Board of Health Meeting # 07-25

Public Health Sudbury & Districts

Thursday, October 16, 2025

1:30 p.m.

Boardroom

1300 Paris Street

Reminder: Board of Health Risk Management Workshop on October 16, 2025, at 9:30 a.m., followed by lunch

Public Health
Santé publique
SUDBURY & DISTRICTS

AGENDA – SEVENTH MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
BOARDROOM, LEVEL 3
THURSDAY, OCTOBER 16, 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) Immunization in Early Childhood: Leveraging Technology, Delivering Results

- Sara Noble, Manager, Health Promotion and Vaccine Preventable Diseases Division
- Nikki Lalonde, Specialist, Vaccine Preventable Diseases Program, Health Promotion and Vaccine Preventable Diseases Division

5. CONSENT AGENDA

i) Minutes of Previous Board of Health Meeting

a. Sixth Meeting – September 18, 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, October 2025

v) Correspondence

a. Grey Bruce Public Health Board of Health Transition and Regional Health Priorities

- Email from Grey Bruce Public Health Board of Health Chair to Deputy Minister Richardson, dated September 11, 2025
- Email from Grey Bruce Public Health Board of Health Chair to Deputy Minister Richardson, dated September 28, 2025

b. Strengthening Coordination of Provincial and Federal Dental Programs

- Email and Resolution from Windsor-Essex County Health Unit Board of Health to Health Canada Minister, dated September 24, 2025

c. Consultation on the third legislative review of the Tobacco and Vaping Products Act

- Letter from Ontario's North East Tobacco Control Area Network to the Manager Legislative Review, Office of Policy and Strategic Planning, Tobacco Control Directorate, Controlled Substances and Cannabis Branch, Health Canada, dated September 12, 2025

vi) Items of Information

a. 2025 alPHa Fall Symposium November 5 to 7, 2025

APPROVAL OF CONSENT AGENDA

MOTION:

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

6. NEW BUSINESS

i) Protecting Workers from Growing Food Insecurity, Exacerbated by U.S. Tariffs

- Presentation, Bridget King, Public Health Nutritionist, Health Promotion and Vaccine Preventable Diseases Division
- Briefing Note from Dr. M.M. Hirji, Acting Medical Officer of Health and Chief Executive Officer dated October 9, 2025, and Appendix A: Food affordability within Public Health Sudbury & Districts' Service Area
- Letter from Algoma Public Health Board of Health Chair to the Premier of Ontario, dated September 12, 2025

PROTECTING WORKERS FROM GROWING FOOD INSECURITY, EXACERBATED BY U.S. TARIFFS

MOTION:

WHEREAS US tariffs are generating economic uncertainty, leading businesses, organizations, and food charities to predict increasing costs of living, including food prices, which will ultimately lead to increased household food insecurity; and

WHEREAS household food insecurity is a serious public health problem that is strongly linked to adverse mental health conditions, increased risk of several chronic diseases, and is associated with increased healthcare costs; and

WHEREAS local monitoring food affordability data show that social assistance rates are not enough to cover the costs of living; and

WHEREAS evidence demonstrates that to effectively address the problem of household food insecurity policies that improve incomes are required;

THEREFORE BE IT RESOLVED THAT the Board of Health commends the Government of Ontario for the development and release of the 2024 Annual Report: Poverty Reduction Strategy, thanks the Government for actions taken thusfar including the increase to the minimum wage as of October 1, 2025, and acknowledges the Poverty Reduction Strategy's importance in advancing efforts to reduce poverty and promote economic well-being across the province; and

THAT the Board of Health call upon the provincial government to further protect workers with limited incomes from the impact of US Tariffs and economic uncertainty; these include increasing the earning exemption to better support those working toward leaving the Ontario Works (OW) program, implementing revisions to social assistance such as increasing rates to reflect the real costs of living, indexing the OW rate to inflation, and establishing a Social Assistance Research Commission to determine evidence-based social assistance rates in communities across the province based on local/regional costs of living, including the cost of food informed by Ontario Nutritious Food Basket (ONFB) data collected by PHUs; and

THAT the Board of Health call upon the federal government to recognize the urgency of transformative income solutions such as a national Basic Income Guarantee program and support Bill S-206 – An Act to develop a national framework for a guaranteed livable basic income.

ii) Digital & IT Strategy Engagement

- Presentation, Dr. Kyle Wilson, T1-T2 Consulting
- Briefing note from Dr. M.M. Hirji, Acting Medical Officer of Health and Chief Executive Officer dated October 9, 2025

DIGITAL & IT STRATEGY ENGAGEMENT

MOTION:

WHEREAS public health funding from the provincial government continues to lag inflation, while demands for public health services instead grow;

WHEREAS technology adoption offers opportunity to enhance services and deliver services for less costs, thereby providing a pathway to manage the current workload and funding mismatch; and

WHEREAS the Board of Health budgeted for an IT assessment in 2025; and

WHEREAS the results of that IT assessment are now available;

THEREFORE BE IT RESOLVED THAT the Board of Health endorse the recommendations outlined in the Public Health Sudbury & Districts Digital & IT Strategy–Strategic Roadmap & Implementation Plan (October 2025); and

THAT the Board of Health endorse, in principle, the priorities for short-term financial investment as outlined in the strategy, focused on foundational risk reduction and service improvement; and

THAT the Board of Health direct the Acting Medical Officer of Health & CEO to include the recommended digital and IT investments in Public Health Sudbury & Districts forthcoming budget submission for 2026.

iii) Advancing Governance-Level ReconciliAction at the Board of Health

- Briefing note from Dr. M.M. Hirji, Acting Medical Officer of Health and Chief Executive Officer dated October 9, 2025

ESTABLISHMENT OF A RECONCILIATION SUBCOMMITTEE AND ENGAGEMENT OF INDIGENOUS GOVERNANCE CONSULTANT

MOTION:

WHEREAS the Board of Health for Public Health Sudbury & Districts has demonstrated an ongoing commitment to advancing reconciliation through meaningful action and governance leadership, including the endorsement of the *Indigenous Engagement ReconciliAction Framework* in June 2023; and

WHEREAS this commitment has been further demonstrated by successful advocacy for Indigenous representation on the Board, cultural competency training and participation in the Unlearning & Undoing White Supremacy and Racism Project; and

WHEREAS Strategic Direction II of the *ReconciliAction Framework* highlights the need for sustained, reciprocal engagement with First Nations communities and urban Indigenous organizations, requiring dedicated governance structures and culturally grounded expertise; and

WHEREAS the development of a governance engagement strategy and oversight mechanism is critical to ensure the implementation of the *ReconciliAction Framework* is accountable, community-informed, and culturally safe;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts establish a Reconciliation Subcommittee composed of the Chair and two additional Board members to guide, monitor, and support the implementation of the *Indigenous Engagement Governance ReconciliAction Framework*; and,

THAT the Board of Health issue a Request for Quotation (RFQ) for an Indigenous Governance Consultant to:

- **support the development of a governance strategy that advances the *ReconciliAction Framework* and builds reciprocal relationships between the Board of Health with First Nations communities and urban Indigenous organizations, in alignment with Strategic Direction II, and**
- **advise on the best terminology for use in official Board materials and decisions, particularly the evolving use of terms such as First Nations, Indigenous, Aboriginal, and Citizens Plus.**

7. ADDENDUM

ADDENDUM

MOTION:

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

8. ANNOUNCEMENTS

- October 16, 2025, Board of Health meeting evaluation
- Annual Board of Health self-evaluation survey for 2025
- Board of Health Annual Mandatory Training: Emergency Preparedness

9. ADJOURNMENT

ADJOURNMENT

MOTION:

THAT we do now adjourn. Time: ____

MINUTES – SIXTH MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
BOARDROOM, LEVEL 3
THURSDAY, SEPTEMBER 18, 2025 – 1:30 P.M.

BOARD MEMBERS PRESENT

Robert Barclay
Michel Brabant
Renée Carrier
Natalie Labbée
Amy Mazey
Abdullah Masood
Ken Noland
Michel Parent
Mark Signoretti
Natalie Tessier

BOARD MEMBERS REGRET

Ryan Anderson
Angela Recollet

STAFF MEMBERS PRESENT

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

M. SIGNORETTI PRESIDING

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT

The meeting was called to order at 1:33 p.m.

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.

Board members agreed to reorder the agenda in order to deal with the in-camera item following the delegations.

4. DELEGATION/PRESENTATION

i) **Measles Preparedness and Outbreak Response**

- Christina Baier, Manager, Health Protection Division
- Afzaa Rajabali, Health Promoter, Health Protection Division

The co-presenters were invited to provide an update on measles preparedness and outbreak response. In 2023, Public Health Sudbury & Districts developed a measles response plan considering growing measles activity worldwide and increasing infections across the country. The proactive and collaborative development of the measles response plan were summarized, including that ongoing updates have continued since then.

Public Health Sudbury & Districts reported its first case of measles in July 2025 and rapidly operationalized its measles response plan. The key components actioned from the response plan were summarized, noting that ultimately 44 infections of measles were identified to have occurred. Measle infections is recently observed to be approaching zero provincially in weekly surveillance reports suggesting that transmission has slowed considerably and that the outbreak across the province seems to be coming to a conclusion. However, the outbreak continues to be active in other parts of Canada and the United States.

Questions and comments were invited before the presenters were thanked for their presentation.

ii) **Unlearning and Undoing White Supremacy & Racism Project – Foundational Obligations to Indigenous Peoples: Reports of the Truth and Reconciliation Commission of Canada**

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

A. Boston and S. Rice were welcomed to provide the third in a series of four presentations around reports that outline the foundational obligations of Canadians towards Indigenous peoples and to reconciliation. This month's presentation concerned an overview of the Truth and Reconciliation Commission (TRC) report which captures voices of Indigenous children and adults and their stories of racism and mistreatment under colonization in Canada.The TRC report lays out 94 Calls to Action, which are concrete steps intended to correct harms and dismantle the ongoing systems of inequity; the report is underpinned by the belief that reconciliation is an ongoing commitment to truth, justice, and structural change. Public health has a critical role to play in that process.

Actions from local institutions, like Public Health Sudbury & Districts, are important as colonialism is a root cause of health inequities. In alignment with our vision of "Healthier communities for all" and per our commitment to action this important work, we must embed cultural safety, collect ethical data, partner with Indigenous-led care systems, and support health sovereignty. Also, we must model truth-telling through our words because neutral terms or softening the language maintains white supremacy. The starting point to

move forward from learning to action is education and unlearning, which is what is sought through the Unlearning & Undoing White Supremacy and Racism Project. Individual and collective spheres of influence and dialogue must lead to transformation.

Questions and comments were entertained and co-presenters thanked.

Per Board consensus, the Board proceeded to the in-camera session as the next order of business on the agenda.

IN CAMERA

33-25 IN CAMERA

MOVED BY BARCLAY – MASOOD: THAT the Board of Health goes in camera to deal with a personal matter about an identifiable individual, including municipal or local board employees. Time: 2:07 p.m.

CARRIED

RISE AND REPORT

34-25 RISE AND REPORT

**MOVED BY LABBÉE – BARCLAY: THAT the Board of Health rises and reports.
Time: 2:43 p.m.**

CARRIED

It was reported that one matter was discussed to deal with a personal matter about an identifiable individual, including municipal or local board employees. The following two motions emanated:

35-25 APPROVAL OF BOARD OF HEALTH INCAMERA MEETING NOTES

MOVED BY NOLAND – CARRIER: THAT this Board of Health approve the meeting notes of the April 17, 2024, Board in-camera meeting and that these remain confidential and restricted from public disclosure in accordance with exemptions provided in the Municipal Freedom of Information and Protection of Privacy Act.

CARRIED

36-25 NON-UNION SALARY REVIEW

MOVED BY MASOOD – BRABANT: WHEREAS significant challenges have been experienced in recent years around recruitment and retention;

AND WHEREAS vacancies in positions reduce service to the community, distract managers to hiring and away from focusing on improving the impact of programming, disrupts innovation, and dampens the morale of staff;

AND WHEREAS the Board of Health budgeted in the 2025 Operating Budget for a non-union salary review to be conducted in 2025;

AND WHEREAS results from that review are now available for the Board's review;

THEREFORE BE IT RESOLVED THAT the Board of Health endorse a new Non-Union compensation approach in principle, and direct the Medical Officer of Health & CEO to bring forward a final recommendation as part of the 2026 Operating Budget process;

AND THAT the Board of Health does not endorse an adjustment to sick leave policies;

AND THAT the Board of Health does not endorse enhanced remote work on an Agency-wide basis at this time, however, the MOH/CEO can institute enhanced remote work in the future only for specific roles where recruitment/retention proves to be exceptionally challenging.

CARRIED

5. CONSENT AGENDA

i) Minutes of Previous Meeting

a. Fifth Meeting – June 12, 2025

ii) Business Arising from Minutes

iii) Report of Standing Committees

a. None

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

a. MOH/CEO Report, September 2025

v) Correspondence

a. Opioid Crisis

- Resolution Letter from Windsor-Essex County Health Unit Board of Health Chair to Minister of Health, dated August 26, 2025

b. Food Insecurity and Food Affordability in Ontario

- Resolution re Primer for municipalities from Middlesex-London Health Unit to Boards of Health dated July 24, 2025

c. 2024 Annual Report of the Chief Medical Officer of Health of Ontario to the Legislative Assembly of Ontario, “Protecting Tomorrow: The Future of Immunization in Ontario”

vi) Items of Information

a. 2025 alPHa Conference, Annual General Meeting and Board Section Meeting
b. alPHa Fall Symposium, November 5-7, 2025

37-25 APPROVAL OF CONSENT AGENDA

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

CARRIED

6. NEW BUSINESS

i) Public Health Sudbury & Districts’ 2024 Annual Financial Report

- 2024 Financial Report (English and French)

M.M. Hirji noted that in an era of social media and a preference from the public for bit-sized information, the financial report has evolved from a lengthy, detailed report to a three-page summary of revenues and expenditures, images, graphs and an interactive map.

The report will be posted to phsd.ca and be paired with the 2024 audited financial statements for those who want to delve into more detail, as well as “Year in Review” information to see what this spending “bought” in terms of Public Health activity and outcomes. The report, in English and French, was shared for information.

ii) Endorsing CIHPHI & ASPHIO Joint Statement: Implementation of Recommendations from the Auditor General's 2025 Report on Non-Municipal Drinking Water Safety

- Briefing Note from the Acting Medical Officer of Health and Chief Executive Officer dated September 11, 2025, and appendices

M.M. Hirji explained that non-municipal drinking water systems are drinking water systems not owned or operated by a municipality. Non-municipal drinking water systems, often referred to as small drinking water systems (SDWS), include wells, cisterns, and other systems which draw from natural sources like lakes or rivers. In Northern Ontario, non-municipal systems are vital for rural and remote communities without municipal water services. PHSD currently provides oversight for 301 SDWS and unregulated drinking water supplies. However, most oversight of unregulated water supplies is conducted on a complaint-driven basis.

The Auditor General's report on the oversight of non-municipal drinking water safety identified gaps in inspection consistency, enforcement, workforce sustainability, and data infrastructure across Ontario. The Auditor General made 17 recommendations for improvement: 10 to the Ministry of Health; 6 to the Ministry of Environment, Conservation, and Parks; and 1 to Public Health Ontario. The Auditor General's report on non-municipal drinking water in Ontario highlights weaknesses with the safety and oversight of small drinking water systems. Specifically, it notes that many of these systems lack consistent water quality testing, regular inspections, and proper training for operators. The report highlights gaps in monitoring and enforcement, which leave these systems unmonitored for vulnerability to contamination. Key recommendations include strengthening regulations, improving data collection, increasing inspections, and enhancing operator training to better protect public health and ensure safe drinking water.

Canadian Institute of Public Health Inspectors (CIPHI) and the Association of Supervisors of Public Health Inspectors of Ontario (ASPHIO) have endorsed the report's recommendations and offered to collaborate with the Ministry of Health to assist with practical, system-wide improvements. The issues raised by the Auditor-General, CIPHI, and ASPHIO align with longstanding challenges observed and experienced by Public Health Sudbury & Districts, particularly around recruitment and retention of public health inspectors and technology.

Today's motion proposes to endorse and support the joint statement of the CIPHI and ASPHIO. Questions and comments were entertained, and it was clarified that there are no financial implications to these recommendations in that the recommended action are all at the provincial level; should the province move ahead, it would potentially be financially beneficial to local public health agencies with regards to staffing capacity, recruitment and leveraging more modern data system.

38-25 ENDORSING CIPHI & ASPHIO JOINT STATEMENT: IMPLEMENTATION OF RECOMMENDATIONS FROM THE AUDITOR GENERAL'S 2025 REPORT ON NON-MUNICIPAL DRINKING WATER SAFETY

MOVED BY CARRIER- NOLAND: WHEREAS the *Health Protection & Promotion Act* mandates the Board of Health to prevent water-borne illness related to drinking water, including non-municipal drinking water;

AND WHEREAS the Auditor General's 2025 performance audit on non-municipal drinking water safety made 17 recommendations, including 10 to the Ministry of Health for improvement;

AND WHEREAS the Canadian Institute of Public Health Inspectors (CIPHI) and the Association of Supervisors of Public Health Inspectors of Ontario (ASPHIO) have endorsed

these recommendations and offered their support the Ministry of Health to implement the recommendations;

AND WHEREAS the recommendations of the Auditor General, CIPHI, and ASPHIO align strongly with addressing challenges observed and experienced by Public Health Sudbury & Districts;

THEREFORE BE IT RESOLVED THAT this Board of Health endorses and supports the "Joint Statement from CIPHI and ASPHIO: Supporting the Implementation of Recommendations from the Auditor General's 2025 Report on Non-Municipal Drinking Water Safety, 2025".

CARRIED

iii) Communications between the Chief Medical Officer of Health and the Grey Bruce Board of Health, & Governance Implications for Public Health Sudbury & Districts

- Briefing Note from the Acting Medical Officer of Health and Chief Executive Officer dated September 11, 2025, and appendices

On July 18, 2025, the Chief Medical Officer of Health (CMOH) informed the Grey Bruce Health Unit Board of Heath regarding the results of the assessment completed on the Board during 2024–2025. The details of that assessment report are not known at this time; however, the CMOH noted that, in part, that the Board of Health failed to fulfil its governance responsibilities; did not have the structures in place to operate effectively, leading to a lack of stable leadership over the period assessed; lack of clear roles and responsibilities for members of the board; instances of poor communication and conflict among board members and staff; numerous examples of alleged non-compliance with the Act and leading governance practices not being followed including failure by the Board of Health to ensure appropriate financial oversight of expenses; and that the Board of Health failed to implement specific recommendations from an audit conducted by the Ministry of Health in 2018.

The CMOH also directed the Board of Health to make changes to the composition of its Board of Health, particularly around removing municipal politicians from the Board. The Chair of the Board of Health supported these changes and acted quickly to implement them. On August 14, 2025, the CMOH communicated to the Board of Health to cease its actions in follow-up to the July 18 direction. Instead, it invoked the CMOH's ability to exercise the powers of the Board of Health and directed the Board of Health, the Medical Officer of Health, and the staff of the Grey Bruce public health agency to follow his direction and report to him.

The Chair of the Grey Bruce Health Unit Board of Health has requested that the various communications between himself and the CMOH be shared with all Boards of Health in Ontario.

While Public Health Sudbury & Districts is only an observer to these events, there are lessons within it for improvement of our board governance and key learnings and implications from this episode for the Board of Health for Public Health Sudbury & Districts outlined in the briefing note were reviewed.

First, it was highlighted that the presence of municipal councillors on the board in Grey-Bruce seems to have raised concerns. While no details were provided, it was suspected that municipal politics had probably bled into the work of the board leading to this concern. This is a lesson of the importance that Board members to exercise fiduciary duty when acting as Board members, putting the interests of Public Health over the interests of any other affiliation they may have.

Second, M.M. Hirji elaborated on the CMOH direction to the Grey Bruce Health Unit Board of Health to develop a "skills-based matrix" to select new Board of Health members, noting that while there is no provincial direction at this time for Public Health Sudbury & Districts to develop a skills matrix, there is a 20-year history of this approach being recommended and not actioned for the system, as well as seeming current interest by the CMOH.

A skills matrix would build on the Board's recent recommendation to municipalities to appoint an Indigenous person to the Board of Health, broadening this recommendation to a comprehensive set of skills and perspectives that would be desirable on the Board. Having a skills matrix would further lessen the risk of this Board experiencing governance challenges due to its make-up. And noting the province has observed governance issues with many school boards as well, taking proactive action now would position this Board as ahead of any provincial push to improve board governance. Therefore, it is recommended that the Board of Health for Public Health Sudbury & Districts direct the Acting Medical Officer of Health & CEO to build on the recent request to municipalities to include an Indigenous person on the Board of Health, to now broaden that to a comprehensive skills-matrix to guide municipalities and the Public Appointments Secretariat in future Board of Health appointments. The goal would be to have this in place by the time the 2026 municipal elections.

Questions and comments were entertained relating to what other Boards of Health are doing and Board members offered to share skill-based board matrixes they are aware of as examples for boards outside public health. K. Noland noted that previous Ministry assessments of Boards of Health governance were discussed by the Board of Health for Public Health Sudbury & Districts.

39-25 COMMUNICATIONS BETWEEN THE CHIEF MEDICAL OFFICER OF HEALTH AND THE GREY BRUCE BOARD OF HEALTH, & GOVERNANCE IMPLICATIONS FOR PUBLIC HEALTH SUDBURY & DISTRICTS

MOVED BY MASOOD – BARCLAY: WHEREAS the Ministry of Health has intervened with Boards of Health in response to governance issues in 2006 with the Muskoka-Parry Sound Health Unit, in 2015 with Algoma Public Health, and now in 2025 with Grey Bruce Health Unit;

AND WHEREAS the 2006 Capacity Review Committee recommended skills-based boards of health, which have not been realized;

AND WHEREAS the Chief Medical Officer of Health has recommended to Grey Bruce Health Unit the development of a "skills matrix" for board of health members as a consequence of this most recent incident, in order to establish a skills-based board of health there;

AND WHEREAS Public Health Sudbury & Districts has a long history and strong reputation for excellence in governance practices and financial oversight;

AND WHEREAS Public Health Sudbury & Districts has been a leader in the province around governance improvements, most recently establishing the inclusion of Indigenous membership on the Board of Health;

THAT the Board of Health receive the communications between the Chief Medical Officer of Health and the Chair of the Grey Bruce Health Unit Board of Health for information;

AND THAT the Board of Health recommit to vigilance around its governance practices, including its ongoing work to strengthen governance training, its financial oversight work, and its efforts to ensure municipal politics do not impact Board discussions; this includes that all Board members set aside any considerations of or loyalties to other organizations in order to exercise their fiduciary duty as Board members;

AND THAT the Board of Health direct the Acting Medical Officer of Health & CEO to build on the recent request to municipalities to include an Indigenous person on the Board of Health, to now broaden that and recommend a comprehensive skills-matrix to guide municipalities and the Public Appointments Secretariat in future Board of Health appointments.

CARRIED

7. ADDENDUM

None.

8. IN CAMERA

9. RISE AND REPORT

In-Camera session was held following the Delegations, prior to the Consent Agenda.

10. ANNOUNCEMENT

i) September 18, 2025, Board of Health meeting survey

Board of Health members were asked to complete the survey located under workroom – BOH – collaborate and surveys.

ii) Annual Board of Health self-evaluation survey for 2025

Board of Health members were reminded to complete the annual survey by October 17.

iii) Mandatory annual emergency preparedness training for Board of Health members

Board of Health members must review the mandatory presentation and email Rachel to confirm once review completed.

A question was asked regarding registration for November's alPHa symposium. Registration is not yet open, but information will be circulated as soon as registration opens.

11. ADJOURNMENTS

40-25 ADJOURNMENT
MOVED BY LABBÉE – BRABANT: THAT we do now adjourn. Time: 3:21 p.m.

CARRIED

_____ (Chair)

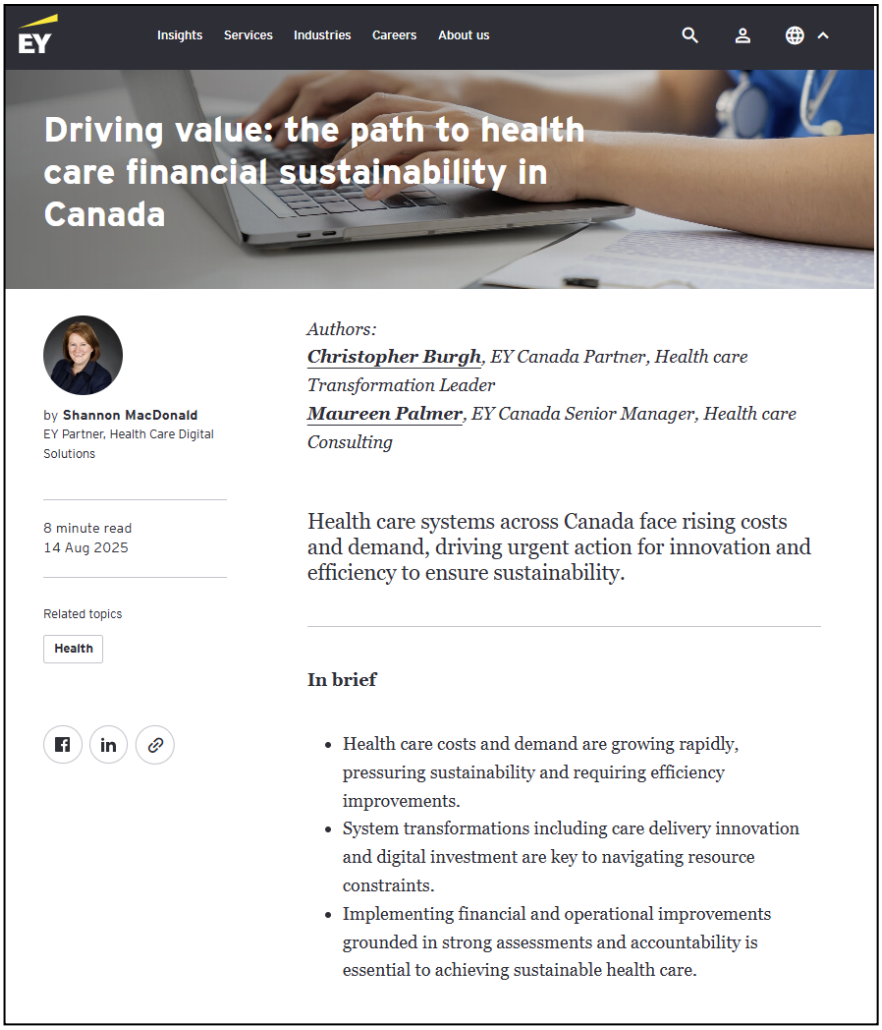
_____ (Secretary)

Public Health
Santé publique
SUDBURY & DISTRICTS

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

Words for thought

Pursuing Financial Sustainability



EY Insights Services Industries Careers About us

Driving value: the path to health care financial sustainability in Canada

by **Shannon MacDonald**
EY Partner, Health Care Digital Solutions

8 minute read
14 Aug 2025

Related topics

Health

Authors:
***Christopher Burgh**, EY Canada Partner, Health care Transformation Leader*
***Maureen Palmer**, EY Canada Senior Manager, Health care Consulting*

Health care systems across Canada face rising costs and demand, driving urgent action for innovation and efficiency to ensure sustainability.

In brief

- Health care costs and demand are growing rapidly, pressuring sustainability and requiring efficiency improvements.
- System transformations including care delivery innovation and digital investment are key to navigating resource constraints.
- Implementing financial and operational improvements grounded in strong assessments and accountability is essential to achieving sustainable health care.

Health care systems across Canada are under increasing strain from growing demand for services and rising costs. This pressure is challenging the system's financial sustainability, creating a sense of urgency to act by seizing opportunities to innovate and challenge the status quo.

Governments—both provincial and federal—have increased spending on health care in recent years to address fiscal challenges, but

demand is outpacing governments' ability to continue to invest at the same rate. There is recognition that future spending increases must be combined with efficiency gains to drive long-term sustainability and increased value to the health care system.

These efficiency gains will be achieved through a combination of operational improvements and more structural system changes:

- *Structural changes to health care systems across the country are required to better align health care system capacity to population health needs to provide timely care to people in the most appropriate care setting.*
- *Health care operations must become models of efficiency through the reinvention of service delivery models. Adopting new models of care and deploying emerging innovations in care delivery will both drive down the cost of delivering services and increase the system's capacity to manage growing demand.*

Although the public health sector is different than the health sector, there are some commonalities, key among them that the health of Canadians has worsened putting greater demand on health care and public health. A difference though is that while there has been increased investment in health care services (though not enough to address the growth in need), there has been reduction in inflation-adjusted terms for public health over the past 10 years. Public health is faced with growing need for its work, and less capacity to do it.

Public health therefore needs efficiency gains even more than health care services do. Many expert groups (for example, EY Canada, quoted above, McKinsey & Company[1], C.D. Howe Institute[2], KPMG[3], the World Economic Forum[4]) highlight that leveraging innovations and digital investments are key to making these efficiency gains. Health services have typically lagged behind the private sector in technology adoption[5]. This creates an opportunity to harness mature technologies that have already been optimized and implement them to swiftly realize gains.

Public Heath Sudbury & Districts embarked on this journey with approval of the 2025 Operating Budget and plans to accelerate progress in the next 18 months. The October Board meeting will highlight some early success and next steps.

Source: Health care financial sustainability | EY - Canada
Date: October 7, 2025 (Originally published August 14, 2025)

[1] Weathering challenges in the healthcare industry | McKinsey
[2] Enhancing Innovation in Canadian Hospitals: The Obstacles and the Solutions – C.D. Howe Institute
[3] KPMG global tech report: Healthcare insights
[4] How digital healthcare tools cut costs and boost outcomes | World Economic Forum
[5] Is Healthcare Falling Behind in the Tech Race? | by Dr. Ehoneah Obed | Medium

Report Highlights

1. New Director of Corporate Services

After 15 months since France Quirion announced her retirement in July 2024, including an 11-month recruitment process, Renée Higgins has joined the agency as the new Director of Corporate Services.

Renée joins us from the City of Greater Sudbury where she has most recently been the Director of Data, Analytics, and Change within their Corporate Services Department. Renée previously worked in leadership roles for the City in IT, in customer service, and within the CAO's office leading a major City-wide quality improvement and budget efficiency project.

Renée is passionate about health equity. With a warm and engaging personality, I expect Renée is going to bring plenty of energy and enthusiasm to help our agency continue to move forward. In particular, she's been a longstanding champion of measuring and orienting around outcomes and will be a great help to us as we orient more around outcomes and impact.

2. International Measles Outbreak

Ontario has not had a new measles infection onset since August 21, 2025. With several weeks with no new infections, the Chief Medical Officer of Health declared an end to Ontario's outbreak on October 8, 2025, an outbreak that began on October 18, 2024. This is, of course, good news and shows that Ontario has the ability to contain an outbreak of measles—even a very large one—within one year. It is the testament to the work of local public health who does the legwork of managing outbreaks.

Unfortunately, infections continue to spread in other parts of Canada, including Alberta. And the outbreak continues elsewhere in the world. Ontario is at significant risk for measles to be reintroduced, and Public Health Sudbury & Districts is continuing to practice vigilance. As well, with infections continuing to propagate in Canada and having done so for over one year, it is likely that Canada will be de-certified of its measles elimination status by the World Health Organization.

3. Review of the Ontario Public Health Standards

The Ontario government announced the review of our standards in August 2023, with the goal to complete by the middle of 2024. The review has not yet been completed, but "working drafts" are now being released which are expected to be near-final.

The goal of this review was to narrow the scope of the work of public health, to reflect a smaller mandate befitting the reduced funding the provincial government is providing to public health.

As well, the review hoped to “re-level” some public health work from the local level to the provincial level where more economies of scale could be realized.

The working drafts, however, show minimal reduction in the scope of public health’s work, and no re-levelling of responsibilities to the provincial level. Effectively, this will continue to put pressure on public health to deliver services without adequate funding, and for municipalities to make-up for the province not funding public health sufficiently to fulfill its mandate.

4. IT Assessment & Roadmap

As part of the 2025 Operating Budget, Public Health outlined a strategy to leverage technology to realize efficiencies and maintain services in the face of inflation-adjusted reductions in funding, and growing difficulty for municipalities to make-up the funding gap for public health. As part of this, an IT Assessment was commissioned to design a roadmap for the agency to leverage those efficiencies. This assessment and roadmap will be presented to the Board of Health at this meeting. With the Board’s support, we will move forward with implementing the roadmap and realizing efficiencies.

5. Human Resources Strategy

In order to strengthen recruitment and retention in a competitive labour market, as well as increase engagement of staff to harness their full talents, a Human Resources strategy was commissioned. Work is being finalized on that strategy, so learnings can be considered in advance of the 2026 Operating Budget proposal.

6. Facilities Projects

Facilities upgrades and maintenance work continues. The reconfiguration of some internal spaces at the Paris Street location to add additional meeting rooms, offices, and spaces to support health and wellness of staff continues, with a completion expected for November 2025.

Interior upgrades at Chapleau, Espanola, and Mindemoya offices were largely completed in the summer, with final touch-ups and branding to be completed shortly.

Exterior concrete remediation work has been awarded following a tender, which will include repair of planters near the entrance to reduce flooding, as well as extension of the sidewalk to make walking to the office safer for clients and staff.

A project to improve water drainage and reduce flooding risk is planned for the near future as well.

7. Emergency Exercises

Public Health will be hosting its annual emergency exercise on October 17. This will include staff across the agency to prepare for a possible large-scale infectious disease event.

As well, Public Health will participate in the City of Greater Sudbury's emergency exercise on November 20.

Emergency exercises are also being held this fall in municipalities across the Sudbury and Manitoulin districts, and Public Health will participate in all of those.

8. External Funding for Substance Use Prevention in Youth

In association with Shkagamik-Kwe Health Centre and Sudbury District Restorative Justice, a federal grant of $723,000 has been secured to implement a youth substance use prevention intervention, Planet Youth. Implementing this intervention was a priority identified during the Greater Sudbury Summit on Toxic Drugs in 2023. This funding will support 5 years of implementation of this initiative and is excellent news for the community as we seek to combat the difficult problem of substance use addiction.

General Report

1. Board of Health

Board of Health member headshots

For those Board of Health members who could not be present on September 18, 2025, for the professional photo, the photographer will be available to take your individual headshot at 12:45 p.m. on Thursday, November 20, 2025, in the Ramsey Room at Public Health Sudbury & Districts, 1300 Paris Street, Sudbury.

2026–2028 Risk Management Plan - Board of Health Workshop

Public Health Sudbury & Districts engages in ongoing risk assessments at all levels of the organization using our Risk Management Framework. This framework uses 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 risk management policy outlines that a comprehensive review of the risks that Public Health is facing be done every three years.

As the agency prepares for the new 2026–2028 Risk Management Plan, the Senior Management Executive Committee met on September 2, 2025, to identify new risks and assess risk ratings for each risk. A draft of the new 2026–2028 risk management plan will be shared with the Board of Health at the October 16, 2025, Board of Health workshop starting at 9:30 a.m. in the Ramsey Room. At the workshop, Board members will identify risks, review the draft 2026–2028 risk management plan, identify additional risks for inclusion, and propose edits if required, review the mitigation strategies that were documented for each risk, and recommend mitigation strategies that were not identified and validate the proposed risk ratings.

Annual mandatory Board of Health training

Each board member is required to complete the mandatory annual emergency preparedness and response training, which consists of reviewing a presentation.

The emergency preparedness PowerPoint is attached to the October 16, 2025, Board of Health meeting event in BoardEffect and can also be found in BoardEffect under Libraries—Board of Health—Annual Mandatory Training: Emergency Preparedness Training for Board Members. Once you have reviewed the PowerPoint presentation, please email quesnelr@phsd.ca to confirm completion of the annual mandatory emergency preparedness training.

Annual Board of Health self-evaluation survey

Board of Health members are reminded to complete the annual 2025 self-evaluation questionnaire in BoardEffect (under the Board of Health workroom—Collaborate—Surveys) by **Friday, October 17, 2025**. Results of the annual Board of Health member self-evaluation of performance evaluation will be presented at the November Board of Health meeting.

Board of Health continuing education opportunity

Board of Health members are invited to participate in the Association of Local Public Health Agencies (alPHa) ***virtual*** Fall Symposium, section meetings, and workshops from November 5 to 7, 2025. This year's online event will discuss a variety of issues of key importance to public health leaders. Details are included in the agenda package.

Interested Board members are asked to contact the Board secretary who will complete registration. Registration fees will be covered by Public Health Sudbury & Districts.

2. Local and Provincial Meetings

I continue to meet and collaborate with local community partners. I participated in community meetings and events, including the City of Greater Sudbury Community Safety & Well-Being Leadership Circle meeting, National Day for Truth and Reconcliication Relay, and the City of Greater Sudbury's Reception with the Lieutenant Governor of Ontario. I also met with the City of Greater Sudbury Mayor, President and Chief Executive Officer of Health Sciences North, and the Chief of Police for the Greater Sudbury Police Service.

From a provincial perspective, I participated in the Northern Medical Officer of Health Group teleconferences and will participate in the October 14, 2025, Public Health Sector Coordination Table meeting. The Northern Medical Officers of Health Group meets monthly with the Office of the Chief Medical Officer of Health on public health matters.

3. Electronic Medical Records

The Electronic Medical Record (EMR) Implementation Project has reached an important milestone. A contract with Intrahealth has been signed, and the initial project kick-off was held on September 11, 2025. To support this initiative, the EMR Core Project team has expanded with the recruitment of a Nurse Specialist and a Medical Informatics Specialist, in addition to the Project Manager, Change Manager, and Project Officer.

The project team has also developed a Project Charter, which clearly defines the scope, objectives, deliverables, and constraints of the implementation, and a Change Management Plan, which will guide engagement strategies like communication and training approaches, and adoption strategies across the organization.

Cross-functional discovery workshops have been scheduled with all seven in-scope programs throughout October 2025. These workshops will play a critical role in informing system configuration, workflow design, and identifying opportunities to streamline and consolidate forms and processes in preparation for successful implementation.

4. Financial Report

The financial statements ending August 31, 2025, show a positive budget variance of $1,814,310 in the cost-shared programs. Cost-shared revenue to date exceeds expenditure by $950,830. This reflects the timing of some expenditures that are scheduled later in the year, delays in completing procurements of major items due to limited procurement staffing, as well as ongoing challenges with recruiting to fill staff vacancies.

5. Budget Preparations

The Senior Management Executive Committee continues to plan for the 2026 budget proposal, striving to balance sustaining Public Health's services, maintaining affordability for municipalities and ultimately taxpayers, and investing in long-term improvements for the community. A budget proposal will be presented to the Board of Health Finance Standing Committee on November 3, 2025.

6. Strengthening Public Health – Review of the Ontario Public Health Standards

The Strengthening Public Health initiative announced by the provincial government in 2023 included a review of the Ontario Public Health Standards (OPHS). The focus of the review was on refining, refocusing, and decreasing burden at the local level with a view to support long-term sustainability and performance for the sector. The Ministry engaged with the sector and sector partners for input and collaboration throughout the OPHS review through the Public Health Leadership Table, OPHS Review Table, program specific groups, and the Spring 2024 consultation. On September 26, 2025, the Chief Medical Officer of Health shared the working drafts of revised Ontario Public Health Standards and incorporated protocols.

The purpose of the working drafts is to support boards of health in planning for implementation in advance of the effective date of January 2, 2026. The current OPHS, protocols, and guidelines will remain in effect until January 1, 2026.

7. 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 September 26, 2025, on September 29, 2025. The Employer Health Tax has been paid, as

required by law, to August 31, 2025, with an online payment date of September 12, 2025. Workplace Safety and Insurance Board premiums have also been paid, as required by law, to August 31, 2025. There are no outstanding issues regarding compliance with the *Occupational Health & Safety Act* or the *Employment Standards Act*. However, there is one order from the Ministry of Labour and one associated matter currently before the Ontario Human Rights Tribunal. No new matters have come forward pursuant to the *Accessibility for Ontarians with Disabilities Act*.

8. Infrastructure Projects

The Supplementary Infrastructure Modernization projects, approved at the February meeting, continue to make significant progress, however, the 1300 Paris Street project is experiencing a slight delay due to the arrival of key materials. The new estimated substantial completion date is November 2025.

Project highlights include addition of meeting rooms to support collaborative and hybrid work, enclosure of the cultural area with ventilation to support smudging, increase in accessible space, and additional offices.

We continue to monitor the schedule closely. When complete, the availability of this space will enhance public health operations.

In addition, a tender has just been awarded for external maintenance to the Paris Street site. This will include repair of concrete work around the planters near the entrance that have led to flooding, as well as extension of the sidewalk to create a safer pathway for clients and visitors. It is anticipated that work will be completed by the end of November.

Following are the divisional program highlights.

Health Promotion and Vaccine Preventable Diseases Division

1. Chronic Disease Prevention and Well-Being

Seniors Dental Care

Staff continued to provide comprehensive dental care to clients at the Seniors Dental Care Clinic at Elm Place, including restorative, diagnostic, and preventive services. They also facilitated referrals to contracted community providers for emergency, restorative, and prosthodontic services, as well as enrollment assistance for low-income seniors eligible for the Ontario Seniors Dental Care Program.

2. Healthy Growth and Development

Infant Feeding

Public health nurses provided a total of 94 infant feeding clinic appointments to families in our service area. Our clinic supports parents to make informed decisions regarding how to feed their baby and offers support for breastfeeding as well as formula feeding. The nurse screens for potential concerns, such as insufficient milk supply, monitors the infant's weight gain and growth to ensure they are within expected parameters.

Growth and development

Staff conducted 92 48 hour-calls to parents of newborns. These calls provide an opportunity to discuss infant feeding, post-partum care, and available community supports with new parents, helping families navigate the early days of parenthood.

To encourage parents to schedule their child's 18-month well-baby visit, 43 reminder postcards were sent. This initiative supports increased screening by health care providers for developmental milestones, enabling early identification of concerns and timely referrals to appropriate services.

Health Information Line

The Health Information Line received 94 calls on a variety of topics, including infant feeding, healthy pregnancies, positive parenting, healthy growth and development, and options for mental health services. A small number of calls were fielded regarding the prevention of infectious diseases and locating a primary health care provider.

Healthy Babies Healthy Children

Staff continued to support 149 client families, completing 912 interactions. Public health dietitians provided ongoing support to clients identified as being at high nutritional risk.

Healthy pregnancies

A total of 22 individuals enrolled in the *Injoy* prenatal e-Class. This interactive platform covers topics such as life with a new baby, infant feeding, self-care, and the impact of a new baby on relationships. It also incorporates the Canadian nutritional guidelines, provides information on labour and delivery, and highlights local programs and services that support families.

Preparation for parenting

Staff facilitated an in-person *Prep4parenting* class with 23 parents in attendance. This class supports new parents with their transition to parenthood. Topics covered include the importance of attachment and bonding with their baby, communication strategies, roles and responsibilities between caregivers, how to care for a newborn, postpartum mood disorder, infant mental health, and awareness of various support networks across the service area.

3. School Health

On September 8, 2025, a letter was shared with Directors of Education at school boards across the service area. The letter outlined a range of public health programs and supports for the 2025-2026 school year, including immunization clinics for Grade 7 students, the Northern Fruit and Vegetable Program, and dental screenings. Schools also received information on reporting communicable diseases and were asked to report high absenteeism. Families were encouraged to keep student immunization records up to date. Resources were provided to support the healthy living curriculum, mental health, substance use education, and physical literacy.

Oral Health

Staff continued to provide preventive oral health services at the Paris Street office to children enrolled in the Healthy Smiles Ontario (HSO) Program, along with enrollment assistance for eligible families and case management follow-ups for children with urgent dental care needs. Preventive services and dental screening appointments were also provided to HSO clients at the Espanola Office over four days in early September. In addition, staff continued outreach to dental offices to establish a navigation and referral list for HSO clients seeking dental care.

4. Substance Use and Injury Prevention

Substance Use

In September, Shkagamik-Kwe Health Centre and Sudbury District Restorative Justice were awarded the Youth Substance Use Prevention Program (YSUPP) – Stream 2, Intake 2: Implementation and Intervention Research Grant from the Public Health Agency of Canada. Public Health Sudbury & Districts will provide administrative and operational support for this project for the next five years.

This funding, totaling $723,000 over 3 years, will support the implementation of the Planet Youth Model in Sudbury and District. This community-driven, evidence-based model fosters healthy environments for youth, representing a significant step forward in promoting youth well-being and resilience while helping to prevent the onset and continuation of substance use among youth.

Continuing efforts to reduce substance-related harms, the Community Drug Strategy (CDS) for the City Greater Sudbury convened a Health Promotion Stream meeting and a Steering Committee meeting in September. Members reviewed and provided feedback on the draft Local Action Plan, identifying priorities and planning processes for the strategy moving forward. In addition, the Chapleau Community Drug Strategy held its membership meeting on September 23.

In August, Public Health participated in several media interviews to promote harm reduction strategies and raise public awareness. The first interview, with Radio Canada, focused on the

drug warning issued on August 11. The second, with CTV, highlighted findings from the July coroner's report emphasizing the ongoing crisis of drug-related fatalities and their impact on the community. The third interview, with CBC, further addressed the report, shedding light on drug poisoning deaths and associated harms.

International Overdose Awareness Day (IOAD) took place on August 31, 2025. To mark the day, Public Health shared messages on X and Facebook and participated in a media interview with Radio Canada highlighting the importance of IOAD. As a symbol of solidarity, remembrance and awareness for lives lost and impacted by the toxic drug crisis, both the Sudbury Peace Tower and Big Nickel were illuminated in purple. In Greater Sudbury, staff attended an open house at Réseau ACCESS Network to show support, build connections, and collaborate with local partners delivering essential services. In Chapleau, staff participated in an event with the Aboriginal People's Alliance Northern Ontario (APANO), where they distributed naloxone and provided education and training. Additional community engagement in August included staff participation in an open house hosted at The Samaritan Centre. This provided an opportunity to network and strengthen partnerships with organizations serving priority populations including people who use drugs (PWUD) and those who are unhoused.

Harm reduction – Naloxone

In collaboration with community partners, Public Health distributed 1384 naloxone doses and trained 134 individuals on its use in August. These efforts are part of ongoing harm reduction initiatives that equip community members with the tools and knowledge to respond safely to drug poisonings and reduce the harms associated with opioid use.

Also in August, Public Health participated in training sessions at a local post-secondary school, expanding naloxone training to 72 individuals. These sessions are essential in helping first responders recognize the signs of an opioid poisoning, administer naloxone safely, and feel confident acting quickly in an emergency.

Smoke Free Ontario Strategy

On September 12, the North East Tobacco Control Area Network (NE TCAN) provided feedback on the third legislative review of the *Tobacco and Vaping Products Act (TVPA)*. The letter emphasized the need for stronger measures to address non-compliance among vapour product retailers through a progressive enforcement approach.

Key proposals included

- stricter enforcement at borders and online retail platforms
- banning high-nicotine and flavoured vapour products
- implementing automatic prohibition orders for repeat offenders
- strengthening collaboration between federal and provincial enforcement bodies
- increasing transparency through public non-compliance reporting
- developing culturally appropriate tobacco control strategies for Indigenous communities

These changes to the Act and its regulations would complement prevention and cessation efforts and help prevent youth vaping initiation and escalation.

5. Vaccine Preventable Diseases

Immunization Information Line

In September, Public Health staff responded to approximately 450 calls through the immunization information line. Most inquiries related to the *Child Care and Early Years Act (CCEYA)*, Grade 7 school-based clinics, and fall seasonal vaccines (influenza, COVID-19, respiratory syncytial virus [RSV]). Additional calls concerned accessing immunization records, general immunization questions, travel-related vaccines, adverse events following immunization, and the submission of foreign immunization records.

Publicly funded immunization programs

Staff resumed Grade 7 school-based clinics, offering publicly funded vaccines for hepatitis B, human papillomavirus (HPV), and meningococcal disease to students within our service area. This year, a new online consent form was introduced, replacing the paper forms that were previously distributed to schools and sent home with students.

The shift to electronic consent offers several benefits: easier access for families, more efficient data collection and management, and a reduced risk of lost or misplaced forms, thereby strengthening student confidentiality and protecting privacy breaches. With the new online format, we achieved a 59% consent completion rate—a notable improvement compared to last year's ~37% return rate using paper forms.

Education, partnerships, and engagement

Two Advisory Alerts were sent to health care providers: one regarding the market withdrawal of last season's COVID-19 vaccines, and another providing guidance for the 2025-2026 fall seasonal vaccines (influenza, COVID-19, and RSV).

Staff also shared information and key messages to support media coverage related to COVID-19 testing, outbreaks, and vaccination.

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

The team completed a review of immunization records for children in licensed child care settings, as required by the *Child Care and Early Years Act (CCEYA)*. This was the first review since 2019, delayed due to COVID-19 disruptions, catch-up efforts, reduced capacity, and increased program demands.

To conduct the review, the team leveraged technology to streamline data collection, validation, and communication. Automation was used to generate notification letters, saving an estimated 323–645 staff hours. The review covered 79 child care centres and 2700 enrolled children, of whom 1341 had overdue or incomplete immunization records. Parents were notified by letter, given a response deadline, and offered vaccination opportunities. A total of 550 parents responded.

To support child care centres in keeping up-to-date records, Public Health informed them of families who did not respond by the deadline. Ongoing support continues through consultations and resources.

Cold chain inspections

As part of annual cold chain inspections, public health nurses inspected 199 vaccine refrigerators across the service area to ensure proper vaccine storage and handling, while also strengthening relationships with external partners.

Health Protection

1. Environmental Public Health Week

Environmental Public Health Week was celebrated from September 22 to 28, 2025. Environmental public health professionals take pride in their work, collaborating with partners to protect communities each and every day. This year's theme, "safe spaces, healthy communities" recognizes the work that public health inspectors do that may not always be seen but is ongoing to protect local residents. We are proud of our public health inspectors and their dedication and commitment to public health.

2. Control of Infectious Diseases (CID)

In the month of September, staff investigated 15 sporadic reports of communicable diseases. During this timeframe, three respiratory outbreaks and one enteric outbreak were declared. The causative organisms for the respiratory outbreaks were identified to be parainfluenza (2), and rhinovirus (1). The causative organism for the enteric outbreak was identified to be *Clostridium difficile*.

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

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

Infection Prevention and Control Hub

The Infection Prevention and Control Hub provided 18 services and supports to congregate living settings in September. These included proactive IPAC assessments, education sessions, feedback on facility policies, and supporting congregate living settings in developing and strengthening IPAC programs and practices, to ensure that effective measures were in place to prevent transmission of infectious agents.

The IPAC Hub has been preparing for its annual IPAC training series which will be held during IPAC week from October 20 to 24. Building on this year's national theme, our sub-theme "*Bridges through communication*" reflects our commitment to strengthening infection prevention and control practices through meaningful dialogue, knowledge exchange, and intersectoral collaboration. The week-long initiative has been carefully designed to support IPAC leaders and staff working in congregate living settings with targeted education sessions, hands on learning and opportunities for connection. The week will feature a combination of virtual and in-person learning opportunities led by internal and external experts with content based on previously identified gaps, emerging issues and requests from external partners. This initiative has already generated significant interest from the facilities we serve.

3. Food Safety

In the month of September, staff issued 75 special event food service and non-exempt farmers' market permits to various organizations.

4. Health Hazard

In September, 15 health hazard complaints were received and investigated. Further, staff provided 10 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.

On September 24, 2025, at 4:20 p.m., Public Health was notified of a smelter dust event originating from the Glencore, Sudbury Integrated Nickel Operations Smelter in Falconbridge. Staff immediately initiated an investigation and worked closely with Glencore and the Ministry of the Environment Conservation and Parks to ensure we had the most accurate and up-to-date information. A media release was issued the evening of September 24, 2025, sharing information with the public about the event and precautions to take to protect themselves. Public Health issued public updates on September 26 and 27, 2025, as more information was known. This is an ongoing investigation, and we will continue to work closely with Public Health Ontario, the Ministry of the Environment Conservation and Parks, and Glencore and update the public as more information becomes available.

5. Ontario Building Code

In September, 26 sewage system permits, six renovation applications, one zoning, and six consent applications were received.

6. Rabies Prevention and Control

In September, 46 rabies-related investigations were conducted. Two specimens were submitted to the Canadian Food Inspection Agency Rabies Laboratory for analysis and both were reported as negative.

One individual received rabies post-exposure prophylaxis following an exposure to a wild animal.

7. Safe Water

During September, 26 residents were contacted regarding adverse private drinking water samples. Additionally, public health inspectors investigated seven regulated adverse water sample results, as well as one reported drinking water lead exceedance from a local private home.

Five boil water orders and one drinking water order were issued in the month of September. Additionally, three boil water orders and one drinking water order were rescinded following corrective actions. Two Health Information Notices for elevated sodium levels were issued.

8. *Smoke Free Ontario Act, 2017* Enforcement

In September, *Smoke Free Ontario Act* Inspectors issued one warning letter for vaping on school property.

9. Needle/Syringe Program

In August, harm reduction supplies were distributed, and services received through 2883 client visits across our service area. Public Health Sudbury & Districts and community partners distributed a total of 29 641 syringes for injection, and 92 833 foils, 16 679 straight stems, and 6024 bowl pipes for inhalation through both our fixed site at Elm Place and outreach harm reduction programs.

In August, approximately 29 243 used syringes were returned, which represents an 82% return ratio of the needles/syringes distributed in the month of July.

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

Sexual health clinic

In September, there were 143 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 334 telephone assessments related to STIs, blood-borne infections, and/or pregnancy counselling in September, resulting in 152 on-site visits.

Knowledge and Strategic Services

1. Health Equity

Along with representatives from the Ministry of Health, Public Health Ontario, the Black Health Plan Tri-Council and a handful of other public health units, the Racial Equity Health Promoter recently joined the new provincial Black Public Health Advisory Committee. The purpose of the committee is to advance Black Health equity in Ontario by supporting public health units in implementing the *Ontario Public Health Standards* as it pertains to Black health, promoting race-based data collection, and improving health outcomes for Black communities.

On September 17, a member of the team participated in a community consultation held by the Comité local en immigration for the purpose of evolving a local action plan. Participants were asked for feedback pertaining to various socio-economic, cultural, and health needs of francophone newcomers and to share highlights of work underway within their respective agencies. Similarly, the Sudbury Local Immigration Partnership is also evolving a strategic plan, and the team has participated in informant focus groups and provided collective Public Health feedback for a community-wide survey.

2. Indigenous Public Health

In recognition of the National Day for Truth and Reconciliation, the team published the course materials from the Unlearning Club on Public Health's website. These publicly accessible resources are intended to support community members in the shared work of unlearning and undoing white supremacy and racism alongside us.

In addition, the team prepared a progress report about the first three months of the Unlearning Club internally in the agency. Early findings suggest that the seeds of this work are beginning to take root. This has been reflected in the monthly rapid reflections which participants report, deeper reflection, and an emerging readiness across the organization to challenge the systems of inequity.

3. Population Health Assessment and Surveillance

In September, the Population Health Assessment and Surveillance team responded to 19 requests, including routine surveillance and reporting, media requests, and other internal and external requests for data, information, and consultation. This included 3 project-related requests (e.g., dashboard development, database, report development, and process improvement projects).

The team has recently welcomed a temporary Information Governance Specialist to lead strategic data initiatives supporting organizational compliance and risk management with a focus on ethical and culturally respectful data practices.

The team has also launched a revised school vaccination dashboard to support the work of the Vaccine Preventable Diseases (VPD) team. The dashboard allows VPD staff and management to see coverage and compliance counts and rates, summary data about immunizations planned and administered at school immunization clinics, and suspension and exemption indicators for local students and residents. This tool will be refined over the fall season in collaboration with users to better support their work and reporting needs.

4. Effective Public Health Practice

Program planning for 2026 is ongoing and has started with the completion of evidence synthesis forms for both program standards and organizational support services.
This information is being used to determine program and intervention priorities for the next planning cycle.

5. Staff Development

Under the leadership of the Francophone Advisory Committee, an internal Knowledge Exchange "*en francais*" was held in September to celebrate francophone culture and to help highlight the work of Public Health in serving francophone communities. The session coincided with the 50th anniversary of the Franco-Ontarian flag. Invited guest Joanne Gervais from l'Association canadienne-francaise de l'Ontario (ACFO) du Grand Sudbury presented on the history of the Franco-Ontarian flag. Staff presented on a wide range of topics, including, for example, on our agency's commitment to active offer of French-language services, on tangible efforts in building relationships with partner organizations who provide services to francophone newcomers, and on nutrition in the North.

On October 7, 2025, *Cultivate and Connect: Staff Day* was held at the Caruso Club. This half-day event for all staff at the agency began with a keynote address by Sandi Emdin, who spoke on the importance of workplace culture and staff engagement. Following the keynote, staff participated in an interactive, staff-led session focused on the National Standard of Canada for

Psychological Health and Safety in the Workplace. This Standard forms the foundation of the work carried out by Public Health Sudbury & Districts' Psychological Health and Wellness Committee. The session concluded with a collaborative discussion and feedback opportunity, aimed at exploring practical ways to integrate the Standard into everyday workplace practices.

6. Student Placement

In October, the student placement program welcomed two observational placements from the Nursing program and four from the Dental Hygiene program, both at Collège Boréal. This brings the total number of learners participating in placements since September to 15.

7. Communications

Throughout the month, Communications supported teams across the agency in developing social media content to prepare parents and guardians for back-to-school and to promote dental screening clinics, Environmental Public Health Week, Franco-Ontarian Day, and Rosh Hashanah. The team also supported the planning and development of material to promote precautions for respiratory illness season. Staff also supported the Indigenous Public Health team with promotion of the Fall Harvest Feast and public offering of the Unlearning Club material through social media posts and on the website. Communications coordinated media requests on several topics including syphilis screenings and local trends, questions surrounding dental clinics, COVID-19 testing and outbreaks, and the appointment of a CEO of the French Language Health Planning Centre. Communications worked directly with the Health Protection Division to inform the community about blue-green algae in Lake Apsey, a drinking water advisory in Kagawong, and a positive report of West Nile virus in an American crow. Further support was required to communicate precautions to the residents of Falconbridge following reports of a dust incident at the Glencore smelter. The website redevelopment project is ongoing.

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 8 Periods Ending August 31, 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	12,482,487	12,482,538	(51)	6,241,193
MOH - Unorganized Territory	826,000	550,667	550,679	(12)	275,321
Municipal Levies	11,186,768	7,457,845	7,458,321	(476)	3,728,446
Interest Earned	300,000	200,000	253,372	(53,372)	46,628
Total Revenues:	$31,036,499	$20,690,999	$20,744,910	$(53,911)	$10,291,589
Expenditures:					
Corporate Services:					
Corporate Services	6,320,175	4,554,143	4,361,264	192,879	1,958,912
Office Admin.	104,350	69,567	38,571	30,995	65,779
Espanola	131,102	89,504	87,193	2,310	43,909
Manitoulin	141,746	96,811	86,549	10,261	55,197
Chapleau	140,300	95,695	80,986	14,709	59,314
Sudbury East	19,530	13,020	13,256	(236)	6,274
Intake	372,587	257,945	240,355	17,590	132,232
Facilities Management	744,668	496,445	595,224	(98,779)	149,444
Volunteer Resources	3,850	2,567	0	2,567	3,850
Electronic Medical Records	0	0	8,296	(8,296)	(8,296)
Total Corporate Services:	$7,978,309	$5,675,696	$5,511,695	$164,001	$2,466,614
Health Protection:					
Environmental Health - General	1,272,898	875,042	888,448	(13,405)	384,450
Enviromental	2,824,889	1,966,533	1,724,645	241,887	1,100,244
Vector Borne Disease (VBD)	42,914	32,519	20,384	12,134	22,530
CID	1,528,164	1,057,727	1,013,617	44,110	514,547
Districts - Clinical	236,444	163,666	165,429	(1,763)	71,015
Risk Reduction	53,756	34,254	10,410	23,844	43,346
Sexual Health	1,508,238	1,042,445	1,051,889	(9,445)	456,349
SFO: E-Cigarettes, Protection and Enforcement	257,027	171,213	155,040	16,173	101,987
Total Health Protection:	$7,724,330	$5,343,398	$5,029,862	$313,536	$2,694,467
Health Promotion and Vaccine Preventable					
Health Promotion and VPD- General	1,865,620	1,280,675	1,108,626	172,049	756,994
Districts - Espanola / Manitoulin	376,553	260,691	222,032	38,658	154,521
Nutrition & Physical Activity	1,533,704	1,063,685	879,026	184,658	654,677
Districts - Chapleau / Sudbury East	432,484	299,411	269,265	30,146	163,218
Comprehensive Substance Use (Tobacco, Vaping, Ca	944,307	658,785	585,861	72,923	358,446
Family Health	1,530,508	1,043,512	899,499	144,012	631,009
Community Drug Safety & Toxic Drug Crisis & Men	965,213	665,700	512,872	152,828	452,341
Oral Health	524,052	360,696	338,065	22,631	185,987
Healthy Smiles Ontario	667,047	461,673	429,470	32,203	237,577
SFO: TCAN Coordination and Prevention	505,286	332,512	254,862	77,649	250,424
Harm Reduction Program Enhancement	186,709	129,112	114,944	14,168	71,765
COVID Vaccines	111,689	77,323	13,637	63,686	98,052
VPD	1,656,646	1,139,368	848,906	290,462	807,739
MOHLTC - Influenza	(0)	1,251	0	1,251	(0)
MOHLTC - Meningittis	0	346	(221)	567	221
MOHLTC - HPV	0	479	(782)	1,261	782
Total Health Promotion:	$11,299,817	$7,775,218	$6,476,065	$1,299,153	$4,823,752
Knowledge and Strategic Services:					
Knowledge and Strategic Services	3,048,643	2,103,947	2,124,772	(20,825)	923,871
Workplace Capacity Development	43,507	4,753	39,361	(34,608)	4,146
Health Equity Office	10,970	7,230	14,107	(6,877)	(3,137)
Nursing Initiatives: CNO, ICPHN, SDoH PHN	516,126	357,317	347,708	9,610	168,418
Indigenous Engagement	414,797	286,919	250,510	36,409	164,288
Total Knowledge and Strategic Services:	$4,034,043	$2,760,166	$2,776,458	$(16,291)	$1,257,585
Total Expenditures:	$31,036,499	$21,554,479	$19,794,080	$1,760,399	$11,242,419
Net Surplus/(Deficit)	$(0)	$(863,480)	$950,830	$1,814,310	

Public Health Sudbury & Districts

Cost Shared Programs

STATEMENT OF REVENUE & EXPENDITURES
Summary By Expenditure Category
For The 8 Periods Ending August 31, 2025

		Adjusted BOH Approved Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over) /under	Budget Available
Revenues & Expenditure Recoveries:						
	MOH Funding	31,036,499	20,690,999	20,836,654	(145,655)	10,199,845
	Other Revenue/Transfers	657,147	408,418	581,233	(172,815)	75,913
	Total Revenues & Expenditure Recoveries:	31,693,646	21,099,417	21,417,887	(318,470)	10,275,758
Expenditures:						
	Salaries	19,341,764	13,390,408	12,998,933	391,474	6,342,831
	Benefits	6,978,499	4,831,070	4,332,300	498,770	2,646,198
	Travel	256,343	171,229	132,898	38,331	123,446
	Program Expenses	747,366	455,012	252,970	202,042	494,396
	Office Supplies	88,150	58,284	28,398	29,886	59,752
	Postage & Courier Services	90,100	60,067	44,702	15,365	45,398
	Photocopy Expenses	5,030	3,353	380	2,973	4,650
	Telephone Expenses	72,960	48,640	49,657	(1,017)	23,303
	Building Maintenance	528,488	352,325	458,508	(106,183)	69,980
	Utilities	190,605	127,070	122,453	4,617	68,152
	Rent	329,758	219,839	214,298	5,540	115,460
	Insurance	147,768	146,102	119,138	26,964	28,630
	Employee Assistance Program (EAP)	37,000	18,500	40,164	(21,664)	(3,164)
	Memberships	52,250	44,331	42,736	1,595	9,514
	Staff Development	151,201	60,441	125,999	(65,558)	25,202
	Books & Subscriptions	7,045	4,476	4,323	153	2,722
	Media & Advertising	111,147	72,933	15,109	57,824	96,038
	Professional Fees	967,511	651,951	429,771	222,179	537,739
	Translation	67,679	44,406	53,327	(8,921)	14,351
	Furniture & Equipment	18,370	14,682	34,067	(19,386)	(15,697)
	Information Technology	1,504,612	1,187,779	966,925	220,854	537,687
	Total Expenditures	31,693,646	21,962,897	20,467,057	1,495,840	11,226,588
	Net Surplus (Deficit)	(0)	(863,480)	950,830	1,814,310	

	C-S Programs	
Gapped Salaries & Benefits	890,244	49.07%
Gapped Operating and Other Revenues	924,066	50.93%
Total gapped funding at August 31, 2025	**1,814,310**	

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

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
100% Funded Programs							
Indigenous Communities	703	90,400	82,461	7,939	91.2%	*Dec 31*	66.7%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	25,976	74,024	26.0%	***Mar 31/2026***	41.7%
Northern Fruit and Vegetable Program	743	176,100	132,103	43,997	75.0%	*Dec 31*	66.7%
Healthy Babies Healthy Children	778	1,725,944	662,043	1,063,901	38.4%	***Mar 31/2026***	41.7%
IPAC Congregate CCM	780	930,100	333,116	596,984	35.8%	***Mar 31/2026***	41.7%
Ontario Senior Dental Care Program	786	1,315,000	676,014	638,986	51.4%	*Dec 31*	66.7%
Anonymous Testing	788	64,293	26,785	37,508	41.7%	***Mar 31/2026***	41.7%
Total		4,401,837	1,938,498	2,463,339			

From: Nick Saunders <nick.saunders@makhosinc.com>
Sent: September 11, 2025 7:58 PM
To: Richardson, Deborah (MOH) <Deborah.Richardson@ontario.ca>
Subject: Followup - Board Transition and Regional Health Priorities

Dear Deputy Minister Richardson,

Ahnee Boozoo (Hello),

As I mentioned the other day, I share your commitment to prioritizing the health and well-being of all residents in our region. Of particular concern to me is the daily devastating impact of fentanyl on my home community, Chippewas of Nawash First Nation, and across the region. This crisis is claiming lives and demands our urgent attention. I look forward to working to address this and other pressing health challenges together.

Thank you for having Ms. Elizabeth Walker phone me and set up a time to meet me to have a conversation. It was good to sit down with her at my hotel restaurant and talk things through, yesterday, September 10, 2025. She assured me the goal is to get the board back on track, support me as chair, and not attend meetings unless I'm there. I was touched when she gave me a hug at the end. One thing stood out, though—she seemed pretty curious about whether I'd be talking to the media again.

As I reflect on the conversation and looked at this month of September, I am reminded of the challenges that our ancestors went through, and our people continue to go through when working with the Provincial and Federal Government officials. I am remembering the ***TRUTH and RECONCILIATION*** and the lack of *Reconcile****-ACTION*** written by the Honorable late Murray Sinclair baa. The title in the Commission Report says it all, ***TRUTH***.

I had hoped Dr. Moore would follow up on the discrimination investigation against me, which has been pending since March 2025. Last I heard, interviews wrapped up in early August and results were expected by August 18. It has past that date now, and it feels like Dr. Moore and Mr. Brent Feeney are sitting on the results. It is frustrating to think they have known about the board's dysfunctions for years and never acted on anything until they learned about the discrimination towards the First Indigenous Chair of Grey Bruce, and then assumed total control. This goes back to the History Books "DO AS YOU'RE TOLD AND BE A GOOD LITTLE INDIGENOUS PERSON AND WE WILL LET YOU CONTINUE TO BE THE CHAIR". This is what it feels like to me.

So, what **ACTION** did Dr. Moore take for reconciliation? He issued formal Directions and sent many email correspondences unequivocally directing me to work in lockstep with him and his team to replace the municipal appointees **"immediately"** and then went to the media falsely

accusing me that I acted **“unilaterally”**. Dr. Moore couldn’t even pick-up the phone and call to ask how we can make this right… He sent his staff, Ms. Walker.

The sure fact that Dr. Moore will not apologized for his actions or retract, on the political stage and in the news, his words that destroyed my reputation in the public health sector, practically aborting the 4 projects I have been working on to save lives in my home community Nawash, in communities across Grey Bruce, and the Province (email thread below and attached alPHa Resolutions). It would have been way less effort from him to acknowledge, on time, the unprecedented invitation extended to him and his team by the Chief and Council for Chippewas of Nawash Unceded First Nation that would have build health programs that save lives (email thread below). This makes it clear Dr. Moore wants me to continue to be his scapegoat and fall guy when it comes to his misguided Direction dated July 18, 2025 under Section 83, the Health Protection and Promotion Act with no regards to the RECONCILIATION or TRUTH.

Deputy Minister Deb, I am eager to resume our efforts to ensure a smooth Board transition, allowing us to refocus on our shared goal of improving health outcomes for our communities. If Dr. Moore is serious about collaboration, he needs to acknowledge that before we move to **reconciliation** we need address **truth**. The truth is Dr. Moore made an error in judgment. I am open to any solution your Office suggests; I trust it will be based on respect among all.

Thank you (Miigwetch).

Nick

---------- Forwarded message ---------
From: <council.nick@nawash.ca>
Date: Thu., Sep. 11, 2025, 12:11 p.m.
Subject: FW: Follow-up Meeting with Representatives from The Chippewas of Nawash Unceded First Nation
To: <nick.saunders@makhosinc.com>

From: Moore, Kieran (MOH) <Kieran.Moore1@ontario.ca>
Sent: August 1, 2025 10:31 AM
To: Arra, Dr. Ian (Grey Bruce Health Unit) <i.arra@publichealthgreybruce.on.ca>
Cc: Walker, Elizabeth S. (She/Her) (MOH) <Elizabeth.Walker@ontario.ca>; Ahmed, Wajid (MOH) <Wajid.Ahmed@ontario.ca>; council.nick <council.nick@nawash.ca>; Cynthia Porter, Reg.N. <healthmanager@nawash.ca>; Brittany Graham <B.Graham@publichealthgreybruce.on.ca>

Subject: RE: Follow-up Meeting with Representatives from The Chippewas of Nawash Unceded First Nation

Dear Dr. Arra,

Thank you for your kind message and thank you to the Community for their generous invitation. Unfortunately, due to prior commitments our team will be unavailable on the proposed dates of September 8th, 9th, 10th, and 11th.

I am conscious of the need for timely discussions regarding these important health initiatives and encourage you to work directly with Kyle MacIntyre, Indra Narula, Sean Twyford and Mina Etezadi to find a time to meet at your earliest convenience.

Thank you for your continued commitment to partnership and collaboration.

Yours truly,

Dr. Kieran Moore

Dr. Kieran Michael Moore, MD, CCFP(EM), FCFP, MPH, DTM&H, FRCPC, FCAHS
(*He/Him/His)*
Chief Medical Officer of Health and Assistant Deputy Minister | Office of the Chief Medical Officer of Health, Public Health Division

Ministry of Health | Ontario Public Service

kieran.moore1@ontario.ca

Ontario

Taking pride in strengthening Ontario, its places and its people

ce message ou la personne devant le lui remettre, nous vous avisons qu'il est strictement interdit de le passer en revue, de le diffuser, de le distribuer ou de le copier. Si vous avez reçu ce message par erreur, nous vous remercions de nous en aviser par retour de courriel et de détruire le message original.

From: Dr. Arra, Ian (MOH) <I.Arra@publichealthgreybruce.on.ca>
Sent: Thursday, July 31, 2025 8:31 AM
To: Moore, Kieran (MOH) <Kieran.Moore1@ontario.ca>
Cc: Walker, Elizabeth S. (She/Her) (MOH) <Elizabeth.Walker@ontario.ca>; Ahmed, Wajid (MOH) <Wajid.Ahmed@ontario.ca>; council.nick <council.nick@nawash.ca>; Cynthia Porter, Reg.N. <healthmanager@nawash.ca>; Brittany Graham <B.Graham@publichealthgreybruce.on.ca>
Subject: RE: Follow-up Meeting with Representatives from The Chippewas of Nawash Unceded First Nation

CAUTION -- EXTERNAL E-MAIL - Do not click links or open attachments unless you recognize the sender.

Dear Dr. Moore,

Thank you for your kind response and for confirming the attendance of Kyle MacIntyre, Indra Narula, Sean Twyford, and Mina Etezadi at the proposed follow-up meeting. It was a pleasure to connect with you at the alPHa conference, and I'm grateful for the opportunity to continue our meaningful dialogue.

Your team's commitment to supporting the Community's health priorities and to collaborating further on initiatives such as access to MAT, feasibility study support, and sustainable program leadership are greatly appreciated.

Regarding scheduling, thank you for your flexibility. The Community proposes the following alternative dates for the meeting on September 8th, 9th, 10th, or 11th. Elections are scheduled for August 1st, so the new council may not be available for a meeting before these dates.

Please let us know which of these dates works best for your team, or if other dates would be more suitable. I am happy to coordinate to find a mutually convenient time.

Thank you again for your partnership and openness with the Community. We look forward to continuing this important conversation.

Yours sincerely,

Ian

Dr. Ian Arra, MD MSc FRCPC ACPM ABPM

Medical Officer of Health and Chief Executive Officer

Grey Bruce Public Health

Grey Bruce Public Health

101 17th Street East

Owen Sound ON N4K 0A5

Phone: (519)376-9420, Ext. 3940 Fax: (519)376-0605

I.Arra@publichealthgreybruce.on.ca

www.publichealthgreybruce.on.ca

From: Moore, Kieran (MOH) <Kieran.Moore1@ontario.ca>
Sent: July 25, 2025 11:51 AM
To: Dr. Arra, Ian (MOH) <I.Arra@publichealthgreybruce.on.ca>
Cc: Walker, Elizabeth S. (She/Her) (MOH) <Elizabeth.Walker@ontario.ca>; Ahmed, Wajid (MOH) <Wajid.Ahmed@ontario.ca>; council.nick <council.nick@nawash.ca>; Cynthia Porter, Reg.N. <healthmanager@nawash.ca>
Subject: RE: Follow-up Meeting with Representatives from The Chippewas of Nawash Unceded First Nation

Dr. Arra,

Thank you for your thoughtful message and for extending the invitation to meet with the Chippewas of Nawash Unceded First Nation. It was great to see you at the recent alPHa conference, and I truly appreciated the opportunity to engage in such a meaningful dialogue alongside your Board Chair, Nick Saunders, and Cynthia Porter.

We are honoured by the invitation and deeply value the trust and openness extended by the Chief and Council. In response, I'm pleased to confirm that Kyle MacIntyre, Indra Narulaand, Sean Twyford and Mina Etezadi from our Ministry will attend the follow-up meeting. We recognize the importance of continuing this dialogue and supporting the Community's health priorities.

While the proposed dates of July 16th, 17th, or 18th were very much appreciated, unfortunately, our team had prior commitments during that time. We would still very much like to connect and kindly invite you to suggest alternative dates that work for you. We remain flexible and are happy to coordinate further to find a mutually convenient time.

We look forward to continuing this important conversation and working together to advance the priorities outlined in your message, including access to MAT, feasibility study support, and sustainable program leadership.

Yours truly,

Dr. Kieran Moore

Dr. Kieran Michael Moore, MD, CCFP(EM), FCFP, MPH, DTM&H, FRCPC, FCAHS

He/Him/His

Chief Medical Officer of Health and Assistant Deputy Minister

Ministry of Health of Ontario

Office of Chief Medical Officer of Health, Public Health Division

kieran.moore1@ontario.ca

From: Dr. Arra, Ian (MOH) <I.Arra@publichealthgreybruce.on.ca>
Sent: Friday, July 11, 2025 11:46:12 PM
To: Moore, Kieran (MOH) <Kieran.Moore1@ontario.ca>; Walker, Elizabeth S. (She/Her) (MOH) <Elizabeth.Walker@ontario.ca>; Ahmed, Wajid (MOH) <Wajid.Ahmed@ontario.ca>
Cc: council.nick <council.nick@nawash.ca>; Cynthia Porter, Reg.N.

<healthmanager@nawash.ca>

Subject: RE: Follow-up Meeting with Representatives from The Chippewas of Nawash Unceded First Nation

CAUTION -- EXTERNAL E-MAIL - Do not click links or open attachments unless you recognize the sender.

Dear Dr. Moore,

I hope this message finds you well. I am following up on the email sent on June 30, 2025 (below), regarding the Chippewas of Nawash Unceded First Nation's invitation to collaborate on critical health initiatives for the Community. We have not yet received a response, and I wanted to respectfully reach out again, as the Community is eager to advance these discussions. A timely response is deeply meaningful, as a lack of acknowledgment may be interpreted as a missed opportunity to build trust and partnership.

To recap, the Chief and Council have passed a Band Council Resolution directing Health Manager Cynthia Porter to coordinate a follow-up meeting with you and relevant Ministry of Health representatives. We proposed potential dates of July 16th, 17th, or 18th for you to visit the Community, or alternatively, representatives from the Community are willing to travel to Toronto by mid-July to accommodate your schedule.

The proposed projects—access to Medication-Assisted Treatment, a feasibility study for a land-based aftercare facility, and sustainable funding for a Mino Bimwazawin Manager role—are vital to addressing the opioid crisis and supporting holistic well-being in our Community. Your engagement would be a significant step toward fostering meaningful collaboration.

Please let us know your availability or any further information you require. Cynthia Porter and Nick Saunders remain copied for awareness and to support next steps.

Thank you for your time and consideration. We look forward to your response.

Warm regards,

Ian

Dr. Ian Arra, MD MSc FRCPC ACPM ABPM

Medical Officer of Health and Chief Executive Officer

Grey Bruce Public Health

Grey Bruce Public Health

101 17th Street East

Owen Sound ON N4K 0A5

Phone: (519)376-9420, Ext. 3940 Fax: (519)376-0605

I.Arra@publichealthgreybruce.on.ca

www.publichealthgreybruce.on.ca

From: Dr. Arra, Ian (MOH)
Sent: June 30, 2025 3:46 PM
To: Moore, Kieran (MOH) <kieran.moore1@ontario.ca>; Walker, Elizabeth S. (She/Her) (MOH) <elizabeth.walker@ontario.ca>; Ahmed, Wajid (MOH) <wajid.ahmed@ontario.ca>
Cc: council.nick <council.nick@nawash.ca>; Cynthia Porter, Reg.N. <healthmanager@nawash.ca>
Subject: Follow-up Meeting with Representatives from The Chippewas of Nawash Unceded First Nation

Dr. Moore,

It was my pleasant to see you at the Alpha meeting.

Board Chair Nick Saunders expressed his sincere appreciation for the important meeting you facilitated, which included Cynthia Porter, Health Manager from the Nawash Community. He spoke very highly of the exchange and the valuable insights shared.

As part of our continued efforts to advance Indigenous Community health priorities, the Chief and Council of the Chippewas of Nawash Unceded First Nation have passed the following Band Council Resolution:

“The Chippewas of Nawash Unceded First Nation Band Council hereby directs the Health Manager to coordinate with Dr. Ian Arra to organize a follow-up meeting with the relevant Ministry of Health representatives as soon as possible”.

On behalf of Cynthia and the Indigenous Community Opioid Response Team, I’m honoured to present a list of potential projects that would help ease the ongoing pressures on social, health, and enforcement services within the Community.

1. Access to Medication-Assisted Treatment (MAT): Requested provincial assistance to provide Sublocade or Suboxone in the Community for members seeking initial and ongoing support with opioid use.

2. Feasibility Study Support: Requested funding to conduct a feasibility study for a land-based aftercare treatment facility at Driftwood Cove to promote culturally grounded healing and long-term recovery.

3. Sustainable Program Leadership: requested ongoing base funding to support a Mino Bimwazawin Manager role dedicated to developing and delivering programs that address both substance use and broader social determinants of health in our community.

By investing into a dedicated role to coordinate culturally and spiritually grounded programs and services, the Community can take a proactive, strengths-based approach to healing - one that recognizes health as more than an absence of illness, but of physical, emotional, spiritual, mental and social well-being.

The Health Manager, Cynthia Porter, would like to extend an invitation for you and your team to meet with her and leaders from the Chippewas of Nawash Unceded First Nation. The Community would be honoured to welcome you in person. **Council has emphasized their interest in arranging a meeting as soon as possible, ideally on July 16th, 17th, or 18th.**

This invitation is not extended lightly—it represents a meaningful gesture that is offered to very few. It carries the potential to foster lasting relationships and build mutual trust, echoing the spirit of the Ethical Wheel that Nick Saunders had shared.

If travel to the Community is not feasible, the Health Manager and Community leadership are willing to travel to Toronto at a mutually convenient time—ideally by mid-July—to align with key timelines related to upcoming Community elections.

Nick Saunders and Cynthia Porter have been copied on this message for awareness and to support ongoing dialogue.

We look forward to hearing from you.

Regards,

Ian

Dr. Ian Arra, MD MSc FRCPC ACPM ABPM

Medical Officer of Health and Chief Executive Officer

Grey Bruce
Public Health

Grey Bruce Public Health

101 17th Street East

Owen Sound ON N4K 0A5

Phone: (519)376-9420, Ext. 3940 Fax: (519)376-0605

I.Arra@publichealthgreybruce.on.ca

www.publichealthgreybruce.on.ca

From: Nick Saunders <nick.saunders@makhosinc.com>
Sent: September 28, 2025 10:25 PM
To: Richardson, Deborah (MOH) <Deborah.Richardson@ontario.ca>; kieran.moore1@ontario.ca; brent.feeney@ontario.ca
Subject: Re: Followup - Board Transition and Regional Health Priorities - Truth and Reconciliation

Dear Deputy Minister Richardson,

I am including you for your information in followup to my email from Sept 11 2025 (below).

Dr. Moore and Mr. Feeney,

I would like to take this time to say how disappointed I am in the meeting held Friday morning, September 26, 20235, and the Oscar award goes to Dr. Kieran Moore for best leading role of opening a meeting and supporting role goes to Mr. Brent Feeney.

1. Dr Kieran Moore thank you for your fake and meaningless Land Acknowledgement and talking to September 30 the day of Truth and Reconciliation. It is too bad that you don't practice the Truth.

When it comes to saying that I acted unilaterally dismissing the mayors, do you really believe the words on the paper you wrote about Reconciliation and about working in collaboration with Indigenous People? You were invited by a First Nation Community June 30 2025 (email correspondence below), but never accepted the invitation or even acknowledged the invite until after the proposed date passed. The invite said a delegation from First Nation was willing to even come to Toronto to meet with you and your team; again, crickets from you and your team.

2. Mr. Brent Feeney you call yourself the Accountability Director to the Ministry of Health, I would say that this is interesting that you have this title when you don't have accountability to your own emails, words or actions in taking over the Grey Bruce Health Unit based on half-truths and unsubstantiated allegations in a report that used hear-say statements to help you feel justified in having your job and wasting people's time, while hiding behind the office in the Ministry of Health.

Regarding the internal investigation of racism and harassment, I know through the investigator's timelines that the investigation has been completed in August, yet the report still has not been shared with myself. What is interesting to this is that in your July 18 Direction, you gave a 30 day turn around for our response to the assessment that you and Dr. Moore had grave concerns over, yet the same reciprocal accountability and mutual respect have not been shown to our Health Unit and the public in Grey Bruce, or to myself and the First Nations Communities with timely responses to completing the assessment report or to the findings from racism investigation that must be in your hand now, Accountability Director.

I will finish off this letter with the notion that the Ontario Public Health Standards document that you shared with over 200 people on Friday is a complete cry for help and shows just how much the Province of Ontario is in trouble with your outdated policies and nothing sandwich of a document. The fact that the opioid crisis is one of the most horrific crises that the Province of Ontario has been facing, yet your proposed response on page 56 of the document has nothing substantial. Similarly, when it comes to mental health, again your proposed standards is just a bunch of fluffy words with nothing to note on how the issue is going to be addressed. The September 26 meeting has been very revealing. The talk down approach and not allowing questions to be asked to you or your team (restricting microphones, redistricting chat, and refusing to post Q&A) shows me the Gestapo tactics that this office is willing to hide behind and collect a paycheck without producing any results without any accountability.

Sincerely,

Nicholas Saunders

Chair, Board of Health

Grey Bruce Health Unit

CC: Dear Medical Officers of Health, please share with your Boards as the alpha servelist is not disturbing my emails to your Board Chair or Board.

cc:

Hon. Doug Ford, Premier for Ontario

Hon. Sylvia Jones, Deputy Premier and Minister of

Health for Ontario

Dr. Theresa Tam, Canada's Chief Public Health Officer

Board of Health for Grey Bruce Public Health

Chad Richards, Vice Chair, Board of Health, Grey Bruce

Health Unit

All Boards of Health in Ontario

cc:

Chief Darlene Johnston, Chief and Council,

Chippewas of Nawash Unceded First Nation

Chief Conrad Ritchie, Chief and Council, Saugeen

First Nation

Tracy Antone, Chief Operating Officer, Chiefs Of

Ontario

Mathew Hoppe, CEO, The Independent First Nations

Alliance (IFNA)

Council of Medical Officers of Health of Ontario

alPHa Board of Directors and Chief Executive Officer,

alPHa-Association of Local Public Health Agencies

Ruff, Alex - M.P., Bruce-Grey-Owen Sound

Paul Vickers, MPP, Bruce – Grey – Owen Sound

Hon. Lisa Thompson, MPP, Huron – Bruce

Brian Saunderson, MPP, Simcoe – Grey

Sol Mamakwa, Ontario NDP

Luke Charbonneau, Warden, Bruce County

Andrea Matrosovs, Warden, Grey County

National Chief Cindy Woodhouse Nepinak,

First Nations and Inuit Health Branch, Indigenous

Services Canada

Ontario Federation of Indigenous Friendship Centres

Chief Bobby Cameron, Federation of Sovereign

Indigenous Nations

Camden Maracle, President, Native Canadian Centre

of Toronto

From: Emily Durance
Sent: September 24, 2025 11:50 AM
To: hcminister.ministresc@hc-sc.gc.ca
Cc: Leadership Team Mail List <leadershipteammaillist@wechu.org>; Joe Bachetti <jbachetti@tecumseh.ca>; 'sylvia.jones@ontario.ca' <sylvia.jones@ontario.ca>; Dowie, Andrew <andrew.dowie@pc.ola.org>; Jones, Trevor <trevor.jones@pc.ola.org>; Gretzky-CO, Lisa < lgretzky-co@ndp.on.ca>; Leardi, Anthony <anthony.leardi@pc.ola.org>; Lewis, Chris - M.P. <chris.lewis@parl.gc.ca>; Dave.Epp@parl.gc.ca; kathy.borrelli@parl.gc.ca; harb.gill@parl.gc.ca
Subject: WECHU Board of Health Resolution: Strengthening Coordination of Provincial and Federal Dental Programs - September 18, 2025

***Sent on behalf of WECHU Board Chair, Joe Bachetti**

Good morning, Minister Michel,

At its September 18, 2025, meeting, the Windsor-Essex County Health Unit Board of Health endorsed the attached resolution that aims to *improve the coordination between the Canadian Dental Care Plan and Ontario's dental and social assistance programs to ensure seamless access to oral health treatment when needed*.

Thank you for your time and consideration,

Joe Bachetti, WECHU Board Chair

Windsor-Essex County Health Unit Board of Health

RECOMMENDATION/RESOLUTION REPORT – Strengthening Coordination of Provincial and Federal Dental Programs

2025-09-18

BACKGROUND

The Province of Ontario has long supported the oral health needs of those who meet high priority income or age-related thresholds. Through the delivery of the provincial *Healthy Smiles Ontario (HSO)* program the WECHU has connected thousands of children to barrier and cost-free oral health treatment and has set the course for healthier overall growth and development into adulthood. In addition, provincial social service programs like *Ontario Works (OW)* and *Ontario Disability Support Program (ODSP)* which are managed through Ontario municipalities have provided certain basic services or emergency treatment for those who qualify.

The *Canadian Dental Care Plan (CDCP)* is a federal program launched in late 2023 to improve access to dental care for eligible Canadians who do not have private dental insurance and meet income-based eligibility criteria. With the introduction of the CDCP, service providers began working with clients to coordinate the application of the new federal program with the existing provincial programs and the Province of Ontario has released resources to support the complex nature of coordination. Accordingly, the province requires that in any situation involving concurrent eligibility of provincial programs and the federal (CDCP) program, the CDCP will serve as the **primary payer** and that any provincial program will serve as the **secondary payer.**

While the pathways and interactions have been communicated to service providers and the public, there are opportunities to further improve coordination and communication to reduce access barriers.

Resulting from the direction around primary and secondary payer private dental offices have reported to social service providers and public health that they are unable to see clients under the provincial programs (i.e., HSO, OW, ODSP) until such time that the client is enrolled in CDCP. This presents a challenge to those who have yet to be enrolled in CDCP and require urgent oral health treatment. This specifically impacts:

- those who have applied to CDCP and have yet to be approved
- those who are unable to apply as they have not filed a tax return in the previous year, including those who are unhoused or underhoused
- those who have just learned about CDCP but have not yet enrolled
- those who are asylum seekers or have recently moved to Canada

Under these circumstances, it is likely that those most in need (e.g., new Canadians, individuals who are underemployed or underhoused) will continue to lack access to urgent oral health treatment, and in some cases, have less timely access than they would have prior to the implementation of the CDCP.

PROPOSED MOTION

Whereas, oral health is a critical component of overall health and well-being, and access to dental care remains a significant barrier for many low-income individuals and families in Windsor-Essex and across Ontario; and

Whereas, the Government of Canada has launched the Canadian Dental Care Plan (CDCP) to expand access to dental services for uninsured Canadians with low and middle incomes; and

Whereas, the Province of Ontario administers several dental and social assistance programs, including Healthy Smiles Ontario (HSO), the Ontario Disability Support Program (ODSP), and Ontario Works (OW), which also provide dental benefits to eligible populations; and

Whereas, the current coordination of benefits between the CDCP and Ontario's programs is evolving, and clear, consistent, and integrated processes are essential to avoid duplication, ensure continuity of care, and reduce confusion for clients and providers; and

Whereas, local public health units, including the Windsor-Essex County Health Unit, play a vital role in delivering oral health services and supporting vulnerable populations;

> **Now therefore be it resolved** that the Board of Health for the Windsor-Essex County Health Unit urges all levels of government to continue to improve the coordination between CDCP and Ontario's dental and social assistance programs to ensure seamless access to oral health treatment when needed; and
>
> **FURTHER THAT**, the Province of Ontario provide clear guidance and streamlined administrative processes to social service organizations, oral health providers, and other healthcare providers to support navigation of the available support programs and eliminates delays in accessing oral health care; and
>
> **FURTHER THAT**, the Province of Ontario provide a time-limited exemption which temporally waives the requirement to utilize CDCP as the primary payer for emergency dental treatment for those who are not currently enrolled in the program until such time that enrollment can occur; and
>
> **FURTHER THAT**, the Government of Canada and Province of Ontario provide additional support to social services to ensure those experiencing homelessness or who may have experienced challenges in filing tax returns are able to do so and in so doing become eligible for oral health services and a multitude of other social supports.

September 12, 2025

VIA ELECTRONIC MAIL

Manager, Legislative Review
Office of Policy and Strategic Planning
Tobacco Control Directorate
Controlled Substances and Cannabis Branch, Health Canada
5004A – 405 Terminal Avenue
Ottawa, Ontario, K1G 0Z3
Via Email: legislativereviewtvpa.revisionlegislativeltpv@hc-sc.gc.ca

Dear Manager, Legislative Review:

Re: Consultation on the third legislative review of the Tobacco and Vaping Products Act

On behalf of Ontario's North East Tobacco Control Area Network, thank you for the opportunity to provide feedback on the third legislative review of the *Tobacco and Vaping Products Act (TVPA),* and to highlight the need for additional measures to address non-compliance among vapour product retailers through a progressive enforcement approach. We are pleased that Health Canada recognizes the need to strengthen the *TVPA* and its Regulations to respond to a changing retail market environment.

Since the legalization of vapour products under the *Tobacco and Vaping Products Act* in 2018*,* rates of youth vaping have escalated. According to the 2022 Canadian Student Tobacco, Alcohol and Drugs Survey, 21.5% of Ontario high school students in grades 10-12 report current use.[i] The Canadian Tobacco and Nicotine Survey (CTNS) found that 74.5% of Canadians aged 15 and older who used vape liquids in the past 30 days reported purchasing them from retail sources, and 78% of grade 12 students reported that it was easy to obtain vapes, despite being underage. While supply from peers and family members is common, most young people report that they access vape products from a retail setting.[ii]

In Ontario, there are approximately 800 age-restricted specialty vape stores and 12,000 retail outlets that sell both commercial tobacco and vapour products. In 2023, approximately 414 charges under the *Smoke-Free Ontario Act, 2017 (SFOA, 2017)* were issued against retailers of vapour products in Ontario for selling a vapour product to a person under the age of 19 years of age, and approximately 182 charges were issued against retailers of vapour products in Ontario for selling flavoured e-cigarettes and/or selling vapour products with greater than 20 mg/ml nicotine, contrary to regulations under the *SFOA, 2017.*[iii] In a 2024 sample of Ontario public health units, 32% of specialty vape shops inspected by inspectors designated to enforce the *SFOA, 2017* were non-compliant, with sales to persons under the age of 19 years the most common offenses.[iv]

Regulation of Products in a Changing Market

<u>Prevent high-concentration vapour products from entering Canada:</u>

Currently, most high-concentration nicotine vapour products are imported into Canada from overseas. Operators are purchasing large quantities of vapour products that do not meet Canadian regulations (<u>></u>20 mg of nicotine) and selling the products using storefront and online retail settings. The pictures

displayed below were taken by Durham Region Police Services from within an operator's basement. The figures below depict large quantities of vapour products intended for sale to youth using the social media platform Snapchat.

Figure 1: Residential Basement of Operator

Figure 2: Shipping Label

Figure 3: Boxes of Vapour Products in Residential Basement of Operator

It is recommended that greater measures are put in place to ensure that vapour products entering Canada are from registered manufacturers and importers in compliance with the *Vaping Product Reporting Regulations*.

Additional measures for consideration include:

- Strengthened enforcement measures at the border to stop shipments of non-compliant products without recipient age-verification mechanisms;
- A ban on the importation of vapour products that contain nicotine concentrations over the 20 mg/mL threshold; and,
- A prohibition on international direct-to-consumer shipments.

Rethink Online Retail Sales and Retail Models for Commercial Tobacco and Vapour Products:

Underage youth who purchase vaping products online either falsely claim to be of legal age when prompted by the website, or a requirement to show proof of age is lacking. A content analysis of internet e-cigarette vendor practices discovered that most vape vendors (over 60%) did not require age verification or relied on ineffective strategies such as checking a box to verify legal age.[v] Similarly, Gaiha and colleagues (2020) found that more than a quarter of underage e-cigarette users surveyed were not required to verify their age when purchasing vapour products online[vi]. Retailers often advise youth consumers to use prepaid cards to avoid age restriction measures associated with purchasing vapour products, allowing easier access to products available for purchase online. Many vapour product retailers that operate age-restricted specialty vape stores in Ontario have shifted to wholesale and/or to online-based operations to continue to sell flavoured and high nicotine concentration products to all ages, with less enforcement scrutiny. Products are offered through curbside pickup or shipped directly to customers. This retail model defaults the obligation of age verification to the agents/agencies used for delivery. Enforcement agencies at both the federal and provincial levels are challenged to effectively monitor retailer compliance with youth access provisions. Further, industry brand-incentive programs, like the "Vuse – Click and Collect" program allows customers to place their orders online and then pick up the vapour products, including all flavours and nicotine concentrations, at select convenience stores.

These promotional strategies and retail models contribute to the erosion of progress made to prohibit youth access to vapour products and to limit access to flavoured and high nicotine concentration vapour products.

It is recommended that Health Canada works with provincial Ministries of Health to explore a ban on online sales, or at minimum, implement consistent and strict measures to regulate online sales, including:

- Require online retailers to post information advising prospective customers that the sale of vaping and tobacco products are restricted to persons of legal age.
- Require two-step age verification for online retailing – the two-step process should involve two authentication methods performed one after the other to verify identity.
- Require online retailers to utilize third-party verification services.
- Require tobacco and vapour products to contain a label that states that age verification is required at delivery.

- Upon delivery, require a signature from the person who ordered the package confirming they are of legal age, and packages must not be left on doorsteps.
- Require that delivery be restricted to prescribed carriers.

It is further recommended that Health Canada restricts the use of social media platforms and food delivery apps (e.g., Snapchat, Skip the Dishes, Uber Eats, etc.) for the retail sale of vapour products.

Consultation with communications professionals and academic advisors to help inform the development of effective strategies for monitoring online sales and promotion of vapour products may be warranted.

Improved Enforcement Tools

New enforcement tools are required to further support compliance with the *Tobacco and Vaping Products Act* and its Regulations. Public health units across Ontario report that compliance with vapour product provisions under the *SFOA, 2017* is decreasing. Operators have shared with inspectors designated to enforce the *SFOA, 2017* that the revenue from vapour product sales exceeds costs associated with registered conviction fine amounts. The risk of product seizures is perceived as the cost of doing business. Since 2023, many convenience store operators began operating an age-restricted specialty vape store in conjunction with their convenience store, to expand their vapour product sales inventory. This change in the retail marketplace has the potential to further increase market availability of vapour products to youth. Based on current compliance rates and reported retailer behaviours, fine amounts for contraventions under the *Tobacco and Vaping Products Act* are insufficient.

It is recommended that Health Canada explore the issuance of "orders to comply" as a new enforcement tool.

The Durham Region Health Department and the Middlesex-London Health Unit issued a Section 13 Order of a Medical Officer of Health under the *Health Protection and Promotion Act (HPPA)* at vapour product retailers within their public health jurisdictions due to egregious non-compliance related to the sale of high-concentration nicotine and flavoured vapour products to youth. The Order prohibited the corporation, directors, and operator from selling, storing, or supplying vapour products. An Order framework prescribed under the *TVPA*, with significant fine amounts for non-compliance would improve the effectiveness of the health protective legislation and improve the efficiency of enforcement efforts.

Under the *SFOA, 2017*, routine non-compliance with tobacco sales offences results in the issuance of an automatic prohibition order under Section 22. At present, there is no automatic prohibition lever that can be applied to retailers who continue to sell vapour products to persons under the age of 19 years, nor for non-specialty vape stores that continue to sell vapour products that should only be available for sale in age-restricted stores in Ontario.

It is recommended that Health Canada implement an automatic prohibition regime for both tobacco and vaping products under the *TVPA* modelled after Section 22 of the *SFOA, 2017*, for repeated convictions against retailers who demonstrate routine non-compliance.

Facilitating Collaboration through the Legislative Framework of the TVPA

In Ontario, the display, promotion, and sale of tobacco and vaping products at retail are regulated by both provincial and federal legislation. In Ontario, public health unit staff are designated by the authority outlined under the *Smoke-Free Ontario Act, 2017*, to enforce the requirements and restrictions at retail under provincial legislation exclusively, with no authority under the *TVPA*. If non-compliance with the *TVPA* and/or Regulations are observed by local public health inspectors, the only recourse available is to refer the non-compliance to the Health Canada Inspectorate. Given the size and scope of jurisdiction for the Health Canada Inspectorate, enforcement personnel are challenged to respond to referrals in a timely manner. Vapour products, prescribed by federal law to be "illegal" and subject to federal seizure (but not subject to seizure under the *SFOA, 2017)*, may remain on store shelves for sale. Due to significant consumer demand and profitability of these products, despite warnings issued by provincial inspectors, products remain on store shelves available for sale or for distribution through other illegal means.

In Ontario, there has been some success with reciprocal relationships, dual designation, and collaboration between the Ontario Ministry of Finance Inspectors (enforcement of the *Tobacco Tax Act*) and public health staff (enforcement of the *SFOA, 2017*). For example, registered convictions under the *Tobacco Tax Act* apply to the issuance of Automatic Prohibition Orders under Section 22 of the *SFOA, 2017*. Alternatively, the cross designation of provincial and federal inspectorate for sections of the *TVPA* and Regulations that pertain to retail could also be explored.

The North East Tobacco Control Area Network recommends that Health Canada engage with provincial Ministries of Health and representatives from local public health enforcement to explore options for collaboration.

Transparency Initiatives to Support Compliance and Enforcement

In addition to the required product reporting under the Vapour Product Reporting Regulations, it is important for Canadians to have an accurate picture of commercial tobacco and vapour product industry non-compliance with all mandated federal regulations through annual reports and a public disclosure system. With growing evidence related to health harms associated with vapour product use, it is reasonable to expect manufacturers and importers to submit toxicological and/or other health impact data, holding vapour product manufacturers to the same standard of accountability and scrutiny as commercial tobacco product manufacturers. Further, the implementation of a public non-compliance disclosure system is recommended. Under the Ontario Public Health Standards, all public health units are required to publicly disclose registered convictions under the *SFOA, 2017* for a period of five years from the conviction date.

The North East Tobacco Control Area Network recommends that vapour product manufacturers be held to the same standard of accountability and scrutiny as commercial tobacco product manufacturers through mandated reporting of toxicological and health impact data, and further, recommends the implementation of a public non-compliance disclosure system.

Other Considerations

Bold International Approaches:

There exists the opportunity for Health Canada to explore the implementation of bold, international approaches to comprehensive commercial tobacco and vapour product control measures.

Applying lessons learned from New Zealand and Australia, considering the creation of a smoke-free generation by prohibiting anyone aged 19 and younger (born after 2006) from buying tobacco products is recommended. Alternatively, placing limits on the amount of nicotine in cigarettes and vapour products to levels below the threshold for addiction shows promise to reduce youth appeal and health harms, and to help support those currently trying to quit.[vii,viii]

Ban Single-Use Vapour Products:

An additional measure that warrants consideration is implementing a ban on the sale of disposable vapour products. Tobacco product waste remains one of the highest forms of global litter, representing an estimated 30-40% of all litter collected worldwide.[ix] Although limited studies exist on the prevalence of vapour product waste in the environment, the substantial rise in use suggests a corresponding increase in environmental contamination from these products, including the release of hazardous chemical contaminants.[x] In Canada, the sale of 90 million vaping pods was recorded in 2019 alone, highlighting the scale of this issue.[xi]

Banning the sale of single-use vapour products is a crucial step to minimize adverse impacts on both public and environmental health.

Flavour Ban:

Youth consider the flavour of vaping products to be the most important factor when trying e-cigarettes, and vaping initiation is more likely to occur with fruit, sweet, menthol, and cherry flavoured products.[xii] Additionally, when non-traditional flavours are restricted and mint and menthol remain on the market, young people shift their purchasing and consumption preferences toward mint and menthol flavour.[xiii,xiv] The exclusion of menthol and mint flavours from the pending ban on flavours under the *Tobacco and Vaping Products Act* and regulations needs to be revisited.

The North East Tobacco Control Area Network recommends Health Canada adopt the regulation to ban all vapour product and e-substance flavours, including mint and menthol or a combination of mint/menthol, except for tobacco flavoured products, without delay.

Tobacco Settlement Funding:

Awarded through the landmark agreement with the major tobacco companies, directing a portion of the tobacco settlement funds to the development and implementation of a national, comprehensive commercial tobacco and vapour product control strategy warrants consideration.

Canada's Tobacco Strategy is designed to help achieve the target of less than 5% tobacco use by 2035. To achieve this ambitious goal, a coordinated, national strategy is required to:

- prevent commercial tobacco and vapour product use;

- provide comprehensive and universal cessation services;
- protect the public from exposures to second-hand smoke and vapour by further restricting where smoking and vaping are permitted; and,
- increase enforcement personnel, enhance industry monitoring, and fund health research.

Strategic reinvestment of these funds can fulfill the intent of the lawsuit by holding the industry accountable while protecting future generations from nicotine addiction and the burden of associated chronic diseases.

Supporting the Needs of First Nations, Inuit, and Metis Communities

It is essential that traditional and sacred uses of tobacco are protected in legislation, such as ceremonial burning of traditional tobacco in public settings. Additionally, any monitoring and or data collection related to commercial tobacco use in Indigenous communities must be self-determined and autonomous and should be overseen by local governance structures or Indigenous service providers to ensure cultural relevance and community ownership.

The federal government can also support the needs of Indigenous communities through appropriate tobacco control strategies. Examples of appropriate interventions include co-developing tobacco cessation training and chronic disease prevention initiatives (e.g., cancer prevention) in partnership with Indigenous service providers. The leadership of Indigenous service providers and their role in the design and delivery of health programs and health promotion activities is essential because they are best positioned to offer trauma-informed and culturally appropriate support. To ensure the success and sustainability of these initiatives, dedicated and equitable funding must be provided.

It is recommended that the federal government engage meaningfully with First Nations, Inuit, and Metis communities to identify community-specific needs and inform the development and implementation of tobacco and vapour product legislation.

The North East Tobacco Control Area Network is hopeful that the suggestions noted above are considered during this legislative review. These proposed enhancements, along with a review of Health Canada's public messaging on vaping and the safety of vapour products would help to increase the effectiveness of the *Tobacco and Vaping Products Act* and its Regulations and to complement prevention and cessation public health interventions to prevent youth vaping initiation and escalation.

Thank you for the consideration of these recommendations.

Sincerely,

Original signed by

Veronica Charette, BSc, MPH
Regional Program Officer, North East Tobacco Control Area Network

Original signed by

Marie-Lea Bray, H.B.Com. SPAD
Youth Development Advisor, North East Tobacco Control Area Network

[i] Canadian Student Tobacco, Alcohol, Drug Survey, 2022.

[ii] Health Canada. Canadian Tobacco and Nicotine Survey (CNTS): 2022 detailed tables. [Internet]. 2023. Available from: https://www.canada.ca/en/health-canada/services/canadian-tobacco-nicotine-survey/2022-summary/2022-detailed-tables.html#tbl11

[iii] Association of Local Public Health Agencies. Resolution A24-01 Permitting Applications for Automatic Prohibition Orders under the *Smoke-Free Ontario Act, 2017* for Vapour Product Sales Offences. [Internet]. 2024. Available from https://www.alphaweb.org/resource/collection/667E92BA-2858-4EE4-AD80-12F5403EA625/A24-01_Vape_Retail_Prohibition.pdf

[iv] Tobacco Control Area Network Non-compliance Data and Analysis, From 12 Ontario Public Health Units. 2023 and 2024.

[v] Williams, R. S., Derrick, J., Liebman, A. K., LaFleur, K., & Ribisl, K. M. (2018). Content analysis of age verification, purchase, and delivery methods of internet e-cigarette vendors, 2013 and 2014. Tobacco Control, 27(3), 287–293. https://doi.org/10.1136/tobaccocontrol-2016-053616

[vi] Gaiha, S. M., Lempert, L. K., & Halpern-Felsher, B. (2020). Underage youth and young adult e-cigarette use and access before and during the Coronavirus Disease 2019 pandemic- online survey of youth and young adults. JAMA Network Open, 3(12), e2027572. https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2773494

[vii]Benowitz, N. L., & Henningfield, J. E. (2013). Reducing the nicotine content to make cigarettes less addictive. Tobacco Control, 22(Supplemental 1), i14-i17. Retrieved from https://tobaccocontrol.bmj.com/content/22/suppl_1/i14

[viii]Berman, M. L., & Glasser, A. M. (2019, December 23). Nicotine Reduction in Cigarettes: Literature Review and Gap Analysis. Nicotine & Tobacco Research, S133-S144. https://doi.org/10.1093/ntr/ntz162

[ixix] World Health Organization. (2022). Tobacco: Poisoning our planet. Available from: https://www.who.int/publications/i/item/9789240051287

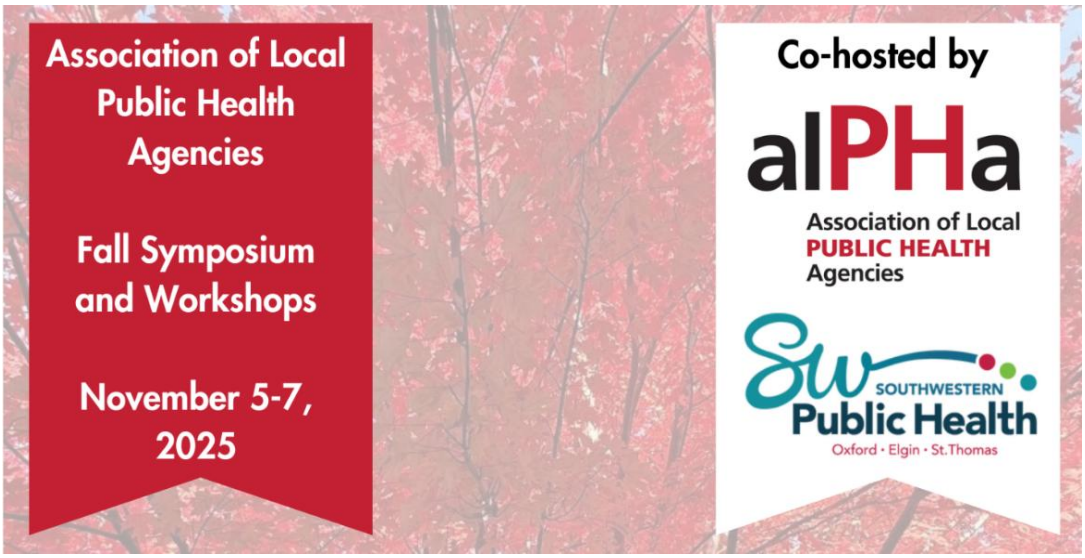
[x] Beutel, MW, Harmon, TC, Novotny, TE, Mock, J, Gilmore, ME, Hart, SC, Traina, S, Duttagupta, S, Brooks, A, Jerde, CL, et al. (2021). A review of environmental pollution from the use and disposal of cigarettes and electronic cigarettes: Contaminants, sources, and impacts. Sustainability, 13, 12994. https://doi.org/10.3390/su132312994

[xixi] Physicians for a Smoke-Free Canada. (2022). Single use plastics and tobacco products briefing. Available from: https://smoke-free.ca/SUAP/2020/Single-Use-Plastics-and-Tobacco-Waste.pdf

[xii] Zare S, Nemati M, Zheng Y. (2018). A Systematic Review of Consumer Preference for E-cigarette Attributes: Flavor, nicotine strength, and type. Cormet-Boyaka E, ed. PLOS ONE. 2018;13(3). Retrieved from: https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0194145

[xiii] Morean ME, Bold KW, Kong G, et al. (2020). High school students' use of JUUL pod flavors before and after JUUL implemented voluntary sales restrictions on certain flavors in 2018. Plos One. 2020;15(12). Retrieved from: https://journals.plos.org/plosone/article/metrics?id=10.1371/journal.pone.0243368#citedHeader

[xiv] Diaz MC, Donovan EM, Schillo BA, Vallone D (2020). Menthol E-cigarette Sales Rise Following 2020 FDA Guidance. Tobacco Control. Published online September 23, 2020. https://doi.org/10.1136/tobaccocontrol-2020-056053



alPHa Fall Symposium

Friday, November 7, 2025 – Draft as of September 26th

Note: Meeting is hosted via Zoom Webinar

8:30 a.m. to 4:00 p.m. - All times are Eastern Standard Time (EST)

Call to Order and Land Acknowledgement Speaker: Dr. Hsiu-Li Wang, Chair, Board of Directors, alPHa **Welcoming Remarks** Speakers: Hon. Doug Ford, Premier of Ontario *(invited)* Hon. Sylvia Jones, Deputy Premier and Minister of Health *(invited)* Robin Jones, President, Association of Municipalities of Ontario	8:30 a.m. - 8:45 a.m.
Humanizing Care: The Clinical Value of Storytelling in Mental Health and Addictions Speaker: Chris Cull, Founder, Inspire By Example Canadian filmmaker and advocate Chris Cull shares his personal journey of overcoming opioid addiction and cycling across Canada—twice—to raise awareness about substance use and recovery. Through a unique lens of lived and professional experience, Chris explores the transformative power of storytelling as a tool to foster emotional connection, reduce stigma, and inspire hope in both clinical settings and broader communities.	8:45 a.m. - 9:30 a.m.
Update from Public Health Ontario (PHO) Speakers: Nicole Visschedyk, Director, Indigenous Strategy and Engagement, PHO Marnie MacKinnon, Director, Quality Improvement, PHO Kaitlynn Almeida, Manager, Quality Improvement, PHO Dr. Samir Patel, Vice President and Chief, Microbiology and Laboratory Services, PHO Moderator: Tammy DeGiovanni, BOH Section Chair, Board of Directors, alPHa Description: PHO leaders will share an update on PHO's Indigenous Strategy work as well as an update on Quality Improvement (QI) initiatives.	9:30 a.m. – 10:15 a.m.

From Silos to Synergy: How Local Public Health is Collaborating with Ontario Health Teams Speakers: Dr. Kit Young Hoon, Medical Officer of Health, Northwestern Health Unit Dr. Piotr Oglaza, Medical Officer of Health, South East Health Unit Nicole Britten, Manager, Strategic Policy & Projects, Peel Public Health Moderator: Paul Sharma, Affiliate Representative, Board of Directors, alPHa Join us for an engaging session featuring three local public health agencies that are actively partnering with Ontario Health Teams. Learn how these collaborations are helping to integrate public health into the broader health system, strengthen its role across the continuum of care, and ensure community health priorities are reflected in system planning and delivery.	10:15 a.m. -11:00 a.m.
Break The morning break features videos from the Symposium Co-Host, Southwestern Public Health.	11:00 a.m. -11:15 a.m.
alPHa Update Speaker: Dr. Hsiu-Li Wang, Chair, Board of Directors, alPHa alPHa provides leadership to all of Ontario's boards of health, medical officers and associate medical officers of health, and senior public health managers. As local public health leaders, alPHa advises and lends expertise to members on the governance, administration, and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective, and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHa's Members and staff act to promote and support local public health. Come and hear about what your association is doing.	11:00 a.m. – 11:30 a.m.
Update from the Chief Medical Officer of Health Speaker: Dr. Kieran Moore, Chief Medical Officer of Health *(invited)* Moderator: Trudy Sachowski, Past Chair, Board of Directors, alPHa	11:30 a.m. - noon
Lunch Break	Noon - 1:00 p.m.
Artificial Intelligence (AI) and Public Health Speaker: Steven Rebellato, Board of Directors, alPHa Moderator: Cynthia St. John, Affiliate Representative, Board of Directors, alPHa As a follow up to the Fall 2024, workshop, and the presentation at the Boards of Health Section's June 2025 meeting, attendees will be provided with updates on the latest developments in AI and implementation being considered and used in practice in public health units.	1:00 p.m. - 2:00 p.m.
Legally Speaking – alPHa's Legal Counsel in Conversation with alPHa Members Speaker: James LeNoury, Principal, LeNoury Law and Legal Counsel, alPHa Join alPHa's legal counsel and public health colleagues in a discussion of key legal issues related to local public health agencies. *(Additional information to be added soon.)*	2:00 p.m. – 2:45 p.m.

Break The afternoon break features videos from the Symposium Co-Host, Southwestern Public Health.	2:45 p.m. – 3:00 p.m.
Association of Municipalities of Ontario (AMO) Update Moderator: Loretta Ryan, Chief Executive Officer, alPHa AMO works with Ontario's 444 municipalities to make municipal governments stronger and more effective. Come and hear the latest from AMO with a focus on their recent work. *(Additional information to be added soon.)*	3:00 p.m. to 3:45 p.m.
Closing Remarks Dr. Hsiu-Li Wang, Chair, Board of Directors, alPHa Participants' Draw – Winner must be present to accept the prize!	3:45 p.m. to 3:50 p.m.

This event is co-hosted by alPHa and Southwestern Public Health.

With generous support from

Association of Local Public Health Agencies (alPHa)

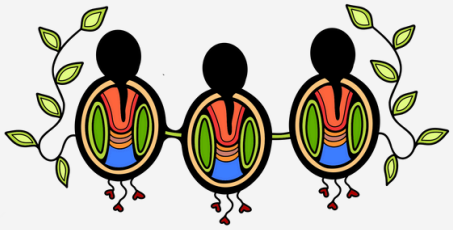
Fall Pre-Symposium Workshop

Online: November 5, 2025, 1pm-4pm

Building Pathways: Indigenous Health and Public Health Governance

Featuring: Nicole Blackman, IPHCC, Darryl Souliere-Lamb, IPHCC, Julia Creglia, IPHCC, and Leonor Tavares, Office of Chief Medical Officer of Health

This workshop will strengthen public health leaders' understanding of the root causes driving current health outcomes for First Nations, Inuit, and Métis communities. Together, we will explore the role of Boards of Health in relation to the public health standards and guidelines and reflect on how leadership can advance meaningful Indigenous engagement. Participants will leave with a stronger foundation to guide decision-making and move this work forward in their organizations.



Note: This Workshop is being delivered to alPHa Members as part of their alPHa Fall Symposium registration.
Only alPHa Members registered for the Fall Symposium can attend.
Registration will be available mid-September on the alPHa website.
More information will be shared as details become available.

This event is co-hosted by alPHa and Southwestern Public Health

alPHa Association of Local PUBLIC HEALTH Agencies

SW Southwestern Public Health Oxford · Elgin · St.Thomas

With generous support from:

EOHU Eastern Ontario Health Unit

BSEO Bureau de santé de l'est de l'Ontario

Dalla Lana School of Public Health

Association of Local Public Health Agencies (alPHa)

Fall Pre-Symposium Workshop

Online: November 6, 2025, 1pm-4pm

Leading Others: Understanding Communication Styles

Featuring Marilyn Owston, TrendLine Consulting Services

This highly interactive session has been specifically designed to enhance leaders' ability to communicate more effectively with their teams. In an effort to provide participants with the tools necessary to lead their teams more effectively, individuals will assess their own communication style and consider the impact differences in style have on decision making, problem-solving, change and other variables at work, especially as they relate to stress. Understanding the strengths and challenges each style brings to the team, emphasis will be placed on the ability of leaders to flex their own style in order to bring out the best in their team.

Note: This Workshop is being delivered to alPHa Members as part of their alPHa Fall Symposium registration.
Only alPHa Members registered for the Fall Symposium can attend.
Registration will be available mid-September on the alPHa website.
More information will be shared as details become available.

About Marilyn Owston: As the owner of TrendLine Consulting Services, based in Thunder Bay and serving all of Ontario, Marilyn regularly leads workshops and seminars on a variety of human resource topics including leadership, team building, performance management, and human rights training. A manager for almost 20 years who specializes in human resources, Marilyn brings an added understanding and empathy for the practical application of the subjects she delivers.

This event is co-hosted by alPHa and Southwestern Public Health

alPHa Association of Local PUBLIC HEALTH Agencies

SW Southwestern Public Health Oxford · Elgin · St.Thomas

With generous support from:

EOHU Eastern Ontario Health Unit | BSEO Bureau de santé de l'est de l'Ontario

Dalla Lana School of Public Health

APPROVAL OF CONSENT AGENDA

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

Public Health
Santé publique
SUDBURY & DISTRICTS

Briefing Note

To: Board of Health for Public Health Sudbury & Districts

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

Date: Thursday October 16, 2025

Re: Protecting Workers from Growing Food Insecurity Exacerbated by US Tariffs

☒ For Information ☐ For Discussion ☐ For a Decision

Issue:
Household food insecurity is at their highest level on record[1]. In the Public Health Sudbury & Districts service area, the prevalence of food insecurity continues to rise. Between 2022 and 2024, nearly one in five households (19.5%) experienced some level of food insecurity—up from 16.3% between 2019 and 2021[2]. The decline in real value (i.e. purchasing power after inflation) of income during this period is the driver of increased food insecurity.

As of July 2025, Canadians were paying 27.1% more for food purchased from stores compared to July 2020[3]. In contrast, median after-tax income for individuals in Ontario rose just 3.57% from 2019 to 2023[4]. Even more concerning, as of July 2025, Ontario Works (OW) rates remain frozen for the seventh year, with no adjustment for inflation. The real value (purchasing power) of income provided to social assistance recipients has steadily reduced[5].

Unfortunately prospects for food security are pessimistic. Real Gross Domestic Product (GDP) and labour productivity both decreased in the second quarter of 2025[6] portending more difficult economic times. Uncertainty due to US Tariff policy is driving these economic changes, and are expected to further exacerbate food insecurity[7,8].

According to the 2025 monitoring food affordability data, for households on limited incomes a basic nutritious diet would consume up to 50% of their income. This is well above what is considered affordable and is an indication of a lack of funds and a risk of food insecurity. To address the growing rates of food insecurity driven by the loss of purchasing power of income, solutions must focus on improving household income adequacy[9].

Recommended Action:
WHEREAS US tariffs are generating economic uncertainty, leading businesses, organizations, and food charities to predict increasing costs of living, including food prices, which will ultimately lead to increased household food insecurity[3,4]; and

WHEREAS household food insecurity is a serious public health problem that is strongly linked to adverse mental health conditions, increased risk of several chronic diseases, and is associated with increased healthcare costs[10]; and

WHEREAS local monitoring food affordability data show that social assistance rates are not enough to cover the costs of living; and

WHEREAS evidence demonstrates that to effectively address the problem of household food insecurity policies that improve incomes are required[11].

THEREFORE BE IT RESOLVED THAT the Board of Health commends the Government of Ontario for the development and release of the 2024 Annual Report: Poverty Reduction Strategy, thanks the Government for actions taken thus far including the increase to the minimum wage as of October 1, 2025, and acknowledges the Poverty Reduction Strategy's importance in advancing efforts to reduce poverty and promote economic well-being across the province[12]; and

THAT the Board of Health call upon the provincial government to further protect workers with limited incomes from the impact of US Tariffs and economic uncertainty; these include increasing the earning exemption to better support those working toward leaving the OW program, implementing revisions to social assistance such as increasing rates to reflect the real costs of living, indexing the OW rate to inflation, and establishing a Social Assistance Research Commission to determine evidence-based social assistance rates in communities across the province based on local/regional costs of living, including the cost of food informed by Ontario Nutritious Food Basket (ONFB) data collected by PHUs; and

THAT the Board of Health call upon the federal government to recognize the urgency of transformative income solutions such as a national Basic Income Guarantee program and support Bill S-206 – An Act to develop a national framework for a guaranteed livable basic income.

Alternative Actions:
None identified.

Background:
Household Food Insecurity

Household food insecurity is measured using the Household Food Security Survey Module. It classifies the insecure or inadequate access to food due to financial constraints using the following categories:

- **Food secure**: no indication of food insecurity.
- **Marginally food insecure**: worrying about running out of food and/or limit food selection due to a lack of money for food.
- **Moderately food insecure**: compromise in quality or quantity of food due to a lack of money for food.
- **Severely food insecure**: missing meals or reducing food intake, and at the most extreme going day(s) without food, due to a lack of money for food[16]

The recently released *Food Insecurity and Food Affordability in Ontario* report, that was jointly produced by Public Health Ontario (PHO) and Ontario Dietitians in Public Health (ODPH), sheds light on the high levels and consequences of household food insecurity in Ontario. In Ontario, the rate of

household food insecurity was 17.1% in 2019 and by 2024 it had increased to 25.3%. Most concerning is that the rate of severe household food insecurity rose from 4.8% in 2022 to 7.9% in 2024[2].

Food insecurity significantly increases the risk of adverse mental health outcomes and chronic health conditions, which are often difficult to manage without consistent access to nutritious foods. Household food insecurity is directly associated with elevated healthcare expenditures. When individuals experience food insecurity, they tend to experience illness more frequently, endure longer recovery periods, and require more intensive and costly medical care[15].

Households with low, unstable incomes and limited, if any, financial assets or access to credit are at the greatest risk of food insecurity[1]. Despite common assumptions, employment is not a guaranteed safeguard against food insecurity. In fact, despite a relatively low prevalence of food insecurity among households reliant on wages and salaries they make up over half of food-insecure households in Canada[13].

Monitoring Food Affordability

The Ontario Public Health Standards require monitoring local food affordability as mandated in the Population Health Assessment and Surveillance Protocol, 2025. The Ontario Nutritious Food Basket (ONFB) is a survey tool that measures the cost of eating as represented by current national nutrition recommendations and average food purchasing patterns. ODPH, in collaboration with PHO develops, tests, and updates tools for monitoring food affordability for Ontario public health units. The costing tool uses a hybrid model of in-store and online data collection. Routine monitoring of local food affordability provides valuable information to support evidence-informed recommendations for public health action on food insecurity.

Each year, the cost of the ONFB and average rental costs are compared to a variety of income scenarios, including households receiving social assistance, minimum wage employment, and median incomes (Appendix A). The scenarios include food and rent only and are not inclusive of other needs (e.g., utilities, Internet, phone, transportation, personal care items, clothing etc.).

A key indicator for food insecurity is the average monthly cost of a nutritious diet as a proportion of household income. For 2025, Public Health Sudbury & Districts considered 13 different Income Scenarios (Appendix A). For a family of four receiving Ontario Works a basic nutritious diet would consume 43% of take-home income and it would consume 50% of take-home income for an individual receiving Ontario Works. This is well above what is considered affordable. The *Food Insecurity and Food Affordability in Ontario* report contextualized food costs relative to income by using Market Basket Measure estimates for other basic needs. These costs included $461/month for transportation, $187/month for clothing, and $1,069/month for other essentials such as hygiene, household items, phone, and internet[15]. Although these are provincial averages, when considered within the context of the local income scenarios they clearly illustrate the inadequacy of social assistance levels. Households receiving social assistance are at risk of experiencing chronic food insecurity.

Economic Uncertainty

Canadian food systems are complicated and heavily integrated within the food systems of the United States of America (USA). For example, many Canadian agricultural products like wheat, soybeans, and canola require processing before being sold to consumers. Often this processing occurs in the USA. Due

to border crossings that must occur in our food system, it is anticipated that the ongoing tariff uncertainty may lead to major disruptions to food supply chains including businesses closing, labour disruptions, and ultimately decreased availability and affordability of food for consumers[4]. This will have a negative impact on consumers and may increase levels of household food insecurity[3,4].

Income Solutions

The most common response to household food insecurity is food charity and other community-based food programs[8]. While perhaps providing some temporary relief and supporting other public health goals, these programs do not address household food insecurity status[15]. Household food insecurity is a problem of inadequate and unstable financial resources. Therefore, solutions must focus on improving the financial circumstances of households[8,15].

Municipal Strategies

Improving the financial circumstance of households requires all levels of governments. Municipal governments can be important partners in addressing food insecurity. ODPH has developed a food insecurity primer that provides a range strategies for municipalities to consider. It is recommended that through partnerships such as the Sudbury Food (In)Security Work Group, Public Health Sudbury & Districts seek opportunities to collaborate with municipalities to implement suitable strategies.

Provincial Strategies

Public Health Sudbury & Districts commends the Provincial Government for its efforts to lift people out of poverty. We recognize the government's decisive measures taken to make life more affordable—particularly for households experiencing financial hardship - as well as its strategic investments in skills development that lead to improved employment outcomes, and support for workforce expansion in sectors facing labour shortages. We also acknowledge there is strong evidence of the effectiveness of social assistance enhancements on reducing household food insecurity. This was demonstrated when Newfoundland and Labrador temporarily introduced transformative improvements to social assistance in 2006[15]. It is recommended that social assistance (Ontario Works and the Ontario Disability Support Program) be revised. The revisions should include

- Increasing the earning exemption to better support those working toward leaving the OW program, particularly given the economic challenges created by US tariffs.
- Indexing the OW rate to inflation.
- Increasing rates to reflect the real costs of living.
- Establishing a Social Assistance Research Commission to determine evidence-based social assistance rates in communities across the province based on local/regional costs of living, including the cost of food informed by ONFB data collected by PHUs.

Federal Strategies

A basic income guarantee provides an unconditional cash transfer from government to individuals to enable everyone to meet their basic needs, participate in society, and live with dignity[14]. Evidence suggests that a basic income guarantee could be an effective policy intervention to reduce household food insecurity[7]. Bill S-206 – An Act to develop a national framework for a guaranteed livable basic income was introduced to the Senate in the spring. This is a transformative income solution that Senators and Members of Parliament should be encouraged to support. As part of Opportunity for All –

Canada's First Poverty Reduction Strategy the Government of Canada should take the steps needed to **Support Bill S-206** and implement a basic income guarantee for those aged 18–64 years.

Financial Implications:
None identified.

IT team and IT infrastructure implications:
None identified.

Ontario Public Health Standard:
Chronic Disease Prevention and Well-Being
Health Equity
Population Health Assessment and Surveillance Protocol - Monitoring Food Affordability

Strategic Priority:
Equal opportunities for health

Contact:
Stacey Gilbeau, Director, Health Promotion and Vaccine Preventable Diseases Division

References:

[1] PROOF. 2025. New data on household food insecurity in 2024. Accessed from: https://proof.utoronto.ca/2025/new-data-on-household-food-insecurity-in-2024/

[2] Ontario Agency for Health Protection and Promotion (Public Health Ontario). Snapshots: household food insecurity snapshot [Internet]. Toronto, ON: King's Printer for Ontario; c2025 [modified 2025 Aug 14; cited 2025 Aug 19]. Available from: https://www.publichealthontario.ca/en/Data-and-Analysis/Health-Equity/Household-Food-Insecurity

[3]Statistics Canada. Consumer Price Index, July 2025. Accessed from https://www150.statcan.gc.ca/n1/daily-quotidien/250819/dq250819a-eng.htm

[4] Statistics Canada. 2025. Market income, government transfers, total income, income tax and after-tax income by economic family type. Accessed from Market income, government transfers, total income, income tax and after-tax income by economic family type

[5] Income Security Advocacy Centre. 2025. OW & ODSP Rates and the Ontario Child Benefit – Current as of July 2025. Accessed from https://incomesecurity.org/wp-content/uploads/2025/07/July-2025-ODSP-and-OW-rates-and-OCB-Final.pdf

[6] Statistics Canada. Canadian Economic Tracker. September 11, 2025. https://www150.statcan.gc.ca/n1/pub/71-607-x/71-607-x2023022-eng.htm

[7] Ashton L, Stern S, Fraser E, Cripps P. 2025. Feeding the crisis: The tariff toll on food insecurity. The Trade Hub. Feeding the crisis: The tariff toll on food insecurity - RBC

[8]Second Harvest. 2025. The Cost of Conflict: Tariffs and Food Insecurity. Research conducted by The StrategyCorp Institute of Public Policy and Economy. Accessed from: https://cdn.prod.website-files.com/6618114bae6895cc12d3dc1d/67ec432ea6807b5ef070e67e_The%20Cost%20of%20Conflict_Report_v2%20(1).pdf

[9] Ontario Dietitians in Public Health. 2020. Position Statement and Recommendations on Responses to Food Insecurity. https://www.odph.ca/odph-position-statement-on-responses-to-food-insecurity-1

[10] PROOF. No date. What are the implications of food insecurity for health and health care? Access from: https://proof.utoronto.ca/food-insecurity/what-are-the-implications-of-food-insecurity-for-health-and-health-care/

[11] Ontario Agency for Health Protection and Promotion (Public Health Ontario). Food insecurity & food affordability in Ontario. Toronto, ON: King's Printer for Ontario; 2025. https://www.publichealthontario.ca/-/media/Documents/F/25/food-insecurity-food-affordability.pdf?rev=44f83bfaac294df28af279dd38c86df9&sc_lang=en&hash=9BC8B8D46B4779F714F9D3BB4F90D166

[12] Government of Ontario. 2025. 2024 annual report: Poverty Reduction Strategy. Accessed from: 2024 annual report: Poverty Reduction Strategy | ontario.ca

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

[14] Basic Income Canada Network. 2019. Basic Income: Some Policy Options for Canada. English ISBN#: 978-1-7770850-0-1 (PDF). Accessed from: https://basicincomecanada.org/wp-content/uploads/2021/04/Basic_Income-_Some_Policy_Options_for_Canada.pdf

Appendix A

Food affordability within Public Health Sudbury & Districts' Service Area

Each year, Public Health Sudbury & Districts surveys the price of a variety of food items from 10 local grocery stores. This survey is called the Ontario Nutritious Food Basket (ONFB). The ONFB is used to see how affordable food is by comparing the cost of the food basket and housing to various household income scenarios.

The 2025 results indicate that some households must make the choice between eating and paying for other core living expenses.

Household	Monthly income	Rent (% of income)	Cost of the ONFB (% of income)	What's left?
Family of 4, Ontario Works (2 school age children)	$3,017	$1,840 (61%)	$1,287 (43%)	-$110
Family of 4, minimum wage (2 school age children)	$5,116	$1,840 (36%)	$1,287 (25%)	$1,989
Family of 4, refugee claimants, minimum wage (2 school age children)	$3,358	$1,840 (55%)	$1,287 (38%)	$231
Family of 4, median income (after taxes) (2 school age children)	$9,865	$1,840 (19%)	$1,287 (13%)	$6,738
Family of 3, Ontario Works (2 school age children)	$2,783	$1,840 (66%)	$959 (34%)	-$16
Family of 3, Ontario Works (2 preschool age children)	$2,980	$1,462 (49%)	$753 (25%)	$765
Pregnant person, Ontario Disability Support Program	$1,589	$869 (55%)	$475 (30%)	$245
Family of 2, Ontario Works (formula-fed infant)	$2,070	$1,462 (71%)	$587 (28%)	$21
Family of 2, Ontario Works (breast-fed infant)	$2,110	$1,462 (69%)	$455 (22%)	$193
One-person, Ontario Works	$907	$869 (96%)	$449 (50%)	-$411

Household	Monthly income	Rent (% of income)	Cost of the ONFB (% of income)	What's left?
One-person, minimum wage	$2,954	$869 (29%)	$474 (16%)	$1,611
One-person, Ontario Disability Support Program	$1,549	$869 (56%)	$449 (29%)	$231
One-person, Old Age Security and Guaranteed Income Supplement	$2,135	$869 (41%)	$318 (15%)	$948

What can be done?

The root cause of food insecurity is poverty. Charitable food programs such as food banks are our primary response to food insecurity. However, charitable food programs do not address poverty. We need a sustainable income solution to this problem.

We can do this by:

- **learning more about**
  - what can be done to reduce food insecurity in Canada proof.utoronto.ca/food-insecurity (PROOF)
  - structural determinants of health nccdh.ca/resources/entry/keeping-it-political-and-powerful-defining-the-structural-determinants-of-health (*Keeping it political and powerful: Defining the structural determinants of health,* National Collaborating Centre for Determinants of Health)

- **supporting**
  - a basic income guarantee basicincomecanada.org (Basic Income Canada Network)
  - an adequate increase in social assistance rates
  - a minimum wage rate that aligns with the cost of living
  - access to community tax clinics to ensure everyone receives all the benefits they deserve

For more information about food affordability, contact Public Health Sudbury & Districts at 705.522.9200 (toll-free 1.866.522.9200) or visit phsd.ca/food-affordability.

September 2025

Algoma PUBLIC HEALTH
Santé publique Algoma
www.algomapublichealth.com

September 12, 2025

Via Email

The Honourable Doug Ford
Premier of Ontario

Subject: Working Together to Reduce Food Insecurity in Ontario

Dear Premier Ford,

On behalf of the Board of Health of Algoma Public Health (APH), please accept our appreciation for the provincial government's efforts to support vulnerable Ontarians, including tying ODSP rates to inflation and increases to minimum wage. These steps are positive, and we hope they signal a continued commitment to addressing the root causes of poverty and food insecurity.

At the same time, we are deeply concerned about the rising rates of food insecurity across Ontario. Between 2022 and 2023, the rate of severe household food insecurity rose from 4.8% to 7.8%[1]. This trend has serious implications for public health, as food insecurity is strongly linked to chronic conditions like diabetes, poor mental health, and increased health care use[1].

We know that food insecurity is fundamentally an income issue. While food banks and community programs provide essential short-term relief, long-term solutions require policies that improve a household's financial stability. Research consistently shows that increasing social assistance rates and aligning minimum wage with a living wage can significantly reduce food insecurity[2-4].

In Algoma, our monitoring food affordability data shows that current social assistance rates fall short of covering basic needs like food and housing[5]. We also know that employment alone is not always protective – over half of food-insecure households in Ontario rely primarily on wages or self-employment income[3].

Blind River
P.O. Box 194
9B Lawton Street
Blind River, ON P0R 1B0
Tel: 705-356-2551
TF: 1 (888) 356-2551
Fax: 705-356-2494

Elliot Lake
ELNOS Building
302-31 Nova Scotia Walk
Elliot Lake, ON P5A 1Y9
Tel: 705-848-2314
TF: 1 (877) 748-2314
Fax: 705-848-1911

Sault Ste. Marie
294 Willow Avenue
Sault Ste. Marie, ON P6B 0A9
Tel: 705-942-4646
TF: 1 (866) 892-0172
Fax: 705-759-1534

Wawa
18 Ganley Street
Wawa, ON P0S 1K0
Tel: 705-856-7208
TF: 1 (888) 211-8074
Fax: 705-856-1752

At its meeting on May 28, 2025, the Algoma Board of Health passed the following motion:

That the Board of Health for the District of Algoma Health Unit continue to advocate for income-based responses by calling on the provincial government to:

1. ***Recognize and acknowledge food insecurity as an income-based problem that requires income-based solutions;***
2. ***Set targets to reduce food insecurity; and***
3. ***Engage with all levels of government, private and non-profit sectors, and people with lived and living experiences, to implement progressive economic policies that increase household income (i.e., living wage, indexing all social assistance to inflation, and using monitoring food affordability data to set adequate social assistance rates).***

We believe these actions align with your government's stated goals of building a stronger, more resilient Ontario. By investing in income-based solutions, we can reduce pressure on our healthcare system, improve quality of life, and ensure that all Ontarians have the opportunity to thrive.

We would welcome the opportunity to work with your government on this important issue and would be pleased to provide further data or insights from our region.

Sincerely,

Suzanne Trivers,
Chair, Board of Health,
Algoma Public Health

cc: Dr. K. Moore, Chief Medical Officer of Health
Heather Schramm, Director, Health Promotion and Prevention Policy and Programs Branch, Ministry of Health
Susan Stewart, Chair, Health Promotion Ontario Executive Committee
Dr. Michael Sherar, President and Chief Executive Officer, Public Health Ontario
MPP Chris Scott, Sault Ste. Marie
MPP Bill Rosenberg, Algoma-Manitoulin
David Thompson, Chair, Algoma Food Security Network
All Ontario Boards of Health

References

1. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Food insecurity & food affordability in Ontario. Toronto, ON: King's Printer for Ontario; 2025. Available from: https://www.publichealthontario.ca/en/Health-Topics/Health-Promotion/Healthy-Eating
2. Idzerda L, Corrin T, Lazarescu C, Couture A, Vallieres A, Khan S, et al. Public policy interventions to mitigate household food insecurity in Canada: a systematic review. Public Health Nutrition. 2024; 27(e83), 1-14.
3. Li T, Fafard St-Germain AA, Tarasuk V. Household food insecurity in Canada, 2022. Toronto: Research to identify policy options to reduce food insecurity (PROOF). 2023. Available from: https://proof.utoronto.ca/resource/household-food-insecurity-in-canada-2022/
4. Ontario Dietitians in Public Health. Position Statement and Recommendations on Responses to Food Insecurity: 2020. Available from: https://www.odph.ca/odph-position-statement-on-responses-to-food-insecurity-1
5. Algoma Public Health. Food Affordability & Food Insecurity in Algoma: The 2024 Nutritious Food Basket Results and Recommendations. 2025. Available from: https://www.algomapublichealth.com/healthy-living/food-insecurity-in-algoma/

PROTECTING WORKERS FROM GROWING FOOD INSECURITY, EXACERBATED BY U.S. TARIFFS

MOTION:

WHEREAS US tariffs are generating economic uncertainty, leading businesses, organizations, and food charities to predict increasing costs of living, including food prices, which will ultimately lead to increased household food insecurity; and

WHEREAS household food insecurity is a serious public health problem that is strongly linked to adverse mental health conditions, increased risk of several chronic diseases, and is associated with increased healthcare costs; and

WHEREAS local monitoring food affordability data show that social assistance rates are not enough to cover the costs of living; and

WHEREAS evidence demonstrates that to effectively address the problem of household food insecurity polices that improve incomes are required;

THEREFORE BE IT RESOLVED THAT the Board of Health commends the Government of Ontario for the development and release of the 2024 Annual Report: Poverty Reduction Strategy, thanks the Government for actions taken thusfar including the increase to the minimum wage as of October 1, 2025, and acknowledges the Poverty Reduction Strategy's importance in advancing efforts to reduce poverty and promote economic well-being across the province; and

THAT the Board of Health call upon the provincial government to further protect workers with limited incomes from the impact of US Tariffs and economic uncertainty; these include increasing the earning exemption to better support those working toward leaving the Ontario Works (OW) program, implementing revisions to social assistance such as increasing rates to reflect the real costs of living, indexing the OW rate to inflation, and establishing a Social Assistance Research Commission to determine evidence-based social assistance rates in communities across the province based on local/regional costs of living, including the cost of food informed by Ontario Nutritious Food Basket (ONFB) data collected by PHUs; and

THAT the Board of Health call upon the federal government to recognize the urgency of transformative income solutions such as a national Basic Income Guarantee program and support Bill S-206 – An Act to develop a national framework for a guaranteed livable basic income.

Public Health
Santé publique
SUDBURY & DISTRICTS

Briefing Note

To: Board of Health for Public Health Sudbury & Districts

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

Date: October 9, 2025

Re: Digital & IT Strategy – Final Strategic Roadmap & Implementation Plan

☐ For Information ☐ For Discussion ☒ For a Decision

Issue:

The need for public health services is growing as health issues worsen in communities across Canada. At the same time, provincial funding for public health continues to grow at levels well below inflation. As a result, local public health agencies must reduce public health services in the face of growing need, and/or seek increasing support from municipalities to mitigate the loss of support for communities.

Public Health Sudbury & Districts has identified leveraging technology as a medium-term priority to unlock efficiencies and harness capacity during these difficult fiscal times. If successful, this will enable supporting the population with less demand on municipalities to make-up for absent provincial funding.

As part of the 2026 Operating Budget, the Boad of Health funded the development of a roadmap for the agency's IT capacity for the future.

The Digital & IT Strategy for Public Health Sudbury & Districts (PHSD), developed over July–September 2025, is now complete. This comprehensive roadmap lays out a five-year plan to modernize infrastructure, improve cybersecurity, strengthen data governance, and enhance workforce sustainability.

To begin implementing this strategy in a responsible and high-impact manner, immediate support is required for select short-term initiatives and critical IT resourcing.

Recommended Action:

That the Board of Health

1. Endorse the recommendations outlined in the PHSD Digital & IT Strategy – Strategic Roadmap & Implementation Plan (October 2025).
2. Endorse, in principle, the priorities for short-term financial investment as outlined in Wave 1 of the strategy, focused on foundational risk reduction and service improvement.
3. Direct the Medical Officer of Health to include the recommended short-term digital and IT investments (Wave 1 initiatives) in the agency's forthcoming budget submission for 2026.

Alternative Actions:

Receive the report for information only, with no action on financial investments. This is not recommended as it would forgo IT investments needed to build Public Health's capacity, and therefore result in either more public health service reductions and/or more impact on municipal levies.

Background:

Through stakeholder engagement, benchmarking, and analysis of PHSD's current digital maturity, the strategy identifies foundational opportunities and high-value opportunities. A total of 21 initiatives have been prioritized across three transformation "waves" from 2025–2029.

Wave 1 (2025–2026) includes initiatives that are low-cost, high-impact, and ready for immediate implementation, such as

- Completing Multi-Factor Authentication rollout across all systems
- Migrating to SharePoint Online and enabling full Teams Phone adoption
- Establishing Digital & Data Governance Councils
- Launching AI-enabled automation pilots (e.g., meeting scheduling, voicemail triage)
- Deploying a Digital Skills & Literacy Program for all staff

Successful execution of these initiatives requires short-term capacity to manage technical implementation, onboarding, and change management.

Further details will be shared in the presentation at the October 16 Board meeting. Board members may also request copies of the very detailed report if interested.

Financial Implications:

Estimated 2026 costs for Wave 1 implementation within the report are modest and scalable

Initiative	Estimated Cost (2025–2026)
Modern Collaboration Tools	$65,000–$100,000
Cybersecurity & Continuity	$75,000–$120,000
Service Management & Digital Ops	$105,000–$155,000
Data, Analytics & Automation	$85,000–$135,000
Governance & Workforce Development	$50,000–$80,000

Two temporary staff positions would be needed for implementation; there are two options to provide this staffing:

Estimated cost for two contract IT positions (12 months): $175,000–$185,000
Estimated cost for one contract + one co-op student (12 months): $145,000–$155,000

In addition, given demand on program staff to support incorporation of technology in their work, there may be opportunity cost within programs and/or offsetting short-term investment in programming capacity to support these changes. These are expected to be modest.

The majority of these costs are one-time expenditures. Approximately $110,000 would be for ongoing costs of licensing. As the rest of the cost are one-time investments into strengthening the agency, use of reserve funds would be possible and avoid impact on municipal levies in the short-term, while building efficiencies that would reduce pressure on the levies over the long-term.

These investments are recommended to be incorporated into PHSD's 2026 operating budget submission and may be offset through digital grants or internal expenditure reductions elsewhere.

IT team and IT infrastructure implications:

The existing IT team is capable but overstretched. Execution of Wave 1 initiatives—especially those involving new platforms, cybersecurity protocols, and staff training—requires temporary capacity expansion. The two proposed roles would support

- SharePoint and Teams deployment
- Asset and service management rollout
- Ticketing system integration
- Cybersecurity playbook development
- User support and change management

This approach prevents burnout, reduces risk, and accelerates implementation—without requiring long-term staffing commitments.

Ontario Public Health Standard:

This strategy supports

- Effective Public Health Programs & Services, by modernizing systems for surveillance, emergency preparedness, and analytics
- Foundational Standards, through strengthened infrastructure, privacy, and security compliance
- Health Equity, by embedding digital inclusion and accessibility into design and governance

Strategic Priority:

This initiative aligns with PHSD's 2024–2028 Strategic Plan, advancing the priority of "Transforming Together: Innovation and Infrastructure" through deliberate investment in modernization and service excellence.

Contact:

Dr. Kyle Wilson, PhD, MBA, MSc, CEO, T1-T2 Consulting Inc.

DIGITAL & IT STRATEGY ENGAGEMENT

MOTION:

WHEREAS public health funding from the provincial government continues to lag inflation, while demands for public health services instead grow;

WHEREAS technology adoption offers opportunity to enhance services and deliver services for less costs, thereby providing a pathway to manage the current workload and funding mismatch; and

WHEREAS the Board of Health budgeted for an IT assessment in 2025; and

WHEREAS the results of that IT assessment are now available;

THEREFORE BE IT RESOLVED THAT the Board of Health endorse the recommendations outlined in the Public Health Sudbury & Districts Digital & IT Strategy–Strategic Roadmap & Implementation Plan (October 2025); and

THAT the Board of Health endorse, in principle, the priorities for short-term financial investment as outlined in the strategy, focused on foundational risk reduction and service improvement; and

THAT the Board of Health direct the Acting Medical Officer of Health & CEO to include the recommended digital and IT investments in Public Health Sudbury & Districts forthcoming budget submission for 2026.

Public Health
Santé publique
SUDBURY & DISTRICTS

Briefing Note

To: Board of Health for Public Health Sudbury & Districts

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

Date: October 9, 2025

Re: **Advancing Governance-Level ReconciliAction at the Board of Health**

☐ For Information ☐ For Discussion ☒ For a Decision

Issue: The Board of Health for Public Health Sudbury & Districts continues its journey of reconciliation. Significant steps have been taken, including the endorsement of the Indigenous Engagement Governance ReconciliAction Framework in June 2023 and the successful advocacy for Indigenous representation on the Board, aligned with Strategic Direction I of the framework.

While there has been progress, especially in education and representation, ongoing implementation of the ReconciliAction Framework requires governance-level reciprocal engagement with Indigenous communities. This is in alignment with Strategic Direction II of the Framework.

Recommended Action:

1. THAT the Board of Health for Public Health Sudbury & Districts establish a Reconcilliation Subcommittee composed of the Chair and two additional Board members to guide, monitor, and support the implementation of the Indigenous Engagement Governance ReconciliAction Framework; and,
2. THAT the Board of Health issue a Request for Quotation (RFQ) for an Indigenous Governance Consultant
    a. to support the development of a governance strategy that advances the ReconciliAction Framework and builds reciprocal relationships between the Board of Health with First Nations communities and urban Indigenous organizations, in alignment with Strategic Direction II, and
    b. to advise on the best terminology for use in official Board materials and decisions, particularly the evolving use of terms such as First Nations, Indigenous, Aboriginal, and Citizens Plus.

Alternative Actions: N/A

Background:

Since Motion #20-12 (2012) directing dialogue with area First Nations, the Board of Health has made meaningful strides in engagement with First Nations and urban Indigenous organizations. In 2018, the board formally endorsed Motion #31-18 and adopted the Indigenous Engagement Strategy: Finding our Path Together, built in collaboration with First Nation and urban Indigenous partners.

In the last two years, Board members have participated in the Unlearning & Undoing White Supremacy and Racism Project and two cultural competency sessions. These efforts have strengthened the Board's awareness of its responsibility to First Nations, Métis, and Inuit Peoples.

In June 2023, the Board endorsed the Indigenous Engagement Governance ReconciliAction Framework, which provides a roadmap for governance-level action. Shortly thereafter, the Board passed Motion #20-25 to Prioritize Indigenous representation in future appointments which resulted in an Anishinabek member joining the Board on nomination by the Greater City of Sudbury. In 2025, the Board sponsored an alPHa resolution for Indigenous representation on all boards of health across Ontario.

While these actions reflect progress under Strategic Directions I and III, Strategic Direction II which includes the engagement of First Nations communities and urban Indigenous organizations and populations to build and foster meaningful relationships has seen progress at the staff level, but not the govenance level. Governnce-level engagement therefore requires intentional structure and resourcing. A governance-level subcommittee dedicated to this engagement will provide consistent governance oversight and ensure the framework is actioned thoughtfully and meaningfully.

An Indigenous Governance Consultant will bring expertise and lived experience to support the Board in developing strategies, protocols, and engagement approaches grounded in Indigenous knowledge systems. This will ensure the work is culturally safe, community-informed, and aligned with public health mandates and the Truth and Reconciliation Commission of Canada: Calls to Action.

Risks for not Proceeding:
Without a structured approach and expert support, the ReconciliAction Framework risks becoming symbolic rather then actionable. This could lead to missed opportunities, weakened relationships with First Nations communities and urban Indigenous organizations, and a failure to meet both internal commitments and external expectations related to reconciliation and health equity.

Financial Implications:
Consistent with the Agency's procurement policies, a competitive process will be undertaken to recruit a governance consultant with Indigenous credentials. It is estimated that a consultant will cost approximately $15,000. The cost of this will be incorporated into the 2026 Operating Budget.

Ontario Public Health Standard:
Health Equity Standard

Strategic Priority:
Impactful relationships
Excellence in public health practice

Governance ReconciliAction Framework – Strategic Direction II

Contact: Kathy Dokis, Director, Indigenous Public Health

ESTABLISHMENT OF A RECONCILIATION SUBCOMMITTEE AND ENGAGEMENT OF INDIGENOUS GOVERNANCE CONSULTANT

MOTION:

WHEREAS the Board of Health for Public Health Sudbury & Districts has demonstrated an ongoing commitment to advancing reconciliation through meaningful action and governance leadership, including the endorsement of the ***Indigenous Engagement ReconciliAction Framework*** in June 2023; and

WHEREAS this commitment has been further demonstrated by successful advocacy for Indigenous representation on the Board, cultural competency training and participation in the Unlearning & Undoing White Supremacy and Racism Project; and

WHEREAS Strategic Direction II of the ***ReconciliAction Framework*** highlights the need for sustained, reciprocal engagement with First Nations communities and urban Indigenous organizations, requiring dedicated governance structures and culturally grounded expertise; and

WHEREAS the development of a governance engagement strategy and oversight mechanism is critical to ensure the implementation of the ***ReconciliAction Framework*** is accountable, community-informed, and culturally safe;

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts establish a Reconciliation Subcommittee composed of the Chair and two additional Board members to guide, monitor, and support the implementation of the ***Indigenous Engagement Governance ReconciliAction Framework***; and,

THAT the Board of Health issue a Request for Quotation (RFQ) for an Indigenous Governance Consultant to:

- support the development of a governance strategy that advances the ***ReconciliAction Framework*** and builds reciprocal relationships between the Board of Health with First Nations communities and urban Indigenous organizations, in alignment with Strategic Direction II, and
- advise on the best terminology for use in official Board materials and decisions, particularly the evolving use of terms such as First Nations, Indigenous, Aboriginal, and Citizens Plus.

ADDENDUM

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

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