



**UNAPPROVED MINUTES – EIGHTH MEETING**  
**BOARD OF HEALTH**  
**PUBLIC HEALTH SUDBURY & DISTRICTS**  
**BOARDROOM, SECOND FLOOR**  
**THURSDAY, NOVEMBER 21, 2024 – 1:30 P.M.**

**BOARD MEMBERS PRESENT**

Ryan Anderson  
Robert Barclay  
Michel Brabant  
Renée Carrier

Guy Despatie  
Pauline Fortin  
René Lapierre  
Abdullah Masood

Ken Noland  
Mike Parent  
Marc Signoretti  
Natalie Tessier

**BOARD MEMBERS REGRET**

Michel Parent

**STAFF MEMBERS PRESENT**

Kathy Dokis  
Stacey Gilbeau  
M. Mustafa Hirji

Stacey Laforest  
Rachel Quesnel  
France Quirion

Renée St Onge

**R. LAPIERRE PRESIDING**

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

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

**2. ROLL CALL**

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

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

**4. DELEGATION/PRESENTATION**

**i) The drug toxicity crisis and ongoing local efforts**

- Nicole Gauthier, Health Promoter, Health Promotion and Vaccine Preventable Diseases Division
- Rachelle Roy, Public Health Nurse, Health Promotion and Vaccine Preventable Diseases Division

N. Gauthier and R. Roy were invited to provide an overview on the local toxic drug crisis and the progress made following the Greater Sudbury Summit on Toxic Drugs held in December 2023.

A fictional case example illustrated a scenario resulting of an opioid death, which sadly, is not unique to the story. Locally in 2020, there were 107 deaths due to opioids in comparison with 17 such deaths in 2016, representing an increase of 529% in a four-year span. This local increase is consistent with what we've observed across Northern Ontario. Annual rates of suspected drug toxicity deaths for PHSD are almost three times that of the provincial average. From January to September 2024, the rate of drug toxicity deaths in the district of Sudbury and Manitoulin is 64.5 per 100, 000 people and three times higher than the provincial rate of 22.9.

It was recapped that, per the Ontario Public Health Standards, the board of health is mandated to develop and implement a program of public health interventions that addresses risk and protective factors to reduce the burden of preventable injuries and substance use in the health unit population (*Substance Use Prevention and Harm Reduction Guideline, 2018*).

Addressing the toxic drug crisis continues to require a multifaceted approach. Public Health Sudbury & Districts remains committed to evidence-based, upstream approaches, including

- Monitoring and surveillance of substance use trends
- Promoting healthy public policy
- Addressing stigma, discrimination, and the broader social determinants of health

Public Health Sudbury & Districts is one of many partners in the community collaborating and contributing to harm reduction including

- Provision of a needle syringe programs and the distribution of sterile harm reduction supplies
- Provision of naloxone training and distribution
- Issuing drug alerts and warnings

Public Health Sudbury & Districts also provides leadership and coordination to the region's Community Drug Strategies and co-chair the four local drug strategies within our catchment area, including Manitoulin, Lacloche Foothills, Sudbury East, and Greater Sudbury. The purpose of the local drug strategies is to improve the health, safety, and well-being of communities by reducing substance use-related harms.

The Community Drug Strategy in Greater Sudbury is committed to advancing the recommendations from the Greater Sudbury Summit on Toxic Drugs. Since the Summit, the CDS has reinvigorated its structure and membership to better align with the three streams of the Summit, including health promotion, wrap-around supports, and substance use care

with overarching priorities to address structural stigma, improve collaboration, center equity and eliminating barriers to access, and ensure adequate funding. Priorities for each of the three streams were outlined.

Questions and comments were entertained. The yearly stats for local opioid-related deaths were recapped and possible factors influencing the increase in the rate of deaths discussed. It was clarified that there is no Community Drug Strategy in Chapleau; however, there is good work happening. Public Health Sudbury & Districts will be going to Chapleau for a round table discussion with community partners to discuss opportunities that can be leveraged to address community needs. It was also noted that Public Health Sudbury & Districts played a supportive role in the development of HART hub applications and provided surveillance and data to help inform that application.

Presenters were thanked for the informative presentation.

## **5. CONSENT AGENDA**

- i) Minutes of Previous Meeting**
  - a. Seventh Board of Health Meeting – October 17, 2024
- ii) Business Arising from Minutes**
- iii) Report of Standing Committees**
  - a. Board of Health Finance Standing Committee Unapproved Minutes dated November 4, 2024
  - b. Board of Health Executive Committee Unapproved Minutes dated November 4, 2024
- iv) Report of the Medical Officer of Health / Chief Executive Officer**
  - a. MOH/CEO Report, November 2024
- v) Correspondence**
  - a. Funding Support for Student Nutrition Program
    - Letter from Peterborough Public Health Board of Health Chair to the Premier of Ontario, Minister of Child, Community and Social Services and Minister of Education, dated October 29, 2024
  - b. Phasing out free water well testing for private wells  
*(Related Motion from Board of Health for Public Health Sudbury & Districts [Motion 48-24](#))*
    - Letter from Northwestern Health Unit Board of Health Chair to the Minister of Health and Public Health Ontario President and Chief Executive Officer, dated October 25, 2024
    - Resolution from Municipality of Killarney supporting the Town of Goderich, dated May 8, 2024

- c. Recommendations for Government Regulation of Nicotine Pouches  
(*Related Motion from Board of Health for Public Health Sudbury & Districts [Motion 26-24](#)*)
  - Resolution from Municipality of Wawa supporting the Municipality of St-Charles, dated October 15, 2024
  - Email from Natural and Non-prescription Health Products Directorate Consultation, Health Canada, dated October 11, 2024
  - Letter from The Corporation of the Township of Dubreuilville to Public Health Sudbury & Districts, dated October 11, 2024

Comments and questions were entertained regarding the November MOH/CEO report, including MOH reflections regarding the US election and lessons from it around the risk to trust of public institutions such as PHSD.

In response to a question, it was clarified that staff vacancies contributing to the positive variance in the year-to-date financial statements span all disciplines across the agency, including public health inspectors, IT staff, public health nurses, health promoters and managers.

Additional information was provided pursuant to an inquiry regarding the health and safety risk assessment undertaken by Human Resources in collaboration with management.

The Board Chair clarified that the Board of Health Finance Standing Committee unapproved minutes are tabled for information. The recommendation from the November 4, 2024, meeting will be discussed under 6.v).

R. Barclay and R. Lapierre provided an update regarding the virtual alpha Fall Symposium held November 6 to 8, 2024. The Artificial Intelligence (AI) and Public Health all day workshop was held on November 6 and Reducing Alcohol Harms in Ontario: Canada's Guidance on Alcohol and Health and Public Education Workshop took place November 7. The Board of Health section meeting was held November 8. Symposium materials will be posted to the alpha website. R. Lapierre also reported on the alpha Board of Directors.

#### **62-24 APPROVAL OF CONSENT AGENDA**

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

**CARRIED**

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

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

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

Part of the requirement of the Ontario Public Health Standards is that a Board of Health conducts a period self-evaluation. Board of Health Manual Policy C-I-14 notes that *the Board of Health shall engage in an annual self-evaluation process of its governance practices and outcomes*. This Board has routinely conducted a self-evaluation survey and provides Board members a chance to reflect on their individual performance, the effectiveness of Board policy and processes, and the Board's overall performance as a governing body.

Thanks was extended to those who completed the self-evaluation survey. A total of 10 out of 11 Board members completed the survey, for a response rate of over 90%. Overall results from the self-evaluation questionnaire indicate that most Board of Health members have a positive perception of their governance process and effectiveness.

Questions were entertained and the response rate was observed to be higher than in previous years. It was clarified that the results are for internal reflection and although not shared with the province, the agenda package is made available to the public. Dr. Hirji also clarified that if concerns were identified, appropriate action would be taken.

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

The Board Chair reported, that as part of good governance, he discussed a mid-point check-in review with Dr. Hirji. The Board of Health Executive Committee met on November 4, 2024, to discuss the MOH/CEO performance appraisal processes and mid-point evaluation process.

The Board of Health Executive Committee agreed that the MOH/CEO performance appraisal process will remain the same as in the past with the MOH/CEO performance appraisals conducted on an annual basis, starting approximately one year after they began in their role; therefore in April 2025 for Dr. Hirji.

The mid-point check-in review process will also be coordinated by the Board secretary and will occur in November and December 2024. The mid-point check-in will be carried out via a survey including questions about things done well and things to do even better.

R. Lapierre shared that Dr. Hirji's employment contract includes, pursuant to a request by Dr. Hirji, the conduct of 360-degree evaluation for the purposes of professional development to be conducted 18 months after commencing the role, or around September 2025. The Board Executive Committee agreed that the 360-degree evaluation remain separate from the annual performance appraisal, noting that the 360-degree evaluation is

solely for professional development purposes. The agency may rely on services of an external Human Resources Firm for the 360-degree evaluation only.

**63-24 MID-POINT CHECK IN FOR THE MOH/CEO**

**MOVED BY NOLAND – SIGNORETTI: THAT upon recommendation from the Board of Health Executive Committee:**

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

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

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

**CARRIED**

**iii) Staff Appreciation**

M.M. Hirji recapped for the newer Board members that this motion is unique to Public Health Sudbury & Districts and has been tabled for the Board's consideration yearly dating back to the mid-70's. The Staff Appreciation Day has been a symbol of the Board's appreciation and grants staff a day off with pay. Previous motions aligned with the holiday season and the block of time that staff can take the paid day off has been expanded to be more cognizant of cultural diversity. Staff have shown their gratitude in the past by submitting thank you notes. The motion is tabled for the Board's consideration again this year.

**64-24 STAFF APPRECIATION DAY**

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

**CARRIED**

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

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

The briefing note speaks to the Part VIII *Ontario Building Code* program regarding private septic systems which are not connected to the Municipal sewer lines.

M.M. Hirji noted that the *Ontario Building Code Act* sets out the minimum standards related to sewage system and our agency is designated as the inspection agency responsible for the enforcement within our service areas. This is an important role to ensure our water stays free of pathogens.

Under the authority of the *Ontario Building Code*, Public Health Sudbury & Districts collects fees for Part VIII permits and services to recover all costs associated with administration and enforcement of the *Act*. The Part VIII program cannot be revenue generating and must be administered on a cost-recovery basis. The current fees, in place since 2018, are no longer cost-neutral and becoming a budget liability. There has been substantial inflation in the broader economy since 2018 which has similarly increased costs to deliver this program. The proposed fee increases are necessary to address increasing program operation and delivery costs.

The *Building Code Act* requires that public consultation take place of the proposed fee increases. The Board of Health's approval, in principle, was sought for the proposed increase in Part VIII – Ontario Building Code fees as outlined within Schedule "A" to Board of Health By-Law 01-98. Following the public meeting, the final proposed revisions will be tabled, likely in February 2025, for the Board's endorsement.

Questions and comments were entertained. It was suggested that future annual fee increases be implemented for a few years rather than for one year. The phased approach suggestion will be taken back for consideration for future years. The intent and process of a public consultation was outlined. M.M. Hirji clarified that the gaps in funds due to increasing program operation and delivery costs for Part VIII have been addressed via gapped operational funding.

It was noted that the proposed motion applies for 2025 and further consideration will given to a multi-year increase starting in 2026.

**65-24 CONSULTATION REGARDING AMENDMENT TO THE FEE SCHEDULE FOR SERVICERS UNDER PART VIII OF THE ONTARIO BUILDING CODE**

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

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

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

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

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

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

**CARRIED**

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

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

M. Signoretti, Chair of the Board of Health Finance Standing Committee reported that at its November 4, 2024, meeting, members carefully reviewed the recommended 2025 cost-shared operating budget.

Dr. Hirji and team were commended for the work they have done to bring forward a responsible and transparent budget. The recommended budget focuses on five priorities: sustainability, leveraging of technology, focusing on outcomes, fostering culture and engagement, and a continued commitment to the implementation of the Indigenous Engagement Strategy. The recommended budget manages the fixed cost increases which we cannot control with targeted budget reductions to limit pressure on municipal levies and balancing all this with making important strategic investments to advance the organization Strategic Plan.



Budget deliberations began with a projected shortfall of approximately \$891,000. The budget recommended by the Board Finance Standing Committee to the Board of Health today totals \$31,036,499. This represents an increase of \$963,420 (3.20% over the 2024 Board approved budget). The 2025 recommended budget incorporates increases to projected interest income of \$140,000, provincial and municipal increases of \$185,383 and \$638,037, respectively, and overall reductions of \$113,024.

This budget strikes a balance of cost containment and investments in strategic priorities while continuing to respond to local needs and carry out the Board's responsibilities.

M.M. Hirji reviewed details, including the assumptions that underpin the recommended budget and the specifics of the budget recommendations. It was noted that the full details of the resource and service implications will be discussed during the in-camera session.

Public Health funding has not kept up with inflation over the last ten years. Public Health Sudbury & Districts has been working diligently to maximize financial efficiencies to delivery programs, services, and address local needs with limited resources. The outcomes are still unknown related to the Ministry's Strengthening of Public Health initiative that included voluntary mergers, review of Ontario Public Health Standards, and funding review.

Representing 87% of the budget, the most significant pressure relates to salaries and benefits. Growth in employee benefits costs also remains well above inflation. Benefits are projected to increase by 15% for 2025 and is primarily driven by usage.

Growth in expenditures is to stay status quo for the 2025 budget. A 1% increase in province funding leaves \$891,061 to be bridged and recommendations from Board Finance Standing Committee are to be discussed.

Operational pressures that drive our work such as life expectancy, opioid related death, changing patterns of infectious diseases/outbreaks, such as increases in Tuberculosis as well as Syphilis infections as well as pressures in the vaccine preventive diseases (VPD) program were reviewed. These pressures are met with staffing recruitment and retention challenges. Pressures relating to the backbone services were also outlined. M.M. Hirji concluded that we want to focus on the 2024–2028 Strategic Plan priorities while addressing and balancing other pressures.

**IN CAMERA**

**66-24 IN CAMERA**

**MOVED BY FORTIN – CARRIER: THAT this Board of Health goes in camera to deal with personal matters involving one or more identifiable individuals, including employees or prospective employees. Time: 3:02 pm**

**CARRIED**

**RISE AND REPORT**

**67-24 RISE AND REPORT**

**MOVED BY BARCLAY – SIGNORETTI: THAT this Board of Health rises and reports. Time: 3:52 P.M.**

**CARRIED**

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

**68-24 APPROVAL OF BOARD OF HEALTH INCAMERA MEETING NOTES**

**MOVED BY MASOOD – ANDERSON: THAT this Board of Health approve the meeting notes of the October 17, 2024, Board in-camera meeting and that these remain confidential and restricted from public disclosure in accordance with exemptions provided in the Municipal Freedom of Information and Protection of Privacy Act.**

**CARRIED**

**69-24 2025 COST-SHARED OPERATING BUDGET**

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

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

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

**CARRIED**

**70-24 APPOINTMENT OF PUBLIC HEALTH SUDBURY & DISTRICTS ASSOCIATE MEDICAL OFFICER OF HEALTH**

**MOVED BY ANDERSON – NOLAND: WHEREAS the Health Protection and Promotion Act, R.S.O. 1990, c.H.7, s.62 states that every board of health may appoint one or more associate medical officers of health (AMOH).**

**WHEREAS the Capacity Review Committee recommended that every local public health agency have at least one AMOH.**

**WHEREAS the AMOH position is vacant.**

**THEREFORE BE IT RESOLVED THAT the Board of Health appoint Dr. Emily Groot as Associate Medical Officer of Health, effective January 6, 2025, subject to approval of the appointment by the Minister of Health.**

**CARRIED**

**7. ADDENDUM**

None.

**8. ANNOUNCEMENTS**

R. Lapierre and M.M. Hirji acknowledged that this is the last Board of Health meeting that F. Quirion will be attending given her pending retirement. Her leadership and significant contributions to Public Health Sudbury & Districts were highlighted and the Board applauded France on her successful career. A warm thanks and congratulations were extended.

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

Each board member was asked to complete the evaluation for today's Board meeting in BoardEffect.

There is no regular Board of Health meeting in December. The next regular meeting is Thursday, January 16, 2025, at 1:30 p.m. Effective January 2025, board delegations/presentations and Q&A will be recorded and posted on YouTube and phd.ca

Board members were invited to join Senior Managers for a celebration in the boardroom following today's meeting to recognize their contributions to the Board of Health and Board of Health Standing Committees.

**9. ADJOURNMENT**

The next regular Board of Health meeting is Thursday, January 16, 2025, at 3:59 p.m.

**71-24 ADJOURNMENT**

**MOVED BY BARCLAY – SIGNORETTI: THAT we do now adjourn. Time: 3:59 p.m.**

**CARRIED**

\_\_\_\_\_  
(Chair)

\_\_\_\_\_  
(Secretary)

Unapproved