# 2025 Accountability Monitoring Report

Public Health Sudbury & Districts
2025

Public Health
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SUDBURY & DISTRICTS

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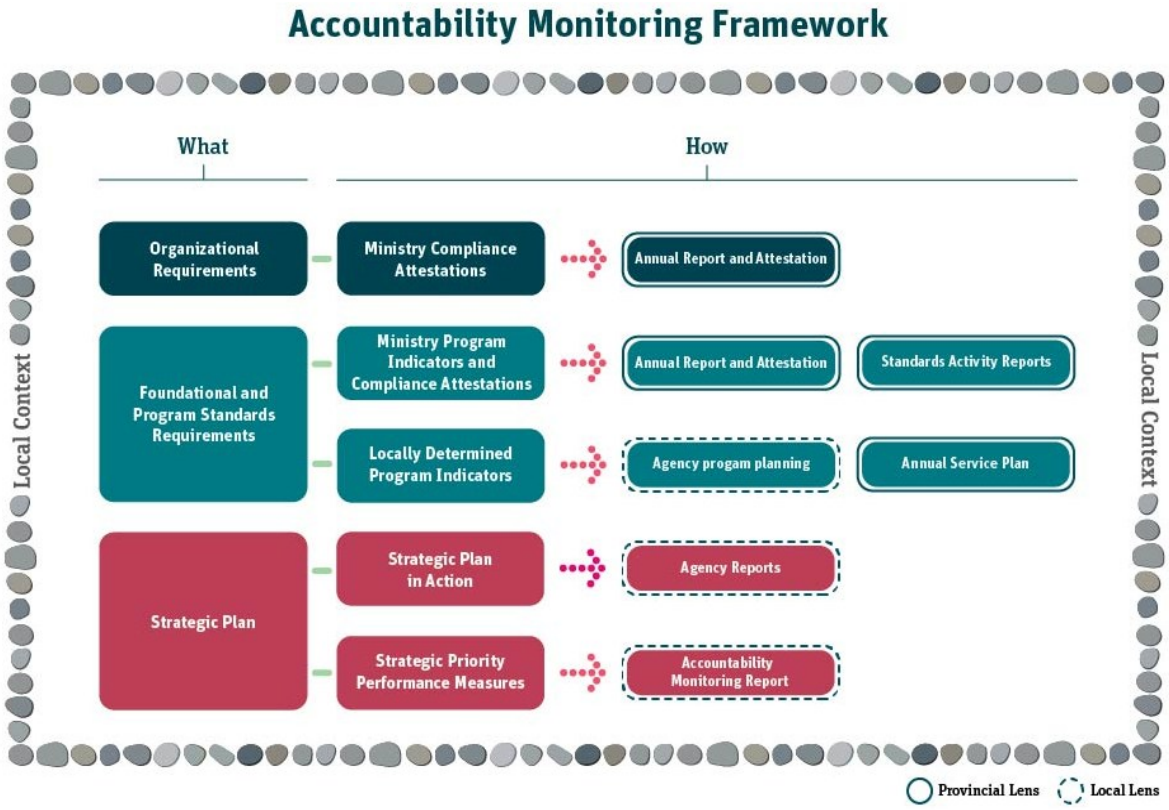
The *2024–2028 Accountability Monitoring Plan* provides a framework for monitoring and reporting on legal, funding, and program requirements. It is also a tool to demonstrate a commitment to transparency. This report includes three main monitoring and reporting categories to collectively demonstrate how we fulfill provincial mandates and local commitments. These include Organizational Requirements, Foundational and Program Standard Requirements, and the Strategic Plan.




# 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 board of health submitted the 2024 Annual Report and Attestation to the Ministry of Health in June 2025, reflecting a reporting period from January to December 2024. Public

Health Sudbury & Districts was compliant with 61 of 62 requirements. The reason for non-compliance in one of the requirements was due to a technological limitation of our software.

# 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 output 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

A summary of 2025 program indicators and compliance with the 2025 attestation statements will be provided in the annual 2026 Accountability Monitoring report, following submission to the Ministry of Health in April 2026.

## Locally Determined Program Indicators

Locally determined program indicators will be reported in the annual 2026 Accountability Monitoring Report.

# 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.

# Process for connecting all work back to the Strategic Plan

Reporting on the implementation of the Strategic Plan includes providing highlights within agency reports and stories that demonstrate 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. In 2025, 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 the 2025 report, program staff and managers reported relevant 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.

## *Alignment with the 2026-2028 Risk Management Plan*

Public Health has included a dedicated section in this Accountability Monitoring Report to demonstrate the alignment between the agency's Strategic Priorities and its Risk Management Plan. The Strategic Plan articulates *what* the organization is working to achieve over the 2024–2028 period, while the Risk Management Plan identifies the key organizational risks that could affect our ability to deliver on those priorities as well as our broader mandate.

**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, the criteria for qualifying submissions were only created in 2025. As a result, some performance measures are reported as N/A for 2024 due to no longer being comparable to the submissions and data in 2025. The new criteria places a stronger emphasis on demonstrating the outcome and impact of each initiative or activity, ensuring that submissions reflect not just what was done, but the meaningful results achieved.

## Strategic Priority 1: Equal opportunities for health

| Performance measure | 2024 | 2025 |
|---|---|---|
| **1.1 Number of advocacy initiatives that support an increased understanding of health equity** | N/A | 1 |
| **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 |
| **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 | 9 |
| **1.4. Qualitative description of activities that support advocacy and partnerships to improve self-determined Indigenous health** | **Highlighted activity:** In 2024, Public Health invested in re-establishing relationships with five First Nation communities to provide oral health screenings in schools. | **Highlighted activity:** Public Health partnered with Wahnapitae First Nation and Indigenous Services Canada to plan for new ways to conduct the Diseases of Public Health Significance follow up investigations for clients who reside on Wahnapitae First Nation territory. Through this partnership and with support from Chief and Council, Public Health now follows-up directly with residents of Wahnapitae First Nation instead of referring to Indigenous Services Canada. |

## Explanatory notes:

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

A total of one advocacy initiative 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. The advocacy initiative for 2025 was a multi-part advocacy approach for the Community Drug Strategy, including presentations, a public report, media requests and written articles, call out for participation of an advisory committee, naloxone training, and participation in Indigenous Public Health's Fall Harvest Feast event.

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

One program was improved as a result of the use of health equity assessments. The improvement was the offering of preventive dental care and dental screening for children in Sudbury East, Mindemoya, and Espanola.

### 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 were a total of nine initiatives where the voices or perspectives of equity-deserving populations informed the development or delivery of Public Health-led or led in partnership activities. An example is the Communicable Infectious Disease team working with affected communities during the measles outbreak, including priority populations. This partnership supported the development of resources for sharing with the communities. Since this partnership, an agency-wide working group was established that plans to continue to partner with these communities.

### 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 2025 include the following:

- Enhancing practice for NOSM University Dietetic Practicum Program: Indigenous Food Sovereignty Project. Staff collaborated with two dietetic learners and two Registered Dietitians from Thunder Bay District Health Unit and North Bay Parry Sound District Health Unit to work on a project to identify and critically appraise

training tools and learning opportunities available to dietetic learners and dietitians. A summary document titled ***Indigenous Food Sovereignty and Dietetics: A Review of Available Training Tools and Learning Opportunities for Dietitians and Dietetic Learners*** (Ontario Dietitians in Public Health) was created and is now available to enhance professional practice of dietitians and other health professionals.

- The Indigenous Public Health team presented to the Board of Health for Public Health Sudbury & Districts in May, June, September, and November to support their learning on self-determined Indigenous health. These sessions are part of the Foundational Obligations to Indigenous Peoples series of the *Unlearning & Undoing White Supremacy and Racism Project* (Unlearning Project), which strengthens awareness and understanding of key guidance documents, including the *United Nations Declaration on the Rights of Indigenous Peoples*, the Missing and Murdered Indigenous Women and Girls Final report and Calls to Justice, the Truth and Reconciliation Commission's Calls to Action, and Treaties. This increased awareness is intended to help the Board of Health apply these directives within their sphere of influence and uphold the inherent rights of Indigenous peoples in all aspects of their work.

## Alignment with the 2026-2028 Risk Management Plan

The following risks from the 2026-2028 Risk Management Plan align with the findings from the measures for strategic priority 1, Equal opportunities for health, illustrating potential risks to continued achievement of this strategic priority:

7.1: Lack of available services, reduced continuity of care, and poorer health for Public Health clients due to the absence of a sector taking accountability to lead key aspects of clinical care (specific to clinical areas that overlap with primary care mandates).

7.3: Limited community health impact and failure to meet the population's needs due to the organization not designing nor effectively delivering the right programs and initiatives.

8.2: Disruptions to service delivery and worsening of inequitable health outcomes due to climate change impacts such as heatwaves, poor air quality, and vector-borne diseases, particularly affecting vulnerable populations.

9.1: Disruption to public health programs and misalignment of strategy due to changes in the political system that shift priorities, restructure governance, or alter public health mandates.

14.1: Reduced effectiveness of programs and unmet community needs due to failing at timely adaptation to changing demographics within the community.

14.2: Worsening health inequities and outcomes as well as reduced trust and engagement in the public health system, particularly among marginalized populations, due to systemic racism and barriers that bias to inequitable delivery of Public Health programs and services.

14.3: Reduced community trust and missed opportunities for inclusive engagement due to a workforce that is not reflective of the diversity of the local communities Public Health serves.

## Strategic Priority 2: Impactful relationships

| Performance measure | 2024 | 2025 |
|---|---|---|
| **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** | N/A | 4 |
| **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** | N/A | 9 |
| **2.3 Number of collaborations with municipalities that impact the health of the community** | 27 | 35 |
| **2.4 Qualitative narratives or examples of programs or services, delivered in partnership, where activities have moved along the spectrum of engagement** | **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. | **Highlighted activity:** Public Health is collaborating with the City of Greater Sudbury to develop an adverse air quality response plan. Response activities are targeted to address risks for those with lower adaptive capacity to protect themselves, such as people living on low income and those who are unhoused. |

## 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 four changes were made to programs and services that improved the health of the community as a result of collaborating with community partners in 2025. An example of this is the Good Food Market Program that continuously works to improve and make the program more accessible and to better meet community needs. Based on information shared through the Good Food Market 2024 Customer Survey and informal feedback received from communities, the program made four substantial changes for the 2025 season: 1) Improving scheduling to better meet customer needsby increasing the length of time the Market was available and offering it at times to better serve the community; 2) changing produce available for sale to better meet community preferences; 3) moving the St. Charles location to better accommodate more community members; and 4) closing select locations due to low participation.

**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 2025, a total of nine 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. An example of this is in June 2025, a Public Health dental hygienist who is dedicated to the Indigenous oral health daycare programming conducted a train-the-trainer session at the Wikwemikong Health Centre. The health centre manager, daycare manager, and nine support staff from both locations were trained. The session covered the benefits of fluoride varnish, which is supported by literature to significantly reduce tooth decay in children, and discussed its application for children attending the daycare. In 2025, co-design and planning for dental screening clinics occurred and the screenings have been scheduled for January 2026, with fluoride varnish applications to follow. This training marks the first phase of programming that will continue throughout 2026.

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

In 2025, Public Health had a total of 35 collaborations with municipalities that impact the health of local communities. Examples of collaborations with municipalities include the following:

- Planet Youth's Icelandic Prevention Model is underway in Sudbury and the LaCloche area, with Public Health Sudbury & Districts working with a team of partners (including co-leads Shkagamik-Kwe Health Centre and Sudbury District Restorative Justice) to support the project as we adapt this model to the local context. Among these partners are the City of Greater Sudbury and the Manitoulin Sudbury District Social Services Advisory Board who sit on the Steering Committee. Each partner will contribute resources (both financial and in-kind), as well as expertise and

commitment, to ensure the model's successful implementation and its adaptability to the unique needs of the local communities.

- Public Health staff support the City of Greater Sudbury Age-Friendly Community Steering Committee and support the planning and implementation of age-friendly work locally.
- Public Health staff attend annual emergency management meetings in Killarney, Baldwin Township, Espanola, Sables-Spanish Rivers, Assiginack Township, Nairn and Hyman Township, Northeastern Manitoulin and the Islands and is an active member of the Greater Sudbury Emergency Management Advisory Panel.

**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, from collaboration to empower, is a service agreement with The ParkSide Centre. The service agreement created new opportunities for urban pole training, specifically to increase the number of facilitators that can deliver the program and expand programming in local communities. Urban poling is a type of low impact, full-body physical activity that uses walking poles to enhance balance, mobility, and posture, supporting falls prevention and overall wellness for older adults. Part of the service agreement included providing The ParkSide Centre with the funds to organize and provide training to volunteers (primarily older adults). The effort to train older adults in urban poling increases older adults' opportunities for volunteerism or employment, which is one of the pillars of an age-friendly community. With Public Health's assistance, they have now collaborated with the Victorian Order of Nurses (VON) community champion volunteer. VON will now assist The ParkSide Centre in the practical training component of urban poling alongside previously trained urban pole facilitators. Through this program, The ParkSide Centre and VON can now offer urban pole groups to community members without Public Health's direct support.

## Alignment with the 2026-2028 Risk Management Plan

The following risks from the 2026-2028 Risk Management Plan align with the findings from the measures for strategic priority 2, Impactful relationships, illustrating potential risks to continued achievement of this strategic priority

9.3: Inequitable delivery of Public Health services and reduced trust in public health systems due to jurisdictional ambiguity between federal, provincial, and First Nation authorities regarding service delivery to First Nation communities.

10.1: Reduced collaboration and engagement, and reduced health outcomes due to failing to demonstrate value among partners and local communities.

## Strategic Priority 3: Excellence in public health practice

| Performance measure | 2024 | 2025 |
|---|---|---|
| **3.1 Number of improvements made that enhanced client, community, and partner experience as a result of client feedback** | Data collection process under development | 2 |
| **3.2 Number of evidence generating projects where findings result in a change in public health practice** | 23 | 16 |
| **3.3 Number of upstream health promotion initiatives planned and implemented that have a higher population level or long-lasting impact** | N/A | 6 |

## Explanatory notes:

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

Two improvements were made that enhanced client, community, and partner experience as a result of client feedback in 2025. One improvement was the installation of new audio technology in the Boardroom to enhance sound quality and improve the experience of hybrid Board of Health meetings. The other improvement made to practice was based on feedback received from childcare supervisors that resulted in a more streamlined approach to data collection when uploading information to support Child Care and Early Years Act assessments.

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

Through 2025, 16 projects were completed and resulted in a change or improvement to public health practice.

Examples of projects completed in 2025 that led to a change in public health practice include: a provincial report on monitoring food affordability and food insecurity, which highlighted evidence-based solutions to address food insecurity; an environmental scan of equity, diversity, inclusion, and accessibility (EDIA) policies in sports to inform local policy development; and a collaborative research project under the leadership of Public Health Ontario to identify indicators and tools to measure the process of building healthy public policy.

Evidence-generating projects include a range of activities such as original research, needs assessments, pilot studies, feasibility assessments, and program evaluations. Each evidence-generating project is unique in terms of planning, resources, duration, and intensity.

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

In 2025, a total of six upstream health promotion initiatives that have a higher population level, long-lasting impact were planned and implemented. One example of an upstream initiative underway in 2025 is the local implementation of Planet Youth, led by Shkagamik-Kwe Health Centre and Sudbury District Restorative Justice. Public Health is one of many community partners that have come together to bring a pilot of the model to the Sudbury and LaCloche regions. The five-year partnership with Planet Youth provides Public Health with resources to survey youth about substance use and well-being while building community networks and capacity to create healthier environments for youth to grow up. The four domains for change include family, peers, school, and leisure opportunities, with plans for interventions to be informed by the survey results across these areas. By bolstering protective factors and addressing risk factors we can decrease the likelihood that youth will turn to substances, and support them in their development into resilient, healthy adults.

## Alignment with the 2026-2028 Risk Management Plan

The following risks from the 2026-2028 Risk Management Plan align with the findings from the measures for strategic priority 3, Excellence in public health practice, illustrating potential risks to continued achievement of this strategic priority:

2.1: Reduced quality of governance and strategic oversight, and ability to maintain high calibre of governance practices, due to changes to Board of Health membership.

3.3: Delays in project completion, reduced quality of outcomes, and missed opportunities due to not having capacity to manage the multiple concurrent initiatives within the organization.

4.1: Erosion of public trust of Public Health messaging, misinterpretation of information, and reputational damage due to communication practices that are not successful at breaking through a busy and misinformation-filled information environment.

7.2: Missed opportunities, partner dissatisfaction, and failure to adapt to changing environments due to the organization’s slow pace of change and limited agility.

7.3: Limited community health impact and failure to meet the population's needs due to the organization not designing nor effectively delivering the right programs and initiatives.

7.4: Inability to demonstrate impact or drive continuous improvement due to not effectively measuring and evaluating outcomes.

9.2: Decreased public engagement and trust, reduced health outcomes, and challenges in attracting and retaining skilled professionals due to a decline in the reputation of the public health sector driven by misalignment with community values, inconsistent messaging, lack of transparency, and politicization of public health decisions made by governments.

## Strategic Priority 4: Healthy and resilient workforce

| Performance Measure | 2024 | 2025 |
|---|---|---|
| **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 | 9 |
| **4.1b) Number of professional development opportunities that resulted in Indigenous focused content incorporated into programs and services** | Data collection process under development | 2 |
| **4.2 Assessment of quality improvement maturity** | Stage 2 of 5: **Emerging*** | Stage 3 of 5: **Progressing*** |
| **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 | 8 |

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

- Step 1: Beginning (have not adopted formal QI projects)
- Step 2: Emerging (newly adopted QI approaches with limited capacity)

- **Step 3: Progressing (some QI experience but lack of commitment and minimal QI integration)**
- Step 4: Achieving (fairly high levels of QI practice with an eagerness to engage in QI)
- Step 5: Excelling (achieving high levels of QI sophistication and a pervasive culture of QI)

## Explanatory notes:

**4.1 a) 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**

In 2025, all staff who completed an agency-led or coordinated training session were asked to complete a survey that measures newly acquired knowledge or confidence in applying the learnings in their work. Of the surveys that were offered, nine surveys demonstrated at least 80% of participants reported an increase of knowledge, skills, abilities, or competence.

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

In 2025, two professional development opportunities resulted in Indigenous-focused content being incorporated into programs and services, both related to *The Unlearning & Undoing White Supremacy and Racism Project* (Unlearning Project). These include the Unlearning Club and abbreviated presentations to the Board of Health for Foundational Obligations to Indigenous Peoples series.

- The Unlearning Club is a voluntary 18-month learning journey that explores racism, white supremacy, and colonization as key factors influencing health outcomes. It aims to provide participants with the tools to recognize how anti-Indigenous racism and white supremacy manifest in our daily work, through policies, practices, and processes, and to actively adopt anti-racist strategies to challenge and dismantle these systems.

**4.2 Assessment of quality improvement maturity**

A quality improvement maturity survey was administered to all staff in November 2025. Ninety-one (91) staff participated in the survey for a response rate of 33%. The state of quality improvement maturity was scored as *Progressing*, defined by having some quality improvement experience but lack of commitment and minimal quality improvement integration. 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**

In 2025, eight opportunities were available for staff in key emergency response roles that facilitate staff rotation, staff respite, and staff deployment for surge response. Examples include training for case and contact management, training on administration of immunizations, and cross-training for key administrative processes to support coverage.

## Alignment with the 2026-2028 Risk Management Plan

The following risks from the 2026-2028 Risk Management Plan align with the findings from the measures for strategic priority 4, Heathy and resilient workforce, illustrating potential risks to continued achievement of this strategic priority:

3.1: Inability to staff programs and support services with enough employees, talent, and institutional history due to retention and recruitment challenges resulting from (a) stiff competition from external opportunities, and (b) hybrid work which requires on-site work limiting flexibility for employee, while also allowing off-site work that can increase disengagement, decreased connection, and diminished collaboration.

3.2: Decreased staff engagement, productivity, and well-being due to staff experiencing change fatigue from ongoing organizational changes, as well as compounding personal and professional challenges.

# Conclusion

The results presented in the 2025 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 fulsome year of data collection and reporting for the 2024–2028 term, some strategic priority performance measures are reported as N/A for 2024 due to no longer being comparable to the submissions and data in 2025. This is due to the development of new criteria that places a stronger emphasis on demonstrating the outcome and impact of each initiative or activity. This ensured that submissions reflect not just what was done, but the meaningful results achieved.

Further, it is noted that Ministry of Health compliance with organizational requirements is reported one year earlier than the reporting period of this report; that is, compliance in 2024 is reported in 2025, and compliance in 2025 will be reported in the 2026 Accountability Monitoring Report. The reason for this delay is due to the Ministry reporting timelines, which are after this report is published. An update about the agency's 2025 compliance status will be provided by the Acting Medical Officer of Health through Board of Health reporting in 2026.

The risks outlined in the 2026–2028 Risk Management Plan support the strategic priority performance measures by identifying and mitigating organizational and system-level barriers that could affect progress in achieving the strategic and organizational priorities. Investing in controls that have yet to be funded would help further advance progress on the performance measures, thereby promoting organizational practices that also improve measurable outcomes. Future reporting in the Accountabiliy Monitoring Report will strengthen the connection between the agency risks and the strategic priority performance measures.

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.

# Appendix A: Data by performance measure

## Strategic Priority 1: Equal opportunities for health

| Performance measure | 2025 |
|---|---|
| **1.1 Number of advocacy initiatives that support an increased understanding of health equity** | 1. Community Drug Strategy for the City of Greater Sudbury |
| **1.2 Number of programs and services for which equity and diversity was improved as a result of the use of health equity assessments** | 1. Preventive dental care and dental screening for children in Sudbury East, Mindemoya and Espanola |
| **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** | 1. Harvest Pride – intergenerational community meals for 2SLGTBQ+ community<br>2. Age-friendly community committees (various)<br>3. Sex Workers Advisory Network of Sudbury (SWANS)<br>4. Planet Youth's Icelandic Prevention Model<br>5. Rural Community Engagement<br>6. Community of Practice meetings delivered with partners including Retirement Homes Regulatory Authority (RHRA), Public Health Ontario (PHO), Ministry of Labour, Immigration, Training and Skills Development of Ontario (MLITSD), and IPAC North Eastern Ontario Chapter.<br>7. Community Drug Strategy – City of Greater Sudbury Committee<br>8. Community Drug Strategy – Manitoulin<br>9. Community Drug Strategy – Chapleau |
| **1.4. Qualitative description of activities that support advocacy and partnerships to improve self-determined Indigenous health** | 1. Indigenous Public Health meeting with community partners from Brunswick House First Nation and Chapleau Cree First Nation, with community following up to request supports in sexual health promotion.<br>2. Collaboration with Kina Gbezhgomi Child and Family Services (KGCFS) to review and revise an existing Joint Protocol for the Provision of Child Protection Services.<br>3. NOSM University Dietetic Practicum Program: Indigenous Food Sovereignty Project<br>4. The Indigenous Public Health team presented to the Board of Health for Public Health Sudbury & Districts in May, June, September, and November to support their learning on self-determined Indigenous health.<br>5. Public Health partnered with Wahnapitae First Nation and Indigenous Services Canada<br>6. Attendance at Chiefs of Ontario 2025 First Nations Community Wellness Conference |

| Performance measure | 2025 |
|---|---|
| | 7. Establishment of the Board of Health Reconciliation Subcommittee<br>8. Launch of a public version of the *Unlearning & Undoing White Supremacy and Racism Project* (Unlearning Project)<br>9. Drop-in sessions held for First Nations in response to the measles outbreak<br>10. Support to Chapleau Cree Health Centre's Indigenous-led harm reduction efforts<br>11. Anonymous testing at Ontario Aboriginal HIV/AIDS strategy locations<br>12. Northern Fruit and Vegetable Program is partnering with Wiikwemkoong Unceded Territory to co-create an evaluation tool that measures the program's impact<br>13. Oral Health team and First Nation oral health daycare program<br>14. IPAC Hub engaged congregate settings located within First Nation communities |

## Strategic Priority 2: Impactful relationships

| Performance measure | 2025 |
|---|---|
| **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** | 1. Quarterly meetings with Health Sciences North and Children's Aid Society<br>2. Diseases of public health significance follow-ups, including case and contact management<br>3. The Good Food Market Program<br>4. Northern Fruit and Vegetable Program |

| Performance measure | 2025 |
|---|---|
| **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** | 1. Wahnapitae First Nation: Diseases of public health signifance follow-up<br>2. Shkagamik-Kwe Health Center: Planet Youth's Icelandic Prevention Model<br>3. Maamwesying Ontario Health Team: Memorandum of Understanding signed<br>4. Atikameksheng Anishnawbek, Aundeck Omni Kaning First Nation, Baldwin Fire Department , Brunswick House First Nation, Enaahtig Healing Lodge, Gwekwaadziwin_Miikan, Kina Gbezhgomi Child and Family Services, M'Chigeeng First Nation Health Services, Mnaamodzawin Health Services Incorporated, Naandwe Miikaan (Wikwemikong) Health Centre, Naandwechige-Gamig , Noojmowin-Teg Health Centre, Norman Recollet Health Centre-Wahnapitae First Nation, Ontario Aboriginal HIV AIDS Strategy – Sudbury, Sheguiandah First Nation, Shkagamik-Kwe Health Centre, UCCM Anishnabek Police, Whitefish River First Nation, Wiidookaage Waadandan Inc., Wikwemikong Tribal Police Service: Ontario Naloxone Program<br>5. Wahnapitae First Nation: Inquiry and consultation regarding healthy eating programming support<br>6. Naandwe Miikaan (Wikwemikong) Health Centre:  Training on dental health<br>7. Shkagamik-Kwe Health Centre: Back to school oral health screenings<br>8. Biidaaban Kinoomaagegamik elementary school in Sagamok: Planning for dental screening clinics<br>9. M'Chigeeng First Nation daycare: Dental screening clinics |

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|---|---|
| **2.3 Number of collaborations with municipalities that impact the health of the community** | **City of Greater Sudbury**:<br>1. Energy Court Governance Group<br>2. Community Drug Strategy<br>3. Greater Sudbury Emergency Management Advisory Panel<br>4. City Greater Sudbury Special Event Advisory Team<br>5. Homelessness Sector Check in<br>6. Adverse air quality response plan<br>7. Participation in a tabletop exercise to model the Violence Threat Risk Assessment process and to activate a community-wide Traumatic Event System response<br>8. Measles preparedness<br>9. Emergency Planning Review<br>10. Community Safety and Well-Being Circle<br>11. Cultural safety<br>12. City of Greater Community Drug Strategy Executive Committee<br>13. Sudbury Local Immigration Partnership Council<br>14. Collaboration in event planning<br>15. Age Friendly Community Panel<br>16. Active Sudbury<br>17. Sudbury Road Safety Committee<br>18. Planet Youth's Icelandic Prevention Model<br>**Killarney**:<br>19. Annual emergency management meeting<br>20. Good Food Markets<br>21. Stronger Together Team<br>**Township of Baldwin:**<br>22. Annual emergency management meeting<br>**Espanola:**<br>23. Annual emergency management meeting<br>24. Espanola Age-Friendly Action Plan<br>25. Espanola Culture and Recreation Advisory committee<br>**Township of Sables-Spanish Rivers:**<br>26. Annual emergency management meeting<br>27. Sables-Spanish Rivers Age-Friendly Community Planning Commttee<br>**Assiginack Township:**<br>28. Annual emergency management meeting<br>**Township of Nairn and Hyman:**<br>29. Annual emergency management meeting<br>**Municipality of French River:**<br>30. Good Food Markets<br>31. French River senior age-friendly committee<br>**Municipality of St. Charles:**<br>32. St. Charles age-friendly committee<br>**Municipality of Central Manitoulin:**<br>33. Central Manitoulin Trail Committee<br>**Town of Northeastern Manitoulin and the Islands (NEMI), Municipality of Central Manitoulin, Town of Gore Bay:**<br>34. Manitoulin Partners for Water Safety |

| Performance measure | 2025 |
|---|---|
| | 35. Annual emergency management meeting |
| **2.4 Qualitative narratives or examples of programs or services, delivered in partnership, where activities have moved along the spectrum of engagement** | 1. Our Children Our Future (OCOF)<br>2. Thriving African Families<br>3. Afro Women and Youth Foundation<br>4. Sudbury Local Immigration Partnership Council (member agencies)<br>5. City of Greater Sudbury, Emergency Management Division<br>6. Greater Sudbury Public Libraries<br>7. Wiidookaage Waadandan Inc.<br>8. Manitoulin-Sudbury District Service Board<br>9. The ParkSide Centre<br>10. Community Drug Strategy – City of Greater Sudbury<br>11.Community Drug Strategy – Town of Northeastern Manitoulin and the Islands<br>12. Community Drug Strategy – Chapleau<br>13. Community Drug Strategy – Sudbury East<br>14. Community Drug Strategy – Lacloche Foothills<br>15. Rural community<br>16. Centre de santé communautaire du Grand Sudbury |

## Strategic Priority 3: Excellence in public health practice

| Performance measure | 2025 |
|---|---|
| **3.1 Number of improvements made that enhanced client, community, and partner experience as a result of client feedback** | 1. New audio technology was installed in the Boardroom to enhance sound quality and improve the experience of hybrid Board of Health meetings.<br>2. Feedback received from childcare supervisors resulted in a more streamlined approach to data collection when uploading information to support Child Care and Early Years Act assessments. |

| Performance measure | 2025 |
|---|---|
| **3.2 Number of evidence generating projects where findings result in a change in public health practice** | 1. Infant Feeding Clinic evaluation<br>2. Measuring What Matters: A collaborative approach to chronic disease prevention program outcome measurement in Ontario (CDP LDCP project)<br>3. Self-assessment of evidence-informed decision-making skills among Public Health staff<br>4. Client Service Standards Review<br>5. Volunteer Resources Program Review<br>6. Hedgehog Data Analysis – Inspection Risk Ratings Over Time<br>7. Healthy Public Policy Research Project<br>8. Building Bridges: A community dialogue on public health access and equity for Black communities<br>9. Disinterment Evidence Rapid Review<br>10. Phase 2 LEAN Review: Early Drug Warning System<br>11. Watch for Us! Community sign program District Office<br>12. Library equipment lending<br>13. Environmental Scan of EDIA Policies in sports<br>14. Indigenous Food Sovereignty and Dietetics: A Review of Available Training Tools and Learning Opportunities for Dietitians and Dietetic Learners<br>15. Preparation for Parenting class evaluation<br>16. Food Insecurity and Food Affordability in Ontario Report |
| **3.3 Number of upstream health promotion initiatives planned and implemented that have a higher population level or long-lasting impact** | 1. Review of the food safety course for Northern Ontario School of Medicine University<br>2. Mapping of structural stigma organizational assessment next steps<br>3. Monitoring food affordability<br>4. Emergency food plan networking and relationship building<br>5. Planet Youth's Icelandic Prevention Model<br>6. First Nation & Urban Indigenous Engagement Subcommittee |

## Strategic Priority 4: Healthy and resilient workforce

| Performance Measure | 2025 |
|---|---|
| **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** | 1. Leadership-specific training: Something Orange – HR issues in primary care: Employment law review<br>2. Learning module: Engagement, governance, access and protection (EGAP) principles in collecting health data<br>3. Leadership-specific training: Brivia core communications part 2<br>4. Leadership-specific training: Something Orange – Ethics Frameworks for Decision Making<br>5. Leadership-specific training: Something Orange – Immigration and Health<br>6. Evaluation: Cultivate and Connect: Staff Day 2025<br>7. Leadership-specific training: Something Orange – Employment law<br>8. Leadership-specific training: Building resiliensce through distruption<br>9. Evidence-informed decision making: Focus on evidence synthesis |
| **4.1b) Number of professional development opportunities that resulted in Indigenous focused content incorporated into programs and services** | 1. Unlearning & Undoing White Supremacy and Racism Project<br>2. Abbreviated presentations to the Board of Health for Foundational Obligations to Indigenous Peoples series. |
| **4.2 Assessment of quality improvement maturity** | Progressing: 5.2 |

| Performance Measure | 2025 |
|---|---|
| **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** | 1. Support staff cross trained on key administrative processes<br>2. Support staff trained in high-level administrative functions and terminology used in the Communicable and Infectious Disease program<br>3. Support staff trained to support both Needle Syringe Program and Sexual Health Clinic programs and services<br>4. Support staff trained to support intake functions<br>5. Training provided to support staff during peak times<br>6. Training provided on the administration of intramuscular immune globulin<br>7. Measles training provided for all on call staff<br>8. Cross-training of all Communicable Infectious Diseases public health nurses on diseases of public health significance and tuberculosis case and contact management |