

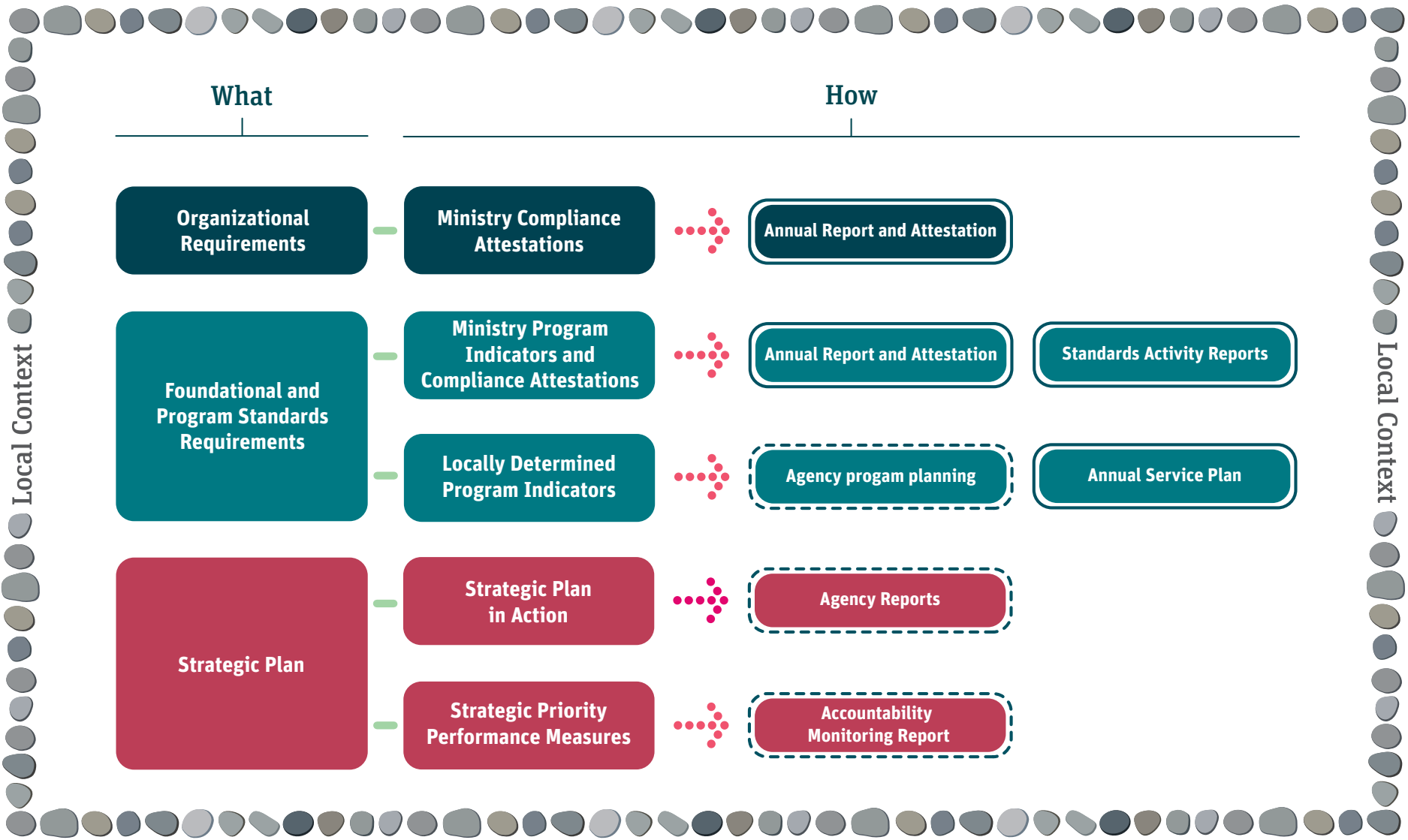
Public Health Sudbury & Districts **2024 Accountability Monitoring Report**

Accountability Monitoring Plan
2024 • 2028



Public Health
Santé publique
SUDBURY & DISTRICTS

The 2024–2028 Accountability Monitoring Plan (the Plan) provides a framework for monitoring and reporting on legal, funding, and program requirements. It is also a tool to demonstrate the Board of Health’s commitment to transparency with all stakeholders. This report includes three main monitoring and reporting categories to collectively demonstrate how we achieve provincial mandates and local commitments. These include organizational requirements, foundational and program requirements, and the Strategic Plan.



 Provincial Lens
 Local Lens

Organizational Requirements

Public Health monitors or reports on the Organizational Requirements pertaining to the following four domains of accountability in the Ontario Public Health Standards (OPHS): delivery of programs and services, fiduciary requirements, good governance and management practices, and public health practice. In addition, Public Health monitors other requirements that the OPHS identifies as common to all domains. Accountability for the Organizational Requirements is demonstrated through the Annual Report and Attestation (ARA) that boards of health submit annually to the Ministry of Health (Ministry).

Ministry Compliance Attestations

The ARA submission for 2024 is anticipated to be due in the spring of 2025. A summary will be provided in the mid-point Accountability Monitoring Report to the Senior Management Executive Committee and shared as part of a future annual Accountability Monitoring Report. Reporting will include attestations organized according to each domain of the Organizational Requirements in the OPHS.

Foundational and Program Standards Requirements

Public Health monitors requirements for the Foundational Standards and Program Standards through Ministry program indicators and compliance attestations as well as locally determined program indicators. The Annual Report and Attestation (ARA) to the Ministry includes attestation statements to demonstrate program compliance and outcome data for designated indicators. The Standard Activity Reports (SAR), also used to report on Ministry program indicators, include interim information on select program topics as requested. Locally determined program indicators are outlined in the agency's Annual Service Plan and Budget Submission (ASP) and reported on as required through the ARA. Program indicators are also incorporated into local plans through a systematic program planning process and monitored in accordance with agency needs.



Ministry Program Indicators and Compliance Attestations

The 2024 ARA template is anticipated to be provided by the Ministry of Health later in 2025. A summary of 2024 Foundational and Program Standards Requirements and compliance attestations will be provided in the mid-point Accountability Monitoring Report to the Senior Management Executive Committee following submission to the Ministry. It will also be shared as part of a future annual Accountability Monitoring Report.

Highlights from the third quarter 2024 Standard Activity Report, submitted in November 2024, include the following:

- 130 school immunization clinics were held, and 6 054 vaccine doses were administered for hepatitis B (HBV), meningococcal, and human papillomavirus (HPV) to Grade 7 students during the 2023/2024 school-based program.
- 11 132 students were screened as clinically eligible for Healthy Smiles Ontario-Preventative Services Only during the 2023/2024 school year. Of those, 7.2% (803) were found to have emergency or essential needs requiring immediate clinical treatment (for example, clinically eligible for Healthy Smiles Ontario, Emergency and Essential Services Stream).
- The most requested or supported topics of consideration in schools during the 2023/2024 school year were mental health, substance use, and healthy sexuality and puberty. Consultations, capacity building resources, and curriculum support was provided to curriculum consultants, mental health leads, and administrators of local school boards, as requested.

Locally Determined Program Indicators

Locally determined program indicators were included in the 2024 ASP submission to the Ministry in March 2024. Additional reporting on selected locally determined program indicators will be included in the 2024 ARA as requested by the Ministry. As noted, a summary of program requirements, including locally developed indicators, will be provided in a future Accountability Monitoring Report, following the submission of the ARA to the Ministry.



Strategic Plan

The 2024–2028 Strategic Plan includes four strategic priorities: equal opportunities for health, impactful relationships, excellence in public health practice, and healthy and resilient workforce. The strategic priorities are guided by our values of humility, trust, and respect, and help Public Health accomplish its vision and mission. Public Health measures performance and progress as it relates to the 2024–2028 Strategic Plan and the implementation of the four strategic priorities through ongoing reporting and strategic priority performance measures.

Strategic Plan in action

Reporting on the implementation of the Strategic Plan includes providing highlights within agency reports and stories that demonstrate the Strategic Plan in action. Staff are encouraged to intentionally connect all work back to the Strategic Plan. Monthly board reports and program plans included connections back to the strategic priorities and values as relevant. New in 2024, the *Public Health in Focus* newsletter also featured narratives in alignment with the strategic priorities.

Strategic priority performance measures

Reporting on the Strategic Plan also includes performance measures for each strategic priority, for a total of 15 performance measures. Strategic priority performance measures illustrate diverse approaches and practices to demonstrate accountability for the strategic priorities. For this report, program staff and managers reported relevant 2024 data for the strategic priority performance measures based on existing tracking and evaluation mechanisms. Information was then collated in a centralized data collection tool to inform this report.



Note: Since performance measures were only approved by the Board of Health in September 2024, there was no standardized approach for data collection until late 2024; therefore, 2024 data collection was mostly retroactive in nature. This required program staff and managers to rely on existing tracking tools, workplans, or recollection of activities to complete reporting. As a result, some performance measures may have limited or incomplete data for the 2024 report. Tools were developed and put in place in late 2024 to improve proactive tracking and reporting for 2025. Additional tools and evaluation mechanisms will be developed as required to ensure fulsome reporting for the next report.

Strategic Priority 1: Equal opportunities for health

Performance measure	2024
1.1 Number of advocacy initiatives that support an increased understanding of health equity.	25
1.2 Number of programs and services for which equity and diversity was improved as a result of the use of health equity assessments.	2
1.3 Number of initiatives where the voices or perspectives of equity-deserving populations informed the development or delivery of activities that are Public Health-led or led in partnership.	6
1.4. Qualitative description of activities that support advocacy and partnerships to improve self-determined Indigenous health.	<p>Highlighted activity: In 2024, Public Health invested in re-establishing relationships with five First Nation communities to provide oral health screenings in schools.</p>

Explanatory notes:

1.1 Number of advocacy initiatives that support an increased understanding of health equity

A total of 25 advocacy initiatives supported an increased understanding of health equity. Advocacy initiatives include a comprehensive approach with multiple steps and activities prioritizing coordinated action to inform system change and improve health outcomes. For example, advocacy initiatives generally include multi-part approaches with multiple activities, such as presentations to key stakeholders and decision makers, engagement in policy development, municipal plan reviews, letters of support to government, motions to the Board of Health or other governing bodies, or sharing of evidence with a Public Health perspective. Examples from 2024 include the following:

- Public Health collaborating with the Ontario Association of Public Health Dentistry in the preparation of a briefing note to the Ministry of Health to provide advice on aligning provincial oral health programs with the new Canadian Dental Care Plan.
- In July 2023, Health Canada approved the sale of Zonnec nicotine pouches under the Natural Health Product Regulations, which allowed their sale without restrictions on advertising or age limits. This has led to widespread availability of nicotine pouches to youth, raising concerns about their addictive nature and negative effects on young, developing brains. Public Health issued a warning in March 2024 and passed a resolution urging Health Canada to close the regulatory gap allowing nicotine pouches to be sold to minors. The Board of Health also called for stronger regulations to restrict the sale, display, and promotion of these products, particularly to children and youth. They

urged both the federal government and the Government of Ontario to take immediate action to address these concerns and protect public health. In June 2024, the federal government passed legislation that restricts sales, advertising, manufacturing and importation of products that are harmful or are not being used as intended. As of August 28, 2024, nicotine pouches can only be sold from behind pharmacy counters, and some flavours have been banned.

- Advocacy to Public Health Sudbury & Districts' Board of Health on evidence-informed approaches for supporting a national policy for a universal and sustainable school food program. This included providing key statistics and outlining the challenges faced in Ontario's school nutrition program. The Board of Health unanimously passed motion #36-24, calling for a school food policy that ensures all Ontario students have equal access to healthy food at school, regardless of the families and students' ability to contribute, pay, fundraise, or volunteer in the program.

1.2 Number of programs and services for which equity and diversity was improved as a result of the use of health equity assessments

A total of two programs or services were improved as a result of the use of health equity assessments. An example is the agency's approach to research ethics reviews for evidence-generating projects. This approach includes a review of decision guides that prompt staff to use a health equity assessment checklist to consider the impact the project may have for equity-deserving populations.

1.3 Number of initiatives where the voices or perspectives of equity-deserving populations informed the development or delivery of activities that are Public Health-led or led in partnership

There was a total of six initiatives where the voices or perspectives of equity-deserving populations informed the development or delivery of Public Health-led or led in partnership activities. The Honouring Voices Initiative (HVI) is in development as a formal, agency-wide strategy to engage people with lived and living experience. By establishing appropriate honoraria policies and procedures, the HVI aims to foster meaningful and equitable partnerships, ensuring that the voices and perspectives of equity-deserving groups inform and shape future public health programming and excellence in public health practice. This will have an impact on this performance measure in future years. In the 2025 Budget, the Board of Health approved ongoing funding for HVI so that it can be a permanent enhancement to our work.

1.4 Qualitative description of activities that support advocacy and partnerships to improve self-determined Indigenous health

Public Health supports advocacy and partnerships to improve self-determined Indigenous health. Examples from 2024 include the following:

- Public Health submitted an expression of interest for funding through Stream 2 of Health Canada’s Oral Health Access Fund to co-develop and deliver preventive dental care programs for Indigenous children aged 0–6 in child care settings with Indigenous partners and communities.

- There was a re-establishment of relationships with five First Nation communities to provide oral health screenings in schools (M’Chigeeng First Nation, Whitefish River First Nation, Sheshegwaning First Nation, Wikwemikong Unceded Territory, and Sagamok Anishnawbek).
- An Ontario Naloxone Program partnership was established in 2024 with Shkagamik-Kwe Health Centre and Whitefish River First Nation.

Strategic Priority 2: Impactful relationships

Performance measure	2024
<p>2.1 Number of changes made to programs and services that improve the health of the community as a result of working collaboratively with community partners.</p>	<p>30</p>
<p>2.2 Number of partnerships, collaborations, and engagements with Indigenous-led organizations or First Nations that led to joint planning, implementation, and evaluation of programs and services for the Indigenous population.</p>	<p>16</p>
<p>2.3 Number of collaborations with municipalities that impact the health of the community.</p>	<p>27</p>
<p>2.4 Qualitative narratives or examples of programs or services, delivered in partnership, where activities have moved along the spectrum of engagement.</p>	<p>Highlighted activity: Public Health partners with the Ontario Naloxone Program, which begins with Public Health providing training to local agencies and results in empowering these agencies to effectively utilize naloxone kits and respond to emergency situations.</p>

Explanatory notes:

2.1 Number of changes made to programs and services that improve the health of the community as a result of working collaboratively with community partners

A total of 30 changes were made to programs and services that improved the health of the community as a result of collaborating with community partners in 2024. Examples include the following:

- Sudbury Queers United Around Diversity (SQUAD) and Public Health worked in partnership to facilitate Harvest Pride, a series of inter-generational events for 2SLGBTQ+ youth, older adults, and allies over shared meals and community gatherings. Continuous joint-planning and partnership engagement has helped to improve program delivery, guide advocacy initiatives, and support capacity building and self-determination with a view to creating safer spaces within Public Health Sudbury & Districts.
- Partnering with the Parenting Program Advisory Committee has supported changes made to positive parenting programming including location of service, scheduling, and addressing diverse language needs.
- Public Health was consulted by Conservation Sudbury regarding a document that Conservation Sudbury was producing. The document provided information on installing or replacing septic systems when in regulated areas under the *Conservation Authorities Act*. As a result of the collaboration, Public Health made a change to our sewage permit applications to clarify Conservation Sudbury requirements for onsite sewage systems related to set back distances. This change resulted in improvements in client service and a more efficient process overall.

- Working collaboratively with the Drug Strategy Network of Ontario, Public Health has helped shape provincial-level discussions and initiatives, ensuring that local needs and perspectives are represented. Through advocacy, this collaboration has strengthened the overall effectiveness of community drug strategies across Ontario, leading to better coordinated, evidence-based approaches to reducing substance-related harms in local communities.

2.2 Number of partnerships, collaborations, and engagements with Indigenous-led organizations or First Nations that led to joint planning, implementation, and evaluation of programs and services for the Indigenous population

In 2024, a total of 16 partnerships, collaborations, and engagements with Indigenous-led organizations or First Nations led to joint planning, implementation, and evaluation of programs and services for Indigenous peoples. This highlights the extent and effectiveness of collaborative activities in ensuring culturally relevant programs and services that address the priorities and needs of the Indigenous population. Examples include the following:

- A memorandum of understanding was signed in 2024 between Public Health and Brunswick House First Nation. This outlined a framework to guide the working relationship for harm reduction supply distribution and reporting.
- A virtual knowledge exchange between Public Health and external partners was held to share progress on Public Health's Indigenous Engagement Strategy and

upcoming plans for joint planning was held in October 2024. The session facilitated relationship-building and identified opportunities for future collaboration through presentations from Public Health teams and community initiatives by First Nation Health teams, N'Swakamok Native Friendship Centre, and Northern Ontario School of Medicine University.

2.3 Number of collaborations with municipalities that impact the health of the community

In 2024, Public Health had a total of 27 collaborations with municipalities that impact the health of local communities. Examples of collaborations with municipalities include the following:

- Collaboration with partners from the Manitoulin Partners for Water Safety. The goal of the collaboration was to advance water safety initiatives such as awareness raising activities and exploring bylaw-based solutions. The group has representation from multiple municipalities, enforcement, family health teams, and paramedicine.
- The Municipality of Killarney passed a bylaw (No. 2024-22) on June 12, 2024, regulating smoking and vaping in public places and enclosed workplaces. Public Health supported the municipality of Killarney to increase awareness of the *Smoke-Free Ontario Act* and related bylaws to ensure patrons are aware of the new bylaws prohibiting smoking or vaping.

2.4 Qualitative narratives or examples of programs or services, delivered in partnership, where activities have moved along the spectrum of engagement

Public Health Sudbury & Districts recognizes that the spectrum of community engagement includes five key phases—informing, consulting, involving, collaborating, and finally empowering—as identified in the *Spectrum of Public Participation* from the International Association for Public Participation (IAP2).

An example where Public Health programming moved along the spectrum of engagement in 2024 is the recruitment and onboarding of new community agencies in the Ontario Naloxone Program. Partnerships begin at the inform stage of engagement where Public Health provides comprehensive training to newly recruited agencies and partners to inform them of how to use naloxone. As engagement continues, partners progress to collaboration and empowerment where they receive naloxone kits from Public Health and are then equipped with the tools, knowledge, and skills, to act in emergency situations—ultimately reducing drug-related harms and saving lives.

Strategic Priority 3: Excellence in public health practice

Performance measure	2024
3.1 Number of improvements made that enhanced client, community, and partner experience as a result of client feedback.	Data collection process under development
3.2 Number of evidence generating projects where findings result in a change in public health practice.	23
3.3 Number of upstream health promotion initiatives planned and implemented that have a higher population level or long-lasting impact.	20

Explanatory notes:

3.1 Number of improvements made that enhanced client, community, and partner experience as a result of client feedback

The data collection process for this performance measure was under development in 2024. A new Client Service policy was approved in December 2024 that directs the process for assessing, monitoring, and tracking feedback received from a client or partner. The intentional tracking of this measure will allow for data to be available for the 2025 report.

3.2 Number of evidence generating projects where findings result in a change in public health practice

A total of 35 evidence-generating projects were underway in 2024. Of these projects, 23 projects were completed and resulted in a change or improvement to public health practice.

Examples of projects that led to a change in public health practice throughout 2024 include the following: a process evaluation of the Prep4Parenting class to improve when and how classes are offered to clients, an evaluation of the agency's hybrid work model which resulted in adjustments to work location arrangement categories, a lean review of the agency's rabies process which resulted in process improvements (such as including photo documentation of the animal involved), and a scoping review and assessment of health equity indicators to inform the development of local measurement tools to help demonstrate program outcomes.

3.3 Number of upstream health promotion initiatives planned and implemented that have a higher population level or long-lasting impact

In 2024, a total of 20 upstream health promotion initiatives that have a higher population level, long-lasting impact were planned and implemented. One example of an upstream initiative occurring in 2024 is the attention to our Public Mental Health Action Framework. The framework provides a comprehensive, evidence-based roadmap for promoting mental health and preventing mental illness across local communities. By addressing the social determinants of health, reducing stigma, and enhancing community support systems, the framework seeks to foster equitable opportunities for mental well-being. Through its upstream focus, the framework integrates mental health promotion into broader public health initiatives, ensuring sustainable improvements in community resilience and overall well-being. This proactive, population-level approach supports long-lasting, positive impacts on mental health outcomes throughout the service area.

Strategic Priority 4: Healthy and resilient workforce

Performance Measure	2024
4.1a) Number of training and professional development sessions where at least 80% of survey respondents reported an increase of knowledge, skills, abilities, or competence.	Data collection process under development
4.1b) Number of professional development opportunities that resulted in Indigenous focused content incorporated into programs and services.	Data collection process under development
4.2 Assessment of quality improvement maturity.	Stage of quality improvement: Emerging*
4.3 Number of cross training opportunities available for staff in key emergency response roles that facilitate staff rotation, staff respite, and staff redeployment for surge response.	Data collection process under development

*The quality improvement (QI) maturity survey tool scores QI through the following stages:

- Beginning (have not adopted formal QI projects)
- **Emerging (newly adopted QI approaches with limited capacity)**
- Progressing (some QI experience but lack of commitment and minimal QI integration)
- Achieving (fairly high levels of QI practice with an eagerness to engage in QI)
- Excelling (achieving high levels of QI sophistication and a pervasive culture of QI)

Explanatory notes:

4.1a) Number of agency-led or coordinated training and professional development sessions where at least 80% of survey respondents reported an increase of knowledge, skills, abilities or competence

The data collection process for this performance measure was under development in 2024. In 2025, all staff who complete an agency-led or coordinated training session will be asked to complete a survey that measures newly acquired knowledge or confidence in applying the learnings in their work.

4.1b) Number of agency-led or coordinated professional development opportunities that resulted in Indigenous-focused content incorporated into programs and services

The data collection process for this performance measure was under development in 2024. Planning ahead, in 2025, there will be intentional follow-up with teams on ways that professional development learnings can result in Indigenous-focused content incorporated into programs and services.

4.2 Assessment of quality improvement maturity

A quality improvement maturity survey was administered to all staff in November 2024. Eighty-three (83) staff participated in the survey for a response rate of 33%. The state of quality improvement maturity was scored as *Emerging*, defined by having newly adopted quality improvement (QI) approaches. This demonstrates nascent QI culture and few, if any, examples so far of attempts to incorporate QI as a routine part of practice. Public Health is

striving to move up the levels of maturity during the 2024–2028 reporting term.

The Quality Improvement Maturity Tool is a validated survey that is used to assess the state of quality improvement in public health units in Ontario. The tool was developed and used in the United States and was subsequently validated and modified for Ontario's use by Law et al. (Brock University).

4.3 Number of cross-training opportunities available for staff in key emergency response roles that facilitate staff rotation, staff respite, and staff redeployment for surge response

The data collection process for this performance measure was under development in 2024. A tracking tool has been developed to collect the number of cross-training opportunities in 2025 and beyond.

Conclusion

The results presented in the 2024 Accountability Monitoring Report illustrate continued progress on Public Health’s requirements, with a particular focus on the operationalization of the agency’s Strategic Plan.

Given that this was the first year of data collection and reporting for the 2024–2028 term, some strategic priority performance measures continue to be under development. As such, future Accountability Monitoring Reports will include more fulsome data for the strategic priority performance measures. Further, future reports will present data as provided to the Ministry in various Ministry required accountability reports. Future iterations of this report will also consider the ever-evolving landscape of public health and will reflect any new or emerging accountability measures as more information is provided from the Ministry of Health, other funding ministries, and the local communities we serve.

Overall, Public Health Sudbury & Districts remains committed to monitoring and reporting on key requirements to demonstrate the agency’s accountability and transparency to both the Ministry of Health and members of local communities.

