



# Board of Health Meeting #08-24

Public Health Sudbury & Districts

Thursday, November 21, 2024

1:30 p.m.

Boardroom

1300 Paris Street

**AGENDA – EIGHTH MEETING**  
**BOARD OF HEALTH**  
**PUBLIC HEALTH SUDBURY & DISTRICTS**  
**BOARDROOM, SECOND FLOOR**  
**THURSDAY, NOVEMBER 21, 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) The drug toxicity crisis and ongoing local efforts**
    - Nicole Gauthier, Health Promoter, Health Promotion and Vaccine Preventable Diseases Division
    - Rachelle Roy, Public Health Nurse, Health Promotion and Vaccine Preventable Diseases Division
- 5. CONSENT AGENDA**
  - i) Minutes of Previous Meeting**
    - a. Seventh Meeting – October 17, 2024
  - ii) Business Arising From Minutes**
  - iii) Report of Standing Committees**
    - a. Board of Health Finance Standing Committee Unapproved Minutes dated November 4, 2024
    - b. Board of Health Executive Committee Unapproved Minutes dated November 4, 2024
  - iv) Report of the Medical Officer of Health/Chief Executive Officer (MOH/CEO)**
    - a. MOH/CEO Report, November 2024

**v) Correspondence**

**a. Funding Support for Student Nutrition Program**

- Letter from Peterborough Public Health Board of Health Chair to the Premier of Ontario, Minister of Child, Community and Social Services and Minister of Education, dated October 29, 2024

**b. Phasing out free water well testing for private wells**

*(Related Motion from Board of Health for Public Health Sudbury & Districts [Motion 48-24](#))*

- Letter from Northwestern Health Unit Board of Health Chair to the Minister of Health and Public Health Ontario President and Chief Executive Officer, dated October 25, 2024
- Resolution from Municipality of Killarney supporting the Town of Goderich, dated May 8, 2024

**c. Recommendations for Government Regulation of Nicotine Pouches**

*(Related Motion from Board of Health for Public Health Sudbury & Districts [Motion 26-24](#))*

- Resolution from Municipality of Wawa supporting the Municipality of St-Charles, dated October 15, 2024
- Email from Natural and Non-prescription Health Products Directorate Consultation, Health Canada, dated October 11, 2024
- Letter from The Corporation of the Township of Dubreuilville to Public Health Sudbury & Districts, dated October 11, 2024

**vi) Items of Information**

None

**APPROVAL OF CONSENT AGENDA**

**MOTION:**

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

**6. NEW BUSINESS**

**i) Annual Board of Health Self-Evaluation 2024 Survey Results**

- a) Briefing Note from the Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated November 14, 2024

- ii) **Medical Officer of Health and Chief Executive Officer (MOH/CEO) Mid-Point Check.In**

**MID-POINT CHECK IN FOR THE MOH/CEO**

**MOTION:**

**THAT upon recommendation from the Board of Health Executive Committee:**

**THAT this Board of Health support that a mid-point check-in take place for the Medical Officer of Health and Chief Executive Officer; and**

**THAT Board of Health members and positions that report directly to the MOH/CEO be invited to complete a confidential questionnaire responding to two questions; Things Done Well and Things To Do Even Better;**

**AND a summary report, prepared by the Board Secretary, be shared with the Board of Health Executive Committee members. Subsequently, the Board Chair would conduct a 1:1 meeting with the MOH/CEO to share the results and the Board would be informed once the process is completed.**

- iii) **Staff Appreciation**

**STAFF APPRECIATION DAY**

**MOTION:**

**THAT this Board of Health approve a Staff Appreciation Day for the staff of Public Health Sudbury & Districts during the upcoming holiday season. The Staff Appreciation Day may be taken between the dates of December 1, 2024, to February 28, 2025. Essential services will be available and provided at all times except for statutory holidays when on-call staff will be available.**

- iv) **Consultation Regarding Amendment to the Fee Schedule for Servicers under Part VIII of the Ontario Building Code**

- a) Briefing Note from the Acting Medical Officer of Health and Chief Executive Officer dated November 14, 2024
- b) Revised Board of Health G-I-50, By-Law 01-98



**CONSULTATION REGARDING AMENDMENT TO THE FEE SCHEDULE FOR SERVICERS UNDER PART VIII OF THE ONTARIO BUILDING CODE**

**MOTION:**

**WHEREAS the Board of Health is mandated under the Ontario Building Code (O. Reg. 332/12), under the Building Code Act to enforce the provisions of this Act and the Building Code related to sewage systems; and**

**WHEREAS program related costs are funded through user fees on a cost-recovery basis; and**

**WHEREAS the proposed fees are necessary to address increased program associated operational and delivery costs; and**

**WHEREAS in accordance with Building Code requirements, staff will hold a public meeting and notify all contractors, municipalities, lawyers, and other affected individuals of the proposed fee increases; and**

**WHEREAS an update will be provided to the Board of Health following conclusion of the notification process with recommendation coming forward at the February 2025 Board of Health meeting to formally approve the updated Schedule “A” to Board of Health By-Law 01-98;**

**THEREFORE BE IT RESOLVED THAT the Board of Health approves in principle the proposed fee increase in Part VIII-Ontario Building Code fees as outlined within Schedule “A” to Board of Health By-law 01-98.**

**v) Proposed 2025 Cost-Shared Operating Budget**

- a) Briefing Note and Schedules from the Acting Medical Officer of Health and Chief Executive Officer dated November 14, 2024

**IN CAMERA**

**IN CAMERA**

**MOTION:**

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

**RISE AND REPORT**

**RISE AND REPORT**

**MOTION:**

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

**2025 COST-SHARED OPERATING BUDGET**

**MOTION:**

**WHEREAS the Board of Health Finance Standing Committee reviewed and discussed the details of the proposed 2025 cost-shared operating budget at its November 4, 2024, meeting; and**

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

**THEREFORE BE IT RESOLVED THAT the Board of Health approve the 2025 cost-shared operating budget for Public Health Sudbury & Districts in the amount of \$31,036,499.**

**7. ADDENDUM**

**ADDENDUM**

**MOTION:**

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

**8. ANNOUNCEMENTS**

**9. ADJOURNMENT**

**ADJOURNMENT**

**MOTION:**

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



**MINUTES – SEVENTH MEETING**  
**BOARD OF HEALTH**  
**PUBLIC HEALTH SUDBURY & DISTRICTS**  
**BOARDROOM, SECOND FLOOR**  
**THURSDAY, OCTOBER 17, 2024 – 1:30 P.M.**

**BOARD MEMBERS PRESENT**

Ryan Anderson	Guy Despatie	Ken Noland
Robert Barclay	Pauline Fortin	Mike Parent
Michel Brabant	René Lapierre	Natalie Tessier
Renée Carrier	Abdullah Masood	

**BOARD MEMBERS REGRET**

Mark Signoretti

**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 1:32 p.m.

**2. ROLL CALL**

**3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST**

The agenda package was pre-circulated. There were no declarations of conflict of interest.

**4. DELEGATION/PRESENTATION**

**i) Introduction to the Association of Local Public Health Agencies (ALPHA)**

– Loretta Ryan, Chief Executive Officer, Association of Local Public Health Agencies

L. Ryan was introduced and welcomed to present to the Board of Health to provide an overview of the Association of Local Public Health Agencies, commonly known as ALPHA. Established in 1986, ALPHA is a not-for-profit organization that provides leadership and a

voice to Ontario’s boards of health and their local public health agencies. alPHa represents Ontario’s 34 boards of health, medical officers and associate medical officers of health, and senior public health managers in each of the public health disciplines

There are 21 members on the alPHa Board of Directors that includes representatives from the Boards of Health Section, the Council of Ontario Medical Officers of Health (COMOH) Section, and from each of the seven affiliate organizations such as the Association of Ontario Public Health Business Administrators and Health Promotion Ontario. R. Lapierre is a Board of Health Section Chair and representative from the North East region on the alPHa Board of Directors and alPHa Executive Committee.

alPHa 2024–2027 strategic plan priorities were highlighted:

- Be the unified voice and a trusted advisor on public health
- Advance the work of local public health through strategic partnership and collaborations
- Support the sustainability of Ontario’s local public health system
- Deliver member services to local public health leaders

alPHa’s recent contributions towards the Ministry’s Strengthening of Public Health included providing support to members through the voluntary merger process, and providing key input on the review of the Ontario Public Health Standards and the funding review of local public health agencies.

Board members were encouraged to read the alPHa InfoBreak newsletters, as well as become familiar with alPHa resolutions, infographic and resources, including the Board of Health orientation manual, governance toolkit.

alPHa hosts a number of events and offers various educational opportunities, including Board of Health governance and social determinants of health training. Board members were reminded of the upcoming virtual alPHa fall symposium November 6 to 8.

Questions and comments were entertained and L. Ryan was thanked for her presentation.

**i) Comprehensive Health Promotion in Action: From Prevention to Policy**

- Laura Cousineau, Health Promoter, Health Promotion and Vaccine Preventable Diseases Division

M. Mustafa Hirji introduced L. Cousineau to present on what comprehensive health promotion is and how it informs the work at Public Health Sudbury & Districts.

Health promotion initiatives focus on moving the work upstream to address systems level issues and addressing the conditions that impact our health, where we live, learn, work and

play. L. Cousineau noted that this work is done by focusing efforts on creating supportive environments and building healthy public policy. PHSD's health promotion work

- focuses on the population health level, not just with individuals
- follows the principles of the Ottawa Charter focusing on moving our work upstream
- is informed by evidence and best practices
- aims to reduce health disparities by embodying health equity
- values partnerships, recognizing that collaboration is key
- is cost effective

Public Health funding represented 1.2% of the Ministry of Health's spending for 2019-2020 and only a small fraction of that was dedicated to health promotion initiatives. Studies have shown that health promotion responses that address chronic disease, social determinants of health, and other modifiable risk factors are cost-effective with 4:1 return on investment from local level health promotion interventions.

The work to reduce tobacco and nicotine within our catchment area was cited as an example of comprehensive health promotion. In collaboration with health protection efforts, partnership with the municipalities, government and other stakeholders, a comprehensive health promotion response was initiated in 2001 and continues to this day. This response included, health public policy, building supportive environments, and strengthening community action. The work resulted in a dramatic reduction in smoking rates in our service area with crude local smoking rate among adults aged 20+ being 15.8% in 2019–2020 as compared to 31.0% in 2001. Most of the tobacco/nicotine programming is currently done in coordination with the North East Tobacco Control Area Network (TCAN) of which Public Health Sudbury & Districts is the coordinating health unit for the North East.

In conclusion, it was noted that effective health promotion takes time through upstream work that addresses systems level issues. That means addressing the conditions that impact our health, where we live, learn, work and play. This is done by focusing efforts primarily on creating supportive environments and building healthy public policy, and less on individual education or skill-building.

Comments and questions were entertained, and Laura was thanked for her presentation.

## **5. CONSENT AGENDA**

- i) Minutes of Previous Meeting**
  - a. Sixth Board of Health Meeting – September 19, 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, 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
  - e. Motion from The Corporation of the Municipality of St. Charles dated August 14, 2024

Dr. Hirji flagged alPHa's virtual Fall Symposium agenda which had been mentioned in L. Ryan's presentation, and that Board members interested in attending should contact R. Quesnel, Board Secretary.

In response to an inquiry, additional information was provided regarding recruitment challenges mentioned in the MOH/CEO report.

#### **57-24 APPROVAL OF CONSENT AGENDA**

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

**CARRIED**

#### **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

Artificial intelligence (AI) is a topic of interest for many sectors, including public health. As advancements continue, Public Health Sudbury & Districts has begun exploring the potential integration of AI and new technologies into public health work as it seeks to

continue to provide effective programs and services and to remain current with technology in the digital era.

Results of the AI workshop hosted by AI for Public Health (AI4PH) in October 2023 were published in a report titled [Laying the groundwork for Artificial Intelligence to Advance Public Health in Canada](#) and the report recommendations are being considered by Public Health Sudbury & Districts and other local public health agencies to help forge a path forward in implementing AI strategies.

In June 2024, Public Health Sudbury & Districts hosted virtual presentations from the Simcoe Muskoka District Health Unit and Wellington-Dufferin-Guelph Public Health, for all staff, about AI initiatives implemented or planned for implementation within local public health agencies. Following these presentations, a group of PHSD 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. Key findings from the staff engagement include input about potential opportunities, dangers, threats, risks, benefits, and concerns of adopting AI technologies.

Building off that work, Public Health Sudbury & Districts developed an internal policy for the use AI in the workplace. The policy allows for staff to explore, learn, and innovate with these new technologies, while also mitigating the risks presented by AI.

Next step to further support the advancement of the AI implementation work will be include advice from experts in the field. A Request for Proposals for Artificial Intelligence Solutions for Use in Public Health was issued in the summer and is in the final stages to award the successful consultant. The 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.

It was noted that additional ongoing investments for AI will be proposed in the 2025 cost-shared operating budget to be presented to the Board of Health in November.

Comments and questions were entertained and clarification was provided regarding the emerging themes, required IT systems to support AI and availability of expert consultants. It was noted that not all Boards of Health are exploring AI and that PHSD work will be shared with others. The operational AI policy will be shared with the Board for their information. The Board thanked M.M. Hirji for the update.

## 7. ADDENDUM

None.

## 8. IN CAMERA

### 58-24 IN CAMERA

**MOVED BY FORTIN - ANDERSON: 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: 2:25 PM**

**CARRIED**

## 9. RISE AND REPORT

### 59-24 RISE AND REPORT

**MOVED BY TESSIER – NOLAND: THAT this Board of Health rises and reports.  
Time: 3:00 p.m.**

**CARRIED**

It was reported that one matter was discussed 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. The following motion emanated:

### 60-24 APPROVAL OF BOARD OF HEALTH INCAMERA MEETING NOTES

**MOVED BY BARCLAY – CARRIER: THAT this Board of Health approve the meeting notes of the September 19, 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**

## 10. ANNOUNCEMENTS

Board members were reminded to complete the Annual Board Self-Evaluation Survey by October 18, 2024.

Board members are to review the annual mandatory Emergency Preparedness PowerPoint presentation and email R. Quesnel to confirm once the review is completed.

Time was allocated for Board members to complete the October 17, 2024, Board of Health meeting evaluation before adjournment.

## 11. ADJOURNMENT

The next regular Board of Health meeting is Thursday, November 21, 2024, at 1:30 p.m.



**61-24 ADJOURNMENT**

**MOVED BY NOLAND – LAPIERRE: THAT we do now adjourn. Time: 3:04 p.m.**

**CARRIED**

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(Chair)

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(Secretary)



**UNAPPROVED MINUTES**  
**BOARD OF HEALTH FINANCE STANDING COMMITTEE**  
**MONDAY, NOVEMBER 4, 2024 – 1 P.M. – BOARDROOM**

**BOARD MEMBERS PRESENT**

Mark Signoretti, Chair	René Lapierre	Ken Noland
Mike Parent		

**STAFF MEMBERS PRESENT**

Dr. M. Mustafa Hirji	Stacey Laforest	Keeley O’Neill
Rachel Quesnel, Recorder	Renée St Onge	

**1. CALL TO ORDER**

The meeting was called to order 1:05 p.m.

**2. ROLL CALL**

**3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST**

There were no declarations of conflict of interest.

**4. APPROVAL OF BOARD OF HEALTH FINANCE STANDING COMMITTEE MINUTES**

**4.1 Board of Health Finance Standing Committee Notes dated June 4, 2024**

**05-24 APPROVAL OF MEETING NOTES**

***MOVED BY PARENT – LAPIERRE: THAT the meeting notes of the Board of Health Finance Standing Committee meeting of June 4, 2024, be approved as distributed.***

**CARRIED**

**5. NEW BUSINESS**

**5.1 Year-to-Date Financial Statements**

**a) September 2024 Financial Statements**

In the absence of F. Quirion, K. O’Neil, Accounting Manager, was invited to present the financial statements ending September 30, 2024.

The September statements show a positive variance of \$2,171,733 in the cost-shared programs largely due to staffing vacancies and leaves, with \$1.25M or 57.43% of gapping in salaries and \$690,000 or 32% of gapping in operations. As of the end of September

there continues to be significant leaves and vacancies in various programs. As being experienced by the overall health sector, recruitment challenges are ongoing in that it is challenging to find qualified candidates and to recruit staff for temporary short-term positions. Also of note, 10.42% of the gapping is attributable to a higher than budgeted interest rate.

The detailed expenditures for 100% programs show that we are on track to be fully expensed within their respective fiscal years.

In response to an inquiry regarding the impact of vacancies on current staff, M.M. Hirji indicated that discussions are underway to explore hiring a Human Resources consulting firm to assist with staffing recruitment and improve our retention of staff. It was also clarified that Summary of Revenue & Expenditures lists the 100% funded programs separately as they are funded 100% by the province. If the 100% program funds are not all expensed at year-end, the unspent balance is recouped by the Ministry.

## **5.2 Financial Management Policy Review**

### **a) Schedule of Policy Review**

M.M. Hirji noted that one of the primary responsibilities of the Board is stewardship of policies relating to the financial management of the organization addressed via Board of Health Manual policies and by-laws. There are also a host of operational policies that are approved by the MOH and Senior Management.

K. O'Neill reviewed the Board Policy Review Schedule which are reviewed every two years as well as the Operational Policy Review Schedule relating to the management of operations reviewed on a 5-year cycle or as needed.

It was noted that the schedule provides an overview of all financial operating policies and their review cycle. Progress has been made with the review of operational policies and backlog due to the pandemic. Policies addressing procurement and authorization have been identified as a priority for the 2025 review, followed by those noted on the schedule as delayed.

M.M. Hirji added that the recent provincial government's audit helped inform priority areas for policy review. The final report from the recent provincial government's audit is expected to be received soon.

## **5.3 Proposed 2025 Operating Budget**

### **a) Briefing Note: Budget Context and Assumptions**

M.M. Hirji provided highlights from the briefing note sharing background context and key assumptions for the 2025 budget that form the foundation for the proposed 2025 budget. Additional considerations will be discussed in-camera.

2024 included many changes and uncertainties as the agency explored a potential merger with the Algoma Public Health and welcomed new leadership with the new Acting Medical Officer of Health starting in March. 2024 activities focused on catch up work from the backlog of services deferred due to the pandemic response, existing resources stretched to address an increase in local communicable infectious diseases/changing patterns of illness as well as a Community Drug Strategy launched to address the worsened crisis of toxic drug use. The provincial Strengthening Public Health initiative that included a review of Ontario Public Health Standards and review of the public health funding approach remain areas of uncertainty for local public health agencies.

Although 2024 has seen consumer inflation trend towards a return to historical levels of 2% and lower for 2025, it has not yet returned to 2%, and costs for the Agency, similar to municipalities, continue to adjust in lagging response to consumer inflation. This includes salaries and wages, with collective bargaining agreements guaranteeing an increase in salaries well above the 2% inflation target for 2025. Growth in employee benefits costs also remains well above inflation.

The Senior Management Executive Committee began its 2025 budget deliberations in June and established considerations and subsequently medium-term operational priorities:

- Sustainability of services
- Leveraging technology
- Orienting towards impact and outcomes
- Fostering culture & engagement
- Implementing the Indigenous Engagement Strategy

Going into 2025, considerations are different from when the 2024 budget was approved. The Ministry of Health has committed to providing 1% increases to mandatory program grants in both the 2025 and 2026 calendar years while they continue to work on the Strengthening Public Health initiative. Budget assumptions for 2025 were highlighted.

#### b) 2025 Summary of Budget Pressures

K. O'Neill reviewed the budget schedules, including the summary of budget pressures detailing the 2025 budget. It reflects mandatory increases to salaries and benefits, including employer mandatory benefits and does not include any changes to operating expenditures, resulting in a deficit of \$891,061 as the starting budget position.

It was shared that the Senior Management Executive Committee worked diligently to map out 3 scenarios for the 2025 budget with adjustments to programs and services based on

the starting position and reflective of the established organizational priorities. An overview for each of the three scenarios was provided and will be further discussed during the closed session.

Questions and comments were entertained and related to per capita rates as well as impact of Option 3 on municipalities.

c) 2025 Draft Budget Schedule

This 2025 Draft Budget Schedule shows the total salary and benefit expenses which will be discussed in the in-camera portion. It also provides estimated fixed and operating expenditures by category. It reflects the recommended 2025 Scenario 1 budget and breaks down full details of spending by category.

**IN CAMERA**

**06-24 IN CAMERA**

***MOVED BY LAPIERRE – NOLAND: THAT this Board of Health Finance Standing Committee goes in camera for personal matters involving one or more identifiable individuals, including employees or prospective employees. Time: 1:30 pm***

**CARRIED**

**RISE AND REPORT**

**07-24 RISE AND REPORT**

***MOVED BY NOLAND – PARENT: THAT this Board of Health Finance Standing Committee rises and reports. Time: 2:56 pm***

**CARRIED**

It was reported that a personal matter involving one or more identifiable individuals, including employees or prospective employees was discussed for which the following motions emanated:

**08-24 APPROVAL OF IN CAMERA MEETING NOTES**

***MOVED BY PARENT - NOLAND: THAT this Board of Health Finance Standing Committee approve the meeting notes of the November 6, 2023, 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**

**09-24 PROPOSED 2025 COST-SHARED OPERATING BUDGET**

***MOVED BY LAPIERRE - PARENT: THAT the Board of Health Finance Standing Committee, having reviewed and discussed the details of the proposed 2025 cost-shared operating budget at its November 4, 2024, meeting, direct the Acting Medical Officer of Health to finalize the budget totaling \$31,036,499; and***

***THAT the Finance Standing Committee so recommend this budget to the Board of Health for approval at its November 21, 2024, meeting.***

**CARRIED**

**6. ADJOURNMENT**

**10-24 ADJOURNMENT**

***MOVED BY LAPIERRE – PARENT: THAT we do now adjourn. Time: 2:57 p.m.***

**CARRIED**

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(Chair)

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(Secretary)

**UNAPPROVED MINUTES  
BOARD OF HEALTH EXECUTIVE COMMITTEE  
MONDAY, NOVEMBER 4, 2024 – 11:30 A.M.  
MEETING ROOM 344, 3<sup>RD</sup> FLOOR, PUBLIC HEALTH SUDBURY & DISTRICTS**

**BOARD MEMBERS PRESENT**

René Lapierre  
Natalie Tessier

Ken Noland

Mark Signoretti

**BOARD MEMBERS REGRETS**

Abdullah Masood

**STAFF MEMBERS PRESENT**

M. Mustafa Hirji

Renée St Onge

Rachel Quesnel

**R. QUESNEL PRESIDING**

**1. CALL TO ORDER**

The meeting was called to order at 11:56 a.m.

**2. ROLL CALL**

**3. ELECTION OF BOARD EXECUTIVE COMMITTEE CHAIR FOR 2024**

Nominations were held for the position of Board Executive Committee Chair. Mark Signoretti was nominated and nominations were closed. Mark Signoretti accepted the nomination and the following was announced: ***THAT the Board of Health Executive Committee appoint Mark Signoretti as the Board of Health Executive Committee Chair for 2024.***

**M. SIGNORETTI PRESIDING**

**4. REVIEW OF AGENDA / DECLARATION OF CONFLICT OF INTEREST**

The agenda was reviewed and approved as circulated. There were no declarations of conflict of interest.

**5. APPROVAL OF BOARD EXECUTIVE COMMITTEE MEETING NOTES**

4.1 Board of Health Executive Committee Meeting Notes dated October 2, 2023

**01-24 APPROVAL OF BOARD OF HEALTH EXECUTIVE COMMITTEE MEETING NOTES**

***MOVED BY TESSIER – LAPIERRE: THAT the meeting notes of the Board of Health Executive Committee meeting of October 2, 2023, be approved as distributed.***

**CARRIED**

## 6. NEW BUSINESS

- *Personal matters about an identifiable individual, including municipal or local board employees*

### IN CAMERA

#### 02-24 IN CAMERA

***MOVED BY LAPIERRE – TESSIER: THAT this Board of Health Executive Committee goes in camera to deal with personal matters about an identifiable individual, including municipal or local board employees. Time: 12 PM.***

**CARRIED**

### RISE AND REPORT

#### 03-24 RISE AND REPORT

***MOVED BY TESSIER – LAPIERRE: THAT this Board of Health Executive Committee rises and reports. Time: 12:24 p.m.***

**CARRIED**

It was reported that one personal matter about an identifiable individual, including municipal or local board employees, was discussed and these motions emanated:

#### 04-24 APPROVAL OF BOARD OF HEALTH EXECUTIVE COMMITTEE IN-CAMERA MEETING NOTES

***MOVED BY NOLAND – TESSIER: THAT this Board of Health Executive Committee approve the meeting notes of the August 16, 2023, 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**

#### 05-24 MID-POINT CHECK IN FOR THE MOH/CEO

***MOVED BY NOLAND – TESSIER: THAT the Board of Health Executive Committee recommends to the Board of Health the following:***



***THAT this Board of Health Executive Committee recommend that a mid-point check-in take place for the Medical Officer of Health and Chief Executive Officer; and***

***THAT Board of Health members and positions that report directly to the MOH/CEO be invited to complete a confidential questionnaire responding to two questions; Things Done Well and Things to do even better;***

***AND a summary report, prepared by the Board Secretary, be shared with the Board of Health Executive Committee members. Subsequently, the Board Chair would conduct a 1:1 meeting with the MOH/CEO to share the results and the Board would be informed once the process is completed.***

**CARRIED**

#### **06-24 MOH/CEO PERFORMANCE APPRAISALS**

***MOVED BY TESSIER – NOLAND: THAT, per Board of Health Manual I-IV-10, this Board of Health Executive Committee supports the annual MOH/CEO performance appraisal take place yearly in April;***

***THAT the Board of Health conduct the annual performance appraisal process as per usual practice;***

***AND THAT a 360-degree evaluation to be conducted in September 2025 by obtaining feedback from across the organization, peers, and relevant stakeholders. The information gathered would be for professional development purposes and not linked to the formal performance appraisal.***

**CARRIED**

#### **7. ADJOURNMENT**

##### **07-24 ADJOURNMENT**

***MOVED BY LAPIERRE – TESSIER: THAT we do now adjourn. Time: 12:26 p.m.***

**CARRIED**

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(Chair)

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(Secretary)

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

### Words for thought

#### *How Trump Won, and How Harris Lost*

...

[Donald Trump] overcame seemingly fatal political vulnerabilities — four criminal indictments, three expensive lawsuits, conviction on 34 felony counts, endless reckless tangents in his speeches — and transformed at least some of them into distinct advantages.

How he won in 2024 came down to one essential bet: that his grievances could meld with those of the MAGA movement, and then with the Republican Party, and then with more than half the country. His mug shot became a best-selling shirt. His criminal conviction inspired \$100 million in donations in one day. The images of him bleeding after a failed assassination attempt became the symbol of what supporters saw as a campaign of destiny.

“God spared my life for a reason,” he said at his victory speech early Wednesday, adding, “We are going to fulfill that mission together.”

At times, Mr. Trump could be so crude and self-indulgent on the stump that aides wondered if he were engaged in an absurdist experiment to test how much aberrant behavior voters would tolerate.

But Mr. Trump successfully harnessed the anger and frustration millions of Americans felt about some of the very institutions and systems he will soon control as the country’s 47th president. Voters unhappy with the nation’s direction turned him into a vessel for their rage.

“The elites cannot come to grips with how alienated they are from the country,” said Newt Gingrich, the former House speaker, an informal adviser to the former and now future president.

Source: New York Times  
(<https://www.nytimes.com/2024/11/07/us/politics/trump-win-election-harris.html>)

Date: November 7, 2024

In the aftermath of the recent US election, much is being debated about the reasons for the outcome, and there were, no doubt, many reasons underlying it with no simple explanation. But a key one we should recognize is the alienation and disaffection that many people feel.

Life expectancy in the US peaked in 2014 and has been falling for a decade; the only previous declines in life expectancy were during the Civil War and the First World War.<sup>1</sup> Exit polls showed that 68% of voters thought that the economy was “Not So Good” or “Poor” indicating that most people feel that they are struggling. Of these voters, 70% voted for Donald Trump<sup>2</sup>.

Many Americans perceive past government decisions to be at the root of their struggles. Free trade 30 years ago was promised to bring economic prosperity, and to them it appears that free trade did bring prosperity for Wall Street while manufacturing abandoned the US and left the working class poorer. Many people see a government that focused more on welfare reform, foreign wars, and bailing out banks for risky mortgage loans during these decades than focusing on addressing their growing struggles. Therefore, a presidential candidate who reflected their grievances had some appeal, in spite of his many imperfections.

While the situation in Canada is better, it is not entirely different. Statistics Canada reported in August that “nearly half of Canadians” are “greatly impact[ed in] their ability to meet day-to-day expenses”, and that rising prices “disproportionate[ly]” impact those living in worse socioeconomic conditions.<sup>3</sup> Life expectancy in Canada peaked in 2019 after a decade of levelling off and has most recently been measured as declining.<sup>4</sup>

For us in Public Health, we must be mindful that many of our residents could similarly blame authorities, including us, for being out of touch with their struggles. To have their trust, we must truly and visibly listen to them, and address their concerns, which may not always be the health issues we think are most important. And to build support for evidence-based actions that often work slowly, we must figure out how to bridge their frustration and impatience with the unsatisfying and unemotional logic of science.

These are some major challenges for Public Health in the coming years.

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<sup>1</sup> [FastStats - Life Expectancy](https://www.cdc.gov/nchs/fastats/life-expectancy.htm). <https://www.cdc.gov/nchs/fastats/life-expectancy.htm>. Viewed November 13, 2024.

<sup>2</sup> [Exit poll results 2024 | CNN Politics](https://www.cnn.com/election/2024/exit-polls/national-results/general/president/0). <https://www.cnn.com/election/2024/exit-polls/national-results/general/president/0>. Viewed November 13, 2024.

<sup>3</sup> [The Daily — Nearly half of Canadians report that rising prices are greatly impacting their ability to meet day-to-day expenses](https://www150.statcan.gc.ca/n1/daily-quotidien/240815/dq240815b-eng.htm). <https://www150.statcan.gc.ca/n1/daily-quotidien/240815/dq240815b-eng.htm>. August 15, 2024.

<sup>4</sup> [The Daily — Deaths, 2022](https://www150.statcan.gc.ca/n1/daily-quotidien/231127/dq231127b-eng.htm). <https://www150.statcan.gc.ca/n1/daily-quotidien/231127/dq231127b-eng.htm>. November 27, 2023.

## Report Highlights

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### 1. Fall Vaccination Campaign Underway

October 28 marked the launch of the fall vaccination campaign, in particular, for COVID-19 and influenza vaccines. Everyone 6 months of age and older is recommended to get these vaccines. Respiratory infections are the fourth leading cause of death in Canada, and getting these vaccines is an easy way to combat that cause of death, protecting ourselves and our loved ones in the process.

For Board of Health members, vaccinations will be available before and after the Board meeting on November 21. Please contact the Board Secretary to book an appointment.

### 2. Respiratory Syncytial Virus (RSV) Vaccination

In parallel to the annual COVID-19 and influenza vaccination campaign, this year sees a broader RSV vaccination campaign. As with last year, older adults aged 60 and older as well as adults who are high risk are eligible to get vaccinated; if one was vaccinated last year, there's no need to get the vaccine again.

In addition, this year sees an immunization agent for infants to be protected. Newborns will be receiving RSV immunization in the hospital before discharge, or through primary care if it isn't possible to receive in hospital after delivery. Pregnant persons in some cases are also eligible with the goal of passing maternal immunity to the newborn. As children are the most affected group from RSV, this immunization could have a major impact on infant hospitalizations.

### 3. Broader COVID-19 and Influenza Messaging

With respiratory infection season starting soon, Public Health has ramped up messaging on protecting oneself from infections. Getting vaccinated, staying home when sick, and wearing a mask for 10 days from the start of symptoms, are all being emphasized, alongside advice that broader mask wearing and improving ventilation can also protect oneself. Several media interviews have been conducted on this topic.

### 4. Increase in Outbreaks

October 2024 saw 28 new outbreaks declared. This compares to 22 outbreaks in October 2023. The significance of this is uncertain but may signal that the respiratory virus season is already beginning. Of note, pre-pandemic, there would typically be fewer than 20 outbreaks in an entire year; the number of COVID-19 outbreaks is an order of magnitude higher than outbreaks from all other respiratory pathogens. This is an example of the new workload pressures experienced by Public Health that are not funded by the province.

## **5. Staffing and Recruitment Challenges Continue**

As noted previously, Public Health continues to experience challenges with recruitment of staff in a highly competitive environment. As outlined in the Human Resources section of the report, Public Health is taking several steps to strengthen its recruitment in response.

## **6. Sexual Health Collaboration with Cambrian College**

Recognizing that the mid-teenage years to early 30s are the highest risk period for sexually transmitted infections (STI), Public Health partnered with Cambrian College this fall to facilitate a testing and health education campaign about STIs. Public Health appreciates the collaboration of Cambrian College to support the wellness of their students.

## **7. Provincial Strengthening Public Health Initiative**

The provincial government continues to review feedback around the revised *Ontario Public Health Standards* with a phased release beginning in early 2025 having been communicated to us.

The funding review continues. Consultation was done in the summer, and no further updates are available.

Voluntary mergers remain scheduled for January 1, 2025. However as of the time of writing (November 14), none of the 5 voluntary mergers proposed has been approved, nor has promised funding yet been provided.

## **8. Discussions with other Local Public Health Agencies**

As all local public health agencies grapple with challenging budgets, there has been ongoing sharing of information between agencies on how each is managing budget challenges, and how services are changing. There has also been discussion around opportunities to collaborate and possibly combine efforts in the interest of efficiency. Such discussions are at early stages and it will likely be sometime in 2025 that any plans take shape.

# General Report

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## 1. Board of Health

### ***Mandatory Emergency Preparedness – Board of Health training – to be completed for 2024***

The emergency preparedness PowerPoint has been included in the November Board of Health agenda package for each Board of Health member to review. It is expected that Board of Health members will review the presentation as part of the agenda package unless you have already done so for 2024.

### ***Board of Health meetings***

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

The date of the next Board of Health meeting is Thursday, January 16, 2025, at 1:30 p.m.

Board of Health meeting dates for 2025 are available in BoardEffect under Events and listed on [phsd.ca](https://phsd.ca).

### ***Celebrating Board of Health member contributions***

In recognition of your engagement and contributions to the Board of Health, Board of Health members are invited to join the Senior Management Executive Committee members for light refreshments in the Boardroom following the November 21, 2024, Board meeting.

### ***Association of Local Public Health Agencies (ALPHA) Fall Symposium***

This year's Fall Symposium, Section Meetings, and Workshops took place November 6 to 8. R. Lapierre, Dr. Hirji, Dr. Sutcliffe, and R. Barclay attended the virtual symposium, and verbal updates will be provided at the November Board meeting.

ALPHA also hosted an EA/AA fall virtual workshop on November 5, 2024, which R. Quesnel and H. Leroux attended. Workshop topics included Artificial Intelligence, Board of Health governance and Substance Abuse and Addiction.

## 2. Human Resources

This is France Quirion's last Board of Health meeting before her retirement.

France has been with Public Health for nearly 8 years, having joined our Senior Management Executive Committee after 29 years in leadership roles in the postsecondary sector.

In her time at Public Health, France has led multiple agency-wide initiatives. Particular highlights include:

- the over three years long infrastructure modernization project
- the hybrid work initiative
- leading logistics in the early days of the COVID-19 vaccination program
- the Northeastern public health collaborative project
- most recently, merger exploration planning

In addition, she has led the implementation of the building access security system and the current model for Building Services, the Information Technology modernization initiative, two agency Risk Management Plans, numerous Continuous Quality Improvement initiatives and policy and procedure updates, and our application to become a Living Wage Employer. The list could go on.

We are all going to deeply miss France's knowledge, wisdom, and strategic perspective.

Recruitment efforts are ongoing for a successor as Director of Corporate Services.

### **3. Local and Provincial Meetings**

I continue to meet with local community partners and since the last update, I have met with the Director of Integrated Human Services, Manitoulin-Sudbury District Services Board (MSDSB), Maamwesying at the Sagamok FN Health Centre, City of Greater Sudbury Chief of Fire and General Manager Community Safety, Univi Health Centre Executive Director, et le directeur de l'éducation au Conseil scolaire catholique Nouvelon.

I attended the October 31 Community Safety and Wellbeing Panel and attended the November 12 Greater Together Roundtable with Mayor Lefebvre. On November 15, I will be joining the Sudbury East Municipal Association (SEMA) meeting as a guest.

### **4. Financial**

The financial statements ending September 2024, show a positive variance of \$2,171,733 in the cost-shared programs. As noted in the August report, 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 the 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 October 25, 2024, on October 28, 2024. The Employer Health Tax has been paid, as required by law, to October 31, 2024, with an online payment date of November 15, 2024. The Workplace Safety and Insurance Board premiums have also been paid, as required by law, to October 31, 2024, with an online payment date of November 29, 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, including the twice-yearly Corporate Services divisional report.

## Corporate Services

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### 1. Accounting

The 2023 Audited Financial Statements were prepared and presented to the Finance Standing Committee of the Board of Health at its June 4, 2024, meeting. The Board of Health approved the 2023 Audited Financial Statements at its June 20, 2024, meeting.

On June 25, the Ministry sent a funding confirmation letter dated June 21, 2024, for the 2024-25 funding year. There were no opportunities to request one-time funding in the 2024 Annual Service Plan. The former mitigation grant of \$1,179,500 provided to health units from 2020-2023, was rolled into Mandatory Programs (Cost-Shared) Funding and the Province increased base funding by the 1% effective January 1, 2024, for a total of provincial cost share base funding of \$18,538,400. Approved funding for the Ontario Seniors Dental Care Program remained the same as in 2023, however in 2024, the full value of the increase received in 2023 was effective January 1, 2024 (\$1,315,000). Funding for Unorganized Territories remained unchanged from 2023 (\$1,092,500).

The *2023 Annual Reconciliation (AR)* report was submitted by the June 30, 2024, deadline date. Boards of Health must submit the AR report as a requirement of the *Public Health Funding and Accountability Agreement*. This report reconciles the financial expenses at year end, is audited by the agency's official auditors, and is prepared for the Finance and Administrative Branch of the Government of Ontario.

The *2023 Annual Report and Attestation (AR&A)* was prepared and submitted to the Ministry by the June 30, 2024, deadline. Boards of Health are required to submit the AR&A as a requirement of our funding and accountability agreement. This report provides a year-end



summary report on program achievements and finances, identifies any major changes in planned program activities in response to local events, and demonstrates compliance with program and financial requirements.

Boards of Health are also required to submit *Quarterly Standards Activity Reports (QSAR)*. The Standards Activity Reports are prepared to communicate quarterly financial forecasts and interim information on program achievements. The Q2 (up to June 30, 2024) report was prepared and submitted by the July 31, 2024, deadline.

The Ministry has requested to Treasury Board for funding of local public health agencies for COVID-19 vaccine one-time spending from April 1, 2024, to March 31, 2025. At this time, the amount of funding submitted for approval is unknown, however the Ministry has indicated that it was based on vaccine doses given in prior years, funding approved in prior years as well as one-time funding approved in Q1 2024. They have also announced that local public health agencies can submit requests for one-time extraordinary funding for RSV for Q1 of 2025.

The accounting team has been working with program staff to prepare the proposed 2025 cost-shared operating budget, as reviewed at the November 4, 2024, meeting of the Finance Standing Committee of the Board.

Public Health Sudbury & Districts has met all legal obligations and there are no outstanding issues regarding compliance with CPP, CRA, WSIB, *Health and Safety Act*, the *Ontario Human Rights Code* and the *Employment Standards Act*.

## 2. Facilities

The next phase of the Infrastructure Modernization project at the 1300 Paris Street is the Electrical Switchboard Upgrade. The switchboard is the main conduit for power distribution within the 1300 Paris Street office. The successful proponent has been selected and the planning is underway to proceed with the conversion.

In collaboration with EQUANS, the parking lot at the Paris Street office has undergone some maintenance work, including asphalt repair and repainting of the parking lot lines. During the line painting, additional Accessible parking spaces were added, ensuring that the parking lot is compliant with the *Accessibility for Ontarians with Disabilities Act*.

In addition to this, work is underway to redo the stucco under the carport and replace 7 exterior steel doors.

General repairs and maintenance projects were completed at the various offices across our service area. All systems and equipment have been maintained as per CSA standards and legislative requirements.

### 3. Human Resources

#### ***Recruitment and Retention***

Recruitment is back to a more normal level with human resources continuing to support managers when requested with recruitment competitions by screening resumes, sitting on interview panels, and completing reference checks. Managers continued to fill vacancies based on budget constraints and operational needs. We face ongoing recruitment challenges for some positions. This has recently been prevalent when recruiting for experienced applicants for our vacant management and specialty area positions. Providing an attractive total compensation package is critical to compete with other employers from all sectors.

In addition to our total compensation package, factors such as hybrid work, offering flexible work arrangements, relocation program (to name just a few), are now very important features to highlight to prospective employees. These factors are now part of the decision-making process for prospective future employees. Human resources made updates to our website's "Join us" section to include what Public Health Sudbury has to offer to maintain a competitive advantage over other employers seeking to attract the same talent. Advertisement templates, hiring process (including interviews), and other tools are being reviewed in order to support managers with hiring decisions.

Agency recruitment policies continue to be under review as part of the organization's policy review cycle and will continue to completion. The review has included incorporating an equity, diversity, and inclusion lens.

#### ***Health and Safety***

We continue to work diligently to maintain our compliance with the *Occupational Health & Safety Act* and our organizational health and safety policies and procedures. Regular and recurring activities include regular Joint Health and Safety Committee (JHSC) meetings, training, and communication on the Internal Responsibility System, WHMIS, fire safety, first aid, emergency preparedness, and workplace violence and harassment.

Human Resources, in collaboration with management, completed a health and safety risk assessment to identify gaps on an organizational level and are now working on the implementation of items to address gaps and other items that arose from the assessment. This is being done at an organization and division and team level. The review of compliance with the *Transportation of Dangerous Goods Act* has identified the need for an agency policy and training.

Some agency policies for health and safety training have been reviewed and updated. The review of policies and orientation modules will continue and includes updating where needed based on the findings of the risk assessment.

### Psychological Health and Wellness

The Psychological Health and Wellness Committee continues to action the approved activities within the 2024 committee workplan. The committee offered staff a wellness passport as part of an effort to support the annual United Way campaign. The committee is planning for the annual holiday sing-along in December 2024. A visioning session is being planned for January 2025 to refresh activities and plan for the 2025 workplan.

### ***Accessibility for Ontarians with Disabilities Act (AODA)***

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

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

Human Resources continues to work with managers on meeting our AODA and Ontario Human Rights legislation and compliance requirements.

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

### ***Privacy and Access to Information***

Public Health continues to ensure compliance with the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA) to protect the privacy of information while providing individuals with the right of access to their own information.

The agency ensures compliance with the *Personal Health Information Protection Act* (PHIPA) which governs the manner in which personal health information may be collected, used, and disclosed.

This is achieved through agency policy and daily practices to ensure that information being handled and protected from unauthorized use or access.

New staff continue to receive privacy and access to information training during onboarding and orientation. Current staff complete an annual Privacy refresher training.

The agency *General Administrative Manual* (GAM) policy and procedures are currently under review. This review includes a LEAN review of access to information requests which will help to inform the policy updates and to identify areas of efficiency.

Agency compliance with mandatory breach reporting required by PHIPA to the Information and Privacy Commissioner of Ontario has been maintained. To date, 5 privacy breaches have been

reported in 2024 compared to 12 breaches in total in 2023. The 2024 breach included a chart that could not be located, and the 2023 breaches mainly involve inappropriate access through misdirected mail or communication. When breaches occur, the agency takes the appropriate actions to immediately contain, resolve, and implement measures to mitigate future breaches.

***Access to Information Requests***

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

<b>Year</b>	<b># of requests</b>
2017	12
2018	4
2019	14
2020	4
2021	6
2022	12
2023	15
2024	12 to date

***Labour Relations***

The organization successfully bargained with ONA for a new collective agreement which will expire March 31, 2027. Human Resources is working with managers to implement the changes to the collective agreement.

**Information Technology and Records Management**

***IT Infrastructure Modernization***

Information Technology has been working diligently on the infrastructure modernization initiative.

The SharePoint Online pilot site (Health and Safety) was completed, and we are currently working on the rollout plan for them remainder of the sites. With the shift to SharePoint Online, we also need to update the records management software to CollabSpace. The project team is focused on developing the rules by which sites and records will be migrated. All emails of the management staff are now ingested into the new records management system.

The phone system project continues with the Espanola office being launched as a pilot site on May 3, 2024. The team is working on finalizing the rollout of the new phone system to the remaining offices.

We received non-profit status with Microsoft for our Enterprise Agreement which will save us approximately \$65,000 per year.

### Security posture

The security of the IT infrastructure continues to be a priority. We are currently exploring options related to the management and detection of intrusions, and the management of devices that can access our network. We continue to make improvements to security with a 71.22% protection security score (via Microsoft Defender and Endpoint Management) which is 26.67% higher than other organizations of the same size. Our phishing score increased by 5.49% over the last month (the higher the better) and the web monitoring and filtering blocked 1291 URL's. A total of 15 incidents and 69 alerts were resolved which came in the form of phishing attacks, malware and man in the middle attacks which attempt to steal user's credentials.

### Electronic Medical Record (EMR) System

The organization has hired a temporary manager to lead the selection and implementation of an EMR system. A workplan with established milestones is in place and a temporary business analyst has been added to the team. The project is expected to be rolled out in phases over 2025.

## 4. Volunteer Resources

Since 2001, Public Health Sudbury & Districts has offered various volunteer opportunities tailored to specific needs identified by our teams and programs. Since 2020, the volunteer resources portfolio has only offered volunteer opportunities to the COVID-19 vaccine clinics, and since early 2022 all volunteer opportunities have paused. The Corporate Services division has conducted a program review to determine if we are meeting the program goals and expectations of the agency, assess if the volunteer resources program is adding value to our organization, and recommend a future state for the program. The review recommendations were recently received by the Senior Management Executive Committee with direction to decentralize the volunteer resources program to the Divisions. This work will transition in 2025. In addition to this, Corporate Services will develop a volunteer resources program playbook that will guide how to strategically and quickly mobilize volunteers during a public health emergency.

## 5. Quality & Monitoring

### *Continuous Quality Improvement*

The Continuous Quality Improvement (CQI) Committee is preparing to launch the 2024 Quality Maturity Survey and has developed a campaign to increase staff's awareness of Continuous Quality Improvement efforts across Public Health. The campaign includes the launch of a CQI Primer and a Fall training program. The CQI Primer provides staff with a tool that defines quality improvement, outlines the best practices, and showcases Public Health's commitment to CQI across the organization.

The agency CQI Policy outlines that one way we continuously improve the quality of our programs and services and increase the value and performance of our agency is by building the skills and capacity of our staff. By offering staff opportunities to build their knowledge, skills, and competence in quality improvement, we demonstrate our commitment to fostering a culture of quality and continuous organizational self-improvement. The CQI Committee has developed a training plan that was launched in October 2024.

### ***Client Satisfaction Survey***

Client Satisfaction Survey provides everyone who interacts with Public Health Sudbury & Districts an opportunity to share their feedback and contribute to program and service improvements. This includes clients, community members, partners, and stakeholders. The survey can be completed in person or online in both English and French. The survey feedback is reviewed regularly to inform the tailoring of and improvements to programs and services. A promotional campaign is underway exploring opportunities to increase survey response rates and with this, encouraging staff to actively offer the survey to clients or partners at each service interaction. A QR code is under development and will be launched in the Fall of 2024. The QR code will provide clients an accessible and efficient option where clients and partners can complete the survey using their personal cell phone.

### ***Client Service Standards***

*Client Service Standards* are a public commitment to a measurable level of performance that clients can expect under normal circumstances. The *Client Service Standards* are available on our website and continue to guide the interactions and set expectations for service delivery and responsiveness. *Client Service Standards* are currently under review and updated standards are set to launch in January 2025.

### ***Lean***

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

Through the Continuous Quality Improvement (CQI) Committee, CQI Champions lead and support staff with Lean projects or reviews in their divisions. There is currently no process for the allocation of CQI Champions to support Lean projects. As such, a process is currently being developed to support the allocation of internal resources, including IT, to work on Lean reviews.

An example of a completed Lean review this quarter is the Volunteer Resources program review.

### ***Risk Management***

In May 2023, the Board of Health approved the 2023–2025 Risk Management Plan. The Senior Management Executive Committee has reviewed its current *2023–2025 Risk Management Plan* to ensure that risks are identified specific to Public Health Strengthening. In June 2024, the Board of Health received the updated *2023–2025 Risk Management Plan*. The Executive Committee continues to monitor and report on the risks within the *2023–2025 Risk Management Plan*, with a new reporting timeline of two times per year (instead of quarterly). In addition to the bi-annual reporting, the Senior Management Executive Committee continually updates the mitigation strategies for each risk and is identifying the root cause of each risk and the consequence to the agency if the risk were to occur.

## **Health Promotion and Vaccine Preventable Diseases Division**

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### **1. Chronic Disease Prevention and Well-Being**

#### ***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. Staff also continued to provide client referrals to our contracted providers in the community for emergency, restorative or prosthodontic services, and enrollment assistance to low-income seniors eligible for the *Ontario Seniors Dental Care Program*. Finally, staff hosted observational placements for dental hygiene students from Collège Boréal, including providing opportunities to observe preventive appointments, sterilization, and clerical duties at the Seniors Dental Care Clinic.

### **2. Healthy Growth and Development**

#### ***Infant feeding***

In October, staff provided a total of 98 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***

A total of 66 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 94 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 183 client families, completing 968 interactions. Public health dietitians also provided ongoing nutrition support to clients identified as being at high nutritional risk.

### ***Healthy pregnancies***

In October, 37 individuals signed up for the new Informed Journey (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 October, staff delivered a virtual Prep4Parenting class to 13 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**

### ***Mental Health Promotion***

In October, the team began the *Comprehensive Mindfulness Program* with six groups of grades 5-8 students, from 2 schools and school boards. The 8-week program works with students and staff in tandem to foster the principles of mindfulness, resilience, and well-being in the entire school community.

### ***Oral Health***

At the beginning of October, staff commenced delivery of the annual school-based oral health assessment and surveillance program for the 2024-2025 school year. Throughout the month, staff provided dental screening to students at schools in the Greater Sudbury, Manitoulin, Espanola, and Chapleau areas. Staff also continued to provide preventive oral health services at the Paris Street office to children enrolled in the Healthy Smiles Ontario (HSO) Program, case management follow-ups for children with urgent dental care needs, and enrollment assistance for families applying for HSO. Finally, staff hosted observational placements for dental hygiene



students from Collège Boréal, including providing opportunities to observe preventive appointments, sterilization, case management duties, and school-based oral health screening.

## 4. Substance Use and Injury Prevention

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

The North East Tobacco Control Area Network (NE TCAN) participated in a coordinated, multi-TCAN advertisement buy to promote [Smoke-Free Housing Ontario](#). Google pop-up advertisements and social media posts were created to provide landlords and tenants information to protect people from second-hand smoke in multi-unit housing. Smoke-Free Housing Ontario provides resources on no-smoking policies, legal support, tracking second-hand smoke exposures, reporting health concerns to physicians, and cessation supports. Smoke-free housing works towards creating supportive environments for all individuals living in rentals, social housing, condominiums, and housing co-operatives.

In October, the NE TCAN hosted a two-day planning event for tobacco control staff in the region. Public health nurses, tobacco enforcement officers, and health promoters were present from Algoma Public Health, Timiskaming Health Unit, North Bay Parry Sound District Health Unit, Porcupine Health Unit, and Public Health Sudbury & Districts. At the event, participants identified regional priorities to inform 2025 activities. Regional collaboration maximizes resources and reduces duplication to support a coordinated approach to comprehensive tobacco control.

### ***Substance Use***

A [drug warning](#) was released on October 23, 2024, following reports of an increase in the number of unexpected reactions and drug poisonings (overdoses) from the use of substances in the Sudbury and districts area. The rapid identification of adverse drug reactions, unexpected side effects, or new substances locally helps protect the public from potential harms and allows for swift action to potentially avert additional adverse events.

Public Health is committed to increasing awareness about substance use-related harms and promoting community resources and support services. Recent initiatives included 5 social media posts on Facebook and X, providing parents and caregivers with tips to help keep their children safe with emphasis on connection and fostering open communication, where to get Naloxone and how to use it, not using substances alone, and asking for help when needed.

Public Health Sudbury & Districts presented at the N'Swakamok Native Friendship Centre's Indigenous Opioid Homelessness Conference, which held on October 3, 2024. The presentation titled "The Toxic Drug Crisis: Recent Trends in Sudbury & Districts" provided approximately 100 community partners with an overview of local and provincial trends which public health has been monitoring in relation to the drug toxicity crisis.

### ***Harm reduction – Naloxone***

In October, together with partners, a total of 1,920 naloxone doses were distributed, and 45 individuals were trained in its use.

## **5. Vaccine Preventable Diseases**

### ***Publicly funded immunization programs***

Staff have continued with grade 7 school-based clinics 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. As of October 31, 35 schools have been visited.

An Advisory Alert was issued to local health system partners, as well as a news release regarding the implementation of the *Universal Influenza Immunization Program (UIIP)* and COVID-19 vaccine program for the 2024-2025 season. At the beginning of October, 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 commenced on October 28, 2024. As the implementation of fall vaccines are a collaborate effort across the health system, individuals are encouraged to schedule appointments for both vaccines through pharmacies and healthcare providers as soon as they become eligible. Public Health has focused its efforts on providing vaccines to those who may have difficulties receiving the vaccine through other providers, including children under 12, and those who do not have health cards.

### ***Education, partnerships and engagement***

Staff have been working on promoting Integrated Clinical Operations Network (ICON), a web-based service provided by the Ministry of Health that allows parents and guardians to submit their children's immunization records to Public Health.

As birthing hospitals will now be offering respiratory syncytial virus (RSV) vaccines to infants after birth, Public Health staff provided Health Sciences North with immunization cards for parents, along with information on reporting vaccines on ICON. Increased reporting ensures that Public Health has up to date information on vaccine coverage in our community.

## **Health Protection**

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

In the month of October, staff investigated 70 sporadic reports of communicable diseases. During this timeframe, 32 respiratory outbreaks and one enteric outbreak were declared. The causative organisms for the respiratory outbreaks were identified to be: SARS-CoV-2/COVID-19 (24), human coronavirus (1), rhinovirus (4), enterovirus (1), and dual enterovirus/rhinovirus

outbreaks (2). The causative organism for the enteric outbreak was identified to be *Clostridium difficile*.

There has been an increase in all types of respiratory outbreaks observed over the month of October 2024 in comparison to 2023. Staff continue to monitor all reports of enteric and respiratory diseases in institutions, as well as sporadic communicable diseases.

During the month of October, two infection control complaints were received and investigated, and eight requests for service were addressed.

### ***Infection Prevention and Control Hub***

The Infection Prevention and Control (IPAC) Hub provided 105 services and supports to congregate living settings in October. These included proactive IPAC assessments, education sessions, feedback on facility policies, 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.

The Infection Prevention and Control Hub hosted the third annual IPAC Training Series on October 18, 2024, with the aim of enhancing awareness of IPAC practices in long-term care homes, retirement homes, and other congregate living settings. A total of 42 staff from local settings participated in the sessions either in-person or virtually. The successful outcome of this event will be used to inform planning for the 2025 IPAC Training Series.

## **2. Food Safety**

During the month of October, public health inspectors issued one closure order to a food premises due to lack of hot water. The closure order has since been rescinded following corrective action, and the premises allowed to reopen.

Staff issued 97 special event food service permits and 39 non-exempt farmers' market permits to various individuals and organizations.

84 individuals were certified as food handlers through 5 separate *Food Handler Training and Certification Program* sessions offered in October..

## **3. Health Hazard**

In October, 29 health hazard complaints were received and investigated. Three of these complaints involved marginalized populations.

## 4. Ontario Building Code

In October, 44 sewage system permits, 15 renovation applications, and six consent applications were received.

## 5. Rabies Prevention and Control

In October, 43 rabies-related investigations were conducted. Three specimens were submitted to the Canadian Food Inspection Agency Rabies Laboratory for analysis. At the time of this report, two results remain pending, and one result was reported as indeterminate due to poor specimen viability.

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

## 6. Safe Water

During October, 52 residents were contacted regarding adverse private drinking water samples. Additionally, public health inspectors investigated 13 regulated adverse water sample results, as well as a drinking water lead exceedance at one local school.

Two boil water orders were issued in the month of October. Additionally, seven boil water orders were rescinded following corrective actions.

## 7. Vector Borne Diseases

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

## 8. Emergency Preparedness and Response

During October, staff participated in one municipal emergency management meeting (Township of Nairn & Hyman) and two municipal tabletop exercises (Town of Northeastern Manitoulin and the Islands, Township of Nairn & Hyman). Staff also participated in the City of Greater Sudbury/Vale Hazardous Release Exercise and the Emergency Management Ontario Killarney Sector Meeting.

## 9. Needle/Syringe Program

In September, harm reduction supplies were distributed, and services received through 3 043 client visits across our service area. Public Health Sudbury & Districts and community partners distributed a total of 50 257 syringes for injection, and 92 387 foils, 15 812 straight stems, and 9 997 bowl pipes for inhalation, through both our fixed site at Elm Place and outreach harm reduction programs.

In September, approximately 49 062 used syringes were returned, which represents a 97% return rate of the needles and syringes distributed in the month of August.

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

### ***Sexual health promotion***

In October, the Sexual Health team offered testing and related health teachings for Cambrian College students.

### ***Sexual health clinic***

In October, there were 90 drop-in visits to the Elm Place office related to sexually transmitted infections, blood-borne infections, or pregnancy counselling. As well, the Elm Place site completed a total of 430 telephone assessments related to STIs, blood-borne infections, or pregnancy counselling, resulting in 259 onsite visits.

### ***Growing Family Health Clinic***

In October, the Growing Family Health Clinic provided services to a total of 85 patients.

## Knowledge and Strategic Services

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### 1. Health Equity

On November 7, the Director of Knowledge and Strategic Services presented at a French-language webinar hosted by the National Collaborating Centre for Health Policy on *Strategies for Public Health Organizations to Enhance Their Capacities to Act on Healthy Public Policies*. The presentation included information about the public health context in Ontario and concrete examples of health equity strategies implemented locally by Public Health Sudbury & Districts.

### 2. Indigenous Engagement

On October 22, the Indigenous Engagement team hosted the 2nd virtual Knowledge Exchange with Indigenous Partners. Nine Indigenous partners attended from two First Nations and an urban Indigenous organization. Public Health staff shared about dental care in Indigenous

schools, our Summer Water Safety Campaign, Socio-Demographic Data Collection Project, and the Community Drug Strategy. Northern Ontario School of Medicine (NOSM) was also in attendance and presented their Indigenous Youth Vaccine Hesitancy Project and N'Swakamok Friendship Centre shared about their ARCH initiative, a program addressing youth transitioning out of care.

The Indigenous Engagement team worked with a foundational standard specialist to develop a comprehensive plan for Indigenous inclusion into 2025 program planning. New questions related to Indigenous Engagement have been approved for inclusion in the Activity Plans and Evidence Repository Forms. These additions will support the team with monitoring and future planning. 10 program planning kick-off meetings are scheduled for early November to support the organization in this transition.

The Indigenous Engagement team presented to the Health Promotion and Health Protection division's during their division meetings on October 24. This included socializing the Unlearning and Undoing White Supremacy and Racism project. A video produced by the Robinson Huron Waawiindamaagewin about the Treaty settlement distribution from the summer was shared to provide context regarding current events for most of the First Nations in the district.

Work has been underway to sign a collaborative agreement between Public Health and the Maamwesying Ontario Health Team. Plans are being made for a signing ceremony in the near future to recognize this accomplishment.

On November 5, the Indigenous Engagement team hosted urban Indigenous community members for a Fall Harvest Feast. It was a highly interactive event where 23 guests enjoyed a delicious Indigenous taco and actively participated in learning about public health, our socio-demographic data collection pilot project, and a Mino-bimaadiziwin Teaching with Nokomis Martina Osawamick. The team connected with the community, heard their perspectives on public health matters and listened to Indigenous voices to inform our work.

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

In October, the Population Health Assessment and Surveillance team responded to 31 requests, including routine surveillance and reporting, media requests, and other internal and external requests for data, information, and consultation. This included 8 project related requests, for example dashboard development, database, report development, and process improvement projects. The team also continues to support agency data needs by preparing regular internal reports and dashboards, such as reports on Control of Infectious Diseases and vaccination data.

The team also continues to engage with Health Sciences North Research Institute, who have continued local COVID-19 wastewater sampling and recently provided our first set of continued

wastewater sampling data. We are working to reincorporate these into our online Respiratory Illness Surveillance Dashboard.

## 4. Effective Public Health Practice

To explore ways to make processes efficient, the Effective Public Health Practice team has conducted a Lean review of the agency survey request and development process. This has included assessing the current state, identifying inefficiencies, and recommending improvements. An action plan was created to guide efforts in eliminating duplication and rework, as well as enhancing the agency-wide understanding of survey processes.

November marked the start of the annual program planning process which guides implementation and evaluation of public health work for the upcoming year. In follow-up to preliminary work done through October, a suite of standardized intervention names to ensure consistency and clarity across agency program plans has been developed. The interventions help explain our efforts to address or improve population health. The standard categorization of interventions will support future quality improvement work, as well as electronic documentation. To further support planning efforts, the Effective Public Health Practice team hosted planning meetings with all program teams across the agency. The goal of these meetings is to identify common areas of work and encourage collaborative planning. Program plans developed this fall will be used to populate our agency's *Annual Service Plan* and Budget Submission to the Ministry of Health in late February.

## 5. Staff Development

Planning for numerous upcoming training initiatives continued throughout October. These initiatives include mandatory trainings such as all-staff 'Structural Stigma' training (happening November 25 and 26), and leadership development training (December 6), along with non-mandatory trainings such as a First Nation Mental Wellness Continuum Framework webinar (November 19), and a CQI fall training series.

## 6. Student Placement

In October, the final remaining fall term students were successfully onboarded, while six College Boréal dental hygiene students began their short-term observational rotations. The agency is also hosting first year Northern Ontario School of Medicine University students for 'Foundations of Interprofessional Team Based Care in the North' (FIT) observational experiences in the coming months.

## 7. Strategic Engagement Unit and Communications

The Communications team continues to offer support across the agency. Throughout the fall, we've worked with teams to amplify key public health messages, promote awareness days, and address timely health topics in the media. Over the past month, we have shared messaging on our social media channels on several important awareness campaigns, including National 2SLGTQIA+ History month, Ageism Awareness Day, World Mental Health Day, and Fire Prevention Week. Additionally, information about the toxic drug supply and education on preventing and responding to overdoses was shared. Media interest was centered on pertussis, respiratory illness season and vaccinations, COVID-19 rapid test eligibility, the toxic drug crisis, and the Fall Harvest Feast.

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 9 Periods Ending September 30, 2024**

**Cost Shared Programs**

	Adjusted BOH				
	Approved Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
<b>Revenue:</b>					
MOH - General Program	18,538,348	13,903,761	13,903,793	(32)	4,634,555
MOH - Unorganized Territory	826,000	619,500	619,504	(4)	206,496
Municipal Levies	10,548,731	7,911,548	7,911,630	(82)	2,637,101
Interest Earned	160,000	120,000	346,328	(226,328)	(186,328)
<b>Total Revenues:</b>	<b>\$30,073,079</b>	<b>\$22,554,809</b>	<b>\$22,781,255</b>	<b>\$(226,445)</b>	<b>\$7,291,824</b>
<b>Expenditures:</b>					
<b>Corporate Services:</b>					
Corporate Services	5,662,649	4,301,432	4,341,360	(39,928)	1,321,289
Office Admin.	111,350	83,513	56,807	26,706	54,543
Espanola	126,473	96,343	87,952	8,391	38,521
Manitoulin	137,892	105,093	92,498	12,594	45,394
Chapleau	139,699	106,337	87,397	18,939	52,301
Sudbury East	19,270	14,452	14,740	(287)	4,530
Intake	354,886	272,989	233,483	39,506	121,403
Facilities Management	684,866	513,650	481,793	31,857	203,073
Volunteer Resources	3,850	2,888	0	2,888	3,850
<b>Total Corporate Services:</b>	<b>\$7,240,935</b>	<b>\$5,496,695</b>	<b>\$5,396,030</b>	<b>\$100,665</b>	<b>\$1,844,905</b>
<b>Health Protection:</b>					
Environmental Health - General	1,355,382	1,040,955	965,773	75,183	389,610
Environmental	2,934,156	2,265,083	2,065,026	200,057	869,130
Vector Borne Disease (VBD)	93,347	81,765	66,483	15,282	26,864
Small Drinking Water Systems	209,356	161,043	128,557	32,487	80,800
CID	1,005,683	773,620	737,969	35,651	267,714
Districts - Clinical	224,061	172,335	170,347	1,988	53,714
Risk Reduction	53,756	40,317	17,543	22,774	36,213
Sexual Health	1,416,735	1,088,060	1,071,664	16,396	345,071
SFO: E-Cigarettes, Protection and Enforcement	278,625	205,926	127,827	78,099	150,798
<b>Total Health Protection:</b>	<b>\$7,571,102</b>	<b>\$5,829,105</b>	<b>\$5,351,187</b>	<b>\$477,918</b>	<b>\$2,219,915</b>
<b>Health Promotion and Vaccine Preventable Diseases:</b>					
Health Promotion - General	1,573,805	1,197,871	1,101,919	95,952	471,886
School Health and Behavior Change	1,036,868	806,610	767,644	38,966	269,225
Districts - Espanola / Manitoulin	369,527	283,921	276,961	6,961	92,566
Nutrition & Physical Activity	1,735,325	1,341,938	1,214,734	127,204	520,591
Districts - Chapleau / Sudbury East	419,200	322,337	297,294	25,043	121,906
Tobacco, Vaping, Cannabis & Alcohol	708,943	544,344	253,159	291,185	455,784
Family Health	1,357,541	1,043,314	844,797	198,517	512,744
Mental Health and Addictions	750,336	576,561	629,319	(52,757)	121,017
Dental	501,055	383,742	356,778	26,964	144,276
Healthy Smiles Ontario	665,118	513,408	465,951	47,457	199,167
Vision Health	11,670	11,670	4,405	7,265	7,265
SFO: TCAN Coordination and Prevention	485,266	371,057	269,020	102,037	216,246
Harm Reduction Program Enhancement	173,699	133,503	131,731	1,773	41,968
COVID Vaccines	232,400	178,769	87,915	90,854	144,485
VPD and COVID CCM	1,386,516	1,054,915	915,217	139,698	471,299
MOHLTC - Influenza	(0)	928	(4,085)	5,013	4,085
MOHLTC - Meningitis	(0)	250	(2,423)	2,673	2,422
MOHLTC - HPV	(0)	363	(6,112)	6,474	6,111
<b>Total Health Promotion:</b>	<b>\$11,407,269</b>	<b>\$8,765,502</b>	<b>\$7,604,226</b>	<b>\$1,161,276</b>	<b>\$3,803,043</b>
<b>Knowledge and Strategic Services:</b>					
Knowledge and Strategic Services	3,301,486	2,537,398	2,390,232	147,167	911,254
Workplace Capacity Development	23,507	11,753	10,947	806	12,560
Health Equity Office	14,940	11,015	12,133	(1,118)	2,807
Nursing Initiatives: CNO, ICPHN, SDoH PHN	503,611	387,393	332,983	54,410	170,628
Strategic Engagement	10,230	5,935	1,770	4,165	8,460
<b>Total Knowledge and Strategic Services:</b>	<b>\$3,853,774</b>	<b>\$2,953,494</b>	<b>\$2,748,065</b>	<b>\$205,429</b>	<b>\$1,105,709</b>
<b>Total Expenditures:</b>	<b>\$30,073,079</b>	<b>\$23,044,796</b>	<b>\$21,099,508</b>	<b>\$1,945,288</b>	<b>\$8,973,572</b>
<b>Net Surplus/(Deficit)</b>	<b>\$0</b>	<b>\$(489,986)</b>	<b>\$1,681,747</b>	<b>\$2,171,733</b>	

**Public Health Sudbury & Districts**

**Cost Shared Programs**

STATEMENT OF REVENUE & EXPENDITURES  
 Summary By Expenditure Category  
 For The 9 Periods Ending September 30, 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	22,554,809	22,900,797	(345,987)	7,172,282
Other Revenue/Transfers	706,252	529,689	471,032	58,657	235,220
<b>Total Revenues &amp; Expenditure Recoveries:</b>	<b>30,779,331</b>	<b>23,084,498</b>	<b>23,371,829</b>	<b>(287,331)</b>	<b>7,407,502</b>
<b>Expenditures:</b>					
Salaries	19,295,938	14,780,842	14,038,841	742,001	5,257,097
Benefits	6,691,083	5,146,837	4,641,687	505,150	2,049,396
Travel	269,257	209,420	146,248	63,172	123,009
Program Expenses	828,855	626,154	299,161	326,993	529,694
Office Supplies	75,150	57,303	25,479	31,824	49,671
Postage & Courier Services	90,100	67,575	51,311	16,264	38,789
Photocopy Expenses	5,030	3,772	1,384	2,388	3,646
Telephone Expenses	70,050	52,538	50,767	1,771	19,283
Building Maintenance	476,961	357,721	354,618	3,102	122,343
Utilities	236,920	177,690	109,802	67,888	127,118
Rent	328,254	246,191	245,256	935	82,998
Insurance	208,850	207,600	200,694	6,906	8,156
Employee Assistance Program ( EAP)	37,000	27,750	25,080	2,670	11,920
Memberships	42,389	32,156	44,266	(12,110)	(1,877)
Staff Development	127,701	76,761	62,093	14,668	65,608
Books & Subscriptions	7,445	5,456	4,477	979	2,968
Media & Advertising	123,828	90,310	22,017	68,293	101,811
Professional Fees	440,684	340,513	339,710	803	100,974
Translation	61,152	45,920	92,853	(46,933)	(31,701)
Furniture & Equipment	22,120	17,695	65,714	(48,020)	(43,594)
Information Technology	1,340,564	1,004,283	868,623	135,660	471,941
<b>Total Expenditures</b>	<b>30,779,331</b>	<b>23,574,485</b>	<b>21,690,082</b>	<b>1,884,403</b>	<b>9,089,249</b>
<b>Net Surplus ( Deficit )</b>	<b>0</b>	<b>(489,986)</b>	<b>1,681,747</b>	<b>2,171,733</b>	

**Sudbury & District Health Unit o/a Public Health Sudbury & Districts**  
SUMMARY OF REVENUE & EXPENDITURES  
For the Period Ended September 30, 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	73,128	17,272	80.9%	<i>Dec 31</i>	75.0%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	34,110	65,890	34.1%	<i>Mar 31/2025</i>	50.0%
Northern Fruit and Vegetable Program	743	176,100	140,897	35,203	80.0%	<i>Dec 31</i>	75.0%
Healthy Babies Healthy Children	778	1,615,897	701,410	914,487	43.4%	<i>Mar 31/2025</i>	50.0%
IPAC Congregate CCM	780	914,100	380,401	533,699	41.6%	<i>Mar 31/2025</i>	50.0%
Ontario Senior Dental Care Program	786	1,315,000	768,292	546,708	58.4%	<i>Dec 31</i>	75.0%
Anonymous Testing	788	64,293	32,148	32,145	50.0%	<i>Mar 31/2025</i>	50.0%
<b>Total</b>		<b>4,275,790</b>	<b>2,130,386</b>	<b>2,145,404</b>			

October 29, 2024

Hon. Doug Ford  
Premier of Ontario  
[premier@ontario.ca](mailto:premier@ontario.ca)

Hon. Michael Parsa  
Minister of Child, Community and Social Services  
[MinisterMCCSS@ontario.ca](mailto:MinisterMCCSS@ontario.ca)

Hon. Jill Dunlop  
Minister of Education  
[minister.edu@ontario.ca](mailto:minister.edu@ontario.ca)

Dear Premier Ford and Honourable Ministers:

**Re: Funding support for Student Nutrition Programs**

The Board of Health at Peterborough Public Health would like to stress the importance of the Government of Ontario negotiating and signing an agreement with the federal government that will see federal funding to support provincial student nutrition programs (SNPs), as outlined in the [National School Food Policy](#). In addition, the Board of Health urges that the Province address and increase government funding to SNPs that would close the gap between the national median contribution and provincial contribution. Specifically, the Board urges an increase of provincial funding contribution by \$0.29/student/day to match the national median (provincial/territorial and municipal government contribution) of \$0.39/student/day.

Universal access to nourishing food every day at school supports students' academic success, reduces tardiness, and improves student behaviour. An important step towards health equity and well-being, student nutrition programs contribute to students' physical and mental wellness and foster social connection in a welcoming, stigma-free environment. Program success requires all levels of government to be engaged and supportive of an adequately funded delivery model.

The Board of Health supports negotiating the terms to enhance current programming and help fund new SNPs at schools. As public health experts with extensive experience, including a 32-year history of supporting local programs and working with Ontario SNPs, we urge that a universal program provide a nourishing and culturally appropriate daily meal, use best practices in food safety and delivery, as well as function in inspected and adequately equipped spaces. Programs teach students Canada's Food Guide messages by providing a hands-on learning opportunity to eat more vegetables and fruit, whole grains and protein foods in a socially inclusive environment where they enjoy, prepare and eat healthy food with others.

While a sustainable school food program does not replace adequate income support for underserved families, they do provide nourishment so that students are better able to learn and participate in school, establish healthier eating habits (which may reduce the risk of chronic disease), and foster academic success with improved scores in math, reading and science.

We look forward to seeing the Province enhance their support for adequately funded SNPs in order that all children have access to nourishing food at school every day which will contribute to their overall health and well-being and academic success.

Sincerely,

***Original signed by***

Councillor Joy Lachica  
Chair, Board of Health

cc: Local MPPs  
Association of Local Public Health Agencies  
Ontario Boards of Health



October 25, 2024

*VIA ELECTRONIC MAIL*

Honourable Minister Sylvia Jones  
Minister of Health  
Ministry of Health  
5<sup>th</sup> Floor, 777 Bay Street  
Toronto, ON M5G 2C8

Michael Sherar  
President and Chief Executive Officer  
Public Health Ontario  
661 University Avenue, Suite 1701  
Toronto, ON M5G 1M1

Dear Minister Jones and Mr. Sherar:

**Re: Support for Ontario to continue to protect the safety of private drinking water**

At its meeting on October 25, 2024, the Board of Health for the Northwestern Health Unit passed the following resolution:

*WHEREAS many residents in Northwestern Health Unit's service area rely on private drinking water systems such as wells; and*

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

*WHEREAS exposure to contaminated drinking water can lead to severe gastrointestinal illness, which in rare cases may resolute 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 the Public Health Ontario (PHO) 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 the Auditor General 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;*

*NOW, THEREFORE, BE IT RESOLVED THAT the Board of Health for the Northwestern Health Unit strongly recommends to the Minister of Health and to Public Health Ontario that Ontario's Well Water Testing program fully continue as part of the plan to implement streamlined laboratory operations; and*

*FURTHER, BE IT RESOLVED THAT the Board of Health endorse the resolutions adopted by the Council of the Town of Gore Bay (May 14, 2024), the Council of Central Manitoulin (July 8, 2024), the Board of Health for Public Health Sudbury and Districts (September 19, 2024); and the letter of the Council of Pickle Lake (September 24, 2024);*

Exposure to contaminated drinking water can cause debilitating gastrointestinal illness, particularly in children, older adults and people with weakened immune systems. Given our region's geography, and the barriers to extending underground infrastructure to more homes and businesses, such as bedrock, high costs and capacity challenges, free private well water testing remains important for the health of a significant portion of the population in Northwestern Health Unit's catchment area. For these residents, drinking water testing is the only way to know if their drinking water is safe.

For the well-being of residents, our Board of Health support the continuation of Ontario's publicly funded Well Water Testing program and affirm resolutions adopted by Public Health Sudbury and Districts, the Council of the Town of Gore Bay, the Council of the Corporation of Northeastern Manitoulin & the Islands, and the Council of Central Manitoulin concerning provincial well water testing.

Maintaining publicly-funded drinking water testing is a needed service that protects many Ontarians utilizing private drinking water systems. Thank you for your attention to this important issue.

Sincerely,



Douglas Lawrance

Chair, Board of Health for the Northwestern Health Unit

CC: Hon. Sylvia Jones, Minister of Health and Deputy Premier  
Michael Sherar, President and CEO, Public Health Ontario  
Public Health Ontario Board of Directors  
Dr. Kieran Moore, Chief Medical Officer of Health  
Local Municipalities  
Ontario Boards of Health  
Hon. Greg Rickford, MPP Kenora – Rainy River  
Hon. Kevin Holland, MPP Thunder Bay – Atikokan  
Sol Mamakwa, MPP Kiiwetinoong  
Association of Local Public Health Agencies  
Association of Municipalities of Ontario

**From:** Candy Beauvais <[cbeauvais@municipalityofkillarney.ca](mailto:cbeauvais@municipalityofkillarney.ca)>  
**Sent:** Thursday, October 17, 2024 2:03 PM  
**To:** Rachel Quesnel <[quesnelr@phsd.ca](mailto:quesnelr@phsd.ca)>  
**Subject:** RE: Board of Health Public Health Sudbury & Districts motion: Support for Ontario to continue to protect the safety of private drinking water

Hi Rachel

Here is the resolution passed by the Municipality of Killarney.

Take care.

**May 8, 2024**

**24-157 BY MARY BRADBURY – NIKOLA GRUBIC**

**BE IT RESOLVED THAT** the Municipality of Killarney support the resolution passed by the Town of Goderich on March 18<sup>th</sup>, 2024, requesting that the Province not proceed with the recommended phase-out of free private well testing in Ontario;

**FURTHER THAT** this resolution be forwarded to all those noted in the resolution passed by the Town of Goderich.

Resolution Result	Recorded Vote		
	Council Members	YES	NO
"X CARRIED	Mary Bradbury		
" DEFEATED	Robert Campbell		
" TABLED	Dave Froats		
" RECORDED VOTE (SEE RIGHT)	Nikola Grubic		
" PECUNIARY INTEREST DECLARED	Michael Reider		
" WITHDRAWN	Peggy Roque		

*Candy K. Beauvais*  
 Clerk-Treasurer  
 Municipality of Killarney  
 32 Commissioner Street  
 Killarney, Ontario  
 P0M 2A0  
[www.municipalityofkillarney.ca](http://www.municipalityofkillarney.ca)  
 705-287-2424 x203





The Corporation of the Municipality of Wawa

REGULAR COUNCIL MEETING

RESOLUTION

Tuesday, October 15, 2024

<b>Resolution # RC2441</b>	<b>Meeting Order: 9</b>
Moved by: <i>Cathy Cannon</i>	Seconded by: <i>Jim Hoffmann</i>

**RESOLVED THAT** Council of the Corporation of the Municipality of Wawa does hereby receive and support correspondence from the Municipality of St-Charles dated August 14, 2024 that 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 the Municipality of St-Charles.

RESOLUTION RESULT		RECORDED VOTE		
<input checked="" type="checkbox"/>	CARRIED	<b>MAYOR AND COUNCIL</b>	<b>YES</b>	<b>NO</b>
<input type="checkbox"/>	DEFEATED	Mitch Hatfield		
<input type="checkbox"/>	TABLED	Cathy Cannon		
<input type="checkbox"/>	RECORDED VOTE (SEE RIGHT)	Melanie Pilon		
<input type="checkbox"/>	PECUNIARY INTEREST DECLARED	Jim Hoffmann		
<input type="checkbox"/>	WITHDRAWN	Joseph Opato		

**Disclosure of Pecuniary Interest and the general nature thereof.**

Disclosed the pecuniary interest and general name thereof and abstained from the discussion, vote and influence.

Clerk: \_\_\_\_\_

MAYOR - MELANIE PILON	CLERK - MAURY O'NEILL
<i>M. Pilon</i>	<i>Maury O'Neill</i>

**From:** NNHPD Consultation / DPSNSO (HC/SC) <[nnhpd.consultation-dpsnso@hc-sc.gc.ca](mailto:nnhpd.consultation-dpsnso@hc-sc.gc.ca)>  
**Sent:** Friday, October 11, 2024 9:57 AM  
**To:** Rachel Quesnel <[quesnelr@phsd.ca](mailto:quesnelr@phsd.ca)>  
**Subject:** Nicotine Replacement Therapy

Dear Rachel Quesnel,

Thank you for your correspondence.

In Canada, nicotine replacement therapy (NRT) products are classified as a drug under the *Food and Drugs Act* (FDA) as they are intended for use by adults aged 18 years and older for smoking cessation. Health Canada regulates NRTs under the FDA to ensure regulatory requirements for safety, efficacy and quality are met before authorizing them to be sold in the Canadian market.

All NRTs need market authorization from Health Canada and must carry an approved health claim for smoking cessation to be legally sold in Canada.

As part of its process, Health Canada reviews the evidence behind health claims to make sure that the product does what it claims to do, and the benefits outweigh the risks. Depending on the amount of nicotine contained or delivered by the product, an NRT would be considered a prescription drug or a natural health product.

Strong concerns have been raised regarding the access and potential appeal to youth of certain new and emerging NRTs, such as nicotine pouches, and the way they are marketed. Youth smoking rates are at an all-time low in Canada and advertising of NRTs should not be appealing to youth.

As indicated in the [Notice of Intent](#) published on March 20, 2024, Health Canada committed to taking action to address risks associated with the access and apparent youth appeal of certain NRTs, such as nicotine pouches.

In June 2024, Departmental officials consulted on the potential new requirements for the regulation of certain NRTs with a variety of partners and stakeholders, including representatives from provincial and territorial (PT) ministries of health, health advocacy groups, health professional associations, industry, pharmacists' associations, and consumers with lived/living experience with smoking and smoking cessation.

The engagement approach was consistent with the [Statutory Instruments Act](#) (<https://ow.ly/vX9R50ST8Hm>) and the [Cabinet Directive on Regulation](#) (<https://ow.ly/OBH250ST8KS>).

The Department received wide-ranging and constructive feedback during these engagement sessions which informed the development of the [Supplementary Rules Respecting Nicotine Replacement Therapies Order](#) (the Order) as announced on August 22, 2024.

The Order came into force immediately upon publication in *Canada Gazette*, Part II, on August 28, 2024, subject to a six-month transition period in respect of packaging, labelling, and advertising requirements and a sell-through period in some circumstances.

The Order introduced new measures for NRTs to reduce the appeal of access to, and use of these products by youth, while maintaining access for adults who need them to quit smoking. More specifically, the new measures:

- Prohibit NRTs in new and emerging dosage forms (for example, nicotine pouches and rapid disintegration tablets) to be sold by anyone other than a pharmacist or an individual working under the supervision of a pharmacist. New and emerging dosage forms must not be accessible for self-selection, meaning they will be kept behind the pharmacy counter;

Prohibit the sale of NRTs under brand names that may mislead purchasers or consumers about their intended use, be appealing to, or be associated with, young people, or be mistaken for a cannabis or food product;

- Prohibit the manufacturing or sale of NRTs in certain flavours as set out in the Order. For example, the use of any flavour other than mint and menthol is prohibited for NRTs in new and emerging dosage forms (for example, pouches and rapid disintegration tablets);
- Prohibit labels and packages from being appealing to youth;
- Require mock-ups of labels and packages to be submitted for all new NRT product licence and amendment applications, including those arising from a change to an NRT's brand name or non-medicinal ingredient affecting its flavour;
- Require a front-of-package nicotine addiction warning on NRT labels, as well as a clear indication of the intended users (in other words, people who smoke intending to quit smoking) on the outermost label; and
- Prohibit advertising or promotion that could be appealing to youth under the age of 18 or convey a use other than smoking cessation and require a health warning statement on all advertisements.

Health Canada also continues to work on identifying and seizing unauthorized nicotine products in retail locations across Canada and disrupting the supply of these products into the country by working closely with the Canada Border Services Agency.

Sincerely,

Natural and Non-prescription Health Products Directorate Consultation

Health Canada, Government of Canada

[nnhpd.consultation-dpsnso@hc-sc.gc.ca](mailto:nnhpd.consultation-dpsnso@hc-sc.gc.ca)

Direction des Produits de santé naturels et sans ordonnance consultation

Santé Canada, Gouvernement du Canada

[nnhpd.consultation-dpsnso@hc-sc.gc.ca](mailto:nnhpd.consultation-dpsnso@hc-sc.gc.ca)

October 11, 2024

Sudbury & District Public  
Health  
1300 Paris Street  
Sudbury, Ontario P3E 3A3

**RE: Government regulation of nicotine pouches.**

At its regular meeting of October 9, 2024, our Municipal Council passed the following resolution:

**24-214** Moved by: Councillor J. Hemphill  
Seconded by: Councillor K. Lévesque

Whereas that the Council of the Corporation of the Township of Dubreuilville hereby wish to receive and approve the attached letter dated April 22, 2024, from the Sudbury & District Public Health with regards to a request for support concerning government regulation of nicotine pouches, as presented.

Carried

Sincerely,



Lynne Blanchette  
Office Coordinator

Enclosures Resolution No. 24-214

# COUNCIL RESOLUTION



Moved By: Julia  
 Seconded By: Krystal

DATE: October 9, 2024  
 Resolution No. 24-214

Whereas that the Council of the Corporation of the Township of Dubreuilville hereby wishes to receive and approve the attached letter dated April 22, 2024 from the Sudbury & Districts Public Health with regards to a request for support concerning government regulation of nicotine pouches, as presented.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Carried</b>	<b>Defeated</b>	<b>Deferred</b>

RECORDED VOTE:	YES	NO
<b>Councillor</b> Hélène Perth	_____	_____
<b>Councillor</b> Krystal Lévesque	_____	_____
<b>Councillor</b> Julila Hemphill	_____	_____
<b>Councillor</b>	_____	_____
<b>Mayor</b> Beverly Nantel	_____	_____

Declaration of Pecuniary Interest and General Nature Thereof:





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*

**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

**toll-free / sans frais**

1.866.522.9200

[phsd.ca](http://phsd.ca)



*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  
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."



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.**

# Briefing Note

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

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

**Date:** 2024 Board of Health Self-Evaluation of Performance – Annual Survey Results

**Re:** November 14, 2024

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For Information

For Discussion

For a Decision

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## Issue

The annual self-evaluation is part of the Board of Health’s ongoing commitment to good governance and continuous quality improvement and is consistent with C-I-12 and C-I-14 of the Board of Health Manual. A Board of Health periodic self-evaluation is also a requirement of the Ontario Public Health Standards.

At the September 19, 2024, Board of Health meeting, Board of Health members were asked to complete the Board of Health self-evaluation survey, available in BoardEffect, by October 18, 2024. The deadline was extended to October 30, 2023. The survey was closed on November 6, 2024.

Board members were informed that the results would be confidentially compiled by the Board Secretary and reported at the regularly scheduled meeting in November 2024. This briefing note constitutes the evaluation report.

## Recommended Action

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

## Board Member Self-Evaluation of Performance

### Methods

- The Board of Health Member Self-Evaluation of Performance survey consists of 23 questions on performance and processes, and open-ended questions after each section inviting additional comments or suggestions.
- Board of Health members were asked to rate each of the items as either “Strongly Agree”, “Agree”, “Disagree”, “Strongly Disagree” or “Not Applicable”.

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2018–2022 Strategic Priorities:

1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

O: October 19, 2001  
R: January 2017

- Board of Health members were advised at the September Board of Health meeting that the online self-evaluation questionnaire was available for completion in BoardEffect under the Board of Health workroom – Collaborate – Surveys.
- Email reminders were sent to Board members on September 25 and October 22. Individual reminders were also sent.
- The October 2024 MOH/CEO report to the Board included a reminder to complete the survey.
- At the October 17, 2024, Board of Health meeting, the Board Chair reminded Board members to complete the evaluation.

**Results**

- A total of 11 Board members were invited to complete the 2024 Board of Health self-evaluation survey. A Board member who started in September 2024 was excluded from the survey.
  - A total of 10 out of 11 Board members completed the survey, for a response rate of 90%.
- Previous response rates:

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

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

Part 1: Individual Performance Compliance with Individual Roles and Responsibilities as a Board of Health member	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Total Responses
1. As a BOH member, I am satisfied with my attendance at meetings.	7 (70%)	2 (20%)	1 (10%)	0 (0%)	0 (0%)	10
2. As a BOH member, I am satisfied with my preparation for meetings.	4 (40%)	6 (60%)	0 (0%)	0 (0%)	0 (0%)	10
3. As a BOH member, I am satisfied with my participation in meetings.	5 (50%)	4 (40%)	1 (10%)	0 (0%)	0 (0%)	10
4. As a BOH member, I understand my roles and responsibilities.	6 (60%)	4 (40%)	0 (0%)	0 (0%)	0 (0%)	10
5. As a BOH member, I understand current public health issues.	5 (50%)	5 (50%)	0 (0%)	0 (0%)	0 (0%)	10

2024–2028 Strategic Priorities

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

Part 1: Individual Performance Compliance with Individual Roles and Responsibilities as a Board of Health member	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Total Responses
6. As a BOH member, I have input into the vision, mission and strategic direction of the organization.	5 (50%)	5 (50%)	0 (0%)	0 (0%)	0 (0%)	10
7. As a BOH member, I am aware and represent community perspective during board meetings.	6 (60%)	4 (40%)	0 (0%)	0 (0%)	0 (0%)	10
8. As a BOH member, I provide input into policy development and decision-making.	4 (40%)	6 (60%)	0 (0%)	0 (0%)	0 (0%)	10
9. As a BOH member, I represent the interests of the organization at all times.	9 (90%)	1 (10%)	0 (0%)	0 (0%)	0 (0%)	10

Part 2: Board of Health Processes	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Total Responses
1. The BOH is compliant with all applicable legislation and regulations.	7 (70%)	3 (30%)	0 (0%)	0 (0%)	0 (0%)	10
2. The BOH ensures members are aware of their roles and responsibilities through orientation of new members	8 (80%)	2 (20%)	0 (0%)	0 (0%)	0 (0%)	10
3. The BOH is appropriately informed about financial management, procurement policies and practice, risk management and human resources issues.	8 (80%)	2 (20%)	0 (0%)	0 (0%)	0 (0%)	10
4. The BOH holds meetings frequently enough to ensure timely decision-making.	8 (80%)	2 (20%)	0 (0%)	0 (0%)	0 (0%)	10

2024–2028 Strategic Priorities

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

Part 2: Board of Health Processes	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Total Responses
5. The BOH bases decision making on access to appropriate information with sufficient time for deliberations.	9 (90%)	1 (10%)	0 (0%)	0 (0%)	0 (0%)	10
6. The BOH is kept apprised of public health issues in a timely and effective manner.	10 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	10
7. The BOH sets bylaws and governance policies.	8 (80%)	2 (20%)	0 (0%)	0 (0%)	0 (0%)	10
8. The BOH remains informed with issues pertaining to organizational effectiveness through performance monitoring and strategic planning.	9 (90%)	1 (10%)	0 (0%)	0 (0%)	0 (0%)	10
9. The consent agenda is helpful in enabling the Board to engage in detailed discussion of important items.	10 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	10

Part 3: Overall Performance of the Board of Health	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Total Responses
1. The BOH contributes to high governance and leadership performance.	9 (90%)	1 (10%)	0 (0%)	0 (0%)	0 (0%)	10
2. The BOH oversees the development of the strategic plan.	8 (80%)	2 (20%)	0 (0%)	0 (0%)	0 (0%)	10
3. The BOH ensures planning processes consider stakeholder and community needs.	7 (70%)	3 (30%)	0 (0%)	0 (0%)	0 (0%)	10
4. The BOH ensures a climate of mutual trust and respect between themselves and the	9 (90%)	1 (10%)	0 (0%)	0 (0%)	0 (0%)	10

2024–2028 Strategic Priorities

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

Part 3: Overall Performance of the Board of Health	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Total Responses
Medical Officer of Health (MOH).						
5. The BOH as a governing body is achieving its strategic outcomes.	6 (60%)	4 (40%)	0 (0%)	0 (0%)	0 (0%)	10

**Other comments or suggestions**

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

Respondents shared positive comments, including comments about how the hybrid in-person/virtual meeting option is helpful to ensuring participation at meetings and about the new process of receiving closed meeting materials ahead of meeting allowing preparation for the closed session discussions. Feedback also included appreciation for the delegation presentations, which provide insights into the agency’s programs and operations and promote a better understanding how the Public Health Sudbury & Districts Strategic Plan is actioned.

**Summary**

The 2024 Board of Health member self-evaluation of performance questionnaire gives Board members a chance to reflect on their individual performance, the effectiveness of Board policy and processes, and the Board’s overall performance as a governing body. Board of Health self-evaluation of performance is an internal tool to ensure compliance with the Ontario Public Health Organizational Standards.

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

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

## **MID-POINT CHECK IN FOR THE MOH/CEO**

### **MOTION:**

**THAT upon recommendation from the Board of Health Executive Committee:**

**THAT this Board of Health support that a mid-point check-in take place for the Medical Officer of Health and Chief Executive Officer; and**

**THAT Board of Health members and positions that report directly to the MOH/CEO be invited to complete a confidential questionnaire responding to two questions; Things Done Well and Things To Do Even Better;**

**AND a summary report, prepared by the Board Secretary, be shared with the Board of Health Executive Committee members. Subsequently, the Board Chair would conduct a 1:1 meeting with the MOH/CEO to share the results and the Board would be informed once the process is completed.**



## **STAFF APPRECIATION DAY**

### **MOTION:**

**THAT this Board of Health approve a Staff Appreciation Day for the staff of Public Health Sudbury & Districts during the upcoming holiday season. The Staff Appreciation Day may be taken between the dates of December 1, 2024, to February 28, 2025. Essential services will be available and provided at all times except for statutory holidays when on-call staff will be available.**

**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:** November 14, 2024

**Re:** Part VIII - Ontario Building Code Fee Increases

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For Information

For Discussion

For a Decision

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**Issue:**

In order to continue to administer the Part VIII (Sewage System) *Ontario Building Code* program on a cost-recovery basis, it is necessary for Public Health Sudbury & Districts to increase program user fees.

**Recommended Action:**

**That the Board of Health approve in principle the proposed increase in Part VIII – Ontario Building Code fees as outlined within Schedule “A” to Board of Health By-Law 01-98.**

**Alternative Action:**

The Board of Health could opt to increase the levy on municipalities to maintain legal obligations under the *Ontario Building Code Act*. This is not recommended as it would not be consistent with the intention of the program for municipalities to have to bear the burden of funding this program.

**Background:**

Public Health Sudbury & Districts is mandated under the *Ontario Building Code* (O. Reg. 332/12), under the *Building Code Act* to enforce the provisions of the *Act* and the *Building Code* pertaining to sewage systems.

Under the authority of the *Ontario Building Code*, Public Health Sudbury & Districts collects fees for Part VIII permits and services in order to recover all costs associated with administration and enforcement of the *Act*.

The current user fees have been in place since 2018. Since that time there has been substantial inflation in the broader economy which has similarly increased costs to deliver this program. The proposed fee increases are necessary in order to address these increasing program operation and delivery costs. The proposed fee increases will bring fees in Sudbury & Districts into line with those in other Northern Ontario health units.

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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

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In accordance with *Building Code* requirements, staff will notify all contractors, municipalities, lawyers, and other affected individuals of the proposed fee increases and advise them of a public meeting. An update will be provided to the Board of Health following conclusion of the notification process with recommendation at the February 2025 Board of Health meeting to formally approve the updated Schedule “A” to Board of Health By-Law 01-98.

**Financial Implications:**

Increase revenue from Part VIII fees will enable the Public Health Sudbury & Districts to administer the program on a cost-recovery basis.

**Ontario Public Health Standard:** Organizational Requirements – Good Governance

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

**Contact:**

Stacey Laforest, Director, Health Protection Division

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

# Board of Health Manual Public Health Sudbury & Districts

## By-Law

### Category

Board of Health By-Laws

### Section

By-laws

### Subject

By-law 01-98

### Number

G-I-50

### Approved By

Board of Health

### Original Date

March 26, 1998

### Revised Date

~~September 19, 2024~~TBD

### Review Date

~~September 19, 2024~~TBD

Being a By-law of the Board of Health for the Sudbury and District Health Unit respecting Construction, Demolition, Change of Use Permits, Inspections, and Fees Related to Sewage Systems.

WHEREAS the Board of Health for the Sudbury and District Health Unit is responsible for the enforcement of the provisions of the *Building Code Act* and Regulations related to sewage systems;

AND WHEREAS the Board of Health is empowered pursuant to Section 7 of the *Building Code Act* to make by-laws respecting sewage systems;

NOW THEREFORE the Board of Health for Sudbury and District Health Unit hereby enacts as follows:

### Short Title

This by-law may be cited as “the Sewage System By-law”.

## Definitions

In this By-law,

- a) **“Act”** means the *Building Code Act, 1992*, and *attendant O. Reg. 332/12* including amendments thereto.
- b) **“applicant”** means the owner of a building or property who applies for a permit or land use planning report or any person authorized in writing by the owner to apply on the owner’s behalf, or any person or corporation empowered by statute to cause the demolition of a building or buildings and anyone acting under the authority of such person or corporation.
- c) **“as constructed plans”** means as constructed plans as defined in the Building Code.
- d) **“Board of Health”** means the Board of Health for the Sudbury and District Health Unit.
- e) **“building(s)”** means a building as defined in Section 1(1) of the Building Code.
- f) **“Building Code”** means the regulations made under Section 34 of the Act.
- g) **“Notice of Substantial Completion”** relates to the day on which a sewage system has been completed and is ready for a final inspection before backfilling.
- h) **“sewage system inspector”** means an inspector appointed by the Board of Health under Section 3.1(2) of the Act.
- i) **“permit”** means written permission or written authorization from the Chief Building Official to perform work regulated by the Act, this By-law, and the Building Code.
- j) **“permit holder”** means the person to whom the permit has been issued and who assumes the primary responsibility for complying with the Act, the Building Code and this By-law.
- k) **“plumbing”** means plumbing as defined in Section 1(1) of the Act.
- l) **“renovation”** means the extension, alteration or repair of an existing building or sewage system or the change in use or part of the use of an existing building or sewage system.
- m) **“repair requiring permit”** means the replacement of a treatment unit or the replacement or alteration of materials in a leaching bed or any component contained therein.
- n) **“sewage system”** means sewage system as defined in Section 1(1) of the Act.
- o) **“sewage system permit”** means a building permit as defined in Section 8(1) of the Act for the purposes of this By-law.

Terms not defined in this By-law shall have the meaning ascribed to them in the Act or the Building Code.

### **Classes of Permits**

Classes of permits required for the construction, demolition or change of use of a sewage system or for the renovation of an existing building or sewage system are set forth in Schedule "A" attached hereto and forming part of this By-law.

### **Permit Applications**

To obtain a permit, an applicant shall file an application in writing by completing the form(s) prescribed and available from the Chief Building Official and satisfy the following:

- 1) Where application is made for a sewage system permit under subsection 8(1) of the Act, the application shall
  - a) identify and describe in detail the work, use and occupancy to be covered by the permit for which application is made;
  - b) identify and describe in detail the existing use(s) and the proposed use(s) for which the premises are intended;
  - c) include complete plans and specifications as described in this By-law for the work to be covered by the permit and show the occupancy of all parts of the building;
  - d) include the legal description, municipal address and where appropriate the unit number of the land on which the work is to be done;
  - e) be accompanied by the required fees as calculated with Schedule "A";
  - f) state the name, address and telephone number of the owner, and if the owner is not the applicant, the applicant's name, address and telephone number and the signed statement of the owner consenting to the application;
  - g) where applicable, state the name, address and telephone number of the architect, engineer or other designer, and the constructor or person hired to carry out the construction or demolition;
  - h) where any person named in clause (g) requires a license under the Act or Building Code, include the number and date of issuance of the license and the name of the qualified person supervising the work to be covered by the permit;
  - i) when Section 2.3 of the Building Code applies, be accompanied by a signed acknowledgement of the owner that an architect or professional engineer, or both, have been retained to carry out the general review of the construction or demolition of the sewage system;
  - j) when Section 2.3 of the Building Code applies, be accompanied by a signed statement of the architect or professional engineer, or both, undertaking to provide a general review of the construction or demolition of the sewage system;

- k) include the applicant's registration number where the applicant is a builder or vendor as defined in the *Ontario New Home Warranties Plan Act*;
  - l) include, as the Chief Building Official deems necessary, proof of the zoning and permitted uses applicable to the land on which the work is to be done; and
  - m) be signed by the applicant who shall certify as to the truth of the contents of the application.
- 2) Where application is made for the demolition of a sewage system under subsection 8(1) of the Act, the application shall
    - a) contain the information and other requirements provided in subsection 4(1), and;
    - b) be accompanied by satisfactory proof that arrangements have been made with the proper authorities for the termination and capping of the appropriate utilities and for the removal and disposal of the sewage system components.
  - 3) Where application is made for a renovation to an existing building under the Act and Building Code, the application shall
    - a) contain the information and other requirements provided in subsection 4(1), and;
    - b) include plans and specifications which show the current and proposed occupancy of all parts of the building, and which contain sufficient information to establish compliance with the requirements of the Building Code, including floor plans, and detailed information respecting the existing sewage disposal system and prior permits.
  - 4) Inspections will be carried out on properties that are identified under the mandatory maintenance inspection program according to section 1.10.2 of Division C, Part 1 of the Ontario Building Code and a fee will be charged as noted in Schedule "A".
  - 5) Where compliance with all the requirements for a permit application is unnecessary or unreasonable, the Chief Building Official may, in cases where he or she deems appropriate, authorize deletion of one or more of the requirements provided the intent and purpose of this By-law is maintained.
  - 6) Where an application for a permit remains incomplete or inactive for six (6) months after it is made, the application may be deemed by the Chief Building Official to have been abandoned and notice thereof shall be given to the applicant.

### **Plans, Specifications, Documents and Information**

- 1) Every applicant shall furnish sufficient plans, specifications, documents and other information to enable the Chief Building Official to determine whether the proposed construction, demolition, change of use or occupancy conforms to the Act, the Building Code and any other applicable law including, without limiting the generality of the foregoing:
  - a) zoning approval from the applicable Planning Authority;

- b) plans that are legible and drawn to scale on paper, cloth or other suitable and durable material;
- c) documents submitted that are legible;
- d) if applicable, Conservation Authority or Ministry of Natural Resources approval.

Site plans submitted should be referenced to a current survey certified by a registered Ontario Land Surveyor and a copy of the survey shall be filed with the Chief Building Official, if deemed necessary.

Site Plans shall show

- a) lot size and dimensions of the property;
- b) setbacks from existing and proposed buildings to the property boundaries and to each other;
- c) setbacks from existing and proposed wells, including wells on adjacent properties;
- d) setbacks from property boundaries, lakes, rivers, streams, reservoirs, ponds and water drainage courses;
- e) the location of any unsuitable, disturbed or compacted areas;
- f) proposed access routes for system maintenance and proposed parking areas;
- g) culverts, drainage patterns and swales;
- h) existing and proposed utility corridors, whether above or below grade;
- i) existing rights-of-way, easements and crown reserves;
- j) the legal description of the property, and if available, the municipal address.

Specifications submitted shall be based on a site-specific evaluation of the property and soils and shall include

- a) depth of existing soils to bedrock;
- b) depth of soils to groundwater table;
- c) soil properties including soil percolation test results and/or soil permeability as determined by a grain size analysis utilizing the Unified Soil Classification System;
- d) soil conditions, including the potential for flooding;
- e) soil profiles as determined by test pits excavated in the area of the proposed leaching bed;
- f) where the applicant is proposing a raised or partially raised leaching bed, specifications on the amount of fill required, the dimensions of the area to be filled and the soil properties as noted in subsection 3(c);



- g) detailed specifications on the type of sewage system proposed, the size of the sewage system proposed and detailed design drawings;
- h) where deemed necessary by the Chief Building Official, a site plan shall include contour mapping, existing and finished ground elevations;
- i) an application for a Class 5 system shall be accompanied by evidence that confirms that the proposal is in compliance with the Building Code.

### **Equivalentents**

- 1) Where an application for a permit or for authorization to make a material change to a plan, specifications, document or other information on the basis of which a permit was issued, contains an equivalent material, system or system design for which authorization under Section 9 of the Act is requested, the following information shall be provided:
  - a) a description of the proposed material, system or system design for which authorization is requested;
  - b) any applicable provisions of the Building Code, and;
  - c) evidence that the proposed material, system or system design will provide the level of performance required by the Building Code.
- 2) The Chief Building Official reserves the right to have any application requiring authorization under Section 9 of the Act referred to the Building Materials Evaluation Commission for review.

### **Revisions to Permit**

- 1) After the issuance of a permit under the Act, notice of any material change to a plan, specification, document or other information on the basis of which the permit was issued, must be given in writing to the Chief Building Official together with the details of such change which is not to be made without his or her written authorization;
- 2) The fees for revising a permit, reviewing new plans and repeating inspections shall be set out in Schedule "A" of this By-law.

### **Notice Requirements**

- 1) Notices required by Section 10.2 (1) of the Building Code shall be given by the permit holder to the Chief Building Official at least 5 business days in advance of the stages of construction specified therein.
- 2) A notice pursuant to clause (1) of this By-law is not effective until written or oral notice is actually received by the Chief Building Official, the sewage system inspector or designate.
- 3) Notice required upon completion of the sewage system Section 11 (4)a of the Building Code shall be in writing in a form designated by the Chief Building Official. The completion form shall be given to the Chief Building Official at least 10 days in advance of the intended use of the sewage system.
- 4) i) Where the applicant files a completion form with the Chief Building Official, the form shall

- a) indicate that the sewage system was backfilled, graded and seeded or sodded in accordance with the Building Code;
  - b) indicate the date on which the work was completed;
  - c) where the applicant has retained an architect or professional engineer, or both, to carry out the general review of the construction of the sewage system, contain the written opinion of the architect or engineer that the completed work conforms to the Building Code;
  - d) be signed by the applicant who shall certify the truth of the contents of the information contained within the completion form.
- 4) ii) Where information is received by the Chief Building Official as required by this section, the Chief Building Official may, upon the signed recommendations of a sewage system inspector,
- a) deem that the requirements of the Building Code have been satisfied, without having an inspection conducted to verify the information;
- OR
- b) the Chief Building Official may require that a set of as constructed plans of the sewage system or any part of the sewage system be submitted by the applicant;
- OR
- c) A site inspection must be carried out by the sewage inspector to verify that the requirements of 4 (a) have been carried out.

### **Transfer of Permits**

- 1) If the registered owner of the land to which the permit applies changes, the permit is transferable only upon the new owner completing a permit application, to the requirements of Section 4 of this By-law. The new owner shall then be the permit holder for the purposes of the Act and the Building Code and assume all responsibilities for compliance with the permit documents.
- 2) The fee for transferring a permit shall be set out in Schedule "A".

### **Refunds**

- 1) No refund of fees shall be made once a site inspection for a permit or a land use evaluation has been carried out.
- 2) All requests for withdrawal of an application shall be in writing by the applicant.

### **Revocation**

- 1) The Chief Building Official may revoke a permit subject to Section 8(10) of the Act or for an "N.S.F. Cheque" that was issued as payment of fees and notice thereof shall be given to the applicant.

## **Fees**

- 1) The payment of fees for a permit or maintenance inspection shall be set out in Schedule “A” and are due and payable upon submission of an application or completion of inspection.
- 2) No permit shall be issued until the fees therefore have been paid in full.

## **Forms**

The Chief Building Official shall be responsible for the development and maintenance of forms required for the sewage system program. Classifications of forms shall be set out in Schedule “B” of this By-law.

## **Offence/Penalty**

- 1) Every person who contravenes any provision of this By-law is guilty of an offence.
- 2) Every person who is convicted of an offence is liable to a fine as provided for in the Provincial Offences Act, R.S.O. 1990, cP.33.

## **Policies and Procedures**

- 1) The Board of Health for Sudbury and District Health Unit shall from time to time establish policies and procedures related to sewage program activities as are appropriate.

## **Validity**

Should any section, subsection, clause or provision of this By-law be declared by a Court of competent jurisdiction to be invalid, the same shall not affect the validity of this By-law as a whole or any part thereof, other than the part so declared to be invalid.

That this By-law shall come into force and take effect on the 6<sup>th</sup> day of April 1998.  
Read and passed in open meeting this 26<sup>th</sup> of March 1998

Revised and passed by the Board of Health, Sudbury & District Health Unit this 27<sup>th</sup> day of May 1999.  
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 25<sup>th</sup> day of May 2000.  
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22<sup>nd</sup> day of February 2001.  
Revised and passed by the Board of Health, Sudbury & District Health Unit this 19<sup>th</sup> day of February 2004.  
Revised and passed by the Board of Health, Sudbury & District Health Unit this 17<sup>th</sup> day of June 2004.  
Revised and passed by the Board of Health, Sudbury & District Health Unit this 15<sup>th</sup> day of November 2007.  
Revised and passed by the Board of Health, Sudbury & District Health Unit this 14<sup>th</sup> day of May 2009.  
Revised and passed by the Board of Health, Sudbury & District Health Unit this 20<sup>th</sup> day of January 2011.  
Revised and passed by the Board of Health, Sudbury & District Health Unit this 16<sup>th</sup> day of February 2012.  
Revised and passed by the Board of Health, Sudbury & District Health Unit this 20<sup>th</sup> day of February 2014.  
Revised and passed by the Board of Health, Sudbury & District Health Unit this 18<sup>th</sup> day of June 2015.  
Revised and passed by the Board of Health, Sudbury & District Health Unit this 16<sup>th</sup> day of February 2017.  
Revised and passed by the Board of Health, Sudbury & District Health Unit this 15<sup>th</sup> day of February 2018.  
Revised and passed by the Board of Health, Sudbury & District Health Unit this 15<sup>th</sup> day of September 2022.

**SCHEDULE "A" TO BY-LAW 01-98**

**Cost Per Permit and Record**

1) Sewage System Permits:	
a) Class 2 Sewage System (Leaching Pit)	\$4700.00
b) Class 2 Sewage System (more than 4 sites)	\$21,680.00
(plus \$4200 for each lot over 4)	\$4200.00
c) Class 3 Sewage System (Cesspool)	\$4700.00
d) Class 4 Sewage System (Septic Tank and Leaching Bed)	\$1,350,900.00
e) Class 4 Sewage System (Leaching Bed Only)	\$825,550.00
f) Class 4 Sewage System (Tank Only)	\$525,350.00
g) Class 5 Sewage System (Holding Tank)	\$1,250,900.00
2) Sewage System Permits: Re-Inspection	\$250.00
3) Renovation Permit	\$350.00
4) Demolition Permit	\$300.00
<u>5)</u> Revisions to Permit (Inspection Required)	\$450.00
<del>5)6)</del> _____ <span style="float:right">Revisi</span>	
<u>ons to Permit (No Inspection Required)</u>	\$250.00
<del>6)7)</del> _____ <span style="float:right">Transf</span>	
<u>er of Permit to New Owner</u>	\$100.00
<del>7)8)</del> _____ <span style="float:right">E</span>	
<u>xtraordinary Travel Costs by Air, Water, etc.</u>	<b>Full Cost Recovery</b>

**Other Fees**

Mandatory Maintenance Inspection .....	\$175.00
File Search .....	\$340.00
Consent Applications .....	\$2350.00 <u>retained lot</u>
	<b>Plus \$350.00 per severed</b>
<u>lot/lot</u>	
<u>Review of detailed site-specific proposal (per submission).....</u>	\$600/lot
Minor Variance/Zoning Applications .....	\$2350.00
Copy of Record.....	\$80125.00
Other Government Agencies .....	\$2350.00

## **SCHEDULE "B" TO BY-LAW 01-98**

### **Forms for Sewage Systems**

- 1) Sewage System Permits:
  - a) Application Form for a Sewage System Permit
  - b) Inspection Reports
  - c) Form Letters and Orders
  - d) Completion Notice Re: Readiness for Use of a Sewage System
  
- 2) Mandatory Maintenance Inspections
  - a) Inspection Reports

**CONSULTATION REGARDING AMENDMENT TO THE FEE SCHEDULE FOR SERVICERS  
UNDER PART VIII OF THE ONTARIO BUILDING CODE**

**AMENDMENT TO FEE SCHEDULE "A" TO BY-LAW 01-98**

**MOTION:**

**WHEREAS the Board of Health is mandated under the Ontario Building Code (O. Reg. 332/12), under the Building Code Act to enforce the provisions of this Act and the Building Code related to sewage systems; and**

**WHEREAS program related costs are funded through user fees on a cost-recovery basis; and**

**WHEREAS the proposed fees are necessary to address increased program associated operational and delivery costs; and**

**WHEREAS in accordance with Building Code requirements, staff will hold a public meeting and notify all contractors, municipalities, lawyers, and other affected individuals of the proposed fee increases; and**

**WHEREAS an update will be provided to the Board of Health following conclusion of the notification process with recommendation coming forward at the February 2025 Board of Health meeting to formally approve the updated Schedule "A" to Board of Health By-Law 01-98;**

**THEREFORE BE IT RESOLVED THAT the Board of Health approves in principle the proposed fee increase in Part VIII-Ontario Building Code fees as outlined within Schedule "A" to Board of Health By-law 01-98.**

**To:** René Lapierre, Chair, Board of Health

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

**Date:** November 14, 2024

**Re:** 2025 Recommended Cost-Shared Operating Budget – Background Context and Assumptions

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For Information

For Discussion

For a Decision

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**Issue:**

The recommended 2025 cost-shared operating budget for the Board of Health for Public Health Sudbury & Districts is based on careful planning in the context of unprecedented system change, programmatic uncertainties, and financial pressures.

This briefing note describes the background context and key assumptions for the 2025 budget deliberations, noting that they form the foundation for the recommended budget in addition to considerations in closed session. Following the Finance Standing Committee’s deliberations, endorsement of the following is sought:

**Recommended Action:**

**THAT the Board of Health approve the 2025 cost-shared operating budget for Public Health Sudbury & Districts in the amount of \$31,036,499.**

**Budget Summary:**

The recommended 2025 cost-shared operating budget for programs and services is **\$31,036,499**, representing an increase of **\$963,420** (3.20%) over the 2024 BOH approved budget. The proposed 2025 cost-shared operating budget for the Board of Health for Public Health Sudbury & Districts is the result of significant planning and due diligence within a context of unprecedented system change, programmatic uncertainties, and financial pressures.

The recommended 2025 operating budget includes the provincial mitigation funding of \$1,179,500, now part of the provincial cost shared funding base, as well as provincial and municipal increases of \$185,383 and \$638,037, respectively. There is also an increase of \$140,000 in interest revenue reflecting current market returns on investments, decreases to salary of \$10,719, and increases to

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2018–2022 Strategic Priorities:

1. Equitable Opportunities
2. Meaningful Relationships
3. Practice Excellence
4. Organizational Commitment

benefits of \$275,730, increases to operating expenditures of \$698,409, and unfunded budget pressures of \$572K to be managed within year.

The following sections provide details on key 2025 budget factors.

### **Context:**

#### *Environment:*

The year 2024 started off with many changes and uncertainties as the agency explored a potential merger with the Algoma Public Health and welcomed new leadership with the new Acting Medical Officer of Health starting in March. The agency continued to focus on catch up activities relating to the backlog of services created by the pandemic while experiencing an increase in communicable infectious diseases in the local community that stretched existing resources and launching a reinvigorated Community Drug Strategy to address the worsened crisis of toxic drug use.

The provincial government continued with the *Strengthening Public Health* initiative including their review of the Ontario Public Health Standards (OPHS) that started in the fall of 2023. As part of this, the Ministry is continuing with a funding review; no changes are expected in 2025, however there is uncertainty around provincial funding in future years. There is also uncertainty with regards to a possible provincial election in the Spring of 2025 and what that would mean for *Strengthening Public Health*.

Although 2024 has seen consumer inflation trend towards a return to historical levels of 2% and lower for 2025, costs for the Agency, similar to municipalities, continue to adjust in lagging response to consumer inflation. This includes salaries and wages, with collective bargaining agreements guaranteeing an increase in salaries well above the 2% inflation target for 2025. Growth in employee benefits costs also remains well above inflation. Given 87% of the budget are salaries and benefits, benefit growth driven by usage, and salary growth driven by collective agreements are prime drivers of cost pressures, alongside workload pressures driven by the community's experience of illness.

#### *Goals*

The Senior Executive Committee (EC) began its 2025 budget deliberations in June when the following considerations were established:

- Alignment to mission and vision and local needs (based on areas we serve)
- Progressing Strategic Plan, Indigenous Engagement plan, ReconciliAction Framework
- Ensuring lines of business are adequately resourced (sustainability)
- Valuing the full scope of the work required in all divisions
- Informed by evidence
- OPHS & legislative requirements are met
- Budget enables taking positive steps to meet objectives
- Thinking innovatively
- Fiscally responsible

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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



- Flexibility
- Balanced approach (budget reductions should not disproportionately impact one area)
- Transparency
- Minimize impact on staff (such as attrition vs layoffs)
- Mindful of change management
- Incremental approach to budget decisions v. more decisive changes

It subsequently established the following medium-term operational priorities which enable progress on the broader Strategic Plan, incorporate many of the above considerations, and provide focus for operational work.

***Sustainability of Services***

The last several years have been a period of substantial change and disruption within the organization. Society has likewise experienced change, and patterns of disease have shifted as outlined at the September 19, 2024 Board of Health meeting. Many Public Health programs find themselves under strain from current workload and rapid changes. This way of working is not conducive to addressing our strategic priorities. Nor does it promote our strategic plan’s goals of resilience, excellence, and sustained long-term work to address systemic barriers and build impactful relationships.

Ensuring the sustainability of our work will be our first priority. Sustaining workload and focus will mean doing less or stopping work in some areas in order to bolster resources where workload is unsustainable. In making decisions on which work to reduce or stop, the following principles will be used:

1. We will avoid stretching our resources “too thin”. It is better to do fewer things very well, than many things without adequate resourcing.
2. We will focus on our core mandate under the OPHS (focusing on the current OPHS for now and updating to the revised OPHS when it is released in 2025). Historically, PHSD has been able to go above and beyond to offer additional services valued by the community. In challenging budget times, we need to refocus on our core mandate.
3. Upstream work is more impactful than downstream work and is less prone to rapid changes and external demands. We will strive to shift towards and bolster upstream work.
4. We will invest in both health promotion and health protection work. Health protection is necessary to prevent against acute threats, and health promotion holds promise for better health in the long-term. One should not be sacrificed for the other.
5. We will focus our resources to where we can have the most impact, while minimizing risk to the population and to the Agency. In focusing on outcomes, deviation from the OPHS will be acceptable as long as we remain aligned with the spirit of the OPHS.

***Leveraging Technology***

2024–2028 Strategic Priorities:

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O: October 19, 2001  
R: February 2024

As we face constrained budgets, technology is an opportunity to enable sustainability of our work while also improving quality, including through mobilizing data for evidence-based decision-making. Electronic medical records, artificial intelligence tools, enterprise resource and customer resource management software, are some examples that can support us to do more with less. Linking these with sociodemographic data collection can improve equity-informed decision making. As we strive to innovate and continuously improve in alignment with our strategic plan, technology can be both an outcome of that innovation, as well as a tool to pursue it further. Of course, adding technology will require investment, including in the maintenance and support of that technology.

### ***Orienting Towards Impact and Outcome***

Our funders in the provincial and local governments are increasingly wanting us to show the impact of the work we do to secure more funding. Demonstrating the benefit or outcomes of public health is extremely challenging: we are often dealing with health problems that are years or decades in the making, and so impacts take years to demonstrate in the best case. Demonstrating impacts is further challenged by the difficulty of attributing an improvement over many years to which antecedents. Nonetheless, demonstrating impact and accountability is part of our strategic plan and we need to rise to this challenge.

### ***Fostering Culture & Engagement***

The Strategic Plan calls for us to “build a culture of collaboration, engagement, continuous quality improvement, and ongoing learning”. This aligns with analysis done in May 2024 by Executive Committee that elicited a desire to move to a culture that is more collaborative and innovative.

Such a culture will improve engagement and commitment of staff, supporting retention. It will also foster teamwork mindset of working across programs and divisions. And it will create an environment where some level of trial and error or experimentation is accepted in the pursuit of new interventions that can address the complex health challenge.

### ***Implementing the Indigenous Engagement Strategy***

The Indigenous Engagement Strategy has been in place for 6 years now. After the disruption of the pandemic response, there is now momentum to this work and dedicated capacity to lead it. We should double down on this momentum. It is critical we follow-through on our commitments from six years ago towards reconciliation.

#### *Financial:*

#### **2024:**

At its November 16, 2023, meeting, the Board of Health approved a cost-shared budget for programs and services of \$30,073,079, representing an increase of \$1,396,294 (4.87%) over the 2023 restated BOH 2023 approved budget. This included the provincial mitigation grant of \$1,179,500, which was rolled into mandatory base funding in 2024, and a 1% increase in provincial funding over 2023 funding levels (including the mitigation grant).

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#### 2024–2028 Strategic Priorities:

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On June 25, 2024, the Board of Health received correspondence from the Ministry of Health dated June 21, 2024, providing notice of Ministry of Health funding for 2024.

- A 1% increase was received to Mandatory Program Grant for an approved allocation of \$18,538,400 for 2024. The former mitigation grant was rolled into this funding and the 1% increase was applied to that.
- The approved base funding for the Ontario Seniors Dental Care Program (OSDCP) was increased to \$1,315,000, which is the full year budget (not pro-rated).
- The funding for Unorganized Territories was maintained at \$1,092,500.

There were no opportunities to request one time funding in the 2024 Annual Service Plan to the Ministry. The Ministry has indicated that funding for PHI Practicums and COVID-19 vaccines for 2024 are being sought from Treasury Board based on prior year amounts and vaccine doses administered (for COVID-19 vaccines). At this time, the Agency has not received confirmation about the funding being available.

IPAC Hub budgets were submitted to the Ministry in the Spring of 2024. Funding approvals have not yet been received at this time however we have been notified that funding will be permanent moving forward. The ministry has identified significant variations between all the IPAC Hubs and is in the process of reviewing how they would like to move forward. At this stage, they have orally shared that they are considering approving 50% of the current budgets as permanent base funding with the remaining 50% as one-time funding until such time as they are able to assess how they would like to implement the full funding envelope. Nothing has been received in writing at this time.

### 2025:

The Ministry of Health has committed to providing 1% increases to mandatory program grants in both the 2025 and 2026 calendar years while they continue to work on the Strengthening Public Health initiative, and in particular the funding review.

The timelines for the OPHS standards review and voluntary mergers have been delayed. The review of the OPHS standards is ongoing, and the Ministry was expected to release the new standards in 2024 with implementation on January 1, 2025, however, the Ministry has indicated that another round of consultation is expected and is advising local public health agencies that the current 2018 OPHS should be used for 2025 planning purposes.

The funding review is ongoing. Previously the Ministry had communicated that results would be announced by mid-2025 for implementation in 2026. Given the delay in other parts of the Strengthening Public Health initiative, it is very possible that these timelines will be similarly delayed.

The revision to the OPHS was contemplated by the province in recognition that provincial funding has not kept pace with demands on local public health's mandate. The Ministry of Health intended to scale

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#### 2024–2028 Strategic Priorities:

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O: October 19, 2001  
R: February 2024

back public health's mandate to reflect limited provincial funding, and not place as much ongoing burden on municipal budgets to meet provincial public health mandates. With delay to both the OPHS and possibly also the funding review, public health's mandate has not yet realigned to reflect provincial funding. To manage the pressures on municipal budgets, the proposed 2025 Budget recommends some unilateral reductions of service below the OPHS mandates.

**Assumptions for 2025:**

1. In 2024 the Ministry restored funding levels to those provided in 2019 (which remained at 2018 levels) by rolling the provincial mitigation grant into the mandatory base funding in 2024. The Ministry has stated that local public health agencies will receive another 1% increase in their mandatory base funding in 2025. This, combined with a 1% increase in both 2023 and 2024, will provide a base mandatory program grant in 2025 of \$18,723,731.
2. The Ministry will continue to fund Unorganized Territories (which incorporates the Northern Fruit and Vegetable and Indigenous Communities programs), the MOH/AMOH Compensation Initiative and the Ontario Senior Dental Care Program (OSDCP). The Unorganized Territories funding will remain at the current funding levels with no inflation adjustments; the MOH/AMOH Compensation Initiative and OSDCP have historically seen incremental increase in funding and it is assumed that will continue.
3. Fixed costs, including benefit increases of 15% overall (22% increase in Extended Health, 6% increase in STD, 10% increase in LTD and 7% in Dental as well as increases in the rates to employer statutory obligation), steps on salary grids, negotiated settlements, insurance, etc., continue to increase. Canada's inflation rate year over year has been decreasing however, the growth in the cost of benefits continues to be high.
4. The Ministry of Health has not announced if and how extraordinary COVID-19 and RSV vaccination costs will be funded in Q2 2025 and beyond. The Ministry has requested to Treasury Board for funding of local public health agencies for COVID-19 vaccine one-time spending from April 1, 2024, to March 31, 2025. At this time, the amount of funding submitted for approval is unknown, however the Ministry has indicated that it was based on vaccine doses given in prior years, funding approved in prior years as well as one-time funding approved in Q1 2024. They have also announced that local public health agencies can submit requests for one-time extraordinary funding for RSV for Q1 of 2025.
5. The government announcements regarding Ontario's public health system in August 2023, following previous proposals for reorganization pre-pandemic in both 2018 and again in 2019 signal potentially significant change to the status quo is likely forthcoming. With anticipation of a possible early provincial election in 2025, provincial plans on this front are uncertain at this time.
6. The legislative requirements of boards of health remain the same, as articulated in the *Health Protection and Promotion Act* and related regulations, and the Ontario Public Health Standards and related protocols and guidelines.

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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

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**Recommended 2025 Budget**

With the financial context described above, management began budget deliberations with a projected shortfall of \$891K. The 2025 recommended budget incorporates increases to projected interest income of \$140,000, provincial and municipal increases of \$185,383 and \$638,037, respectively, decreases to salary of \$10,719 after having incorporated salary increases, progression and FTE reductions, and benefits cost increases of \$275,730, increases to operating expenditures of \$698,409, and incorporates unfunded budget pressures of \$572K.

**Operating Revenues**

The 2025 operating revenues include Ministry of Health base funding for mandatory cost-shared programs (now including the one-time mitigation grant and a 1% increase), the Ministry of Health Unorganized Territories funding, municipal funding, and interest as detailed in the following table.

<b>Revenue</b>	<b>Budget</b>
MOH – General programs	19,549,731
MOH – one time mitigation grant	-
Municipal levies	11,186,768
Interest earned	300,000
<b>Total</b>	<b>31,036,499</b>

The provincial funding is increased by \$185,383, municipal funding is increased by \$638,037 (per capita levy of \$69.40 or increase of \$3.96 per person per year), and interest revenue is increased by \$140,000 over the 2024 budgeted levels. There is no change in Unorganized Territories funding.

**Expenditures**

**Overall**

The 3.20% *overall* budget increase is comprised of the following:

Salary cost decrease	-0.04%
Benefit cost increase	0.92%
Operating cost increase	2.32%
<b>Overall Increase</b>	<b>3.20%</b>

**Salary and Benefit Changes**

Comparisons of 2025 expenditures with 2024 are outlined below.

As compared with 2024, the salary and benefit budget lines for 2025 reflect a decrease of **0.06%** in salaries and a **4.10%** increase in benefits:

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- **Salary:** As compared with 2024, salaries show a decrease of \$10,719 (0.06%) This is a result of a reduction in overall FTE's in the 2025 budget to manage the pressures, combined with annual cost of living increases and staff movement along salary grid steps.
- **Benefits:** As compared with 2024, benefits show an increase of \$275,730 (4.10%) Historical high utilization rates are factoring heavily in the projection of the rate increases in addition to the significant market increases expected next year. Extended health premiums, Dental premiums, long-term disability and short-term disability premiums are projected to increase by, 22%, 7%, 10% and 6%, respectively, effective April 1, 2025. The 2025 budget also incorporates estimated increases in Employer Statutory Deductions to the CPP rates, the EI rate and WSIB rates.

**Operating Expenditure Changes**

As compared with the 2024 budget, the 2025 recommended budget reflects an overall increase in non-compensation operating expenditures of \$698,409 or an increase of 17.25%. Increases were applied to fixed costs such as insurance, and information technology to reflect the increased costs associated with these items. Increases also include initiatives identified within the medium term priorities that the organization will be undertaking in 2025 such as the development of a new website, various consulting services and new Payroll/HR software.

Expenditure lines with significant changes are highlighted below, following the order of appearance in the attached schedule:

- **Health Services/Purchased Services:** The increase is related to the inclusion of various consulting services to the 2025 budget including an HR Strategy Review, an HR market review, IT consulting services, as well as interpretive services and the development of a new website for the agency.
- **Professional Fees:** There are projected increases to audit fees, legal fees and professional fees to reflect actual expenditures.
- **Program expenses** are projected to decrease as we focus on core mandate under the OPHS and reduce service levels to limit budget growth.
- **Vector Borne Disease – Education and Surveillance:** The reduction is a result of reducing activities within this program in 2025 thereby focusing on PHSD core mandate.
- **Insurance:** The increase is related to general market rates increasing across the insurance industry.
- **Information Technology:** The increase is related to the implementation of new software solutions throughout the organization including new HR/Payroll software, Managed Detection and Response software to avert IT security threats, and Disaster Recovery software to advance opportunities provided by leveraging technology.

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- **Building Maintenance:** The increase is related to our Building Maintenance contract cost increases.
- **Utilities:** The decrease reflects energy efficiencies gained as a result of the updated system incorporated within the newly renovated Paris Street building.
- **Staff Development:** The increase is for additional organization wide staff development activities in 2025 aimed at fostering culture and engagement.

**Schedules**

Appendix A provides the detailed schedules for the recommended 2025 operating cost-shared budget by expenditure categories and by divisions.

**Conclusion**

The recommended 2025 budget for public health programs and services is \$31,036,499 representing an increase of \$963,420 (3.20%). At a 3.20% increase over last year’s budget, the recommended budget aims to refocus its resources towards medium term operational priorities which enable progress on the broader Strategic Plan.

**Ontario Public Health Standard:**

Organizational Requirements – Good Governance

2024–2028 Strategic Priorities:

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**Appendix A****2025 Recommended Budget****Public Health Sudbury & Districts**

Item #6 v a

Expenditures By Category

Description	2024 BOH Approved Budget	2025 Recommended Budget	Change (\$) Inc/(Dec)	Change (%) Inc/(Dec)
Salaries	19,295,938	19,285,219	(10,719)	-0.06%
Benefits	6,728,083	7,003,813	275,730	4.10%
<b>Total Salaries &amp; Benefits</b>	<b>26,024,021</b>	<b>26,289,031</b>	<b>265,011</b>	<b>1.02%</b>
Office Supplies	86,781	83,640	(3,141)	-3.62%
Media & Advertising	131,265	112,500	(18,765)	-14.30%
Health Services / Purchased Services	154,433	670,433	516,000	334.13%
Professional Fees	77,070	97,720	20,650	26.79%
Travel	270,607	252,343	(18,264)	-6.75%
Program Expenses	726,842	692,679	(34,163)	-4.70%
Telephone Expenses	68,050	71,850	3,800	5.58%
Postage & Courier Services	90,100	90,100	0	0.00%
Vector Borne Disease - Education and Surveillance	44,825	13,721	(31,104)	-69.39%
Books & Subscriptions	7,445	7,045	(400)	-5.37%
Furniture & Equipment	22,120	18,870	(3,250)	-14.69%
Rent Revenue	(69,076)	(69,076)	-	0.00%
Insurance	208,850	225,000	16,150	7.73%
Information Technology	1,335,660	1,499,560	163,900	12.27%
Rent Surplus Transferred to Reserve	56,642	56,642	-	0.00%
Translation	49,090	58,429	9,339	19.02%
Memberships	40,189	51,750	11,561	28.77%
Expense Recoveries	(637,176)	(606,071)	31,105	-4.88%
Rent	328,254	329,758	1,504	0.46%
Building Maintenance	690,966	750,768	59,802	8.65%
Utilities	236,920	190,605	(46,315)	-19.55%
Staff Development	129,201	149,201	20,000	15.48%
<b>Total Operational Expenses</b>	<b>4,049,058</b>	<b>4,747,467</b>	<b>698,409</b>	<b>17.25%</b>
<b>Total Expenditures</b>	<b>30,073,079</b>	<b>31,036,499</b>	<b>963,420</b>	<b>3.20%</b>



**Public Health Sudbury & Districts**  
**Cost Shared Programs & Services**

**2025 Recommended Budget**

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	<b>BOH</b> <b>2024 Approved</b>	<b>2025</b> <b>Budget</b>	<b>Increase</b> <b>(Decrease)</b>	<b>% Change</b> <b>Inc/(Dec)</b>
<b>Revenue</b>				
MOHLTC - General Programs	18,538,348	18,723,731	185,383	1.00%
MOH One Time Mitigation Grant	-	-	-	0.00%
MOHLTC - Unorganized Territory	826,000	826,000	-	0.00%
Municipal Levies	10,548,731	11,186,768	638,037	6.05%
Interest Earned	160,000	300,000	140,000	87.50%
MOHLTC-MOH/AMOH SUBSIDY	-	-	-	0.00%
<b>Total Revenue</b>	<b>30,073,079</b>	<b>31,036,499</b>	<b>963,420</b>	<b>3.20%</b>
<b>Expenditures</b>				
<b>Corporate Services</b>				
Corporate Services	5,662,649	6,287,005	624,355	11.03%
Office Admin	111,350	104,350	(7,000)	-6.29%
Espanola	126,473	131,102	4,629	3.66%
Manitoulin Island	137,892	141,746	3,854	2.79%
Chapleau	139,699	140,300	602	0.43%
Sudbury East	19,270	19,530	260	1.35%
Intake	354,886	372,587	17,702	4.99%
Facilities Management	684,866	744,668	59,802	8.73%
Volunteer Resources	3,850	3,850	-	0.00%
<b>Total Corporate Services</b>	<b>7,240,935</b>	<b>7,945,138</b>	<b>704,203</b>	<b>9.73%</b>
<b>Health Promotion and Vaccine Preventable Diseases</b>				
MOHLTC - Influenza	(0)	0	0	0.00%
MOHLTC - Meningittis	(0)	(0)	0	0.00%
MOHLTC - HPV	(0)	0	0	0.00%
Dental	501,055	524,052	22,997	4.59%
Vision Health	11,770	-	(11,770)	-100.00%
Promotion - General	1,593,572	1,777,674	184,102	11.55%
School Health Promotion	1,094,746	582,039	(512,707)	-46.83%
District Offices (Espanola/Manitoulin)	369,527	376,553	7,026	1.90%
Nutrition & Physical Activity Team	1,754,750	1,807,532	52,781	3.01%
District Offices (Sudbury East/Chapleau)	419,200	432,484	13,284	3.17%
Tobacco, Alcohol and Cannabis	708,943	131,503	(577,440)	-81.45%
Family Team	1,357,541	1,359,280	1,738	0.13%
Mental Health and Addictions	750,486	1,082,442	331,956	44.23%
VPD	1,281,912	1,673,068	391,157	30.51%
COVID Vaccine	170,544	183,417	12,873	7.55%
Smoke-Free Ontario Strategy: TCAN Coordination	485,266	505,286	20,020	4.13%
Harm Reduction Program Enhancement	173,699	198,465	24,766	14.26%
Healthy Smiles Ontario Program	665,118	667,046	1,928	0.29%
<b>Total Health Promotion and Vaccine Preventable Diseases</b>	<b>11,338,128</b>	<b>11,300,840</b>	<b>(37,288)</b>	<b>-0.33%</b>
<b>Knowledge and Strategic Services</b>				
Knowledge and Strategic Services	3,301,486	3,156,054	(145,431)	-4.41%
Workplace Capacity Development	23,507	43,507	20,000	85.08%
Health Equity Office	14,440	10,970	(3,470)	-24.03%
Indigenous Engagement	10,230	414,797	404,567	3954.73%
Social Determinants of Health Nurses Initiative	503,611	516,126	12,515	2.48%
<b>Total Knowledge and Strategic Services</b>	<b>3,853,274</b>	<b>4,141,454</b>	<b>288,181</b>	<b>7.48%</b>
<b>Health Protection</b>				
Clinic	963,753	1,528,164	564,410	58.56%
Clinical Services - Branches	224,061	236,444	12,383	5.53%
Risk Reduction	53,756	53,756	-	0.00%
Sexual Health	1,416,735	1,441,974	25,239	1.78%
Health Protection - General	1,462,523	1,272,898	(189,625)	-12.97%
Environmental	2,939,396	2,815,889	(123,507)	-4.20%
Vector Borne Disease	90,847	42,914	(47,933)	-52.76%
Small Drinking Water Systems	209,356	-	(209,356)	-100.00%
Smoke-Free Ontario Strategy: Protection and Enforcement	280,314	257,027	(23,287)	-8.31%
<b>Total Health Protection</b>	<b>7,640,742</b>	<b>7,649,066</b>	<b>8,324</b>	<b>0.11%</b>
<b>Total Expenditures</b>	<b>30,073,079</b>	<b>31,036,499</b>	<b>963,420</b>	<b>3.20%</b>
<b>Net Deficit (Surplus)</b>	(0)	(0)	(0)	0.00%

**IN CAMERA**

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

**RISE AND REPORT**

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

## **2025 COST-SHARED OPERATING BUDGET**

### **MOTION:**

**WHEREAS the Board of Health Finance Standing Committee reviewed and discussed the details of the proposed 2025 cost-shared operating budget at its November 4, 2024, meeting; and**

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

**THEREFORE BE IT RESOLVED THAT the Board of Health approve the 2025 cost-shared operating budget for Public Health Sudbury & Districts in the amount of \$31,036,499.**

**ADDENDUM**

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

**ADJOURNMENT**

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