Board of Health Meeting #08-25

Public Health Sudbury & Districts

Thursday, November 20, 2025

1:30 p.m.

Boardroom

1300 Paris Street

Public Health
Santé publique
SUDBURY & DISTRICTS

REMINDER:
BOARD OF HEALTH
CELEBRATION

Thursday, November 20, 2025
Immediately following the Unlearning Club Session

AGENDA – EIGHTH MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
BOARDROOM, LEVEL 3
THURSDAY, NOVEMBER 20, 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) Iceland Prevention Model: An upstream community-based substance use prevention approach

- Michaela Penwarden-Watson, Health Promoter, Health Promotion and Vaccine Preventable Diseases Division
- Jackie Balleny, Executive Director, Sudbury District Restorative Justice

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

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

5. CONSENT AGENDA

i) Minutes of Previous Board of Health Meeting

a. Seventh Meeting – October 16, 2025

ii) Business Arising from Minutes

iii) Report of Standing Committees

- Unapproved Board of Health Finance Standing Committee minutes, November 3, 2025

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

a. MOH/CEO Report, November 2025

v) Correspondence

a. Grey Bruce Public Health Board of Health
- Email from Board Chair to Deputy Minister of Health dated November 2, 2025

vi) Items of Information

None.

APPROVAL OF CONSENT AGENDA

MOTION:

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

6. NEW BUSINESS

i) Annual Board of Health Self-Evaluation 2025 Survey Results

- Briefing note from Dr. M.M. Hirji, Acting Medical Officer of Health and Chief Executive Officer dated November 13, 2025

ii) Proposed 2026 Cost-Shared Operating Budget

- Briefing note and schedules from Dr. M.M. Hirji, Acting Medical Officer of Health and Chief Executive Officer dated November 13, 2025

IN CAMERA

IN CAMERA

MOTION:

THAT this Board of Health goes in camera to deal with personal matters involving one or more identifiable individuals, including employees or prospective employees. Time: _____

RISE AND REPORT

RISE AND REPORT

MOTION:

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

2026 COST-SHARED OPERATING BUDGET

MOTION:

WHEREAS the Board of Health Finance Standing Committee reviewed and discussed the details of the proposed 2026 cost-shared operating budget at its November 3, 2025, meeting; and

WHEREAS the Finance Standing Committee recommends the proposed budget to the Board of Health for approval;

THEREFORE BE IT RESOLVED THAT the Board of Health approve the 2026 cost-shared operating budget for Public Health Sudbury & Districts in the amount of $32,029,390.

AND THAT the Board of Health, per Bylaw G-I-70, authorize the transfer of up to $2,413,088 from the Reserve Funds to the operating budget to offset one-time technological investments in artificial intelligence use cases, the Information Technology Strategy & Roadmap, the onboarding of Electronic Medical Records, and the onboarding and transition to a new Human Resources/Payroll/Learning Management system.

AND THAT the Board of Health, per Bylaw G-I-70, authorize the transfer of up to $404,095 from the Reserve Funds to the operating budget to offset a pilot project to immunize seniors against seasonal respiratory infections in 2026.

iii) Staff Appreciation Day

STAFF APPRECIATION DAY

MOTION:

WHEREAS the Board of Health has for decades provided staff with an Appreciate Day off in consideration for their excellent service to the community.

THEREFORE BE IT RESOVED THAT this Board of Health approve a Staff Appreciation Day for the staff of Public Health Sudbury & Districts during the upcoming holiday season. The Staff Appreciation Day may be taken between the dates of December 1, 2025, to February 28, 2026. Essential services will be available and provided at all times except for statutory holidays when on-call staff will be available.

iv) Update on alPHa Motion Regarding Indigenous Membership on all Boards of Health

a. Briefing Note from Dr. M.M. Hirji, Acting Medical Officer of Health and Chief Executive Officer dated November 13, 2025
b. Motion tabled at the alPHa General Meeting June 19, 2025
c. Letter sent by alPHa Board of Directors November 10, 2025

INDIGENOUS MEMBERSHIP ON ALL BOARDS OF HEALTH

MOTION:

WHEREAS on June 19, 2025, the Board of Health proposed to the Association of Local Public Health Agencies (alPHa) Annual General Meeting a resolution that all boards of health should have an Indigenous member,

AND WHEREAS the alPHa Annual General Meeting opted not to adopt the resolution, but refer it to the alPHa Board of Directors,

AND WHEREAS the alPHa Board of Directors has decided not to adopt a resolution, but has written to the Minister of Health to advocate for Indigenous membership on boards of health,

AND WHEREAS there are omissions to that advocacy as compared to the originally proposed resolution,

AND WHEREAS several elements of the process to get to this advocacy letter have revealed colonial practices in the operations of alPHa,

BE IT RESOLVED THAT the Board of Health write to the alPHa Board of Directors

1. **to thank them for the advocacy letter to the Minister of Health that advances the issue the Board of Health had raised,**
2. **to highlight considerations omitted from the advocacy letter that should nonetheless remain important for alPHa's consideration should there be further dialogue or follow-up regarding Indigenous membership on boards of health,**
3. **to share feedback on colonial ways within their process which are harmful to Indigenous persons, and which should be corrected,**
4. **to advise creation of fora that would allow Indigenous persons, boards of health, and their staff to continue dialogue around how Indigenous membership on boards of health can continue to be advanced, thus facilitating self-determination by Indigenous persons and furthering reconciliation after the process thusfar.**

7. ADDENDUM

ADDENDUM

MOTION:

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

8. ANNOUNCEMENTS

- November 20, 2025, Board of Health meeting evaluation
- Board of Health Annual Mandatory Training: Emergency Preparedness
- Board of Health Unlearning Club
- Board of Health celebration following today's Unlearning Club

9. ADJOURNMENT

ADJOURNMENT

MOTION:

THAT we do now adjourn. Time: ____

MINUTES – SEVENTH MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
BOARDROOM, LEVEL 3
THURSDAY, OCTOBER 16, 2025 – 1:30 P.M.

BOARD MEMBERS PRESENT

Ryan Anderson	Amy Mazey	Angela Recollet
Robert Barclay	Ken Noland	Mark Signoretti
Michel Brabant	Michel Parent	Natalie Tessier

BOARD MEMBERS REGRET

Renée Carrier	Abdullah Masood
Natalie Labbée	

STAFF MEMBERS PRESENT

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

M. SIGNORETTI PRESIDING

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT

The meeting was called to order at 1:32 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.

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

Dr. Hirji invited the presenters to present on the innovative ways technology was leveraged to find efficiencies given fewer resources as it relates to vaccinations of children who are in childcare.

S. Noble and N. Lalonde explained why immunization matters in licensed childcare settings and outlined requirements under the Child Care and Early Years Act (CCEYA). Public health's role was explained for collecting, reviewing and maintaining immunization records for all enrolled children to identify those at risk for vaccine preventable diseases. They detailed the resumption and modernization of immunization compliance for children in licensed childcare, describing how, after a pause since 2019 due to pandemic-related capacity issues, the public health team resumed immunization compliance work in 2025 by leveraging technology, including external SharePoint sites for childcare providers to upload registered data electronically and automated letter generation. The process of notifying parents of overdue immunizations and transferring follow-up responsibility to childcare centers for non-compliant families, was outlined as an effective approach due to the centers' regular contact with families. Additional use of technology in the Vaccine Preventable Disease program includes an online vaccine education session for exemption requests and digital consent forms for school-based vaccination clinics.

Insights from this pilot will be refined and scaled for the upcoming *Immunization of School Pupils Act (ISPA)* enforcement programming in early 2026, which is significantly more labor-intensive than the CCYEA programming.

Comments and questions were entertained and related to the provincial legislation for medical, religious or conscientious exemptions and the 200 exemption requests submitted online in the past school year. The presenters were thanked for their presentation.

5. CONSENT AGENDA

i) Minutes of Previous Meeting

a. Sixth Meeting – September 18, 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, 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

41-25 APPROVAL OF CONSENT AGENDA

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

CARRIED

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

B. King was invited to speak about protecting workers from growing food insecurity, exacerbated by U.S. tariffs and defined household food insecurity as inadequate or insecure access to food due to financial constraints. The related health impacts and the methods used to measure household food insecurity were outlined. Household food insecurity has negative effects on both mental and physical health across all ages, and there are increased risks for chronic conditions and developmental risks in children. There are higher mortality

rates with higher rates for those experiencing household food insecurity in its most severe form. Food insecurity disproportionately affects female-led single-parent households, households receiving social assistance, and individuals impacted by systemic racism and historical and ongoing impacts of colonization. From 2022 to 2024, nearly one in five households in the Public Health Sudbury & Districts service area experienced some level of food insecurity, an increase from 16.3% in the 2019-2021 period.

Since 1998, Ontario's boards of health have been mandated to monitor food affordability and an annual process helps assess whether households can afford a basic nutritious diet, also known as the Ontario Nutritious Food Basket. Ontario dieticians and public health professionals develop detailed income scenarios annually to reflect different household types and income sources, with 13 income scenarios created for 2025. B. King illustrated an example of a one-person household on Ontario Works with Sam's story to illustrate the financial challenges faced by individuals relying on social assistance, including inadequate financial allowances for shelter and food. Additionally, the trade tensions between Canada and the US are creating uncertainty and could have a negative impact on food insecurity due to disruption in food availability, rising food prices, increased demand on charitable food programs and job losses. These economic uncertainties underscore the urgency to address income inadequacies that lead to food insecurity. The importance of policy decisions in addressing food insecurity was emphasized, recommending actions at municipal, provincial, and federal government levels, and strategies for advocacy to address food insecurities.

Comments or questions were entertained, including support for Wild Food Bank and Harvest camps and overall responses from government to Public Health Sudbury & Districts advocacy letters. In future, a follow-up will be done with the respective Ministries if a response is not received from the government relating to Board motions.

42-25 PROTECTING WORKERS FROM GROWING FOOD INSECURITY, EXACERBATED BY U.S. TARIFFS

MOVED BY RECOLLET – PARENT: 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 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; 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.

CARRIED

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

Dr. Hirji noted that, per the 2025 Board approved budget, T1-T2 consulting was hired to develop a road map to scale up the use of technology across the organization to realize efficiencies and harness capacity during these difficult fiscal times. The recommended actions in the briefing note from the Board motion were summarized.

Dr. Wilson from T1-T2 Consulting was invited to present the report regarding the Public Health Sudbury & Districts' IT digital strategy roadmap for the next three to five years. Dr. Wilson outlined the need for modernization noting legacy system challenges, cybersecurity risks, and staff burnout as drivers for change. It was added that the current appetite for strategic IT transformation is strong among staff, especially those burdened by manual processes.

The strategy is structured into three waves of transformation and specific initiatives and associated outcomes/benefits within each of the following waves were described:

- Wave 1 (2025-26) focuses on quick wins and risk reduction focusing on foundational changes such as cloud migration and cybersecurity improvements;
- Wave 2 (2026-27) centers on systems integration and governance, including the launch of a data governance committee;
- Wave 3 (2028-29) aims to drive innovation and equity through advanced tools and responsible AI adoption, leveraging the established foundation for cost efficiency and service improvement.

The strategy aims to empower staff with modern tools and enable data-driven decision making. Connecting digital strategy to mandate outcomes include accelerated outbreak response and improved data infrastructure for real-time tracking, streamlined immunization workflows, better access for rural and remote teams, and alignment with health equity priorities.

Estimated costing for projects in Wave 1 were outlined, including contract resources which do not require any changes in the cost-shared budget, focusing on capacity and not scale.

It was noted that the risk of inaction is greater than the risk of action.

Questions and comments were entertained. Dr. Hirji clarified that data collection for Indigenous persons will be done in partnership with them to ensure they have a say in how that data will be used. It was shared that the Director of Indigenous Public Health is leading an Indigenous data sovereignty project for Public Health Sudbury & Districts and will be done in parallel to this data governance work. It was suggested that a list of unwanted events be summarized to justify/reinforce the need for this work.

43-25 DIGITAL & IT STRATEGY ENGAGEMENT

MOVED BY ANDERSON – TESSIER: 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.

CARRIED

i) 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

While there has been progress by the Board of Health since the endorsement of the Indigenous Engagement Governance ReconciliAction Framework in June 2023, ongoing implementation of the ReconciliAction Framework requires governance-level reciprocal engagement with Indigenous communities. The motion seeks support by the Board of Health to establish a Reconciliation Subcommittee to guide, monitor, and support the implementation of the Indigenous Engagement Governance ReconciliAction Framework; and for a Request for Quotation (RFQ) for an Indigenous Governance Consultant. Part of the consultant's role will be to advise on the best terminology for us in official Board materials and decisions, particularly the evolving use of terms such as First Nations, Indigenous, Aboriginal, and Citizens Plus

There were no questions or comments.

44-25 ESTABLISHMENT OF A RECONCILIATION SUBCOMMITTEE AND ENGAGEMENT OF INDIGENOUS GOVERNANCE CONSULTANT

MOVED BY RECOLLET – MAZEY: 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.**

CARRIED

The Board of Health agreed to entertain the following motion nominating the two Board of Health members to expedite the establishment of the Reconciliation Subcommittee.

45-25 BOARD APPOINTMENTS TO THE RECONCILIATION SUBCOMMITTEE OF THE BOARD OF HEALTH

MOVED BY BRABANT – NOLAND: THAT the following two Board of Health members participate on the Reconciliation Subcommittee of the Board of Health which is tasked to guide, monitor, and support the implementation of the Indigenous Engagement Governance ReconciliAction Framework:

1. **Angela Recollet, Board of Health member**
2. **Michel Brabant, Board of Health member**
3. **Board of Health Chair**
4. **Medical Officer of Health/Chief Executive Officer**
5. **Director, Indigenous Public Health**
6. **Secretary Board of Health**

CARRIED

7. ADDENDUM

None

8. ANNOUNCEMENT

i) October 16, 2025, Board of Health meeting survey

Board of Health members were asked to complete the survey for today's Board of Health meeting.

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

Board of Health members were reminded to complete the annual Board of Health self-evaluation survey by October 17, 2025.

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

Under provincial emergency management legislation, Board members must complete emergency management training each year. Board members are to review the annual mandatory Emergency Preparedness PowerPoint presentation in Diligent One/BoardEffect and email R. Quesnel to confirm once you have completed the review.

Board members who did not have their professional headshot taken in September are invited to arrive at 12:45 pm on November 20, 2025. The photographer will be available in the Ramsey Room to take your photo prior to the start of the November 20 Board meeting.

Following the Board meeting on November 20, Board members are warmly invited to stay for a special Board of Health celebration. Light refreshments will be served as a token of appreciation for your valuable contributions and dedication to the Board of Health.

The Unlearning Club scheduled for today following today's Board meeting is deferred to next month.

9. ADJOURNMENTS

46-25 ADJOURNMENT
MOVED BY PARENT– BARCLAY: THAT we do now adjourn. Time: 2:46 p.m.

CARRIED

_____ (Chair)

_____ (Secretary)

Public Health
Santé publique
SUDBURY & DISTRICTS

UNAPPROVED MINUTES
BOARD OF HEALTH FINANCE STANDING COMMITTEE
MONDAY, NOVEMBER 3, 2025 – 1 P.M.
BOARDROOM/VIRTUAL MEETING

MEMBERS:	Renée Carrier	Michel Parent
	Mark Signoretti	Natalie Tessier
EX-OFFICIO STAFF:	Renée Higgins/Sandra Laclé	Rachel Quesnel, Recorder
	M. Mustafa Hirji	
INVITED STAFF:	Stacey Laforest	Keeley O'Neill
	Renée St Onge	

M. PARENT PRESIDING

1. CALL TO ORDER

The meeting was called to order 1 p.m.

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

There were no declarations of conflict of interest.

4. APPROVAL OF BOARD OF HEALTH FINANCE STANDING COMMITTEE MINUTES

4.1 Board of Health Finance Standing Committee Notes dated June 2, 2025

05-25 APPROVAL OF MEETING NOTES

MOVED BY CARRIER – TESSIER: THAT the meeting notes of the Board of Health Finance Standing Committee meeting of June 2, 2025, be approved as distributed.

CARRIED

5. NEW BUSINESS

5.1 Year-to-Date Financial Statements

a) September 2025 Financial Statements

The financial statements to September 30, 2025, show a positive variance of $1,979,930 and there continues to be significant recruitment challenges resulting in vacancies. The summary by expenditures outlines categories of expenditures trending to be in surplus. The summary of revenues and expenditures for 100% Ministry-funded programs show that we are on track to be fully expensed within their respective fiscal years with the exception with of the Indigenous communities expenditure line which is planned to be subsidized with the cost-shared budget.

5.2 Financial Management Policy Review

a) Schedule of Policy Review *

The Policy review cycle for Board of Health by-laws and Public Health Sudbury & Districts operational policies concerning financial matters were reviewed. The color categories outline Policy reviews not started, in progress, delayed or completed. Discussion was held regarding prioritization and staggering of the review cycles.

5.3 Proposed 2026 Operating Budget

a) Briefing Note: Budget Context and Assumptions
b) 2026 Draft Budget Schedule

M.M. Hirji provided highlights from the briefing note outlining context and assumptions for the proposed 2026 cost-shared operating budget.

Key considerations include worsening community health outcomes and that provincial funding for public health is not keeping up with inflation. A variety of strategies to manage the budget pressure were considered during the development of the proposed budget, including reductions in services, innovation with processes and technology, and increases to the municipal levy to offset the provincial funding gap.

The proposed 2026 budget reflects a commitment to leveraging technology and focuses on innovation to deliver services more efficiently and includes targeted investments to preserve services, while containing budget growth. This builds on last year's priorities, focusing on technology as well as culture and engagement. The proposed budget includes an increase to the municipal levy to help manage budget pressures and leverages reserves to make targeted investments that improve the organization's long-term sustainability. These elements serve as the foundation for the proposed budget and inform matters addressed in closed session.

Questions and comments were entertained and it was recapped that, per the Ministry's commitment in 2023, that provincial funding for 2024, 2025 and 2026 would be 1%. There are no updates from the Ministry regarding the funding review or mergers. In response to an inquiry regarding budget surpluses and before going to the closed session, M.M. Hirji noted that the proposed 2026 budget includes a proposed increase to gapping.

06-25 IN CAMERA

MOVED BY PARENT– SIGNORETTI: THAT this Board of Health Finance Standing Committee goes in camera for personal matters involving one or more identifiable individuals, including employees or prospective employees. Time: 1:15 p.m.

CARRIED

07-25 RISE AND REPORT

MOVED BY CARRIER – TESSIER: THAT this Board of Health Finance Standing Committee rises and reports. Time: 2:46 p.m.

CARRIED

M. Parent reported that one personal matter involving one or more identifiable individuals, including employees or prospective employees, was discussed and the following motion emanated:

08-25 APPROVAL OF BOH FINANCE INCAMERA

MOVED BY TESSIER – SIGNORETTI: THAT this Board of Health Finance Standing Committee approve the meeting notes of the November 4, 2024, 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

The following motion relating to the proposed 2026 Operating Budget (item 5.3) was tabled:

09-25 2026 OPERATING BUDGET

MOVED BY SIGNORETTI – TESSIER: THAT the Board of Health Finance Standing Committee, having reviewed and discussed the details of the proposed 2026 cost-shared operating budget at its November 3, 2025, meeting, direct the Acting Medical Officer of Health to finalize the budget totaling $32,029,390; and

THAT the Finance Standing Committee recommend this budget to the Board of Health for approval at its November 20, 2025, meeting.

CARRIED

7. ADJOURNMENT

10-25 ADJOURNMENT

MOVED BY PARENT– SIGNORETTI: THAT we do now adjourn. Time: 2:48 p.m.

CARRIED

_____ _____

(Chair) (Secretary)

Public Health
Santé publique
SUDBURY & DISTRICTS

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

Words for thought

Loss of Canada's Measles Elimination Status

Français

Government of Canada | Gouvernement du Canada

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Statement from the Public Health Agency of Canada on Canada's Measles Elimination Status

From: Public Health Agency of Canada

Statement

November 10, 2025 | Ottawa, ON | Public Health Agency of Canada

The measles vaccine is the best way to protect you and your family. By staying vigilant and working together to increase measles vaccine coverage, we can prevent outbreaks and keep our communities safe against this preventable disease.

Canada is currently experiencing a large, multi-jurisdictional outbreak of measles that began in October 2024 with cases in Alberta, British Columbia, Manitoba, New Brunswick, Nova Scotia, Ontario, Prince Edward Island, Quebec, Saskatchewan, and the Northwest Territories. While transmission has slowed recently, the outbreak has persisted for over 12 months, primarily within under-vaccinated communities.

The Pan American Health Organization (PAHO) has notified the Public Health Agency of Canada (PHAC) that Canada no longer holds measles elimination status. PAHO's Measles and Rubella Elimination Regional Monitoring and Re-Verification Commission reviewed recent epidemiological and laboratory data, confirming sustained transmission of the same measles virus strain in Canada for a period of more than one year.

PHAC is collaborating with the PAHO and working with federal, provincial, territorial, and community partners to implement coordinated actions—focused on improving vaccination coverage, strengthening data sharing, enabling better overall surveillance efforts, and providing evidence-based guidance.

In October 2025, Health Ministers from across the country were briefed on the status of measles in Canada and committed to working together and discussing coordinated actions, including strategies to build trust through community engagement. Ministers also acknowledged the importance of health security to collectively protect Canada against public health threats.

Canada can re-establish its measles elimination status once transmission of the measles strain associated with the current outbreak is interrupted for at least 12 months.

Source: https://www.canada.ca/en/public-health/news/2025/11/statement-from-the-public-health-agency-of-canada-on-canadas-measles-elimination-status.html

Date: November 10, 2025

After Smallpox was last seen in 1977, with formal eradication in 1980, the international public health community set its sights on two more diseases that had the potential for eradication: polio as the next priority, and measles to follow after that.

By 2015, polio has been eliminated from all countries except for Pakistan and Afghanistan. In 2021, infections in those countries fell to a total of 5. However, that year it spread from Pakistan to Malawi, and then the following year to Mozambique. From there it has resurged in Afghanistan and Pakistan with 99 infections in 2024, and global eradication of endemic polio remains out of reach.

For measles, the Americas had been leading the way. Canada eliminated measles in 1998, after introducing a routine second dose of measles vaccine in 1996. The US followed suit in 2000. And by 2016, the entire Americas has eliminated measles, proving to be an example to the world. Unfortunately, in 2018, that Americas-wide status was lost due to a measles outbreak in Brazin and Venezuela. It was only last year, 2024, that the Americas reclaimed elimination status. However, with Canada having lost elimination status, the Americas loses it too. And it is expected that the United States will soon lose their elimination status as well.

Humankind’s history of eradicating infections has therefore not been one-way. Gains are not permanent, and can be easily lost, as we have sadly seen. It is a reminder that the work of public health and infection prevention requires ongoing attention, dedication, and resourcing if it is to achieve durable outcomes.

Report Highlights

1. Revision to the Ontario Public Health Standards

As part of the August 2023 “Strengthening Public Health” initiative by the provincial government, a review of the Ontario Public Health Standards was launched with the goal of narrowing the mandate of public health to better align with the declining funding for public health. The review was supposed to be completed by spring 2024, but near-final drafts of the Standards are only now being released with a January 2026 timeline for completion of the review.

Based on the draft Standards released, there seems to be very minimal reduction in the mandate of public health, nowhere near matching the reduction in funding and capacity that public health has experienced over the past 10 years (an 18% inflation-adjusted reduction in funding).

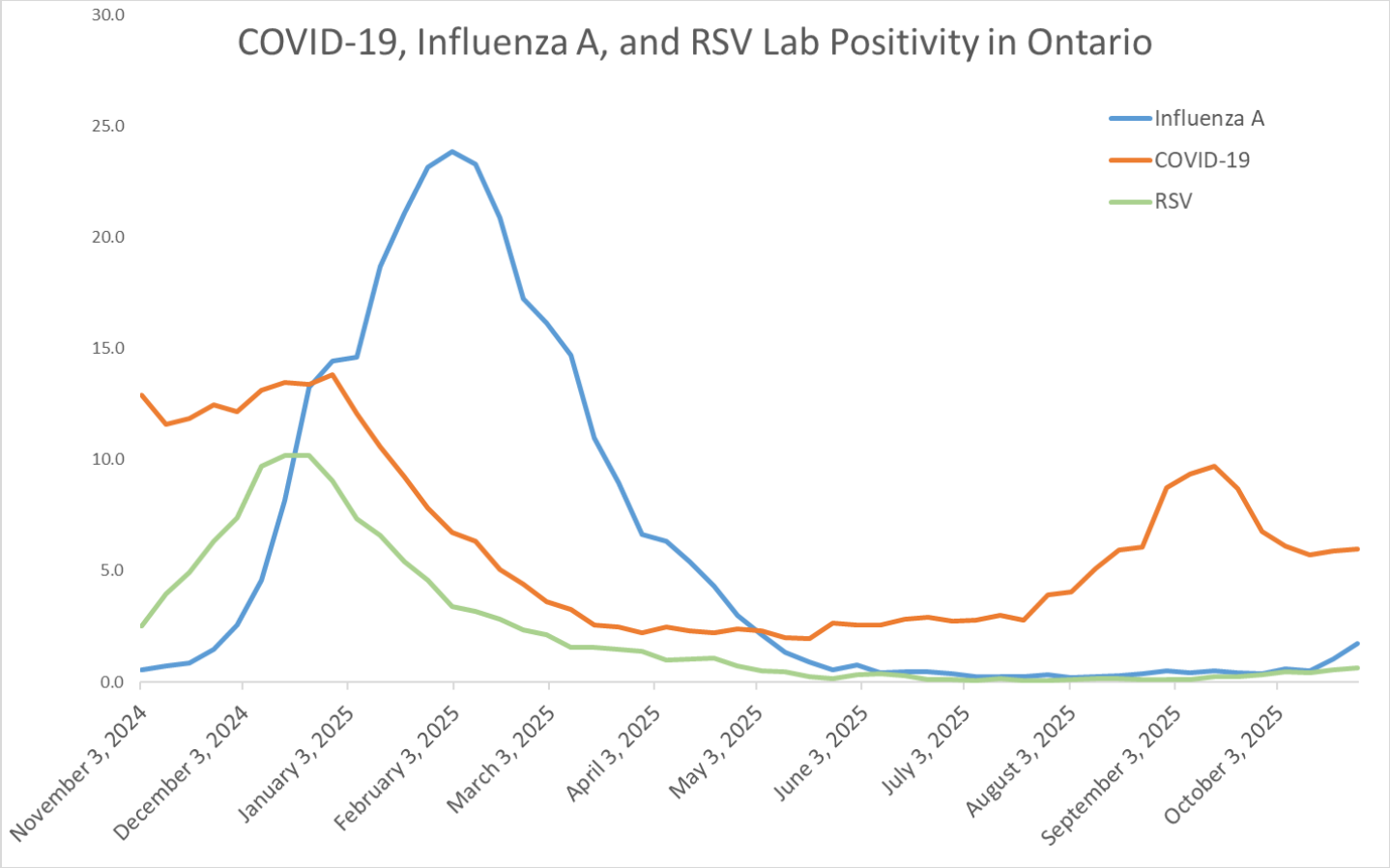
Public Health Sudbury & Districts is continuing to review the drafts as released to consider their implications for our work. Public Health has adopted an outcome-focused orientation rather than a compliance-focused orientation. Therefore, while the content of the Standards will be considered, ultimately Public Health will do what will achieve the best outcomes for the population we serve.

2. Health Promotion Reorientation

Over the past year, Public Health has been working to re-orient work on health promotion to become more impactful. This includes orienting to work more upstream on the root causes of illness and determinants of health, rather than working downstream to mitigate risk factors for illness after they have already been experienced.

Public Health is nearing the end of this work, and in the near future, shifts in work assignments and priorities will be announced. As part of this change, Public Health will focus on fewer topics but put more critical mass of capacity behind them. This will strengthen our response to topics of public interest-like substance use and housing, as well as topics like adverse childhood experience which hold huge promise to make significant improvements in health.

3. Respiratory Virus Season



Data from the Ontario Respiratory Virus Tool (Public Health Ontario).

As we enter the respiratory virus season, we are paying close attention to the respiratory viruses that cause the most severe disease. Although both Influenza and RSV are still very low, both have shown a small uptick recently, particularly Influenza. COVID-19 had a spike in September aligned with the return to school but had declined since then before showing a small uptick in recent weeks.

Reports from other countries indicate that this could be an unusually severe influenza season. Indeed, school closures and closures of other businesses have been reported in other jurisdictions already affected by influenza.

Give the respiratory virus outbreaks have not yet started, there is time for everyone to get their vaccination before it is too late. With the upticks that we are seeing, it may only be a matter of weeks before we are in the depths of severe respiratory virus outbreaks. Vaccination is our best tool to avoid that.

4. Emergency Exercise: Avian Influenza

Public Health held its annual emergency exercise in October, with this year's scenario being the introduction of highly pathogenic H5N1 avian influenza into Sudbury & Districts. Through a mock scenario, we worked through management of human risk from such outbreaks and identified opportunities for improvement. This exercise achieves our annual requirement to do emergency management training. On a similar vein, as discussed below, there is annual training required for Board of Health members to complete as well.

5. HR Strategy

Public Health is in the late stages of developing its HR strategy, as supported in the 2025 operating budget through hiring of a consultant. Work at this stage is focused on ensuring the strategy delivered is sufficiently through to enable swift implementation once received.

General Report

1. Board of Health

Joint Board/Staff Accountability Working Group

We continue to have an opening for a Board of Health member on the Joint Board/Staff Accountability Working Group.

Per the Joint Board/Staff Accountability Working Group Terms of Reference (attached to the November 20, 2025, Board of Health meeting event in BoardEffect), the Working Group is responsible for reviewing annual Accountability Monitoring Reports and other reports as required. Members of the Joint Board of Health/Staff Accountability Monitoring Working Group provide input on the Plan; review the reports for content and format; help provide interpretive comments on results; and present reports to the full Board of Health. The Working Group meets approximately one to two times per year. The next meeting is expected to occur in late January or early February 2026. Please let the Board Chair or the Board Secretary know if you are interested in joining the Working Group.

Mandatory Emergency Preparedness – Board of Health training

Each board member is required to complete the **mandatory** annual emergency preparedness and response training for 2025, which consists of reviewing a Power Point presentation. The emergency preparedness PowerPoint is attached to the November 20, 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.

Board of Health meetings

There is no regularly scheduled Board of Health meeting in December.

The date of the next Board of Health meeting is Thursday, January 15, 2026, at 1:30 p.m. The election of officers will take place at that meeting. Board of Health meeting dates for 2026 are available in BoardEffect under Events and listed on phsd.ca.

Celebrating Board of Health member contributions

In recognition of your engagement and contributions to the Board of Health, Board of Health members are invited to join the Senior Management Executive Committee members for light refreshments in the Boardroom following the November 20, 2025, Board meeting and Unlearning Club session.

Association of Local Public Health Agencies (alPHa) Fall Symposium

This year's Fall Symposium and workshops took place November 5 to 7, 2025. Although no Board members were available to attend, I attended the virtual symposium as did Director of Corporate Services, Renée Higgins.

alPHa also hosted a virtual Executive Assistants/Administrative Assistants Fall Workshop on November 4, 2025, which Executive Assistant and Board Secretary R. Quesnel attended. The workshop focused on better collaboration with others through understanding different communication styles.

2. Local and Provincial Meetings

On October 20, 2025, I met with Dr. M. Larivière, a clinical psychologist, Associate Professor and professor with NOSMU, who invited me to join the Walk With a Doc. As a Board member of the Sudbury Food Bank, I participated in the fall meeting on November 4, 2025. The Public Health Leadership Table Comprehensive Health Promotion Working Group held its second virtual meeting which I attended on November 6, 2025. On November 10, 2025, I participated and shared a few key messages at the media event at Tom Davies Square for Living Wage Week. On November 6, I attended the Catalyst event hosted by HSNRI at Science North which aims at connecting the community with ground-breaking healthcare research and the people transforming lives in Northern Ontario and beyond.

3. Financial Report

The financial statements ending September 2025 show a positive budget variance of $1,979,930 in the cost-shared programs. Cost shared revenue to date exceeds expenditure by $1,224,341. This reflects the timing of some expenditures that are scheduled later in the year, as well as ongoing challenges with recruiting to fill staff vacancies.

4. Quarterly Compliance Report

The agency is compliant with the terms and conditions of our provincial Public Health Funding and Accountability Agreement. Procedures are in place to uphold the Ontario Public Health Accountability Framework and Organizational Requirements, to provide for the effective management of our funding and to enable the timely identification and management of risks. Public Health Sudbury & Districts has disbursed all payable remittances for employee income tax deductions, Canada Pension Plan and Employment Insurance premiums, as required by law to October 24, 2025, on October 27,2025. The Employer Health Tax has been paid, as required by law, to October 31, 2025, with an online payment date of November 14, 2025. Workplace Safety and Insurance Board premiums have also been paid, as required by law, to October 31, 2025. There are no outstanding issues regarding compliance with the Occupational Health & Safety Act or the Employment Standards Act. There are two matters currently before the Ontario Human Rights Tribunal. No new matters have come forward pursuant to the Accessibility for Ontarians with Disabilities Act.

5. Electronic Medical Records

The EMR Implementation Project continues to progress as planned. The cross functional discovery phase has now been completed with participation from all seven in-scope programs. These discovery workshops provided valuable insight into current workflows, documentation practices and system needs across programs, while identifying common opportunities to streamline processes, standardize forms and templates and enhance data consistency and reporting capabilities.

Building on this foundation, the project is now moving into the program-specific discovery phase to inform system configuration and design with the first program go-live planned for Q1 of 2026.

Staff engagement remains a central focus throughout implementation. The project team continues to emphasize open communication, transparency and collaboration to support readiness and ensure a smooth transition to the new system. Regular updates, workshops, and opportunities for feedback are being provided to maintain momentum and foster successful application.

Following are the divisional program highlights, including the twice-yearly Corporate Services divisional report.

Corporate services

1. Accounting

The 2024 Audited Financial Statements were prepared and presented to the Finance Standing Committee of the Board of Health at its June 2, 2025, meeting. The Board of Health approved the 2024 Audited Financial Statements at its June 12, 2025, meeting.

The 2024 Annual Reconciliation (AR) report was submitted by June 30, 2025, deadline date. Boards of Health must submit the AR report as a requirement of the Public Health Funding and Accountability Agreement. This report reconciles the financial expenses at year end, is audited by the agency's official auditors, and is prepared for the Finance and Administrative Branch of the Government of Ontario.

The 2024 Annual Report and Attestation (AR&A) was prepared and submitted to the Ministry by June 30, 2025, deadline. Boards of Health are required to submit the AR&A as a requirement of our funding and accountability agreement. This report provides a year-end summary report on program achievements and finances, identifies any major changes in planned program activities in response to local events, and demonstrates compliance with program and financial requirements.

Boards of Health are also required to submit quarterly Standards Activity Reports (QSAR). The Standards Activity Reports are prepared to communicate quarterly financial forecasts and interim information on program achievements. The Q2 (up to June 30, 2025) report was prepared and submitted by the July 31, 2025, deadline. The Q3 (up to September 30, 2025) report was prepared and submitted by the October 31, 2025, deadline.

The Ministry has not yet approved the 2025–2026 one time funding requests that were submitted with the 2025 Annual Service Plan earlier this year.

The Accounting team has been working with program staff to prepare the proposed 2026 cost-shared operating budget, as reviewed at the November 3, 2025, meeting of the Finance Standing Committee of the Board.

2. Facilities Update

Facilities upgrades and maintenance activities continue across our sites as part of our broader infrastructure modernization initiatives.

At the Paris Street office, the supplementary infrastructure modernization project, which focused on enhancing internal spaces through the addition of meeting rooms, offices, and wellness supportive areas, has reached substantial completion, with only minor deficiencies remaining. We are also in the final stages of the external improvement project at this office.

This includes enhancements to water drainage systems to mitigate flooding risks, replacement of deteriorated concrete surfaces, and the extension of an existing sidewalk to improve safety and accessibility for both staff and clients.

Upgrades at the district offices were largely completed over the summer, with final branding elements on order and expected to be installed shortly.

3. Human Resources

Recruitment and Retention

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

Providing an attractive total compensation package is critical to compete with other employers from all sectors. The market salary review is complete, and information has been provided to the Board of Health. Human Resources will work with the accounting team to make any adjustments if approved.

Human Resources recently provided managers with additional recruitment training to demonstrate tools that are available to assist in the hiring process. Agency recruitment policies continue to be under review as part of the organization's policy review cycle and will continue to completion. The review has included incorporating an equity, diversity, and inclusion lens.

We have updated our job posting process to include broader advertising of job opportunities. All external job opportunities are now routinely posted on; External PHSD website, LinkedIn, social media (Twitter, Instagram, Facebook/Facebook Boost), and Anishinabek News.

To comply with the new Working for Workers legislation, we have made updates to our job postings (i.e., indicating the number of current vacancies being filled, that we may be using AI as part of the recruitment process).

To support skilled workers who want to work and settle in Sudbury area we have submitted our application to become a designated employer with the Rural Community Immigration Pilot (RCIP) program. We should receive a decision by November 20, 2025.

Health and Safety

We continue to work diligently to maintain our compliance with the Occupational Health & Safety Act and our organizational health and safety policies and procedures. Regular and recurring activities include regular Joint Health and Safety Committee (JHSC) meetings, training,

and communication on the Internal Responsibility System, WHMIS, fire safety, first aid, emergency preparedness, and workplace violence and harassment.

Health and safety risk assessment that was conducted late 2023 and finalized in early 2024, continues to be monitored by the organization and division/team level with Human Resources support. The Building Emergency Response and Evacuation Policy, Procedures and applicable Information Sheets have been approved, and the changes have been presented to all managers. Human Resources will provide the updates at an upcoming all-staff meeting and then look at supporting with drills, exercises, tabletop activities, etc. related to the various codes.

Health and Safety agency policies continue to be reviewed and updated as appropriate, as well as the orientation/refresher module.

Psychological Health and Wellness

The Psychological Health and Wellness Committee continues to action the 2025 workplan.

In Q2 and Q3, the committee planned and facilitated the interactive activity at the Cultivate and Connect Staff Day held on October 7, 2025. This interactive activity invited conversation about the National Standard of Canada for Psychological Health and Safety in the Workplace.

Other activities throughout Q2 and Q3 included planning and leading the National Day of Truth and Reconciliation relay, launching the annual United Way workplace campaign from October 27 – November 7, 2025, and planning for the annual holiday sing-along on December 18.

Accessibility for Ontarians with Disabilities Act (AODA)

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

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

The PHSD Accessibility Plan is a 5-year plan up to 2025. Work has been completed for a new 5-year plan which is now pending approval of senior management.

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

Privacy and Access to Information

Public Health continues to ensure compliance with the Municipal Freedom of Information and Protection of Privacy (MFIPPA) to protect the privacy of information while providing individuals with the right of access to their own information. The agency ensures compliance with the Personal Health Information Protection Act (PHIPA,) which governs the manner in which

personal health information may be collected, used, and disclosed. This is achieved through agency policy and daily practices to ensure that information is being handled and protected from unauthorized use or access.

New staff continue to receive privacy and access to information training during onboarding and orientation. Annually, staff complete a privacy refresher training.

The agency General Administrative Manual (GAM) policy and procedures are currently under review. This review includes a LEAN review of access to information requests which will help to inform the policy updates and to identify areas of efficiency. Human Resources is also a part of the EMR Implementation Group to support with privacy.

Agency compliance with mandatory breach reporting required by PHIPA to the Information and Privacy Commissioner of Ontario has been maintained. To date, 5 privacy breaches have been reported in 2025 compared to 7 breaches in 2024. The 2025 breaches involved misdirected faxes, a suspension order and a lab report left in a printer, and the 2024 breaches mainly involved inappropriate access through misdirected fax and email. When breaches occur, the agency takes the appropriate actions to immediately contain, resolve, and implement measures to mitigate future breaches.

Access to Information Requests

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

Year	**# of requests**
2017	12
2018	4
2019	14
2020	4
2021	6
2022	12
2023	15
2024	15
2025	5 to date

Labour Relations

There is no collective bargaining occurring in 2025. Human Resources has commenced preparation for bargaining with CUPE in 2026 with data collection and sessions scheduled for managers starting in November.

4. Information Technology

IT Strategic Assessment and Roadmap

The agency engaged Dr. Kyle Wilson of T1 T2 Consulting Inc. to conduct a comprehensive assessment of our IT systems, benchmarking practices, and digital strategy implementation. His findings, presented to the Board of Health in October 2025, highlighted the strength and dedication of our IT team and identified key opportunities to enhance governance, infrastructure, cybersecurity, and automation.

To guide this transformation, a Strategic Roadmap was developed outlining a phased approach over the next 3–5 years. Foundational initiatives include:

- Establishing Digital and Data Governance Councils
- Advancing security posture, including retiring legacy systems
- Expanding automation pilots and launching a low-risk AI initiative
- Introducing a project intake and prioritization framework
- Supporting workforce reskilling and role redesign

Work is already underway to advance these foundational initiatives, using the phased roadmap as a guide for prioritization and implementation.

IT Infrastructure and Innovation Update

M365 Adoption and Phone System Rollout

The agency continues to expand use of Microsoft 365 applications, improving collaboration and workflow efficiency. Formal strategy development is ongoing, with groundwork laid for broader adoption. The next step includes rolling out the new phone system to remaining office locations to align communications infrastructure with modern standards.

Boardroom Technology Upgrade

To improve the experience of Board meetings, especially for remote and public viewers, technology upgrades are being planned. Vendors are designing solutions that include AI-enabled speaker tracking cameras, improved audio systems, and a standardized Microsoft Teams interface. These enhancements will support more accessible and seamless meetings.

File Classification Scheme

Work is underway to update the agency's file classification scheme in partnership with an external vendor. Scheduled for completion by December 2025, this project will improve

organization and governance of digital records and support a future migration to SharePoint Online.

MagicInfo Digital Signage

The MagicInfo signage project has been completed, with centralized management now in place for displays across branch offices, the Paris video wall, and Elm Street. This enables consistent messaging and streamlined updates, enhancing internal and public-facing communications.

Smartway2 Workplace Booking

Smartway2 has been successfully deployed, allowing staff to book desks, meeting rooms, and lockers across locations. This supports flexible work arrangements and efficient space management and reflects our commitment to modernizing the workplace.

5. Volunteer Resources

After a comprehensive program review, Corporate Services has decreased the scope and scale of the volunteer resources program and decentralized the management of the program to divisions. The overall management of volunteers is now the responsibility of respective divisions; however, leadership remains with the Manager Quality & Monitoring as overall most responsible for the Volunteer Resources Program.

Eighteen Volunteer Resources program organizational policies have been reviewed and have been condensed into one overarching Volunteer Resources Program policy. Many of the volunteer resources role descriptions have been made obsolete, and three volunteer roles remain active (Clerical Event Support, Mass Immunization Volunteer, Skill Development Volunteer).

Staff were provided the opportunity to attend drop-in sessions to learn more, review the new policy and training materials, and ask questions about the new decentralized model.

A program playbook is currently being developed to support the agency's emergency management business continuity plan, which will provide details on how to mobilize a volunteer program quickly in a public health emergency.

6. Quality & Monitoring

Continuous Quality Improvement

The organization continues to prioritize growth and development in quality improvement and regularly assesses our quality improvement maturity levels. The assessment of quality maturity is a strategic priority performance measure (4.2) within the agency's Accountability Monitoring Plan. The Continuous Quality Improvement (CQI) Committee launched the 2025 Quality Maturity Survey on November 3, 2025, and results will be published as part of the annual Accountability Monitoring report.

Client Satisfaction Survey provides everyone who interacts with Public Health Sudbury & Districts an opportunity to share their feedback and contribute to program and service improvements. This includes clients, community members, partners, and stakeholders. The survey can be completed in person or online in both English and French. The survey feedback is reviewed regularly to inform the tailoring of and improvements to programs and services. A promotional campaign is underway exploring opportunities to increase survey response rates and with this, encouraging staff to actively offer the survey to clients or partners at each service interaction.

Client Service Standards are a public commitment to a measurable level of performance that clients can expect under normal circumstances. The Client Service Standards are available on our website and continue to guide the interactions and set expectations for service delivery and responsiveness. The new 2025 Client Service Standards continue to reflect our commitment to provide responsive, timely, accessible, and accountable public health service that is inclusive, culturally safe and informed by evidence. Public Health recognizes the importance of providing quality services to communities, clients and partners. Team focused discussions continue on how to operationalize the standards in practice.

Quality Improvement at Public Health: The CQI Committee has partnered with Public Health Ontario to co-deliver a North East QI in Public Health Education Workshop. This workshop was held on Monday November 17 in Sudbury and staff from all North East Public Health Units were in attendance.

The CQI Committee has adopted the Institute for Healthcare Improvement's model for improvement as a complementary model to our current Lean mindset. Together, the model for improvement and Lean methodology provide methods and tools for quality improvement.

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

Lean: Lean thinking and using Lean methods provide a practice and set of tools and principles to improve efficiency and the quality of work. Lean thinking encourages a participatory approach with a goal to deliver more value by reflecting and understanding the current state, root cause, and recommending opportunities for improvements. Lean reviews provide a future state for consideration with a plan for implementation, change management, and monitoring.

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

were received. The CQI committee has scored all of the projects and is currently allocating resources to support the requests.

Risk Management

The Executive Committee continues to monitor and report bi-annually on the risks within the 2023–2025 Risk Management Plan. In addition to the bi-annual reporting, the Senior Management Executive Committee continually updates the mitigation strategies for each risk and is identifying the root cause of each risk and the consequence to the agency if the risk were to occur. The Senior Management Executive Committee and Board of Health have been developing a new 2026–2028 risk management plan aiming to have approval of the new plan at the January Board of Health meeting.

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. Clients also benefited from referrals to contracted providers for emergency, restorative, and prosthodontic services. Staff supported low-income seniors by assisting with enrollment in the Ontario Seniors Dental Care Program, helping improve access to essential oral health services for older adults in our community.

2. Healthy Growth and Development

Infant Feeding

Public health nurses provided 108 infant feeding clinic appointments to families across the service area, helping parents make informed decisions about feeding their baby. The clinic offers individualized support for both breastfeeding and formula feeding, promoting healthy growth and development. Through regular screening and monitoring, nurses identify and address feeding concerns early such as insufficient milk supply—and track infants' weight gain and growth to ensure they remain within expected parameters.

Growth and development

Public health nurses from the Healthy Families team delivered a presentation to the Children's Aid Society, strengthening collaboration and shared understanding of key early childhood topics such as safe sleep, the Period of PURPLE Crying, Prep4Parenting, online prenatal education (InJoy), Healthy Babies Health Children programming and services, the Health Information Line, and the Infant Feeding Clinic. The session reached approximately 50 participants, primarily

protection workers supporting families across the service area, and enhanced awareness of public health programs that contribute to safe and healthy home environments.

To further promote healthy child development, 39 reminder postcards were sent to parents, encouraging them to book their child's 18-month well-baby visit—a key milestone that allows primary care providers to monitor development and address any emerging concerns before school entry.

Health Information Line

The Health Information Line responded to 78 inquiries from community members seeking information and support on topics such as infant feeding, healthy pregnancies, positive parenting, healthy growth and development, and mental health services. Staff also assisted callers with questions about infectious disease prevention and accessing primary health care providers, helping connect residents with the appropriate services and supports.

Healthy Babies Healthy Children

Through the Healthy Babies Healthy Children program, staff supported 142 families and completed 1,058 interactions. The program provides tailored guidance, home visits, and community referrals to help families nurture their child's healthy growth, strengthen parenting skills, and build supportive home environments.

Healthy pregnancies

Twenty-two individuals enrolled in the Injoy prenatal e-Class, an interactive online platform designed to help expectant parents prepare for life with a new baby. Participants explored topics such as infant feeding, selfcare, nutrition, and the impact of a new baby on relationships, as well as labour and delivery. The course also incorporates Canadian nutritional guidelines and connects participants with local programs and services that promote healthy pregnancies and positive family transitions.

3. School Health

Oral Health

Staff continued delivering preventive oral health services for children enrolled in the Healthy Smiles Ontario (HSO) Program, conducted follow-ups for children with urgent dental care needs, and assisted families with HSO enrollment. On September 26, a drop-in dental screening clinic at the Paris Street office reached 65 children and youth, 13 (20%) of whom were identified as needing urgent dental treatment.

The annual school-based oral health assessment and surveillance program began on October 16, starting in the Sudbury East area, helping monitor and support children's oral health across the community. Preventive services were also provided to HSO clients at the Mindemoya office in mid-October, ensuring continued access to essential dental care.

4. Substance Use and Injury Prevention

Substance Use

In collaboration with Sudbury District Restorative Justice, staff delivered an introductory presentation on the Planet Youth Model to the City of Greater Sudbury's Youth Advisory Panel. The session emphasized how the model promotes youth wellbeing, reduces substance use, and engages youth in shaping programs to reflect local needs.

On October 10, a drug alert was issued following the identification of two new substances in the Ontario drug supply: N-Propionitrile chlorphine (cychlorphine) and Deschlorodemethyldiazepam, as reported by Toronto's Drug Checking Service.

Harm reduction – Naloxone

Naloxone training was provided to eight participants, with 21 kits distributed. Nineteen attendees also received "Don't Use Alone" (NORS) cards and QR codes linking to local drug alerts. An additional 25 individuals were trained at a local post-secondary institution.

In collaboration with partners, Public Health Sudbury & District distributed 1,602 naloxone doses and trained 109 individuals. These efforts enhance community capacity to recognize and respond to opioid poisonings and support ongoing harm reduction initiatives.

5. Vaccine-Preventable Diseases

The fall vaccination campaign for COVID-19 and influenza launched on October 27, targeting everyone aged six months and older. Vaccination remains a simple and effective way to reduce respiratory infections, the fourth leading cause of death in Canada, and to protect both individuals and the broader community.

Immunization Information Line

Staff responded to approximately 550 calls through the immunization information line. Most inquiries related to Grade 7 school-based clinics and seasonal vaccines, including influenza, COVID-19, and Respiratory Syncytial Virus (RSV). Staff also assisted callers with accessing immunization records, general vaccine questions, and submitting foreign immunization documentation, supporting timely and informed vaccination decisions across the community.

Publicly funded immunization programs

Staff continue delivering Grade 7 school-based clinics to provide publicly funded vaccinations for Hepatitis B, Human Papillomavirus (HPV), and meningococcal disease to eligible students. The first round of clinics began in late September, reaching 40 schools as of October 31, helping protect students from vaccine-preventable diseases.

Health Protection

1. Control of Infectious Diseases (CID)

In the month of October, staff investigated 74 sporadic reports of communicable diseases. During this timeframe, seven respiratory outbreaks and one enteric outbreak were declared. The causative organisms for the respiratory outbreaks were identified to be COVID-19 (4) and metapneumovirus (1). The causative organism for the remaining respiratory outbreaks (2) were not identified. The causative organism for the enteric outbreak was identified as *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 October, two infection control complaints were received and investigated and four requests for service were addressed.

Infection Prevention and Control Hub

The Infection Prevention and Control Hub provided 34 services and support to congregate living settings in October. 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 proudly hosted IPAC Week 2025, a dedicated series of events aimed at fostering education, collaboration, and knowledge sharing in the field of infection prevention and control. From Monday, October 20, 2025, to Thursday, October 23, 2025, staff held daily educational sessions for congregate living setting staff, featuring a range of external partners and guest speakers who shared insights on topics highly relevant to IPAC practice. The week culminated in an in-person Knowledge Exchange Symposium on Friday, October 24, 2025, where participants came together to exchange expertise, engage in meaningful discussions, and strengthen professional connections.

We were thrilled with the enthusiastic response from community partners, with over 45 attendees participating in each session. The engagement and contributions of congregate living staff played a key role in the success of the week, reinforcing the importance of collaboration in advancing infection prevention efforts across our region.

2. Food Safety

Staff issued 84 special event food service and non-exempt farmers' market permits to various organizations.

3. Health Hazard

In October, 15 health hazard complaints were received and investigated. Further, staff provided 13 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.

In response to the Glencore smelter dust event that occurred between September 23, 2025, at approximately 10 p.m. to September 24, 2025, at approximately 5 a.m. on, Public Health issued media releases with updates and recommendations for the residents of Falconbridge. Public Health also participated in the community information session that was hosted by Glencore on Thursday, October 16, 2025.

On October 30, 2025, further complaints were received regarding dust in Falconbridge. Public Health worked with Glencore and the Ministry of Environment, Conservation and Parks (MECP) on this issue. With the source and the composition of the dust being unknown, Public Health issued a press release outlining precautionary measures.

In an unrelated matter, the MECP advised Public Health Sudbury & Districts that water samples collected by MECP from the west section of House Lake on August 8, 2024, had concentrations of arsenic that exceeded the Ontario Drinking Water Standards. This location is near the abandoned McMillian Gold Mine. Residents on the lake have been contacted directly and a media release has been issued.

4. Ontario Building Code

In October, 37 sewage system permits, eight renovation applications, one zoning and three consent applications were received.

5. Rabies Prevention and Control

In October, 54 rabies-related investigations were conducted. Two specimens were submitted to the Canadian Food Inspection Agency Rabies Laboratory for analysis. Both results were reported as negative.

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

6. Safe Water

During October, 15 residents were contacted regarding adverse private drinking water samples. Additionally, public health inspectors investigated eight regulated adverse water sample results.

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

One do not drink order was issued due to adverse water results from a Small Drinking Water System.

7. Smoke Free Ontario Act, 2017 Enforcement

In October, 11 warning letters were issued for vaping on school property.

Smoke-Free Ontario Act Inspectors charged one retail employee for selling tobacco to a person who is less than 19 years of age.

8. Vector Borne Diseases

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

9. Emergency Preparedness & Response

In October, staff participated in Vale's quarterly emergency exercise and attended the Emergency Management Ontario Killarney Sector Meeting held in Espanola.

Public Health conducted its annual emergency preparedness training exercise. The scenario involved Highly Pathogenic Avian Influenza with human transmission. The exercise tested response as well as the Incident Management System control structure and business cycle.

10. Needle/Syringe Program

In September, harm reduction supplies were distributed, and services received through 3442 client visits across our service area. Public Health Sudbury & Districts and community partners distributed a total of 29 429 syringes for injection, and 90 068 foils, 17 017 straight stems, and 7679 bowl pipes for inhalation through both our fixed site at Elm Place and outreach harm reduction programs.

In September, approximately 26 976 used syringes were returned, which represents a 91% return ratio of the needles/syringes distributed in the month of August.

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

Sexual health clinic

In October, there were 176 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 356 telephone assessments related to STIs, blood-borne infections, and/or pregnancy counselling in October, resulting in 138 onsite visits.

Knowledge and Strategic Services

1. Health Equity

On November 3, 2025, representatives from the Health Equity team attended the official launch of National Francophone Immigration Week hosted by Réseau du Nord. The event celebrated the theme “Thank you for enriching our Francophonie” and highlighted the vital contributions of Francophone newcomers to the region. Attendance supported ongoing public health efforts to promote equity, inclusion, and community engagement within culturally diverse populations.

Along with other colleagues, the Health Promoter from the Health Equity team attended the Sudbury Multicultural Gala, hosted by the Sudbury Multicultural & Folk Arts Association on November 8th. The event brought together community members and newcomers to celebrate cultural diversity and inclusion, while supporting local settlement initiatives. Participation reinforced Public Health’s commitment to fostering belonging, equity, and community well-being among diverse populations in the region.

On November 10, our agency team participated in the launch Living Wage Week in Ontario. The media event, at which Dr. Hirji spoke to represent our agency, was a collaboration between the Sudbury Workers Education & Advocacy Centre, United Way Centraide North East Ontario, and Public Health. The main objective of the media event was to raise awareness of income as a determinant of health, explicitly tied to food security, safe housing, and wellbeing. A living wage ensures that everyone can meet their basic needs and maintain a decent and dignified standard of living and is part of an important strategy to help reduce poverty in the face of an increasingly high cost of living. The new living wage for Northen Ontario is $21.10 per hour.

2. Indigenous Engagement

In October, the Indigenous Public Health Team hosted the second annual Fall Harvest Feast, welcoming 19 community members. The evening began with traditional teachings shared by Nookomis Julie and Mishoomis Frank Ozawagosh, followed by a presentation from the Mental Health and Substance Use Team on their work, anti-stigma, and harm reduction. Participants engaged in meaningful table discussions that helped strengthen relationships and trust within the urban Indigenous community. Together, we enjoyed a traditional feast, and the evening concluded with optional Naloxone training.

3. Population Health Assessment and Surveillance

In October, the Population Health Assessment and Surveillance team responded to 11 internal and external requests for data, information, and consultations, excluding routine surveillance and reporting. Work is also underway to develop next steps for our agency's information governance direction. This includes socialization plans, a data inventory, and processes to link information governance into the new electronic medical record processes.

4. Effective Public Health Practice

On November 3 and 4, over 50 staff members participated in two workshops delivered by the National Collaborating Centre for Methods and Tools from McMaster University. The workshops, delivered to program managers and planning staff, focused on building and refining skills in evidence-informed decision making. It is expected that learnings form the workshops will support our ongoing efforts toward outcome-oriented program planning.

5. Staff Development

On October 29, members of Management Forum participated in Day 1 of the *Building Resilience Through Disruption* (BRTD) training, facilitated by Brivia Consulting. Day 2 of the training will take place on November 24. The sessions are designed to equip leaders across the agency with practical tools to lead effectively through disruption. This training reflects key elements of our Leadership Development Framework and aligns with the organization's strategic priority of fostering a healthy and resilient workforce, as well as our medium-term operational priority of culture and engagement.

6. Student Placement

In October, six learners began placements with Public Health Sudbury & Districts through the Student Placement Program. Two students from Collège Boréal's nursing program initiated clinical placements, while four dental hygiene learners from the same institution joined short-term observational experiences within the Oral Health Program. These placements support our commitment to fostering learning opportunities and building future capacity in public health practice.

7. Communications

Throughout the month, Communications supported teams across the agency in promoting job opportunities and highlighting events on social media including National 2SLGBTQIA+ History Month, Hispanic Heritage Month, National Treaties recognition Week, and National Francophone Immigration Week. Communications also assisted in promoting vaccines and other precautions for respiratory illness season. Communications worked directly with program

areas to inform the community about health-related issues, such as elevated arsenic levels in the west part of House Lake and a positive report of West Nile virus in a horse. Additional support was provided to communicate safety precautions to the residents of Falconbridge following reports of a second dust incident. A drug warning was issued in response to a marked increase in overdoses, along with a drug alert to advise of newly confirmed substances in the Toronto drug supply. Communications also coordinated media requests on these and other topics, including measles and homelessness, addictions, and mental health. 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 9 Periods Ending September 30, 2025

Cost Shared Programs

	Adjusted BOH Approved Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
Revenue:					
MOH - General Program	18,723,731	14,042,798	14,042,854	(56)	4,680,877
MOH - Unorganized Territory	826,000	619,500	619,511	(11)	206,489
Municipal Levies	11,186,768	8,390,076	8,390,523	(447)	2,796,244
Interest Earned	300,000	225,000	283,254	(58,254)	16,746
Total Revenues:	$31,036,499	$23,277,374	$23,336,142	$(58,768)	$7,700,357
Expenditures:					
Corporate Services:					
Corporate Services	6,320,175	5,040,729	4,840,480	200,249	1,479,695
Office Admin.	104,350	78,263	42,227	36,036	62,123
Espanola	131,102	99,903	96,982	2,921	34,120
Manitoulin	141,746	108,045	95,716	12,329	46,031
Chapleau	140,300	106,846	90,652	16,194	49,649
Sudbury East	19,530	14,648	14,908	(261)	4,622
Intake	372,587	286,605	270,174	16,431	102,413
Facilities Management	744,668	553,584	669,005	(115,420)	75,663
Volunteer Resources	3,850	2,888	0	2,888	3,850
Electronic Medical Records	0	0	57,801	(57,801)	(57,801)
Total Corporate Services:	$7,978,309	$6,291,510	$6,177,945	$113,565	$1,800,364
Health Protection:					
Environmental Health - General	1,272,898	976,731	996,275	(19,545)	276,622
Enviromental	2,824,889	2,180,859	1,911,736	269,123	913,153
Vector Borne Disease (VBD)	42,914	35,792	22,234	13,559	20,680
CID	1,528,164	1,175,336	1,133,422	41,914	394,742
Districts - Clinical	236,444	181,861	183,738	(1,878)	52,706
Risk Reduction	53,756	40,317	10,410	29,907	43,346
Sexual Health	1,508,238	1,161,550	1,159,528	2,022	348,710
SFO: E-Cigarettes, Protection and Enforcement	257,027	189,275	174,444	14,832	82,583
Total Health Protection:	$7,724,330	$5,941,721	$5,591,786	$349,935	$2,132,543
Health Promotion and Vaccine Preventable					
Health Promotion and VPD- General	1,881,919	1,444,868	1,255,817	189,051	626,102
Districts - Espanola / Manitoulin	376,553	289,656	249,166	40,490	127,387
Nutrition & Physical Activity	1,517,404	1,177,193	972,966	204,227	544,438
Districts - Chapleau / Sudbury East	432,484	332,679	307,648	25,031	124,835
Comprehensive Substance Use (Tobacco, Vaping, Can	944,307	730,165	643,543	86,622	300,764
Family Health	1,530,508	1,169,423	1,011,853	157,570	518,655
Community Drug Safety & Toxic Drug Crisis & Menta	965,213	740,579	566,993	173,586	398,221
Oral Health	524,052	401,434	378,641	22,794	145,411
Healthy Smiles Ontario	667,047	514,891	481,593	33,298	185,453
SFO: TCAN Coordination and Prevention	505,286	394,485	303,762	90,723	201,524
Harm Reduction Program Enhancement	186,709	143,511	128,474	15,037	58,235
COVID Vaccines	111,689	85,914	13,018	72,896	98,671
VPD	1,656,646	1,270,055	948,617	321,438	708,028
MOHLTC - Influenza	(0)	938	0	938	(0)
MOHLTC - Meningittis	0	259	(1,105)	1,364	1,105
MOHLTC - HPV	0	359	(1,692)	2,051	1,692
Total Health Promotion:	$11,299,817	$8,696,413	$7,259,296	$1,437,117	$4,040,521
Knowledge and Strategic Services:					
Knowledge and Strategic Services	3,048,643	2,340,455	2,355,003	(14,548)	693,640
Workplace Capacity Development	43,507	38,753	40,567	(1,814)	2,940
Health Equity Office	10,970	8,203	14,183	(5,980)	(3,213)
Nursing Initiatives: CNO, ICPHN, SDoH PHN	516,126	397,019	387,372	9,648	128,754
Indigenous Engagement	414,797	318,888	285,649	33,240	129,148
Total Knowledge and Strategic Services:	$4,034,043	$3,103,319	$3,082,774	$20,545	$951,269
Total Expenditures:	$31,036,499	$24,032,963	$22,111,801	$1,921,162	$8,924,698
Net Surplus/(Deficit)	$(0)	$(755,589)	$1,224,341	$1,979,930	

Public Health Sudbury & Districts

Cost Shared Programs

STATEMENT OF REVENUE & EXPENDITURES
Summary By Expenditure Category
For The 9 Periods Ending September 30, 2025

	Adjusted BOH Approved Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over) /under	Budget Available
Revenues & Expenditure Recoveries:					
MOH Funding	31,036,499	23,277,374	23,438,636	(161,262)	7,597,863
Other Revenue/Transfers	657,147	492,860	656,639	(163,779)	508
Total Revenues & Expenditure Recoveries:	31,693,646	23,770,234	24,095,275	(325,041)	7,598,370
Expenditures:					
Salaries	19,358,064	14,882,239	14,495,912	386,327	4,862,152
Benefits	6,978,499	5,367,927	4,858,941	508,986	2,119,558
Travel	256,343	196,399	154,638	41,761	101,706
Program Expenses	731,066	565,403	284,789	280,613	446,277
Office Supplies	88,150	66,550	29,361	37,188	58,788
Postage & Courier Services	90,100	67,575	49,191	18,384	40,909
Photocopy Expenses	5,030	3,772	380	3,393	4,650
Telephone Expenses	72,960	54,720	54,469	251	18,491
Building Maintenance	528,488	391,449	512,378	(120,928)	16,110
Utilities	190,605	142,954	134,172	8,782	56,433
Rent	329,758	247,318	240,619	6,699	89,139
Insurance	147,768	146,518	119,138	27,380	28,630
Employee Assistance Program (EAP)	37,000	27,750	40,164	(12,414)	(3,164)
Memberships	52,250	46,509	44,549	1,960	7,701
Staff Development	151,201	122,384	153,497	(31,114)	(2,296)
Books & Subscriptions	7,045	5,169	4,526	643	2,519
Media & Advertising	111,147	79,888	38,193	41,694	72,954
Professional Fees	967,511	730,841	501,906	228,934	465,605
Translation	67,679	51,357	53,429	(2,071)	14,250
Furniture & Equipment	18,370	15,937	45,203	(29,266)	(26,833)
Information Technology	1,504,612	1,313,163	1,055,478	257,685	449,134
Total Expenditures	31,693,646	24,525,823	22,870,934	1,654,889	8,822,712
Net Surplus (Deficit)	(0)	(755,589)	1,224,341	1,979,930	

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

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
100% Funded Programs							
Indigenous Communities	703	90,400	92,019	(1,619)	101.8%	*Dec 31*	75.0%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	30,907	69,093	30.9%	***Mar 31/2026***	50.0%
Northern Fruit and Vegetable Program	743	176,100	141,284	34,816	80.2%	*Dec 31*	75.0%
Healthy Babies Healthy Children	778	1,725,944	764,362	961,582	44.3%	***Mar 31/2026***	50.0%
IPAC Congregate CCM	780	930,100	394,817	535,283	42.4%	***Mar 31/2026***	50.0%
Ontario Senior Dental Care Program	786	1,315,000	787,829	527,171	59.9%	*Dec 31*	75.0%
Anonymous Testing	788	64,293	32,142	32,151	50.0%	***Mar 31/2026***	50.0%
Total		4,401,837	2,243,360	2,158,477			

From: Nick Saunders <nick.saunders@makhosinc.com>
Sent: Sunday, November 2, 2025 22:55
Subject: Fwd: Urgent Questions Regarding Grey Bruce Public Health Investigation and Disciplinary Process
Dear Medical Officers of Health,
Please see the email below and its attachments. It was sent to Deputy Minister of Health, Ms. Deborah Richardson, regarding her direct report's, Dr. Moore, conduct. Please share with your Board Chairs and Board members.
Sincerely,

Nicholas Saunders
Chair, Board of Health
Grey Bruce Health Unit

Note from M.M. Hirji:

In consultation with our privacy officer, parts of this communication are redacted. As well, two attached documents have been excluded. This was done to protect the organization from possible legal risk. These redactions and documents identify individuals who were subject to investigations and disciplinary considerations and should normally be afforded privacy.

---------- Forwarded message ---------
From: **Nick Saunders** <nick.saunders@makhosinc.com>
Date: Sun., Nov. 2, 2025, 10:36 p.m.
Subject: Urgent Questions Regarding Grey Bruce Public Health Investigation and Disciplinary Process
To: Richardson, Deborah (MOH) <Deborah.Richardson@ontario.ca>

Dear Deputy Minister Richardson,

I am writing to respectfully request that your office pose the following questions directly to Dr. Kieran Moore, Chief Medical Officer of Health (CMOH), who reports to you. Given the sensitivity of these matters, it would be far more appropriate for these inquiries to originate from your office rather than from the media or opposition members at Queen's Park.

Background on Delayed Report Release
As I noted in September, Dr. Moore and his Special Advisor, Mr. Jim Pine, received the investigation report into discrimination against me in August (see date on the attached Investigation Summary). Despite clear obligations under policy and workplace safety laws to address the findings promptly, the report was not shared with me until late October—a delay of nearly three months.

- Why was the report withheld for three months?
- Was the timing deliberately chosen to avoid release during September, a month dedicated to Indigenous recognition?
- Were Mr. Pine's multiple demands of me not going to the media attempts to silence me?

For clarity, I did not initiate a complaint. The Board launched the investigation after its legal counsel determined that my letter describing racism against an Indigenous person met the threshold for harassment and discrimination.

Concerns with the Disciplinary Committee Composition

The below email from Mr. Pine (October 29, 2025) confirms that Dr. Moore has established a Disciplinary Committee to address the investigation's findings of misconduct and racism. However, the appointment of [redacted] on the Committee raises serious conflicts of interest:

1. Contradiction with CMOH Direction: Dr. Moore's July 18, 2025 "Direction" explicitly ordered the immediate replacement of municipal appointees—[redacted] due to lack of competency with non-elected, competency-based appointees. Appointing [redacted] to a position of authority on this Committee directly contradicts that Direction.
2. Demonstrated Prejudice: Minutes from the March 2025 Board meeting record [redacted]. The Board's lawyer intervened, noting that such action solely to silence a complainant constitutes reprisal.
3. Perceived Personal Involvement: In the same March 2025 minutes, [redacted] stated [redacted] believes [redacted] is one of the respondents, indicating [redacted] views my discrimination allegations as directed at [redacted] personally.

Given these facts:

- Should [redacted] not declare a conflict of interest and recuse [redacted] from the Committee?
- Should Dr. Moore and Mr. Pine not have identified this conflict prior to [redacted] appointment?
- Now that the conflict and potential bias are documented, will Dr. Moore and Mr. Pine proceed with a Committee including [redacted]?
- Is it appropriate that the Committee requests from me to make decisions on how to correct the misconduct against myself, especially when the CMOH ordered me and the Board to conduct no board business?

Additional Concerns with CMOH Actions

Dr. Moore and his team were aware as early as March 2025 that an investigation into harassment, misconduct, and racism against me was underway, and that the Vice-Chair was acting as Chair due to the probe.

- Why did Dr. Moore's July 18 Direction order me—rather than the acting Vice-Chair—to replace the municipal appointees, placing me in an irregular and untenable position?
- Was Dr. Moore's August 14, 2025 media release, which falsely accused me of "unilaterally" firing municipal appointees, intended to undermine my credibility in advance of the investigation report's release?

- Was Dr. Moore's attempt to assassinate my character in the mainstream media by making false allegations of acting unilaterally an act of reprisal?
- Was Dr. Moore's taking over the Board an act of reprisal?

I have attached the Investigation Summary and Mr. Pine's October 29 email and letter for your reference. Your office's intervention is critical to ensure fairness, transparency, and adherence to due process.

Thank you for your attention to this urgent matter. I am available to provide any additional documentation required.

Sincerely,
Nicholas Saunders
Chair, Board of Health
Grey Bruce Health Unit

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
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

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)
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: "CMOH Special Advisor (MOH)" <cmoh.special.advisor@ontario.ca>
Date: October 29, 2025 at 10:03:18 AM EDT
To: "council.nick" <council.nick@nawash.ca>
Subject: Grey Bruce Public Health - Workplace Investigation Summary Report

Good morning Nick,

As you know on October 10, 2025, I communicated to you via email that the investigation regarding complaints made by you against Board of Health members [redacted] alleging violations of the Board's *Discrimination, Harassment, and Sexual Harassment Policy and its Code of Conduct* was concluded. Attached is a letter from myself regarding this matter along with a privileged and confidential copy of the Executive Summary of the final report as referenced in my correspondence.

I also advised in that same email on October 10th of the striking of a Disciplinary Committee under section 10(2) of the Board of Health's Code of Conduct. The members of the Committee are [redacted].

Under section 10(2) when there is a finding of a violation of the Code the Disciplinary Committee is required to deal with the infraction(s) and must report to and make recommendations regarding consequences to the Chairperson of the Board. At this time, given the Section 77.1 Directive any recommendations made by the Committee will be made to Dr. Kierran Moore, Chief Medical Officer of Health for Ontario.

On behalf of the Disciplinary Committee, I would like to invite you attend, in person, if at all possible, a meeting of the Committee on Wednesday, November 5, 2025, at 11:00 a.m. in the boardroom at the Health Unit. The purpose of the meeting is to receive any recommendations that you might have for the Committee's consideration as it does its work.

I would appreciate you confirming your attendance with Kellisa Webb.

Thank you,

Jim Pine
Special Advisor

---------- Forwarded message ---------
From: **Richardson, Deborah (MOH)** <Deborah.Richardson@ontario.ca>
Date: Tue., Sep. 9, 2025, 11:01 a.m.
Subject: Request for Public Retraction Regarding Statements on August 14, 2025
To: Nick Saunders <nick.saunders@makhosinc.com>
Cc: Cary, Lindsey (MOH) <Lindsey.Cary@ontario.ca>

Hi Nick,

Thank you for reaching out to me about this situation, I recognize it has been a challenging one for everyone involved. I have connected with Dr Moore and his team and understand that they will be in contact with you shortly to discuss your concerns.

Our primary focus is to ensure the health of all residents of the region, and our goal is to work together with you to support the board and the organization through this transition.

In friendship,
Deb
Deborah Richardson (she/her)
Deputy Minister
Ministry of Health | Ontario Public Service
416-327-4300 | deborah.richardson@ontario.ca

From: Nick Saunders <nick.saunders@makhosinc.com>
Sent: September 6, 2025 7:12 PM
To: Richardson, Deborah (MOH) <Deborah.Richardson@ontario.ca>
Subject: Fwd: Request for Public Retraction Regarding Statements on August 14, 2025

Ms. Richardson, Deputy Minister of Health,

Below please find the second email sent to Dr. Moore to resolve the injust situation he put me in.

Your attention to this matter is highly appreciated.

Sincerely,

Nicholas Saunders
Chair of the Board of Health for Grey Bruce Public Health

---------- Forwarded message ---------
From: **Nick Saunders** <nick.saunders@makhosinc.com>
Date: Mon., Aug. 25, 2025, 12:08 a.m.
Subject: Request for Public Retraction Regarding Statements on August 14, 2025
To: <kieran.moore1@ontario.ca>

Dear Dr. Moore,

Given the Ministry's acknowledgement this past Friday, we can now put to rest the inaccurate and unfair allegation that I unilaterally attempted to remove the municipal representatives from the Board of Health.

On Friday, August 22, your office convened a virtual meeting. In attendance were all members of the Board of Health for Grey Bruce Public Health, the Medical Officer of Health for Grey Bruce, your advisor Mr. Jim Pine, and the following Ministry officials: Dr. Kate Bingham, Mr. Brent Feeney, Ms. Kate Mason, and Ms. Carol Ma.

During this meeting, Mr. Feeney acknowledged that I did not act unilaterally in issuing termination letters to municipal appointees but rather acted in coordination with him and others in your office.

Mr. Feeney's candour and transparency were refreshing and very much appreciated. His admission on behalf of the Ministry of Health directly contradicts your August 14 correspondence and other public statements you have made.

While an apology is deserved, I merely ask you to confirm that you are withdrawing the allegation so we can get back to our primary focus of working collaboratively to rebuild relationships and support public health in Grey Bruce.

Sincerely,

Nicholas Saunders

Chair, Board of Health
Grey Bruce Health Unit

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

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

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Sol Mamakwa, Ontario NDP
Luke Charbonneau, Warden, Bruce County
Andrea Matrosovs, Warden, Grey County
Alliance (IFNA)
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

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, Public Health Sudbury & Districts

From: Rachel Quesnel, Secretary to the Board
Dr. M. Mustafa Hirji, Acting Medical Officer of Health and Chief Executive Officer

Date: 2025 Board of Health Self-Evaluation of Performance – Annual Survey Results

Re: November 13, 2025

☒ For Information ☒ For Discussion ☐ For a Decision

Issue

The annual self-evaluation is part of the Board of Health's ongoing commitment to good governance and continuous quality improvement and is consistent with C-I-12 and C-I-14 of the Board of Health Manual. A Board of Health periodic self-evaluation is also a requirement of the Ministry of Health Accountability Agreement under which the Board of Health receives provincial funding for public health activities—completing a self-evaluation is a condition to be eligible to receive provincial funding.

At the September 18, 2025, Board of Health meeting, Board of Health members were asked to complete the Board of Health self-evaluation survey, available in BoardEffect, by October 17, 2025. The deadline was extended for 3 Board members to October 27, 2025, before the survey was closed.

Board members were informed that the results would be confidentially compiled by the Board Secretary and reported at the regularly scheduled meeting in November 2025. This briefing note constitutes the evaluation report.

Recommended Action

THAT Board of Health members receive this report for information and discussion to ensure continued reflection and improvement.

Board Member Self-Evaluation of Performance

Methods

- The Board of Health Member Self-Evaluation of Performance survey consists of 23 questions on performance and processes, and open-ended questions after each section inviting additional comments or suggestions.

2018–2022 Strategic Priorities:
1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

- Board of Health members were asked to rate each of the items as either "Strongly Agree", "Agree", "Disagree", "Strongly Disagree" or "Not Applicable".
- Board of Health members were advised at the September Board of Health meeting that the online self-evaluation questionnaire was available for completion in BoardEffect under the Board of Health workroom – Collaborate – Surveys.
- Reminders were sent to Board members on September 11, October 8, and October 9. Individual reminders were also sent on October 16 and October 23.
- The October 2025 MOH/CEO report to the Board included a reminder to complete the survey.
- At the October 16, 2025, Board of Health meeting, the Board Chair reminded Board members to complete the evaluation.

Results

- Twelve Board members were invited to complete the 2025 Board of Health self-evaluation survey.
    - A total of 10 out of 12 Board members completed the survey, for a response rate of 83%.
- Previous response rates:

Year	Response Rate
2024	90%
2023	50%
2022	81.8%
2021	Survey deferred
2020	58.3%
2019	78.6%
2018	85.7%

- The following tables summarize the responses to each of the rated questions.

Part 1: Individual Performance Compliance with Individual Roles and Responsibilities as a Board of Health member	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Total Responses
1. As a BOH member, I am satisfied with my attendance at meetings.	6 (60%)	3 (30%)	1 (10%)	0 (0%)	0 (0%)	10
2. As a BOH member, I am satisfied with my preparation for meetings.	4 (40%)	6 (60%)	0 (0%)	0 (0%)	0 (0%)	10
3. As a BOH member, I am satisfied with my participation in meetings.	3 (30%)	5 (50%)	2 (20%)	0 (0%)	0 (0%)	10

2024–2028 Strategic Priorities
1. Equal opportunities for health
2. Impactful relationships
3. Excellence in public health practice
4. Healthy and resilient workforce

Part 1: Individual Performance Compliance with Individual Roles and Responsibilities as a Board of Health member	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Total Responses
4. As a BOH member, I understand my roles and responsibilities.	7 (70%)	3 (30%)	0 (0%)	0 (0%)	0 (0%)	10
5. As a BOH member, I understand current public health issues.	5 (50%)	5 (50%)	0 (0%)	0 (0%)	0 (0%)	10
6. As a BOH member, I have input into the vision, mission and strategic direction of the organization.	6 (60%)	4 (40%)	0 (0%)	0 (0%)	0 (0%)	10
7. As a BOH member, I am aware and represent community perspective during board meetings.	6 (60%)	4 (40%)	0 (0%)	0 (0%)	0 (0%)	10
8. As a BOH member, I provide input into policy development and decision-making.	3 (30%)	7 (70%)	0 (0%)	0 (0%)	0 (0%)	10
9. As a BOH member, I represent the interests of the organization at all times.	6 (60%)	4 (40%)	0 (0%)	0 (0%)	0 (0%)	10

Part 2: Board of Health Processes	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Total Responses
1. The BOH is compliant with all applicable legislation and regulations.	7 (70%)	3 (30%)	0 (0%)	0 (0%)	0 (0%)	10
2. The BOH ensures members are aware of their roles and responsibilities through orientation of new members	9 (90%)	1 (10%)	0 (0%)	0 (0%)	0 (0%)	10
3. The BOH is appropriately informed about financial management, procurement policies and practice, risk management and human resources issues.	10 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	10

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Part 2: Board of Health Processes	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Total Responses
4. The BOH holds meetings frequently enough to ensure timely decision-making.	8 (80%)	2 (20%)	0 (0%)	0 (0%)	0 (0%)	10
5. The BOH bases decision making on access to appropriate information with sufficient time for deliberations.	9 (90%)	1 (10%)	0 (0%)	0 (0%)	0 (0%)	10
6. The BOH is kept apprised of public health issues in a timely and effective manner.	9 (90%)	1 (10%)	0 (0%)	0 (0%)	0 (0%)	10
7. The BOH sets bylaws and governance policies.	7 (70%)	3 (30%)	0 (0%)	0 (0%)	0 (0%)	10
8. The BOH remains informed with issues pertaining to organizational effectiveness through performance monitoring and strategic planning.	5 (50%)	5 (50%)	0 (0%)	0 (0%)	0 (0%)	10
9. The consent agenda is helpful in enabling the Board to engage in detailed discussion of important items.	9 (90%)	1 (10%)	0 (0%)	0 (0%)	0 (0%)	10

Part 3: Overall Performance of the Board of Health	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Total Responses
1. The BOH contributes to high governance and leadership performance.	8 (80%)	2 (20%)	0 (0%)	0 (0%)	0 (0%)	10
2. The BOH oversees the development of the strategic plan.	7 (70%)	3 (30%)	0 (0%)	0 (0%)	0 (0%)	10
3. The BOH ensures planning processes consider stakeholder and community needs.	7 (70%)	3 (30%)	0 (0%)	0 (0%)	0 (0%)	10

2024–2028 Strategic Priorities

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Part 3: Overall Performance of the Board of Health	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Total Responses
4. The BOH ensures a climate of mutual trust and respect between themselves and the Medical Officer of Health (MOH).	9 (90%)	1 (10%)	0 (0%)	0 (0%)	0 (0%)	10
5. The BOH as a governing body is achieving its strategic outcomes.	7 (70%)	3 (30%)	0 (0%)	0 (0%)	0 (0%)	10

Other comments or suggestions

Respondents were provided the opportunity to offer additional comments or suggestions relating to their role as a Board of Health member, to Board of Health policy and process, and any comments that would be helpful for the Chair as part of continuous improvement and improving overall performance of the Board of Health.

Respondents shared positive comments, including that the Board meetings are very informative and there is good dialogue. Feedback also relayed pride in being on the Board of Health and gratefulness at the opportunity to contribute toward advancement of public health in our service area.

It was observed that in comparison to the 2024 survey, response to questions concerning satisfaction with participation in meetings, representing the interest of the organization at all times, and being well-informed about issues regarding organizational effectiveness, responses this year were less strongly positive this year. The significance of this is uncertain, including whether it is due to variation in the Board's membership, or due to a significant shift in the quality or relevance of Board meetings.

Summary

The 2025 Board of Health member self-evaluation of performance questionnaire gives Board members a chance to reflect on their individual performance, the effectiveness of Board policy and processes, and the Board's overall performance as a governing body. Board of Health self-evaluation of performance is an internal tool to ensure compliance with the Ontario Public Health Organizational Standards.

Overall results from the self-evaluation questionnaire indicate that most Board of Health members have a positive perception of their governance process and effectiveness. The response rate was high in comparison with previous years.

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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: November 13, 2025

Re: 2026 Recommended Cost-Shared Operating Budget – Background Context and Assumptions

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☐ For Information ☐ For Discussion ☒ For a Decision

Issue:

This briefing note outlines the fiscal challenges facing Public Health Sudbury & Districts, including declining inflation-adjusted funding and worsening community health outcomes. It presents a calculated response centered on innovation and targeted investments to preserve services, while containing budget growth.

The 2026 budget builds on last year's priorities—especially focusing on technology, as well as culture and engagement—leveraging reserves to make targeted investments that improve the organization's long-term sustainability. These elements serve as the foundation for the proposed budget and inform matters addressed in closed session. Following its deliberations on November 2, 2025, the Board Finance Standing Committee recommends the following:

Recommended Action:

THAT the Board of Health approve the 2026 cost-shared operating budget for Public Health Sudbury & Districts in the amount of $32,029,390.

THAT the Board of Health, per Bylaw G-I-70, authorize the transfer of up to $2,413,088 from the Reserve Funds to the operating budget to offset one-time technological investments in artificial intelligence use cases, the Information Technology Strategy & Roadmap, the onboarding of Electronic Medical Records, and the onboarding and transition to a new Human Resources/Payroll/Learning Management system.

2024–2028 Strategic Priorities

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AND THAT the Board of Health, per Bylaw G-I-70, authorize the transfer of up to $404,095 from the Reserve Funds to the operating budget to offset a pilot project to immunize seniors against seasonal respiratory infections in 2026.

Budget Summary:

The recommended 2026 cost-shared operating budget for programs and services is **$32,029,390**, representing an increase of **$992,891** (3.20%) over the 2025 BOH approved budget. The proposed 2026 cost-shared operating budget for the Board of Health for Public Health Sudbury & Districts reflects extensive planning and rigorous due diligence, undertaken within a context of system change, program uncertainties, and ongoing financial constraints.

The recommended 2026 operating budget includes provincial and municipal increases of $187,238 and $614,154, respectively. There is also a decrease of $75,000 in interest revenue reflecting current market returns on investments.

The following sections provide details on key 2026 budget factors.

Budget Context:

With worsening community health (e.g. life expectancy peaked in 2019 and has not yet recovered), the need for the preventive work of public health is apparent. Nonetheless, provincial funding for public health is not keeping pace with inflation (there has been an 18% inflation-adjusted reduction in public health base funding since 2015). As a consequence, the long-term sustainability of public health services is at risk.

The provincial government launched the *Strengthening Public Health* initiative in 2023 to address the fiscal challenges facing local Public Health agencies; however, it is not expected to alleviate this situation for the agency. The initiative constituted three parts:

1. **Voluntary Mergers**. Public Health Sudbury & Districts was unable to find a merger partner during merger deliberations in 2024.
2. **Narrowing the Mandate and Workload of Local Public Health**: The changes announced to the Ontario Public Health Standards (OPHS) for 2026 and beyond do not meaningfully narrow the mandate or workload of Public Health.
3. **Funding Review.** The funding review, which has been further delayed, will have an uncertain effect. However, signals are that it will not allocate additional funding to the public health sector, but rather seek to alter its distribution, particularly to address the wide discrepancy in per capita funding by local public health agency. The last attempt at a funding review in 2013 sought to address this same problem, and the result was a plan that would disadvantage northern public health agencies (where population growth is small), in favour of public health agencies in the Greater Toronto Area (where population growth is large). That review also

did not take into account the unique challenges of delivering public health service in the north (e.g. large geographies, fewer health and social sector resources, unique needs such as inspecting well water systems, and larger Indigenous population). The funding review is therefore not expected to alleviate the budget pressures that the agency faces and may well worsen it.

This fiscal reality presents three strategic options for the agency:

- Reduce Public Health services, resulting in diminished health outcomes in the community.
- Levy municipal taxpayers to offset the provincial funding gap.
- Innovate with process and technology to deliver services more efficiently.

The agency is focusing on the third option—innovating to deliver services more efficiently—recognizing that service reductions would compromise community health. While some modest reductions in services and increases to the levy are sought to manage budget pressures, this budget reflects our commitment to leverage technology to achieve sustainability in these precarious times.

Medium Term Priorities and Budget Strategy

In the 2025 Budget, the agency introduced five medium-term priorities to guide decision-making and preserve services amid fiscal constraints:

- Sustainability of Services
- Leveraging Technology
- Orienting Towards Impact and Outcome
- Fostering Culture & Engagement
- Implementing the Indigenous Engagement Strategy

The 2025 Board of Health approved budget emphasized Sustainability of Services, including a renewed focus on the core mandate and the strategic withdrawal from non-core activities. The budget also included targeted investments to advance the Orienting Towards Impact and Outcome and Implementing the Indigenous Engagement Strategy priorities. Finally, that budget began the ground work for advancing the final two priorities of Leveraging Technology and Fostering Culture & Engagement. This included procuring systems to digitize agency data through a new HR and Payroll system (non-clinical data) and an Electronic Medical Record (EMR) system (clinical data). More importantly, the 2025 Budget funded the development of an IT roadmap and the development of an AI strategy which can guide the realization of ongoing efficiencies. Last year's budget also included funding to develop a new HR strategy and to complete a non-union salary review to address recruitment and retention challenges, and to help with fostering culture and engagement throughout the Agency.

The 2026 budget builds on these foundations, focusing on completing the work started in 2025 on the Leveraging Technology and Fostering Culture & Engagement priorities. The budget proposal recommends a revised non-union salary scale, informed by the findings of a third-party review that positions the Agency in the middle of the labour market, rather well-below average. To move forward the priority of Leveraging Technology, investments are being made to complete implementation of the EMR and the HR and Payroll system, to execute the AI strategy, and to follow the IT roadmap towards building a modern IT system that can be a platform to building efficiencies on an ongoing basis.

Research shows that innovation does not thrive in a time of change and instability. People need a stable foundation from which they can then focus on innovation without distraction with handling or worrying about other changes. To support innovation, the 2026 Budget that is proposed also seeks organizational stability, avoiding major service changes that could disrupt progress.

In addition to the above, other organizational priorities were drawn from the Strategic Plan 2024–2028, the control measures identified in the draft 2026–2028 Risk Management Plan, community feedback, and operational pressures. These include

- Investing in program planning work to Orient Towards Impact & Outcomes (Medium Term Priority)
- Adding dedicated change management and project management capacity (Critical Control)
- Combatting Misinformation (Critical Control)
- Adding Dedicated Community Engagement Capacity (Strategic Priority for Impactful Relationships, Critical Control)
- Adding capacity to address growing needs and demands of community (control of infectious diseases, vaccine preventable diseases)
- Additional capacity to implement the HR Strategy (Strategic & Medium-Term Priority)
- Adding administrative capacity (operational pressure)

All of these priorities were taken into budget deliberations for 2026.

Financial Implications:

The 2026 budget planning began with a projected deficit of over $1.1 million if no changes were made from 2025, including no investment in any priorities outlined above. This deficit was driven by rising staff and benefit costs; which constitute 86% of the Public Health budget. Staffing cost increases are a result of increases negotiated through collective bargaining, and the incremental growth of non-union salaries in alignment with union salary scales. Annual benefit increases (projected to be 10% in 2026) continue to put pressure on the budget as well and the agency is actively investigating these costs with our benefits provider to try and reduce their growth.

An additional pressure in the 2026 recommended budget was a reduction in interest income to account for projected lower interest rates and cash flow than in previous years.

2024–2028 Strategic Priorities

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New operational expenses such as maintenance costs for the agency's new website, licensing costs to implement the IT roadmap and procure licenses for AI tools were included in the recommended budget to support the Leveraging Technology priority.

To reduce the deficit, and to find fiscal room to address at least some of the priorities discussed above, divisional operating costs were reviewed extensively and reduced as much as possible. Modest service reductions were made in the areas of Environmental Health, Indigenous Public Health, Health Promotion, and Corporate Services. As well, significant effort was invested to reduce the cost of tackling some priorities, meaning that some are addressed with much lower intensity in 2026. These included many of the critical risk controls as well as some components of the EMR project.

A particular success for the 2026 budget is that in 2025, the Agency transitioned to a new insurance provider, yielding close to $100,000 in savings for the 2026 budget. The new provider operates on a "reciprocal model" whereby all members share in the losses, which does increase some risks. However, it also affords lower costs to the organization.

Ultimately several priorities could not be addressed at all:

- Adding administrative capacity (operational pressure)
- Combatting Misinformation (Critical Control)
- Adding dedicated change management and project management capacity (Critical Control)
- Adding capacity to address growing needs and demands of community (control of infectious diseases, vaccine preventable diseases)
- Additional capacity to implement the HR Strategy (Strategic & Medium Term Priority)

Finally, in recognition of recruitment and retention challenges that are resulting in many positions remaining vacant for long period of time, a larger than historical "vacancy rate" was included in the 2026 recommended budget, which represents the time that salary and benefits are not paid due to a position's vacancy. As a higher than historical allocation, this represents some degree of risk in the budget. However, it is deemed to be a sensible risk given recent trends in recruitment and retention, and given that the alternative would be to approve a budget with a larger municipal share.

The final proposed budget represents an increase of 3.20% over the 2025 budget.

Strategic Investments Funded by Reserves

Investments are needed to implement the key technology priorities in 2026 in an expedited way:

- Digitizing Data
    - HR/Payroll System
    - EMR Project
- AI Use Cases

- IT Roadmap

These technology investments promise the capability to deliver public health services in a less expensive manner, helping to meet the need for increased public health services amidst shrinking funding levels, and lessening future budget pressures. However, to achieve significant returns such as these, there does need to be significant up-front investment. The roll-out of these initiatives has been designed to minimize ongoing costs, relieving pressure on the budget long term. However, considerable temporary staffing and one-time operational expenses are needed in 2026.

The primary purpose of reserves is to support one-time investments to enhance the organization. That is what is proposed here. Investments in technology will make the organization more effective and improve sustainability for the long-term: it is the transition of a financial asset into a capability asset that improves the organization and its impacts and outcomes. This constitutes the most appropriate reason to leverage reserves.

Reserves are also intended, as secondary purpose, to help cushion the financial impact short-term during periods of fiscal stress. Given provincial funding challenges, staffing losses are projected to continue in the coming years, unless significant changes occur. Reductions in staffing will result in ongoing reduction of service to the public and impacts on their health. Reserves could be used to cushion those impacts in a temporary way in future budgets. Instead, it is proposed to use reserves to shift the cost curve proactively. These are not stopgap measures, but strategic investments designed to safeguard future service delivery.

At its meeting on November 3, 2025, the Finance Committee considered four additions to the budget that were presented for its consideration. One of these concerned how community and Board members have expressed interest in Public Health resuming vaccination clinics for communities around the region during the influenza and COVID-19 vaccination campaign. After deliberation, the Committee recommended that expansion of vaccinations be incorporated into the 2026 budget as a one-time allocation from Reserves. This approach is intended to provide the necessary resources to pilot the program during the upcoming budget year and inform its value for future budgeting and funding advocacy to the provincial government.

In total, the following investments are recommended to be drawn from reserves:

Strategic Investment	Draw from Reserves
Implementing New HR/Payroll System	$ 182,015
Implementing Electronic Medical Record	$ 711,434
Implementing AI Use Cases	$ 716,903
Implementing IT Roadmap	$ 802,736
Increasing Vaccinations in Seniors Pilot Project	$ 404,095
Total Investment Drawn from Reserves	**$ 2,817,183**

The organization's reserves currently include a total of $8,748,792 as follows:

Schedule of Reserves	
Working Capital	$ 4,096,541
Public Health initiatives	$ 500,000
Corporate Contingencies	$ 500,000
Facility and Equipment Repairs and Maintenance	$ 956,272
Sick Leave and Vacation	$ 2,639,119
Research and Development	$ 56,860
Total Reserves	**$ 8,748,792**

The proposed investments represent use of 32.2% of the reserves. This is significant, but also still prudent, leaving a balance for future needs that well-exceeds Ministry of Health minimums, and provides the organization with funds to balance liabilities and be ready for emergencies.

Public Health Sudbury & Districts' target has been to maintain enough cash to sustain the organization for a 12-week period. A minimum of 7.5 weeks of emergency funds within the Working Capital Reserve (unrestricted) fund would align with Ministry of Health recommendations.

As of October 26, 2025, the Working Capital Reserve fund is $4,096,541 that represents 5.65 weeks of cash flow. All capital reserve funds of $8,748,792 (restricted and unrestricted), provide the organization with 12.07 weeks of cash flow which is just above the previously supported 12-week target period. With the allocation of funds recommended in this briefing note, the reserves would remain at 8.2 weeks of cash flow which remains above the Ministry of Health minimum of 7.5 weeks. With the organization on more sustainable fiscal footing after these investments, there would be opportunity to rebuild the reserve fund to the 12-week target for emergency need.

Alternative Scenarios

As discussed above, not all priorities for the budget could be funded given the Board's direction to limit increases to municipal levies. However, given the Board of Health's stated interest in these matters of the past year, a few options were provided to the Board of Health Finance Standing Committee around additions to the budget for their consideration.

- Option 1 – Project and Change Management Capacity
  - Board members have noted concern that the draft Risk Management Plan for 2026-28 does not sufficiently reduce the risk associated with the highest risk items.
  - One of the key critical controls identified in that Risk Management Plan draft is to add dedicated Project and Change Management capacity to manage the many significant transitions the organization is currently both experiencing and undertaking. Such an investment would reduce two high risk items to medium risk, and one medium risk item to low risk.
  - The increase to the budget to action this would be $332,306.

- Option 1a. – Project and Change Management Capacity "Lite"
  - This attempts to address the risk from Option 1 at a lower cost, though at the cost of lower effectiveness.
  - Funding of this would decrease one high risk item to medium risk. Other high risk and medium risk items would see incremental reduction in risk, but without a change in risk category.
  - The increase to the budget to action this would be $186,153

- Option 2 – Combatting Misinformation
  - This would address another critical control in the draft Risk Management Plan 2026-28.
  - Investing in this would reduce one high risk item to medium risk, and one medium risk item to low risk. It would also incrementally reduce the risk associated with one medium risk item, though not sufficient to reclassify it as low risk.
  - The increase to the budget to action this would be $151,933.51

- Option 3 – Expanding Vaccinations
  - The community and Board members have expressed interest in Public Health resuming vaccination clinics for communities around the region during the influenza and COVID-19 vaccination campaigns.
  - Staffing such work is complex since this is an 8-week period, and it is hard to hire and train staff, for only a short period.
  - It is proposed that leveraging overtime of staff during weekends and evenings would allow Public Health to deliver such vaccinations at times convenient for the public.

- The impact of this campaign would be to vaccinate 10% of seniors (the highest risk group for these infections), yielding approximately a 6% decrease in total influenza hospitalizations across all ages, and 8.5% decrease in total COVID-19 hospitalizations across all ages.
- The increase to the budget to pursue this would be $404,095

As discussed above, the Board Finance Standing Committee recommends pursuit of Option #3 as a pilot project funded through the reserves. The purpose of this pilot is to evaluate the effectiveness of the initiative in increasing vaccination uptake within Public Health Sudbury & District's catchment area. By implementing this option as a temporary measure, the Board of Health will receive data and outcomes before considering any long-term funding commitments. This recommendation reflects a prudent approach to resource management while supporting public health objectives.

Final Budget Proposal

The budget proposed is prudent, meeting the Board of Health's legal responsibility to deliver critical services to the population while also investing in the long-term sustainability of the organization. Most importantly it navigates a challenging fiscal environment while remaining mindful of the cost to municipal taxpayers. From the initial budget pressure of $1.1 million to stay status quo, only 54% is addressed through a modest increase in municipal levies; the balance was addressed through internal cost and service reprioritization including some modest service reductions.

More generally, this budget managed that $1.1 million baseline budget pressure plus spending on $1.5 million on priority program and operational needs, with only $614,154 (23%) applied to the municipal levy. With an additional 7% funded through the anticipated provincial funding grant increase, the balance of 70% was addressed through internal cost and service reprioritization.

The proposed increase to the municipal levy is the lowest in the last three years, and lower than the average increase on the municipal levy for Public Health over the past six years.

While this budget limits public health program and service reductions and buys time, the fundamental funding dynamics remain unsustainable. Municipal advocacy continues to be essential to urge the province to address these structural fiscal challenges. The overall size of the funding envelope for the prevention, promotion and protection required for the health of all Ontarians must increase if Public Health is to be on a sustainable footing, and most importantly, if the health of communities is to once again be on a trajectory of increase.

Assumptions for 2026:

1. In 2024 the Ministry restored funding levels to those provided in 2019 (which remained at 2018 levels) by rolling the provincial mitigation grant into the mandatory base funding in 2024. This

amount was not adjusted for inflation despite significant inflation between 2018 and 2024 (e.g. the Consumer Price Index had increased 20.6% by 2024 from 2018). The Ministry has stated that local public health agencies will receive a 1% increase in their mandatory base funding in 2026. This, combined with a 1% increase in both 2024 and 2025, will provide a base mandatory program grant in 2026 of $18,910,969.

2. The Ministry will continue to fund Unorganized Territories (which incorporates the Northern Fruit and Vegetable and Indigenous Communities programs), the MOH/AMOH Compensation Initiative and the Ontario Senior Dental Care Program (OSDCP). The Unorganized Territories funding will remain at the current funding levels with no inflation nor population growth adjustments; the MOH/AMOH Compensation Initiative and OSDCP have historically seen incremental increase in funding and it is assumed that will continue. However, a requirement for MOH/AMOH Compensation Initiative funding is for the Minister of Health to approve the appointment of the Medical Officer of Health and Associate Medical Officer of Health. As of November 12, 2025, such approvals remain outstanding, even though they were filed in January 2024 and November 2024, respectively. The lack of decision on these appointments by the Minster of Health is preventing Public Heath Sudbury & Districts from receiving this funding, leading to additional costs that should be a provincial responsibility instead being born by the municipal levy.
3. Fixed costs, including benefit increases of 10% overall (6% increase in Extended Health, 15% increase in LTD, and 9% in Dental as well as increases in the rates to employer statutory obligation), steps on salary grids, negotiated settlements, insurance, etc., continue to increase. Canada's inflation rate year-over-year has been decreasing, however, the growth in cost of benefits continues to be high.
4. The legislative requirements of boards of health remain minimally unchanged, as articulated in the *Health Protection and Promotion Act* and related regulations, and the proposed 2026 Ontario Public Health Standards and related protocols and guidelines, underscoring the challenge of maintaining services without corresponding funding increases.

Ontario Public Health Standard:
Organizational Requirements – Good Governance

2026 Recommended Budget

Public Health Sudbury & Districts

Expenditures By Category

Description	2025 BOH Approved Budget	2026 Recommended Budget	Change ($) Inc/(Dec)	Change (%) Inc/(Dec)
Salaries	19,341,765	19,806,262	464,498	2.40%
Benefits	7,015,499	7,704,065	688,566	9.81%
Total Salaries & Benefits	**26,357,263**	**27,510,327**	**1,153,064**	**4.37%**
Office Supplies	83,640	83,940	300	0.36%
Media & Advertising	112,500	54,670	(57,830)	-51.40%
Health Services / Purchased Services	670,433	355,433	(315,000)	-46.98%
Professional Fees	97,720	101,185	3,465	3.55%
Travel	252,343	232,268	(20,075)	-7.96%
Program Expenses	683,679	527,848	(155,831)	-22.79%
Telephone Expenses	71,850	59,530	(12,320)	-17.15%
Postage & Courier Services	90,100	90,100	0	0.00%
Vector Borne Disease - Education and Surveillance	13,721	13,721	(0)	0.00%
Books & Subscriptions	7,045	10,395	3,350	47.55%
Furniture & Equipment	18,870	19,267	396	2.10%
Rent Revenue	(69,076)	(69,076)	-	0.00%
Insurance	147,768	125,000	(22,768)	-15.41%
Information Technology	1,499,560	1,683,760	184,200	12.28%
Rent Surplus Transferred to Reserve	56,642	56,642	-	0.00%
Translation	58,430	79,575	21,145	36.19%
Memberships	51,750	51,900	150	0.29%
Expense Recoveries	(588,071)	(424,399)	163,672	-27.83%
Rent	329,758	329,521	(237)	-0.07%
Building Maintenance	750,768	798,133	47,365	6.31%
Utilities	190,605	190,447	(158)	-0.08%
Staff Development	149,201	149,203	2	0.00%
Total Operational Expenses	**4,679,236**	**4,519,062**	**(160,173)**	**-3.42%**
Total Expenditures	**31,036,499**	**32,029,390**	**992,891**	**3.20%**

Public Health Sudbury & Districts

Cost Shared Programs & Services

2026 Recommended Budget

	BOH 2025 Approved	2026 Budget	Increase (Decrease)	% Change Inc/(Dec)
Revenue				
MOHLTC - General Programs	18,723,731	18,910,969	187,238	1.00%
MOHLTC - Unorganized Territory	826,000	1,092,500	266,500	32.26%
Municipal Levies	11,186,768	11,800,921	614,154	5.49%
Interest Earned	300,000	225,000	(75,000)	-25.00%
MOHLTC-MOH/AMOH SUBSIDY	-	-	-	0.00%
Total Revenue	**31,036,499**	**32,029,390**	**992,891**	**3.20%**
Expenditures				
Corporate Services				
Corporate Services	6,320,175	5,726,902	(593,274)	-9.39%
Office Admin	104,350	104,350	(0)	0.00%
Espanola	131,102	131,896	794	0.61%
Manitoulin Island	141,746	136,377	(5,369)	-3.79%
Chapleau	140,300	139,335	(965)	-0.69%
Sudbury East	19,530	17,880	(1,650)	-8.45%
Intake	372,587	384,485	11,898	3.19%
Facilities Management	744,668	792,033	47,365	6.36%
Volunteer Resources	3,850	-	(3,850)	-100.00%
Electronic Medical Records	-	149,894	149,894	0.00%
Total Corporate Services	**7,978,309**	**7,583,151**	**(395,158)**	**-4.95%**
Health Promotion and Vaccine Preventable Diseases				
MOHLTC - Influenza	(0)	(0)	(0)	0.00%
MOHLTC - Meningittis	0	0	0	0.00%
MOHLTC - HPV	-	0	0	0.00%
Oral Health	524,052	540,421	16,370	3.12%
Health Promotion & VPD - General	1,849,198	2,236,438	387,240	20.94%
District Offices (Espanola/Manitoulin)	376,553	391,639	15,086	4.01%
Nutrition & Physical Activity Team	1,568,704	1,524,144	(44,560)	-2.84%
District Offices (Sudbury East/Chapleau)	432,484	454,669	22,185	5.13%
Comprehensive Substance Use (Tobacco, Alcohol, (	951,390	909,794	(41,596)	-4.37%
Family Team	1,481,508	1,484,158	2,649	0.18%
Community Drug Strategy & Toxic Drug Crisis and M	960,374	980,385	20,010	2.08%
VPD	1,673,068	1,600,291	(72,776)	-4.35%
COVID Vaccine	111,689	114,321	2,632	2.36%
Smoke-Free Ontario Strategy: TCAN Coordination	505,286	402,743	(102,543)	-20.29%
Northern Fruit and Vegetables program	-	176,100	176,100	0.00%
Harm Reduction Program Enhancement	198,465	206,205	7,739	3.90%
Healthy Smiles Ontario Program	667,047	707,594	40,547	6.08%
Total Health Promotion and Vaccine Preventable	**11,299,817**	**11,728,901**	**429,083**	**3.80%**
Knowledge and Strategic Services				
Knowledge and Strategic Services	3,048,643	3,424,745	376,102	12.34%
Workplace Capacity Development	43,507	44,457	950	2.18%
Health Equity Office	10,970	11,720	750	6.84%
Indigenous Engagement	414,797	407,705	(7,093)	-1.71%
Local Model Indigenous Engagement	-	125,601	125,601	0.00%
Social Determinants of Health Nurses Initiative	516,126	550,876	34,750	6.73%
Total Knowledge and Strategic Services	**4,034,043**	**4,565,103**	**531,060**	**13.16%**
Health Protection				
CID	1,528,164	1,624,800	96,637	6.32%
Clinical Services - Branches	236,444	250,711	14,267	6.03%
Risk Reduction	53,756	53,756	-	0.00%
Sexual Health	1,508,238	1,584,043	75,805	5.03%
Health Protection - General	1,272,898	1,345,310	72,413	5.69%
Environmental	2,824,889	2,975,579	150,690	5.33%
Vector Borne Disease	42,914	43,708	794	1.85%
Smoke-Free Ontario Strategy: Protection and Enforc	257,027	274,327	17,300	6.73%
Total Health Protection	**7,724,330**	**8,152,236**	**427,906**	**5.54%**
Total Expenditures	**31,036,499**	**32,029,390**	**992,891**	**3.20%**
Net Deficit (Surplus)	0	(0.00)	(0)	0.00%

IN CAMERA

MOTION: **THAT this Board of Health goes in camera to deal with personal matters involving one or more identifiable individuals, including employees or prospective employees. Time:____**

RISE AND REPORT

MOTION:

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

2026 COST-SHARED OPERATING BUDGET

MOTION:

WHEREAS the Board of Health Finance Standing Committee reviewed and discussed the details of the proposed 2026 cost-shared operating budget at its November 3, 2025, meeting; and

WHEREAS the Finance Standing Committee recommends the proposed budget to the Board of Health for approval;

THEREFORE BE IT RESOLVED THAT the Board of Health approve the 2026 cost-shared operating budget for Public Health Sudbury & Districts in the amount of $32,029,390.

AND THAT the Board of Health, per Bylaw G-I-70, authorize the transfer of up to $2,413,088 from the Reserve Funds to the operating budget to offset one-time technological investments in artificial intelligence use cases, the Information Technology Strategy & Roadmap, the onboarding of Electronic Medical Records, and the onboarding and transition to a new Human Resources/Payroll/Learning Management system.

AND THAT the Board of Health, per Bylaw G-I-70, authorize the transfer of up to $404,095 from the Reserve Funds to the operating budget to offset a pilot project to immunize seniors against seasonal respiratory infections in 2026.

STAFF DAY APPRECIATION

MOTION:

WHEREAS the Board of Health has for decades provided staff with an Appreciate Day off in consideration for their excellent service to the community.

THEREFORE BE IT RESOVED THAT this Board of Health approve a Staff Appreciation Day for the staff of Public Health Sudbury & Districts during the upcoming holiday season. The Staff Appreciation Day may be taken between the dates of December 1, 2025, to February 28, 2026. Essential services will be available and provided at all times except for statutory holidays when on-call staff will be available.

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 & CEO

Date: November 13, 2025

Re: Outcome of alPHa Motion to Advance Indigenous Membership on all Board of Health in Ontario

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☐ For Information ☐ For Discussion ☒ For a Decision

Issue:
On July 20, 2024, the Board of Health adopted resolution 41-24 to ensure an Indigenous member on the Board of Health,

In parallel, the Board of Health advanced a motion to the Association of Local Public Health Agencies (alPHa) to adopt the position that an Indigenous member on board of health should be a systemic change across all board of health in the province.

On June 19, 2025, the alPHa Annual General Meeting considered the motion brought forward by this Board. With many concerns raised about the political challenges that could result locally from a change in board membership, the AGM chose not to adopt the motion, but referred it to the alPHa Board of Directors.

The alPHa Board of Directors decided on November 6, 2025 not to adopt a position statement aligned with the motion, but to write to the Minister of Health advocating for Indigenous membership on boards of health. This was done so on November 10, 2025.

Recommended Action:
That the Board of Health write to the alPHa Board of Directors thanking them for advocating to the Minister of Health that an Indigenous member should be part of every board of health. This letter should also highlight two important omissions in the recommendation to the Minister that must be considered going forward. The letter could also share feedback on how the process of getting to this letter could have been improved. And the letter should advise the alPHa Board of Directors to create opportunities for discussion between boards of health to promote exploration of how Indigenous membership on board of health can be further advanced.

2024–2028 Strategic Priorities:

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

Alternative Actions:
The Board of Health could simply thank the alPHa Board for advancing the recommendation with no further feedback provided.

The Board of Health could alternatively make no communication back to the alPHa Board of Directors.

Background:
In the alPHa Board of Directors disposition of the motion, alPHa does not adopt a formal position for alPHa as the Board of Health's motion had sought to do. However, it does advocate to the provincial government, which is a *de facto* adoption of a position. But without a formal position statement on the books, the position advocated to the province may be forgotten and lost over time.

The letter by the alPHa Board of Directors to the Minister of Health makes a clear recommendation in favour of Indigenous membership on Boards of Health:

> *To advance reconciliation and equity, alPHa recommends Indigenous membership on Boards of Health in alignment with the Truth and Reconciliation Commission (TRC) Calls to Action, the United Nations Declaration on the Rights of Indigenous Peoples Act (UNDRIP), and the province's new Indigenous engagement guide.*

The motion also supports that this be determined in collaboration with Indigenous peoples. All of this is in alignment with what the Board of Health recommended.

However, there are two omissions in what the alPHa Board of Directors advocated:

1. The alPHa letter does not make explicit that there should be an Indigenous member on ALL board of health. The letter's language is nebulous on whether Indigenous membership should be on some boards (for example, where it is easy to arrange) versus a mandatory part of all boards.

2. The alPHa letter omits the recommendation that Indigenous member on boards of heath be verifiably Indigenous and grounded in community. It was important to this Board of Health that Indigenous membership not be tokenistic, but rather ensure meaningful and relevant Indigenous voice and perspective at board of health meetings.

Given these omissions, it will be important that any further work to move forward Indigenous membership on boards of health accounts for both of these considerations.

In development of its plan for how to address this Board of Health's motion, the alPHa Board of Directors did not engage back with Public Health Sudbury & Districts and particularly the Indigenous Public Health team. As best we understand, there was also no consultation with other Indigenous

persons. This is unfortunate, and does not align with inclusivity in decision-making and the sentiment of “nothing about us without us” which is an expected norm in Indigenous reconciliation.

Another challenge that occurred through this process was at the Annual General Meeting on June 19 where the Director of Indigenous Public Health was almost not permitted to speak and introduce the motion due to her not being from a recognized public health profession or public health role. Fortunately, a work-around was negotiated with the parliamentarian for the resolutions section for her to speak, but it did require the assembly to grant her an exception to speak. Not allowing an Indigenous person to speak to an Indigenous item due to not being from a traditional public health profession is again not be aligned with inclusivity and the sentiment of “nothing about us without us”. Moreover being permitted to speak only after being provided special permission is reminiscent of the great indignities Indigenous persons have had to endure as second-class citizens for so long. This approach by alPHa also demonstrates ongoing colonialism where traditional educational public health backgrounds and roles (to which Indigenous persons have had structural barriers to attaining) are prioritized to the exclusion of Indigenous perspective, culture, and ways of knowing.

There is an opportunity for the Board of Health to provide constructive feedback on this process to motivate improvements for the future. In addition, the Board of Health can advise some rectifying of a lack of inclusivity in the work done to this point by advocating to alPHa that fora be convened for discussions between Indigenous persons and boards of health and their staff on how Indigenous membership on boards of health can be advanced. This would honour self determination by giving Indigenous persons options to participate in this work, and explore possibilities.

It is recommended that the Boad of Health take leadership to communicate its thanks to the alPHa Boad of Directors for advancing it motion, and also share feedback on how alPHa decision-making, and any further steps on advancing Indigenous membership are done in a more inclusive way, compatible with the principles of reconciliation.

Financial Implications:
There are no financial implications to this report.

IT team and IT infrastructure implications:
There are no IT implications to this report.

Ontario Public Health Standard:
This effort aligns with the Standards related to Indigenous engagement and organizational governance.

Strategic Priority:
This effort aligns with our Strategic Priority of Impactful Relationships, and specifically furthering our Indigenous Engagement Strategy and Indigenous Governance ReconciliAction Framework.

Author:
M. Mustafa Hirji, Acting Medical Officer of Health & CEO

alPHa RESOLUTION A25-02

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

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

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

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

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

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

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

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

NOW THEREFORE BE IT RESOLVED THAT the Association of Local Public Health Agencies call upon the Government of Ontario to ensure and enable Indigenous membership on all local Boards of Health, following appropriate engagement with local Indigenous communities.

AND FURTHER THAT Indigenous members be verifiably Indigenous, grounded in community, with lived experience, and from or residing within the health unit in which they will sit on the Board of Health; verifiably Indigenous means recognition by an Indigenous community or representative body in accordance with their right to determine citizenship.

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

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[i] Hahmann T., & Kumar, M. (2022). *Unmet health care needs during the pandemic and resulting impacts among First*

Nations people living off reserve, Métis and Inuit. *StatCan COVID-19: Data to Insights for a Better Canada*. (45-28-0001). Ottawa, Canada: Statistics Canada. https://www150.statcan.gc.ca/n1/pub/45-28-0001/2022001/article/00008-eng.htm

[ii] Hahmann, T., Badets, N., & Hughes, J. (2019). *Indigenous people with disabilities in Canada: First Nations people living off reserve, Métis and Inuit aged 15 years and older*. (89-653-X2019005). Ottawa, Canada: Statistics Canada. https://www150.statcan.gc.ca/n1/pub/89-653-x/89-653-x2019005-eng.htm

[iii] Yangzom, K., Masoud, H., & Hahmann, T. (2023). Primary health care access among First Nations people living off reserve, Métis and Inuit, 2017 to 2020. Ottawa, Canada: Statistics Canada. https://www150.statcan.gc.ca/n1/en/pub/41-20-0002/412000022023005-eng.pdf?st=cahhYO9r

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

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

alPHa
Association of Local PUBLIC HEALTH Agencies

alPHa's members are the public health units in Ontario.

alPHa Sections:

Boards of Health Section

Council of Ontario Medical Officers of Health (COMOH)

Affiliate Organizations:

Association of Ontario Public Health Business Administrators

Association of Public Health Epidemiologists in Ontario

Association of Supervisors of Public Health Inspectors of Ontario

Health Promotion Ontario

Ontario Association of Public Health Dentistry

Ontario Association of Public Health Nursing Leaders

Ontario Dietitians in Public Health

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Toronto, Ontario M6C 4A7
E-mail: info@alphaweb.org

November 10, 2025

The Hon. Sylvia Jones
Deputy Premier and Minister of Health
Ministry of Health
College Park, 777 Bay Street
Toronto, ON M7A 2J3

Dear Minister Jones,

Re: Recommendations for Indigenous Membership on Boards of Health

The Association of Local Public Health Agencies (alPHa) advocates for a strong, local public health system that enables Boards of Health to make decisions reflecting the unique needs of their communities and their regional diversity within Ontario's public health framework. We recognize the Ministry's provincial guidance on Indigenous participation, including the *Ontario Public Health Standards (OPHS) Indigenous Engagement Protocol* and the *First Nation, Inuit, and Métis Community Engagement Guide*.

To advance reconciliation and equity, alPHa recommends Indigenous membership on Boards of Health in alignment with the Truth and Reconciliation Commission (TRC) Calls to Action, the United Nations Declaration on the Rights of Indigenous Peoples Act (UNDRIP), and the province's new Indigenous engagement guide. Indigenous participation on Boards of Health should uphold self-determination, respect local governance structures, reflect jurisdictional realities, and be developed collaboratively with Indigenous communities and partners.

Accordingly, alPHa recommends that the Ontario Government advance Indigenous membership on Boards of Health to ensure a collaborative, fair, flexible approach that is consistent with provincial guidance, and self-determination. This could be facilitated, for example, through the Public Appointments Secretariat. Such alignment will strengthen consistency, flexibility, and capacity-building to support meaningful and sustainable Indigenous engagement across Ontario's public health system.

Thank you for your ongoing leadership in strengthening Ontario's public health system and supporting reconciliation through collaborative governance.

Sincerely,

Dr. Hsiu Li Wang
Chair, alPHa Board of Directors
Association of Local Public Health Agencies

Copy: Dr. Kieran Moore, Chief Medical Officer of Health

The Association of Local Public Health Agencies (alPHa) is a not-for-profit organization that provides leadership to Ontario's boards of health. alPHa represents all of Ontario's boards of health, medical officers and associate medical officers of health, and senior public health managers in each of the public health disciplines – nursing, inspections, nutrition, dentistry, health promotion, epidemiology, and business administration. As 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 public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities.

INDIGENOUS MEMBERSHIP ON ALL BOARDS OF HEALTH

MOTION:

WHEREAS on June 19, 2025, the Board of Health proposed to the Association of Local Public Health Agencies (alPHa) Annual General Meeting a resolution that all boards of health should have an Indigenous member,

AND WHEREAS the alPHa Annual General Meeting opted not to adopt the resolution, but refer it to the alPHa Board of Directors,

AND WHEREAS the alPHa Board of Directors has decided not to adopt a resolution, but has written to the Minister of Health to advocate for Indigenous membership on boards of health,

AND WHEREAS there are omissions to that advocacy as compared to the originally proposed resolution,

AND WHEREAS several elements of the process to get to this advocacy letter have revealed colonial practices in the operations of alPHa,

BE IT RESOLVED THAT the Board of Health write to the alPHa Board of Directors

1. **to thank them for the advocacy letter to the Minister of Health that advances the issue the Board of Health had raised,**
2. **to highlight considerations omitted from the advocacy letter that should nonetheless remain important for alPHa's consideration should there be further dialogue or follow-up regarding Indigenous membership on boards of health,**
3. **to share feedback on colonial ways within their process which are harmful to Indigenous persons, and which should be corrected,**
4. **to advise creation of fora that would allow Indigenous persons, boards of health, and their staff to continue dialogue around how Indigenous membership on boards of health can continue to be advanced, thus facilitating self-determination by Indigenous persons and furthering reconciliation after the process thusfar.**

ADDENDUM

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

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