Moose Hide

Campaign Day. Communications also worked closely with teams to produce content about water safety and for Emergency Preparedness Week, which took place from May 4 to May 10. One drinking water advisory and one drug warning were issued this month. Spokespeople were supported to respond to information and interview requests related to the *Immunization of School Pupils Act* process and related data, as well as drug surveillance and increases in drug-related deaths.

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 4 Periods Ending April 30, 2025

Cost Shared Programs

	Adjusted BOH Approved Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
Revenue:					
MOH - General Program	18,723,731	6,241,244	6,194,924	46,320	12,528,807
MOH - Unorganized Territory	826,000	275,333	275,351	(18)	550,649
Municipal Levies	11,186,768	3,728,923	3,730,817	(1,894)	7,455,951
Interest Earned	300,000	100,000	128,825	(28,825)	171,175
Total Revenues:	$31,036,499	$10,345,500	$10,329,917	$15,583	$20,706,582
Expenditures:					
Corporate Services:					
Corporate Services	6,320,175	2,236,360	2,315,482	(79,122)	4,004,693
Office Admin.	104,350	34,783	16,374	18,409	87,976
Espanola	131,102	44,752	41,541	3,211	89,561
Manitoulin	141,746	48,405	42,736	5,670	99,010
Chapleau	140,300	47,847	40,896	6,951	99,404
Sudbury East	19,530	6,510	6,649	(139)	12,881
Intake	372,587	128,972	112,946	16,026	259,641
Facilities Management	744,668	267,890	436,090	(168,200)	308,578
Volunteer Resources	3,850	1,283	0	1,283	3,850
Total Corporate Services:	$7,978,309	$2,816,804	$3,012,715	$(195,911)	$4,965,594
Health Protection:					
Environmental Health - General	1,272,898	426,868	405,712	21,155	867,185
Enviromental	2,824,889	981,674	935,062	46,611	1,889,827
Vector Borne Disease (VBD)	42,914	11,174	8,090	3,083	34,824
CID	1,528,164	528,864	487,606	41,258	1,040,558
Districts - Clinical	236,444	81,833	80,734	1,099	155,710
Risk Reduction	53,756	17,127	3,729	13,398	50,027
Sexual Health	1,508,238	519,022	557,832	(38,810)	950,406
SFO: E-Cigarettes, Protection and Enforcement	257,027	86,106	74,409	11,698	182,618
Total Health Protection:	$7,724,330	$2,652,668	$2,553,175	$99,493	$5,171,155
Health Promotion and Vaccine Preventable					
Health Promotion and VPD- General	1,865,620	648,549	487,972	160,577	1,377,648
Districts - Espanola / Manitoulin	376,553	130,345	128,386	1,960	248,168
Nutrition & Physical Activity	1,558,704	539,092	433,106	105,987	1,125,598
Districts - Chapleau / Sudbury East	432,484	149,706	147,534	2,172	284,950
Comprehensive Substance Use (Tobacco, Vaping, Ca	970,307	334,906	219,388	115,519	750,920
Family Health	1,491,508	513,089	406,335	106,754	1,085,173
Community Drug Safety & Toxic Drug Crisis & Ment	941,457	325,683	305,423	20,261	636,035
Oral Health	524,052	185,100	193,522	(8,423)	330,529
Healthy Smiles Ontario	667,047	229,587	230,342	(755)	436,705
SFO: TCAN Coordination and Prevention	505,286	173,424	118,806	54,618	386,480
Harm Reduction Program Enhancement	198,465	68,626	44,014	24,612	154,451
COVID Vaccines	111,689	38,661	11,835	26,826	99,854
VPD	1,656,646	561,473	420,152	141,321	1,236,494
MOHLTC - Influenza	(0)	626	(245)	871	245
MOHLTC - Meningittis	0	173	(4,191)	4,363	4,191
MOHLTC - HPV	0	240	(4,896)	5,136	4,896
Total Health Promotion:	$11,299,817	$3,899,279	$3,137,482	$761,797	$8,162,336
Knowledge and Strategic Services:					
Knowledge and Strategic Services	3,048,643	1,047,949	1,062,701	(14,752)	1,985,942
Workplace Capacity Development	43,507	0	7,404	(7,404)	36,103
Health Equity Office	10,970	3,590	5,901	(2,311)	5,069
Nursing Initiatives: CNO, ICPHN, SDoH PHN	516,126	178,659	167,727	10,932	348,399
Indigenous Engagement	414,797	143,459	122,473	20,986	292,324
Total Knowledge and Strategic Services:	$4,034,043	$1,373,658	$1,366,205	$7,452	$2,667,838
Total Expenditures:	$31,036,499	$10,742,408	$10,069,576	$672,832	$20,966,923
Net Surplus/(Deficit)	$(0)	$(396,908)	$260,340	$657,249	

Public Health Sudbury & Districts

Cost Shared Programs

STATEMENT OF REVENUE & EXPENDITURES
Summary By Expenditure Category
For The 4 Periods Ending April 30, 2025

		Adjusted BOH Approved Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over) /under	Budget Available
Revenues & Expenditure Recoveries:						
	MOH Funding	31,036,499	10,345,500	10,359,925	(14,426)	20,676,574
	Other Revenue/Transfers	657,147	204,209	227,588	(23,379)	429,558
	Total Revenues & Expenditure Recoveries:	31,693,646	10,549,709	10,587,514	(37,805)	21,106,132
Expenditures:						
	Salaries	19,341,764	6,695,221	6,477,992	217,229	12,863,773
	Benefits	6,978,499	2,415,535	2,048,705	366,830	4,929,794
	Travel	266,343	77,213	36,326	40,887	230,018
	Program Expenses	728,366	225,659	112,710	112,949	615,656
	Office Supplies	72,150	23,137	5,925	17,212	66,225
	Postage & Courier Services	90,100	30,033	17,588	12,445	72,512
	Photocopy Expenses	5,030	1,677	201	1,476	4,829
	Telephone Expenses	72,960	24,320	24,008	312	48,953
	Building Maintenance	528,488	195,830	351,812	(155,982)	176,676
	Utilities	190,605	63,535	66,978	(3,443)	123,627
	Rent	329,758	109,919	107,515	2,405	222,243
	Insurance	147,768	133,810	98,508	35,302	49,260
	Employee Assistance Program (EAP)	37,000	9,250	28,743	(19,493)	8,257
	Memberships	51,750	17,217	33,172	(15,956)	18,577
	Staff Development	151,201	26,615	29,357	(2,743)	121,844
	Books & Subscriptions	7,045	3,013	4,248	(1,235)	2,797
	Media & Advertising	112,850	36,150	3,836	32,314	109,014
	Professional Fees	992,511	330,837	192,666	138,171	799,845
	Translation	65,976	20,097	23,871	(3,774)	42,105
	Furniture & Equipment	18,870	6,012	23,826	(17,814)	(4,956)
	Information Technology	1,504,612	501,537	639,187	(137,649)	865,425
	Total Expenditures	31,693,646	10,946,617	10,327,173	619,444	21,366,472
	Net Surplus (Deficit)	(0)	(396,908)	260,340	657,249	

Sudbury & District Health Unit o/a Public Health Sudbury & Districts
SUMMARY OF REVENUE & EXPENDITURES
For the Period Ended April 30, 2025

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
100% Funded Programs							
Indigenous Communities	703	90,400	39,988	50,412	44.2%	*Dec 31*	33.3%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	889	99,111	0.9%	*Mar 31/2026*	8.3%
Northern Fruit and Vegetable Program	743	176,100	90,664	85,436	51.5%	*Dec 31*	33.3%
Healthy Babies Healthy Children	778	1,725,944	104,863	1,621,081	6.1%	*Mar 31/2026*	8.3%
IPAC Congregate CCM	780	930,100	34,839	895,261	3.7%	*Mar 31/2026*	8.3%
Ontario Senior Dental Care Program	786	1,315,000	318,293	996,707	24.2%	*Dec 31*	33.3%
Anonymous Testing	788	64,293	-	64,293	0.0%	*Mar 31/2026*	8.3%
Total		4,401,837	589,536	3,812,301			

June 18th: 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 19th: AGM & Conference 8:15 a.m. to 4:45 p.m. EDT
June 20th: BOH Section & COMOH Section Meetings 9 a.m. to 12 p.m. EDT
Pantages Hotel, Rehearsal Hall, 3rd Floor, 200 Victoria Street
Toronto, ON M5B 1V8

Program Draft June 3rd

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

Spirit Garden and Nathan Phillips Square at Toronto City Hall - Mobile Workshop The City of Toronto revitalized Nathan Phillips Square in order to host a greater 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. *Tour runs rain or shine. Please dress accordingly.*	1:30 p.m. – 3:30 p.m.
Opening Reception Come and join colleagues, old and new, at a reception with a cash bar and light snacks at the Pantages Hotel. This is an excellent opportunity to connect and reconnect with colleagues and special guests.	5 p.m. – 7 p.m.
June 19th	
Breakfast will be available at 7:30 a.m.	
Call to Order, Opening Remarks, and Land Acknowledgement Speakers: Trudy Sachowski, Chair, Board of Directors, alPHa. *The Hon. Doug Ford, Premier of Ontario and the Minister of Health, the Hon. Sylvia Jones have sent their regrets due to scheduling conflict. They will be providing special greetings to the attendees via videos.*	8:15 a.m. – 8:30 a.m.
Fostering Understanding, Reconciliation, and Indigenous Connection Keynote Address and Workshop Speaker: Marc Forgette, Makatew Workshops Moderator: Dr. Na-Koshie Lamptey, Board of Directors, alPHa 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.	8:30 a.m. – 10 a.m.
Morning Break Network with colleagues old and new as you enjoy refreshments in the foyer.	10 a.m. – 10:15 a.m.

Combined alPHa Business Meeting and Resolutions Session 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	10:15 a.m. – 12:15 p.m.
Distinguished Service Awards Luncheon Speakers: Trudy Sachowski, Chair, Board of Directors, alPHa The Distinguished Service Award (DSA) is given by alPHa to individuals in recognition of their outstanding contributions to public health in Ontario by board of health members, health unit staff, and public health professionals. The Award is given to those individuals who have demonstrated exceptional qualities of leadership in their own milieu, achieved tangible results through long service or distinctive acts, and shown exemplary devotion to public health.	12:15 p.m. – 1:45 p.m.
Ontario Health & Public Health Ontario: Working in Partnership with Local Public Health 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 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.	1:45 p.m. – 2:30 p.m.
Public Health and Engagement with Indigenous Communities 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, COMOH Section, Board of Directors, alPHa 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.	2:30 p.m. – 3:00 p.m.
Networking Break Network with colleagues old and new as you enjoy refreshments in the foyer.	3:00 p.m. – 3:30 p.m.

Navigating Ontario's Political Landscape in Challenging Times Speakers: Sabine Matheson, Principal, StrategyCorp Moderator: Cynthia St. John, Board of Directors, alPHa 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. *Attendees will have an opportunity to pose questions in advance and at the conference. Please send advance questions for this session to: communications@alphaweb.org on or before June 13th.*	3:30 p.m. – 4:15 p.m.
Update from the Chief Medical Officer of Health Speaker: Dr. Kieran Moore, Chief Medical Officer of Health Moderator: Trudy Sachowski, Chair, Board of Directors, alPHa	4:15 p.m. – 4:45p.m.
Wrap Up Conference Chair: Trudy Sachowski, Chair, Board of Directors, alPHa	4:45 p.m. – 4:50 p.m.
June 20th	
Breakfast will be available starting at 8:30 a.m. **Section Meetings:** *Members of the BOH Section and COMOH Section will meet in the morning. There are separate agendas for these meetings.*	9 a.m. – 12 p.m.

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

Platinum Level Sponsors:

Gold Level Sponsor:

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Boards of Health Section Meeting

Agenda Draft May 23rd

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

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

Breakfast will be available at 8:30 a.m.	8:30 a.m. – 9 a.m.
Call to Order, Opening Remarks, and Land Acknowledgement **alPHa Update/Section Business/Approval of Minutes** Speakers: Tammy DeGiovanni (Incoming)Chair, BOH Section and Loretta Ryan, Chief Executive Officer, alPHa	9 a.m. – 9:10 a.m.
On the Front Lines 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.
Networking Break Network with colleagues old and new as you enjoy refreshments in the foyer.	10:00 a.m. - 10:30 a.m.

Legally Speaking – alPHa's Legal Counsel in Conversation with alPHa Members Speaker: James LeNoury, Principal, LeNoury Law and Legal Counsel, alPHa	10:30 a.m. – 11:15 a.m.
AI and Public Health 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.	11:15 a.m. – 11:45 a.m.
BOH Governance Course Highlights and Closing Remarks Speaker: Loretta Ryan, Chief Executive Officer, alPHa	11:45 a.m. - noon

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

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BrokerLink
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Resolutions for Consideration
2025

Resolutions Session
2025 Annual General Meeting
Thursday, June 19, 2025

alPHa RESOLUTION A25-01

TITLE: **Integrating the Ontario Early Adversity and Resilience Framework into Public Health Practice to Improve Population Health Outcomes**

SPONSOR: **Boards of Health for the Simcoe Muskoka District Health Unit, Durham Region Health Department, and Haliburton Kawartha Northumberland Peterborough Health Unit**

WHEREAS Early life adversity is common; approximately 60% of the population has experienced at least one adverse childhood event, and 12–16% have experienced four or more. (Madigan et al., 2023; Joshi, 2021).

WHEREAS Not all children have an equal opportunity to thrive, and some can face increased adversity due to systemic inequities, like poverty.

WHEREAS Exposure to early life adversity, without the benefit of safe, stable, nurturing relationships and environments, can result in prolonged toxic stress, disrupting normal growth and development and leading to long-term impacts on physical and mental health. (Center on the Developing Child, Harvard University, 2021).

WHEREAS Early life adversity is preventable, and resilience can be fostered through investments in protective factors at the individual, family, and community levels.

WHEREAS Preventing adverse childhood experiences has been shown to significantly reduce chronic health conditions and risk factors.

WHEREAS Public Health, in collaboration with community partners, plays a vital role in leading and fostering efforts to address early life adversity and promote resilience.

WHEREAS The Public Health Ontario Adverse Childhood Experiences & Resilience Community of Practice has adapted a framework from Fraser Health Population and Public Health (2022) to develop the Ontario Early Adversity and Resilience Framework, to provide Public Health Units, municipal and provincial governments, and community partners in Ontario with tools to collaboratively prevent and address early adverse childhood events and increase resiliency within their communities.

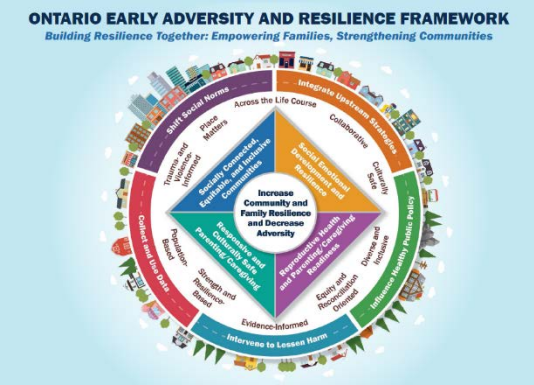
WHEREAS Past alPHa resolutions have supported the development of early childhood resilience by promoting positive environments for children, such as A19-8, Promoting Resilience through Early Childhood Development Programming, A11-8, Public Health Supporting Early Learning and Care, and A19-9, Public Health Support for Accessible, Affordable, Quality Licensed Child Care.

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies endorses the Ontario Early Adversity and Resilience Framework as a comprehensive resource for public health practice in Ontario.

AND FURTHER that alPHa write a letter to the Chief Medical Officer of Health (CMOH) recommending that the Ontario Early Adversity and Resilience Framework be referenced within the upcoming version of the Ontario Public Health Standards as a key resource for implementing the related standards, including health equity, comprehensive health promotion, and substance use prevention.

AND FURTHER that alPHa write a letter to the Minister of Health, the Minister of Children, Community and Social services, and the Associate Minister of Mental Health and Addictions, with a copy to the CMOH, sharing this Framework as a potential foundational document across sectors that are working to prevent early adversity and promote resilience, and to help illustrate the role of local public health in this work.

Backgrounder



The Ontario Early Adversity and Resilience (OEAR) Framework was developed through collaboration within the Public Health Ontario Adverse Childhood Experiences and Resilience Community of Practice (ACER CoP). This group brings together public health practitioners from various program areas, including Healthy Growth and Development, Child and Family Health, Healthy Babies Healthy Children, Chronic Disease and Injury Prevention, and other program areas involved in work related to ACEs or resilience, along with community partners involved in regional ACEs and resilience coalitions. By facilitating knowledge exchange, supporting the development of best practices, and coordinating research and interventions, the ACER CoP works to strengthen public health capacity, advocate for evidence-based policies, and advance a standardized provincial strategy to address ACEs and resilience in Ontario.

Adapted from *Fraser Health's Population and Public Health: A Health Promotion Strategy to Prevent Adverse Childhood Experiences and Foster Resilient Children, Families, and Communities (2022-2027)*, the Ontario Early Adversity and Resilience framework provides a structured approach to addressing early life adversity. It serves as a resource for communities and decision-makers by promoting evidence-based strategies at all socio-ecological levels, simplifying complex concepts to enhance understanding, and fostering a shared language around adversity and resilience. Additionally, it encourages collective responsibility through cross-sector collaboration and strengthens the impact of initiatives aimed at reducing adversity and building community resilience (Dawdy et al., 2025).

The OEAR framework is built on four focus areas, five pathways to change, and ten guiding principles that work together to address ACEs and foster resilience in a comprehensive and integrated manner. The four focus areas—socially connected, equitable, and inclusive communities; social-emotional development and resilience; reproductive health and rights; and responsive and culturally safe parenting/caregiving—target essential aspects of children's development and well-being. The five pathways to change—shifting social norms, integrating upstream strategies, influencing public policy, lessening harm, and utilizing data—provide a strategic approach to implementing effective interventions within these focus areas. Underpinning this framework, the ten guiding principles ensure that all interventions are grounded in core values such as equity, cultural safety, collaboration, and evidence-based practices. This alignment creates a cohesive and impactful approach to enhancing child health outcomes and building resilient communities (Dawdy et al., 2025).

Adverse Childhood Experiences represent a significant Public Health threat and should be considered an important primordial cause of chronic disease. In 1998, a groundbreaking study by Felitti et al., was published exploring the relationship between childhood experience of traumatic events to adult health risk behaviour and chronic disease. Findings demonstrated that a single adverse childhood event raises the odds of poor adult health outcomes by a marginal amount, with each additional ACE experienced representing a proportionate increase. Study after study completed since, has shown a consistent, graded or dose-response relationship between the number of ACEs experienced in childhood and the increased likelihood of poor adult health outcomes. ACEs are widespread and their cost to individuals,

families, communities, and society is substantial. Calls for action to address ACEs have been growing around the world. Frameworks, such as the Fraser Health and Ontario Early Adversity and Resilience framework, have been developed to mitigate and potentially eliminate the impact of toxic stress from early life adversity. Efforts to address chronic diseases are incomplete if the impact ACEs have on later adult health outcomes is not taken into consideration.

Felitti and colleagues, 1998, defined ACEs as exposure to one or more categories of childhood maltreatment (physical, emotional, or sexual abuse, and neglect) or family challenges such as separation or divorce, incarceration, caregiver mental illness, substance abuse, or domestic violence occurring within the first 18 years of life. They are now well established and can be divided into two main categories:

- Harms that affect children directly (physical abuse, sexual abuse, emotional abuse, physical neglect, and emotional neglect)
- Household challenges that increase children's exposure to trauma in their living environment (intimate partner violence, substance abuse, mental illness, incarceration of a family member and parental separation/divorce). (Hughes et al., 2017)

It is now recognized that many other negative experiences in childhood have the potential to contribute to poor health outcomes. Accordingly, ACEs research has expanded to explore the impact of structural violence, historical/intergenerational trauma (i.e., disconnecting certain cultures from their families, relationships, and cultural practices) and adversities external to the family environment such as war, climate events, being a victim of crime, economic disadvantage, homelessness, discrimination, peer victimization, low birth weight, and child disability. Research indicates that all sources of early adversity have similar impacts on later health outcomes. In fact, "the predictive value of ACE models improves when other adversities such as peer victimization and low family income are included in ACE questionnaires" (Asmussen et al., 2020; Carsley & Oei, 2020; Asmussen et al., 2020).

The number of ACEs experienced by an individual represents their score. Higher ACE scores are associated with increased risk of chronic illness and a shortened life span. Cubbin, Kim & Panisch (2019) found the likelihood for development of one or more chronic diseases increased by ten percent with every additional ACE reported by the individual. Research shows that individuals with at least four ACEs have an increased risk of all negative health outcomes (Neves et al., 2021). ACEs are strongly associated with such health endangering behaviours as sexual risk-taking, smoking, inactivity, alcohol abuse, problematic drug use and violence (both interpersonal and self-directed, including suicide) (Neves et al., 2021 & Novais et al., 2021). They have also been linked to many persistent chronic health conditions including poor mental health, heart disease, chronic lower respiratory disease, obesity, cancer, and diabetes, as well as premature mortality (Grummit et al., 2021 & Novais et al., 2021)). Additionally, ACE factors have been linked to specific "pathologies, namely, hypercholesterolemia, stroke, high blood pressure, diabetes, rheumatoid arthritis, neoplasia, depression, and anxiety disorder" (Novais et al., 2021, p. 9).

Approximately half to two-thirds of participants in population-based studies report having experienced at least one ACE (Carsley & Oei, 2020). A cross-sectional analysis of the Canadian Longitudinal Study on Aging among individuals 45 to 85 years found that ACEs are highly prevalent across all demographic groups (Joshi et al., 2021). Although ACEs are experienced universally, it is important to understand that their long-term impact may be different depending on the influence social determinants of health play on the child and family. Indeed, research has shown that childhood maltreatment and family dysfunction rarely happen in the absence of other adversities. Multiple circumstances involving the

child, family, community, and society work together to increase or decrease the risk of poor adult outcomes for children who have experienced ACEs (Asmussen et al., 2020).

ACEs can lead to toxic stress, which has a profound impact on development. Some forms of stress are considered a normal and essential part of healthy development such as positive stress (e.g., the first day of school). More intense stress responses can be characterized as tolerable stress (e.g., loss of a loved one) when it is time-limited and buffered by supportive relationships with adults who help the child adapt. However, severe or prolonged stress without adequate support can lead to chronic activation of the stress response system, leading to elevated levels of stress hormones (toxic stress) and disruption of healthy brain development, causing wear and tear on vital systems like the cardiovascular and immune responses (Center on the Developing Child, Harvard University, 2021). Persistent exposure to toxic stress, whether from ongoing occurrences or various triggers, can severely impact an individual's physical and mental well-being over the long term. Sensitive and responsive caregiving is crucial in regulating stress hormones and building resilience into adulthood.

Exposure to toxic stress from early life adversity incurs significant costs for individuals, communities, and society. If unaddressed, it can impair academic performance, hinder work productivity, damage relationships, increase the risk of suicide and violence, and reduce life expectancy (Prevention Institute, 2017). At the community level, this stress erodes cohesion, promotes harmful norms, and amplifies individual trauma, leading to lower academic achievement, reduced economic productivity, and poorer health outcomes (Prevention Institute, 2017). The financial burden on society is also immense. In Europe and North America, the annual costs of ACEs are estimated at $581 billion (US) and $748 billion (US), respectively, with over 75% of these costs attributed to individuals with two or more ACEs (Bellis et al., 2019). According to Hughes et al. (2021), these costs account for between 1.1% and 6.0% of European countries' GDPs. A 10% reduction in ACE prevalence could result in annual savings of $105 billion and 3 million Disability-adjusted Life Years (DALYs), underscoring the economic benefits of investing in safe, nurturing childhoods to alleviate pressures on healthcare systems (Bellis et al., 2019).

While some individuals exposed to childhood adversity may develop chronic health issues or engage in health-endangering behaviors, others demonstrate greater resilience, maintaining positive mental health despite experiencing toxic stress. Resilience is the ability to adapt, recover, and thrive in the face of adversity. It is not a fixed trait, but a dynamic process influenced by both genetic factors and environmental conditions. This variation highlights the complex interplay between biology and environment in shaping responses to adversity. Resilience can be developed and strengthened over time through safe, stable, and nurturing relationships, social support, and access to resources. Evidence-based approaches exist to enhance resilience at both individual and community levels, helping to prevent and mitigate the effects of early life adversity while promoting long-term well-being. (Alberta Family Wellness, 2015)

At the individual level, resilience is strengthened when protective factors—such as biological, emotional, cognitive, and social supports—are reinforced through daily interactions and targeted interventions. Examples of these strategies include strengthening economic supports for families, promoting social norms that protect against violence and adversity, ensuring children have a strong start in life, teaching stress management and problem-solving skills, connecting youth with caring adults and structured activities, and providing timely interventions to reduce both immediate and long-term harm. These approaches aim to shift norms, environments, and behaviours in ways that not only mitigate the impact of toxic stress but also prevent it from being experienced in the first place. (Shern et al., 2014; Centers for Disease Control and Prevention, 2019)

At the community level, collective resilience is fostered through opportunities for stable, trusting relationships; participation in group activities such as sports or clubs; and accessible, supportive public services. However, some communities have fewer resources—whether in economic opportunities, access to green spaces that support mental well-being, or the presence of positive role models within social networks. These areas are often characterized by neglect, substandard housing, and high levels of individual, family, and community violence. Addressing trauma at a community level requires coordinated efforts across policy, programs, and legal frameworks. Healing through culturally relevant practices and the development of trusting relationships is essential. Participatory frameworks, which empower communities to advocate for their needs, are most effective when supported by a multisectoral collective of agencies working together to determine how best to provide necessary supports (Ellis & Dietz, 2017; Pinderhughes, Davis & Williams, 2015).

ACEs are increasingly recognized as a significant determinant of public health, emphasizing the vital role public health units can play in prevention. Addressing early life adversity through primordial prevention—an upstream approach that reduces risk factors before they lead to poor health outcomes—can help lower substance use, reduce chronic disease, and improve overall population health. With their focus on prevention and broad population-level impact, public health units are well-positioned to lead these efforts. They can convene partners to plan, prioritize, and implement strategies that prevent and mitigate early adversity, ultimately strengthening community well-being (Carsley et al., 2022; Centers for Disease Control and Prevention, 2019).

Addressing adverse childhood experiences is not just a public health priority—it is an essential strategy for building healthier, more resilient communities. Investing in early prevention and mitigation strategies will not only improve individual health outcomes but also reduce societal costs and strengthen population health for future generations.

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alPHa RESOLUTION A25-02

TITLE: **Indigenous Representation on Boards of Health**

SPONSOR: **Board of Health for Public Health Sudbury & Districts**

WHEREAS 22% of all Indigenous Peoples in Canada reside in Ontario. Indigenous people disproportionately experience "poorer reported physical and mental health status, and a higher prevalence of chronic conditions (e.g. asthma and diabetes) as well as disabilities compared to non-Indigenous people" [i,ii]. In addition, "the life expectancy of First Nations people, Métis and Inuit has been shown to be consistently and significantly lower than that of the non-Indigenous population."[iii] These poorer health outcomes are a direct result of the Canadian government's genocidal policies, which have had and continue to have a reverberating impact on today's systems; and

WHEREAS the Association of Local Public Health Agencies and Boards of Health play a crucial role in addressing the health disparities faced by the Indigenous population as per the Ontario Public Health Standards, *Relationships with Indigenous Communities Guideline*, 2018; and

WHEREAS Indigenous peoples have the inherent right to self-determination, which includes the right to actively participate in decisions that affect their health and well-being; and

WHEREAS meaningful Indigenous representation in decision-making processes is essential to ensuring that public health policies and programs adequately reflect the needs, priorities, and self-determined aspirations of Indigenous peoples; and

WHEREAS the Truth and Reconciliation Call to Action 23, which calls upon all levels of government to "Increase the number of [Indigenous] professionals working in the health-care field;"[iv] and

WHEREAS the Ontario Public Health Standards advises "Selection of board of health members based on skills, knowledge, competencies and representatives of the community, where boards of health are able to recommend the recruitment of members to the appointing body;"[v]

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

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

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

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alPHa RESOLUTION A25-03
LATE

TITLE: **Preventing heavy metal exposure from contaminated spices, cosmetics, ceremonial powders and products sold for natural health purposes**

SPONSOR: **Peel Public Health and Toronto Public Health**

WHEREAS Heavy metal exposure, such as lead, affects the health and wellbeing of populations accessing imported spices, cosmetics, ceremonial powders and products sold for natural health purposes, that are contaminated with heavy metals; and

WHEREAS Heavy metal exposure from these products is likely underestimated as there is no population-wide screening for heavy metal exposure, test results such as elevated blood lead levels are not reportable in all jurisdictions, even when tested for, the levels can be misleading due to a delay between exposure and symptom onset and evidence of harm from heavy metal contamination is difficult to distinguish from other health conditions; and

WHEREAS Local public health agencies do not have jurisdiction to enact proactive measures to prevent heavy metal exposure such as amending current federal legislation impacting the importation and sale of spices, cosmetics, ceremonial powders and products sold for natural health purposes; and

WHEREAS Certain populations such as children, elderly and pregnant individuals are particularly susceptible to the health impacts of heavy metal exposure; and so

NOW THEREFORE BE IT RESOLVED that robust review of evidence, policies and regulations is needed to identify gaps and measures to prevent heavy metal exposure

AND FURTHER that the Association of Local Public Health Agencies call for Health Canada to undertake an investigation to assess the scope of population-level heavy metal exposure linked to contamination of imported spices, cosmetics, ceremonial powders and products sold for natural health purposes in Canada;

AND FURTHER Health Canada and Canadian Food Inspection Agency undertake a regulatory review including all stakeholders, such as the Canadian Border Security Agency (CBSA), to identify gaps in measures to prevent and respond to exposure to heavy metals in imported products. Additionally, we recommend that these agencies establish ongoing education and undertake monitoring of, and explore means to reduce to, exposure to heavy metals in imported spices, cosmetics, ceremonial powders and products sold for natural health purposes.

Ontario

STATEMENT

Ministry of Health

Statement from the Chief Medical Officer of Health

STATEMENT June 5, 2025

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

“It is with deep sadness that I confirm that an infant, born prematurely and infected with measles, has tragically passed away in southwestern Ontario. The infant contracted the virus before birth from their mother, who had not received the measles, mumps and rubella (MMR) vaccine. While measles may have been a contributing factor in both the premature birth and death, the infant also faced other serious medical complications unrelated to the virus. Out of respect for the family’s privacy, no further personal or medical details will be shared.

I extend my heartfelt condolences to the family during this incredibly difficult time. I also want to thank the dedicated health-care professionals who cared for both the mother and infant with compassion and expertise.

Measles poses a serious risk to unvaccinated individuals and to infants in the early stages of life in particular. Measles is one of the most contagious diseases and can lead to severe complications, including pneumonia, brain swelling, premature birth and in rare cases, death.

Anyone who is unvaccinated is at risk and I urge everyone, but especially those who may become pregnant, to ensure they have received two doses of the MMR vaccine, which will protect both a parent and baby. This vaccine has been safely used for over 50 years and is highly effective. Two doses provide nearly 100 per cent protection.

Children who live outside of southwestern Ontario should receive their first dose of measles-containing vaccine at 12 months of age and a second between four and six years old. Children and adults who live in southwestern Ontario should be vaccinated according to the outbreak vaccination schedule, which includes an early dose of MMR vaccine for infants six to 11 months of age.

If you are unsure of your or your child’s vaccination status, please contact a health-care provider or local public health unit. If you suspect you or a family member may have measles, call your health-care provider or local public health unit for advice. If you require medical attention, call ahead before visiting a health-care facility to help prevent further spread. If you are pregnant, have not previously received two doses of MMR vaccine and may have been exposed to measles, contact your health-care provider for further guidance.

Since October 28, 2024, Ontario has reported a cumulative total of 2009 measles cases linked to an outbreak that began in New Brunswick. As of June 3, 2025, this includes 1729 confirmed and 280 probable cases, with 140 hospitalizations. The vast majority of cases are among individuals who are unvaccinated or whose immunization status is unknown.

We will continue to work closely with local public health partners to monitor and respond to this outbreak and to protect the health and safety of all Ontarians.”

ADDITIONAL RESOURCES

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

MEDIA CONTACTS

ontario.ca/newsroom
Disponible en français

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APPROVAL OF CONSENT AGENDA

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

Financial Statements of

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

And Independent Auditor's Report thereon

Year ended December 31, 2024

INDEPENDENT AUDITOR'S REPORT

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

Opinion

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

- the statement of financial position as at December 31, 2024
- the statement of operations and accumulated surplus for the year then ended
- the statement of changes in net financial assets for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policy information

(Hereinafter referred to as the "financial statements")

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Entity as at December 31, 2024, and its results of operations, its changes in net financial assets and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

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

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

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

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

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

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

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

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

Auditor's Responsibility for the Audit of the Financial Statements

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

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

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

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

We also:

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

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represents the underlying transactions and events in a manner that achieves fair presentation.

- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants, Licensed Public Accountants

Sudbury, Canada
June 12, 2025

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Financial Position

December 31, 2024, with comparative information for 2023

	2024	2023
Financial assets		
Cash and cash equivalents	$ 14,806,939	$ 10,027,872
Accounts receivable	315,050	529,551
Receivable from the Province of Ontario	51,765	34,220
	15,173,754	10,591,643
Financial liabilities		
Accounts payable and accrued liabilities	2,602,045	2,769,256
Deferred revenue	168,876	356,652
Payable to the Province of Ontario	4,112,197	1,024,127
Employee benefit obligations (note 3)	3,668,805	3,770,170
	10,551,923	7,920,205
Net financial assets	4,621,831	2,671,438
Non-financial assets:		
Tangible capital assets (note 4)	14,671,650	15,208,514
Prepaid expenses	458,156	459,492
	15,129,806	15,668,006
Commitments and contingencies (note 5)		
Accumulated surplus (note 6)	$ 19,751,637	$ 18,339,444

See accompanying notes to financial statements.

On behalf of the Board:

_____ Board Member

_____ Board Member

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Operations and Accumulated Surplus

Year ended December 31, 2024, with comparative information for 2023

	2024 Budget (note 11)	2024 Actual	2023 Actual
Revenue (note 10):			
Provincial grants	$ 22,736,085	$ 24,077,037	$ 27,390,098
Per capita revenue from municipalities (note 8)	10,548,731	10,548,731	9,418,510
Other:			
Plumbing inspections and licenses	317,000	251,127	357,806
Interest	160,000	568,649	546,275
Other	489,252	377,251	442,571
	34,251,068	35,822,795	38,155,260
Expenses (note 10):			
Salaries and wages	21,386,319	21,712,110	24,816,191
Benefits (note 7)	7,249,268	6,636,188	6,771,029
Administration (note 9)	2,850,412	2,941,588	2,920,027
Supplies and materials	1,089,181	935,158	1,141,367
Amortization of tangible capital assets (note 4)	1,144,542	1,111,478	1,144,542
Small operational equipment	1,370,781	838,150	930,947
Transportation	305,107	235,930	291,271
	35,395,610	34,410,602	38,015,374
Annual surplus (deficit)	(1,144,542)	1,412,193	139,886
Accumulated surplus, beginning of year	18,339,444	18,339,444	18,199,558
Accumulated surplus, end of year	$ 17,194,902	$ 19,751,637	$ 18,339,444

See accompanying notes to financial statements.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Changes in Net Financial Assets

Year ended December 31, 2024, with comparative information for 2023

	2024	2023
Annual surplus	$ 1,412,193	$ 139,886
Purchase of tangible capital assets	(574,614)	(1,199,108)
Amortization of tangible capital assets	1,111,478	1,144,542
Change in prepaid expenses	1,336	(39,332)
Change in net financial assets	1,950,393	45,988
Net financial assets, beginning of year	2,671,438	2,625,450
Net financial assets, end of year	$ 4,621,831	$ 2,671,438

See accompanying notes to financial statements.

BOARD OF HEALTH FOR THE SUDBURY & DISTRICT HEALTH UNIT

(OPERATING AS PUBLIC HEALTH SUDBURY & DISTRICTS)

Statement of Cash Flows

Year ended December 31, 2024, with comparative information for 2023

	2024	2023
Cash provided by (used in):		
Cash flows from operating activities:		
Annual surplus	$ 1,412,193	$ 139,886
Adjustments for:		
Amortization of tangible capital assets	1,111,478	1,144,542
Change in employee benefit obligations	(101,365)	(164,712)
	2,422,306	1,119,716
Changes in non-cash working capital:		
Decrease in accounts receivable	214,501	1,276,254
Decrease (increase) in receivable from the Province of Ontario	(17,545)	953,553
Decrease in accounts payable and accrued liabilities	(167,211)	(1,064,087)
Decrease in deferred revenue	(187,776)	(1,115,634)
Increase (decrease) in payable to the Province of Ontario	3,088,070	(4,619,755)
Decrease (increase) in prepaid expenses	1,336	(39,332)
	5,353,681	(3,489,285)
Cash flows from investing activity:		
Purchase of tangible capital assets	(574,614)	(1,199,108)
Increase (decrease) in cash and cash equivalents	4,779,067	(4,688,393)
Cash and cash equivalents, beginning of year	10,027,872	14,716,265
Cash and cash equivalents, end of year	$ 14,806,939	$ 10,027,872

See accompanying notes to financial statements.

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

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

1. Summary of significant accounting policies:

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

(a) Basis of accounting:

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

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

(b) Cash and cash equivalents:

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

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

Guaranteed investment certificates amounted to $2,594,788 as at December 31, 2024 (2023 - $2,495,545) and these can be redeemed for cash on demand.

(c) Employee benefit obligations:

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

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

1. Summary of significant accounting policies (continued):

(c) Employee benefit obligations (continued):

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

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

(d) Non-financial assets:

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

(e) Tangible capital assets:

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

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

(f) Prepaid expenses:

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

1. Summary of significant accounting policies (continued):

(g) Accumulated surplus:

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

The accumulated surplus consists of the following surplus accounts:

- Invested in tangible capital assets:

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

- Unfunded employee benefit obligations:

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

The accumulated surplus consists of the following reserves:

- Working capital reserve:

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

- Public health initiatives:

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

- Corporate contingencies:

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

- Facility and equipment repairs and maintenance:

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

- Sick leave and vacation:

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

- Research and development:

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

(h) Revenue recognition:

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

1. Summary of significant accounting policies (continued):

(h) Revenue recognition:

Fees and other revenue from transactions with performance obligations, are recognized as the Health Unit satisfies a performance obligation by providing the promised goods or services to the payor. Fees and other revenue from transactions with no performance obligations, are recognized as the Health Unit has the authority to claim or retain an inflow of economic resources and when a past transaction or event is an asset. Amounts received prior to the end of the year that will be recognized in subsequent fiscal year are deferred and reported as a liability.

(i) Budget information:

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

(j) Use of estimates:

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

(k) Financial instruments:

Financial instruments are classified into three categories: fair value, amortized cost or cost. The following chart shows the measurement method for each type of financial instrument:

Financial instrument	Measurement method
Cash and cash equivalents	Cost
Accounts receivable	Amortized cost
Receivable from the Province of Ontario	Amortized cost
Accounts payable and accrued liabilities	Amortized cost
Payable to the Province of Ontario	Amortized cost

1. Summary of significant accounting policies (continued):

(k) Financial instruments (continued):

Amortized cost

Amounts are measured using the effective interest rate method. The effective interest method is a method of calculating the amortized cost of a financial asset or financial liability (or a group of financial assets or financial liabilities) and of allocating the interest income or interest expense over the relevant period, based on the effective interest rate. It is applied to financial assets or financial liabilities that are not in the fair value category and is now the method that must be used to calculate amortized cost.

Cost

Amounts are measured at cost less any amount for valuation allowance. Valuation allowances are made when collection is in doubt.

Fair value

The Health Unit manages and reports performance for groups of financial assets on a fair-value basis. Investments traded in an active market are reflected at fair value as at the reporting date. Sales and purchases of investments are recorded on the trade date. Transaction costs related to the acquisition of investments are recorded as an expense. Unrealized gains and losses on financial assets are recognized in the Statement of Remeasurement Gains and Losses until such time that the financial asset is derecognized due to disposal or impairment.

At the time of derecognition, the related realized gains and losses are recognized in the Statement of Operations and Accumulated Surplus and related balances reversed from the Statement of Remeasurement Gains and Losses. A statement of remeasurement gains and losses has not been included as there are no matters to report therein.

Establishing fair value

The fair value of guarantees and letters of credit are based on fees currently charged for similar agreements or on the estimated cost to terminate them or otherwise settle the obligations with the counterparties at the reported borrowing date. In situations in which there is no market for these guarantees, and they were issued without explicit costs, it is not practicable to determine their fair value with sufficient reliability (if applicable).

Fair value hierarchy

The following provides an analysis of financial instruments that are measured subsequent to initial recognition at fair value, grouped into Levels 1 to 3 based on the degree to which fair value is observable:

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

1. Summary of significant accounting policies (continued):

(k) Financial instruments (continued):

Level 2 – fair value measurements are those derived from inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly (i.e., as prices) or indirectly (i.e., derived from prices); and

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

The fair value hierarchy requires the use of observable market inputs whenever such inputs exist. A financial instrument is classified to the lowest level of the hierarchy for which a significant input has been considered in measuring fair value.

(l) Asset retirement obligation:

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

(i) There is a legal obligation to incur retirement costs in relation to a tangible capital asset;

(ii) The past transaction or event giving rise to the liability has occurred;

(iii) It is expected that the future economic benefits will be given up; and

(iv) A reasonable estimate of the amount can be made.

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

2. Change in accounting policies:

The Health Unit adopted the following standards concurrently beginning January 1, 2024 retroactively: PS 3160 Public Private Partnerships and adopted PS 3400 Revenue and PSG-8 Purchased Intangibles prospectively.

PS 3400 Revenue establishes standards on how to account for and report on revenue, specifically differentiating between transactions that include performance obligations (i.e. the payor expects a good or service from the public sector entity), referred to as exchange transactions, and transactions that do not have performance obligations, referred to as non-exchange transactions. For exchange transactions, revenue is recognized when a performance obligation is satisfied. For non-exchange transactions, revenue is recognized when there is authority to retain an inflow of economic resources and a past event that gave rise to an asset has occurred.

PSG-8 Purchased Intangibles provides guidance on the accounting and reporting for purchased intangible assets that are acquired through arm's length exchange transactions between knowledgeable, willing parties that are under no compulsion to act.

PS 3160 Public Private Partnerships (P3s) provides specific guidance on the accounting and reporting for P3s between public and private sector entities where the public sector entity procures infrastructure using a private sector partner.

3. Employee benefit obligations:

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

	2024	2023
Accumulated sick leave benefits	$ 533,958	$ 563,488
Other post-employment benefits	1,978,109	1,826,848
	2,512,067	2,390,336
Vacation pay and other compensated absence	1,156,738	1,379,834
	$ 3,668,805	$ 3,770,170

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

	2024	2023
Discount	4.00%	4.00%
Health-care trend rate		
Initial	5.08%	5.42%
Ultimate	3.75%	3.75%
Salary escalation factor	2.75%	2.75%

The Health Unit has established reserves in the amount of $2,639,119 (2023 - $675,447) to mitigate the future impact of these obligations. The accrued benefit obligations as at December 31, 2024 are $2,976,939 (2023 - $2,891,129).

	2024	2023
Benefit plan expenses:		
Current service costs	$ 211,182	$ 201,023
Interest	115,061	112,252
Amortization of actuarial loss	35,912	35,912
	$ 362,155	$ 349,187

Benefits paid during the year were $240,432 (2023 - $255,904). The net unamortized actuarial loss of $464,872 (2023 - $500,793) will be amortized over the expected average remaining service period.

4. Tangible capital assets:

Cost:

	Land	Building	Leasehold improvements	Computer hardware	Computer software	Website design	Furniture and equipment	Parking lot resurfacing	2023 Total
Balance, January 1, 2024	$ 26,938	15,029,052	3,490,251	3,757,242	423,933	69,845	4,205,265	252,346	27,254,872
Additions	-	38,036	127,280	10,888	-	-	398,410	-	574,614
Balance, December 31, 2024	$ 26,938	15,067,088	3,617,531	3,768,130	423,933	69,845	4,603,675	252,346	27,829,486

Accumulated amortization:

	Land	Building	Leasehold improvements	Computer hardware	Computer software	Website design	Furniture and equipment	Parking lot resurfacing	Total
Balance, January 1, 2024	$ -	4,187,968	906,876	3,422,077	423,933	69,845	2,794,413	241,246	12,046,358
Amortization	-	376,203	274,641	250,494	-	-	205,665	4,475	1,111,478
Balance, December 31, 2024	$ -	4,564,171	1,181,517	3,672,571	423,933	69,845	3,000,078	245,721	13,157,836

Net book value:

	Land	Building	Leasehold improvements	Computer hardware	Computer software	Website design	Furniture and equipment	Parking lot resurfacing	Total
At December 31, 2023	$ 26,938	10,841,084	2,583,375	335,165	-	-	1,410,852	11,100	15,208,514
At December 31, 2024	26,938	10,502,917	2,436,014	95,559	-	-	1,603,597	6,625	14,671,650

4. Tangible capital assets (continued):

Cost:

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

Accumulated amortization:

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

Net book value:

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

5. Commitments and contingencies:

(a) Line of credit:

The Health Unit has available an operating line of credit of $500,000 (2023 - $500,000). There is $Nil balance outstanding on the line of credit at year end (2023 - $Nil).

(b) Lease commitments:

The Health Unit enters into operating leases in the ordinary course of business, primarily for lease of premises and equipment. Payments for these leases are contractual obligations as scheduled per each agreement. Commitments for minimum lease payments in relation to non-cancellable operating leases at December 31, 2024 are as follows:

No later than one year	$	263,728
Later than one year and no later than 5 years		760,844
Later than five years		880,183
	$	1,904,755

(c) Contingencies:

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

6. Accumulated surplus:

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

	Balance, beginning of year	Annual surplus (deficit)	Purchase of tangible capital assets	Capital Infrastructure Project	Balance, end of year
Invested in tangible capital assets	$ 15,208,514	(1,111,478)	574,614	-	$ 14,671,650
Unfunded employee benefit obligation	(3,770,170)	101,365	-	-	(3,668,805)
Working capital reserve	2,210,810	2,422,306	(574,614)	38,039	4,096,541
Public health initiatives	500,000	-	-	-	500,000
Corporate contingencies	500,000	-	-	-	500,000
Facility and equipment repairs and maintenance	994,311	-	-	(38,039)	956,272
Sick leave and vacation	2,639,119	-	-	-	2,639,119
Research and development	56,860	-	-	-	56,860
	$ 18,339,444	1,412,193	-	-	$ 19,751,637

7. Pension agreements:

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

The amount contributed to OMERS for 2024 was $2,036,224 (2023 - $2,157,752) for current service and is included within benefits expense on the statement of operations and accumulated surplus.

8. Per capita revenue from municipalities:

	2024	2023
City of Greater Sudbury	$ 9,022,585	$ 8,055,880
Town of Espanola	280,950	250,848
Township of Sable and Spanish River	183,439	163,784
Municipality of French River	157,065	140,236
Municipality of Markstay-Warren	159,224	142,165
Township of Northeastern Manitoulin & The Islands	137,235	122,532
Township of Chapleau	127,877	114,176
Township of Central Manitoulin	109,945	98,165
Municipality of St. Charles	80,823	72,163
Township of Assiginack	51,308	45,811
Town of Gore Bay	49,475	44,174
Township of Baldwin	32,591	29,099
Township of Billings (and part of Allan)	34,358	30,677
Township of Gordon (and part of Allan)	30,170	26,937
Township of Nairn & Hyman	26,701	23,840
Township of Tehkummah	24,738	22,087
Municipality of Killarney	23,886	21,328
Township of Burpee	16,034	14,316
Township of Cockburn Island	327	292
	$ 10,548,731	$ 9,418,510

9. Administration expenses:

	2024 Budget	2024 Actual	2023 Actual
Professional fees	$ 742,678	$ 983,441	$ 1,102,188
Building maintenance	696,966	628,249	471,170
Advertising	131,265	76,077	93,713
Telephone	69,821	202,777	161,173
Rent	481,377	421,000	548,513
Utilities	245,020	176,320	181,087
Liability insurance	208,850	200,694	185,311
Staff education	136,701	113,453	47,255
Postage	90,100	86,022	84,509
Memberships and subscriptions	47,634	52,992	45,108
Strategic Planning	-	563	-
	$ 2,850,412	$ 2,941,588	$ 2,920,027

10. Revenues and expenses by funding sources:

	OLHA	UIIP	Men C	HPV	Unorganized Territories	Ontario Sr. Dental Care Program	MOH/ AMOH	MCCSS: HBHC & PPNP	HIV-Aids Anonymous Testing	Non-Ministry	Sub-Total
Revenue:											
Provincial grants											
Operation	$ 18,538,386	-	-	-	-	1,060,713	3,948	1,726,780	64,272	-	21,394,099
Mitigation grant	-	-	-	-	-	-	-	-	-	-	-
One-time	-	-	-	-	-	-	-	-	-	-	-
Unorganized territories	-	-	-	-	1,092,500	-	-	-	-	-	1,092,500
Municipalities	10,548,731	-	-	-	-	-	-	-	-	-	10,548,731
Plumbing and inspections	251,127	-	-	-	-	-	-	-	-	-	251,127
Interest	469,406	-	-	-	-	-	-	-	-	99,243	568,649
Other	238,303	7,225	16,278	28,263	-	5,865	-	-	-	81,317	377,251
	30,045,953	7,225	16,278	28,263	1,092,500	1,066,578	3,948	1,726,780	64,272	180,560	34,232,357
Expenses:											
Salaries and wages	18,122,897	5,953	13,435	23,505	697,581	343,648	3,948	1,306,446	51,282	57,905	20,626,600
Benefits	5,724,631	1,272	2,843	4,758	219,349	85,406	-	380,232	12,990	10,150	6,441,631
Transportation	119,918	-	-	-	90,306	33	-	20,531	-	-	230,788
Administration (note 9)	2,188,994	-	-	-	26,076	516,847	-	6,873	-	189	2,738,979
Supplies and materials	710,153	-	-	-	59,188	108,043	-	5,872	-	13,072	896,328
Small operational equipment	837,440	-	-	-	-	710	-	-	-	-	838,150
Amortization of tangible capital assets	1,111,478	-	-	-	-	-	-	-	-	-	- 1,111,478
	28,815,511	7,225	16,278	28,263	1,092,500	1,054,687	3,948	1,719,954	64,272	81,316	32,883,954
Annual surplus	1,230,442	-	-	-	-	11,891	-	6,826	-	99,244	1,348,403
Capital expenditures	454,068	-	-	-	-	11,891	-	6,826	-	38,039	510,824
Annual surplus net of capital expenditures	$ 776,374	-	-	-	-	-	-	-	-	61,205	837,579

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

10. Revenues and expenses by funding sources (continued):

		2023-24 One-time Funding										
	Sub-Total	COVID-19 Infection Prevention and Control Hub	COVID-19 Extraordinary Vaccine	PHI Practicuum	MOH - ISPA Vaccination Clinic Catch up	Merger Planning	RSV	Vaccine Refridgerator	Capital	COVID-19 Infection Prevention and Control Hub	PHI Practicuum	Total
Revenue:												
Provincial grants												
Operation	$ 21,394,099	-	-	-	-	-	-	-	-	-	-	21,394,099
Mitigation grant	-	-	-	-	-	-	-	-	-	-	-	-
One-time	-	274,895	225,000	10,804	19,871	268,611	71,500	38,830	24,960	642,975	12,992	1,590,438
Unorganized territories	1,092,500	-	-	-	-	-	-	-	-	-	-	1,092,500
Municipalities	10,548,731	-	-	-	-	-	-	-	-	-	-	10,548,731
Plumbing and inspections	251,127	-	-	-	-	-	-	-	-	-	-	251,127
Interest	568,649	-	-	-	-	-	-	-	-	-	-	568,649
Other	377,251	-	-	-	-	-	-	-	-	-	-	377,251
	34,232,357	274,895	225,000	10,804	19,871	268,611	71,500	38,830	24,960	642,975	12,992	35,822,795
Expenses:												
Salaries and wages	20,626,600	205,683	186,742	9,110	15,211	61,288	61,561	-	-	534,176	11,739	21,712,110
Benefits	6,441,631	39,052	37,827	1,694	4,660	7,956	9,939	-	-	92,176	1,253	6,636,188
Transportation	230,788	375	-	-	-	1,907	-	-	-	2,860	-	235,930
Administration (note 9)	2,738,979	1,688	401	-	-	197,082	-	-	-	3,438	-	2,941,588
Supplies and materials	896,328	28,097	30	-	-	378	-	-	-	10,325	-	935,158
Small operational equipment	838,150	-	-	-	-	-	-	-	-	-	-	838,150
Amortization of tangible capital assets	1,111,478	-	-	-	-	-	-	-	-	-	-	1,111,478
	32,883,954	274,895	225,000	10,804	19,871	268,611	71,500	-	-	642,975	12,992	34,410,602
Annual surplus	1,348,403	-	-	-	-	-	-	38,830	24,960	-	-	1,412,193
Capital expenditures	510,824	-	-	-	-	-	-	38,830	24,960	-	-	574,614
Annual surplus net of capital expenditures	$ 837,579	-	-	-	-	-	-	-	-	-	-	837,579

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

11. Budget information:

The Budget adopted by the Board of Directors on November 16, 2023, was not prepared on a basis consistent with that used to report actual results (Public Sector Accounting Standards). The budget did not include amortization of tangible capital assets. As a result, the budget figures presented in the statement of operations and accumulated surplus represent the Budget adopted by the Board of Directors on November 16, 2023 including subsequent budget amendments, with adjustments as follows:

Budget surplus for the year	$	--
Less: amortization		1,144,542
Budget deficit per the statement of operations and accumulated surplus	$	(1,144,542)

12. Comparative information:

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

ADOPTION OF THE 2024 AUDITED FINANCIAL STATEMENTS

MOTION:

WHEREAS the Board of Health Finance Standing Committee recommends that the Board of Health for the Sudbury and District Health Unit adopt the 2024 audited financial statements, as reviewed by the Finance Standing Committee at its meeting of June 2, 2025;

THEREFORE BE IT RESOLVED THAT the 2024 audited financial statements be approved as distributed.

Briefing Note

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

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

Date: June 5, 2025

Re: 2023 – 2025 Risk Management Plan Annual Report and 2026–2028 Risk Management Plan – Engagement Strategy

☒ For Information ☐ For Discussion ☐ For a Decision

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

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

Recommended Action:

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

1. **Receive** the 2024 Risk Management Annual Report.
2. **Receive** an update on the engagement strategy for the development of its 2026–2028 Risk Management Plan.

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

As per policy and procedure C-I-80, organizational risk reports will be reviewed bi-annually by Senior Management and an annual report will be presented to the Board of Health each June.

Preparation for the next iteration of the Risk Management Plan

As per policy and procedure, Public Health engages in ongoing risk assessments at all levels of the organization using Public Health's Risk Management Framework. Through brainstorming exercises, this framework provides a five-step approach to systematically identify, assess, and monitor risks ensuring that controls are in place to mitigate the likelihood and impact of the risk.

The current 2023–2025 Risk Management Plan is expiring at the end of this year. Planning is underway for the development of the next iteration of the risk management plan. The engagement strategy is being shared with the Board of Health for awareness.

Engagement strategy

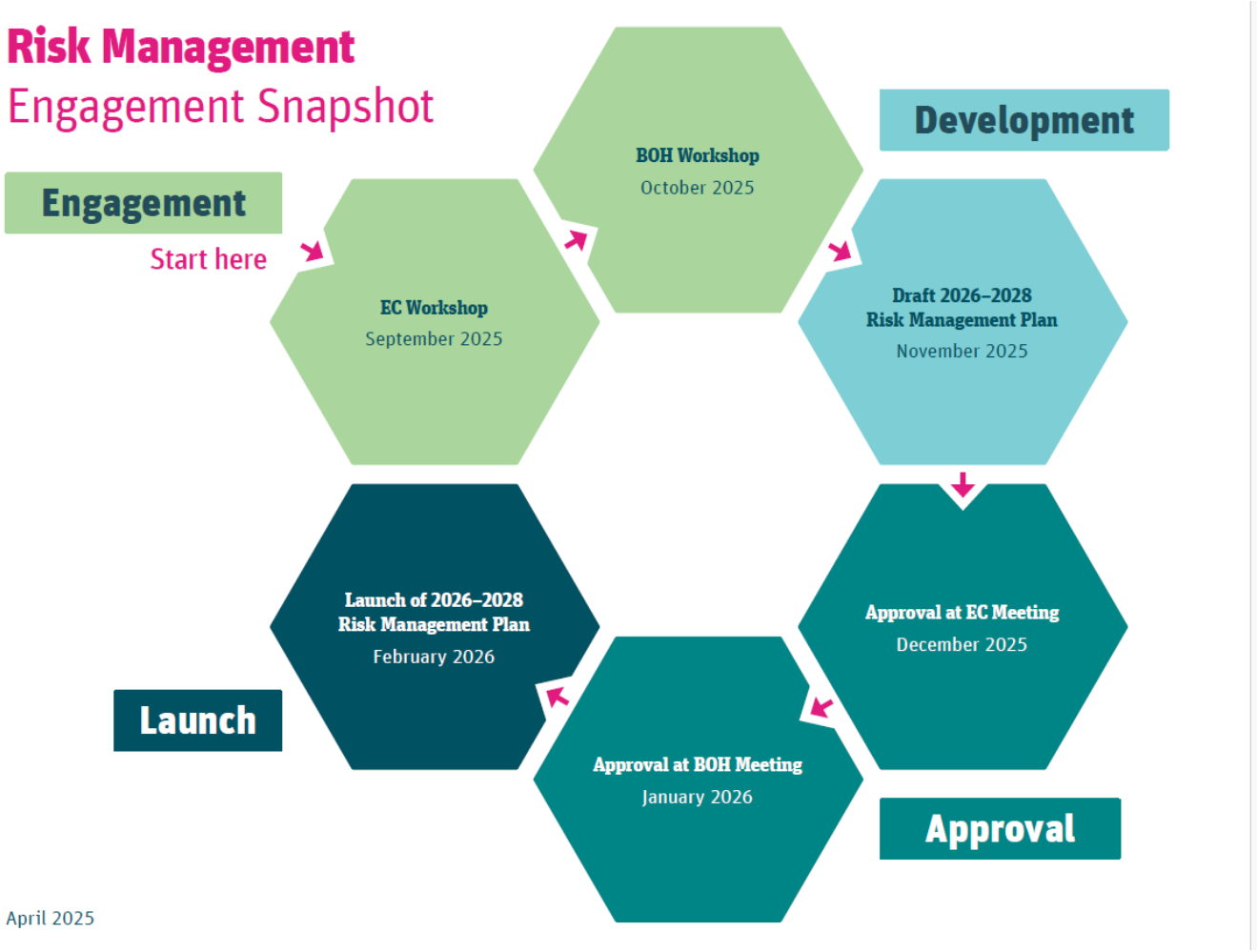
An engagement strategy (Appendix A) outlines the next steps for engagement with the Senior Management Executive Committee and Board of Health to develop the 2026–2028 Risk Management Plan, approval of the plan, and the launch. Using Public Health's Risk Management Framework, both Senior Management Executive Committee and the Board of Health will have workshops to identify and assess new risks to Public Heath. The timeline is presented in Appendix A.

Financial Implications:
Within 2023 budget.

Strategic Priority:
#3 – Excellence in public health practice

Contact:
Sandra Laclé, Interim Director, Corporate Services Division

Appendix A: Risk Management Engagement Snapshot for 2026–2028 Risk Management Plan



Public Health Sudbury & Districts Organizational Risk Management Plan: 2023-2025

Organizational Risk Assessment

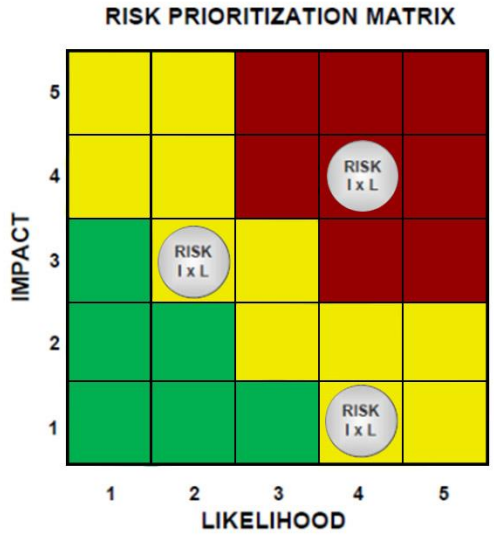
Overall objective: To identify future events that may impact the achievement of Public Health's vision and mission.

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

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

Risk categories	Details	Rating scale	Risk connections
3. People / Human Resources	3.2 The organization may be at risk of erosion of our current culture, staff mental health and resiliency, and team morale, due to the intense competing and frequently changing work pressures (for example, Strengthening Public Health, public health mandated priorities, COVID-19 response, backlog of services, instability, or covering vacancies).	L4 I3	N/A
3. People / Human Resources	3.3 The organization may be at risk as some staff work offsite in uncontrolled environments.	L1 I2	N/A
4. Information / Knowledge	4.1 The organization may be at risk of not being viewed as a relevant and reputable source of credible health information to counter increase in circulation of misinformation and disinformation, resulting in long-term health impacts to the community.	L3 I4	10.2
4. Information / Knowledge	4.2 The organization may be at risk of not being able to clearly demonstrate outcomes of public health actions, including outcomes of upstream interventions or initiatives due to challenges associated with measuring such outcomes.	L5 I4	N/A
5. Technology	5.1 The organization may be at risk of not having a comprehensive and future oriented information technology infrastructure impacting on our ability to respond and meet the needs of the operation and client expectations.	L4 I4	12.1 1.1
6. Legal / Compliance	6.1 The organization may be at risk of not achieving full compliance with the many, and varied, obligations imposed by statutes and regulations impacting on governance and management of Public Health Sudbury & Districts.	L2 I2	N/A
7. Service Delivery / Operational	7.1 The organization may be at risk of erosion of its mandate due to government policy direction, resulting in reduced effectiveness in preventing non-communicable diseases and promoting health equity (for example, not being able to deliver on the full scope of Public Health programs and services).	L3 I4	1.1 14.1
8. Environmental	8.1 The organization itself may be at risk of natural and anthropogenic disasters or hazards (such as floods, fires, extreme weather events, changing	L4 I3	N/A

Risk categories	Details	Rating scale	Risk connections
	climate, infrastructure failure, climate change, or other emergencies).		
8. Environmental	8.2 The organization may be at risk of not being able to appropriately support the public health needs of individuals, partners, and communities as they deal with climate change impacts.	**L4 I3**	N/A
9. Political	9.1 The organization may be at risk of significant public health system instability and reform due to political priority of acute health care system sustainability.	**L4 I4**	1.1
10. Stakeholder / Public Perception	10.1 The organization may be at risk of not sustaining relationships with partners, communities, and municipalities, including Indigenous peoples and communities, as a result of capacity issues.	**L3 I3**	7.1
10. Stakeholder / Public Perception	10.2 The organization may be at risk of our programs and services being mis-represented and under-recognized for their impact on improving the health of the population contributing to healthier communities for all.	**L3 I3**	4.1
11. Strategic / Policy	11.1 The organization may be at risk of not effectively planning strategically for the future due to uncertainty with provincial direction, including direction on programming expectations, and expectations regarding alignment within the broader health care system.	**L4 I5**	9.1
12. Security	12.1 The organization may be at risk of threats to network security, system attacks, network outages, and breaches, resulting in possible loss of productivity and IT infrastructure vulnerability.	**L5 I5**	5.1
13. Privacy	13.1 The organization may be at risk of not being able to fully eliminate all potential risks of privacy breaches.	**L2 I2**	N/A
14. Equity	14.1 The organization may be at risk of not being able to effectively support equity, diversity, and inclusion through its policies and workforce, hindering our capacity to support equitable health outcomes for all, including racialized groups and Indigenous peoples.	**L3 I3**	7.1



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

Public Health's 2024 Organizational Risk Assessment Progress Report

January 1—December 31, 2024

#	CATEGORY	TOP RISKS (RED)	Status * Q1	Status * Q2	Status* Q3 & Q4	Comments
1.1	Financial	The organization may be at risk of insufficient provincial funding for local public health, due to government policy direction and the Strengthening Public Health funding review, resulting in	3	3	3	Uncertainty continues as budgets will only increase 1% for 2025 and 2026. This is sub inflationary and will impact service delivery, as this causes budget pressures. The agency will need to act strategically and critically regarding resource allocations for 2025.

		unknown and increased budget pressures over the next several years and thereby risk of having less resources to address the health and health equity of the community.				
3.1	People / Human Resources	The organization may be at risk of not recruiting and retaining a sufficient number of staff with all the necessary competencies, skills, diversity, and abilities to respond to and meet expanding role and expectations of Public Health, ongoing and evolving community needs, and the growing backlog of services and any future emergency situations.	3	3	3	In 2024, a review of agency position qualifications were done to ensure that we are expanding our reach to target more candidates. The review of the "join us" section of the website resulted in key updates and enhancements to showcase the benefits of working for Public Health. Agency recruitment policies were under review in 2024. Work continued on the agency's staff development plan and overall workforce development approaches, specifically to ensure it meets evolving needs. Work was also underway to update the agency's management leadership development framework, including the leadership core competencies. This will then support overall management development and succession planning. This work is also supported by an internal Manager Community of Practice, as well as offering of management specific trainings. We continued to maintain a student placement program and engage a broad spectrum of students from various education programs across Ontario. This

						supports future recruitment efforts. Planning for the 2025 spring and fall academic term occurred in late 2024.
3.2	People / Human Resources	The organization may be at risk of erosion of our current culture, staff mental health and resiliency, and team morale, due to the intense, competing and frequently changing work pressures (for example, Strengthening Public Health, public health mandated priorities, COVID-19 response, backlog of services, instability, and covering vacancies).	3	3	3	The organization continued to communicate the strategy for how we are advancing and focusing efforts on the strategic plan and medium-term operational priorities. The focus to these areas provides a foundation for teams and divisions to follow which supports culture, engagement, and team morale. In 2024, all teams received a presentation on their team charters encouraging staff to prioritize and continue the conversation related to building a healthy culture and a respectful work environment. The Psychological Health and Wellness Committee continued to partner with Staff Development to offer staff the opportunity to participate in self-directed courses from the Canadian Mental Health Association. The Psychological Health and Wellness Committee's goal is to foster a supportive workplace environment in which the mental health and well-being of all employees is enhanced. The committee offered various activities throughout the year to foster positive mental health and well-being within the workplace, ensuring a more vibrant, productive, and healthy workforce who are committed to our organizational values, mission, and vision.

4.1	Information / Knowledge	The organization may be at risk of not being viewed as a relevant and reputable source of credible health information to counter increase in circulation of misinformation and disinformation, resulting in long-term health impacts to the community.	1	1	1	Continue disseminating information about Public Health's core roles and responsibilities under the *Ontario Public Health Standards* to articulate the agency's specific areas of contribution and focus. Ongoing use of strategies to increase health literacy across programming areas include: improve overall communications and proactively provide credible, trusted, and transparent information to also counter misinformation; build social trust and engage community and partners to understand their perspectives and share information about Public Health's practices and decision making. In 2024, Public Health communicated information to all audiences about the agency's local responsiveness to community needs (audiences include members of the public, local stakeholders, partners, municipaland provincial counterparts, and the Board of Health).
4.2	Information / Knowledge	The organization may be at risk of not clearly demonstrating outcomes of Public Health actions, including outcomes of upstream interventions or initiatives due to challenges associated with measuring such outcomes.	^	2	2	Measuring and demonstrating the outcomes of public health actions and upstream interventions are ongoing challenges due to the longer-term nature of upstream public health work and the population health approach. In 2024, Public Health staff continued to prioritize the implementation of the agency's strategic priorities including Excellence in public health practice, and throughout the year there were dedicated efforts to the agency's medium-term operational priorities, specifically, Efforts to orient towards impact and outcomes.

						Public Health staff continued to plan for, develop, and operationalize reporting and monitoring mechanisms for public health actions. Teams regularly monitored and gathered information on programs and services through team tracking forms and local or provincial databases, sharing findings in reports to the Board of Health or Ministry reporting templates. As part of the agency's annual program planning process, staff also considered which monitoring and evaluation initiatives will be required for 2025, and incorporated these initiatives in the respective activity plans. Team members reviewed and incorporated locally-developed indicators in alignment with program plans and, where applicable, adopted additional performance measures developed in collaboration with other local public health units or provincial bodies. For instance, select indicators from the recently completed locally-driven collaborative project titled *Measuring What Matters: A collaborative approach to chronic disease prevention program outcome measurement in Ontario* were reviewed and included in 2025 program plans to monitor healthy eating interventions and activities. Moreover, sample indicators were collated for consideration as part of the Council of Medical Officers of Health (COMOH)'s ongoing conversations on outcome measurement.

						Additionally, 2024 marked the first iteration of *the 2024–2028 Accountability Monitoring Plan* and accompanied report. One section of this plan highlights the strategic priority performance measures which demonstrate how the strategic plan is being actioned in practice and to provide a means of monitoring progress on the strategic priorities. The *2024 Accountability Monitoring Report*, which includes the reporting on the strategic priority performance measures, was presented to the Board of Health in February 2025. This risk will require ongoing attention given the lack of a consistent performance measurement system for the field of public health's upstream work. Staff members will continue to develop and define indicators for outcome measurement (across the public health scope and in alignment with upstream interventions) to demonstrate impact and ensure purposeful reporting of information.
5.1	Technology	The organization may be at risk of not having a comprehensive and future oriented information technology infrastructure impacting on our ability to respond and meet the needs of the operation and	2	2	2	In 2024, the IT team has made significant progress with the Microsoft Teams Phone System project and SmartWay2 booking system. The new phone system will provide the organization with extra features such as the ability to transcribe and record calls, giving clients the ability to get routed to the most appropriate program faster using a voice-activated program directory. The SmartWay2 booking system went live in late December 2024, and enables staff to book vacant

		client expectations.				desks throughout the office in a more streamlined way, facilitating more collaboration across the teams. The remaining projects within the IT infrastructure modernization plan are being gradually resumed as the agency proceeds with the recruitment process to fill two senior-level positions. Work has begun related to the Electronic Medical Record project. A needs assessment and exploratory work occurred to determine the current state of the needs of the organization related to securing an Electronic Medical Record (EMR) solution. An environmental scan was done to review primarily what solutions other public health agencies are using. This work helped to inform the recommendation for the future state of Public Health's EMR solution, including a request for proposal to select a solution to begin to implement in 2025. Efforts related to artificial intelligence solutions for use in Public Health included a baseline assessment of our current state that led to the identification of possible places where this can be used (such as transcriptions) and development of future project requirements. Work will continue in 2025.
7.1	Service Delivery / Operational	The organization may be at risk of erosion of its mandate due to government policy direction, resulting in reduced	3	3	3	Following the 2025 budget announcement, targeted communications were sent to partners and stakeholders, reframing the message to strategically align with the organization's priorities and ensuring consistency with

		effectiveness in preventing non-communicable diseases and promoting health equity (for example, not being able to deliver on the full scope of public health programs and services).				previous communications. Engagement with external partners continues through focused discussions aimed at fostering a deeper understanding of the organization's core work and health priorities. Comprehensive health promotion and mental health advocacy have been presented to the Board of Health to reinforce the importance of public health in addressing non-communicable diseases and promoting health equity. In response to the evolving policy environment, the organization has identified five medium-term operational priorities and is resetting its focus to ensure alignment with the new *Ontario Public Health Standards*. Health Promotion staff are actively working upstream to navigate an environment that may not always align with public health objectives, while fostering new and strategic partnerships to build trust and advocacy for Public Health initiatives. Additionally, efforts continue to better articulate the public health value-add to the community, ensuring that agency contributions are recognized and understood in the broader societal context. These combined actions are designed to mitigate the risk of reduced effectiveness and maintain the organization's critical role in promoting health and preventing disease.
8.1	Environmental	The organization itself may be at risk of natural and anthropogenic disasters or hazards (such as	3	3	3	The following strategies are in place to mitigate the risk: Emergency Response Plan, Business Continuity Plan, emergency response training for staff, emergency exercises

		floods, fires, extremes weather events, changing climate, infrastructure failure climate change, and other emergencies).				(internal and external), Hazard Identification and Risk Assessments (HIRA) completed, internal controls in place (IT and facility security), ongoing monitoring and testing and maintenance of internal resources, communication with partners (local, provincial, national), automated notification systems, activation of emergency control group, activation of Business Continuity Plan, monitor emergency response planning and preparation, monitor emerging hazards and develop relevant HIRA's, plan for implementation for scenarios.
8.2	Environmental	The organization may be at risk of not being able to appropriately support the public health needs of individuals, partners, and communities as they deal with climate change impacts.	3	3	3	In 2024, Public Health continued to build our resources, relationships, and knowledge in the area of climate change, including the recognition of the impact of anthropogenic climate change on local events such as wildfire frequency and severity, and severe weather events. Up-to- date resources are posted on our website, including *Climate Change in Sudbury and Districts: Assessing Health Risks and Planning Adaptations Together*. This is a resource for municipalities, First Nations communities, and interested parties, to conduct climate change and health vulnerability and adaptation assessments within their communities. In 2024, Public Health continued to work with partners to prepare for, and to mitigate, the impacts of climate change on local communities. In response to Environment and Climate Change Canada Special Air Quality Statements and Heat Warnings,

						Public Health issues public messaging through news releases and social media posts to inform the public of the associated health risks, and measures to take to protect health. Further, staff provided recommendations directly to operators of children's recreation camps, summer day camps, and childcare cares as needed.
9.1	Political	The organization may be at risk of significant public health system instability and reform due to political priority of acute health care system sustainability.	3	3	3	In early 2024, critical attention to provincial announcement on the Public Health Strengthening initiative (funding, voluntary mergers, Ontario Public Health Standards review) occurred. Board of Health members supported a merger with Algoma Public Health, however, the Board of Health for Algoma Public Health decided not to pursue a merger. Initial discussions with North Bay Parry Sound District Health Unit resulted in a decision not to engage in a feasibility study. Public Health was involved in the review of the Ontario Public Health Standards and remains involved provincially in all areas of Strengthening Public Health. Planning for 2025 will involve efforts to better measure public health outcomes and link the agency's work to health and health equity outcomes. By demonstrating health impacts, the province is more likely to see value in public health as a contributer to acute health care system sustainability.
11.1	Strategic / Policy	The organization may be at risk of not effectively planning	3	3	3	Public Health continues to be leaderful in its participation and contribution to the Strengthening Public Health initiative. The

		strategically for the future due to uncertainty with provincial direction, including direction on programming expectations and expectations regarding alignment within the broader health care system.				Medical Officer of Health/Chief Executive Officer is working diligently with the Board of Health, Council of Medical Officers of Health (COMOH), Association of Local Public Health Agencies (alPHa), and North Eastern Medical Officers of Health to lead the organization through the uncertainty. The correspondence received related to Strengthening Public Health updates on December 23, 2024 outlines the time required for *Ontario Public Health Standards* implementation and provides a revised release date of August 2025 to be effective January 2, 2026.

12.1	Security	The organization may be at risk of threats to network security, system attacks, network outages, and breaches, resulting in possible loss of productivity and IT infrastructure vulnerability.	3	3	3	In 2024, all IT staff began to use multi-factor authentication to access their M365 resources and admin portals, which has significantly reduced the likelihood of a successful attack in the event of a compromised admin account. IT has assessed several Managed Detection & Response demos from different vendors for 24x7 monitoring of Public Health's assets. Multiple Disaster Recovery (DR) solutions are also being explored to minimize the downtime to our systems in the event of a catastrophic hardware failure or prolonged power outage. The current overall security score, assessed by Microsoft, has increased significantly over 2024 as our endpoints (staff laptops) were hardened by restricting the execution of certain files belonging to high-risk categories, in addition to other measures. We anticipate that the security posture will continue to improve into 2025 as we continue the IT infrastructure modernization work to replace legacy systems with more secure and modern solutions.

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

^not applicable to Q1

RISK MANAGEMENT

MOTION:

BE IT RESOLVED THAT the Board of Health receive the 2024 Annual Risk Management Report; and

FURTHER THAT the Board of Health receive an update on the engagement strategy for the development of its 2026–2028 Risk Management Plan.

ADDENDUM

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

ADJOURNMENT
MOTION: THAT we do now adjourn. Time: _____