



# Board of Health Meeting # 07-24

Public Health Sudbury & Districts

Thursday, October 17, 2024

1:30 p.m.

Boardroom

1300 Paris Street

**AGENDA – SEVENTH MEETING**  
**BOARD OF HEALTH**  
**PUBLIC HEALTH SUDBURY & DISTRICTS**  
**BOARDROOM, SECOND FLOOR**  
**THURSDAY, OCTOBER 17, 2024 – 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) Introduction to the Association of Local Public Health Agencies (alPHa)**
    - Loretta Ryan, Chief Executive Officer, Association of Local Public Health Agencies
  - ii) Comprehensive Health Promotion in Action: From Prevention to Policy**
    - Laura Cousineau, Health Promoter, Health Promotion and Vaccine Preventable Diseases Division
- 5. CONSENT AGENDA**
  - i) Minutes of Previous Meeting**
    - a. Sixth Meeting – September 19, 2024
  - ii) Business Arising From Minutes**
  - iii) Report of Standing Committees**
  - iv) Report of the Medical Officer of Health / Chief Executive Officer**
    - a. MOH/CEO Report, October 2024
  - v) Correspondence**
    - a. Association of Local Public Health Agencies (alPHa)’s Virtual Fall Symposium and Section Meetings, November 6 to 8, 2024
      - Poster and Draft Program for Symposium and Section Meetings
      - Draft Agenda for the alPHa Board of Health Section Meeting
      - Call for short public health videos
    - b. Support for Bills S-233 and C-233 “An Act to develop a national framework for a guaranteed livable basic income”
      - Letter from Peterborough Public Health Board of Health Chair to the Prime Minister of Canada, Deputy Prime Minister and Minister of Finance, Minister of Health, Leader of the Government in the House of Commons, House Leader of

the Official Opposition, House Leader of the Block Québécois, House Leader of the New Democratic Party and Standing Senate Committee on National Finance, dated October 2, 2024

- c. Perspectives from Northern Ontario for the Public Health Funding Review
  - Letter from Northwestern Health Unit Board of Health Chair to the Chief Medical Officer of Health and Assistant Deputy Minister, dated September 27, 2024
- d. Recommendations for Government Regulation of Nicotine Pouches
  - Motion from The Corporation of the Municipality of St. Charles dated August 14, 2024

#### **APPROVAL OF CONSENT AGENDA**

##### **MOTION:**

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

#### **6. NEW BUSINESS**

- i) **Artificial Intelligence and new technologies at Public Health Sudbury & Districts**
  - Briefing Note from the Acting Medical Officer of Health and Chief Executive Officer, Dr. M. Mustafa Hirji to the Board of Health dated October 10, 2024

#### **7. ADDENDUM**

##### **ADDENDUM**

##### **MOTION:**

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

#### **8. IN CAMERA**

##### **IN CAMERA**

##### **MOTION:**

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

**Time: \_\_\_\_\_**

**9. RISE AND REPORT**

**RISE AND REPORT**  
**MOTION:**  
**THAT this Board of Health rises and reports. Time: \_\_\_\_\_**

**10. ANNOUNCEMENTS**

**11. ADJOURNMENT**

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

**MINUTES – SIXTH MEETING**  
**BOARD OF HEALTH**  
**PUBLIC HEALTH SUDBURY & DISTRICTS**  
**BOARDROOM, SECOND FLOOR**  
**THURSDAY, SEPTEMBER 19, 2024 – 1:30 P.M.**

**BOARD MEMBERS PRESENT**

Ryan Anderson	Pauline Fortin	Mike Parent
Robert Barclay	René Lapierre	Mark Signoretti
Michel Brabant	Ken Noland	Natalie Tessier

**BOARD MEMBERS REGRET**

Renée Carrier	Guy Despatie	Abdullah Masood
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**STAFF MEMBERS PRESENT**

Kathy Dokis	Stacey Laforest	Renée St Onge
Stacey Gilbeau	Rachel Quesnel	
M. Mustafa Hirji	France Quirion	

**R. LAPIERRE PRESIDING**

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

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

- Letter to Ministry of Health and Long-Term Care recommending the provincial re-appointment of Ryan Anderson, dated July 24, 2024

R. Anderson was congratulated on his reappointment to the Board of Health as a provincial appointee, renewed for a period not exceeding three years.

- City of Greater Sudbury Report and Motion Re Appointment of Michel Brabant on Board of Health for Public Health Sudbury & Districts, due to resignation of Al Sizer

Michel Brabant has been appointed by the City of Greater Sudbury on the Board of Health to replace Al Sizer who resigned from the Board of Health. M. Brabant was welcomed to his first Board of Health meeting. Al was thanked for his contributions to the Board of Health, including during the Strengthening of Public Health voluntary merger discussions.

## **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) Changing Patterns of Infectious Disease**

– Stacey Laforest, Director, Health Protection Division

S. Laforest was invited to speak to changing patterns of infectious disease including respiratory, vaccine preventable diseases, sexually transmitted and blood borne infections trends, and program impacts. Reporting requirements and public health follow-up for the 72 Diseases of Public Health Significance (DOPHS) were outlined as well as management of DOPHS.

Several of DOPHS are vaccine preventable diseases and the importance of keeping vaccinations up to date was emphasized. Local tuberculosis trends show much higher incidence to historical levels, and also higher in comparison with Ontario incidences rates. Large increases in the incidence rate of iGAS, invasive pneumococcal disease, pertussis (aka Whooping Cough) and varicella (aka Chicken Pox) cases have been observed in comparison with the provincial incidence rate and to the historical levels for Sudbury & Districts. Respiratory outbreak activity has also significantly increased since the pandemic in both number and complexity.

These disease trends have impacted Public Health's workload, and alongside a changing demographic, reduced access to primary health care, the introduction of new ministry vaccine programs and expectations, Public Health has needed to prioritize and streamline services to meet ministry requirements. The COVID-19 vaccine program continues to pose challenges to the VPD program due to the operational requirements of the ministry with no associated base funding to deliver this service.

In conclusion, respiratory and sexually-transmitted blood borne infections are increasing within the PHSD area and program impacts are being observed, with an increase in both investigation number and case complexity. The teams continue to explore ways to streamline processes. Vaccination of eligible persons routinely continues to be prioritized as per the publicly funded schedule and to susceptible persons as part of contact investigation. With increasing case load and outbreak management, the existing Control of Infectious Diseases and Sexual Health teams are beyond the capacity of the current staffing levels. Given the minimum investigation requirements per the OPHS, and provincial data entry requirements, the Executive Committee is exploring options to manage the workload associated with increases in caseloads.

Questions and comments were entertained, and clarification provided regarding education/prevention for sexually transmitted diseases in schools, public health policy to change societal norms, provincial trends for communicable diseases, funding for outbreaks, protection of respiratory pathogens through masking, and unique trends in northern Ontario. In response to an inquiry, additional information will be shared with the Board regarding greatest proportion of cases by age for syphilis.

S. Laforest was thanked for her presentation.

**ii) The Unlearning and Undoing White Supremacy and Racism Project**

- Sarah Rice, Special Advisor, Indigenous Affairs, Indigenous Engagement Team, Knowledge and Strategic Services
- Jasmine Fournier, Health Promoter, Indigenous Engagement Team, Knowledge & Strategic Services

Dr. Hirji noted that today's presentation aligns with the third strategic direction of [Finding our Path Together: Strengthen our Capacity for a Culturally Competent Workforce](#), as well as the third strategic direction within the [Indigenous Engagement Governance ReconciliAction Framework](#): *The Board of Health will strengthen its capacity to become culturally safe*. This month, ending with the National Day for the Truth and Reconciliation on September 30, we honour the survivors and their families of the residential and day school systems by taking time to learn and reflect on the truths that may bring us closer to a sense of reconciliation.

S. Rice and J. Fournier were welcomed to share a new agency-wide project that will be launching in the coming months, that aims to learn and reflect on these truths and move towards collective action as an agency, along with an invitation for the Board to join the project.

The project, adapted with permission from the BC Health Authority, will examine white supremacy and colonization as determinants of health. The project work is crucial to addressing the root causes of poor health outcomes and the systemic issues that are present in our health care system and in society. As an example, the Coin Model of Privilege was displayed to see how we can use our privilege to evoke change and allows to explore unconscious biases.

Over the last six years, a variety of PHSD strategies and frameworks have been developed to support the agency to do this system-level change work, which includes the work of the Unlearning and Undoing White Supremacy and Racism project. At the governance level, the Indigenous Engagement Governance ReconciliAction Framework (Motion #37-23) further refines and strengthens this work by committing to participate in ongoing education

opportunities. Board members were provided an example of what a two-month period of the 18-month project would look like for Module 1 Naming Racism & White Supremacy. Module options, learning and time commitments were outlined.

Staff as well as Board members are invited to participate in the Unlearning and Undoing White Supremacy and Racism project. Board participation would help signal the importance of this work to staff, throughout the system and wider community. Included in today's agenda package is a briefing note outlining a motion to join this important journey that Public Health is embarking on. Questions were entertained regarding the time commitment and project launch. Sarah and Jasmine were thanked.

## 5. CONSENT AGENDA

### i) Minutes of Previous Meeting

- a. Fifth Board of Health Meeting – June 20, 2024

### ii) Business Arising from Minutes

### iii) Report of Standing Committees

- a. None

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

- a. MOH/CEO Report, September 2024

### v) Correspondence

- a. Physical Literacy for Communities: A Public Health Approach

*Board of Health for Public Health Sudbury & Districts [Motion #34-24](#)*

- Letter from Grey Bruce Public Health Board of Health Chair to the Chief Medical Officer of Health, dated September 3, 2024

- b. Ontario Protecting Communities and Supporting Addiction Recovery with New Treatment Hubs

- Letter from Association of Local Public Health Agencies (ALPHA) Chair to the Minister of Health, dated August 29, 2024

- c. Support for Bills S-233 and C-223, An Act to develop a national framework for a guaranteed livable basic income

- Letter from Middlesex-London Health Unit (MLHU) Board of Health Chair to Prime Minister of Canada, Deputy Prime Minister and Minister of Finance, Minister of Health, Leader of the Government in the House of Commons, House Leader of the Official Opposition, House Leader of the Bloc Québécois, House Leader of the New Democratic Party and Standing Senate Committee on National Finance, dated July 24, 2024, along with MLHU's Board report.



- d. New measures to help prevent harms to youth from nicotine replacement therapies
  - Health Canada News Release dated August 22, 2024; *Health Canada introduces new measures to help prevent harms to youth from nicotine replacement therapies*
  - Letter from the Chair, Board of Health for Public Health Sudbury & Districts to the Minister of Health of Canada, dated September 11, 2024
- vi) **Items of Information**

None.

A question regarding the September Board report was entertained relating to the non-compliance notice from the Ministry of Seniors and Accessibility regarding certain areas of the website.

In regard to comments in the September Board report regarding recent developments concerning harm reduction, N. Tessier will share a CNN article regarding data for fatal overdoses/multi-faceted approach.

#### **45-24 APPROVAL OF CONSENT AGENDA**

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

**CARRIED**

#### **6. NEW BUSINESS**

- i) **Unlearning and Undoing White Supremacy and Racism Project**
  - Briefing Note from M. Mustafa Hirji, Acting Medical Officer of Health and Chief Executive Officer to the Board of Health dated September 12, 2024

Dr. Hirji noted that the briefing note supplements today's presentation for the Board's consideration of the motion.

#### **46-24 UNLEARNING AND UNDOING WHITE SUPREMACY AND RACISM PROJECT**

**MOVED BY PARENT – NOLAND: THAT the Board of Health commit to participating in the Unlearning and Undoing White Supremacy and Racism Project. This commitment will include two hours of self-guided learning and 15-30-minute closed group discussion per month.**

**CARRIED**

- ii) **2024–2028 Accountability Monitoring Plan: Strategic Priority Performance Measures**
  - Briefing Note from M. Mustafa Hirji, Acting Medical Officer of Health and Chief Executive Officer to the Board of Health dated September 12, 2024
  - 2024–2028 Accountability Monitoring Plan: Strategic Performance Measures

It was recapped that the Board of Health approved the four-year 2024–2028 Strategic Plan in November 2023 and directed the Medical Officer of Health to develop a monitoring process for the Plan. The 2024–2028 Accountability Monitoring Plan was subsequently developed and approved ([motion #27-24](#)) in April 2024 with the direction to finalize the Strategic Priority Performance Measures for the Board’s approval.

On behalf of the Joint Board of Health/Staff Working Group, R. Barclay reviewed the performance indicators developed to ensure ongoing monitoring of the integration of the strategic priorities within programs and services and to provide an opportunity to gauge how we are progressing with actioning our agency Strategic Plan. The measures were developed with feedback from key staff and senior management and validated by the Joint Board of Health/Staff Working Group.

Dr. Hirji noted that it is difficult to measure outcomes due to the nature of public health work and historically, process indicators were used; however, these indicators aim to move in the direction of measuring outcomes.

Comments and questions were entertained and the motion read.

**47-24 ACCOUNTABILITY MONITORING PLAN, 2024-2028: STRATEGIC PRIORITY PERFORMANCE MEASURES**

**MOVED BY BRABANT – TESSIER: WHEREAS the Board of Health [motion #27-24](#) endorsed the 2024–2028 Accountability Monitoring Plan for Public Health Sudbury & Districts and directed the Medical Officer of Health to operationalize the Plan, ensuring an annual report to the Board of Health; and**

**WHEREAS one step in the operationalization of the plan is the development of performance measures specific to the 2024–2028 Strategic Plan; and**

**WHEREAS the Joint Board of Health/Staff Accountability Working Group reviewed the proposed performance measures and recommends them to the Board of Health;**

**THEREFORE BE IT RESOLVED that the Board of Health approve the Strategic Priority Performance Measures as part of the 2024–2028 Accountability Monitoring Plan for Public Health Sudbury & Districts.**

**CARRIED**

- iii) Support for Ontario to Continue to Protect the Safety of Private Drinking Water**
  - Letter from the Municipality of Central Manitoulin to the Premier of Ontario, dated July 8, 2024
  - Letter from the Peterborough Public Health Board of Health Chair to the Deputy Premier and Minister of Health and the Minister of the Environment, Conservation and Parks, dated June 20, 2024

Dr. Hirji outlined the small drinking water system requirements for testing, monitoring and sampling and Public Health Sudbury & Districts role.

The 2023 Auditor General's Value for Money Audit report had referenced streamlining Public Health Ontario's lab services. This generated concerns and discussions have been held at the provincial level about discontinuing provincial funding for lab testing of private wells. The Town of Gore Bay and Municipality of Central Manitoulin have voiced their concerns through motions and in June 2024, the Board of Health for Public Health Sudbury & Districts requested staff prepare an advocacy motion, which is tabled for the Board's consideration today.

Questions and comments were entertained and it was clarified that there would be no financial implication to the Board of Health and the advocacy relates to whether the province continues to fund private water testing.

**48-24 SUPPORT FOR ONTARIO TO CONTINUE TO PROTECT THE SAFETY OF PRIVATE DRINKING WATER**

**MOVED BY NOLAND – FORTIN: WHEREAS** twenty-two percent of households within the Public Health Sudbury & Districts service area rely on private drinking water systems; and

**WHEREAS** it is recommended that drinking water be tested frequently to ensure that it is safe for human consumption; and

**WHEREAS** exposure to contaminated drinking water can lead to severe gastrointestinal illness and in rare cases may result in death; and

**WHEREAS** anyone can become ill from drinking contaminated water; however, children, older adults, and people with weakened immune systems are at a higher risk of the harmful effects; and

**WHEREAS** Public Health Ontario's Well Water Testing program is a publicly-funded service that tests water samples from private drinking water sources for indicators of bacterial contamination; and

**WHEREAS** testing drinking water quality at private laboratories can be cost prohibitive; and

**WHEREAS** Public Health Ontario in conjunction with the Ministry of Health has proposed joint modernization plans in 2017 and again in January 2023 that proposed discontinuing well water testing as part of a plan to streamline operations; and

**WHEREAS the Auditor General of Ontario in its December 6, 2023 [Value-for-Money Audit: Public Health Ontario](#), called for Public Health Ontario and the Ministry of Health to move forward with streamlining laboratory operations in consideration of the proposed modernization plans; and**

**WHEREAS Public Health Ontario and the Ministry of Health have not yet announced a final plan for streamlining laboratory operations at this time;**

**THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts strongly recommends to the Minister of Health and to Public Health Ontario that Ontario’s Well Water Testing program be continued in the plan to implement streamlined laboratory operations, and**

**THAT THE BOARD OF HEALTH endorse the resolutions adopted by the Council of the Town of Gore Bay (May 14, 2024), the Council of the Corporation of Northeastern Manitoulin & the Islands (May 23, 2024), and the Council of Central Manitoulin (July 8, 2024) concerning provincial well water testing.**

**CARRIED**

**iv) Perspectives from Northern Ontario for the Public Health Funding Review**

- Briefing Note from M. Mustafa Hirji, Acting Medical Officer of Health and Chief Executive Officer to the Board of Health dated September 12, 2024
- Advocacy Letter from Northern Medical Officers of Health to the Chief Medical Officer of Health and Assistant Deputy Minister, Dr. Kieran Moore, dated August 16, 2024

At the 2023 AMO Conference, the provincial government announced a series of new, planned measures to strengthen public health in Ontario. Among them was the intention to provide resources, support, and incentives to facilitate voluntary mergers as well as a review of the Ontario Public Health Standards and a review of the provincial public health funding.

As it relates to the funding review, the provincial government undertook a very focused consultation in June 2024 for which R. Lapierre participated through AMO and alPHa. The Northern Medical Officers of Health have concerns that there was no direct reach out to Medical Officers of Health or Boards of Health in northern Ontario given the unique factors and challenges northern health units face.

Eleven years ago, the Ministry had announced a funding review that proposed an approach that would have disadvantaged northern communities. The northern Medical Officers of Health believe any new provincial funding approach must provide equitable funding, rather than equal funding per capita across the province, accounting for unique circumstances in different areas of Ontario, including those unique elements in the north.

The northern MOHs collectively wrote a letter to the Chief Medical Officer of Health to advocate for equitable funding for this funding review that would ensure sustainability and equity of public health programming in northern Ontario. The northern Boards of Health endorsement is now being sought. Boards from the Porcupine Health Unit as well as North Bay Parry Sound District Health Units have already endorsed the motion.

Comments and questions were entertained and the Northern MOHs were commended for the advocacy letter.

**49-24 ENDORSING PERSPECTIVES FROM NORTHERN ONTARIO FOR THE PUBLIC HEALTH FUNDING REVIEW**

**MOVED BY FORTIN – BARCLAY: THAT the Board of Health endorse the August 16, 2024 letter by the northern Ontario Medical Officers of Health entitled “Perspectives from Northern Ontario for the Public Health Funding Review”.**

**CARRIED UNANIMOUSLY**

- v) Public Health Sudbury & Districts’ 2023 Annual Financial Report**
  - 2023 Financial Report (English and French)

Dr. Hirji noted that per good governance and practice, an annual report has been prepared and shared with the public as outlined in F-II-20 of the Board of Health Manual. Post-pandemic reflections were discussed as to whether we resume with the same format of the annual report or use a different approach.

More common public messaging is now short and succinct via social channels; therefore, the comprehensive annual report format is being shifted to a combination of highlights, including the program highlights early in the year and a financial highlight at this time of year with materials to be shared through social media in snip its.

- vi) Board of Health Manual Review**
  - Briefing Note from M. Mustafa Hirji, Acting Medical Officer of Health and Chief Executive Officer to the Board of Health dated September 12, 2024, and appendices

A thorough review of the Board of Health manual has taken place over the summer of all the policies, procedures, information sheets and by-laws that govern our organization.

Per A-III-10 the Board of Health Manual will be reviewed in its entirety in two-year intervals. Proposed revisions have been identified with tracked changes as well as areas identified to be repealed. The briefing note summarizes housekeeping revisions and highlights of more substantive revisions coming forward.

A lot of work has gone into the review and directors were thanked.

Questions and comments were entertained, and background was provided regarding the Board’s request in 2019 for additional language to specify action and follow up in the event of an investigation, which, post-COVID-19, is proposed in the *new* Procedure C-I-15 Code of Conduct.

**50-24 BOARD OF HEALTH MANUAL**

**MOVED BY PARENT – ANDERSON: THAT the Board of Health, having reviewed the proposed revisions within the Board of Health Manual, approve the Manual as presented on this date.**

**CARRIED**

**7. ADDENDUM**

**51-24 ADDENDUM**

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

**CARRIED**

**DECLARATIONS OF CONFLICT OF INTEREST**

There were no declarations of conflict of interest.

**i) Board of Health Membership**

- Order in Council Re: provincial re-appointment of Ryan Anderson effective September 13, 2024 for a term of three years
- Welcome letter to Michel Brabant, dated September 13, 2024
- Thank you letter to Al Sizer dated September 16, 2024

Correspondence is shared for information.

**ii) Items of Information**

- Ontario Government News Release dated September 10, 2024; *Ontario Enhancing Tools to Help People Prepare for Respiratory Illness Season*

News release is shared for information.

**8. IN CAMERA**

**52-24 IN CAMERA**

**MOVED BY FORTIN - NOLAND: THAT this Board of Health goes in camera to deal with labour relations or employee negotiations. Time: 3:01 pm**

**CARRIED**

## 9. RISE AND REPORT

### 53-24 RISE AND REPORT

**MOVED BY TESSIER – ANDERSON: THAT this Board of Health rises and reports.**

**Time: 3:18 p.m.**

**CARRIED**

It was reported that one labour relations and negotiations matter were discussed for which the following motions emanated:

### 54-24 APPROVAL OF BOARD OF HEALTH INCAMERA MEETING NOTES

**MOVED BY PARENT – NOLAND: THAT this Board of Health approve the meeting notes of the April 18, 2024, Board in-camera meeting and that these remain confidential and restricted from public disclosure in accordance with exemptions provided in the Municipal Freedom of Information and Protection of Privacy Act.**

**CARRIED**

### 55-24 ONA MEMORANDUM OF SETTLEMENT RATIFICATION

**MOVED BY SIGNORETTI - PARENT: THAT the Board of Health ratify the Memorandum of Settlement between Public Health Sudbury & Districts (PHSD) and the Ontario Nurses Association (ONA), dated September 16, 2024.**

**CARRIED**

## 10. ANNOUNCEMENTS

- i) The Board Chair shared that staff are looking into processes to record Board presentations and post the recording for the public to access through phsd.ca. MS Teams Townhall meeting is being proposed as the platform to record the Board presentations due to its recording features; however, Townhall meetings does not have a telephone dial-in option. Board members did not have any concerns with not having a dial-in number for a MS Teams Townhall invitations for future Board meetings.
- ii) Board members were asked to complete the Annual Board Self-Evaluation Survey by October 18, 2024, noting their feedback is valuable.
- iii) Board members are to review the annual mandatory Emergency Preparedness PowerPoint presentation and email R. Quesnel to confirm once you have completed the review.
- iv) Time was allocated for Board members to complete the September 19, 2024, Board of Health meeting evaluation before adjournment.

**11. ADJOURNMENT**

**56-24 ADJOURNMENT**

**MOVED BY SIGNORETTI - NOLAND: THAT we do now adjourn. Time: 3:23 p.m.**

**CARRIED**

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(Chair)

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(Secretary)



## Medical Officer of Health/Chief Executive Officer Board of Health Report, October 2024

### Words for thought

#### *The responsibility to work at the population level*

This month brought the tragic news that a person died of rabies after exposure to a bat in northern Ontario. Our sincere condolences go out to the family, who must be dealing with an unimaginably difficult situation.

While rabies can be avoided if preventive treatment is provided after a bite, that may not have happened in this case according to reporting. This sad story is therefore a reminder that health outcomes can sometimes turn strongly based on individual actions—actions that depend on knowledge, judgment, external barriers, and social factors. When not everyone has those in equal measure, inequities in health can arise.

When we in public health work at the population level and focus on community-wide measures and policy changes, we can protect everyone, making individual actions matter less.

Rabies from small animals such as racoons and foxes is much less common today than it was 60 or 70 years ago because of population-wide action: policies requiring pets and farm animals to be vaccinated and efforts to passively immunize wild animals through [dropping bait filled with immunizing agents into the wild](#). By reducing infection in animals through policy and environmental measures, the risk was reduced for everyone, regardless of their actions or social determinants of health. As a result, behaviour to avoid bites and scratches or seeking preventive treatment after a bite or scratch, matters much less. For this reason, rabies infections are extremely rare, and the tragic death this month is the first in almost 60 years.

Public health is unique within the health sector in that we have a broad prevention mandate that allows us to orient our efforts at the population level. However, we must remember that this is also a responsibility: if we don't focus upstream, few others can.

Source: [Brantford, Ont.-area child dies from rabies after contact with a bat, health official says | CBC News](#)

Date: Retrieved October 3, 2024

# Report Highlights

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## 1. Infectious Disease Pressures

Public Health continues to manage higher-than-normal numbers of reportable infectious disease cases. Pertussis (whooping cough) continued in September at the same high incidence as in the last few months. Syphilis also remains at high levels. Sixteen respiratory infection outbreaks were managed in September, 13 of which were COVID-19 outbreaks. Large numbers of outbreaks in September were unheard of pre-pandemic. These trends continue to be a significant stress on our team and its workload.

## 2. Recruitment Challenges

Public Health has experienced significant staff turnover. While such turnover is not unusual, this year has seen much greater challenges in filling positions that have been vacated, especially at the management level.

## 3. Budget Preparations

The Senior Management Executive Committee continues to plan for the 2025 budget proposal, striving to balance sustaining Public Health's services, maintaining affordability for municipalities and ultimately taxpayers, and investing in long-term efficiencies and improvements.

## 4. Strengthening Public Health Update

We continue to wait for provincial updates regarding the review of the Ontario Public Health Standards, as well as the Funding Review. The latest information is that timelines for any updates are delayed into 2025.

## 5. Socio-Demographic Data Collection

As discussed in more detail later in this report, Public Health has launched a project to establish sociodemographic data collection from our clients. During the emergency response to the COVID-19 pandemic, the absence of race-based data was highlighted as a barrier to equity. Provincial measures were put in place to collect that data for COVID-19 clients. The data illuminated racial inequities around the impact of the pandemic, and later, the rollout of vaccinations. By making this collection of equity-illuminating data a standard practice, we hope to better characterize the inequities in our population and have better data to inform action around them.

# General Report

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## 1. Human Resources

Recruitment continues for the Director of Corporate Services and Associate Medical Officer of Health positions.

## 2. Board of Health

### *Board of Health Orientation*

A Board of Health orientation session was held for Michel Brabant on October 1, 2024.

### *Mandatory Board of Health training*

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

The emergency preparedness PowerPoint is attached to the October 19, 2024, 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 (PDF), please email [quesnelr@phsd.ca](mailto:quesnelr@phsd.ca) to confirm completion of the annual mandatory emergency preparedness training.

### *Annual Board of Health Self-Evaluation Survey*

Board of Health members are reminded to complete the annual 2024 self-evaluation questionnaire in BoardEffect (under the Board of Health workroom—Collaborate—Surveys) by Friday, October 30, 2024. Results of the annual Board of Health member self-evaluation of performance evaluation will be presented at the November Board of Health meeting.

### *Board of Health Continuing Education Opportunity*

Board of Health members are invited to participate in the Association of Local Public Health Agencies (ALPHA) Fall Symposium, section meetings, and workshops from November 6 to 8, 2024. This year's online event will discuss a variety of issues of key importance to public health leaders. Details are included in the agenda package. R. Lapierre, Dr. Sutcliffe, and Dr. Hirji will be attending.

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

## 3. Local and Provincial Meetings

I continue to meet with local partners, including leaders from the Sudbury Catholic District School Board, Conseil scolaire-du-Grand Nord, N'Swakamok Native Friendship Centre, and

Compass. I will also be meeting with MP Marc Serré. Additional meetings are scheduled for later this October.

I attended the Greater Sudbury Police Service Relay closing ceremony for the National Day of Truth and Reconciliation on September 26, 2024.

I met with the Council of Medical Officers of Health on September 25 to discuss ongoing public health challenges across the province and how we can jointly work through them.

## 4. Financial Report

The financial statements ending August 2024, show a positive variance of \$1,993,436 in the cost-shared programs. A positive variance is common due to seasonal variation in expenditures. However, the variance this year's variance is unusually large in great part due to ongoing recruitment challenges resulting in positions remaining unfilled for long periods of time. The agency is experiencing other financial pressures, and Senior Management Executive Committee is working to manage these pressures within the budget.

## 5. Quarterly Compliance Report

The agency is compliant with the terms and conditions of our provincial Public Health Funding and Accountability Agreement. Procedures are in place to uphold the Ontario Public Health Accountability Framework and Organizational Requirements, to provide for the effective management of our funding and to enable the timely identification and management of risks. Public Health Sudbury & Districts has disbursed all payable remittances for employee income tax deductions and Canada Pension Plan and Employment Insurance premiums, as required by law to September 27, 2024, on October 1, 2024. The Employer Health Tax has been paid, as required by law, to August 31, 2024, with an online payment date of September 13, 2024. Workplace Safety and Insurance Board premiums have also been paid, as required by law, to August 31, 2024, with an online payment date of September 27, 2024. There are no outstanding issues regarding compliance with the *Occupational Health & Safety Act* or the *Employment Standards Act*. No new matter has come forward pursuant to the *Ontario Human Rights Code* or the *Accessibility for Ontarians with Disabilities Act*.

Following are the divisional program highlights.

# Health Promotion and Vaccine Preventable Diseases Division

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## 1. Chronic Disease Prevention and Well-Being

### *Healthy eating behaviours*

Staff collaborated with the Thunder Bay Food Strategy to highlight the importance of Emergency Food Plans at the September meeting of the Greater Sudbury Emergency Management Advisory Panel. These plans enable communities to address food security challenges during emergencies through cross-sector coordination.

Staff facilitated a capacity-building session for community partners with the Manitoulin Diabetes Health Network on weight inclusivity. Participants engaged in knowledge-sharing on weight bias and its impacts and discussed weight-inclusive approaches in health care.

### *Physical activity and sedentary behaviour*

Staff partnered with the Sudbury Student Services Consortium and the City of Greater Sudbury to host three “First-time Walkers” sessions, where students and their caregivers learned about the benefits of active school travel and safe walking practices. The group will continue working together to enhance partnerships and promote future active school travel initiatives.

### *Seniors dental care*

Staff continued to provide comprehensive dental care to clients at our seniors dental care clinic at Elm Place, including restorative, diagnostic, and preventive services. Additionally, staff facilitated client referrals to our contracted providers in the community for emergency, restorative and/or prosthodontic services, as well as enrollment assistance for low-income seniors eligible for the Ontario Seniors Dental Care Program.

### *Oral health*

On September 19, 2024, a media release was issued to inform the residents of Espanola that fluoride levels were returning to normal. Water fluoridation at the Espanola Water Treatment Plant had been paused since late May due to an equipment malfunction, which was repaired. The media release was also distributed to local oral health professionals.

## 2. Healthy Growth and Development

### *Infant feeding*

In September, staff provided a total of 95 clinic appointments to clients at the main office, as well as the Val Caron, Espanola, and Manitoulin locations. This service empowers parents to

make informed decisions about feeding their baby. Clients learn skills that promote, protect, and support breastfeeding while also receiving guidance on infant feeding options such as formula feeding. Additionally, the nurse conducts assessments to screen for potential concerns such as tongue-tie, insufficient milk supply, and to ensure the infant's weight gain and growth are within expected parameters.

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

In September, 59 reminder postcards were sent to parents, encouraging them to book their child's 18-month well-baby visit. This initiative aims to increase early screening of infants for developmental milestones and ensure appropriate referrals to services.

A total of 111 48-hour follow-up calls were made to parents of newborns, covering topics such as infant feeding, post-partum care, and information about community resources.

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

The Health Information Line received 79 calls on topics such as infant feeding, healthy pregnancies, parenting, healthy growth and development, mental health services and locating a nearby family physician.

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

Staff continued to support 182 client families, completing 843 interactions. Public health dietitians also provided ongoing nutrition support to clients identified as being at high nutritional risk.

### ***Healthy pregnancies***

Sixty individuals signed up for the new INJOY prenatal eClass, which covers topics such as life with a new baby, infant feeding, the importance of self-care, and the impact a new baby on relationships. This interactive platform incorporates the latest Canadian nutritional guidelines and information on labour and delivery, while also promoting local programs and services that support families.

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

In September, staff delivered a Prep 4 Parenting class to six participants. Topics included preparing for a smooth transition to parenthood, attachment and bonding, communication, roles and responsibilities, the demands of caring for a newborn, Post-Partum Mood Disorder (PPMD), and infant mental health. This program aligns with our strategic priority of addressing equal opportunities for health by ensuring that our services are inclusive and informed by diverse voices, experiences, needs, and priorities of the community.

### **3. School Health**

#### ***Healthy sexuality***

In September, staff collaborated with local school boards to plan programs and services for the 2024/25 academic year. The team will continue to support school staff and communities in areas such as sexual health and healthy growth & development through consultation, provision of resources and toolkits, and curriculum support.

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

The team delivered RIRO (Reach in Reach Out) training to 30 nursing students at Laurentian University, enhancing adult capacity for resilience and mental health to better support children and families. This training provides practical strategies to build emotional resilience, improve problem-solving, and foster a positive mindset.

#### ***Oral health***

Staff provided preventive oral health services to children enrolled in the Healthy Smiles Ontario (HSO) Program at the Paris Street, Espanola, and Mindemoya offices. They completed case management follow-ups for children with urgent dental needs and offered enrollment assistance for families interested in HSO. Additionally, on September 27, staff hosted a drop-in dental screening clinic at the Paris Street office, providing screenings for 27 children and youth during the school professional development day.

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

#### ***Comprehensive tobacco control***

The North East Tobacco Control Area Network (NE TCAN) submitted a response to Health Canada's consultation on the proposed Tobacco Annual Regulatory Charge, expressing support for a cost recovery framework that holds industries financially accountable for significant public health harms. A recommendation to recover vaping-related costs was also included.

### ***Life promotion, suicide risk and prevention***

Staff supported the Suicide Safer Network in hosting a World Suicide Prevention Day event at Bell Park, attended by over 60 people. Activities included a resource fair, BBQ, wellness passport draw, magnetic poetry, rock painting, and a mindful walk led by Mindfulness on the Rocks. Throughout the week, free ASIST and safeTALK trainings were offered across Sudbury and districts. Public health also shared a social media post promoting mental health awareness related to suicide prevention.

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

The Mental Health Promotion (MHP) in Public Health Community of Practice (CoP), co-chaired by Public Health, had their quarterly meeting in September. Topics included knowledge-brokering opportunities (including crossover with ACES and upstream CoPs), the CoP's foundational documents compendium, Haliburton Kawartha Pine Ridge District Health Unit's new MHP Framework, an ongoing provincial MHP intervention inventory mapping project, and a project to identify and align core competencies and trainings for MHP professionals in public health.

### ***Substance use***

Public Health is committed to increasing awareness about substance use-related harms and promoting community resources and support services. Recent initiatives include:

- Social media campaigns: Eight posts on Facebook and X focused on substance use, naloxone availability, mental health resources, and addressing stigma.
- International Overdose Awareness Day: On August 31, the Big Nickel at Dynamic Earth was illuminated in purple to honor this day, and staff wore purple ribbons to show their support.
- Promotion of NORS: Stickers promoting the National Overdose Response Service (NORS) were added to all naloxone kits distributed from the Espanola and Manitoulin offices, as well as to straight pipe kits, to promote this life-saving service for people who are using alone.

These efforts demonstrate Public Health's commitment to supporting the community and reducing the stigma surrounding substance use.

### ***Harm reduction—naloxone***

To date, Public Health has established 50 signed memoranda of understanding with community partners for naloxone distribution. Three additional partners were recently added in communities with little or no access to naloxone.

In August, these partners distributed a total of 3332 naloxone doses, more than double the amount from August 2023, and trained 78 individuals in its use.



## 5. Vaccine Preventable Diseases

The team resumed Grade 7 school programming to provide publicly funded vaccinations for hepatitis B, human papillomavirus, and meningococcal disease to eligible students. The first round of school clinics began in late September.

This month, an Advisory Alert and a news release were issued to local health system partners and the community regarding the implementation of the Universal Influenza Immunization Program (UIIP) and COVID-19 vaccine program for the 2024/2025 season. Updated vaccines have been prioritized for high-risk groups and distributed to long-term care homes, hospitals, and providers serving these populations. Campaigns for the general population will commence on October 28, 2024. Individuals are encouraged to schedule appointments for both vaccines through pharmacies and health care providers as soon as they become eligible.

## Health Protection

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

During the month of September, staff investigated 93 sporadic reports of communicable diseases. During this timeframe, 16 respiratory outbreaks were declared. SARS-CoV-2/COVID-19 was identified to be the causative organism for 13 of these outbreaks. The causative organism for the remaining three outbreaks was not identified. Staff continue to monitor all reports of enteric and respiratory diseases in institutions, as well as sporadic communicable diseases.

During the month of September, one infection control complaint was received and investigated and five requests for service were addressed.

#### *Infection Prevention and Control Hub*

The Infection Prevention and Control Hub provided 190 services and supports to congregate living settings in September. These included proactive IPAC assessments, education sessions, and working with facility staff to respond to cases and outbreaks of acute respiratory infection (ARI) and COVID-19, to ensure that effective measures were in place to prevent further transmission.

### 2. Food Safety

Staff issued 96 special event food service permits and one farmers' market permit to various individuals and organizations.

Through two Food Handler Training and Certification Program sessions offered in September, 26 individuals were certified as food handlers.

### **3. Health Hazard**

In September, 26 health hazard complaints were received and investigated. Three of these complaints involved marginalized populations.

### **4. Ontario Building Code**

In September, 41 sewage system permits, 15 renovation applications, and 2 consent applications were received.

Public health inspectors investigated five complaints related to Part 8 of the Ontario Building Code. One Order to Comply was issued in September.

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

In September, 54 rabies-related investigations were carried out. Two bats were submitted to the Canadian Food Inspection Agency Rabies Laboratory for analysis and were subsequently reported as negative.

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

### **6. Safe Water**

Public Health Inspectors participated in the 2024 Children's Water Festival at the Terry Fox Sports Complex, hosted by the CGS. The festival continues to provide a creative and hands-on approach to teaching students about different aspects of water—its protection, conservation, uses, and importance. It's an opportunity to provide meaningful messages to an audience of roughly 800 Grade 3 students over 2 days, plus their teachers and parent chaperones.

Public health inspectors investigated 11 blue-green algae complaints in the month of September, 3 of which were subsequently identified as blue-green algae capable of producing toxin.

During September, 44 residents were contacted regarding adverse private drinking water samples. Additionally, public health inspectors investigated 26 regulated adverse water sample results, as well as drinking water lead exceedances at 2 local schools.

Four boil water orders and one drinking water order were issued in the month of September. Additionally, one boil water order and one drinking water order were rescinded following corrective actions and satisfactory water sample results reported.

## 7. Emergency Preparedness & Response

During the month of September, staff attended and participated in several municipal committee meetings and tabletop exercises. Staff attended and participated as requested by the Townships of Sables Spanish River, Baldwin, and Nairn Centre, the Town of NEMI, and the City of Greater Sudbury.

Public Health held an internal table-top exercise of a simulated extreme weather event on September 23, 2024. The purpose of the exercise was to test our internal continuity of operations and explore options for continuing to carry out our Public Health response in the context of disruptions caused by extreme weather.

## 8. Needle/Syringe Program

In August, harm reduction supplies were distributed, and services received through 3587 client visits across the Public Health Sudbury & Districts' region. Public Health Sudbury & Districts and community partners distributed a total of 50 472 syringes for injection, and 81 655 foils, 14 245 straight stems, and 7484 bowl pipes for inhalation through both our fixed site at Elm Place and outreach harm reduction programs.

In August, approximately 50 549 used syringes were returned by the community, which represents a 98% return rate of the needles/syringes distributed in the month of July. Monthly approximate return rates may vary due to factors that include not all syringes being used within the month of being supplied, and not all syringes being returned to the same local public health agency as they were supplied from. In addition to the 50 549 returned syringes mentioned above, an additional 51 864 syringes were returned from the Sudbury Action Centre for Youth (SACY) in the month of August following SACY's closure earlier this year.

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

### *Sexual health clinic*

In September, there were 63 drop-in visits to the Elm Place site related to sexually transmitted infections, blood-borne infections, and/or pregnancy counselling. As well, staff at the Elm Place site completed a total of 210 telephone assessments related to STIs, blood-borne infections, and/or pregnancy counselling in September, resulting in 154 on-site visits.

### *Growing Family Health Clinic*

In September, the Growing Family Health Clinic provided services to 45 patients.

# Knowledge and Strategic Services

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## 1. Health Equity

Public Health Sudbury & Districts is moving forward with developing a plan to implement the collection of socio-demographic client data. This effort aligns with our agency's commitment to promoting health equity and our 2024–2028 Strategic Plan, specifically, the Excellence in Public Health Practice priority to collect, use, and generate quality evidence, including feedback from communities and partners. This initiative will require input from subject matter experts, champions, decision-makers, and community members to identify key questions and challenges, and support the development of best practices for implementation. The collection of such data will also factor in considerations for specific populations, including Indigenous communities and requirements for respecting the principles of ownership, control, access, and possession.

The manager of Health Equity recently joined a province-wide, community of practice related to the collection of socio-demographic data within local public health units. The sharing of resources, successes, and challenges will help inform our organizational efforts in doing this work in a good way.

Among others, Public Health was approached by Public Health Ontario to be part of a provincial workgroup focused on reviewing and recommending appropriate Health Equity Assessment tools. This work is timely given the Ministry of Health's decision to sunset the 2018 Health Equity Impact Assessment tool. The manager of Health Equity is helping to lead this work.

## 2. Indigenous Engagement

Fifty-six staff members participated in the Greater Sudbury Police Service 3<sup>rd</sup> Annual National Day for Truth and Reconciliation Relay, collectively pledging 4722 km. Relay participants received an orange shirt and some attended the closing ceremony at Bell Park on September 26, 2024. For being the organization with the third highest number of participants, Public Health won a print of one of the seven grandfathers, the Sabe, representing honesty.

On September 19, 2024, the Indigenous Engagement team presented to the Board of Health requesting their commitment to participating in the *Unlearning and Undoing White Supremacy and Racism Project*. This commitment will include 2 hours of self-guided learning and a 15 to 30-minute closed group discussion per month. The Board of Health unanimously passed [Motion #46-24](#). The previously mentioned task team is continuing to review and adapt this work to ensure local context is reflected in the learning materials. The project is still set to launch in early 2025.

### **3. Population Health Assessment and Surveillance**

In September, the Population Health Assessment and Surveillance team responded to 37 requests, including routine surveillance and reporting, media requests, and other internal and external requests for data, information, and consultation. This was in addition to nine project related requests (for example, dashboard development, database, report development, and process improvement projects).

The Population Health Assessment and Surveillance team recently created an interactive dashboard to provide a timely summary of the most recent data on suspected drug-related deaths available from the Office of the Chief Coroner of Ontario. The dashboard provides internal staff with detailed breakdowns of deaths by day, month, year, age group, sex, location, overdose setting, and mode of drug use, along with consideration of recent temporal and geographic trends. The data are updated weekly, often within a few days of the deaths' occurrence. By making the most up-to-date data available, the dashboard is helping to ensure that Public Health responds to emerging trends.

The Population Health Assessment and Surveillance team is leading the development of an Information/Data Governance Plan. Information governance sets the expectation for the creation, use, distribution, storage, accessibility, and deletion of information and data within the agency. Information governance will further improve safety and security of data, increase access to data, improve decision-making, and will facilitate increased collaboration across the agency. Consultation and an environmental scan have been conducted, with further planning expected throughout the fall.

### **4. Effective Public Health Practice**

In preparation for 2025 program planning, staff members from Knowledge & Strategic Services have convened an agency-wide working group. The group includes planning staff and managers who will inform the development of a suite of standardized intervention names for use in the upcoming year's planning. Standardized intervention names will increase clarity and consistency in the level of agency program plans and will help emphasize key skills and approaches to public health work.

There are several non-mandatory development opportunities available throughout October. This includes a Continuous Quality Improvement (CQI) series of sessions hosted by Krista Galic, a "PHO Rounds" lunchtime session covering AI's new role in opioid event surveillance, and a series of sessions on evidence synthesis hosted by the National Collaborating Centre for Methods and Tools (NCCMT).

## 5. Student Placement

Of the eight confirmed student placements for the fall term, all but two have been onboarded. The students include those from Laurentian University and Cambrian College bachelor of science in nursing (BScN) programs, along with dietetics, and biomedical biology. Training requirements and document collection are progressing well for the short-term placements arranged for 6 dental hygiene and 15 to 18 paramedic students (all from College Boréal). Looking ahead to late 2024 and early 2025, we continue to receive requests for placements from our partners, including partners in Nursing and Master of Public Health programs.

## 6. Strategic Engagement Unit and Communications

The Communications team continues to support the development and dissemination of updates, initiatives, and crucial public health information to the community. Throughout September, promotions included messaging regarding mental health and substance use, tips and resources for parents and educators heading back to school, and promoting the sexual health and dental screening clinics. Working alongside the Vaccine Preventable Disease team, Communications worked to develop messaging related to the upcoming respiratory illness season to encourage personal protective behaviours, which includes being up-to-date on vaccinations. Drinking water advisories and blue-green algae alerts were issued to advise of the potential risks and protective actions to take. Additional promotions included a focus on health equity by recognizing the anniversary of the *Robinson Huron Treaty* (1850), Franco-Ontarian Day, Rowan's Law, and the National Day for Truth and Reconciliation.

## 7. 2024–2028 Strategic Plan

The Strategic Plan continues to be socialized with staff across the agency. This has included a roadshow with teams encouraging conversation about how they are actioning the strategic priorities and inviting staff to get creative with the use of virtual and physical whiteboards as a tool to showcase examples of strategic priorities in our work. Additionally, staff have been asked to intentionally showcase the priorities in action through various reports, including board reports or *Public Health in Focus*.

## 8. Accountability Monitoring

The [2024–2028 Accountability Monitoring Plan](#) (AMP) was developed and approved by the Board of Health by way of [motion #27-24](#) in April 2024, with the direction to finalize the Strategic Priority Performance Measures. The Strategic Priority Performance Measures were approved at the September 19, 2024, Board of Health meeting. Next steps include developing an operational technical document that will outline the data collection methods and tools.

Respectfully submitted,

*Original signed by*

M. Mustafa Hirji, MD, MPH, FRCPC  
Acting Medical Officer of Health and Chief Executive Officer

**Public Health Sudbury & Districts**

**STATEMENT OF REVENUE & EXPENDITURES**

For The 8 Periods Ending August 31, 2024

**Cost Shared Programs**

	Adjusted BOH				
	Approved Budget	Budget	Current	Variance	Balance
		YTD	Expenditures	YTD	Available
			YTD	(over)/under	
<b>Revenue:</b>					
MOH - General Program	18,538,348	12,358,899	12,358,925	(26)	6,179,423
MOH - Unorganized Territory	826,000	550,667	550,670	(3)	275,330
Municipal Levies	10,548,731	7,032,487	7,032,596	(109)	3,516,135
Interest Earned	160,000	106,667	302,323	(195,657)	(142,323)
<b>Total Revenues:</b>	<b>\$30,073,079</b>	<b>\$20,048,719</b>	<b>\$20,244,515</b>	<b>\$(195,795)</b>	<b>\$9,828,564</b>
<b>Expenditures:</b>					
<b>Corporate Services:</b>					
Corporate Services	5,662,649	3,847,694	3,915,394	(67,700)	1,747,255
Office Admin.	111,350	74,233	48,899	25,335	62,451
Espanola	126,473	86,299	78,421	7,878	48,053
Manitoulin	137,892	94,160	69,713	24,447	68,179
Chapleau	139,699	95,216	78,675	16,541	61,024
Sudbury East	19,270	12,847	13,105	(258)	6,165
Intake	354,886	245,690	207,599	38,091	147,286
Facilities Management	684,866	456,577	481,793	(25,215)	203,073
Volunteer Resources	3,850	2,567	0	2,567	3,850
<b>Total Corporate Services:</b>	<b>\$7,240,935</b>	<b>\$4,915,283</b>	<b>\$4,893,598</b>	<b>\$21,685</b>	<b>\$2,347,337</b>
<b>Health Protection:</b>					
Environmental Health - General	1,355,382	933,180	868,078	65,102	487,304
Environmental	2,934,156	2,042,409	1,888,536	153,874	1,045,620
Vector Borne Disease (VBD)	93,347	76,104	43,194	32,910	50,153
Small Drinking Water Systems	209,356	144,939	112,702	32,236	96,654
CID	1,005,683	696,266	646,277	49,989	359,406
Districts - Clinical	224,061	155,093	153,620	1,473	70,441
Risk Reduction	53,756	34,254	17,532	16,722	36,224
Sexual Health	1,416,735	978,501	886,690	91,811	530,045
SFO: E-Cigarettes, Protection and Enforcement	278,625	186,215	102,865	83,350	175,760
<b>Total Health Protection:</b>	<b>\$7,571,102</b>	<b>\$5,246,962</b>	<b>\$4,719,496</b>	<b>\$527,467</b>	<b>\$2,851,606</b>
<b>Health Promotion and Vaccine Preventable Diseases:</b>					
Health Promotion - General	1,573,805	1,078,643	977,315	101,328	596,490
School Health and Behavior Change	1,036,868	729,857	706,389	23,468	330,479
Districts - Espanola / Manitoulin	369,527	255,303	249,684	5,619	119,843
Nutrition & Physical Activity	1,735,325	1,210,756	1,092,141	118,616	643,185
Districts - Chapleau / Sudbury East	419,200	290,249	270,432	19,817	148,768
Tobacco, Vaping, Cannabis & Alcohol	708,943	489,478	241,111	248,367	467,832
Family Health	1,357,541	938,572	765,457	173,115	592,085
Mental Health and Addictions	750,336	518,637	565,015	(46,379)	185,320
Dental	501,055	344,773	312,245	32,527	188,809
Healthy Smiles Ontario	665,118	460,338	413,600	46,738	251,518
Vision Health	11,670	11,670	4,405	7,265	7,265
SFO: TCAN Coordination and Prevention	485,266	332,988	233,121	99,866	252,145
Harm Reduction Program Enhancement	173,699	120,105	118,849	1,256	54,850
COVID Vaccines	232,400	160,892	70,030	90,862	162,370
VPD and COVID CCM	1,386,516	944,809	804,858	139,952	581,659
MOHLTC - Influenza	(0)	1,238	(400)	1,638	400
MOHLTC - Meningitis	(0)	333	(646)	979	646
MOHLTC - HPV	(0)	484	(3,834)	4,317	3,833
<b>Total Health Promotion:</b>	<b>\$11,407,269</b>	<b>\$7,889,126</b>	<b>\$6,819,773</b>	<b>\$1,069,353</b>	<b>\$4,587,496</b>
<b>Knowledge and Strategic Services:</b>					
Knowledge and Strategic Services	3,301,486	2,284,726	2,153,409	131,318	1,148,077
Workplace Capacity Development	23,507	11,753	10,947	806	12,560
Health Equity Office	14,940	9,707	6,667	3,040	8,273
Nursing Initiatives: CNO, ICPHN, SDoH PHN	503,611	348,654	309,094	39,560	194,517
Strategic Engagement	10,230	5,387	972	4,414	9,258
<b>Total Knowledge and Strategic Services:</b>	<b>\$3,853,774</b>	<b>\$2,660,226</b>	<b>\$2,481,089</b>	<b>\$179,137</b>	<b>\$1,372,685</b>
<b>Total Expenditures:</b>	<b>\$30,073,079</b>	<b>\$20,711,597</b>	<b>\$18,913,956</b>	<b>\$1,797,641</b>	<b>\$11,159,124</b>
<b>Net Surplus/(Deficit)</b>	<b>\$0</b>	<b>\$(662,878)</b>	<b>\$1,330,559</b>	<b>\$1,993,436</b>	



**Public Health Sudbury & Districts**

**Cost Shared Programs**  
 STATEMENT OF REVENUE & EXPENDITURES  
 Summary By Expenditure Category  
 For The 8 Periods Ending August 31, 2024

	Adjusted BOH Approved Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Budget Available
<b>Revenues &amp; Expenditure Recoveries:</b>					
MOH Funding	30,073,079	20,048,719	20,353,307	(304,587)	9,719,772
Other Revenue/Transfers	706,252	470,835	412,842	57,993	293,410
<b>Total Revenues &amp; Expenditure Recoveries:</b>	<b>30,779,331</b>	<b>20,519,554</b>	<b>20,766,149</b>	<b>(246,595)</b>	<b>10,013,182</b>
<b>Expenditures:</b>					
Salaries	19,295,938	13,275,815	12,539,529	736,287	6,756,409
Benefits	6,691,083	4,632,089	4,147,512	484,577	2,543,571
Travel	269,257	185,841	128,065	57,776	141,192
Program Expenses	828,855	561,698	240,123	321,575	588,732
Office Supplies	75,150	51,603	18,080	33,524	57,071
Postage & Courier Services	90,100	60,067	46,236	13,830	43,864
Photocopy Expenses	5,030	3,353	1,384	1,969	3,646
Telephone Expenses	70,050	46,700	45,660	1,040	24,390
Building Maintenance	476,961	317,974	354,618	(36,644)	122,343
Utilities	236,920	157,947	97,578	60,369	139,342
Rent	328,254	218,836	219,471	(635)	108,783
Insurance	208,850	207,183	200,694	6,489	8,156
Employee Assistance Program ( EAP)	37,000	24,667	25,080	(413)	11,920
Memberships	42,389	29,040	43,573	(14,533)	(1,184)
Staff Development	127,701	67,415	56,574	10,841	71,127
Books & Subscriptions	7,445	4,700	3,190	1,510	4,255
Media & Advertising	123,828	80,749	19,985	60,764	103,843
Professional Fees	440,684	307,123	314,214	(7,091)	126,470
Translation	61,152	40,826	82,754	(41,928)	(21,602)
Furniture & Equipment	22,120	16,108	63,445	(47,337)	(41,325)
Information Technology	1,340,564	892,696	787,825	104,871	552,739
<b>Total Expenditures</b>	<b>30,779,331</b>	<b>21,182,432</b>	<b>19,435,590</b>	<b>1,746,842</b>	<b>11,343,741</b>
<b>Net Surplus ( Deficit )</b>	<b>0</b>	<b>(662,878)</b>	<b>1,330,559</b>	<b>1,993,436</b>	

	<b>C-S Programs</b>	
Gapped Salaries & Benefits	1,220,864	61.24%
Gapped Operating and Other Revenues	772,572	38.76%
<b>Total gapped funding at August 31, 2024</b>	<b>1,993,436</b>	

**Sudbury & District Health Unit o/a Public Health Sudbury & Districts**  
SUMMARY OF REVENUE & EXPENDITURES  
For the Period Ended August 31, 2024

<b>Program</b>	<b>FTE</b>	<b>Annual Budget</b>	<b>Current YTD</b>	<b>Balance Available</b>	<b>% YTD</b>	<b>Program Year End</b>	<b>Expected % YTD</b>
<b>100% Funded Programs</b>							
Indigenous Communities	703	90,400	44,767	45,633	49.5%	<i>Dec 31</i>	66.7%
Pre/Postnatal Nurse Practitioner	704	139,000	62,327	76,673	44.8%	<i>Mar 31/2025</i>	41.7%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	28,542	71,458	28.5%	<i>Mar 31/2025</i>	41.7%
Northern Fruit and Vegetable Program	743	176,100	132,184	43,916	75.1%	<i>Dec 31</i>	66.7%
Healthy Babies Healthy Children	778	1,476,897	596,649	880,248	40.4%	<i>Mar 31/2025</i>	41.7%
IPAC Congregate CCM	780	914,100	311,524	602,576	34.1%	<i>Mar 31/2025</i>	41.7%
Ontario Senior Dental Care Program	786	1,315,000	702,026	612,974	53.4%	<i>Dec 31</i>	66.7%
Anonymous Testing	788	64,293	26,790	37,503	41.7%	<i>Mar 31/2025</i>	41.7%
<b>Total</b>		4,275,790	1,904,809	2,370,981			

# Association of Local Public Health Agencies

2024 Fall Symposium,  
Section Meetings  
and Workshops

Nov. 6-8, 2024



ALPHA's Fall Symposium, Section Meetings, and workshops will continue the important conversations on the critical role, value, and benefit of Ontario's local public health system.

On November 8<sup>th</sup>, participate in online plenary sessions with public health leaders in the morning, followed by BOH Section and COMOAH Section meetings in the afternoon.

Attendees will also be invited, at no additional cost, to participate in pre-symposium workshops on November 6<sup>th</sup> & 7<sup>th</sup> including an all-day workshop on Artificial Intelligence and Local Public Health Agencies.

**Dalla Lana**  
School of Public Health

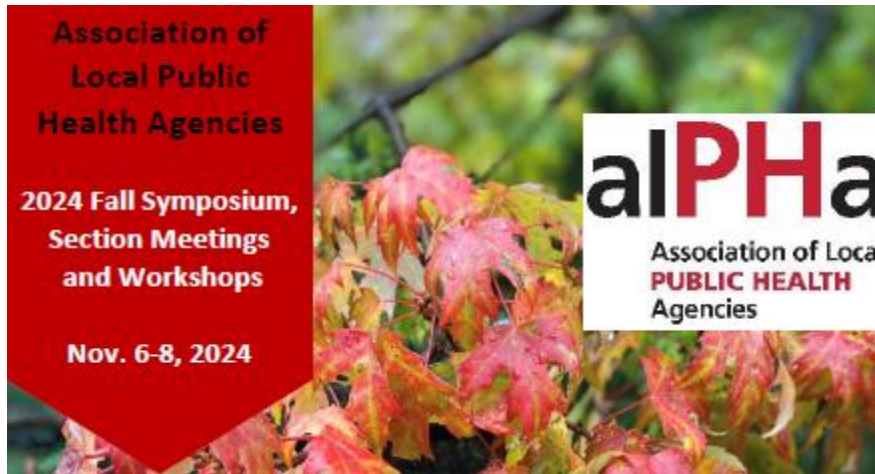


*Hosted by ALPHA with generous support from the University of Toronto's Dalla Lana School of Public Health and Eastern Ontario Health Unit.*

*Please note that you must be an ALPHA member to participate in the Pre-Symposium Workshops, Symposium or Section meetings.*

*All events are online.  
Registration opens in September (date TBD)  
and will cost \$399+HST.*





## alPHa Workshops, Fall Symposium & Section Meetings November 8, 2024

*(Draft as of October 2<sup>nd</sup>)*

*Note: Meeting is hosted via Zoom Webinar*

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

<p><b>Public Health Video Showcase</b> Log on early to get set up and check out the latest public health videos from across the province. Don't miss this opportunity to see what public health units are doing to communicate, reach out to, and engage their communities!</p>	<p>8:15 a.m. - 8:30 a.m.</p>
<p><b>Call to Order, Welcoming Remarks, and Land Acknowledgement</b> Speakers: Trudy Sachowski, Chair, Board of Directors, alPHa and Robin Jones, President, Association of Municipalities of Ontario</p>	<p>8:30 a.m. - 8:35 a.m.</p>
<p><b>alPHa Update</b> Speakers: Trudy Sachowski, Chair, alPHa, René Lapierre, Chair, BOH Section, Dr. Lianne Catton, Chair, COMOH Section, Board of Directors, alPHa, and Cynthia St. John, Affiliate Representative, Board of Directors, alPHa Moderator: Dr. Charles Gardner, Past-Chair, Board of Directors, alPHa</p> <p>alPHa provides leadership to all of Ontario's 34 boards of health, medical officers and associate medical officers of health, and senior public health managers. 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 and support local public health. Come and hear the latest from alPHa's Chair, Section Chairs, and the Affiliate Representative on the alPHa Executive Committee on what your association is doing for its members.</p>	<p>8:35 a.m. - 9:00 a.m.</p>

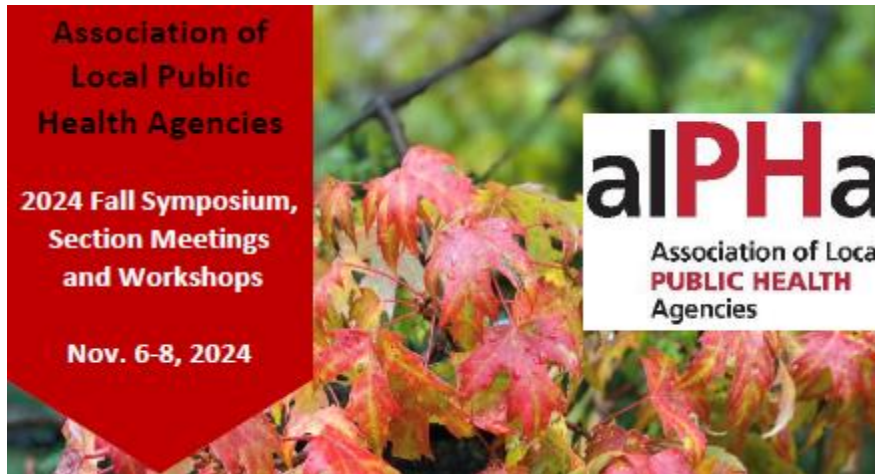
<p><b>Update from the Office of the Chief Medical Officer of Health</b>  Speaker: Liz Walker, Executive Lead, Office of the Chief Medical Officer of Health  Moderator: Trudy Sachowski, Chair, Board of Directors, alPha</p> <p>Liz Walker will give an update on key public health issues.</p>	<p>9:00 a.m.- 9:30 a.m.</p>
<p><b>Update from Public Health Ontario - Driving Quality in Public Health</b>  Speaker: Dr. Tamara Wallington, VP and Chief Healthy People, Environments and Quality Programs, Public Health Ontario  Moderator: Dr. Hsiu-Li Wang, Vice-Chair, alPha</p> <p>Dr. Wallington will give an update on the latest from Public Health Ontario, including highlights of their Strategic Plan and its aim of driving quality in public health.</p>	<p>9:30 a.m.- 10:00 a.m.</p>
<p><b>Update on Public Health Workforce Burnout: A Canadian Cross-sectional Study</b>  Speaker: Dr. Jessica Hopkins, Vice President and Chief, Communicable Disease Control, Public Health Ontario</p> <p><b>Results of engagement survey on public health recovery, renewal, and resilience building post pandemic</b>  Speaker: Julia Roitenberg, General Manager and Chief Nursing Officer at York Region Public Health</p> <p>A rapid review of the literature was conducted to identify essential organizational imperatives for public health leaders to consider as they develop plans for public health recovery, renewal, and resilience-building following the emergency stages of the COVID-19 pandemic. Join us to explore public health leaders’ perceptions of the importance of the themes that emerged from the literature, and their readiness to implement them.</p> <p>Moderator: Dr. Mehdi Aloosh, COMOH Section, alPha Board of Directors, alPha</p>	<p>10:00 a.m. – 10:30 a.m.</p>
<p><i>Break</i></p>	<p>10:30 a.m. - 11:00 a.m.</p>
<p><b>Public Health Unit Mergers</b>  Speakers:  Miriam Klassen, Medical Officer of Health and CEO, Huron Perth Public Health  Peter McKenna, Chair, Board of Health, Leeds Grenville and Lanark District Health Unit  Amy Martin, Chair, Board of Health, Haldimand-Norfolk Health Unit</p> <p>Moderator: Paul Sharma, Affiliates, Board of Directors, alPha</p> <p>alPha member representatives will talk about mergers, old and new, in this informative session.</p>	<p>11:00 a.m. - 11:30 a.m.</p>
<p><b>So, What’s Still Keeping You Up at Night? - Luncheon Speakers</b>  Speaker: Sabine Matheson, and John Perenack, Principals, Strategy Corp.  Moderator: Loretta Ryan, Chief Executive Officer, alPha</p>	<p>11:30 a.m. - noon</p>

<p>The political landscape that local public health operates in is increasingly complex and volatile and leaders are challenged more than ever. The need to be prepared has never been greater. Come and hear the latest about what to expect regarding the public policy climate and key political issues impacting public health agencies and their local boards of health.</p> <p><i>Attendees will have an opportunity to pose questions in advance and at the symposium. Please send advance questions to <a href="mailto:communications@alphaweb.org">communications@alphaweb.org</a> on or before November 1<sup>st</sup></i></p>	
<p><b>Lunch Break</b></p>	<p>Noon to 1:00 p.m.</p>
<p><b>Section Meetings</b>  <i>Members of the BOH Section and COMOH Section meet separately in the afternoon.</i></p> <p><i>Boards of Health members are asked to stay with the Zoom webinar platform. Affiliate members are also invited to participate in this meeting.</i></p> <p><i>COMOH members will join a separate meeting. Agendas for these meetings are provided separately.</i></p>	<p>1:00 p.m. - 4:30 p.m.</p>

This event is hosted by ALPHA with generous support from:

**Dalla Lana**  
School of Public Health





## Boards of Health Section Meeting November 8, 2024

*(draft as of October 2<sup>nd</sup>)*

*Note: Meeting is hosted via Zoom Webinar*

*1 p.m. to 4:30 p.m. - All times are Eastern Standard Time (EST)*

***BOH Section Chair: René Lapierre***

<p><b>Call to Order</b>  <b>Land Acknowledgement</b>  <b>Welcoming Remarks</b>  <b>Introductions</b></p> <p><i>Speaker: René Lapierre, Chair, BOH Section</i></p>	<p><i>1:30 p.m.</i></p>														
<p><b>ALPHA Update / Section Business/ Approval of Minutes</b></p> <p><i>Speakers: René Lapierre, BOH, Section Chair, ALPHA, and Loretta Ryan, CEO, ALPHA</i></p>	<p><i>1:35 p.m.</i></p>														
<p style="text-align: center;"><b>Meet the BOH Section Executive Committee Members!</b></p> <p>Come and hear from the BOH Executive Committee Members who are in attendance. In the meantime, you can click on the links to check out their bios below that are also posted on the <a href="#">ALPHA webpage for the Board of Directors</a>.</p> <div style="border: 2px solid red; padding: 10px; margin: 10px 0;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Chair / BOH Section Representative, Northwest Region</td> <td style="text-align: right; padding: 5px;"><a href="#"><b>Trudy Sachowski</b></a></td> </tr> <tr> <td style="padding: 5px;"><b>BOH Section Chair</b>/ BOH Section Representative, North East Region</td> <td style="text-align: right; padding: 5px;"><a href="#"><b>René Lapierre</b></a></td> </tr> <tr> <td style="padding: 5px;">Treasurer/ BOH Section Representative, Toronto</td> <td style="text-align: right; padding: 5px;"><a href="#"><b>Abinaya Chandrabalan</b></a></td> </tr> <tr> <td style="padding: 5px;">BOH Section Representative, Central West Region</td> <td style="text-align: right; padding: 5px;"><a href="#"><b>Jim Erb</b></a></td> </tr> <tr> <td style="padding: 5px;">BOH Section Representative, South West Region</td> <td style="text-align: right; padding: 5px;"><a href="#"><b>Bernia Martin</b></a></td> </tr> <tr> <td style="padding: 5px;">BOH Section Representative, Central East Region</td> <td style="text-align: right; padding: 5px;"><a href="#"><b>Elizabeth Roy</b></a></td> </tr> <tr> <td style="padding: 5px;">BOH Section Representative, East Region</td> <td style="text-align: right; padding: 5px;"><a href="#"><b>Tammy DeGiovanni</b></a></td> </tr> </table> </div> <p style="text-align: center; margin-top: 10px;"><i>Moderator: Loretta Ryan, Chief Executive Officer, ALPHA</i></p>	Chair / BOH Section Representative, Northwest Region	<a href="#"><b>Trudy Sachowski</b></a>	<b>BOH Section Chair</b> / BOH Section Representative, North East Region	<a href="#"><b>René Lapierre</b></a>	Treasurer/ BOH Section Representative, Toronto	<a href="#"><b>Abinaya Chandrabalan</b></a>	BOH Section Representative, Central West Region	<a href="#"><b>Jim Erb</b></a>	BOH Section Representative, South West Region	<a href="#"><b>Bernia Martin</b></a>	BOH Section Representative, Central East Region	<a href="#"><b>Elizabeth Roy</b></a>	BOH Section Representative, East Region	<a href="#"><b>Tammy DeGiovanni</b></a>	<p><i>1:45 p.m.</i></p>
Chair / BOH Section Representative, Northwest Region	<a href="#"><b>Trudy Sachowski</b></a>														
<b>BOH Section Chair</b> / BOH Section Representative, North East Region	<a href="#"><b>René Lapierre</b></a>														
Treasurer/ BOH Section Representative, Toronto	<a href="#"><b>Abinaya Chandrabalan</b></a>														
BOH Section Representative, Central West Region	<a href="#"><b>Jim Erb</b></a>														
BOH Section Representative, South West Region	<a href="#"><b>Bernia Martin</b></a>														
BOH Section Representative, Central East Region	<a href="#"><b>Elizabeth Roy</b></a>														
BOH Section Representative, East Region	<a href="#"><b>Tammy DeGiovanni</b></a>														

<b>TBA</b>	2:05 p.m.
<p><b>Spokespersons – What to Do When the Microphone is in Front of You!</b>  <i>Presenter and Interviewer: Loretta Ryan, Chief Executive Officer, alPHa</i>  <i>Interviewees – Members of the alPHa BOH Executive Committee</i></p>	2:35 p.m.
<p><b>alPHa Legal Counsel Update for Boards of Health</b>  <b>Risk Management for a Governance Board- A Balancing Act.</b>  <i>Speaker: James LeNoury, Legal Counsel, alPHa</i>  <i>Moderator: Abinaya Chandrabalan</i></p>	3:00 p.m.
<p><b>Association of Municipalities of Ontario (AMO) Update</b>  <i>Speakers: Alicia Neufeld, Senior Manager, Policy, and Daniela Spagnuolo, Policy Advisor, AMO</i>  <i>Moderator: René Lapierre, Chair, BOH Section</i></p> <p>AMO works with Ontario’s 444 municipalities to make municipal governments stronger and more effective. Come and hear the latest from AMO with regards to public health issues, including homelessness, from a municipal perspective with a focus on their recent work.</p>	3:45 p.m.
<b>Wrap Up &amp; Next Meeting</b>	4:15 p.m.

*Meeting ends at 4:30 p.m.*

**This event is hosted by alPHa with generous support from:**

**Dalla Lana**  
**School of Public Health**





**From:** allhealthunits <[allhealthunits-bounces@lists.alphaweb.org](mailto:allhealthunits-bounces@lists.alphaweb.org)> **On Behalf Of** alPHa communications  
**Sent:** Wednesday, October 9, 2024 3:55 PM  
**To:** [board@lists.alphaweb.org](mailto:board@lists.alphaweb.org)  
**Cc:** [AllHealthUnits@lists.alphaweb.org](mailto:AllHealthUnits@lists.alphaweb.org)  
**Subject:** [allhealthunits] REMINDER: Call for Fall Symposium 2024: Lights, camera, action!

Hello,

I hope you are all doing well!

**Fall Symposium 2024: Lights, camera, action!**



As part of the alPHa Fall 2024 Symposium that is taking place on November 8, there is an opportunity before the official program gets underway and during the breaks to showcase recent videos from public health units from across the province.

Has your PHU posted a short public health video on your website or YouTube that you would like to share with symposium attendees? The Symposium is an opportunity to showcase and share your communications work on key public health issues!

Here's how to submit:

Send the title and link to your PHU's video(s) to [info@alphaweb.org](mailto:info@alphaweb.org)

- Send only the URL(s) and do not send any video files.
- YouTube videos are preferred.
- Clips can be live-action or animated.
- Videos should be short and can be no longer than five minutes in length.
- Clips should be recently recorded (2024)/stand the test of time from when the videos were recorded.

- Variety is welcome as we would like to cover a range of public health topics.
- Videos must be from your PHU and not from another organization.

Need some ideas? Here's a classic from Eastern Ontario Health Unit: Hand Hygiene: Gerty the Germ Gets Washed Away

<https://www.youtube.com/watch?v=V7LUOFKEShU>

The deadline to submit information on your video clip is 4 p.m. on Wednesday, October 30. We look forward to receiving your submissions!

Sincerely,

Melanie Dziengo

Communications Coordinator

**Association of Local Public Health Agencies (aLPHa)**

PO Box 73510, RPO Wychwood

Toronto, ON M6C 4A7

Tel: 416-595-0006 x 225

[communications@alphaweb.org](mailto:communications@alphaweb.org)

[www.alphaweb.org](http://www.alphaweb.org)

October 2, 2024

The Honourable Justin Trudeau  
Prime Minister of Canada  
[Justin.Trudeau@parl.gc.ca](mailto:Justin.Trudeau@parl.gc.ca)

The Honourable Chrystia Freeland  
Deputy Prime Minister and Minister of Finance  
[Chrystia.Freeland@parl.gc.ca](mailto:Chrystia.Freeland@parl.gc.ca)

The Honourable Mark Holland  
Minister of Health  
[Mark.Holland@parl.gc.ca](mailto:Mark.Holland@parl.gc.ca)

The Honourable Steven MacKinnon  
Leader of the Government in the House of Commons  
[Steven.MacKinnon@parl.gc.ca](mailto:Steven.MacKinnon@parl.gc.ca)

The Honourable Andrew Scheer  
House Leader of the Official Opposition  
[Andrew.Scheer@parl.gc.ca](mailto:Andrew.Scheer@parl.gc.ca)

Alain Therrien  
House Leader of the Bloc Québécois  
[Alain.Therrien@parl.gc.ca](mailto:Alain.Therrien@parl.gc.ca)

Peter Julian  
House Leader of the New Democratic Party  
[Peter.Julian@parl.gc.ca](mailto:Peter.Julian@parl.gc.ca)

Standing Senate Committee on National Finance  
[nffn@sen.parl.gc.ca](mailto:nffn@sen.parl.gc.ca)

**RE: Support for Bills S-233 and C-233 “An Act to develop a national framework for a guaranteed livable basic income”**

Dear Prime Minister, Deputy Prime Minister and Minister of Finance, Minister of Health, House Leaders, and National Finance Committee:

Peterborough Public Health (PPH) agrees with our peers in Middlesex-London, Ottawa Public Health and Thunder Bay Public Health Units, in our support for a guaranteed livable basic income as a policy option for addressing poverty, income and food insecurity and for boosting opportunities for people with lower incomes. We urge you to support Bills S-233 and C-233 “An Act to develop a national framework for a

*guaranteed livable basic income*”, currently being considered by the Standing Senate Committee on National Finance and in the process of the second reading in the House of Commons. These Bills are designed to ensure progress towards developing a basic income model that will be effective in moving individuals and their families out of poverty.

An agreed model, when implemented, will impact many lives. In 2022, 10.9% of Ontarians lived in poverty based on the Market Basket Measure, an increase from 7.7% in 2021.<sup>1</sup> In 2022, 16.2% of Peterborough households, with or without children (20,210 people), were low income based on the Census Family Low Income Measure (CFLIM-AT).<sup>2</sup> Nearly one in five (19%) local households live in a food insecure household.<sup>3</sup> PPH conducts the Nutritious Food Basket survey annually to monitor the affordability of food in Peterborough City and Region. The 2023 results, with its various case studies, demonstrate that incomes, particularly when dependent on social assistance, are not adequate for many residents of Peterborough and its region to afford basic needs.<sup>4</sup>

As our Medical Officer of Health, Dr. Thomas Piggott pointed out at a recent local Symposium on Healthy Incomes: “All paths to health lead to income.” The evidence to support this assertion is significant:

### **The link between income and health or well-being**

- Income has a critical impact on health, with better health outcomes associated with higher income levels, and poorer health outcomes associated with lower income levels.<sup>5</sup>
- Income increases access to other social determinants of health (e.g., education, food, housing).<sup>5</sup> In fact, income is understood as having the strongest socioeconomic determinant of food insecurity.<sup>6,7</sup>
- Children living in poverty have an increased risk for cognitive shortfalls and behavioural conditions, and an increased risk of negative health outcomes into adulthood (e.g., cardiovascular disorders, certain cancers, mental health conditions, osteoporosis and fractures, dementia).<sup>8,9,10</sup>
- Food insecurity is associated with an increased risk of a wide range of physical and mental health challenges, including chronic conditions, non-communicable diseases, infections, depression, anxiety, and stress.<sup>11,12,13,14,15,16</sup>
- Among young children, food insecurity is also associated with poor child health, low birth weight, chronic illness, developmental risk, and poor cognitive outcomes, including vocabulary and math skills.<sup>17,18,19</sup>

### **Findings from interventions**

Evidence from Canadian trials and internationally suggests that basic income positively impacts health and wellbeing.<sup>20, 21</sup> Successful examples of a Canadian basic income include the Old Age Security (OAS) and Guaranteed Income Supplement (GIS). In a cohort of individuals over 65 receiving OAS/GIS, compared to a cohort aged 55-64 years, the probability of food insecurity was reduced by half, even when age, sex, income level, and home ownership were considered.<sup>22</sup> In addition, evidence suggests income supplementation reduces food insecurity for low-income Canadians and positively impacts childhood health outcomes (e.g., birth weight, mental health).<sup>23</sup> Early findings about the impact of cash transfers in British Columbia also indicate reduced homelessness and substance use for people recently unhoused.<sup>24</sup>

Upstream income-based solutions, such as a guaranteed livable basic income, are needed to address poverty, income insecurity, and household food insecurity and their significant impacts on health and well-being.

Sincerely,

*Original signed by*  
Councillor Joy Lachica  
Chair, Board of Health

cc: Michelle Ferreri, Member of Parliament, [Michelle.Ferreri@parl.gc.ca](mailto:Michelle.Ferreri@parl.gc.ca)  
Philip Lawrence, Member of Parliament, [Philip.Lawrence@parl.gc.ca](mailto:Philip.Lawrence@parl.gc.ca)  
Jamie Schmale, Member of Parliament, [Jamie.Schmale@parl.gc.ca](mailto:Jamie.Schmale@parl.gc.ca)  
Senator Percy Mockler, Chair, National Finance Committee, [Percy.Mockler@sen.parl.gc.ca](mailto:Percy.Mockler@sen.parl.gc.ca)  
Senator Éric Forest, Deputy Chair, National Finance Committee, [Eric.Forest@sen.parl.gc.ca](mailto:Eric.Forest@sen.parl.gc.ca)  
Senator Clément Gignac, [Clement.Gignac@sen.parl.gc.ca](mailto:Clement.Gignac@sen.parl.gc.ca)  
Senator Larry W. Smith, [LarryW.Smith@sen.parl.gc.ca](mailto:LarryW.Smith@sen.parl.gc.ca)  
Senator Jean-Guy Dagenais, [Jean-Guy.Dagenais@sen.parl.gc.ca](mailto:Jean-Guy.Dagenais@sen.parl.gc.ca)  
Senator Rosa Galvez, [Rosa.Galvez@sen.parl.gc.ca](mailto:Rosa.Galvez@sen.parl.gc.ca)  
Senator Tony Loffreda, [Tony.Loffreda@sen.parl.gc.ca](mailto:Tony.Loffreda@sen.parl.gc.ca)  
Senator Jane MacAdam, [Jane.MacAdam@sen.parl.gc.ca](mailto:Jane.MacAdam@sen.parl.gc.ca)

## References:

- <sup>1</sup> Statistics Canada. Table 11-10-0135-01 Low-income statistics by age, sex and economic family type. DOI: <https://doi.org/10.25318/1110013501-eng>.
- <sup>2</sup> Statistics Canada. Table 11-10-0018-01 After-tax low-income status of tax filers and dependants based on Census Family Low Income Measure (CFLIM-AT), by family type and family type composition. DOI: [After-tax low income status of tax filers and dependants based on Census Family Low Income Measure \(CFLIM-AT\), by family type and family type composition \(statcan.gc.ca\)](https://doi.org/10.25318/1110013501-eng)
- <sup>3</sup> This number is a 3-year average from the Canadian Income Survey (CIS) that needs to be interpreted with caution due to a small sample size and variability in the sample. Food insecurity numbers may be underestimated as CIS samples do not include unhoused individuals or Indigenous Peoples living on-reserve.
- <sup>4</sup> Peterborough Public Health. Addressing Food Insecurity in Peterborough – An Urgent Call to Action. December 2023.
- <sup>5</sup> Raphael, D., Bryant, T., Mikkonen, J. and Raphael, A. (2020). Social Determinants of Health: The Canadian Facts. Oshawa: Ontario Tech University Faculty of Health Sciences and Toronto: York University School of Health Policy and Management
- <sup>6</sup> Men, F., Fafard St-Germain, A., Ross, K., Remtulla, R., Tarasuk, V. (2023). Effect of Canada Child Benefit on Food Insecurity: A Propensity Score-Matched Analysis. *American Journal of Preventive Medicine*, 64(6): 844-852.
- <sup>7</sup> Idzerda, L., Corrin, T., Lazarescu, C., Couture, A., Vallières, E., Khan, S., Tarasuk, V., McIntyre, L., Garica, A.J. (2024) Public policy interventions to mitigate household food insecurity in Canada: A systematic review, *Public Health Nutrition*, 27 (1) 1-14.
- <sup>8</sup> Lee, H., Slack, K. S., Berger, L. M., Mather, R. S., & Murray, R. K. (2021). Childhood poverty, adverse childhood experiences, and adult health outcomes. *Health & Social Work*, 46(3), 159-170.
- <sup>9</sup> Maalouf, M., Fearon, M., Lipa, M. C., Chow-Johnson, H., Tayeh, L., & Lipa, D. (2021). Neurologic Complications of Poverty: the Associations Between Poverty as a Social Determinant of Health and Adverse Neurologic Outcomes. *Current neurology and neuroscience reports*, 21(7), 29.
- <sup>10</sup> Wise, P. H. (2016). Child poverty and the promise of human capacity: childhood as a foundation for healthy aging. *Academic pediatrics*, 16(3), S37-S45.
- <sup>11</sup> Jessiman-Perreault, G. & McIntyre, L. (2017). The household food insecurity gradient and potential reductions in adverse population mental health outcomes in Canadian adults. *SSM - Population Health*, 3:464-472.
- <sup>12</sup> Francis, J., Mildon, A., Tarasuk, V., Frank, L. (2024) Household food insecurity is negatively associated with achievement of prenatal intentions to feed only breast milk in the first six months postpartum. *Frontiers in Nutrition*. 11 (1-10)
- <sup>13</sup> Men, F., Elgar, F.J., Tarasuk, V. (2021) Food insecurity is associated with mental health problems among Canadian youth. *Journal of Epidemiology and Community Health* 75(8), 741-748.
- <sup>14</sup> Men, F., Tarasuk, V. (2020) Severe food insecurity associated with mortality among lower-income Canadian adults approaching eligibility for public pensions: A population cohort study. *BMC Public Health* 20(1) 1-9.
- <sup>15</sup> Ontario Dietitians in Public Health (2020). Position statement and recommendations on response to food insecurity. [ODPH Position Statement on Responses to Food Insecurity](#) Retrieved on August 21, 2024.
- <sup>16</sup> Bloch, G., Bushey, C., Forget, E., Hamidian, A., Neudorf, C., Pereira, A., Simon, L., Welsh, F., Zvrlic, A. Health Case for Basic Income (2020) [case for health \(basicincomecoalition.ca\)](#) Retrieved August 21, 2024.
- <sup>17</sup> de Oliveira, K.H.D., de Almeida, G.M., Gubert, M.B., Moura, A.S., Spaniol, A.M., Hernandez, D.C., Pérez-Escamilla, R., & Buccini, G. (2020). Household food insecurity and early childhood development: Systematic review and meta-analysis. *Maternal and Child Nutrition*.16(3):e12967. doi: 10.1111/mcn.12967.
- <sup>18</sup> Lye, C.W., Sivasampu, S., Mahmudiono, T., & Majid, H.A. (2023). A systematic review of the relationship between household food insecurity and childhood undernutrition. *Journal of Public Health (Oxf)*. 29;45(4):e677-e691. doi: 10.1093/pubmed/fdad070.
- <sup>19</sup> Simonovich, S.D., Pineros-Leano, M., Ali, A., Awosika, O., Herman, A., Withington, M.H.C., Loiacono, B., Cory, M., Estrada, M., Soto, D., & Buscemi, J. (2020). A systematic review examining the relationship between food insecurity and early childhood physiological health outcomes. *Translational Behavioral Medicine*. 12;10(5):1086-1097. doi: 10.1093/tbm/ibaa021. <https://academic.oup.com/tbm/article-abstract/10/5/1086/5921050>.
- <sup>20</sup> McKay, F.H., Bennett, R., & Dunn, M. (2023). How, why and for whom does a basic income contribute to health and wellbeing: a systematic review. *Health Promotion International*. 1;38(5):daad119. doi: 10.1093/heapro/daad119.
- <sup>21</sup> Ferdosi, M., McDowell, T., Lewchuk, W., & Ross, S. (2020). Southern Ontario's basic income experience. Retrieved from <https://labourstudies.socsci.mcmaster.ca/documents/southern-ontarios-basic-income-experience.pdf>.

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<sup>22</sup> McIntyre, L., Dutton, D.J., Kwok, C., & Emery, J.C.H. (2016). Reduction of food insecurity among low-income Canadian seniors as a likely impact of a guaranteed annual income. *Canadian Public Policy* 42:3, 274-286.

<sup>23</sup> Idzerda, L., Corrin, T., Lazarescu, C., Couture, A., Vallieres, E., Khan, S., et al. (2024). Public policy interventions to mitigate household food insecurity in Canada: A systematic review. *Public Health Nutrition*, 27(1), e83. Retrieved from <https://www.cambridge.org/core/journals/public-health-nutrition/article/public-policy-interventions-to-mitigate-household-foodinsecurity-in-canada-a-systematic-review/01E81A2540245BAC803B608D087B864>

<sup>24</sup> Dwyer, R., Palepu, A., Williams, C. Zhao, J. Unconditional cash transfers reduce homelessness. *PNAS*. 120 (36). Doi: 10.1073/pnas.2222103120.



September 27, 2024

Dr. Kieran Moore  
Chief Medical Officer of Health and Assistant Deputy Minister  
College Park, 5th Flr, 777 Bay St  
Toronto, Ontario M7A 2J3

via email: [Kieran.moore1@ontario.ca](mailto:Kieran.moore1@ontario.ca)

Dear Dr. Moore,

**Re: Perspectives from Northern Ontario for the Public Health Funding Review**

At its meeting on September 27, 2024, the Board of Health for the Northwestern Health Unit passed the following resolution (#69-2024):

*WHEREAS the Office of the Chief Medical Officer of Health and the Ministry of Health is undertaking a review of the funding approach for local public health agencies; and*

*WHEREAS the Perspectives from Northern Ontario on the Public Health Funding Review letter, authored by the Northern Ontario Medical Officers of Health, outlines many of the significant considerations related to the funding approach for local public health agencies in northern Ontario;*

*NOW, THEREFORE, BE IT RESOLVED THAT the Board of Health for the Northwestern Health Unit endorses the Northern MOH letter on funding as presented, and*

*FURTHER, BE IT RESOLVED THAT copies of this resolution and the letter be sent to:*

- *Dr. Kieran Moore, Chief Medical Officer of Health*
- *Hon. Sylvia Jones, Minister of Health and Deputy Premier*
- *Hon. Greg Rickford, MPP Kenora -Rainy River*
- *Hon. Kevin Holland, MPP Thunder Bay-Atikokan*
- *Sol Mamakwa, MPP Kiiwetinoong*
- *Elizabeth Walker, Executive Lead, Office of the Chief Medical Officer of Health*
- *Brent Feeney, Director, Accountability and Liaison Branch*
- *Colleen Kiel, Director, Public Health Strategic Policy, Planning and Communications Branch*
- *Dr. Fiona Kouyoumdjian, Associate Chief Medical Officer of Health*
- *Dr. Wajid Ahmed, Associate Chief Medical Officer of Health*

- *Ontario Boards of Health*
- *NWHU Obligated Municipalities*
- *Association of Local Public Health Agencies (alPHA)*

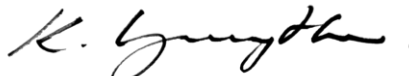
The Board of Health wishes to emphasize the challenges and inequities impacting the health of northern communities that require different metrics and solutions. We ask that the context outlined in the letter *Perspectives from Northern Ontario for the Public Health Funding Review* issued by the seven Northern Medical Officers of Health be carefully considered as the funding review is completed.

Thank you for your continued support of northern health units and for the opportunity to offer what we feel is important context to the review process.

Respectfully,



Douglas Lawrance  
Chair, Board of Health



Dr. Kit Ngan Young Hoon  
Medical Officer of Health



Marilyn Herbacz  
Chief Executive Officer

CC: Dr. Kieran Moore, Chief Medical Officer of Health  
 Hon. Sylvia Jones, Minister of Health and Deputy Premier  
 Hon. Greg Rickford, MPP Kenora -Rainy River  
 Hon. Kevin Holland, MPP Thunder Bay-Atikokan  
 Sol Mamakwa, MPP Kiiwetinoong  
 Elizabeth Walker, Executive Lead, Office of the Chief Medical Officer of Health  
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 Dr. Fiona Kouyoumdjian, Associate Chief Medical Officer of Health  
 Dr. Wajid Ahmed, Associate Chief Medical Officer of Health  
 Ontario Boards of Health  
 NWHU Obligated Municipalities  
 Association of Local Public Health Agencies (alPHA)



The Corporation of the Municipality of St. Charles  
RESOLUTION PAGE



Regular Meeting of Council

**Agenda Number:** 7.4.  
**Resolution Number** 2024-325  
**Title:** Resolution stemming from May 15, 2024 Regular Meeting of Council - Item 10.1 -  
Correspondence #12  
**Date:** August 14, 2024

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**Moved by:** Councillor Loftus  
**Seconded by:** Councillor Laframboise

**BE IT RESOLVED THAT Council for the Corporation of the Municipality of St.-Charles hereby supports Resolution #26-24 passed by Public Health Sudbury and Districts, regarding recommendations for Government Regulations of nicotine pouches;**  
**AND BE IT FURTHER RESOLVED THAT a copy of this Resolution be sent to the Premier of Ontario, Doug Ford; the Deputy Premier and Minister of Health, Sylvia Jones; our local member of Provincial Parliament (MPP); the Association of Municipalities of Ontario (AMO); the Public Health Sudbury & Districts; and all Ontario Municipalities.**

CARRIED

  
MAYOR



April 22, 2024

VIA ELECTRONIC MAIL

The Honourable Doug Ford  
Premier of Ontario  
Legislative Building  
Queen's Park  
Toronto ON M7A 1A1

Dear Premier Ford:

**Re: Recommendations for Government Regulation of Nicotine Pouches**

In July 2023, Health Canada gave approval to Imperial Tobacco Canada to sell Zonnic under the [Natural Health Product Regulations](#) as a Nicotine Replacement Therapy (NRT) product. Consequently, Zonnic is sold under the Health Canada approval without adhering to the restrictions of the Federal [Tobacco and Vaping Products Act, 1997](#) and the [Smoke-Free Ontario Act, 2017](#).

Since this time, nicotine pouches have become widely available to youth. These flavoured pouches can be legally purchased by those under 18 years of age in Ontario. The unrestricted sale, display, and promotion of nicotine pouches contribute to accessibility, normalization, and potential health hazards. Nicotine is highly addictive and its use, in any form, is unsafe for children<sup>1</sup> and youth<sup>2</sup>. Exposure to nicotine can have adverse effects on the developing brains of children and youth and increases the likelihood of initiation and long-term use of tobacco<sup>2</sup>.

In March 2024, Public Health Sudbury & Districts released an advisory alert to local health system partners sharing concerns related to nicotine pouches. Additionally, letters were sent to education directors, educators, and parents to increase awareness of the availability and risks of nicotine pouches to children and youth.

At its meeting on April 18, 2024, the Board of Health for Public Health Sudbury & Districts took further action and carried the following resolution #26-24:

**Sudbury**

1300 rue Paris Street  
Sudbury ON P3E 3A3  
t: 705.522.9200  
f: 705.522.5182

**Elm Place**

10 rue Elm Street  
Unit / Unité 130  
Sudbury ON P3C 5N3  
t: 705.522.9200  
f: 705.677.9611

**Sudbury East / Sudbury-Est**

1 rue King Street  
Box / Boîte 58  
St.-Charles ON P0M 2W0  
t: 705.222.9201  
f: 705.867.0474

**Espanola**

800 rue Centre Street  
Unit / Unité 100 C  
Espanola ON P5E 1J3  
t: 705.222.9202  
f: 705.869.5583

**Île Manitoulin Island**

6163 Highway / Route 542  
Box / Boîte 87  
Mindemoya ON P0P 1S0  
t: 705.370.9200  
f: 705.377.5580

**Chapleau**

34 rue Birch Street  
Box / Boîte 485  
Chapleau ON P0M 1K0  
t: 705.860.9200  
f: 705.864.0820

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1.866.522.9200

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*WHEREAS Health Canada approved nicotine pouches for sale under the Natural Health Product regulations providing no restrictions on advertising or sale to children and youth; and*

*WHEREAS the unrestricted sale, display, and promotion of nicotine pouches contribute to their accessibility, the normalization of nicotine use, and potential health hazards; and*

*WHEREAS nicotine is highly addictive and its use, in any form, is unsafe for children and youth; and*

*WHEREAS exposure to nicotine can have adverse effects on the developing brains of adolescents and young adults and increases the likelihood of initiation and long-term use of tobacco products; and*

*WHEREAS the emergence of nicotine pouch products occurred rapidly without requiring adherence to the restrictions of the federal [Tobacco and Vaping Products Act, 1997](#), and the [Smoke-Free Ontario Act, 2017](#); and*

*THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts strongly encourage Health Canada to take immediate action to close the regulatory gap that permits the sale of nicotine pouches to youth under 18 years of age; and*

*FURTHER THAT the Board of Health urge Health Canada to strengthen regulations to restrict the sale of new and emerging tobacco and nicotine products, ensuring that nicotine availability to children and youth never occur again; and*

*FURTHER THAT the Board of Health for Public Health Sudbury & Districts strongly encourage the Government of Ontario to exclusively sell nicotine pouches from behind pharmacy counters, limit their display in retail settings, and restrict their promotion, especially to youth; and*

*FURTHER THAT the Government of Ontario expand the Smoke-Free Ontario Strategy to create a comprehensive, coherent public health-oriented framework for the regulation of vaping and all nicotine-containing products.*

We strongly encourage the Government of Ontario to follow immediately the Government of British Columbia and the Government of Québec to exclusively sell nicotine pouches in pharmacies, specifically behind the counter. This decision reduces product availability, restricts their promotion, and limits their display in retail settings.

Until tighter restrictions of nicotine pouches are implemented, the widely available and accessible product will continue to expose children and youth to nicotine. The Board of Health for Public Health Sudbury & Districts strongly encourages the Government of Ontario to expand the Smoke-Free Ontario Strategy to create a comprehensive, coherent public health-oriented framework for the regulation of vaping and all nicotine-containing products.

We thank you for your speedy attention to this important issue, and we continue to look forward to opportunities to work together to promote and protect the health of Ontarians.

Sincerely,



René Lapierre  
Chair, Board of Health



M. Mustafa Hirji, MD, MPH, FRCPC  
Acting Medical Officer of Health and Chief Executive Officer

cc: Honourable Mark Holland, Minister of Health of Canada  
Honourable Sylvia Jones, Deputy Premier and Minister of Health  
Honourable Ya'ara Saks, Canada's Minister of Mental Health and Addictions and Associate Minister of Health  
Honourable Michael Parsa, Minister of Children, Community and Social Services  
Yasir Naqvi, Parliamentary Secretary to the Minister of Health, Honorable Mark Holland  
Dr. Kieran Moore, Chief Medical Officer of Health of Ontario  
France Gélinas, Member of Provincial Parliament, Nickel Belt  
Jamie West, Member of Provincial Parliament, Sudbury  
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin  
Viviane Lapointe, Member of Parliament, Sudbury  
All Ontario Boards of Health  
Association of Local Public Health Agencies

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<sup>1</sup> U.S. Department of Health and Human Services. (2014). "The Health Consequences of Smoking-50 Years of Progress: A Report of the Surgeon General."

<https://www.ncbi.nlm.nih.gov/books/NBK294308/#ch5.s2>

<sup>2</sup> National Center for Chronic Disease Prevention and Health Promotion (US) Office on Smoking and Health. (2016). "E-cigarette Use Among Youth and Young Adults: A Report of the Surgeon General." Retrieved on January 30, 2024 from

[www.cdc.gov/tobacco/sgr/ecigarettes/pdfs/2016\\_sgr\\_entire\\_report\\_508.pdf](http://www.cdc.gov/tobacco/sgr/ecigarettes/pdfs/2016_sgr_entire_report_508.pdf).



April 22, 2024

VIA ELECTRONIC MAIL

The Honourable Mark Holland  
Minister of Health of Canada  
House of Commons  
Ottawa, Ontario K1A 0A6

Dear Minister Holland:

**Re: Recommendations for Government Regulation of Nicotine Pouches**

In July 2023, Health Canada gave approval to Imperial Tobacco Canada to sell Zonnica under the [Natural Health Product Regulations](#) as a Nicotine Replacement Therapy (NRT) product. Consequently, Zonnica is sold under the Health Canada approval without adhering to the restrictions of the Federal [Tobacco and Vaping Products Act, 1997](#) and the [Smoke-Free Ontario Act, 2017](#).

Since this time, nicotine pouches have become widely available to youth. These flavoured pouches can be legally purchased by those under 18 years of age in Ontario. The unrestricted sale, display, and promotion of nicotine pouches contribute to accessibility, normalization, and potential health hazards. Nicotine is highly addictive and its use, in any form, is unsafe for children<sup>1</sup> and youth<sup>2</sup>. Exposure to nicotine can have adverse effects on the developing brains of children and youth and increases the likelihood of initiation and long-term use of tobacco products<sup>2</sup>.

In March 2024, Public Health Sudbury & Districts released an advisory alert to local health system partners sharing concerns related to nicotine pouches. Additionally, letters were sent to education directors, educators, and parents to increase awareness of the availability and risks of nicotine pouches to children and youth.

At its meeting on April 18, 2024, the Board of Health for Public Health Sudbury & Districts took further action and carried the following resolution #26-24:

*WHEREAS Health Canada approved nicotine pouches for sale under*

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1.866.522.9200

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*the Natural Health Product regulations providing no restrictions on advertising or sale to children and youth; and*

*WHEREAS the unrestricted sale, display, and promotion of nicotine pouches contribute to their accessibility, the normalization of nicotine use, and potential health hazards; and*

*WHEREAS nicotine is highly addictive and its use, in any form, is unsafe for children and youth; and*

*WHEREAS exposure to nicotine can have adverse effects on the developing brains of adolescents and young adults and increases the likelihood of initiation and long-term use of tobacco products; and*

*WHEREAS the emergence of nicotine pouch products occurred rapidly without requiring adherence to the restrictions of the federal [Tobacco and Vaping Products Act, 1997](#), and the [Smoke-Free Ontario Act, 2017](#); and*

*THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts strongly encourage Health Canada to take immediate action to close the regulatory gap that permits the sale of nicotine pouches to youth under 18 years of age; and*

*FURTHER THAT the Board of Health urge Health Canada to strengthen regulations to restrict the sale of new and emerging tobacco and nicotine products, ensuring that nicotine availability to children and youth never occur again; and*

*FURTHER THAT the Board of Health for Public Health Sudbury & Districts strongly encourage the Government of Ontario to exclusively sell nicotine pouches from behind pharmacy counters, limit their display in retail settings, and restrict their promotion, especially to youth; and*

*FURTHER THAT the Government of Ontario expand the Smoke-Free Ontario Strategy to create a comprehensive, coherent public health-oriented framework for the regulation of vaping and all nicotine-containing products.*

We applaud your pledge to take action to review the approval process for flavoured nicotine sales and advertising. We acknowledge the advisory Health Canada issued in March stating nicotine pouches should be used for nicotine replacement therapy in adults and the emphasis on keeping them out of reach of children and youth.

However, only until tighter restrictions of nicotine pouches are implemented, the widely available and accessible product will continue to expose children and youth to nicotine. The Board of Health for Public Health Sudbury & Districts strongly encourages the federal government to take immediate action to close the regulatory gap by restricting the sale of nicotine pouches to those under 18 years of age. We also support Health Canada in their assertion to halt the legal purchasing loophole and ensure that nicotine availability to children and youth never occurs with new and emerging products.

We thank you for your attention to this important issue, and we continue to look forward to opportunities to work together to promote and protect the health of Canadians.

Sincerely,



René Lapierre  
Chair, Board of Health



M. Mustafa Hirji, MD, MPH, FRCPC  
Acting Medical Officer of Health and Chief Executive Officer

cc: Honourable Doug Ford, Premier of Ontario  
Honourable Sylvia Jones, Deputy Premier and Minister of Health  
Honourable Ya'ara Saks, Canada's Minister of Mental Health and Addictions and Associate Minister of Health  
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<sup>2</sup> National Center for Chronic Disease Prevention and Health Promotion (US) Office on Smoking and Health. (2016). "E-cigarette Use Among Youth and Young Adults: A Report of the Surgeon General."



The Honourable Mark Holland  
April 22, 2024  
Page 4

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Retrieved on January 30, 2024 from  
[www.cdc.gov/tobacco/sgr/ecigarettes/pdfs/2016\\_sgr\\_entire\\_report\\_508.pdf](http://www.cdc.gov/tobacco/sgr/ecigarettes/pdfs/2016_sgr_entire_report_508.pdf).



**APPROVAL OF CONSENT AGENDA**

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

**To:** René Lapierre, Chair, Board of Health for Public Health Sudbury & Districts

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

**Date:** October 10, 2024

**Re:** Towards use of artificial intelligence and new technologies at Public Health Sudbury & Districts

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For Information

For Discussion

For a Decision

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## Issue:

Technology is advancing at a quick pace, especially as publicly available platforms become more readily available. Artificial intelligence (AI) is a topic of interest for many sectors, including public health. Public Health Sudbury & Districts has begun exploring ways of including new technologies to support public health work, informed by the work of other local public health agencies and by a report, published in May that details the results from a national-level workshop on the use of AI to advance public health.

**Recommended Action:** That the Board of Health receive this briefing note for information.

**Alternative Actions:** N/A

## Background:

Artificial intelligence (AI) is becoming embedded into daily living, from household appliances to software applications. As advancements continue, it is opportune for Public Health Sudbury & Districts to explore integrating AI and new technologies into public health work. The agency is not alone in its pursuit of new solutions; numerous government agencies are also investigating the potential of AI, including the [Government of Canada](#) and the [Government of Ontario](#). Through this work, Public Health Sudbury & Districts seeks to remain current with technology in the digital era.

## Report on artificial intelligence in public health in Canada

[AI for Public Health](#) (AI4PH) is a national training platform situated at the Dalla Lana School of Public Health at the University of Toronto. This group of directors and mentors is working to build the capacity of public health researchers and practitioners to develop and apply artificial intelligence (AI) and machine learning (ML) to public health research, policy, and practice.

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### 2024–2028 Strategic Priorities:

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

O: October 19, 2001  
R: February 2024

In October 2023, AI4PH hosted a workshop with a select group of 49 participants from government, universities, hospital-based research institutes, and members of the AI4PH Community Advisory Board. Public health, as a sector, was represented by the Public Health Agency of Canada (PHAC). The workshop, funded by the Canadian Institutes for Health Research (CIHR), aimed to better understand opportunities, priorities, and challenges of AI usage for public health applications.

The results of the workshop were published in a report titled [\*Laying the groundwork for Artificial Intelligence to Advance Public Health in Canada\*](#). The emerging themes from the workshop included the following:

- the need for improved data availability and access,
- common data standards and further linkages between data sources,
- modernized analytical infrastructure,
- addressing gaps in technological skills and the ability to work effectively in multidisciplinary teams,
- a dedicated strategy for training and upskilling,
- increasing collaboration across disciplines and between organizations,
- removing barriers to collaborative partnerships,
- a focussed strategy for community engagement and building trust, and
- dedicated approaches to mitigate bias and improve equity.

From these emerging themes, recommendations were developed for future discussions. These recommendations are being considered by local public health agencies such as ours to help forge our path forward in implementing AI strategies.

### Artificial intelligence in local public health agencies in Ontario

A number of local public health agencies in Ontario have worked toward implementing AI and new technologies in recent years, with this work moving at a rapid pace more recently. Consultations with other local public health agencies in the province have yielded information on numerous initiatives underway to advance public health work. Initiatives include, for example, the development of data and information governance strategies, process improvements (for example, to support the work of vaccine preventable diseases), data retrieval, analysis, and visualization, and chatbot applications for client services.

The use of AI to support local public health agencies is top of mind for many and has been discussed at the Association of Supervisors of Public Health Inspectors of Ontario conference and the Association of Ontario Public Health Business Administrators conference, both held in the spring. There will also be an Artificial Intelligence (AI) and Public Health workshop held as part of the upcoming alpha Fall Symposium.

### Towards use of AI at Public Health Sudbury & Districts

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#### 2024–2028 Strategic Priorities:

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

O: October 19, 2021  
R: February 2024

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In keeping with increased interest in AI technologies, Public Health Sudbury & Districts has started internal discussions about opportunities to support existing work.

Last June, the agency hosted virtual presentations, open to all staff, from the Simcoe Muskoka District Health Unit and Wellington-Dufferin-Guelph Public Health about AI initiatives implemented or planned for implementation within local public health agencies in Ontario. Following these presentations, a group of staff participated in a Think Tank brainstorming activity to identify ways that the agency can benefit from AI strategies and approaches. An electronic survey was subsequently distributed to all staff to ensure full participation on this topic.

The staff engagement, both at the Think Tank brainstorming and from the all-staff survey yielded information to assist with next steps for AI implementation for our agency. Key findings from the staff engagement include input about potential opportunities, dangers, threats, risks, benefits, and concerns of adopting AI technologies. More specifically, opportunities identified for AI by staff include scribing, multilingual translations, and chatbots. Potential dangers, threats, and risks identified involve data privacy, data quality, data security, job loss, and biases. Benefits of AI could include workflow efficiencies, rapid response time, and streamlining of work. Staff identified concerns about overall capacity, expectations about the use of AI, and overall community readiness.

As we work toward AI implementation at Public Health Sudbury & Districts, the agency has developed an internal policy for the use of AI in the workplace. This policy allows for staff to explore, learn, and innovate with these new technologies, while also mitigating the risks presented by AI. Guiding principles for the responsible and ethical use of AI, referenced from provincial and national government sources, include privacy, fairness and bias detection, explainability and transparency, safety and security, validity and reliability, accountability, greater good, and governance. These guiding principles will provide the foundation and framework for all current and future discussions related to the use and implementation of AI at Public Health Sudbury & Districts.

As a next step and to further support the advancement of the AI implementation work for the agency with advice from experts in the field, a Request for Proposals for Artificial Intelligence Solutions for Use in Public Health was issued in the summer. Once identified, the successful consultant will develop an AI strategy that will encompass planning, assessment, consultation, and reporting. A second future phase would include prototyping, training, and development. Once fully launched, this initiative will seek input from a work group of staff internally and will help map out our future state for the use of these new technologies.

Using AI is expected to support growth, increase workflow efficiencies, lead to time and cost savings, improve rapid responses to emerging issues, augment research, and enhance communication and collaborations for our agency as a whole, setting us up for overall innovation as we look to the years ahead.

**Financial Implications:** There are no financial implications of this report. Thusfar, all artificial intelligence technology exploration has been done using previously budgeted funds. As the Agency undertakes development of an AI strategy and the subsequent prototyping, training, and development

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2024–2028 Strategic Priorities:

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O: October 19, 2001  
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phase, additional investments in AI are going to be needed. These investments will be proposed in the 2025 Operating Budget when presented to the Board of Health in November.

**Ontario Public Health Standard:** Strengthened Accountability, Good Governance and Management Practices Domain

**Strategic Priority:** Excellence in public health practice

**Contact:** Renée St Onge, Director, Knowledge and Strategic Services

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2024–2028 Strategic Priorities:

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

O: October 19, 2001  
R: February 2024

**ADDENDUM**

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

**IN CAMERA**

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

**RISE AND REPORT**

**MOTION: THAT this Board of Health rises and reports. Time: \_\_\_\_\_**



**ADJOURNMENT**

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