Board of Health Meeting # 02-25

Public Health Sudbury & Districts

Thursday, February 20, 2025

1:30 p.m.

Boardroom

1300 Paris Street

Resolution Number CC2025-29

Title: Appointment to the Board of Health for Public Health Sudbury and Districts – January 2025

Date: Tuesday, January 21, 2025

Moved By Councillor Signoretti

Seconded By Councillor Fortin

THAT the City of Greater Sudbury appoints Councillor Labbée to the Board of Health for Public Health Sudbury and Districts for the term ending November 14, 2026, as outlined in the report entitled, "Appointment to the Board of Public Health for Public Health Sudbury and Districts – January 2025" from the General Manager of Corporate Services, presented at the City Council meeting on January 21, 2025.

CARRIED

Public Health
Santé publique
SUDBURY & DISTRICTS

February 13, 2025

René Lapierre
Board of Health
Public Health Sudbury & Districts

Dear René,

I would like to thank you for your unwavering service and dedication to the Board of Health for the past 10 years. You have shared invaluable perspective, offered guidance, and demonstrated commitment to advance Public Health's vision of creating healthier communities for all. Having been consecutively elected as Board Chair every year since your inaugural meeting in 2015, it's clear that your peers on the Board of Health feel the same.

During your time as Chair, you have been instrumental in guiding the Board and the Agency through some difficult times: a decade of underfunding, merger explorations, and the COVID-19 pandemic response chief amongst them. Always an ambassador for Public Health, you have represented the Board of Health seamlessly, providing a much-needed presence at numerous staff appreciation events, Minister of Health visits, and at other crucial events such as the launch of the agency's Indigenous Engagement Strategy in 2018. Your election to Chair the alPHa Board Executive Committee and sit on the alPHa Board of Directors only illustrates the high regard in which you are held across the province!

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However, beyond these professional accomplishments, what's been most impressive to all of us within the organization is your positive outlook and ability to make all those around you feel at ease. Your presence going forward will be truly missed!

On behalf of Public Health Sudbury & Districts, we thank you for representing the community, this agency, and public health with pride. We wish you well in all future professional and personal endeavours.

Sincerely,

Original signed by

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

cc: Board of Health, Public Health Sudbury & Districts

Public Health
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AGENDA – SECOND MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
BOARDROOM, SECOND FLOOR
THURSDAY, FEBRUARY 20, 2025 – 1:30 P.M.

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT

- City of Greater Sudbury Council motion dated January 21, 2025, re: appointment of Natalie Labbée to the Board of Health for Public Health Sudbury & Districts
- Thank you letter to René Lapierre from the Acting Medical Officer of Health and Chief Executive Officer dated February 13, 2025

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

4. DELEGATION/PRESENTATION

i) Recruitment and Retention

- Troy Haslehurst, Manager, Human Resources, Corporate Services Division
- Julia Demianiuk, Human Resources Officer, Corporate Services Division

5. CONSENT AGENDA

i) Minutes of Previous Meeting

a. First Meeting – January 16, 2025

ii) Business Arising from Minutes

iii) Report of Standing Committees

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

a. MOH/CEO Report, February 2025

v) Correspondence

a. Calling for the Selection of Indigenous Municipal and Provincial Appointees to Board of Health for Public Health Sudbury & Districts
(Related motion from Board of Health Public Sudbury & Districts Motion #31-24)

- Letter from Middlesex-London Health Unit Board of Health Chair and Secretary to Mark Signoretti, dated January 31, 2025

vi) Items of Information

a. Letter from alPHa Chair to the Minister of Finance regarding 2024 Pre-Budget Submission: Public Health Programs and Services, dated January 20, 2025

APPROVAL OF CONSENT AGENDA

MOTION:

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

6. NEW BUSINESS

i) Accountability Monitoring Report

- Briefing Note from the Acting Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated February 13, 2025
- 2024 Accountability Monitoring Report
- Public Health Sudbury & Districts Overview of Planning and Reporting

ii) Part VIII - Ontario Building Code Fee Increases

- Briefing Note from the Acting Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated February 13, 2025
- Revised Board of Health Manual G-I-50 By-law 01-98 and Schedule A

AMENDMENT TO THE FEE SCHEDULE FOR SERVICES UNDER PART VIII OF THE ONTARIO BUILDING CODE AND TO BOARD OF HEALTH MANUAL BY-LAW 01-98

MOTION:

WHEREAS the Board of Health is mandated under the Ontario Building Code Act (S.O. 1992 c. 23), 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 current program associated operational and delivery costs; and

WHEREAS in accordance with Building Code requirements, staff have held a public meeting and notified all contractors, municipalities, lawyers, and other affected individuals of the proposed fee increases, with no concerns having been reported;

THEREFORE BE IT RESOLVED THAT the Board of Health approve the amendments in Part VIII-Ontario Building Code fees as outlined within Schedule "A" to Board of Health By-law 01-98, and

FURTHER THAT the Board of Health direct staff to plan to adjust Part VIII – Ontario Building Code fees on an annual basis in accordance with the rate of inflation, with a comprehensive review of fees conducted once every five years, for Board of Health consideration.

iii) Ontario Building Code – By-Law 02-02

- Revised Board of Health Manual G-I-60, By-law 02-02

BOARD OF HEALTH MANUAL – AMENDMENT TO BY-LAW 02-02

MOTION:

WHEREAS changing personnel requires updates to this by-law,

BE IT RESOLVED THAT the Board of Health approve the proposed revision to By-Law 02-02.

iv) Public Health Sudbury & Districts Infrastructure Projects

- Briefing Note from the Acting Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated February 13, 2025

INFRASTRUCTURE MODERNIZATION PROJECTS: RESERVE FUNDS

MOTION:

THAT the Board of Health, per By-Law G-I-70, authorize the transfer of up to $879k from the Reserve Funds to the operating budget to offset expenses related to the supplementary infrastructure modernization projects.

v) Board of Health Manual

- Board of Health Manual By-law 04-88, G-I-30
- Board of Health Manual By-law 01-93, G-I-40

BOARD OF HEALTH MANUAL – AMENDMENTS TO BY-LAW 04-88 AND BY-LAW 01-93

MOTION:

THAT the Board of Health, having reviewed the revised by-law 04-88 and by-law 01-93, approve the contents therein for inclusion in the Board of Health Manual.

vi) Unlearning & Undoing White Supremacy and Racism Project – Unlearning Club Launch

- Briefing Note from the Acting Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated February 13, 2025
- Invitation to the March 21, 2025 Unlearning Club launch event

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 – FIRST MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
BOARDROOM, SECOND FLOOR
THURSDAY, JANUARY 16, 2025 – 1:30 P.M.

BOARD MEMBERS PRESENT

Ryan Anderson	Guy Despatie	Mark Signoretti
Robert Barclay	René Lapierre	Natalie Tessier
Michel Brabant	Ken Noland	
Renée Carrier	Mike Parent	

BOARD MEMBERS REGRET

Abdullah Masood

STAFF MEMBERS PRESENT

Kathy Dokis	M. Mustafa Hirji	Jamie Lamothe
Stacey Gilbeau	Sandra Laclé	Rachel Quesnel
Emily Groot	Stacey Laforest	

R. QUESNEL PRESIDING

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT

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

- Letter from René Lapierre dated January 3, 2025, re: resignation from the Board of Health for Public Health Sudbury & Districts
- Email from Pauline Fortin dated December 17, 2024, re: resignation from the Board of Health for Public Health Sudbury & Districts
- Thank you letter to Pauline Fortin from the Board of Health Chair dated January 8, 2025

City of Greater Sudbury appointee, Pauline Fortin, resigned from the Board of Health effective December 31, 2024. Thanks was extended for her participation and contributions on the Board since April 2024. A letter of thanks has been sent from the Board Chair on behalf of the Board of Health. The City of Greater Sudbury has not yet filled the vacancy.

Also, Rene Lapierre has announced that he will be resigning from the Board of Health effective following the February 20, 2025, Board meeting.

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. ELECTION OF OFFICERS

Following a call for nominations for the position of Chair of the Board of Health, Mark Signoretti was nominated. There being no further nominations, the nomination for the Board of Health Chair for Public Health Sudbury & Districts for 2025 was closed. Mark Signoretti accepted his nomination.

01-25 APPOINTMENT OF CHAIR OF THE BOARD

MOVED BY LAPIERRE – TESSIER: THAT the Board of Health appoints Mark Signoretti as Chair for the year 2025.

CARRIED

MARK SIGNORETTI PRESIDING

Following a call for nominations for the position of Vice-Chair of the Board of Health, Michel Parent was nominated. There being no further nominations, the nomination for Vice-Chair for the Board of Health for 2025 was closed. Michel Parent accepted his nomination.

02-25 APPOINTMENT OF VICE-CHAIR OF THE BOARD

MOVED BY BARCLAY – BRABANT: THAT the Board of Health appoints Michel Parent as Vice-Chair for the year 2025.

CARRIED

Following a call for nominations for three positions of Board Member at Large to the Board Executive Committee, Ken Noland, Michel Brabant, Guy Despatie, Bob Barclay and Natalie Tessier were nominated. The nominations for the Board Executive Committee for the year 2025 was closed. Guy Despatie and Bob Barclay respectfully declined their nomination, and the three other nominees accepted their nominations.

03-25 APPOINTMENT TO BOARD EXECUTIVE COMMITTEE

MOVED BY CARRIER – PARENT: THAT the Board of Health appoints the following individuals to the Board Executive Committee for the year 2025:

1. **Ken Noland, Board Member at Large**
2. **Michel Brabant, Board Member at Large**
3. **Natalie Tessier, Board Member at Large**
4. **Mark Signoretti, Chair**
5. **Michel Parent, Vice-chair**
6. **Medical Officer of Health/Chief Executive Officer**
7. **Director, Corporate Services**
8. **Secretary Board of Health**

CARRIED

Following a call for nominations for three positions of Board Member at Large to the Finance Standing Committee of the Board, Michel Parent, Renée Carrier, Robert Barclay and Natalie Tessier were nominated. The nominations for the Finance Standing Committee of the Board of Health for the year 2025 was closed. Robert Barclay declined his nomination, and the three nominees accepted their nominations.

04-25 APPOINTMENT TO FINANCE STANDING COMMITTEE OF THE BOARD

MOVED BY TESSIER – DESPATIE: THAT the Board of Health appoints the following individuals to the Finance Standing Committee of the Board of Health for the year 2025:

1. **Michel Parent, Board Member at Large**
2. **Renée Carrier, Board Member at Large**
3. **Natalie Tessier, Board Member at Large**
4. **Mark Signoretti, Chair**
5. **Medical Officer of Health/Chief Executive Officer**
6. **Director, Corporate Services**
7. **Secretary Board of Health**

CARRIED

5. DELEGATION/PRESENTATION

i) Highly Pathogenic Avian Influenza

- Jonathan Groulx, Manager, Health Protection Division

It was noted that Power Point slide deck presentations to the Board are currently made available to the public via phsd.ca website. In addition to this, effective January 2025, presentations to the Board of Health will be recorded. The recorded presentation will be posted to Public Health's YouTube channel and the YouTube recording and the Power Point slide deck will be linked on phsd.ca. Starting with today's delegation, board presentations will be recorded and made available to the public.

J. Groulx was introduced and welcomed to present on the emerging issue of highly pathogenic avian influenza. The Board was informed of the Highly Pathogenic Avian Influenza (HPAI), its implications for public health, Public Health Sudbury & Districts local preparedness efforts, as well as the roles of public health and various other partners in responding to this emerging issue.

Local public health agencies are on the front lines of protecting human health during HPAI outbreaks. Their roles span from immediate case and contact management to broader public education efforts. Coordination with other agencies ensures consistent messaging and comprehensive responses. A multi-faceted approach ensures local public health units effectively address both immediate risks and longer-term public health education needs.

Public Health Sudbury & Districts has laid a solid foundation for its HPAI response through careful planning, preparedness initiatives, and active surveillance. This includes participation in provincial meetings, including the Ministry of Health, as well as role mapping and planning to ensure that every team member understands their part in our response framework and connect our local efforts with provincial and national strategies. Internal work such as division-level planning and ongoing surveillance help position Public Health Sudbury & Districts as a proactive and responsive leader in addressing the complexities of HPAI.

Comments and questions entertained relating to limited provincial and federal regulations for monitoring and investigation of backyard chickens and avian influenza risks associated with small game hunting.

Jon Groulx was thanked for the presentation.

6. CONSENT AGENDA

i) Minutes of Previous Meeting

a. Seventh Meeting – November 21, 2024

ii) Business Arising from Minutes

iii) Report of Standing Committees

a. Board of Health Executive Committee – Unapproved Minutes, December 23, 2024

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

a. MOH/CEO Report, January 2025

v) Correspondence

a. Food Insecurity

- Letter from Peterborough Public Health Board of Health Chair to the Minister of Families, Children and Social Development and the Minister of Health, Government of Canada, dated December 24, 2024
- Report and infographics from Middlesex-London Health Unit dated December 12, 2024

b. Strengthening of Public Health

- Memorandum from Elizabeth Walker, Executive Lead, Office of the Chief Medical Officer of Health, Public Health dated December 23, 2024

c. Perspectives from Northern Ontario for the Public Health Funding Review
(Related motion from Board of Health Public Sudbury & Districts Motion #49-24)

- Letter from the Municipality of Killarney to the Minister of Health, dated November 20, 2024

vi) Items of Information

a. Annual Survey Results from 2024 Regular Board of Health Meeting Evaluations

b. Annual Meeting Attendance Summary Board of Health for Public Health Sudbury & Districts 2024

Dr. Hirji welcomed Dr. Emily Groot who began on January 6, 2025, as Associate Medical Officer of Health at Public Health Sudbury & Districts (will remain Acting until Ministry appointment is received) and Sandra Laclé who is returning to Public Health Sudbury & Districts as Interim Director of Corporate Services as recruitment for this permanent position is underway. Responses to questions were provided relating to the MOH/CEO report.

05-25 APPROVAL OF CONSENT AGENDA

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

CARRIED

7. NEW BUSINESS

i) Immunization Registries

- Briefing Note from the Acting Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated January 9, 2025
- Letter from Peterborough Public Health Board of Health Chair to the Deputy Minister and Minister of Health, dated November 29, 2024

Dr. Hirji defined an immunization registry as a confidential population-based database that contains information about immunization where vaccination status and records can be

searched. Vaccine preventable diseases are evolving such as measles, polio, and pertussis and vaccination rates are unknown; therefore, an immunization registry could help inform local public health response and better address these emerging diseases. An immunization registry could also help assess whether public campaigns are effective.

Currently, neither Ontario nor Canada has a reliable, complete or timely way to record immunization information for the population. Following SARS, having a national registry was a major recommendation to strengthen public health to improve preparedness and the ability to respond to future public health emergencies. As of 2025, Canada and Ontario continue to have no comprehensive immunization registry. In Ontario, there is a vaccination registry for school-aged children.

Recently, the Ontario Immunization Advisory Committee (OIAC) released a position statement urging the Ontario Ministry of Health to develop and implement a provincial immunization registry. The position statement includes seven recommendations on what is needed in Ontario to implement an immunization registry.

Today's motion seeks the Board of Health's support for the establishment and implementation of an Immunization Registry for Ontario as well as a pan-Canadian immunization registry that would integrate with provincial registries.

Questions were entertained regarding the implementation of an immunization registry and Dr. Hirji shared key challenges that might be encountered for the establishment of a national registry.

06-25 SUPPORT FOR IMMUNIZATION REGISTRIES

MOVED BY BARCLAY – DESPATIE: WHEREAS neither Ontario nor Canada currently have a reliable, complete or timely way to record immunization information for residents;

WHEREAS a national immunization registry has been a longstanding recommendation for strengthening public health in Canada;

WHEREAS in September 2024, the Ontario Immunization Advisory Committee released a position statementi strongly urging the Ontario Ministry of Health to develop a provincial immunization registry; and

WHEREAS Peterborough Public Health (Motion 9.3.6) and Wellington-Dufferin-Guelph Public Health (Resolution 32) have also passed motions to support a provincial immunization registry;

THEREFORE BE IT RESOLVED THAT the Board of Health endorses the establishment and implementation of an Immunization Registry for Ontario;

AND THAT the Board of Health supports the establishment of a pan-Canadian immunization registry that integrates with any provincial registries.

CARRIED

ii) Response to Propose Amendment of Section 22 of the *Health Protection & Promotion Act*

- Briefing Note from the Acting Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated January 9, 2025

Dr. Hirji indicated that as part of *Bill 231 2024 An Act to enact or amend various Acts related to health care*, there is a proposed amendment to the *Health Protection & Promotion Act*'s Section 22, subsection 5.0.1 concerning class orders.

Section 22 is a provision with the *Health Protection and Promotion Act* that provides a medical officer of health or associate medical officer of health, in specific circumstances, by a written order may require a person to take or to refrain from taking any action that is specified in the order in respect of a communicable disease. MOHs and AMOHs can issue orders against individuals when there is a need to protect public health.

Class orders allow issuing an order against multiple people (defined as a class), which was a provision created post-SARS to deal with challenges found containing that infection. A class order is rarely used but has been important public health tool.

The proposed amendment would require that before any Section 22 class order could be issued by a medical officer of health or associate medical officer of health, notice must be provided to the Chief Medical Officer of Health, and written approval of the order must also be received. A public comment period to this amendment before the Legislative Assembly is currently open until January 31, 2025.

This change would compromise the original goals of Section 22 orders to be able to respond swiftly, within hours, when facing an urgent public health threat, and would reduce local autonomy and ability to address local public health threats.

Class orders were used to address targeted, and localized health risks until 2020, when a novel definition of class was used to define the entire population of a health unit. During the COVID-19 pandemic response, this novel use of class orders was upheld by courts. Given the expanse of this power, there are reasons to increase checks and balances on it when used in this expansive way. However, the proposed amendment would do this in a way that prevents the effective use of class orders for their original intent.

The following are concerns regarding the proposed amendments:

- While provincial approval of a class order may have justification for a class order applied during a province-wide health emergency to foster alignment across local public health agencies, and where that order applies to the entire population of a health unit warranting greater scrutiny, it makes much less sense for a localized health risk. In particular, provincial approval would slow down the rapid response class orders were designed to permit.
- The amendment would reduce the historic local autonomy boards of health and medical officers of health have had to protect the local population under their responsibility.
- Even in a broad application of a Section 22 class order, provincial review could significantly delay implementation.
    - There should be consideration of timelines on the Chief Medical Officer of Health (CMOH) to complete the review and/or allow orders to go into effect, and the CMOH to instead rescind them after the fact rather than veto them before the fact.

Many issues arose regarding Section 22 orders and class orders through the Campbell Commission post-SARS which have never been addressed. Reviewing all the issues with Section 22 orders and comprehensively amending the legislation would seem advisable at this opportunity.

Dr. Hirji is recommending that Public Health Sudbury & Districts share these concerns, and advocate to the Legislative Assembly for a detailed, thorough review of the Section 22 provision before making any amendment.

Questions and comments were entertained.

07-25 RESPONSE TO PROPOSE AMENDMENT OF SECTION 22 OF THE *HEALTH PROTECTION & PROMOTION ACT*

MOVED BY ANDERSON - CARRIER: WHEREAS Class Orders under Section 22 of the *Health Protection & Promotion Act* were created in 2003 in the wake of the first wave of SARS to better equip local public health to respond to time-sensitive and severe public health emergencies;

WHEREAS Class Orders were used in novel ways during the COVID-19 pandemic response, ways that were much broader in scope than likely intended in 2003;

WHEREAS additional checks and balances on Class Orders are reasonable give the novel use of these orders to ensure they do not inappropriately impact public freedoms;

WHEREAS Bill 231, More Convenient Care Act, 2024 proposes an amendment to the Health Protection & Promotion Act that would require provincial review and approval for any Class Order;

WHEREAS seeking provincial review and approval would create significant time delays with issuing Class Orders contrary to the need identified during the SARS response;

WHEREAS provincial review and approval of a local medical officer of health's actions to deal with local outbreaks and local health risks would represent an unusual infringement on local autonomy and independence in dealing with local concerns;

WHEREAS there are many recommendations that have arisen around improving the use of Section 22 orders dating back to SARS, many of which have not been implemented;

THEREFORE BE IT RESOLVED THAT the Board of Health recommends that the Legislative Assembly of Ontario that amending section 22 of the Health Protection & Promotion Act warrants more careful study, and that a dedicated task force to review this provision is recommended prior to any amendments; Health Protection & Promotion Act;

AND THAT the Board of Health recommends that any amendment of Section 22 Class Orders should distinguish between the original use of Class Orders which were narrowly targeted to small groups concerning time-sensitive risk of a local nature, and the novel use of Class Orders which area applied across an entire health unit on a risk diffuse throughout the province.

CARRIED

iii) Endorsement of the Recommendations of the Walport Report, and Support for Continued focus on Public Health Emergency & Pandemic Preparedness

- Briefing Note from the Acting Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated January 9, 2025
- Letter from Peterborough Public Health Board of Health Chair to the Deputy Minister and Minister of Health and the federal Minister of Health, dated November 27, 2024

After SARS in 2003, there were several reports completed, both nationally and provincially, on improving public health preparedness. Many recommendations were made to improve the system for future health threats; and a large number were implemented; however, not all have been implemented as time from the emergency lessened the urgency to act. In comparison, to date, there has not been the appetite to learn from the COVID-19 pandemic response to prepare for the future with the exception of the 2022 Ontario Chief Medical Officer of Heath (CMOH) report. Notwithstanding this report, there has been little evidence of action to implement its recommendations. For example, the report recommends that there be an annual report to the provincial legislature which would in part provide the transparency if any action is occurring on those recommendations. So far, no such annual report has been tabled.

The one other attempt to learn from the COVID-19 response was from Health Canada asking an independent expert panel to conduct a review of the federal approach to pandemic science advice and research coordination, take stock of the lessons learned, and provide concrete recommendations to strengthen Canada's preparedness in these areas for future health emergencies. The Walport Report was released mid-October 2024 and the 12 recommendations outlined. Dr. Hirji noted that these are good and sensible recommendations that, similar to other public health system recommendations, should not be left unactioned.

It is recommended that the Board endorse the Walport Report and encourage its deliberate implementation, along with the ongoing implementation of the 2022 Chief Medical Officer of Health of Ontario annual report.

Questions and comments were entertained, and it was clarified that a follow-up letter will be sent to action the endorsed motion.

08-25 ENDORSEMENT OF THE RECOMMENDATIONS OF THE WALPORT REPORT, AND SUPPORT FOR CONTINUED FOCUS ON PUBLIC HEALTH EMERGENCY & PANDEMIC PREPAREDNESS

MOVED BY BRABANT - BARCLAY: WHEREAS for the past two decades, there have been Public Health Emergencies of International Concern approximately every two years, several of which have impacted Canada;

WHEREAS in a world that is increasingly more complex, interconnected, and uncertain, future public health emergencies maybe more impactful and difficult to manage;

WHEREAS the are opportunities to learn lessons from the COVID-19 pandemic response, both of around successes and areas for improvement;

WHEREAS The Time to Act is Now: Report of the Expert Panel for the Review of the Federal Approach to Pandemic Science Advice and Research Coordination (aka The Walport Report) is one detailed effort to learn lessons from the COVID-19 pandemic response;

WHEREAS The Ontario Chief Medical Officer of Heath's 2022 Annual Report Being Ready: Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemics presented a laudable path forward to be better prepare for future public health emergencies;

THEREFORE BE IT RESOLVED THAT the Board of Health endorses the Walport Report and its 12 recommendations;

AND THAT the Board of Health encourages both the Federal government and the government of Ontario to act with deliberate resolve in implementing the Walport Report as well as the 2022 Chief Medical Officer of Health report, respectively.

CARRIED UNANIMOUSLY

iv) Board of Health Meeting Date

Dr. Hirji noted that the Association of Local Public Health Agencies Annual (alPHa) in-person Conference and Annual General Meeting conflicts with the regular Board of Health meeting date in June. It is proposed that the meeting date be moved earlier by 1 week to facilitate attendance by the MOH, AMOH, other Public Health staff, and interested Board of Health members.

09-25 CHANGE IN BOARD OF HEALTH MEETING DATE

MOVED BY TESSIER – ANDERSON: WHEREAS the Sudbury & District Board of Health regularly meets on the third Thursday of the month; and

WHEREAS By-Law 04-88 in the Board of Health Manual stipulates that the Board may, by resolution, alter the time, day or place of any meeting;

WHEREAS the 2025 Association of Local Public Health Agencies Annual (alPHa) in-person Conference and General Meeting will be held from June 18 to 20, 2025;

THEREFORE BE IT RESOLVED THAT this Board of Health agrees that the June 19, 2025, regularly scheduled Board of Health meeting date be changed to Thursday, June 12, 2025 at 1:30 p.m.

CARRIED

8. ADDENDUM

None.

9. ANNOUNCEMENTS

There will be an opportunity to formally thank René Lapierre at the February Board of Health meeting for the excellent leadership he has provided as Board of Chair for the last 10 years.

M. Signoretti indicated that the Board of Health bylaws have an annual requirement that each Board of Health member review the Code of Conduct and Conflict of Interest Policies and Procedures. The Policies describe the duties and obligations Board members have to uphold including how to recognize and declare a conflict of interest and the Code of Conduct outlines behaviours that are expected of Board of Health members to create and maintain a culture of integrity. Board members are asked to complete the Code of Conduct and Conflict of Interest declaration forms once they have reviewed the Policies and Procedures.

Board members were invited to complete the January 16, 2025, Board of Health meeting evaluation following the meeting.

In response to a comment regarding the 2024 Board meeting evaluation roll up, Dr. Hirji noted that there was overall a good score for statement 5, *There is alignment with items that were included in the Board agenda package and the Public Health Sudbury & Districts' 2024-2028 Strategic Plan*, though it wasn't as strong as others. There is a desire not to make wholesale changes given the good score, but make small adjustments to further improve it. The MOH/CEO and other staff will be mindful of additional alignment opportunities in 2025 and going forward.

The next regular Bord of Health meeting will be held on Thursday, February 20, 2025, at 1:30 p.m.

10. ADJOURNMENT

The meeting was adjourned at 2:41 p.m.

10-25 ADJOURNMENT

MOVED BY NOLAND - TESSIER: THAT we do now adjourn. Time: 2:41 p.m.

CARRIED

_____ (Chair)

_____ (Secretary)

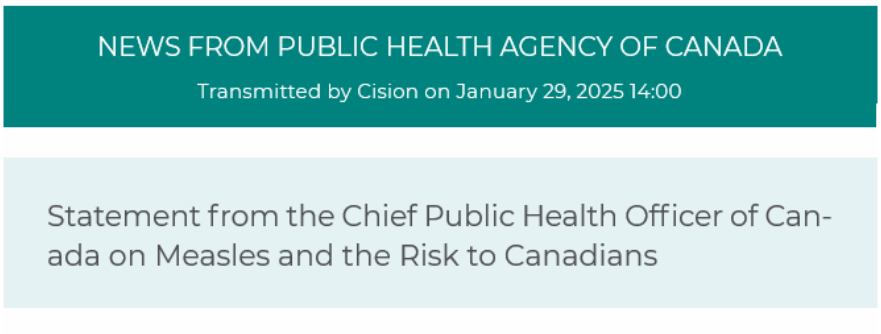
[i] Ontario Agency for Health Protection and Promotion (Public Health Ontario), Ontario Immunization Advisory Committee. Position Statement: a provincial immunization registry for Ontario. Toronto, ON: King's Printer for Ontario; 2024.

Public Health
Santé publique
SUDBURY & DISTRICTS

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

Words for thought

Statement from the Chief Public Health Officer of Canada on Measles and the Risk to Canadians.



NEWS FROM PUBLIC HEALTH AGENCY OF CANADA

Transmitted by Cision on January 29, 2025 14:00

Statement from the Chief Public Health Officer of Canada on Measles and the Risk to Canadians

OTTAWA, ON, Jan. 29, 2025 /CNW/ - Canada is currently experiencing an increase in measles activity, with recent cases reported in Quebec and Ontario that are associated with ongoing outbreaks. While international travel was the initial source of these outbreaks, all the people with recent measles infections were exposed to the virus in Canada. The majority of measles cases reported in Canada occur among unvaccinated people, many of whom are children, including infants under one who have not yet had the opportunity to be vaccinated.

It is crucial for all people in Canada to ensure they are fully vaccinated against measles. Measles is a highly contagious, airborne disease that can lead to serious health complications. Severe complications, while rare, include respiratory failure, encephalitis (swelling of the brain), and death.

Measles can spread very quickly—90% of people who are not vaccinated or haven't had measles before can become infected if they are near someone with the disease. I'm concerned that vaccination rates for measles among children are not high enough in some areas of Canada to prevent the spread of measles. For instance, a recent study in the Canadian Journal of Public Health found that there was a decline in measles vaccination coverage in children in 2023 compared to 2019.

Source: News Release: Statement from the Chief Public Health Officer of Canada on Measles and the Risk to Canadians - Canada.ca

Date: Issued January 29, 2025

The World Health Organization estimates that 107 500 people died of measles in 2023. In addition, hundreds of thousands more children likely suffered other complications of measles: permanent deafness, pneumonia, infections of the brain, and pregnancy loss amongst others.

The 107 500 global deaths from measles would have been closer to 800 000 deaths if it weren't for measles vaccination around the world. Fortunately, Canada has had the resources and public health infrastructure to ensure high measles vaccination coverage, and the World Health Organization certified in 1998 that measles was "eliminated" in Canada—that means that while someone may occasionally get infected with measles while travelling, transmission within our borders is rare and not sustained. The Chief Public Health Officer's (CPHO) statement highlights that this status is now being challenged.

In late 2024, New Brunswick had an extended measles outbreak. And currently both Ontario and Quebec have measles outbreaks, with the Ontario outbreak having spilled over into 5 infections in Manitoba. Within Ontario, both Southwestern Public Health and Grand Erie Public Health have declared local measles outbreaks. All this illustrates how quickly and widely measles can spread within our borders now. The underlying cause of that is lower measles vaccination coverage.

The CPHO notes a recent scientific study demonstrating reduced measles vaccination. That study found we went from 89.5% of 2-year-olds having 1 dose of MMR vaccine in 2019, to only 82.5% in 2023. Among 7-year-olds, we went from 86.3% having 2 doses of MMR vaccine in 2019, to only 75.6% in 2023. This decline is a direct cause of the recent measles spread we have seen. And this is a consequence of the disruption that the pandemic caused.

Fortunately, Public Health Sudbury & Districts has seen vaccination levels remain higher, thanks to prioritization and investment into this work, particularly in 2022–2023 during pandemic recovery efforts. While MMR-specific immunization data are not available, the coverage combined for all vaccines under the *Immunization of School Pupils Act* was 85.6% for 7-year-olds and 87.3% for 17-year-olds. That 85.6% for all vaccines compares favorably to the 75.6% noted above for MMR nationally. And as that 85.6% represents the intersection of coverage from many vaccines, likely the MMR coverage is higher. This is likely part of the reason that many parts of Ontario have seen the odd measles infection in recent years, while we have not.

Staying safe from vaccine preventable diseases like measles doesn't happen by accident. It is the consequence of dedicated effort and investment. And when that stops, as it did during the pandemic response, that protection can crumble and put us at risk once again. The recent measles outbreaks in Canada are a reminder of the importance of ongoing, dedicated work to maintain high immunization coverage, as well as the importance of ongoing investment by into vaccination budgets.

Report Highlights

1. Measles Outbreaks in Canada

Measles is spreading within Canada, which is very unusual. This situation is described more fully in Words for Thought.

2. Provincial Chief Medical Officers warn about Nicotine Vaping

Nicotine addiction, which manifests into 46 000 Canadians dying of smoking-related causes each year, remains the top risk factor for death in our society. The industry continues to innovate new nicotine delivery systems which perpetuates nicotine dependance and creates a population who may begin to smoke to access nicotine. The Chief Medical Officers of Health of the provinces and territories are calling on all levels of government to do what they can to limit and regulate products that lead to nicotine addiction.

Public Health Sudbury & Districts has been active on this issue, and will continue to advocate for policy changes, and working with municipal partners on local bylaws that protect the population.

3. Bringing Public Health on the Radar During Elections

With the current provincial election, federal Liberal leadership election (which will effectively pick the next Prime Minister), and an expected federal general election later this year, our society is going to be thinking about the future and what its priorities are. Public Health Sudbury & Districts hopes to ensure Public Health is part of that conversation.

With the provincial election, we are speaking about the importance of sustainability funding public health, and particularly highlighting the important contribution this could have to childhood vaccinations, preparing for public health emergencies, and supporting the mental wellness of children. Both traditional and social media is being leveraged to get the word out.

4. Amendments to *Health Protection & Promotion Act* Died

Proposed amendments to the *Health Protection & Promotion Act* (HPPA) before the legislature as part of Bill 231 *More Convenient Care Act, 2024* have died with the dissolution of the legislature and the call of the provincial election. At its January 2025 meeting, the Board adopted a resolution regarding the amendment to section 22 of the HPPA, which was communicated to the government and the Legislature's standing committee. The agency's position is therefore on record regarding these changes, and should they be revived post-election, the position of the agency will be restated.

5. Staffing Redeployments to Support Implementation of the *Immunization of School Pupils Act*

As we seek to keep our population protected from vaccine preventable diseases, Public Health is engaged in the annual effort to implementation of the *Immunization of School Pupils Act* (ISPA). This effort is work-intensive, and as vaccination challenges, such as hesitancy and access, have grown in recent years, alongside population growth, this work has become more intense. Meanwhile Public Health's resources have been reduced. With workload to implement the ISPA currently outstripping resources, we are unfortunately needing to do redeployments of staff to accomplish this work. This includes staff both in Greater Sudbury as well as in our district offices. This serves as a reminder of the budgetary challenges that face Public Health after a decade of sub-inflationary provincial funding growth in the context of growing health issues.

6. Respiratory Infections

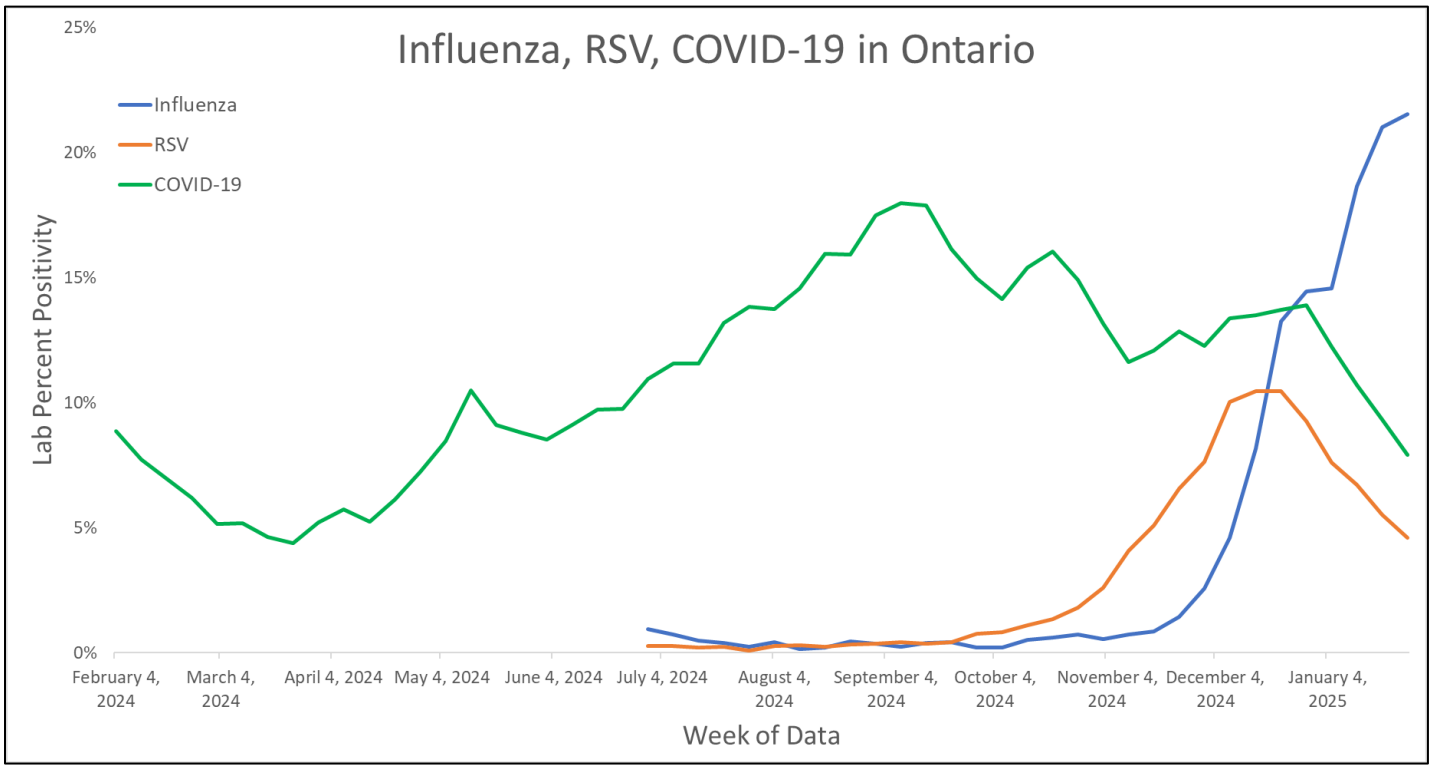


Figure 1. Data courtesy of Public Health Ontario's Ontario Respiratory Virus Tool. Data downloaded February 10, 2025 https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/Respiratory-Virus-Tool

The respiratory virus season continues. Influenza (blue line) continues an upwards trajectory, though will likely peak soon. RSV (orange line) has peaked as of early December and been declining. COVID-19 has not exhibited predicable seasonal trends, nor a winter surge like other respiratory viruses. We can see from the green line that it is never circulating at a low level, and

was circulating at moderately high levels from the late summer through December. Fortunately, it has declined somewhat in recent weeks.

7. Recruitment of a Director of Corporate Services

This recruitment continues. The services of Western Management Consultants has been secured to assist with the recruitment. It is hoped a candidate can be hired by late spring.

8. 2025 Budget Transition Efforts

The 2025 budget approved by the Board of Health has been implemented as of January 1. Work continues around working with partners such as the Ontario Health Team and municipalities to adjust to Public Health's withdrawal from certain services, and the effort to find support for affected clients through other avenues.

General Report

1. Board of Health

Board of Health Membership

At the February 20, 2025, we bid farewell to Board of Health member, René Lapierre, along with thanks for his leadership as Board of Health Chair for the past 10 years. A letter of thanks included in the agenda package expresses our appreciation for his dedication to public health.

Light refreshments—with thanks to René Lapierre

Board of Health members are invited to stay for refreshments in the Boardroom following the February 20, 2025, Board of Health meeting to wish René Lapierre well in his future endeavours.

We await confirmation by the City of Greater Sudbury Council regarding René Lapierre's replacement on the Board of Health and are hopeful that the City will consider an indigenous representative, per Board of Health motion 41-24.

Warm welcome to Natalie Labbée's first Board of Health meeting. N. Labbée has been appointed by the City of Greater Sudbury Council to replace Pauline Fortin who resigned from the Board of Health effective December 31, 2024.

An orientation session will be scheduled for the two newly appointed Board of Health members.

Declaration forms

All Board of Health members are required to review the Board of Health Code of Conduct and Conflict of Interest policies and procedures annually and complete the declaration forms confirming they have completed their review. Reminders will be sent to Board of Health members who have not had a chance to review these and complete the corresponding declaration forms.

Joint Board/Staff Accountability Working Group

With the resignation of René Lapierre on the Board of Health effective following the February 20, 2025, Board of Health meeting, we are seeking a Board of Health member replacement on the Joint Board/Staff Accountability Working Group.

Per the Joint Board/Staff Accountability Working Group Terms of Reference (attached to the February 20, 2025, Board of Health meeting event in BoardEffect), the Working Group is responsible for reviewing draft Accountability Monitoring reports including annual Accountability Monitoring Reports. Members of the Joint Board of Health/Staff Accountability Monitoring Working Group provide input on components of the Plan, as appropriate; review the reports for content and format; provide interpretive comments on results where appropriate; and present reports to the full Board of Health. The Working Group meets approximately one to two times per year.

Please let the Board Chair or the Board Secretary know of your interest to participate on the Working Group.

Recording of Delegations at Board of Health Meetings

As of the January 16, 2025, Board of Health meeting, presentations by delegations are now recorded and posted on the agency's YouTube channel. The YouTube link of the recording is shared on phsd.ca along with the slide deck and is also shared on social media, typically within two weeks of the meetings, for the public to access.

Proposed revisions to G-I-30 included in the agenda package reflect this new process.

2. Human Resources

Recruitment efforts are ongoing for a permanent full-time Director of Corporate Services and a 0.6 FTE Associate Medical Officer of Health.

3. Local and Provincial Meetings

I co-chaired the Community Drug Strategy Executive Committee meeting on February 10, 2025, with Heidi Eisenhauer, Executive Director, Réseau ACCESS Network.

I continue to participate in the bi-monthly Northern Medical Officers of Health (NMOH) teleconferences, including February 5, 2025, and will attend the next meeting on February 19, 2025. I also attended the monthly Public Health Steering Coordination Committee meeting February 11, 2025, and the monthly teleconference with the NMOH/Office of the Chief Medical Officer of Health on February 11, 2025.

I attended the virtual alPHa Winter Symposium and the Council of Ontario Medical Officers of Health (COMOH) section meeting held from February 12 to 14, 2025. I will provide a verbal update at the February 20 Board of Health meeting.

On January 16, I attended the Program Policy and Academic Planning Committee for NOSM University's Public Health & Preventive Medicine training program. I also attended a recruitment activity for this NOSM University program on January 23.

On January 31, I served as an examiner for the annual oral exams of McMaster University's Public Health & Preventive Medicine training program. I also attended that program's Residency Program Committee on February 3 in my capacity as the Chair of their Assessment & Promotion Committee.

4. Public Health Sudbury & Districts Provincial Election Primer

An awareness campaign highlighting the importance of sustainably funding local public health efforts is being launched ahead of the upcoming provincial election. Social media and traditional media will be leveraged to bring voter and media attention to the importance of adequate public health funding as a necessary investment in achieving healthier communities for all. Voters will be encouraged to consider four areas of public health when gathering information and casting their ballots—public health funding, childhood vaccinations, emergency preparedness, and investing in our children.

5. Accountability Monitoring Plan

The annual *2024 Accountability Monitoring Report* will be presented to the Board of Health at its February 2025 meeting. The results presented in the *2024 Accountability Monitoring Report* illustrate continued progress on Organizational Requirements, Foundational and Program Standards, and measures related to the agency's *Strategic Plan.*

6. 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 per the *Ontario Public Health*

Standards, 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 January 31, 2025, on January 31, 2025. The Employer Health Tax has been paid, as required by law, to December 31, 2024, with an online payment date of January 14, 2025. Workplace Safety and Insurance Board premiums have also been paid, as required by law, to December 31, 2024, with an online payment date of January 31, 2025.

There are no outstanding issues regarding compliance with the *Occupational Health and Safety Act* or the *Employment Standards Act*. No new matter has come forward pursuant to the *Ontario Human Rights Code* or the *Accessibility for Ontarians with Disabilities Act*.

Following are the divisional program highlights.

Health Promotion and Vaccine Preventable Diseases Division

1. Chronic Disease Prevention and Well-Being

Physical activity and sedentary behaviour

Staff were invited and participated on the panel for the webinar *Understanding Physical Literacy: A Canadian Perspective (2024)*. The webinar hosted by Sport for Life provided valuable insights into the national *Physical Literacy for Communities (PL4C)* strategy. Panel members included representation from the health, recreation, and municipal sectors. The staff on the panel highlighted Public Health's experience with physical literacy by sharing, with participants, two motions the Board of Health passed with regards to physical literacy (motion #29-22 *Physical literacy for Healthy Active Children* and motion #34-24 *Physical Literacy for Communities: A Public Health Approach*). The webinar attracted a diverse audience of educators, coaches, health professionals, and policymakers, all eager to enhance the accessibility and impact of physical literacy for Canadians.

Seniors Dental Care

Staff continued to deliver comprehensive dental care at our Seniors Dental Care Clinic at Elm Place, offering restorative, diagnostic, and preventive services. Additionally, staff facilitated client referrals to contracted community providers for emergency, restorative and/or prosthodontic services while also assisting low-income seniors with enrollment in the Ontario Seniors Dental Care Program.

2. Healthy Growth and Development

Infant feeding

Staff provided 79 clinic appointments to clients at the main office location. 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 79 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.

A total of 99 reminder postcards were sent to parents, encouraging them to book their child's 18-month well-baby visit. This intervention aims to increase the number of toddlers screened by health care providers for developmental milestones and referred to appropriate services as needed.

Health Information Line

The Health Information Line received 66 calls on topics including infant feeding, healthy pregnancies, parenting, healthy growth and development, mental health services and finding a nearby family physician.

Healthy Babies Healthy Children

Staff continued to support over 160 client families, completing 983 interactions. Public Health dietitians also provided ongoing support to clients identified as being at high nutritional risk.

Healthy pregnancies

A total of 37 individuals enrolled in the new Informed Journey (INJOY) prenatal eClass, which covers topics such as life with a new baby, infant feeding, self-care, and the impact of a new baby on relationships. This interactive platform integrates the latest Canadian nutritional guidelines, provides information on labour and delivery, and highlights local programs and services that support families.

3. School Health

Public Health continues to work closely with local schools and school boards to support the health and well-being of children and youth in the community. This ongoing partnership focuses on addressing all health promotion topics, tailored to the specific needs of the school population.

Healthy eating behaviours

In January, as part of the Northern Fruit and Vegetable Program, 12 schools received new refrigerators to keep program produce fresh. A total of 95 out of 98 eligible schools registered for the 2024-2025 school year and will receive weekly deliveries of fresh fruit and vegetables. In partnership with the Ontario Fruit and Vegetable Growers' Association and the Ministry of Health, the program takes a coordinated approach to increasing the likeability, acceptance, and consumption of fresh produce in public elementary schools and schools in First Nation communities.

Oral Health

Staff continued to deliver the annual school-based oral health assessment and surveillance program while also conducting case management follow-ups for children with urgent dental care needs. Preventive oral health services were provided at the Paris Street office for children enrolled in the Healthy Smiles Ontario (HSO) Program, along with enrollment assistance for families interested in applying.

On January 31, staff hosted a drop-in dental screening clinic at the Paris Street office during the school professional activity day. Of the 41 children and youth screened, 3 (7%) required a referral to a dentist for urgent dental care, 12 (29%) needed preventive services, and 10 (24%) were enrolled in HSO.

4. Substance Use and Injury Prevention

Mental health promotion

Public Health leveraged social media platforms, including Facebook and X, to promote *Bell Let's Talk Day* on January 22, 2025. This initiative raises awareness about mental health and helps reduce stigma surrounding mental illness. Posts encouraged community engagement in mental health conversations and support for related initiatives, aligning with Public Health's goal of fostering greater understanding, reducing stigma, and empowering individuals to seek help. Promoting mental health awareness is essential to creating supportive environments that contribute to overall well-being.

In January, Public Health facilitated a Brain Architecture workshop for post-secondary early childhood educator students, focusing on the impact of adverse childhood experiences (ACEs) on brain development and long-term health. The workshop emphasized the role of early experiences in shaping mental and emotional well-being and highlighted the social determinants of health. By educating future professionals, Public Health is strengthening the workforce's capacity to support healthier, more resilient children, ultimately contributing to a stronger community.

Substance Use

Public Health continues to leverage social media to educate the community about substance use-related harms. A series of five posts were shared on Facebook and X, highlighting key resources such as the National Overdose Response Service (NORS), the importance of staying informed about drug alerts, and harm reduction tips (for example carrying naloxone and staying warm during substance use in cold weather). This initiative empowers individuals to make informed decisions and provides vital resources for support and harm reduction.

Public Health hosted a roundtable in Chapleau with community partners from various sectors—including health care, law enforcement, Indigenous agencies, and local government—to address the toxic drug crisis. This collaborative meeting allowed participants to share perspectives and roles in tackling the crisis, offering valuable insights into community-specific challenges and intervention opportunities. The discussion emphasized the need for continued collaboration and information-sharing to build a coordinated response to substance-related issues. All participants expressed interest in continuing the dialogue to address the complexities of the crisis.

In response to a request from a local school board, Public Health provided educational materials on cannabis, vaping, and other substance use for students. These resources aimed to inform students about the risks of substance use, the importance of making healthy choices, and how to seek help if needed.

Harm reduction – Naloxone

A new Memorandum of Understanding (MOU) was signed with a community partner for the Ontario Naloxone Program, bringing the total number of agreements to 52. These partnerships are essential for ensuring naloxone and harm reduction resources are widely available across the region. By expanding naloxone distribution points, Public Health is enhancing the community's capacity to respond to opioid overdoses, saving lives and reducing the impact of the opioid crisis.

Staff distributed 1597 naloxone doses and 131 individuals were trained in proper naloxone use. This initiative is part of Public Health's ongoing harm reduction efforts, providing individuals with the tools to safely intervene in drug poisonings and mitigate the harms of opioid use.

5. Vaccine Preventable Diseases

Immunization information line

In January, the team responded to approximately 600 calls on the immunization information line. About 40% of the calls were general immunization inquiries, 31% related to *Immunization of School Pupils Act* (ISPA) and school-based immunizations, and 10% were about respiratory vaccines (flu, COVID-19, RSV). The remaining calls covered topics such as accessing immunization records, travel information, and foreign record submissions.

Education, partnerships, and engagement

In January, an Advisory Alert was sent to health care providers informing them of the upcoming ISPA timelines. This communication included a handbook with detailed, localized guidance on ISPA and immunization information. It also encouraged health care providers to support parents by reviewing student immunization records and administering any missing vaccines required for school attendance.

In January, the team began its annual review of immunization records for students in elementary and secondary schools. As of January 6, 6077 students were overdue for vaccines or had incomplete records, representing 21% of students in our service area. By the end of January, 1721 parents had received notices regarding their child's immunization status and missing vaccinations. Parents will continue to receive initial notices until the end of March.

Health Protection

1. Control of Infectious Diseases (CID)

In the month of January, staff investigated 186 sporadic reports of communicable diseases. During this timeframe, 13 respiratory outbreaks were declared. The causative organisms for the respiratory outbreaks were identified to be: SARS-CoV-2/COVID-19 (3), human coronavirus (3), RSV (2), enterovirus/rhinovirus (1), and influenza A (3). The remaining outbreak was of unknown cause.

Staff continue to monitor all reports of enteric and respiratory diseases in institutions, as well as sporadic communicable diseases.

During the month of January, 5 infection control complaints were received and investigated, and 13 requests for service were addressed.

Infection Prevention and Control Hub

The Infection Prevention and Control Hub provided 18 services and supports to congregate living settings in January. These included proactive IPAC assessments, education sessions, feedback on facility policies, and supporting congregate living settings in developing and strengthening IPAC programs and practices, to ensure that effective measures were in place to prevent transmission of infectious agents.

2. Food Safety

Staff issued 24 special event food service and non-exempt farmers' market permits to various organizations.

3. Health Hazard

In January, 14 health hazard complaints were received and investigated. Further, staff provided 23 consultations in response to health hazards that are not part of the public health mandate and redirected clients to the most appropriate lead agency for investigative follow-up.

4. Ontario Building Code

In January, three sewage system permits, five renovation applications, and two consent applications were received.

5. Rabies Prevention and Control

In January, 35 rabies-related investigations were conducted.

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

6. Safe Water

In January, 21 residents were contacted regarding adverse private drinking water samples. Additionally, public health inspectors investigated two regulated adverse water sample results.

One boil water order and two drinking water orders were rescinded following corrective actions. One Health Information Notice was issued for elevated sodium levels.

7. *Smoke Free Ontario Act*, 2017 Enforcement

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

8. Vector Borne Diseases

In January, one tick was submitted to the Public Health Ontario Laboratory for identification, and was subsequently 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.

9. Needle/Syringe Program

In December, harm reduction supplies were distributed, and services received through 2 964 client visits across our service area. Public Health Sudbury & Districts and community partners

distributed a total of 69 108 syringes for injection, and 105 529 foils, 18 826 straight stems, and 9 511 bowl pipes for inhalation through both our fixed site at Elm Place and outreach harm reduction programs.

In November, approximately 41 277 used syringes were returned, which represents a 99% return rate of the needles/syringes distributed in the month of October.

Also, in December, approximately 44 141 used syringes were returned, which represents a 96% return rate of the needles/syringes distributed in the month of November.

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

Sexual health clinic

In January, there were 138 drop-in visits to the Elm Place site related to sexually transmitted infections, blood-borne infections, and/or pregnancy counselling. As well, staff at the Elm Place site completed a total of 382 telephone assessments related to STIs, blood-borne infections, and/or pregnancy counselling in January, resulting in 235 on-site visits.

Growing Family Health Clinic

In January, the Growing Family Health Clinic provided services to a total of 69 patients.

Knowledge and Strategic Services

1. Artificial Intelligence for Public Health

In January, the agency continued its work to develop an Artificial Intelligence (AI) Strategy for Public Health. Working with Deloitte and building on a Current State Assessment completed in the first phase of the project, a small project team from Knowledge and Strategic Services and Corporate Services organized, evaluated, and prioritized a large inventory of possible AI solutions for the agency. These prioritized solutions then informed development of an AI strategy document, which provides a “roadmap” for implementation of AI at Public Health. Along with consideration of the resources required (i.e., infrastructure, human, and financial), the strategy also provides recommendations for staff development and other organizational changes to support the agency’s success in adopting these approaches. The finalized strategy document is expected to be completed in early February, after which the agency will discuss next steps for this work.

2. Health Equity

In February, Public Health Sudbury & Districts is commemorating Black History Month with a focus on the theme "*Black Legacy and Leadership: Celebrating Canadian History and Uplifting*

Future Generations". This month, we are reflecting on the significant contributions of Black communities to Canadian history, while also recognizing the ongoing efforts needed to uplift future generations. Activities include sharing resources with staff, hosting a lunch-and-learn session with the Afro Women and Youth Foundation on February 19, and helping to promote community events. In the spirit of strengthening and creating new impactful relationships, both our Medical Officer of Health and health promoter for Racial Equity participated in the Annual Black History Month Gala held in Sudbury on February 8. The event was an opportunity to network with community members and share information about Public Health programs and services.

On January 23, the manager, Health Equity attended the 1st annual E.D.G.E.+ conference hosted by Spark Employment Services held in Sudbury. Attendees from various sectors learned from industry experts and engaged in meaningful discussions with many others dedicated to advancing diversity, equity, and inclusion in the workplace and in service delivery. Insights from this session will help inform work underway to identify priorities and actions required to enhance equity, diversity, inclusion, and accessibility (EDIA) efforts at Public Health.

The Positive Space initiative was launched at Public Health in June 2023 to demonstrate our commitment to equity, diversity, and inclusion for our employees, clients, and the community overall. With this initiative having been in place for over a year, the Health Equity team is conducting an evaluation to assess the implementation of the Positive Space initiative and its effects on clients and staff to ensure continuous quality improvement, in line with our strategic priority of excellence in public health practice. Data collection includes online client and staff surveys, focus groups with frontline staff, an audit of intake and program forms, an audit of mandatory staff training, and the review of responses and feedback from the Client Satisfaction and Staff Feedback surveys.

3. Indigenous Engagement

On January 15, Public Health formalized a new collaborative partnership with the Maamwesying Ontario Health Team (MOHT). This partnership holds significant meaning, as it aligns with Public Health's ongoing commitment to Indigenous Engagement, an integral part of its medium-term priorities. The agreement was signed after celebrating the new partnership in ceremony, a blanket exercise, and commenced with each organization presenting gifts and signing the agreement. Public Health operates within the territories of several First Nations that are also valued partners of MOHT, including Atikameksheng Anishnawbek, Chapleau Cree First Nation, Chapleau Ojibwe First Nation, Brunswick House First Nation, and Sagamok Anishnawbek. This collaboration deepens our commitment to fostering authentic relationships and advancing mutual goals for better health.

4. Population Health Assessment & Surveillance

In January, the Population Health Assessment and Surveillance team responded to 38 requests, including routine surveillance and reporting, media requests, and other internal and external requests for data, information, and consultation. This included 5 project related requests (e.g., dashboard development, database, report development, and process improvement projects). The team continues to support agency data needs by preparing regular internal reports and dashboards, such as reports on the control of infectious diseases and vaccination data.

In December, a current state assessment of information and data governance at Public Health was completed, with a report being drafted to outline key recommendations for the development of an Information Governance Strategy for the agency. Next steps are being mapped out for this foundational work which will support numerous intersecting initiatives.

The Population Health and Surveillance team, in collaboration with the Vaccine Preventable Disease (VPD) team, has recently piloted a new process for the collection of record level data from child care centres to support *Child Care and Early Years Act* assessments of vaccine compliance. The new process involved a streamlined approach to the collection and upload of the data, reducing manual efforts by VPD and child care centre staff, and leading to improvements in data quality. This process also contributed to building new partnerships with the City of Greater Sudbury and child care centres.

5. Effective Public Health Practice

In January, teams across the agency completed annual program plans to outline planned activities and evaluation initiatives for 2025. These plans will be used to inform the agency's Annual Service Plan and budget submission to the Ministry of Health.

The internal Online Survey Centre was updated as a result of a lean review on the survey request and development process. The updated Survey Centre now includes an online request form and provides staff with resources and tools to develop an effective survey using SurveyMonkey®. The team is also hosting drop-in Survey Centre 101 training sessions in February, where staff will be shown how to request the development of a survey, how to design and develop a survey in SurveyMonkey®, and what supports are available for survey analysis and reporting purposes.

6. Staff Development

In January, the new manager of Professional Practice and Development, S. Hastie, began the onboarding process for her new role. January also saw the first in a series of manager-focused webinars on employment law and other issues for health care teams. Sessions will continue throughout the year.

7. Student Placement

On January 21, the agency hosted two NOSM University medical students participating in a 'Foundations of Interprofessional Team Based Care in the North' (FIT) observational experience. Students met with staff from the Population Health Assessment and Surveillance, Effective Public Health Practice, Health Equity, and Indigenous Engagement teams, along with dietetic staff. In February, the student placement program will begin preparing for spring 2025 Masters of Public Health placement requests.

8. Communications

The Communication team has supported Public Health's notices for proposed fee increases to the Ontario Building Code (OBC), as well as drinking water and cold weather alerts, when the need is determined by the Health Protection Division. Promotion of evaluations have been supported, including those related to Positive Space and Client Service Standards. A request for proposals was issued for website services to help the agency identify future website functionality and development needs. Recent media attention and supports to program teams were offered in relation to the following topics: OBC proposed fee increase, cessation of beach inspections, avian influenza, and increases in syphilis cases.

Respectfully submitted,

Original signed by

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

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

January 31, 2025

Councillor Mark Signoretti
Chair, Board of Health
Public Health Sudbury & Districts
1300 Paris Street
Sudbury, ON P3E 3A3

Re: Calling for the Selection of Indigenous Municipal and Provincial Appointees for the Board of Health for Public Health Sudbury & Districts

Dear Board Chair/Councillor Signoretti,

At their January 23, 2025 meeting, the Middlesex-London Board of Health made the following resolution:

It was moved by **S. Franke, seconded by M. Newton-Reid,** *that the Board of Health endorse items a) and c):*

a) Public Health Sudbury and Districts re: Calling for the Selection of Indigenous Municipal and Provincial Appointees for Board of Health for Public Health Sudbury and Districts

c) Peterborough Public Health re: Federal Strategy to Address Severity and Prevalence of Household Food Insecurity

The Middlesex-London Board of Health (MLHU) endorses the letter authored by the previous Board Chair, advising of a resolution passed that calls for the appointment of Indigenous person(s) to the Board of Health when vacancies arise on the Board. Like the Board of Health for Sudbury & Districts, the Middlesex-London Board of Health currently has two (2) vacancies for individuals to be appointed to the Board by the Public Appointments Secretariat of Ontario.

During the January 23 meeting, the Board of Health heard an update on the Health Unit's work regarding its Taking Action for Reconciliation Plan from Indigenous partners from the Oneida Health Centre and Chippewas of the Thames Health Centre and the MLHU Health Equity and Indigenous Reconciliation team. In 2025, engagement efforts will focus on sustaining the relationships built, finalizing and implementing the memorandums of understanding currently in negotiation and exploring ways to support Indigenous-led urban organizations. To continue our work towards reconciliation and relationship building, the Board of Health would also request that Indigenous provincially appointed members be considered through the public appointments process. Having an Indigenous provincially appointed member would support work towards reconciliation and to have insights on health equity needs of our Indigenous community.

The Middlesex-London Board of Health look forward to hearing a response from the Public Appointments Secretariat regarding this matter.

Sincerely,

Michael (Mike) Steele
Board Chair
Middlesex-London Health Unit

Emily Williams BScN, RN, MBA, CHE
Secretary
Middlesex-London Health Unit

CC: Lolly Da Silva, Senior Program Consultant, Corporate Management Branch/Corporate Services Division
Public Appointments, Agency Coordination & Corporate Initiatives, Ministry of Health

alPHa
Association of Local PUBLIC HEALTH Agencies

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

alPHa Sections:

Boards of Health Section

Council of Ontario Medical Officers of Health (COMOH)

Affiliate Organizations:

Association of Ontario Public Health Business Administrators

Association of Public Health Epidemiologists in Ontario

Association of Supervisors of Public Health Inspectors of Ontario

Health Promotion Ontario

Ontario Association of Public Health Dentistry

Ontario Association of Public Health Nursing Leaders

Ontario Dietitians in Public Health

PO Box 73510, RPO Wychwood
Toronto, ON M6C 4A7
E-mail: info@alphaweb.org

The Honourable Peter Bethlenfalvy
Minister of Finance
Frost Building North, 3rd floor
95 Grosvenor Street
Toronto ON M7A 1Z1

January 20, 2025

Dear Minister Bethlenfalvy,

Re: 2024 Pre-Budget Submission: Public Health Programs and Services

On behalf of the Association of Local Public Health Agencies (alPHa) and its Boards of Health Section, Council of Ontario Medical Officers of Health Section, and Affiliate Organizations, we are writing to provide input on the financial requirements for a stable, locally based public health system as part of this year's pre-budget consultation.

We are pleased with the choices that have been made at the provincial level regarding Ontario's unique public health system, with approaches to reorganization, programming, and funding having been included in the ongoing Strengthening Public Health initiative that was first announced in 2023.

The four mergers involving nine of Ontario's public health units have been formally announced, and we are grateful for the ongoing support of the Ministry of Health, including commitments to providing the required financial resources, as we navigate the complex processes to finalize them. We are also grateful that it is recognized by all parties that mergers are not – nor are these intended to be – cost-saving exercises. This recognition also acknowledges that, despite the existence of the four new entities as of January 1 of this year, a great deal of work remains to realize the intended efficiencies through harmonizing resources and consolidating operations.

The second aspect of Strengthening Public Health is the revision of the Ontario Public Health Standards, which lay out in substantial detail the legislated expectations for programs and services of all Ontario boards of health. While this process is ongoing, early reviews suggest that these expectations are more likely to expand than to contract. Our members of course welcome any new responsibilities that are designed to improve population health and the resource commitments required to carry these out.

The third aspect of this initiative is a promise to review the public health funding model itself, which is currently shared between the Province (~75%) and obligated municipalities (~25%). These discussions have not yet begun, but we were grateful for the predictability afforded by the interim promise of 1% increases over the past three years. As we enter the final year of this pledge, we are looking forward to the more detailed discussion that has been promised.

While we are embracing the Strengthening Public Health approaches to addressing long-term stability and capacity, we want to be very clear that local public health is facing substantial budget pressures that need to be addressed now.

As the CMOH observed as part of the announcement of this initiative, the goal is to "optimize capacity, stability, and sustainability in public health and deliver more equitable health outcomes for Ontarians". He further observed that "there are long-standing challenges within the public health sector in Ontario related to capacity, stability and sustainability that have been identified through multiple reports over the past 20 years".

In his 2023 Annual Report, the CMOH urged an end to the "boom and bust" public health funding cycles that see the scaling back of resources that places public health systems at a disadvantage at the onset of each crisis. He emphasized the need to invest in public health up front and consistently, and repeated that such investments save money and provide long-term social and economic benefits (p. 11).

We acknowledge and appreciate the concrete financial commitments to public health that have been made in recent years (e.g. mitigation funding when the cost-sharing proportions were briefly changed, one-time investments related to the pandemic response, 1% year-over-year increases), but these have not and will not come close to addressing the longstanding and increasing capacity issues that local public health has experienced.

According to the Bank of Canada, inflation has averaged over 4% per year since 2020, which means that the 1% increases are insufficient and amount to de facto year-over-year funding cuts. In addition, inflation does not account for cost increases related to the decision to cost-share programs that were previously 100% funded by the Province, significant population growth, capital and technical expenditures, and increased expectations under the OPHS mandate.

As part of our 2023 budget submission, we included the following key findings. These needs are ongoing:

- Overall, the current funding envelope for public health units in Ontario is not sufficient to meet the provincially mandated standards. Though this has been the case for many years, our 2023 survey indicated that local public health units are projecting additional budget pressures from multiple sources in the coming years, including collective agreements, substantially increased inflationary pressures, the additional demands of the response to the co-circulation of respiratory diseases including flu, RSV and COVID-19, and the backlog of programs and services that has built up over nearly three full calendar years.

- Effectively meeting the Ontario Public Health Standards, excluding the Healthy Babies Healthy Children program for 2023 would have required an estimated $132M in total additional funding, representing an average increase of 11.8% across health units. This represents an increase of just 0.2% of the entire Ministry of Health budget.

- Effectively meeting the requirements of the Healthy Babies Healthy Children program for 2023 would have required an estimated $12.5M in total additional funding, representing an average increase of 13.8% across health units. This represents an increase of only 0.08% of the entire Ministry of Children, Community and Social Services budget.

Investments in public health generate significant returns, including better health, lower health care costs, and a stronger economy. According to the Ministry of Health's 2023-24 Budget, transfers to Ontario's Local Official Health Agencies amounted to $939,443,900, which was approximately 1.3% of the Ministry's entire operating budget for that year. Not only does this demonstrate a tremendous return on investment given the significant benefit to the health of the people of Ontario, but also that

even the high-percentage increases required for local public health to carry out its mandate would be relatively modest in dollar amounts.

alPHa has produced a series of infographics that demonstrate the return on investment that public health provides through programs and services that promote well-being, prevent disease and injury, and protect population health. In so doing, local public health supports the Ontario government in its goals to be efficient, effective, and provide value for money. The Ministry of Health's Strengthening Public Health initiative demonstrates the government's commitment to local public health, and we are asking that an explicit commitment be made to providing local public health agencies with the sufficient and sustainable funding required in the 2025 Budget.

We always welcome this opportunity to provide comments on desired spending priorities for the coming year and would like to note that many of our members will also be providing their own input. We strongly urge you to take each of these into careful consideration, as these will reflect the diverse local needs and priorities that will delve further into the details of public health work and the resources required to carry it out.

We look forward to working with you and welcome this opportunity to advocate for a sustainable and resilient public health system. Please have your staff contact Loretta Ryan, Chief Executive Officer, alPHa, at loretta@alphaweb.org or 647-325-9594 for any follow-up.

Sincerely,

Trudy Sachowski
alPHa Chair

Copy: Hon. Sylvia Jones, Minister of Health
Dr. Kieran Moore, Chief Medical Officer of Health, Ontario

Encl.

The Association of Local Public Health Agencies (alPHa) is a not-for-profit organization that provides leadership to the boards of health and public health units in Ontario. alPHa advises and lends expertise to members on the governance, administration and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHa's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.

PUBLIC HEALTH MATTERS

Providing Leadership in Public Health Management

alPHa

Association of Local PUBLIC HEALTH Agencies

www.alphaweb.org

A PUBLIC HEALTH PRIMER

SPRING 2022

Public health champions health for all. Local public health agencies provide programs and services that promote well-being, prevent disease and injury, and protect population health. Our work, often done in collaboration with local partners and within the broader public health system, results in a healthier population and avoids drawing on costly and scarce health care resources.

OUR ASK

That decision makers acknowledge that local public health has been the backbone of Ontario's successful response to the pandemic and remains essential to the province's health and economic recovery, which will require sustained and sufficient resources and a stable structure embedded in local communities.

7,139,930

INDIVIDUALS VACCINATED WITH 3 DOSES IN ONTARIO AS OF MARCH 22, 2022

Source: Government of Ontario

1,140,865

CONFIRMED COVID-19 CASES IN ONTARIO AS OF MARCH 21, 2022

Source: Public Health Ontario

PUBLIC HEALTH RESPONSE

Ontario's 34 local public health agencies are the front line of the COVID-19 response.

Public health professionals are responsible for the following:

CASE AND CONTACT MANAGEMENT:
Identify and isolate cases.

DATA ANALYSIS:
Identify sources of infection and patterns of transmission.

OUTBREAK CONTROL:
Protect vulnerable populations in higher risk settings.

PUBLIC HEALTH MEASURES:
Implement and enforce measures to slow the spread of COVID-19.

ADVICE TO GOVERNMENT:
Provide expert input to inform government actions in the fight against COVID-19.

ADVICE TO THE PUBLIC:
Provide and reinforce expert advice to empower the public in the fight against COVID-19.

VACCINATION EFFORTS:
Lead the distribution and administration of COVID-19 vaccines in all Ontario communities.

- Population Health Assessment
- Health Equity
- Effective Public Health Practice
- Emergency Management
- Chronic Disease Prevention and Well-Being
- Food Safety
- Healthy Environments

PUBLIC HEALTH MATTERS

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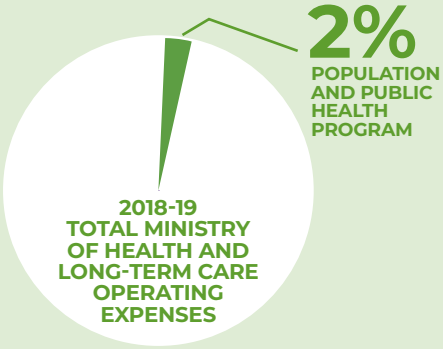
RETURN ON INVESTMENT

Investments in public health generate significant returns, including better health, lower health care costs, and a stronger economy.

According to the 2018-19 (former) Ministry of Health and Long-Term Care Expenditure Estimates, the operating estimate for the entire Population and Public Health Program (which includes internal Ministry expenses, funding for Public Health Ontario and the local grants) was **$1.267 billion**, or about **2%** of the total Ministry operating expenses.

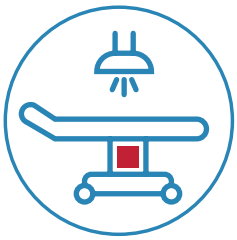
This demonstrates a tremendous return on investment given the significant benefit to the health of the people of Ontario.



IMPACT ON RESOURCES

The COVID-19 response **pre-empted most activities** mandated by the Ontario Public Health Standards.

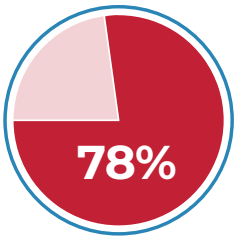
Suspension of routine public health programs and services is our equivalent of the health care system's "surgical backlog." We must resume these while we maintain an effective COVID-19 response.



The COVID-19 pandemic magnified existing **health inequities**.

This will put additional demands on Public Health resources to address them in the future.

Each of Ontario's 34 local public health agencies had to **divert on average 78%** of all available resources to the COVID-19 response.



A measurable uptick in **substance use** (e.g., alcohol and opioids), **mental health issues**, and factors that contribute to chronic diseases will put further demands on public health resources in the future.

Source: alPHa Report: Public Health Resilience in Ontario - Executive Summary
Source: alPHa Report: Public Health Resilience in Ontario – Report
*Please visit: **www.alphaweb.org***

Healthy Growth and Development | Immunization | Infectious and Communicable Diseases Prevention and Control | Oral Health | Safe Water | School Health | Substance Use and Injury Prevention

PUBLIC HEALTH MATTERS #2 of Series

Providing Leadership in Public Health Management

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PUBLIC HEALTH FALL VACCINE SUCCESS

Local public health units increased vaccine coverage and provided vital protection against disease for residents across Ontario. The leadership provided by Ontario's local public health agencies on an unprecedented number of vaccine campaigns has resulted in exceptional vaccine uptake. This fall, Ontario's 34 local public health units intensified vaccine activities to combat the fall respiratory virus surge and other emerging public health issues.

PUBLIC HEALTH UNITS PREPARED FOR, COORDINATED, AND DELIVERED 7 VACCINE CAMPAIGNS

- COVID-19: pediatric, 5-17 booster, and bivalent
- Routine: influenza and student immunization and catch-up program
- Outbreak response: mpox & meningococcal B
- Promoted routine vaccines

COMMUNICATION AND PUBLIC EDUCATION ABOUT VACCINE CAMPAIGNS

3,300+ Social media posts

4,500,000+ Social media engagement and impressions

700+ Media releases, responses, and interviews

MORE CLINICS, INCREASED CAPACITY, BROADER OUTREACH, EXTRAORDINARY RESULTS

Ontario's 34 public health units led Ontario's vaccination campaigns with a focus on increased access, data-driven action, integrated services, and amplified messages.

FALL 2022 VACCINATION BY THE NUMBERS

1,100+ Fixed site clinics*

2,000+ Mobile clinics*

700+ Influenza clinics

1,000+ Student Immunization and catch-up clinics

400+ Mpox clinics

3,000+ Homebound vaccinations

** co-administration of multiple vaccines*

Population Health Assessment · Health Equity · Effective Public Health Practice · Emergency Management · Chronic Disease Prevention and Well-Being · Food Safety · Healthy Environments

January 11, 2023

PUBLIC HEALTH MATTERS

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PUBLIC HEALTH FALL VACCINE SUCCESS

ACCESS INCREASED

- Local public health units partnered with municipalities to run mobile vaccination buses. The buses aimed to decrease barriers to vaccination, services were offered at locations where people attend regularly (such as malls, grocery stores, local events, and parks), in remote locations, to at-risk communities, and in other underserved areas.
- Local public health units worked closely with Indigenous communities. For example, a local public health unit created and shared biweekly communication packages with local First Nations, urban Indigenous community groups and Métis partners to foster open communication, prompt sharing of public health guidance, and updates on vaccines.

DATA-DRIVEN ACTIVITIES

- Ontario's 34 local public health units used data to optimize vaccine coverage. This is exemplified through a local public health unit who used equity indicators to identify their highest priority neighbourhoods to target outreach and support. This geographically mapped information was posted publicly on a COVID-19 dashboard and used internally for health system planning. Vaccine strategies were employed, using mobile clinics, fixed sites, and organization partnerships (such as Ontario Health Teams and community clinics) in order to increase vaccination.

INTEGRATED SERVICES AND COMMUNITY OUTREACH

- Ontario's local public health units integrated services to have the greatest impact. For example, a local public health unit established 15 hubs throughout their community, offering services like dental screenings, mental health, addictions and substance use supports, COVID-19, flu and routine immunizations.
- Local public health units partnered with community agencies to enhance vaccine outreach and worked to help get residents vaccinated against COVID-19. In one local public health unit, this included the operation of Vaccine Engagement Teams comprised of over 150 health, community, and faith-based organizations and more than 700 community ambassadors reflecting the community's diversity.

AMPLIFIED MESSAGES

- Ontario's 34 local public health units employed traditional media tactics (such as news releases, media events, and social media) in addition to unique targeted local tactics. One example of this work is demonstrated by a local public health unit who worked with hospital partners to create a commercial that highlighted actions needed to reduce strain on hospital systems resulting from respiratory illnesses. The commercial plays before every movie at the local cinema, at hockey home games, and on local television.

Population Health Assessment | Health Equity | Effective Public Health Practice | Emergency Management | Chronic Disease Prevention and Well-Being | Food Safety | Healthy Environments

PUBLIC HEALTH MATTERS

Providing Leadership in Public Health Management

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A BUSINESS CASE FOR LOCAL PUBLIC HEALTH

Public health champions health for all. Local public health agencies provide programs and services that promote well-being, prevent disease and injury, and protect population health. Our work, often done in collaboration with local partners and within the broader public health system, results in a healthier population and avoids drawing on costly and scarce health care resources.

OUR ASK

We are asking decision makers for their support for the goals and objectives of public health, with sustained and sufficient resources to ensure stability for Ontario's locally-based network of public health agencies.

Local public health remains essential to the province's population health and the associated economic prosperity.

Local public health supports the Ontario government in its goals to be efficient, effective, and provide value for money.

INVESTMENT IN LOCAL PUBLIC HEALTH

Investment in local public health includes the following returns:

REDUCED HOSPITALIZATIONS AND DEATHS:

Public health measures such as **vaccination, case and contact management, outbreak response, community infection control measures** reduced hospitalizations by 13 times during the COVID-19 pandemic.

Local public health is also central to responding to new infectious disease risks such as MPOX, reemerging pathogens like poliomyelitis and tuberculosis, and the return of annual seasonal epidemics such as influenza and respiratory syncytial virus (RSV).

SAFE COMMUNITIES:

Local public health protects our communities by working with municipalities to provide **safe water, safe food,** and **emergency preparedness** and **response.**

HEALTHY CHILDREN:

Local public health protects children through **promotion of healthy growth and development, vaccination, dental screening,** and **school health.**

- Population Health Assessment
- Health Equity
- Effective Public Health Practice
- Emergency Management
- Chronic Disease Prevention and Well-Being
- Food Safety
- Healthy Environments

PUBLIC HEALTH MATTERS

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FUNDING

Local public health requires sufficient and sustainable base funding from the provincial government.

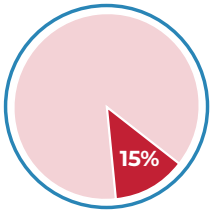
The end of mitigation funding ($46.8M) from the province would equal a **loss** to the overall funding of local public health programs.

A return to the previous **provincial-municipal** cost-sharing formula for all programs and services would help to offset this loss.

COVID-19 RECOVERY

In the wake of the COVID-19 pandemic, local public health has been working hard to put back in place its full range of programs, with progress being made on its recovery priorities (Public Health Resilience), and responding to seasonal respiratory viruses.

PUBLIC HEALTH LEADS TO HEALTH CARE SAVINGS



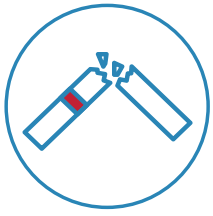
Health promotion and **disease prevention** are mandated roles for local public health agencies. In doing this, they also who work with the Ministry of Health and key stakeholders in addressing chronic diseases such as diabetes, heart disease and cancer.

HEALTH INEQUITIES DUE TO SOCIOECONOMIC POSITION CONTRIBUTED $60.7B = 15% OF ALL HEALTH CARE COSTS.

Smoking, alcohol, diet and **physical activity** improvements could prevent $89B in health care costs = 22% of all health care costs over 10 years.

Alcohol use is another major contributor to health care and societal cost. It is estimated that alcohol use costs the Ontario economy $5.3B in health care, law enforcement, corrections, prevention, lost productivity and premature mortality.

It is estimated that **diabetes** in Canada cost the health care system $15.36 billion over a 10 year period, affecting nearly 10% of the population.



Promotion of **tobacco cessation** and **tobacco control** reduced health care costs by 1.7% overall = $4.2B saved over 10 years.


Healthy Growth and Development


Immunization


Infectious and Communicable Diseases Prevention and Control


Oral Health


Safe Water

School Health


Substance Use and Injury Prevention

APPROVAL OF CONSENT AGENDA

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

Briefing Note

To: Mark Signoretti, Chair, Board of Health , Public Health Sudbury & Districts

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

Date: February 13, 2025

Re: 2024 Accountability Monitoring Report

☒ For Information ☐ For Discussion ☐ For a Decision

Issue:
The 2024-2028 Accountability Monitoring Plan includes three main categories of reporting which include the following (see framework in Appendix A):

- Organizational requirements (Ministry compliance attestations)
- Foundational and program standards requirements (Ministry program indicators and compliance attestations and locally determined program indicators)
- Strategic Plan (Strategic Plan in action and strategic priority performance measures)

The 2024 Accountability Monitoring Report demonstrates the work of Public Health to achieve provincial mandates with a focus on local commitments driven by our Strategic Plan.

Recommended Action:
That the Board of Health for Public Health Sudbury & Districts receive the 2024 Accountability Monitoring Report.

Background:
In November 2023, the Board of Health for Public Health Sudbury & Districts endorsed the 2024–2028 Strategic Plan and directed the Medical Officer of Health to operationalize the Strategic Plan and develop a monitoring process. The Public Health Sudbury & Districts 2024–2028 Accountability Monitoring Plan, which was approved by the Board of Health in April 2024, outlines this monitoring process and is an essential framework for the agency.

The 2024–2028 Accountability Monitoring Plan explains how Public Health Sudbury & Districts complies with legal, funding, and program standards requirements and contributes to the Board's commitment to transparency with all stakeholders. Each year an Accountability Monitoring Report is shared with the Board of Health and with other stakeholders such as staff and community.

The Board of Health plays an important role in local and provincial accountability and monitoring efforts. A Joint Board of Health/Staff Accountability Working Group (working group) provides input on components of the plan, reviews the reports for content and format, provides interpretive comments on results where appropriate, and each year, presents the report to the full Board of Health. This working group is made up of three board members and staff. On February 4, 2025, the working group reviewed the draft 2024 Accountability Monitoring Report and provided comments and direction to finalize the report for submission to the Board of Health.

The results presented in the 2024 Accountability Monitoring Report illustrate continued progress on our Ministry and local requirements and on our Strategic Plan. The focus of the report is on the operationalization of our Strategic Plan through 15 strategic priority performance measures. Given that this was the first year of data collection and reporting for the 2024–2028 term, some data collection processes were under development for the strategic priority performance measures. Future Accountability Monitoring Reports will include more fulsome data for the strategic priority performance measures. Further, future reports will present data as provided to the Ministry in various Ministry required accountability reports.

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

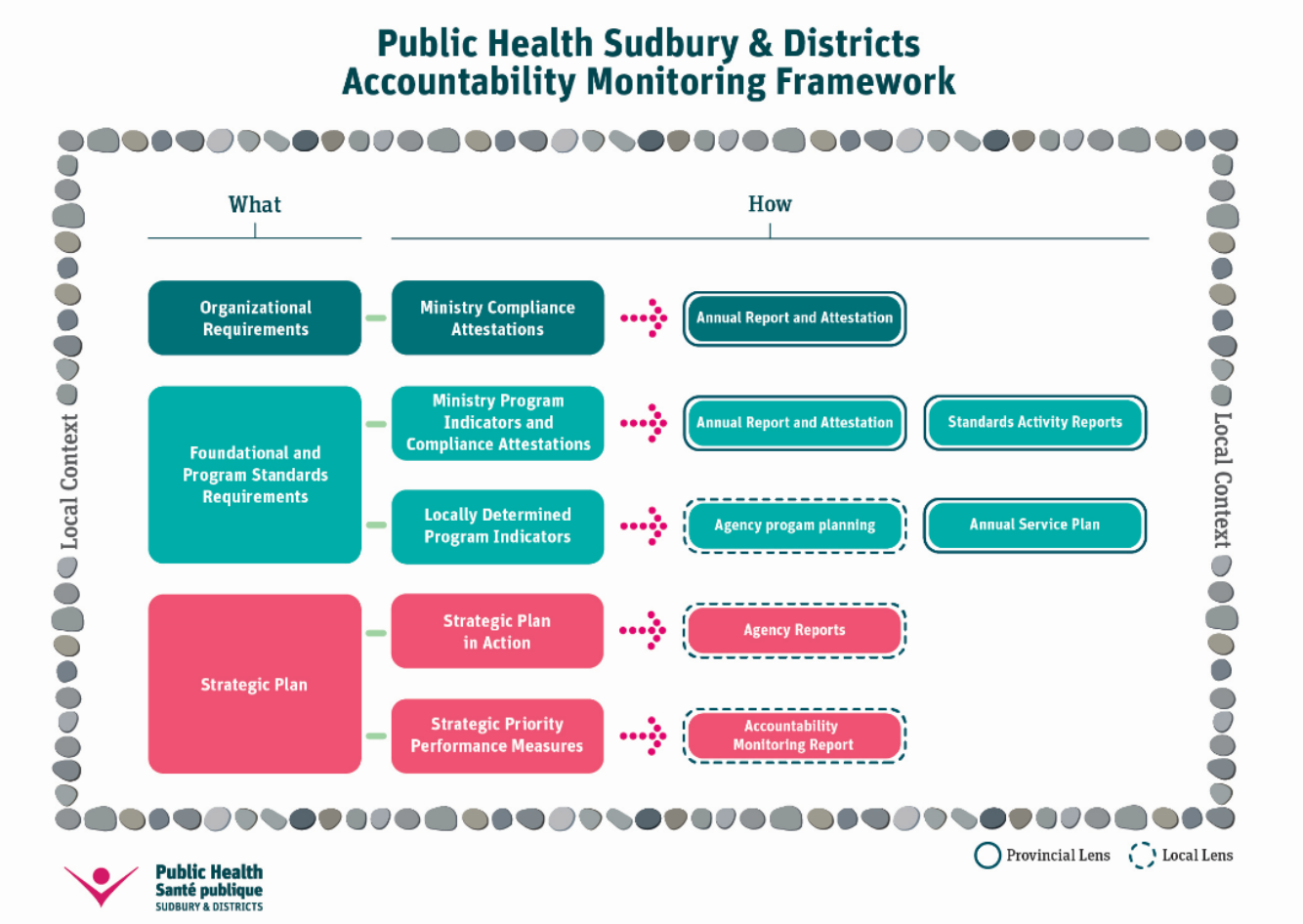
Financial Implications: N/A

Ontario Public Health Standard: The Public Health Accountability Framework of the 2021 Ontario Public Health Standards

Strategic Priority: all

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

Appendix A: Public Health Sudbury & Districts Accountability Monitoring Framework



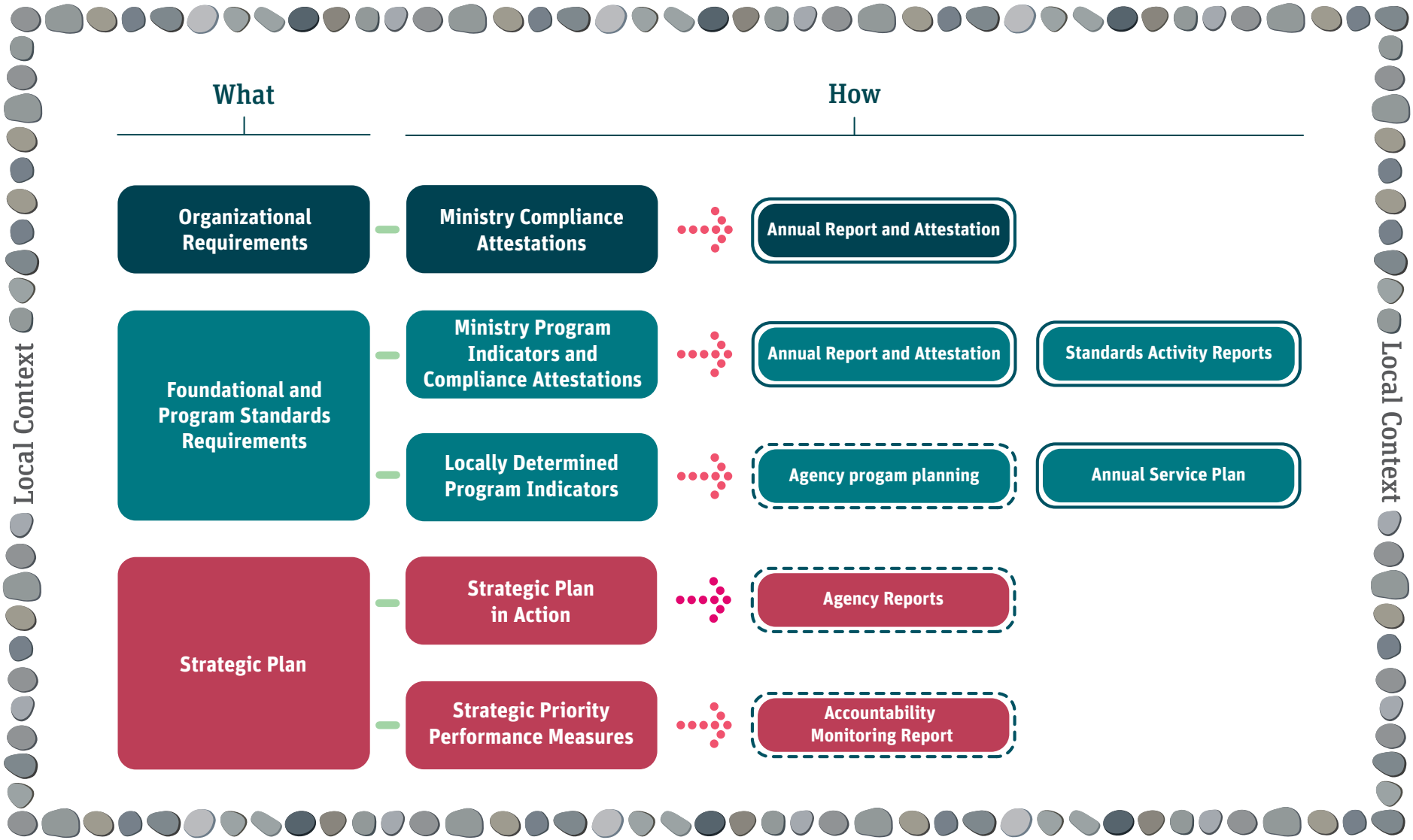
Public Health Sudbury & Districts

2024 Accountability Monitoring Report

Accountability Monitoring Plan
2024 • 2028

Public Health
Santé publique
SUDBURY & DISTRICTS

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



Organizational Requirements

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

Ministry Compliance Attestations

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

Foundational and Program Standards Requirements

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

Ministry Program Indicators and Compliance Attestations

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

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

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

Locally Determined Program Indicators

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

Strategic Plan

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

Strategic Plan in action

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

Strategic priority performance measures

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

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

Strategic Priority 1: Equal opportunities for health

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

Explanatory notes:

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

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

- Public Health collaborating with the Ontario Association of Public Health Dentistry in the preparation of a briefing note to the Ministry of Health to provide advice on aligning provincial oral health programs with the new Canadian Dental Care Plan.
- In July 2023, Health Canada approved the sale of Zonnic nicotine pouches under the Natural Health Product Regulations, which allowed their sale without restrictions on advertising or age limits. This has led to widespread availability of nicotine pouches to youth, raising concerns about their addictive nature and negative effects on young, developing brains. Public Health issued a warning in March 2024 and passed a resolution urging Health Canada to close the regulatory gap allowing nicotine pouches to be sold to minors. The Board of Health also called for stronger regulations to restrict the sale, display, and promotion of these products, particularly to children and youth. They urged both the federal government and the Government of Ontario to take immediate action to address these concerns and protect public health. In June 2024, the federal government passed legislation that restricts sales, advertising, manufacturing and importation of products that are harmful or are not being used as intended. As of August 28, 2024, nicotine pouches can only be sold from behind pharmacy counters, and some flavours have been banned.
- Advocacy to Public Health Sudbury & Districts' Board of Health on evidence-informed approaches for supporting a national policy for a universal and sustainable school food program. This included providing key statistics and outlining the challenges faced in Ontario's school nutrition program. The Board of Health unanimously passed motion #36-24, calling for a school food policy that ensures all Ontario students have equal access to healthy food at school, regardless of the families and students' ability to contribute, pay, fundraise, or volunteer in the program.

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

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

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

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

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

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

- Public Health submitted an expression of interest for funding through Stream 2 of Health Canada's Oral Health Access Fund to co-develop and deliver preventive dental care programs for Indigenous children aged 0–6 in child care settings with Indigenous partners and communities.
- There was a re-establishment of relationships with five First Nation communities to provide oral health screenings in schools (M'Chigeeng First Nation, Whitefish River First Nation, Sheshegwaning First Nation, Wikwemikong Unceded Territory, and Sagamok Anishnawbek).
- An Ontario Naloxone Program partnership was established in 2024 with Shkagamik-Kwe Health Centre and Whitefish River First Nation.

Strategic Priority 2: Impactful relationships

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

Explanatory notes:

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

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

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

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

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

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

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

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

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

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

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

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

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

Strategic Priority 3: Excellence in public health practice

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

Explanatory notes:

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

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

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

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

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

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

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

Strategic Priority 4: Healthy and resilient workforce

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

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

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

Explanatory notes:

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

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

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

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

4.2 Assessment of quality improvement maturity

A quality improvement maturity survey was administered to all staff in November 2024. Eighty-three (83) staff participated in the survey for a response rate of 33%. The state of quality improvement maturity was scored as *Emerging*, defined by having newly adopted quality improvement (QI) approaches. This demonstrates nascent QI culture and few, if any, examples so far of attempts to incorporate QI as a routine part of practice. Public Health is striving to move up the levels of maturity during the 2024–2028 reporting term.

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

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

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

Conclusion

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

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

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

Public Health Sudbury & Districts
Overview of Planning and Reporting

Document	Description	Audience	Timeline
1. Annual Service Plan & Budget Submission *(often referred to as ASP)*	Annual requirement submitted to Ministry of Health. The Ministry issues the template prior to completion. The ASP includes funding information and content on Program and Foundational Standards. As required, within the Program Standard sections, locally developed indicators are included as part of the plans.	Director and MOH approval. Sign-off by Board of Health Chair. Submitted to the Ministry.	Completed through January and February. Submission is typically due March 1. (for 2025, submission is due March 31).
2. Accountability Monitoring Report	Annual report from Public on the components of the Accountability Monitoring Plan Includes the following: • a summary of Ministry reporting on organizational requirements and program and foundational standard requirements. • reporting on the strategic priority performance measures to demonstrate the strategic priorities in action.	Submitted to the Board of Health. Shared with the public.	Data collection December and January. Completed January and early February. Presented at the February Board of Health meeting.

Document	Description	Audience	Timeline
3. Standard Activity Reports *(referred to as STAR or SAR)*	Standard Activity Reports are completed after the 2nd, 3rd, and 4th quarters for the Ministry of Health. Template issued by the Ministry. The Q2 report typically focuses on financials, projected spending, and variance explanations. This may include requests for one-time funds (depending on the Ministry template). The Q3 and Q4 reports include data for Ministry program indicator as requested. As of 2024, locally developed indicators are reported as part of the Q4 STAR, rather than in the Annual Report and Attestation.	Director and MOH approval. Submitted to the Ministry. Summary included in the Annual Accountability Monitoring Report for the Board of Health.	Q2 – completed through June/July. Q3 – completed through September/ October. Q4 – completed through January.
4. Annual Report and Attestation *(referred to as ARA)*	Annual requirement for reporting to the Ministry. The Ministry issues the template prior to completion. The Annual Report and Attestation (ARA) includes attestation statements to demonstrate organizational requirement and program standard requirement compliance as well as outcome data for designated indicators. This is how we report back to the Ministry on components of the Annual Service Plan.	Director and MOH approval. Submitted to the Ministry. Summary included in the Accountability Monitoring Report for the Board of Health (following year).	Timelines vary based on when Ministry templates are released. Generally due to the Ministry between June and September each year.

Public Health
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SUDBURY & DISTRICTS

Briefing Note

To: Mark Signoretti, Chair, Board of Health for Public Health Sudbury & Districts

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

Date: February 13, 2025

Re: Part VIII - Ontario Building Code Fee Increases

☐ For Information ☐ For Discussion ☒ For a Decision

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 amend program user fees.

Recommended Action:
That the Board of Health approve the amendments in Part VIII – Ontario Building Code fees as outlined within Schedule "A" to Board of Health By-Law 01-98.

Further, that the Board of Health direct staff to plan to adjust Part VIII – Ontario Building Code fees on an annual basis in accordance with the rate of inflation, with a comprehensive review of fees conducted once every five years, for Board of Health consideration.

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 in 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 Act* (S.O. 1992 c. 23), to enforce the provisions of the *Act* and the *Building Code* pertaining to sewage systems.

Under the authority of the Ontario *Building Code Act*, 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 also bring fees in Sudbury & Districts into line with those in other Northern Ontario health units.

In accordance with *Building Code* requirements, Public Health Sudbury & Districts has notified all contractors, municipalities, lawyers, and other affected individuals of the proposed fee increases and conducted a public meeting on January 29, 2025, to discuss the proposed changes. The notification process has now concluded with no concerns having been reported.

In accordance with *Building Code* requirements, the notification and consultation process will be completed prior to all future proposed fee increases, with the outcome reported to the Board of Health to inform their decision in approving further updates to Schedule "A" to Board of Health By-Law 01-98.

Financial Implications:
Adjusted revenue from Part VIII fees will enable Public Health Sudbury & Districts to administer the program on a cost-recovery basis. This will avoid pressure on municipal levies to fund this program.

Ontario Public Health Standard: Organizational Requirements – Good Governance

Strategic Priority: Excellence in public health practice

Contact:
Stacey Laforest, Director, Health Protection Division

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
February 20, 2025~~September 19, 2024~~

Review Date
~~September 19, 2024~~February 20, 2025

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*~~*Building Code* 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.

Equivalents

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.

Consent Applications and Detailed Site-Specific Proposals

Where a Planning Authority requests advice/comments for applications on land development with regard to the suitability of retained and severed properties to support the installation of a private subsurface sewage disposal system, advice/comments shall be provided in accordance with agency policies and procedures, including an assessment of whether the proposed severed and retained lots are capable of development for the installation of a septic tank and leaching bed using absorption trenches that would meet the specifications of the Building Code. Should the proposed severed and retained lots not meet required criteria, the Planning Authority may request comments on a detailed site-specific proposal for an alternative septic system.

Detailed site-specific proposals shall be submitted in the form of a report from a qualified person (e.g. certified engineer, sewage system designer), and shall

a) include all information required in the Application for a Permit to Construct or Demolish;
b) include a scale diagram for each lot showing the location of the sewage system, buildings, driveway, decks and any existing or proposed ancillary structures, with all dimensions and setback distances;
c) show minimum clearances for the sewage system from existing and proposed wells, including wells on adjacent properties, structures, bodies of water, and property lines;
d) be accompanied by the required fees as calculated with Schedule “A”.

Following review of the detailed site-specific proposal, the Chief Building Official shall provide comments to the Planning Authority for their consideration in making their decision to allow the severance and any restrictions to place on the property.

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 6th day of April 1998.
Read and passed in open meeting this 26th of March 1998

Revised and passed by the Board of Health, Sudbury & District Health Unit this 27th day of May 1999.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 25th day of May 2000.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22nd day of February 2001.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 19th day of February 2004.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 17th day of June 2004.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 15th day of November 2007.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 14th day of May 2009.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 20th day of January 2011.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 16th day of February 2012.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 20th day of February 2014.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 18th day of June 2015.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 16th day of February 2017.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 15th day of February 2018.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 15th 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)	**$21,6800.00**
(plus $1200 for each lot over 4)	**$1200.00**
c) Class 3 Sewage System (Cesspool)	**$4700.00**
d) Class 4 Sewage System (Septic Tank and Leaching Bed)	**$1,350900.00**
e) Class 4 Sewage System (Leaching Bed Only)	**$825550.00**
f) Class 4 Sewage System (Tank Only)	**$525350.00**
g) Class 5 Sewage System (Holding Tank)	**$1,250900.00**
2) Sewage System Permits: Re-Inspection	**$250.00**
3) Renovation Permit	**$3500.00**
4) Demolition Permit	**$300.00**
5) Revisions to Permit (Inspection Required)	**$4500.00**
5)6) Revisions to Permit (No Inspection Required)	**$250.00**
6)7) Transfer of Permit to New Owner	**$100.00**
7)8) Extraordinary Travel Costs by Air, Water, etc.	**Full Cost Recovery**

Other Fees

Mandatory Maintenance Inspection	**$175.00**
File Search	**$3400.00**
Consent Applications	**$2350.00 retained lot Plus $350.00 per severed lot/lot**
Review of detailed site-specific proposal (per submission)	**$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

AMENDMENT TO THE FEE SCHEDULE FOR SERVICES UNDER PART VIII OF THE ONTARIO BUILDING CODE AND TO BOARD OF HEALTH MANUAL BY-LAW 01-98

MOTION:

WHEREAS the Board of Health is mandated under the Ontario Building Code Act (S.O. 1992 c. 23), 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 current program associated operational and delivery costs; and

WHEREAS in accordance with Building Code requirements, staff have held a public meeting and notified all contractors, municipalities, lawyers, and other affected individuals of the proposed fee increases, with no concerns having been reported;

THEREFORE BE IT RESOLVED THAT the Board of Health approve the amendments in Part VIII-Ontario Building Code fees as outlined within Schedule "A" to Board of Health By-law 01-98, and

FURTHER THAT the Board of Health direct staff to plan to adjust Part VIII – Ontario Building Code fees on an annual basis in accordance with the rate of inflation, with a comprehensive review of fees conducted once every five years, for Board of Health consideration.

Board of Health Manual
Public Health Sudbury & Districts

By-Law

Category
Board of Health By-Laws

Section
By-laws

Subject
By-law 02-02

Number
G-I-60

Approved By
Board of Health

Original Date
March 26, 1998

Revised Date
~~September 19~~January 16February 20, 2025~~4~~

Review Date
January 16February 20, ~~September 19,~~ 2025~~4~~

Being a By-law of the Board of Health of the Sudbury and District Health Unit to Appoint Inspectors for the Purposes of the Enforcement of the Ontario Building Code Act Respecting Sewage Systems

WHEREAS the Building Code Act, S.O. 1992, Chapter 23 provides that a Board of Health appoint Inspectors as are necessary for the purpose of enforcement of the Act;

WHEREAS the Board of Health for the Sudbury and District Health Unit deems it desirable to appoint Inspectors for the enforcement of the *Ontario Building Code Act* for the purposes of the enforcement of the Ontario Building Code respecting sewage systems in the jurisdiction of the Sudbury and District Health Unit;

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

1. (1) The following sewage system inspector is designated to have the same powers and duties in relation to sewage systems as does the chief building official in respect of buildings. The term Chief Building Official shall be used to define this role for the purposes of the Board of Health by-laws:

a) Jonathan Groulx~~Richard Auld~~

(2) In the event that the currently designated person ceases to be the Chief Building Official, another qualified sewage system inspector will be appointed. The following person will be appointed for the position:

a) Burgess Hawkins

(3) The Chief Building Official shall have all the powers and duties as set out in Section 1.1 (6) of the Act.

2. As per the Building Code Act, S.O. 1992, Chapter 23 which provides that a Board of Health appoint Inspectors as are necessary for the purpose of enforcement of the Act, the Board of Health hereby authorizes the Medical Office of Health to appoint Public Health Inspectors as Sewage System Inspectors.

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

Revised and passed by the Board of Health, Sudbury & District Health Unit this 27th day of May 1999.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 25th day of May 2000.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22nd day of February 2001.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 27th day of June 2001.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 21st day of February 2002.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 20th day of February 2003.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 19th day of February 2004.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 17th day of June 2004.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 15th day of November 2007.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 14th day of May 2009.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 10th day of September 2009.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 18th day of November 2010.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 21st day of April 2011.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 16th day of February 2012.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 20th day of February 2014.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 18th day of June 2015.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 16th day of June 2016.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 15th day of June 2017.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 18th day of November 2021.

BOARD OF HEALTH MANUAL – AMENDMENT TO BY-LAW 02-02

MOTION:

WHEREAS changing personnel requires updates to this bylaw,

BE IT RESOLVED THAT the Board of Health approve the proposed revision to By-Law 02-02.

Public Health
Santé publique
SUDBURY & DISTRICTS

Briefing Note

To: Mark Signoretti, Chair, Board of Health, Public Health Sudbury & Districts

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

Date: February 13, 2025

Re: Infrastructure Modernization Projects: Reserve Funds

☐ For Information ☐ For Discussion ☒ For a Decision

Issue:

In 2020, the Board of Health approved physical and technological infrastructure modernization at the 1300 Paris Street building to address aging infrastructure in a then 48-year-old building (e.g. overloads on the electrical system were common), and to ensure efficient operations and maintain alignment with evolving legislative requirements and service needs (e.g. addition of a dental operatory suite).
To maximize use of limited space, the workspaces of the building were significantly reconfigured to support new and more collaborative ways of working. In 2020, the BOH authorized the transfer of up to $11 million from its Reserve Funds to the operating budget as the budget for infrastructure modernization. Thanks to the dedicated work of the Corporate Services division, the ultimate expenditure for infrastructure modernization was under budget at $9.625 million. This is $1.375 million less than the Board's authorized budget for this project, and funds that can be maintained in the reserves for future needs.

At the time, the infrastructure modernization initiative only addressed the second and third floors at 1300 Paris Street. District offices in Chapleau, Manitoulin Island, and Espanola did not receive similar improvement and upgrades, nor did the ground floor of 1300 Paris Street. As a result, the District offices continue to have aging flooring and paint, and the organization's rebranding, including a new logo, new business name, and updating colours, has not been incorporated into those offices. It is recommended that now is the time to make an investment in District offices supporting clients outside of Greater Sudbury by leveraging the funds that were not needed at 1300 Paris Street.

In addition, with two and a half years of experience of using the redesigned spaces at 1300 Paris Street, it has been observed that some spaces within the reconfigured way of working have not been successful and get limited use, while other spaces have been extremely well-used and have greater demand. As well, as a society we now have a better understanding of the needs of hybrid workplaces and the spaces needed to support that work. Consequently, some additional space modifications are recommended, particularly converting unused open collaborative spaces to small, closed offices and meeting rooms. Reconfiguration of the Indigenous cultural space, which has seen minimal use, is also recommended to address limitations that has precluded its use for meetings as well as to provide ventilation for smudging.

Infrastructure projects are not budgeted for within the Board's annual operating budget. However, the Board of Health has established reserve funds for this purpose to ensure critical work on infrastructure does not impact municipal levies. In accordance with agency procurement policies and procedures and per By-Law G-I-70, is seeking approval for transfers from reserve for necessary infrastructure requirements to meet the space needs of its 2025 workforce. In addition, as part of the 2025 provincial government Annual Service Plan and Budget request, we will seek provincial funding for these infrastructure updates. Should provincial funding be received, the funds from reserves will not be used.

Recommended Action:
THAT the Board of Health, per By-Law G-I-70, authorize the transfer of up to $879k from the Reserve Funds to the operating budget to offset expenses related to the supplementary infrastructure modernization projects.

Background:
The Board of Health has long recognized the importance of establishing reserve funds with the understanding that reserves form an integral part of sound financial management. Financial reserves are a prudent way to provide the organization with resources for known future infrastructure investments and future planned projects that support the vision and mission of the organization.

District Offices
The infrastructure, including paint and flooring, has aged and deteriorated and requires replacement in Espanola and Manitoulin District Offices. In additional, colour schemes, naming, and logos needs to be updated to reflect the organization's updated branding. Public Health Sudbury & Districts will submit a capital funding application to the provincial government for District office infrastructure improvements and if successful, we will use this funding to offset the costs. The initial estimate for District office aging infrastructure up to $150K.

1300 Paris Street (Second and Third Floors)
Additional small offices and meeting rooms will be constructed to better support observed real-world patterns of how spaces are used in the reconfigured building and in a hybrid work environment. As well, the Indigenous cultural space requires walls to be used as a meeting space and its own HVAC and heating to allow smudging. A capital funding application to the provincial government for these upgrades will also be submitted to hopefully defray use of reserve funds. Initial estimates based on a review of project deliverables is estimated to be $729K.

The Board of Health can expect to receive regular reports on the status of the projects through the Medical Officer of Health reports to the board.

1300 Paris Street (Ground Floor)
The ground floor of 1300 Paris Street was not included in the initial infrastructure modernization, and is again not recommended for this extension to the project. Upgrades to the ground floor are deemed of a lesser priority to what has been recommended, and it is anticipated that those upgrades would likely not have been possible within the funds remaining from the original infrastructure modernization effort. In addition, since real-world use of reconfigured spaces in the new hybrid work environment has proven to

differ from what was expected, it is thought to be prudent to make only incremental changes at this time, and learn more from real-world use before committing to infrastructure renewal of the ground floor.

Financial Implications:
Transfer of up to $879K from the Reserve Funds to the operating budget.

Public Health Sudbury & Districts past practice had been to maintain a minimum of 6 weeks of emergency funds within the Working Capital Reserve (unrestricted) fund based on Ministry of Health recommendations. In October of 2018, we informed the Finance Steering Committee of the Board of Health that we had grown the Working Capital Reserve to 7.5 weeks of cash flow and in February 2020, the MOH/CEO endorsed a recommendation from the Director of Corporate Services, that the organization be guided by the principle that the Working Capital reserve fund should support the organization with a cash flow for a 12-week period.

On July 28, 2020, the BOH Executive Committee approved the transfer of up to $11M from the reserve funds (restricted and unrestricted) to the operating budget to offset expenses related to the infrastructure modernization projects leaving an overall balance of $3,978,058. Dr. Sutcliffe was to allocate project costs where most appropriate between restricted and unrestricted funds and would apportion remaining funds balances in the areas needed.

As of February 11, 2025, the Working Capital Reserve fund is $2,205,121 that represents 3.29 weeks of cash flow. All capital reserve funds of $6,901,100 (restricted and unrestricted), provide the organization with 10.30 weeks of cash flow which is just shy of the previously supported 12-week period, and above the Ministry of Health recommended 7.5 weeks. With the allocation of funds recommended in this briefing note, the reserves would remain at 9 weeks of cash flow.

As the organization seeks to make technological investments to mitigate funding pressures on the operating budget and the need for levy funds from municipalities, there may need to be one-time investments in procurement and/or onboarding of large, new technological platforms. The goal of these investments would be one-time expenditures for continuous year-to-year savings. Thanks to prudent management of the reserves, modest funds are available within the reserves to invest in high-priority initiatives while maintaining contingency funds. As technological investment opportunities are identified, additional requests may be brought to the Board of Health for their consideration.

Ontario Public Health Standard:
Organizational Requirements

Strategic Priority:
Healthy & Resilient Workforce

Contact:
Sandra Laclé, Interim Director, Corporate Services

INFRASTRUCTURE MODERNIZATION PROJECTS: RESERVE FUNDS

MOTION:

THAT the Board of Health, per By-Law G-I-70, authorize the transfer of up to $879k from the Reserve Funds to the operating budget to offset expenses related to the supplementary infrastructure modernization projects.

Board of Health Manual
Public Health Sudbury & Districts

By-Law

Category
Board of Health By-Laws

Section
By-laws

Subject
By-law 04-88

Number
G-I-30

Approved By
Board of Health

Original Date
June 23, 1988

Revised Date
~~September 19, 2024~~February 20, 2025

Review Date
~~September 19, 2024~~February 20, 2025

To Regulate the Proceedings of the Board of Health

The Board of Health for the Sudbury and District Health Unit enacts as follows:

Interpretation

1. In this By-law:

   a) "Act" means the *Health Protection and Promotion Act*. S.O. Ontario, Chapter 10 as amended;

   b) "Board" means the Board of Health for the Sudbury and District Health Unit

   c) "Chair" means the person presiding at the meeting of the Board;

d) “Chair of the Board” means the chair elected under the *Act*, which reads:

At the first meeting of a board of health in each year, the members of the board shall elect one of the members to be chair and one to be vice-chair of the board for the year.

e) “Committee” means a committee of the Board, but does not include the Committee of the Whole;

f) “Committee of the Whole” means all the members present at a meeting of the Board sitting in Committee;

g) “Council” means the Council of any constituent municipality;

h) “Meeting” means a meeting of the Board;

i) “Member” means a member of the Board;

j) “Quorum” means a majority of the members of the Board who are present at a Board meeting;

k) “Secretary” means the Secretary of the Board of Health.

l) "Absences" means a Board member who is not present at a Board meeting for the purpose of establishing quorum and has not provided notice of their absence or provided their regrets.

General

2. As per section 49. (2) of the Health Protection and Promotion Act, the Board shall have no fewer than three and no more than thirteen municipal members. R.S.O. 1990, c. H.7, s. 49 (2). In addition, the Lieutenant Governor in Council may appoint one or more persons as members of the board of health as long as the number of Lieutenant Governor in Council appointees are fewer in number that the municipal members of the board of health. R.S.O. 1990, c. H.7, s. 49 (3).

   Where a vacancy occurs in a Board of Health by the death, disqualification, resignation or removal of a member, the person or body that appointed the member shall appoint a person forthwith to fill the vacancy for the remainder of the term of the member.

3. In all the proceedings at or taken by this Board, the following rules and regulations shall be observed and shall be the rules and regulations for the order and dispatch of business at the Board, and in the Committee thereof.

4. Except as herein provided, the rules of order of the Parliament of Canada, Bourinot shall be followed for governing the proceedings of this Board and the conduct of its members.

5. A person who is not a member of the Board or who is not a member of the council shall not be allowed to address the Board except upon invitation of the Chair subject to written request to the Secretary at least two weeks prior to the scheduled meeting.

6. Persons who have not requested in writing to address the Board may address the Board provided two-thirds of the Board are in agreement.

7. No persons shall smoke in the buildings or on the premises owned or leased by the Board of Health.

Convening a Regular Meeting

8. Regular monthly meetings shall be held at a date and time as determined by the Board which is normally the 3rd Thursday of the month at 1:30 p.m. with the exception of March, July, August and December when regular Board meetings are not scheduled.

   It is expected that commitments to regularly scheduled Board meetings be honoured by the Board members.

   The Board may, by resolution, alter the time, day or place of any meeting.

   Board members are expected wherever possible to attend meetings in person.

   Subject to any conditions or limitations in the Health Protection and Promotion Act and/or the Municipal Act, a member who participates in an open meeting through electronic means is deemed as present and counted for the purpose of establishing quorum. All members present, either in-person or members participating electronically, will have full participation, including voting rights. Further, electronic participation is also permitted for a meeting which is closed to the public.

   The electronic means will enable the member to hear and to be heard by the other meeting participants. Normal board of health meeting rules and procedures will apply with necessary modifications arising from electronic participation.

Convening a Special Board Meeting

9. A special meeting shall not be summoned for a time which conflicts with a regular meeting or a meeting previously called of (participating) council(s) or municipality(s).

   A special meeting may be called by the Chair of the Board of Health.

   The Secretary shall summon a special meeting upon receipt of a signed petition of the majority of Board members, constituting a quorum, for the purpose and at the time mentioned in the petition.

Notice of Meetings

10. The Secretary shall give notice of each regular and special meeting of the Board and of any Committee to the members thereof and to the heads of divisions concerned with such meeting.

    The notice shall be accompanied by the agenda and any other matter, so far as is known, to be brought before such meeting.

    The notice shall be provided to each member no later than one week prior to the day of the meeting.

    Lack of receipt of the notice shall not affect the validity of holding the meeting or any action taken thereat.

    The notice for calling a special meeting of the Board shall state the business to be considered at the special meeting and not business other than that stated in the notice shall be considered at such meeting except with the unanimous consent of the members present and voting.

    The public is made aware of regular board meetings or board committee meetings through the Public Health Sudbury & Districts website as per the *Municipal Act*, 238 subsection 2.1

Preparation of the Agenda

11. The Secretary, in conjunction with the Medical Officer of Health/Chief Executive Officer, shall have prepared for the use of members at the regular meetings the agenda as follows:

    - Call to Order
    - Roll Call
    - Declaration of Conflict of Interest
    - Delegations/Presentation
    - Consent agenda *which normally shall include*:
        - Minutes of Previous Meeting
        - Business Arising from Minutes
        - Report of Standing Committees
        - Report of the Medical Officer of Health/Chief Executive Officer
        - Correspondence
        - Items of Information
    - New Business
    - Addendum
    - In-Camera
    - Rise & Report
    - Adjournment

Delegation is placed on the agenda only when a request is received for a delegation to appear. Procedure to accept a delegation is as follows:

Where a delegation wishes to have any policy matter considered by the Board of Health, a letter shall be addressed to the Board Secretary and the letter shall

- be printed, typewritten or legibly written;
- clearly set out the matter at issue and the request made of the Board of Health
- be signed with the name of the writer and contain the mailing address, street address and telephone number of the writer.

Written delegation requests should be received prior to 12:00 noon the second Monday of the month prior to a regularly scheduled Board of Health meeting.

Delegations will be recorded and the recording made available to the public.

12. For special meetings, the agenda shall be prepared when and as the Chair of the Board may direct or, in default of such direction, as provided in the last preceding section so far as is applicable.

13. The business of each meeting shall be taken up in the order in which it stands upon the agenda, unless otherwise decided by the Board.

Commencement of Meetings / Quorum

14. As soon as there is a quorum after the hour fixed for the meeting, the Chair of the Board, or Vice-Chair or person appointed to act in their place and stead, shall take the chair and call the members to order.

15. If the person who ought to preside at any meeting does not attend by the time a quorum is present, the Secretary shall call the members to order and a presiding officer shall be appointed by majority vote to preside during the meeting or until the arrival of the person who ought to preside.

16. If there is no quorum within 15 minutes after the time appointed for the meeting, the Secretary shall call the roll and take down the names of the members then present, and the meeting shall then adjourn until such time as quorum is available.

17. Upon any member directing the attention of the Chair to the fact that a quorum is not present, the Secretary, at the request of the Chair, shall within three minutes following such request, record the names of those members present and advise the Chair, if a quorum is, or is not, present.

Rules of Debate and Conduct of Members at the Board

18. The Chair shall preside over the conduct of the meeting, including the preservation of good order and decorum, ruling on points of order and deciding all questions relating to the orderly procedure of the meetings, subject to an appeal by any member to the Board from any ruling of the Chair.

19. Each deputation will be allowed a maximum of one speaker for a maximum of 10 minutes, but a member of the Board may introduce a deputation in addition to the speaker or speakers. Normally, a deputation will not be heard

on an item unless there is a report from staff on the item or upon agreement of two-thirds of the Board present.

The Board shall render its decision in each case within seven days after deputations have been heard.

20. When a member finds it impossible to attend any meeting, the onus is upon the member to advise the Secretary prior to the holding of such meeting of his wishes with respect to items on the agenda or matters appearing therein in which he is vitally interested.

    Three consecutive absences by a member of the Board of Health will be reviewed by the Chair, following which notification will be forwarded to the appropriate municipality or council.

    Board members who are elected or appointed representatives of their municipalities shall be bound by the rules of attendance that apply to the councils of their respective municipalities. Failure to attend without prior notice at three consecutive Board meetings, or failure to attend a minimum of 50% of Board meetings in any one calendar year will result in notification of the appointing municipal council by the Board chair and may result in a request by the Board for the member to resign and/or a replacement be named.

    Board members appointed by the Lieutenant Governor-in Council are answerable to the Board of Health for their attendance. Failure to provide sufficient notice of non-attendance at three consecutive meetings or failure to attend a minimum of 50% of Board meetings without just cause may result in a request by the Board for the member to resign.

21. If the Chair desires to leave the chair for the purpose of taking part in the debate or otherwise, the Chair shall call on another member to fill his place until he resumes the Chair.

22. Every member, prior to speaking to any question or motion, shall respectfully address the Chair.

23. When two or more members ask to speak, the Chair shall name the member who, in his opinion, first asked to speak.

24. A member may speak more than once on a question, but after speaking shall be placed at the foot of the list of members wishing to speak.

    No member shall speak to the same question at any one time for longer than ten minutes except that the Board upon motion therefore, may grant extensions of time for speaking of up to five minutes for each time extended.

25. Subject to this section, no member may ask a question of the previous speaker except with the consent of such previous speaker and then only to clarify any part of the previous speaker’s remarks and such question shall be stated concisely.

When it is a member's turn to speak, before speaking he may ask questions of the Medical Officer of Health/Chief Executive Officer or Secretary, in order to obtain information relating to the report or clause in question and, with the consent of the speaker, other members of the Board may ask a question of the same official.

A member's question shall not be ironical, rhetorical, offensive, contain epithet, innuendo, satire or ridicule, be trivial, vague or meaningless, or contain questions and answers.

26. Any member may require the question or motion under discussion to be read at any time during the debate, but not so as to interrupt a member while speaking.

27. A member shall not

- speak disrespectfully of the Reigning Sovereign, any member of the Royal Family, the Governor-General or a Lieutenant-Governor;
- use offensive words or unparliamentary language at the Board meetings;
- disobey the rules of the Board or decision of the Chair of the Board, on questions of order or practice or upon the interpretation of the rules of the Board;
- leave his seat or make any noise or disturbance while a vote is being taken and until the result is declared; or
- interrupt a member while speaking except to raise a point of order.

28. In case any member persists in a breach of the foregoing section after having been called to order by the Chair, the Chair shall without debate put the question, "Shall the member be ordered to leave his seat for the duration of the meeting?"

If the Board votes in the affirmative, the Chair shall order the member to leave his seat for the duration of the meeting.

If the member apologizes, the Chair, with the approval of the Board, may permit him to resume his seat.

Questions of Privilege and Points of Order

29. A member who desires to address the Board upon a matter which concerns the rights or privileges of the Board collectively, or of himself as a member thereof, shall be permitted to raise such matter of privilege. A breach of privilege is a wilful disregard by a member or any other person of the dignity and lawful authority of the Board. A matter of privilege shall take precedence over other matters. When a member raises a point of privilege, the Chair shall use the words "Mr./Mrs. _____ state your point of privilege". While the Chair is ruling on the point of privilege, no one shall be considered to be in possession of the floor.

30. When a member desires to call attention to a violation of the rules of procedure, he shall ask leave of the Chair to raise a point of order and after

leave is granted, he shall state the point of order with a concise explanation and then not speak until the Chair has decided the point of order.

Unless a member immediately appeals to the Board, the decisions of the Chair shall be final.

If the decision is appealed, the Board shall decide the question without debate and its decision shall be final.

31. When the Chair calls a member to order, the member shall immediately cease speaking until the point of order is dealt with then he shall not speak again without the permission of the Chair unless to appeal the ruling of the Chair.

Motions and Order of Putting Questions

32. A motion for introducing a new matter shall not be presented without notice unless the Board, without debate, dispenses with such notice by a majority vote and no report requiring action of the Board shall be introduced to the Board unless a copy has been placed in the hands of the members at least one day prior to the meeting, except by a majority vote, taken without debate.

33. Every motion presented to the Board shall be written.

34. Every motion shall be deemed to be in possession of the Board for debate after it is presented by the Chair, but may, with permission of the Board, be withdrawn at any time before amendment or decision.

35. When a matter is under debate, no motion shall be received other than a motion

- to adopt,
- to amend,
- to defer action,
- to refer,
- to receive,
- to adjourn the meeting, or
- that the vote be now taken.

36. A motion to refer or defer shall take precedence over any other amendment or motion except a motion to adjourn.

A motion to refer shall require direction as to the body to which it is being referred and is not debatable.

A motion to defer must include a reason and a time period for the deferral and is not debatable.

37. When a motion that the vote be now taken is presented, it shall be put to a vote without debate, and if carried by a majority vote of the members, the

motion and any amendments thereto under discussion shall be submitted to a vote forthwith without further debate.

A motion relating to a matter not within the jurisdiction of the Board shall not be in order.

38. Only one amendment at a time can be presented to the main motion and only one amendment can be presented to an amendment, but when the amendment to the amendment to the amendment has been disposed of, another may be introduced, and when an amendment has been decided, another may be introduced.

The amendment to the amendment, if any, shall be voted on first, then if no other amendment to the amendment is presented, the amendment shall be voted on next, then if no other amendment is introduced, the main motion, or if any amendment has carried, the main motion as amended shall be put to a vote.

Nothing in this section shall prevent other proposed amendments being read for the information of the members.

39. When the question under consideration contains distinct propositions, upon the request of any member, the vote upon each proposition shall be taken separately.

40. After the Chair commences to take a vote, no member shall speak to or present another motion until the vote has been taken on such motion, amendment or sub-amendment.

41. Every member eligible to vote at a meeting of the Board, when a vote is taken on a matter, shall vote therein unless prohibited by statute; and, if any member eligible to vote at a meeting persists in refusing to vote, he shall be deemed as voting in the negative.

42. If a member disagrees with the announcement by the Chair of the result of any vote, he may object immediately to the Chair's declaration and require that the vote be retaken.

43. When a member eligible to vote at a meeting requests a roll call vote, all members eligible to vote, unless prohibited by statute, shall vote in alphabetical order with a call for the Chair's vote to be the last taken. A roll call vote and the names of those who voted for and against the resolution shall be noted in the minutes unless the Board is in-camera. The Secretary shall announce the results of the vote.

44. Any member, including the Chair, may propose or second a motion and all members including the Chair shall vote on all motions except when disqualified by reasons of interest or otherwise; a tie vote shall be considered lost. When the Chair proposes a motion, he shall vacate the chair to the Vice-Chair during debate on the motion and reassume the chair following the vote.

45. After any matter has been decided, any member who voted therein with the majority may move for a reconsideration at the same meeting or may give notice of a motion for reconsideration of the matter for a subsequent meeting in the same year, but no discussion of the question that has been decided shall be allowed until the motion for reconsideration has carried, and no matter shall be reconsidered more than once in the same year. For the purposes of this section, the word “year” shall mean the period from January 1st to December 31st in the same year.

Adjournment

46. A motion to adjourn the Board meeting or adjourn the debate shall be in order, except:

- when another member is in possession of the floor;
- when it has been decided that the vote be now taken; or,
- during the taking of a vote;

but no second motion to the same effect shall be made until after some intermediate proceedings have taken place.

47. Every communication intended to be presented to the Board must be fairly written or printed and must not contain any impertinent or improper matter and shall be signed by at least one person.

48. Every such communication shall be delivered to the Secretary before the commencement of the meeting of the Board.

Secretary for the Board

49. It shall be the duty of the Secretary

- to attend or cause an assistant to attend all meetings of the Board;
- to keep or cause to be kept full and accurate minutes of the meetings of all the Board meetings, text of by-laws and resolutions passed by it; and
- to forward a copy of all resolutions, enactments and orders of the Board to those concerned in order to give effect to the same.

Appointment and Organization of Committees

50. At the first meeting in any year, the Board shall appoint the members required by the Board to standing committees.

51. The Board may appoint committees from time to time to consider such matters as specified by the Board.

Conduct of Business in Committees

52. The rules governing the procedure of the Board shall be observed in the Committees insofar as applicable.

53. It shall be the duty of the Committee

- to report to the Board on all matters referred to them and to recommend such action as they deem necessary;
- to report to the Board the number of meetings called during a year, at which a quorum was present, and the number of meetings attended by each member of the Committee; and
- to forward to the incoming Committee for the following year any matter undisposed.

54. The procedures of the Board with respect to

- incurring of liabilities and paying of accounts;
- contacts and expenditures;
- petty cash;
- tenders and quotations;

shall be in accordance with By-law 01-88 and 01-93.

Corporate Seal

55. The corporate seal of the Board shall be in the form impressed herein and shall be kept by the Executive Officer or the Secretary of the Board.

Execution of Documents

56. The Board may at any time and from time to time, direct the manner in which and the person or persons who may sign on behalf of the board and affix the corporate seal to any particular contract, arrangement, conveyance, mortgage, obligation, or other document or any class of contracts, arrangements, conveyances, mortgages, obligations or documents.

Duties of Officers

Chair and Vice-Chair

At the first meeting of a board of health in each year, the members of the board shall elect one of the members to be chair and one to be vice-chair of the board for the year.

57. The Chair of the Board shall

- preside at all meetings of the Board;
- represent the Board at public or official functions or designate another Board member to do so;
- be ex-officio a member of all Committees to which he has not been named a member;
- perform such other duties as may from time to time be determined by the Board or required by the Ontario government.

58. The Vice-Chair shall have all the powers and perform all the duties of the Chair of the Board in the absence or disability of the Chair of the Board, together with such powers and duties, if any, as may be from time to time assigned by the Board.

When undertaking the duties outlined above, the Vice-Chair shall be paid, in lieu of his regular Board member per diem, a fee as stipulated in Board of Health policies.

59. The Vice-Chair shall preside during in-camera sessions.

60. When it is moved and carried that the Board recess and go in-camera, the Chair shall vacate the Chair and the Vice-Chair shall preside over the Board sitting as a Committee of the Whole

Board of Health in-camera matters shall be as per F-III-10 Freedom of Information.

The Vice-Chair shall report the proceeding to the Board and a motion of concurrence shall be voted upon.

Amendments

61. Any provision contained herein may be repealed, amended or varied, and additions may be made to this by-law by a majority vote to give effect to any recommendation contained in a Report to the Board and such Report has been transmitted to members of the Board prior to the meeting at which the Report is to be considered, but otherwise no motion for that purpose may be considered, unless notice thereof has been received by the Secretary two weeks before a Board meeting and such notice may not be waived and in any even no bill to amend this by-law shall be introduced at the same meeting as that at which such report or motion is considered.

Medical Officer of Health

62. The Board of Health may institute arrangements with the Medical Officer of Health to continue to provide medical officer of health services to Public Health Sudbury & Districts during periods of leave so as to ensure that the requirements of the governing legislation continue to be met, and such that no compensation above that provide in the existing employment agreement is paid to the Medical Officer of Health.

The Medical Officer of Health, wherever possible, will advise the Board of Health Chair if such arrangements constitute an absence or inability to act of the Medical Officer of Health as per Section 69(1) of the Health Protection and Promotion Act;

Activation of an Acting MOH appointment will be delegated to the MOH with the MOH providing notice of the Acting Appointment to the Board of Health Chair. If the MOH is unable to activate an Acting MOH appointment the activation will be done by the Board of Health Chair. The Acting Medical Officer of Health must provide written consent to the appointment.

Per Section 68(2) of the HPPA, where the office of the MOH is vacant or the MOH is absent or unable to act, the Associate MOH of the board shall act as and has all the powers of the MOH.

Dismissal of Medical Officer(s) of Health or Associate Medical Officer of Health

63. Per Section 66 of the HPPA, a decision by the Board of Health to dismiss a Medical Officer of Health or an Associate Medical Officer of Health from office is not effective unless:

- the decision is carried by the vote of two-thirds of the members of the Board; and
- the Minister consents in writing to the dismissal.

The Board of Health shall not vote on the dismissal of a Medical Officer of Health or Associate Medical Officer of Health unless the Board has given the officer:

- reasonable written notice of the time, place and purpose of the meeting at which the dismissal is to be considered;
- a written statement of the reason for the proposal to dismiss the officer; and
- an opportunity to attend and to make representation to the Board at the meeting.

MOH/CEO Meeting Notice and Attendance

64. The MOH/CEO is entitled to notice of and to attend each meeting of the Board of Health and every committee of the board, but the Board may require the MOH/CEO withdraw from any part of a meeting at which the Board of a committee of the board intends to consider a matter related to the remuneration or the performance of the duties of the MOH/CEO.

General

65. In this by-law, words importing the singular number of the masculine gender only shall include more person, parties or things of the same kind than one and females as well as males and the converse.

Enacted and passed by the Board of Health, Sudbury & District Health Unit this 23rd day of June 1988.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 26th day of February 1990.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 23rd day of May 1991.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 29th day of June 1992.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22nd day of April 1993.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 28th day of April 1994.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 27th day of April 1995.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 23rd day of May 1996.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 28th day of May 1998.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22nd day of April 1999.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 25th day of May 2000.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22nd day of February 2001.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 17th day of October 2002.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 17th day of June 2004.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 15th day of November 2007.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 18th day of November 2010.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 16th day of February 2012.

Revised and passed by the Board of Health, Sudbury & District Health Unit this 20th day of February 2014.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 15th day of October 2015.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 16th day of June 2016.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 15th day of June 2017.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 21st day of September 2017.
Revised and passed by the Board of Health, Public Health Sudbury & Districts this 21st day of June 2018.
Revised and passed by the Board of Health, Public Health Sudbury & Districts this 16st day of April 2020.
Revised and passed by the Board of Health, Public Health Sudbury & Districts this 17th day of September 2020.
Revised and passed by the Board of Health, Public Health Sudbury & Districts this 18th day of November 2021.
Revised and passed by the Board of Health, Public Health Sudbury & Districts this 15th day of September 2022.

Board of Health Manual
Public Health Sudbury & Districts

By-Law

Category
Board of Health By-Laws

Section
By-laws

Subject
By-law 01-93

Number
G-I-40

Approved By
Board of Health

Original Date
April 22, 1993

Revised Date
~~September 19, 2024~~February 20, 2025

Review Date
February 20, 2025~~September 19. 2024~~

The Board of Health for the Sudbury and District Health Unit enacts as follows:

1. In this by-law

    a) "Act" means the *Health Protection and Promotion Act*. S.O. Ontario, Chapter 10 as amended;

    b) "Board" means the Board of Health for the Sudbury and District Health Unit

2. All matters related to the financial affairs of the Board shall be the responsibility of the Medical Officer of Health/Chief Executive Officer, with delegation as deemed appropriate.

3. The Board will maintain a formal list of names, titles and signatures of those individuals who have signing authority.

4. Signing authorities shall be restricted to

    - the Chair of the Board of Health
    - the Medical Officer of Health/Chief Executive Officer
    - the Director, Corporate Services

5. Two signatures from the above list shall be required on each cheque.

6. The Director, Corporate Services is hereby authorized on behalf of the Board to

    - deposit or negotiate or transfer to the bank or trust company (but only for the credit of the Board) all or any cheques, promissory notes, bills of exchanges or orders for payment of monies;
    - receive all paid cheques and vouchers and to arrange, settle, balance and certify all books and accounts between the Board and the bank or trust company;
    - sign the bank's or trust company's form of settlement of balances and releases;
    - receive all monies and to give acquittance for the same; and
    - invest excess or surplus funds in interest-bearing accounts or short-term deposits.

    - sign all required documents for, and cause to be filed with the appropriate governmental authority, (i) the renewal of the PUBLIC HEALTH SUDBURY & DISTRICTS master business license and (ii) the notice of change when new directors and/or officers are appointed.

7. The Director, Corporate Services, under the direction of the Medical Officer of Health/Chief Executive Officer shall

    - prepare and control the annual budget under the jurisdiction of the Board for submission to the Board;
    - prepare financial and operating statements for the Board in accordance with established Ministry policies indicating the financial position of the Board with respect to the current operations;
    - act as custodian of the books of account and accounting records of the Board required to be kept by the laws of the province;
    - in conjunction with the Auditor, arrange for an annual audit of all accounting books and records;
    - report to the Board on all financial and banking matters initiated by the Executive Officer;
    - shall reconcile all balances with all constituent municipalities and appropriate ministries upon receipt of final year end settlements; and
    - perform other duties as the Board may direct.

8. The Board of Health Chair will have oversight over expenses made independently by the Medical Officer of Health/Chief Executive Officer (e.g. corporate credit card use, expense reimbursement claims)

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Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22nd day of April 1993.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 28th day of April 1994.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 27th day of April 1995.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 28th day of May 1998.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22nd day of April 1999.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 25th day of May 2000.
Reviewed and passed by the Board of Health, Sudbury & District Health Unit this 22nd day of February 2001.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 17th day of October 2002.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 17th day of June 2004.
Revised and passed by the Board of Health, Sudbury & District Health Unit this 21st day of June 2018.

BOARD OF HEALTH MANUAL – AMENDMENTS TO BY-LAW 04-88 AND BY-LAW 01-93

MOTION:

THAT the Board of Health, having reviewed the revised by-law 04-88 and by-law 01-93, approve the contents therein for inclusion in the Board of Health Manual.

Public Health
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SUDBURY & DISTRICTS

Briefing Note

To: Mark Signoretti, Chair, Board of Health for Public Health Sudbury & Districts

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

Date: February 13, 2025

Re: Unlearning & Undoing White Supremacy and Racism Project – Unlearning Club Launch

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☐ For Information ☐ For Discussion ☒ For a Decision

Issue:
Colonization, racism, and white supremacy as social determinants of health affect every person in our society. Some groups benefit while others are disproportionately disadvantaged, particularly Indigenous and racialized individuals, families, and communities.

The Indigenous Engagement Governance ReconciliAction Framework (2023), endorsed by the Board of Health under Motion #37-23, guides the Board's commitment to Indigenous engagement and reconciliation. Motion #46-24, which supports the Unlearning & Undoing White Supremacy and Racism Project (Unlearning Project), directly aligns with this framework. This briefing note outlines the connections between these motions and highlights the Board's role in advancing reconciliation and equity within the organization.

The Unlearning & Undoing White Supremacy and Racism Project's Unlearning Club will launch in March. Board members are invited to the ceremonial launch of the project.

Recommended Action:
Members of the Board of Health attend the launch of the Unlearning Club, one component of four that makes up the Unlearning & Undoing White Supremacy and Racism Project. The launch event is scheduled for March 21, a date intentionally chosen to align with the International Day for the Elimination of Racial Discrimination.

Alternative Actions:
N/A

Background:

The Unlearning Club will officially launch on March 21, 2025. To mark the beginning of this important journey, the launch event will be held in ceremony led by Nokomis (Grandmother) Martina Osawamick,

followed by a feast to mark the occasion together. All Board members are invited to attend the event. The launch event is not just a formality – it is an essential part of the overall learning experience. Ceremony is deeply rooted in Indigenous ways of knowing and being, providing a meaningful space for reflection, learning, and connection. Participating in this launch will allow Board members to fully immerse themselves in the principles of the Unlearning Project and set the stage for the transformative journey ahead.

The Unlearning Project exemplifies Public Health Sudbury & Districts' (Public Health) commitment to advancing truth, reconciliation, and collective action. Originally developed by the Office of the Provincial Health Officer (OPHO) of British Columbia, the project was identified by the Indigenous Engagement team in February 2024 and subsequently adapted, with permission from the OPHO, to align with local context, the organization's strategic priorities and governance framework. This initiative provides a critical examination of racism, anti-Indigenous racism, white supremacy, and colonization, analyzing their deep-rooted impacts on public health outcomes. It offers participants the tools to identify and dismantle systemic barriers embedded in policies, practices, and processes, fostering a culture of accountability and inclusivity. Although there is a health focus embedded in the learning, the learning would be transferable to any workplace or to the personal lives of participants, creating a ripple effect throughout the district and beyond.

The initiative correlates to Strategic Direction III of the Governance ReconciliAction Framework. The first component of the Unlearning Project is the Unlearning Club:

1. **Unlearning Club** is a structured, 18-month learning journey that reflects the Board's commitment to transformative action. The Board has committed to
    - **Monthly Self-Guided Learning:** Each month, Board members will dedicate two hours to engaging with curated materials – readings, videos, and podcasts – that explore the complexities of racism, anti-Indigenous racism, colonization, and white supremacy in the context of public health.
    - **Closed Group Discussions:** Board members will participate in 15-30 minute closed group discussions, at the end of each Board meeting to reflect on the material, share insights, and strategize ways to apply these learnings to governance and decision-making processes.

The Unlearning Project includes three additional components that make up the total of the project structure, some of these pieces Public Health and the Board of Health have successfully completed, while others will be introduced later in 2025 and 2026. These include:

2. **Cultural Competency Training:** Over the past eight years, Public Health has made significant strides in fulfilling the Indigenous Engagement Strategy, Strategic Direction III, ensuring that staff have completed cultural competency training.
3. **Foundational Obligations to Indigenous Peoples Series** – to be introduced in 2025/2026.
4. **Thinking Intersectionally Series -** To be introduced in late 2025/2026.

By fully participating in the Unlearning Project, the Board affirms its dedication to the Governance ReconciliAction Framework, reinforcing its position as a leader in fostering reconciliation, equity, and inclusivity within the organization and beyond.

Risks of not proceeding:
Not proceeding with the full scope of this project could present challenges for the agency. A partial approach may limit progress in strengthening reconciliation and cultural safety, impacting the trust from Indigenous communities and partners. Without fully implementing the initiative, systemic barriers may persist, and opportunities for meaningful change within policies and practices could be missed. Additionally, ongoing education and engagement are essential for informed governance decisions that align with reconciliation commitments. Maintaining momentum in this work will help demonstrate the agency's dedication to health equity and Indigenous Engagement, reinforcing its role as a leader in reconciliation efforts.

Financial Implications:
Within budget.

Ontario Public Health Standard:
Health Equity Guideline, 2018

Strategic Priority:
Strategic Priority 4 – Healthy and resilient workforce
Indigenous Engagement Strategy – Strategic Direction IV: Advocate and partner to improve health

Contact:
Kathy Dokis, Director, Indigenous Public Health

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You are invited to the launch of the Public Health Sudbury & Districts

Unlearning Club

March 21, 2025 | 10:00 a.m. to 1:00 p.m. | 1300 Paris Street, Ramsey Room

Please join us for the launch of the Unlearning Club where we will celebrate the beginning of this journey of unlearning and undoing white supremacy and racism together, in ceremony.

The ceremony will be led by Nookmis (Grandmother) Martina Osawamick.

The morning will include orientation to the project, a message from the British Columbia Office of the Provincial Health Officer, gifting to participants, and a lunch feast.

ADDENDUM

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

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