Algoma
PUBLIC HEALTH
Santé publique Algoma

October 21, 2026

BOARD OF HEALTH MEETING

SSM Algoma Community Room

294 Willow Avenue

Sault Ste. Marie

www.algomapublichealth.com

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APH Land Acknowledgement

The land on which we are gathered is in the traditional territories of the Anishinabek (Aw-nish-naw-bek), Ililiwak (I-lil-i-wuk) [Cree], and Wiisaakoodewiwiniwok (We-saw-coe-day-win-in-i-wuk) [Métis Nation].

Algoma Public Health delivers services and programs within some of the Robinson-Huron Treaty, Robinson-Superior Treaty, and Treaty 9 territories, specifically within the traditional territories of the Michipicoten, Missanabie-Cree, Batchewana, Garden River, Thessalon, Mississauga, Serpent River, and Sagamok First Nations.

Algoma Public Health also delivers services and programs within the traditional territory of the Huron-Superior Regional Métis Community, represented by the Historic Sault Ste. Marie Métis Council and the North Channel Métis Council as part of the Métis Nation of Ontario.

We say miigwech (me-gwech) to thank Indigenous Peoples for continuing to take care of this land from time immemorial. We are all called to treat this sacred land, its plants, animals, stories and its Peoples with honour and respect. We commit to the shared goal of Truth and Reconciliation

Board of Health Meeting
AGENDA

Wednesday, October 21, 2026 - 5:00 pm
SSM Algoma Community Room | Videoconference

	BOARD MEMBERS	APH MEMBERS
PRESENT:	Sally Hagman Donald McConnell - 2nd Vice-Chair Luc Morrissette Beverly Nantel Sonny Spina Sonia Tassone Suzanne Trivers - Board Chair Jody Wildman - 1st Vice-Chair Natalie Zagordo	Dr. Jennifer Loo - Medical Officer of Health & CEO Dr. John Tuinema - Associate Medical Officer of Health & Director of Health Protection Dr. Lyall Pacey – Resident Physician Kristy Harper - Director of Health Promotion & Chief Nursing Officer Stephanie Luciani - Director of Corporate Services Leslie Dunseath, Manager of Accounting Services Trina Mount - Executive Assistant
GUESTS:	Leo Vecchio, Manager of Communications; Nicole Lindahl, Manager of Emergency Preparedness and Response; Christina Luukkonen, Manager of Support Services	
REGRETS:		

1.0 Meeting Called to Order *S. Trivers*

- **a. Land Acknowledgment**
- **b. Roll Call**
- **c. Declaration of Conflict of Interest**

2.0 Adoption of Agenda *S. Trivers*

RESOLUTION

THAT the Board of Health agenda dated October 21, 2026, be approved as presented.

3.0 Adoption of Minutes of Previous Meeting *S. Trivers*

RESOLUTION

THAT the Board of Health meeting minutes dated September 23, 2026, be approved as presented.

4.0 Business Arising from Minutes *S. Trivers*

- **a. Board Request - Letter in Support of Bill 121 - Save a Life Act (Naloxone)**
- **b. Board Request - Letter in Support of Highway Safety Strategies in Northern Ontario**

5.0 Reports to the Board

a. Medical Officer of Health and Chief Executive Officer Reports *Dr. Loo*

MOH Report - October 2026

- Public Health Emergency Management:
  Strengthening Readiness, Reducing Risk, and Building Community Resilience
- 2026 Algoma Public Health Facilities Report
- Brand Refresh
- Public Health Champion – Supporting Youth Edition

RESOLUTION

THAT the report of the Medical Officer of Health and CEO for October 2026, be accepted as presented.

b. Finance and Audit

i. Finance and Audit Committee Chair Report *J. Wildman*

RESOLUTION

THAT the October 14, 2026, report of the Finance and Audit Committee Chair be accepted as presented.

ii. Unaudited Financial Statements ending August 31, 2026. *J. Wildman*

RESOLUTION

THAT the Board of Health accepts the Unaudited Financial Statements for the period ending August 31, 2026, as presented.

iii. 2027 Capital and Operating Budget Report *J. Wildman*

RESOLUTION

THAT the Board of Health accepts the recommendation of the Finance and Audit Committee to approve the 2026 Capital and Operating Budget Report as presented.

6.0 Correspondence - for information *S. Trivers*

a. Letter from Public Health Sudbury & Districts, regarding Protecting Canadians from Biological and Cybersecurity Risks: An Opportunity to Collaborate with Local Public Health, dated June 24, 2026

b. Letter from Lakelands Public Health, regarding Support for the Windsor-Essex County Health Unit Board of Health recommendation/Resolution Report - Global Conflict, Health Equity, and Community Preparedness 20260514, dated September 22, 2026

c. Letter from Lakelands Public Health, regarding Endorsement of Public Health Sudbury & Districts; Letter, "Protecting Canadians from Biological and Cybersecurity risks: An Opportunity to Collaborate with Local Public Health - June 24, 2026, dated September 23, 2026

d. Letter from Middlesex-London Health Unit, regarding Vape Flavouring, dated September 23, 2026

e. Resolution from Windsor-Essex County Health Unit Board of Health, regarding Governance Continuity During a Municipal Election Year, dated September 24, 2026

f. Resolution from Windsor-Essex County Health Unit Board of Health, regarding Public Health Support for Windson Essex Community Safety and Well-Being Plan, dated September 24, 2026

g. Resolution from Windsor-Essex County Health Unit Board of Health, regarding Improvements to the Provincial Public Funded Immunization Program, dated September 24, 2026

h. Resolution from Windsor-Essex Conty Health Unit Board of Health, regarding Smoke Free Ontario Amendment Act (Vaping is Not for Kids), dated September 24, 2026

i. Resolution from Windsor-Essex County Health Unit Board of Health, regarding WECHU Charity Status Application, dated September 24, 2026

j. Letter from Lakelands Public Health, regarding Recommendations for Municipalities on Ontario's Bring your Own Beverage (BYOB) Legislation, dated September 24, 2026

k. Letter from Windsor-Essex Count Health Unit, regarding Support for Bill 125, Smoke-Free Ontario Amendment Act (Vaping is Not for Kids), 2026

7.0 Addendum *S. Trivers*

8.0 In-Camera *S. Trivers*

For discussion of labour relations and employee negotiations, matters about identifiable individuals, adoption of in camera minutes, security of the property of the board, litigation or potential litigation, information supplied in confidence to the Board of Health by the Province / Ministry of Health.

RESOLUTION

THAT the Board of Health go in-camera.

9.0 Open Meeting *S. Trivers*

Resolutions resulting from in-camera meeting.

10.0 Announcements / Next Committee Meetings: *S. Trivers*

Strategic Plan & Brand Refresh Launch
Thursday, **November 5, 2026,** 10 am-3:00 pm
The Grand Gardens
1324 Great Northern Road, Sault Ste. Marie

Board of Health Meeting
Wednesday, **January 27, 2027** @ 5:00 pm
SSM Algoma Community Room | Video Conference

Finance and Audit Committee Meeting
Wednesday, **February 10, 2027** @ 5:00 pm
SSM Algoma Community Room | Video Conference

Governance Committee Meeting
Tuesday, **March 3, 2027** @ 2:00 pm
SSM Algoma Community Room | Video Conference

11.0 Adjournment *S. Trivers*

RESOLUTION

THAT the Board of Health meeting adjourns.

Algoma PUBLIC HEALTH
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October 16, 2026

SENT VIA EMAIL

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1
Premier@ontario.ca

The Honourable Sylvia Jones
Deputy Premier and Minister of Health, Ontario
Ministry of Health, 5th Floor, 777 Bay Street
Toronto, ON M7A 2J3
sylvia.jones@ontario.ca

Dear Premier Ford and Minister Jones:

Re: Support for Bill 121 – Save a Life Act

On behalf of Algoma Public Health, I would like to thank your government for its recent and ongoing investments in mental health, addictions treatment, recovery, and youth well-being, particularly the Homelessness and Addiction Recovery Treatment (HART) Hubs and Youth Wellness Hubs which support Algoma communities and some of our most vulnerable residents.

We know that people need to survive in order to recover. On May 26, 2026, **Bill 121, Save a Life Act**, was introduced to the Legislative Assembly by MPPs Lennox, Vaugeois, Gélinas, and Gretsky. The Board of Health for Algoma Public Health extends its support for this bill, which would **ensure inclusion of naloxone kits alongside publicly placed automated external defibrillators (AEDs)**, adding a tool to prevent opioid-related deaths for Ontario residents.

Algoma residents carry a greater burden of opioid-related deaths, harm, and use of health resources compared to average Ontario jurisdictions. Persons who use opioids – regardless of using a prescription or recreational drug – can be saved from an overdose by a friend or bystander with naloxone. Algoma Public Health leads the distribution of naloxone kits among community partners to safely equip residents with naloxone kits. However, not every bystander will have one, and just as AEDs can help a bystander respond to cardiac arrest, strategically placed naloxone kits will help Ontarians to respond in community centres, government buildings, or large shopping centres.

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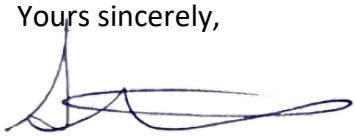
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The opioid crisis continues to be an immense challenge for many Ontario families and Ontario's health and social services. We are grateful for the steps taken by the Government of Ontario to prevent addiction and to support people toward recovery. Public health works at both ends of the continuum: preventing substance use harms and saving lives through naloxone distribution. Broader accessibility to naloxone in public spaces, as proposed in Bill 121, can help our community members survive to pursue recovery with the support of local services.

Thank you for all that you do to support the health of our communities.

Yours sincerely,



Suzanne Trivers
Chair, Board of Health
Algoma Public Health

cc: Bill Rosenberg, Member of Provincial Parliament – Algoma – Manitoulin
Robin Lennox, Member of Provincial Parliament – Hamilton Centre
France Gélinas, Member of Provincial Parliament – Nickel Belt
Chris Scott, Member of Provincial Parliament – Sault Ste. Marie
Lise Vaugeois, Member of Provincial Parliament – Thunder Bay – Superior North
Lisa Gretzky, Member of Provincial Parliament – Windsor West
Dr. Kieran Moore, Chief Medical Officer of Health, Ontario
Municipalities of the Board of Health for the District of Algoma Health Unit
Ontario Boards of Health
Association of Local Public Health Agencies (alPHa)
Board of Health for the District of Algoma Health Unit

Algoma PUBLIC HEALTH
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October 16, 2026

The Right Honourable Mark Carney
Prime Minister of Canada
80 Wellington Street
Ottawa, ON K1A 0A2
Sent Via Email: PM@pm.gc.ca

The Honourable Doug Ford
Premier of Ontario
Legislative Building Queen's Park
Toronto, ON M7A 1A1
Sent Via Email: Premier@ontario.ca

Dear Prime Minister Carney and Premier Ford:

Re: Highway Safety Strategies in Northern Ontario

The Board of Health for the District of Algoma Health Unit (Algoma Public Health) submits this letter to you as endorsement of Northeastern Public Health's (NEPH) call for urgent consideration of **action to improve highway safety in Northern Ontario**. Algoma communities depend heavily on highways for the function of our health care systems, emergency response, education systems, and economies. However, these same lifelines are also where hundreds of collisions occur per year, adding to a health care system burdened with motor-vehicle injuries and hospitalizations at rates that significantly outpace the Ontario average.

In the past year, the Government of Ontario has made major strides in improving key safety features, namely widening, twinning, adding rest stops, and increasing enforcement. To provide the same standard of safety to remote communities across Northern Ontario – across thousands of kilometres of the Canadian Shield and boreal forest – additional strategies may be needed to make this feasible. NEPH's letter and resolution, sent on January 14, 2026, call for a 2+1 model to be used on major highways; for collaborative planning of highway service and infrastructure with local communities; and for focused attention given to safety and resilience of highways that are crucial for emergency response, health care, and economic function of the region.

Northern populations already face worse outcomes in most domains of health, and meanwhile we share economic uncertainty with the rest of the country. In alignment with the priorities of

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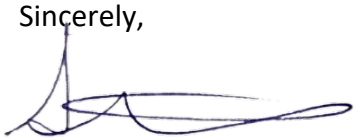
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Fax: 705-856-1752

the Building Canada Act, improving the safety and resilience of our highways now is crucial to protect the health and future of Northern Ontarians.

Sincerely,



Suzanne Trivers
Chair, Board of Health
Algoma Public Health

cc: The Honourable, Steven MacKinnon, Minister of Transportation
The Honourable Prabmeet Singh Sarkaria, Minister of Transportation
The Honourable Jill Dunlop, Minister of Emergency Preparedness and Response
The Honourable Sylvia Jones, Minister of Health, Ontario
The Honourable Paul Calandra, Minister of Education
The Honourable Michael S. Kerzner, Solicitor General
The Honourable George Pirie, Minister Northern Economic Development and Growth
The Honourable Patty Hajdu, Member of Parliament – Thunder Bay – Superior North
Guy Bourgouin, Member of Provincial Parliament – Mushkegowuk – James Bay
France Gélinas, Member of Provincial Parliament – Nickel Belt
The Honourable Kevin Holland, Member of Provincial Parliament – Thunder Bay – Atikokan
The Honourable Greg Rickford, Member of Provincial Parliament – Kenora – Rainy River
Bill Rosenberg, Member of Provincial Parliament – Algoma – Manitoulin
Chris Scott, Member of Provincial Parliament – Sault Ste. Marie
John Vanthof, Member of Provincial Parliament – Timiskaming – Cochrane
Lise Vaugeois, Member of Provincial Parliament – Thunder bay- Superior North
Dr. Kieran Moore, Chief Medical Officer of Health, Ontario
Thomas Carrique, Commissioner, Ontario Provincial Police
Municipalities of the Board of Health for the District of Algoma Health Unit
Ontario Boards of Health
Association of Local Public Health Agencies (alPHa)
Board of Health for the District of Algoma Health Unit

Enclosures: Northeastern Public Health – letter - **Re: Highway Safety in Northern Ontario,** dated Jan 14, 2026

Northeastern Public Health - BOH Resolution 2025-R-51 **Improving Highway Safety and Equity in Northern Ontario**

Northeastern Public Health – briefing note – **Northern Highways**

Algoma Public Health – BOH Resolution 2026-96 **– In Support of Northeastern Public Health's Letter Regarding Highway Safety in Northern Ontario**

Algoma Public Health – briefing note - **Improvement to Safety on Algoma Highways**

Northeastern
PUBLIC HEALTH
SANTÉ PUBLIQUE
du Nord-Est

January 14, 2026

The Right Honourable Mark Carney, Prime Minister of Canada
80 Wellington Street Ottawa, ON K1A 0A2
Sent via email: PM@pm.gc.ca

The Honourable Doug Ford, Premier of Ontario
Legislative Building Queen's Park
Toronto, ON M7A 1A1
Sent via email: Premier@ontario.ca

Dear Prime Minister Carney and Premier Ford

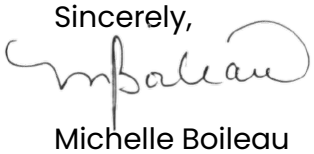
Re: Highway Safety in Northern Ontario

Highway safety in Northern Ontario has been a long-standing concern for Northern communities with tremendous tragic losses of beloved community members, impacts on local economies with frequent inability to access to work, education and necessary social and health care services. In addition, the Board of Health for the Northeastern Health Unit has seen the negative impacts and delays in emergency response systems during public health emergencies across the region. Please find enclosed a resolution along with a Briefing report outlining issues, impacts to public health, evidence and key recommended interventions for the improved development of Northern highways.

The Board of Health respectfully requests careful and urgent consideration of options to address highway safety and accessibility. While ensuring the same standards are available at minimum for residents of Northern Ontario would be preferred with four lane highways that are consistently cleared, FONOM's letter *A Nation-Building Case for a 2+1 Highway for enhanced east-west Canadian trade* issued by the Federation of Northern Ontario Municipalities (FONOM), shared important options for consideration. The Northern population already experiences poorer health outcomes on most indicators compared to the rest of the province, and prioritizing highway safety and accessibility across Northern Ontario is critical to protecting and preserving the health of our communities.

On behalf of the Board of Health, thank you for the attention that you will give to this report.

Sincerely,



Michelle Boileau
Chair, Board of Health
Northeastern Public Health

Copies to:
Right Honourable Mark Carney, Prime Minister of Canada
The Honourable, Steven Mackinnon, Minister of Transportation
Honourable Doug Ford, Premier of Ontario
Honourable Prabmeet Sarkaria, Minister of Transportation
Honourable Jill Dunlop, Minister of Emergency Preparedness and Response
Honourable Sylvia Jones, Minister of Health
Honourable Paul Calandra, Minister of Education
Honourable Michael S. Kerzner, Solicitor General
Honourable George Pirie, Minister Northern Economic Development and Growth, Member of Provincial Parliament – Timmins
Guy Bourgoin, Member of Provincial Parliament – Mushkegowuk – James Bay
John Vanthof, Member of Provincial Parliament – Timiskaming - Cochrane
Bill Rosenberg Member of Provincial Parliament – Algoma – Manitoulin
Dr. Kieran Moore, Chief Medical Officer of Health (CMOH)
NEPH member municipalities
Commissioner Thomas Carrique, Ontario Provincial Police
Ontario Boards of Health
Association of Local Public Health Agencies (alPHa)
Board of Health for the Northeastern Health Unit

Encl: Northeastern Public Health Resolution BOH – 2025-R-51 Improving Highway Safety and Equity in Northern Ontario Early
Northeastern Public Health Briefing Note – Northern Highways
Federation of Northern Ontario Municipalities A Nation Building Case for a 2+ 1 Highway for Enhanced east-west Canadian Trade

October 23, 2025

SUBJECT: Improving Highway Safety and Equity in Northern Ontario

At the October 23rd meeting, the Board of Health for the Northeastern Health Unit, supported this motion to highlight the need to address Northern highway safety.

The following motion was read:
MOVED BY: Andrew Marks
SECONDED BY: Jeff Laferriere

Board of Health Resolution #BOH-2025-R-51

WHEREAS Highway safety is a critical public health issue in Northern Ontario, where long distances between communities, severe weather, heavy commercial transport traffic, and wildlife hazards increase risks for residents, service providers, and emergency responders. Spanning more than 11,000 kilometres, Highways 11, 17, 101, and 144 serve as lifelines, connecting Northeastern communities to the rest of the province (2). These routes are vital links in the Trans-Canada Highway system, providing essential access to health care, education, employment, and basic services (1,2); and,

WHEREAS From 2018 to 2022, emergency department visits for motor vehicle collisions in the Northeastern Public Health (NEPH) region were consistently 1.6 to 2.0 times higher than the Ontario average, highlighting both the region's elevated collision risk and its heavy reliance on these critical corridors (8); and,

WHEREAS The Northern region records the highest rate of large-truck collisions in Ontario - 94% higher than the next highest region and over three times higher than the lowest – as well as the highest fatality rate from motor vehicle collisions, 27.8% above the next highest region and 15.5 times higher than the lowest (7,8).; and, serious and fatal collisions along with prolonged road closures, hinder access to goods and essential services, delay emergency response and jeopardize the well-being and safety of Northern Ontaria

WHEREAS Northern communities, including Indigenous and First Nation communities and Francophone populations (32.8% Francophone, 17.5% Indigenous), face significant barriers to health care that are intensified by highway closures, isolating residents from emergency care and essential services. These inequities are further exacerbated for First Nations and Indigenous peoples, rooted in historical trauma and reflected in ongoing disparities in access to care, essential services, and overall health outcomes (3,4,5). Unsafe and unreliable highways deepen these inequities, threaten community well-being, and widen gaps in overall health and quality of life; and,

WHEREAS Limited access to primary care and medical specialists further compounds the challenge. In 2022–2023, more than 170,000 Northern Health Travel Grants were issued to assist 66,000 residents with travel and accommodation for medical needs, demonstrating the region's dependence on long-distance highway travel for essential health care (6); and,

WHEREAS Each year, Northern Ontario roads experience increasing numbers of drivers and collisions, traveling on highways that are substandard, outdated, and unsafe (1). Every day, more than 8,400 trucks transport over $200 million in goods across these same routes, which have limited passing lanes, inadequate shoulders, and numerous high-collision zones (10). Current highway designs lack sufficient median separation, safe passing lanes, and refuge zones, increasing the risk of head-on collisions and dangerous overtaking, especially under winter conditions; and,

WHEREAS Investing in safer Northern Ontario highways is a matter of health equity(10). Residents of Northern Ontario and First Nation communities deserve the same level of safety, accessibility and opportunity as those in southern regions, and the continued loss of life on unsafe roads is unacceptable (9, 10).

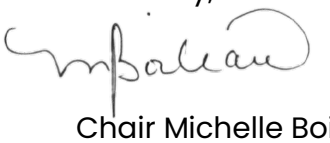
WHEREAS FONOM and Northern municipalities propose the 2+1 upgrade on Highways 11 and 17, including *North Bay to Cochrane* and *Renfrew to Sudbury* in Phase 1, and *Cochrane to Nipigon*, *Thunder Bay to Kenora*, and *Sault Ste. Marie to Sudbury* in Phase 2 recognizing this alternating passing lane design with a crash-rated median barrier is proven, safe and cost-effective fit for Northern Ontario, and reducing fatal crashes by up to 76% (10);

NOW THEREFORE BE IT RESOLVED THAT The Board of Health for the Northeastern Health Unit calls upon the Government of Ontario and Canada to prioritize highway safety and equity across Northern Ontario by:

1. Committing to the full, phased implementation of the 2+1 highway model along Highways 11, 144 and 17 as a priority investment in safety and health equity
2. Collaborating with northern Municipalities, First Nation communities and urban First Nation, inuit and Metis partners to ensure infrastructure planning incorporates health, safety and equity considerations.
3. Designating high-collision and high-risk zones for safety upgrades, with priority for sections that affect emergency response, health-care access, and the delivery of essential goods and services.

CARRIED AS PRESENTED

Sincerely,



Chair Michelle Boileau,
Board of Health for the Northeastern Health Unit

Copies to: Right Honourable Mark Carney, Prime Minister of Canada
The Honourable, Steven Mackinnon, Minister of Transportation
Honourable Doug Ford, Premier of Ontario
Honourable Prabmeet Sarkaria, Minister of Transportation
Honourable Jill Dunlop, Minister of Emergency Preparedness and Response
Honourable Sylvia Jones, Minister of Health
Honourable Paul Calandra, Minister of Education
Honourable Michael S. Kerzner, Solicitor General
Honourable George Pirie, Minister Northern Economic Development and Growth, Member of Provincial Parliament – Timmins
Guy Bourgoin, Member of Provincial Parliament – Mushkegowuk – James Bay
John Vanthof, Member of Provincial Parliament – Timiskaming - Cochrane
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NEPH member municipalities
Commissioner Thomas Carrique, Ontario Provincial Police
Ontario Boards of Health
Association of Local Public Health Agencies (alPHa)
Board of Health for the Northeastern Health Unit

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4. Statistics Canada. 2023. (table). Census Profile. 2021 Census of Population. Statistics Canada Catalogue no. 98-316-X2021001. Ottawa. Released March 29, 2023. https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E (accessed April 6, 2023).

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6. Ontario Newsroom [Internet]. 2024 [cited 2024 Oct 3]. Available from: https://news.ontario.ca/en/release/1004509/ontario-connecting-people-in-the-north-to-the-care-they-need

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Briefing Note:
Northern Highways

Issue

Northern Ontario highways pose serious risks. Dangerous single lane designs, narrow winding roads, unpaved shoulders, harsh winters, and limited emergency access (i.e. poor cellular service, intermittent patrols, few exits and rest stops). Northern highways carry heavy-load commercial vehicles and residents who rely on them for specialized and life-saving medical care, amenities, employment and education (1, 2). Alongside serious and fatal collisions, prolonged road closures and delays hinder timely access to goods and essential services, slow emergency response time with concern for timely life saving measures and overall well-being of Northern Ontarians.

Background

Road safety is not just a concern – it is a critical public health issue. Every year, Northern Ontario roads see more drivers, and more collisions (1). Northern Ontario highways span over 11, 000 km, with highways 11, 17, 101 and 144 serving as lifelines connecting Northeast communities to the rest of the province (2). These highways are crucial links in the Trans-Canada highway and essential routes for residents who need access to healthcare, education and basic services.

The Impact on Public Health:

During the COVID-19 pandemic and a blastomycosis outbreak in a remote First Nation community, Northern Ontario's single-road access to remote communities failed. A three-day highway closure delayed critical healthcare and access to supplies. Throughout the pandemic, vaccine shipments were constantly at risk from road conditions, and healthcare workers faced dangerous commutes to reach isolated communities.

- The Northeastern region is shared with 11 First Nations, many without road access (3, 4).
- **Rural and Vulnerable Populations:** Higher rates of residents who identify as Francophone (32.8% vs. 3.3% Ontario), Indigenous (17.8 % vs. 2.9% Ontario) (4). The Northeastern Public Health (NEPH) area has a larger rural population (32.9%) compared to the province (13.3%) (17, 18).
- **Poorer Overall Health:** Elevated rates of chronic disease and preventable deaths (associated factors such as smoking and substance use, increased cost of living, and lack of affordable nutritious foods) (5).

- **Lack of Healthcare Services:** 2.5 million in Ontario do not have a family doctor (16). In 2022-2023, about 170,000 Northern Health Travel Grants were issued for 66,000 residents' travel and accommodation needs (6).
- **Increase Use:** In just one year, the number of licensed drivers increased by 170, 877 individuals with a staggering total of 10, 877, 259 driving on Ontario roads in 2021 (1).

Current Status

The Ministry of Transportation has made some initial investments in Northern Ontario's highways, but it is not enough. These efforts are a start, but fall short to the actions needed:

- Expanding parts of Highways 11/17 and 69 (2).
- Piloting a 2+1 passing lane model on highway 11 (7).
- Improvements to and addition of rest areas (2, 8).
- Enhancements the Cochrane by-pass, 11 to 652 (2).

Winter highway clearing is inadequate. The MTO strives for 90% bare pavement, but in Northern Ontario, this translates to subpar standards that fall short of those in other areas of the province. In Northern Ontario, minor highways (servicing 401-800 vehicles per day) only require the center lanes to be cleared within 24 hours after a storm. For local highways (service an average 400 vehicles per day), the standard permits for snow-packed driving surfaces within 24 hours post-storm.

Minor improvements have been announced, yet none address the need for adequate clearing times to meet bare pavement standards, leaving safety compromised:

- 14 new Road Weather Information System (RWIS) stations for winter crews.
- Enhanced use of anti-icing liquids for highway snow clearing.
- Upgrades to the Ontario 511 app (limited cellular service restricts access to this app) (8).

Key Considerations

Human behaviour inevitably increases the risk of highway injuries and deaths with distracted driving, high speeds, substance impairment, and fatigue as major factors (9). In 2022, the Northern region led in motor vehicle collisions due to each of these causal factors: alcohol/drugs, distraction, seatbelt non-use, speed. The Northern region was higher by 2.5 to 4.6 times compared to other regions (10).

The Evidence

- **Injury Rates:** From 2018 to 2022, Northeastern ED visits due to motor vehicle collisions consistently exceeded the Ontario rate – 1.6 to 2.0 times higher than the Ontario average (2018-2022) (11).
- **Truck Collision:** The Northern region reported the highest rate of large trucks collisions in Ontario - 94% higher than the next highest region and 3.1 times higher than the lowest region (11).

- **Cost of Transport-Related Injuries:** In 2019, transport-related injuries in Ontario cost over $1.3. billion annually, with motor vehicle collisions accounting for the highest cost, even before pedestrian and cycling collisions (12).
- **Fatalities:** Between 2018 and 2022 the Northern region recorded the highest fatalities from motor vehicle collisions - 27.8% above the next highest region and 15.5 times higher than the lowest (10, 11).
- **Impact on Emergency Response:** Poor highway conditions and closures have repeatedly prevented paramedics from reaching their regional bases, jeopardizing emergency response:

"Ensuring our highways are properly maintained, especially in Northern Ontario, is critical for the safety of all road users. Improved highway cleaning and maintenance can significantly reduce the risk of motor vehicle collisions, which have devastating consequences for families and communities. Additionally, highway closures not only cost lives but also hinder our ability to respond to emergencies and assign paramedics where they are needed most. Keeping our highways clear is essential for saving lives and ensuring that emergency services can reach those in need without delay." *Marc Renaud, Chief (A) of Cochrane District Paramedic Service*

- **Essential Services Perspective:** Luc Mignault, a local business owner and tow truck operator, highlighted how lengthy highway closures severely impact safe, timely travel across Northern Ontario. Northern Ontario highways require commercial drivers to navigate unique challenges, including rapidly changing weather and remote, single-lane routes. To address these specific risks, additional training and education for drivers of heavy-load vehicles are essential, equipping them to respond safely to Northern Ontario's demanding conditions.
- Public Concern: A 2021 national survey found that road safety to be a top 5 priority of Canadians, yet fewer than half feel safe on our roads (39% vs 46%) (13).

Options

Vision Zero has cut road mortality by 68% in Sweden from 2000 to 2019 and by 50% in Edmonton between 2015 and 2021. A zero-tolerance approach to road injuries demands a system-wide commitment from policy makers, law enforcement, road users and roadway designers (14).

Key interventions are recommended for the improved development of Northern highways:

1. **Target High-Risk Areas:** Assess collision prone sites in the Northeast, especially where vulnerable road-users are at risk (15).
2. **Overhaul Winter Maintenance Standards:** Prioritize timely, effective winter clearing, especially in rural and remote areas and align Northern Ontario's bare pavement standards with the rest of the province. **Equitable standards across Ontario are essential to ensuring safe, accessible roads for all residents, no matter where they live.**
3. **Expand Emergency and Law Enforcement Presence:** Enhanced presence of emergency respondents and law enforcement, for effective intervention.
4. **Strengthen Road Safety Education:** Implement targeted education for both commercial and residential road-users, addressing specific risks on Northern Highways.
5. **Revise Emergency Response Plans:** Update plans for motor vehicle collisions where closures are expected to exceed 8-12 hours, ensuring readiness for extended incidents.

6. **Expand Cellular Coverage:** Commit to improving cellular infrastructure to ensure travelers can access emergency services and real-time updates.
7. **Implement 2+1 Road Designs:** Expand the piloting of 2+1 highway model with alternating passing lanes on major Northern routes to reduce head-on collisions and allow safer passing in high-traffic areas.
8. **Increase Lighting and Signage:** Install better lighting and clear, reflective signage on high-risk stretches to improve visibility, especially in winter conditions.
9. **Install Safety Measures:** Install safety features (i.e., barriers, rumble strips), to prevent vehicles from veering off-road and to reduce the severity of collisions.
10. **Expand and Enhance Rest Stops and Road Shoulders:** Increase the number of safe and accessible rest stops to reduce driver fatigue and support commercial and long-distance drivers. Improve road shoulders to provide essential space for emergency stops and safer travel. Appropriately maintained rest stops.

Conclusion

The built environment has direct impact on preventable road injuries and deaths. Moving to a Vision Zero framework requires action from policy makers and influencers to enact meaningful change. With increasing numbers of vulnerable road users in the Northeast, urgent improvements in infrastructure, highway maintenance, emergency response, and management of highway closures and delays are essential. **Northern Ontario's road safety crisis demands immediate, decisive action.**

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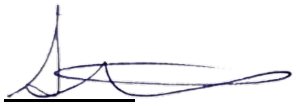
BOARD OF HEALTH

MOTION: 2026- 96	IN SUPPORT OF
DATE: 23 Sept 2026	Northeastern Public Health's Letter Regarding Highway Safety in Northern Ontario
MOTION MOVED BY:	S. Hagman
SECONDED BY:	D. McConnell

WHEREAS the Northeastern Public Health (NEPH) Board of Health submitted a letter on 14 January, 2026, requesting careful and urgent considerations of options for improving highway safety and access;

AND WHEREAS the residents of the Algoma Public Health Unit share NEPH's reliance on safe highways for accessing health services, education, recreation, and for keeping its economy in operation;

THEREFORE BE IT RESOLVED THAT the Board of Health will submit a letter of support, endorsing the letter sent from NEPH.

Board of Health Chair:  Carried ☑ Defeated ☐

RECORDED VOTE:

Sally Hagaman	:	In Favour ☐	Opposed ☐
Donald McConnell	:	In Favour ☐	Opposed ☐
Luc Morrissette	:	In Favour ☐	Opposed ☐
Beverly Nantel	:	In Favour ☐	Opposed ☐
Sonny Spina	:	In Favour ☐	Opposed ☐
Sonia Tassone	:	In Favour ☐	Opposed ☐
Suzanne Trivers	:	In Favour ☐	Opposed ☐
Jody Wildman	:	In Favour ☐	Opposed ☐
Natalie Zagordo	:	In Favour ☐	Opposed ☐

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Briefing Note

To: The Board of Health

From: Hilary Gordon, Manager Community Wellness & School Health

Written by: Dr. Lyall Pacey, Resident Physician

Date: 9/23/2026

Re: Improvement to Safety on Algoma Highways

☒ **For Information** ☒ **For Discussion** ☒ **For a Decision**

PURPOSE

This briefing recommends supporting the letter from Northeastern Public Health (NEPH) urging improvements to Northern Ontario's highway safety through investment in improved maintenance and safety infrastructure.

KEY MESSAGES

- Algoma's communities rely on the Northern Ontario highways for their transportation, economy, education, and healthcare systems to function. Continued improvements in safety practices and design will allow day-to-day use while minimizing risk of injury.
- The boards of the Thunder Bay District Health Unit (TBDHU) and NEPH have submitted letters to the Premier and Prime Minister, highlighting strategies for improving highways in Northern Ontario.
- Progress toward some of NEPH's recommendations is underway, and there are opportunities for continued improvement in the areas of highway safety, collaborating with Northern communities to optimize infrastructure for safety, and to identify high-risk collision zones to maintain emergency response, health-care access, and access to essential goods and services.

RECOMMENDED ACTIONS

That the Board of Health send a letter of endorsement for NEPH's letter to the Premier of Ontario and Prime Minister of Canada, to support continued and further actions to improve the safety of Northern Ontario highways.

BACKGROUND

- Whether the routine of supplying a pharmacy in Wawa, an ambulance responding to an emergency in Serpent River, or APH delivering a dose of rabies vaccine to Blind River, the pieces of Algoma's health system depend on highways.
- Algoma residents rely heavily on highways for daily travel to work and school, as well as to access essential services and amenities, including grocery stores and healthcare. Algoma's health unit consists of 21 municipalities, 2 large unorganized areas, and multiple Indigenous communities. Our

population is older than the average in Ontario, and has a higher rate of chronic and life-limiting diseases across all ages.[1]

- The major highways in Algoma – Highways 17, 101, 129, and 556 – support an average of 4,773 vehicles per day, with approximately 1.8 million kilometers traveled by these vehicles.[2] Between 2018 and 2022, the provincial highway in Algoma had an average of 314 collisions per year, resulting in 19 deaths and 342 injuries. 47% of roadway deaths in Algoma happen on highways, even though only 21% of roadway collisions happen on highways.[3]
- Expanding and improving the safety of Northern Ontario's highways are consistent with the Prime Minister's five nation-building criteria, as laid out by the Federation of Northern Ontario Municipalities in July 2025.[4] Regarding public health, the criteria point to:
    - Emergency and Climate Resilience – the movement of emergency services or evacuation in the face of threats (e.g., wildfires) depend on safe highways, as well as safe alternative routes.
    - Economic Resilience and Supply Chain Reliability – the health sector and the economic stability that supports our residents need a reliable transportation network.
    - Improved Safety for Remote Access – Algoma's numerous municipalities, including Indigenous communities, deserve safe access to goods and services.[4]

EVIDENCE/ANALYSIS

- The provincial government has taken significant strides to rehabilitating the Northern highways in recent years. In Algoma, progress that reduces collisions includes funding for widening portions of Highway #17, twinning highways, adding more alternating passing lanes, rest stops, and enforcement.[5]
- The NEPH letter and resolution calls on both the provincial and federal governments to prioritize three major areas:[7]
    - Phased implementation of the 2+1 highway system – Algoma finds itself in Phase 2 as proposed by Federation of Northern Ontario Municipalities (FONOM), which would occur after trials near Nipissing.[4,6]
    - Collaboration with Northern communities to ensure planning incorporates health, safety, and equity considerations – Algoma's largest populations are along Highway 17, but many smaller communities rely on local highways, which may have different safety and access considerations than the larger provincial highways.
    - Designate zones with higher risk of collisions for safety upgrades, with priority attention to sections that would cut off emergency response, health care, and essential resources.

OPHS STANDARDS[8]

Substance Use and Injury Prevention: The board of health shall develop and implement a program of public health interventions using a comprehensive health promotion approach that addresses risk and protective factors to reduce the burden of preventable injuries and substance use in the health unit population.

Healthy Environments: The board of health shall identify risk factors and priority health needs in the built and natural environments.

Population Health Assessment: The board of health shall interpret and use surveillance data to communicate information on risks to relevant audiences.

Health Equity: The board of health shall lead, support, and participate with other stakeholders in health equity analysis, policy development, and advancing healthy public policies that decrease health inequities.

STRATEGIC DIRECTIONS

Our Approach: Focusing on Upstream Pathways

- *Build capacity to strengthen community action, create supportive environments and promote local healthy public policy with community partners*
- *Work at the systems level to better support people facing inequities*

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Algoma
PUBLIC HEALTH
Santé publique Algoma

October 21, 2026

Report of the

Medical Officer of Health / CEO

Prepared by:
Dr. Jennifer Loo and the
Leadership Team

Presented to:
Algoma Public Health Board of Health

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APH AT-A-GLANCE

With outbreak activity under way in Algoma's hospital, long-term care and retirement home settings and the season's first cases of influenza and COVID-19 arriving in our communities, Algoma Public Health (APH) team members are already preparing and responding to protect Algoma residents this respiratory season. The Algoma Infection Prevention and Control (IPAC) Hub at APH continues to provide broad support to congregate living settings, including shelters and supportive housing. APH's Immunization Team is encouraging Algoma residents to get immunized and working with partners to support strong vaccine uptake, particularly among vulnerable groups and health care workers. This season, in addition to immunization clinics at all office locations, APH is also hosting outreach clinics in key locations to improve vaccine access, including in Sault Ste. Marie, Desbarats and Iron Bridge. As part of general surge preparedness, every APH public health nurse recently refreshed their immunization skills through hands-on workshops, to ensure that this critical public health competency is strongly represented across our health human resources district wide.

Respiratory season preparedness and response activities are one example of how APH carries out our mandated core function of emergency management. As described in this month's Program Highlight to the Board of Health (BOH), in addition to high profile responses to incidents such as the summer wildfire smoke event, APH emergency preparedness and response activities are year-long and include maintaining partnerships, exercises, planning, proactive risk communication, and healthy public policy. As one example, earlier this fall, the Ministry of Emergency Preparedness and Response hosted their seasonal sector meeting for Algoma's community emergency management coordinators at Algoma Public Health, which included municipal, First Nation, and partner organizations. Over 25 attendees from across Algoma attended the meeting and engaged in networking, shared emergency management related goals and priorities, and discussed opportunities for building local community resilience.

The integration of communication science with public health science is relevant not only in emergency management, but throughout public health practice, as emphasized in APH's new strategic plan. Recent work by the Communications Team to complete a brand refresh are highlighted within this report, and represent ongoing internal efforts to invest in long-term communications infrastructure that supports public trust, accessibility, bilingual presentation, recognition, staff confidence, and APH's ability to deliver clear public health guidance across Algoma.

On the strategic front of creating meaningful connection and focusing on upstream pathways, progress continues with Planet Youth Algoma where APH, school, and community partners have been forming local action teams to support the initiative's implementation at Algoma high schools. The coming weeks will see the onboarding of youth advisors from across the district to inform and support youth engagement, as well as the rollout of the Planet Youth survey to students at Algoma's 13 high schools between the weeks of October 26 – November 20.



At the World Association for Infant Mental Health (WAIMH) 2026 World Congress, representatives from SickKids, Algoma Public Health and Daybreak Child and Family Centre of St. John's Newfoundland presented on the implementation of the Canadian Database of Development Infancy to Six (CanDDIS). The presentation explored CanDDIS through national, community, and agency perspectives, highlighting its role in advancing early childhood development and infant and early mental health. Having local Algoma data represented in CanDDIS has been a key foundation of the Nurturing Algoma initiative.

Pictured left to right: Lillie Mills (Algoma Public Health), Carradine Lambert (Daybreak), Renee Williams (Daybreak)



Residents line up to receive free radon test kits during Take Action on Radon's 100 Radon Test Kit Challenge in Elliot Lake. Algoma Public Health public health inspectors and health promotion specialist supported the initiative by sharing information about radon and the importance of home testing. So far, 225 radon test kits have been distributed in Elliot Lake – challenge met and exceeded!

PROGRAM HIGHLIGHT – Public Health Emergency Management: Strengthening Readiness, Reducing Risk, and Building Community Resilience

From: Manager, Emergency Preparedness and Response

Ontario Public Health Standard Requirements[1] addressed in this report:
Emergency Management Requirement:
The board of health shall effectively prepare for emergencies to ensure 24/7 timely, integrated, safe, and effective response to, and recovery from emergencies with public health impacts, in accordance with ministry policy and guidelines.

2026 Strategic Plan Priorities addressed in this report:
[X] OUR COMMUNITY: Creating Meaningful Connection
[X] OUR TEAM: Fostering a Foundation for Success
[X] OUR PRACTICE: Strengthening our Performance, Measuring Impact, Sharing Stories
[ ] OUR APPROACH: Focusing on Upstream Pathways

Key Messages

- Public health emergency management programs protect population health and support continuity of essential public health services before, during, and after emergencies.
- APH works with municipalities and health-system partners to integrate local hazard and population health information into emergency planning, coordinate responses, reduce risk, and build community resilience.
- In 2026, APH redesigned its Continuity of Operations Plan to identify time-critical services, recovery priorities, dependencies, and continuity strategies.
- APH maintains 24/7 readiness and used operational experience to strengthen its on-call and external emergency communications systems.

Emergency Management: More than an Occasional Response
Public health emergencies and disruptions may arise from infectious disease, extreme weather, wildfires, environmental hazards, infrastructure failures, utility outages, and other threats. Emergency management supports the continued delivery of critical public health services while addressing emerging community needs. Its value extends beyond compliance by strengthening organizational and community resilience, supporting evidence-informed decisions, improving coordination, and protecting populations at greatest risk.

A core public health function, emergency management protects population health through activities that span the cycle of prevention, mitigation, preparedness, response, and recovery. Emergencies do not affect all people equally; their impacts reflect the interaction of hazards with exposure, vulnerability, and the resources available to prepare, respond, and recover[2]. Effective emergency management therefore requires operational readiness and upstream action on the social, economic, health, and environmental conditions shaping disaster risk[2,3].

Algoma Public Health's emergency management program applies an all-hazards, risk-informed, and equity-focused approach. Through partnerships, exercises, planning, risk communication, and healthy public policy, the program works with partners to reduce vulnerability, prevent new risk, and strengthen adaptive capacity across Algoma communities. These efforts support community resilience through trusted communication, social connections, access to resources, and coordinated decision-making[3,4].

Enhancing Continuity of Operations
Over the past 10 years, APH has relied on its Continuity of Operations Plan (COOP) most notably during the 2019 agency-wide cyberattack, the COVID-19 pandemic, measles and other infectious disease responses requiring staff redeployment, inclement weather, utility disruptions, and infrastructure impacts. These experiences showed the need for a plan that supports decisions under different conditions. In 2026, APH completed a comprehensive redesign of the COOP to identify essential public health functions, establish recovery time objectives, outline continuity strategies, and guide service maintenance and recovery during disruptions. Depending on the incident, APH can fully or partially activate the plan or use it as a rapid-response reference.

Development of the COOP included:

- An organizational risk assessment examining workforce disruptions, facility closures, utility failures, environmental hazards, and cyber incidents.
- Organization-wide workshops with managers and directors to identify essential activities, required resources, dependencies, and recovery priorities.
- Recovery time objectives and service-prioritization frameworks to guide decisions during disruptions.
- Integration with APH's Incident Management System, Emergency Response Plan, On-Call Manual, and communications plans.

Maintaining 24/7 Readiness and Emergency Communications Capacity
Urgent public health concerns do not follow business hours. APH's 24/7/365 on-call system supports timely response when health hazards, outbreaks, service disruptions, or emergency notifications arise. Experience from 2025 informed focused improvements in 2026, including clearer documentation, stronger quality practices, updated answering service processes, a comprehensive Emergency Communications Plan, and Emergency Information Officer training.

Wildfire Smoke Response and Strengthening Emergency Management Partnerships
During the July 2026 wildfire smoke event, deteriorating air quality across Algoma created an immediate need for coordinated action. APH worked with municipalities, hospitals, health-care organizations, childcare providers, Indigenous communities and health-sector partners, community agencies, event organizers, and businesses to share situational updates and protective guidance. Targeted outreach reached 21 municipalities, while public messaging generated 24,000 social media impressions, 2,139 webpage views, and nine media stories.

During the wildfire smoke response, APH worked with Public Health Ontario to support a shared understanding of challenges impacting the north, and shared new risk assessment guidance with hospitals, health-system partners, and northern public health units. APH also monitored local health system data during the event; results showed a possible cardiovascular and respiratory signal, but no clear or consistent spike attributable to poor air quality. This response reflects APH's broader work with municipalities and Community Emergency Management Coordinators to integrate local hazard and population health information into emergency planning, support coordinated decisions, reduce risk, and build community resilience. In 2025, this included participation in 17 municipal emergency management meetings.

Next Steps: 2026 and Beyond

- Implement and evaluate the revised Continuity of Operations Plan (COOP), including sharing continuity planning approaches with emergency management and health sector partners.
- Strengthen emergency management competencies through training and exercises, including IMS 200 and IMS 300 training for leadership, FASST, communications, and other designated staff.
- Continue advancing APH's emergency management program to strengthen organizational resilience and collaborate with partners to build healthier, safer, and more prepared communities across Algoma.

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PROGRAM HIGHLIGHT – 2026 Algoma Public Health Facilities Report

From: Christina Luukkonen, Manager – Support Services/Privacy Officer Administration,

Ontario Public Health Standard Requirements[1] addressed in this report:
This report updates the Board of Health on Algoma Public Health's facility operations, including preventive and property maintenance and current capital projects. It supports Board oversight by showing how these investments and practices maintain safe, reliable, secure, and efficient settings for delivery of public health programs and services in compliance with the requirements of the Ontario Public Health Standard to provide quality and transparency[1(p26)] as part of effective public health practice[1(p24)].

2026-2031 Strategic Priorities addressed in this report:
[ ] OUR COMMUNITY: Creating Meaningful Connection
[ ] OUR TEAM: Fostering a Foundation for Success
[X] OUR PRACTICE: Strengthening our Performance, Measuring Impact, Sharing Stories
[ ] OUR APPROACH: Focusing on Upstream Pathways

Key Messages

- Algoma Public Health (APH) delivers programs and services from four offices across the district. Built in 2011, APH owns and operates its primary facility in Sault Ste. Marie and leases its three district offices under multi-year agreements: Blind River since 2008, Wawa since 2011, and Elliot Lake since 2016.
- Annual building maintenance costs total $695,000, representing 3.76% of APH's overall budget approved for 2026, and includes utilities, repairs and maintenance, security, and janitorial services.
- Preventive maintenance activities are current across all office locations, with qualified service providers and regular internal inspections supporting safe, efficient, and reliable operations.
- Ongoing property maintenance and planned interior and branding updates for 2026–2027 will support safe, functional, professional, and welcoming environments.
- Priority 2026 capital work is advancing as planned: walkway lighting and retaining wall work are complete, while LED lighting, building automation, and security camera upgrades are targeted for completion by the end of November 2026.
- As projected within Blackstone's Engineered Project Design, the LED lighting and building automation upgrades are expected to improve energy efficiency and building performance, with estimated combined annual savings of $39,548.

Preventive Maintenance Activities

APH uses qualified third-party service providers to complete preventive maintenance for most facility equipment. Internal staff conduct routine fire extinguisher and eyewash station inspections, while preventive maintenance at the Elliot Lake location is included in the facility lease. Identified deficiencies are addressed promptly to support safe, reliable facility operations.

Preventive maintenance activities are current at all offices. Schedules vary by location based on the equipment in each facility and contractor availability and are described below in **Table 1**.

Table 1.

Facility Preventative Maintenance	BR	EL	SSM	Wawa
Generator – Monthly Inspections	✓	N/A	✓	N/A
Generator - Semi-Annual Inspection	✓	N/A	✓	N/A
Generator - Annual PM Inspection and Load Bank Test	✓	N/A	✓	N/A
Generator - Quinquennial Inspection - every 5 years	✓	N/A	✓	N/A
HVAC - Quarterly Preventative Maintenance Inspections (Annually in Wawa)	✓	♦	✓	✓
Fire Protection - Annual Fire Alarm System Test and Inspection	✓	♦	✓	✓
Fire Protection - Annual Fire Extinguisher Inspection	✓	♦	✓	✓
Fire Protection - Annual Wet Sprinkler and Backflow	N/A	♦	✓	N/A
Fire Protection - Monthly Fire Extinguisher Inspection	✓	✓	✓	✓
Eye Wash - Weekly Inspection	✓	✓	✓	✓
Elevator 1 - Inspections (3x per year)	N/A	♦	✓	N/A
Elevator 2 - Inspections (3x per year)	N/A	N/A	✓	N/A
Boilers - Semi-annual Inspection	N/A	N/A	✓	N/A
Humidifiers - Annual Inspection	N/A	N/A	✓	N/A
Electrical - Infrared Scanning (every 3 years)	N/A	N/A	✓	N/A
Electrical - Dental Room Preventative Maintenance (every 3 years)	N/A	N/A	✓	N/A
Chiller - Semi-Annual Inspection with 24/7 monitoring	N/A	N/A	✓	N/A
Water Treatment - Monthly Preventative Maintenance	N/A	N/A	✓	N/A
Building Automation System - Monthly Preventative Maintenance	N/A	N/A	✓	N/A
Plumbing – Quarterly Inspections	N/A	♦	✓	N/A

Notes:
✓ - represents routine preventative maintenance and inspection activity in the specific office that APH is responsible for.
♦ - represents activities that are provided as part of our lease agreement
N/A – activity is not required based on equipment in that specific office.

Property Maintenance

Ongoing property maintenance supports the safety, functionality, and professional appearance of APH facilities. At the Sault Ste. Marie site, scheduled activities include annual lawn care and snow removal, as well as parking lot sealing and line painting on a three-year cycle. The main and rear parking lots and associated roadways were completed in 2025, followed in 2026 by a refresh of the associated roadways and the parking area adjacent to the Sault College Trades building. Exterior maintenance at the Blind River and Elliot Lake offices is addressed through the respective lease agreements, while responsibility at the Wawa office is shared between APH and the landlord.

Maintenance activities across all office locations include interior painting and wall repairs, together with the inspection and renewal of exterior signage, doors, trim, and entrance finishes. Worn or damaged flooring,

baseboards, ceiling tiles, furniture, fixtures, and other finishes are repaired or replaced as required. High-traffic and public-facing areas are periodically assessed and refreshed, including lighting, wayfinding, décor, furniture, and fixtures, to maintain a welcoming, safe, and consistent environment for clients, staff, and visitors. As part of APH's brand refresh, the next phase of interior painting and logo updates is scheduled to begin in late 2026 and continue into 2027.

Recent activities conducted at the Sault Ste. Marie office in September 2026 include the cleaning of all interior windows and glass, and flooring within staff work areas and offices. Floors were also stripped and waxed to protect against wear and damage. Updates at the district offices are assessed as needed and subject to lease renewals.

Current Capital Projects
Throughout 2026, the organization continued to advance priority facility investments that support operational reliability, energy efficiency, site safety, and security. **Table 2** below summarizes the various ongoing and completed projects conducted in 2026 to address this priority, along with their associated costs and completion timelines. Prior BOH approvals are noted in the "Key Notes" section.

Table 2.

Capital Project	Cost	Source of Funding	Status	Key Notes
Walkway Light Replacement	$21,090	APH Budget	Completed 2026	Walkway lighting was replaced with energy-efficient posts, improving after-hours visibility along the east walkway and throughout the garden area .
Retaining Wall	$12,500	APH Budget	Completed 2026	The retaining wall at the front end of the property underwent reconstruction to address fatal structural issues.
LED Lighting Upgrade	$443,618	Reserve Fund/Request for One Time funding from the Province is pending	In progress, completion expected Q4 2026	2026-01-28, BOH approved LED lighting upgrades and BAS modernization for the SSM office. Lighting upgrades began in March 2026 and BAS modernization began in April 2026. To minimize operational disruption, lighting work was completed in phases. Estimated combined annual cost savings of $39,548 .
BAS Modernization	$138,820			
Security Camera Upgrade	$89,728	Reserve Fund/Request for One Time funding from the Province is pending	In progress, completion expected Q4 2026	2025-10-22, BOH approved proposed upgrades to the security camera system at the SSM office. Upgrades began 2026-10-01 and includes replacing existing cameras and installing additional units to strengthen security and improve monitoring coverage.

Next Steps: 2026 and Beyond

- BAS modernization and LED upgrades are on schedule and slated to be completed by the end of Q4 2026.
- Security camera upgrades are anticipated to be completed by end of Q4 2026.
- We will continue to maintain the regular property and equipment maintenance schedules as addressed in Table 1.
- Throughout 2027, we will update painting, and logos across all offices to adhere to the new branding and style guide of the agency that is planned to be launched in Q4 of 2026.
- Proposed maintenance and updates to elevators at 294 Willow Ave include replacement of a motherboard to address aging and obsolete control system components in either 2027 or 2028.
- Additional BAS sensor replacements have been proposed for 2027, pending acceptance of a multi-year plan update from Siemens.
- Component rebuilds to the chiller system at 294 Willow Ave are proposed for 2027 to extend the useful life of the equipment, improve energy efficiency and reliability of the system, and reduce maintenance costs.

References

1. Government of Ontario. Ontario Public Health Standards: Requirements for Programs, Services and Accountability. Published online June 2021. Accessed September 24, 2026. https://files.ontario.ca/moh-ontario-public-health-standards-en-2021.pdf

Briefing Note

To: The Board of Health

From: Leo Vecchio, Manager of Communications

Date: October 21, 2026

Re: Brand Refresh

☒ **For Information** ☐ **For Discussion** ☐ **For a Decision**

Imagine a parent in Wawa scrolling on their phone after hearing that respiratory illness is spreading at their child's school. A notice appears in their feed. They have only a few seconds to decide: Is this official? Does it apply to my family? What should I do next?

That is the practical role of APH's brand: moving people from recognition to action. A strong identity helps residents quickly recognize APH as the trusted source, understand the message, and take the next step.

PURPOSE

This briefing note outlines how the brand refresh strengthens APH's identity and connection with Algoma residents across the communities, languages, screens and settings where people encounter public health information. The refresh is not simply a visual update. It is an investment in long-term communications infrastructure that supports public trust, accessibility, bilingual presentation, recognition, staff confidence, and APH's ability to deliver clear public health guidance across Algoma.

KEY MESSAGES

- A public health brand is not only how APH looks. It is how people recognize trusted information when they need it.
- The current identity has important recognition value, but it does not work as effectively as APH needs across mobile screens, emergency updates, bilingual materials, accessibility requirements, partner resources and staff templates.
- The refresh preserves the familiar human figure, movement and Algoma green while improving legibility, contrast, flexibility and consistency. These upgrades support APH's alignment with accessibility expectations under Ontario's AODA by improving readability, colour contrast and usability across public-facing materials, while also reflecting communication science best practices that emphasize clear visual hierarchy, plain language, recognizable source cues and easy-to-act-on information.

- The refresh supports the 2026 Strategic Plan by helping APH build trusted presence, broaden engagement, share its story more clearly, and help residents move from recognition to understanding to action.

RECOMMENDED ACTIONS

That the Board of Health receive this briefing note for information.

BACKGROUND

APH's visual identity has served the organization well and remains familiar to many residents, partners and staff. However, the way people receive public health information has changed. APH now communicates across mobile screens, social media, websites, signage, partner materials, public notices, emergency updates and bilingual formats. In that environment, the brand must do more than identify the organization. It must help people quickly recognize credible information, understand what matters, and know what to do next.

- The refresh intentionally preserves familiar elements of APH's identity while addressing issues that have become more visible over time, including readability, digital usability, bilingual presentation and accessibility contrast.
- The design direction responds to practical communications needs: stronger legibility, equal English and French presence, clearer hierarchy, improved contrast, and more consistent use across print, digital, social, signage and community-facing materials.
- Staff input emphasized that the refreshed identity should feel modern, professional, approachable, warm and human, reflecting how APH wants to be experienced by residents, partners, municipalities, Indigenous communities and staff.

EVIDENCE/ ANALYSIS

The central communications challenge is not whether APH should look different. It is whether residents, partners, and staff can quickly move from recognition to action when public health information matters. Clear, consistent, and recognizable branding helps people identify APH as the source, understand the message, and trust the next step being recommended. For the Board, this matters because recognizable and accessible communication supports public trust, reduces barriers to information, and strengthens APH's ability to deliver timely guidance across Algoma.

- **Recognition and trust:** Consistent branding helps people quickly identify APH as the source of official public health information, especially during emergencies, outbreaks and fast-moving situations where residents need to know what information is credible and what action to take.
- **Accessibility and equity:** Clearer typography, stronger contrast, equal bilingual presence and improved digital usability help reduce barriers for people accessing APH information quickly, on mobile devices, in community settings or through partners.
- **Consistency and flexibility:** The expanded colour palette keeps Algoma green central while adding supporting colours for backgrounds, icons, graphics, digital applications, staff templates and partner-facing resources.

- **Design practice:** The refreshed icon was developed using established design principles to improve balance, proportion, and usability while preserving the familiar human figure, movement, and connection to Algoma's natural landscape.
- **Human connection:** The refreshed icon keeps the person at the centre of the identity, using softer and more balanced forms to feel warmer and less institutional while maintaining continuity with the existing brand.
- **Strategic storytelling:** A more coherent identity gives APH a stronger platform to explain its work, demonstrate impact, and connect public health science with the stories of people and communities across Algoma.

OPTIONAL: ASSESSMENT OF RISKS AND MITIGATION

- The brand refresh reduces reputational, accessibility and operational risks by creating a more recognizable, legible, bilingual and adaptable visual identity. Success can be measured through implementation of audits, accessibility reviews, stakeholder feedback, and consistency across channels.

OPTIONAL: FINANCIAL IMPLICATIONS

- The brand refresh work is being completed in house. The core refresh, including design development, guidance and rollout planning, is being led by APH's Communications team and is being managed within the existing approved budget.
- Implementation support will come through a temporary communications intern role, funded through NOHFC and repurposed gapped dollars, to help with templates, asset conversion and consistent rollout.

OPHS STANDARDS

The refresh supports APH's ability to communicate public health information clearly, accessibly and consistently. This is relevant across OPHS-related work where timely, trusted and understandable communication helps people recognize official information, understand public health guidance, and take appropriate action. This includes health promotion, health protection, emergency risk communications, community engagement, population health assessment and equity-focused public health action.

STRATEGIC DIRECTIONS

The brand refresh supports the Strategic Plan by giving APH a visual identity that is trusted, clear, human, inclusive and connected to Algoma. It helps APH create meaningful connection, strengthen storytelling about its work and impact, equip staff with consistent and accessible materials, and improve inclusive, equity-focused communication with communities and partners. It also respects where APH has been while giving staff, partners and the public a stronger way to recognize, understand and share APH's work.

- **Our Community: Creating Meaningful Connection:** Builds recognition, trusted presence and stronger connection across Algoma communities.
- **Our Practice: Strengthening Performance, Measuring Impact, Sharing Stories:** Gives staff a clearer platform to explain public health work, show impact and share stories.
- **Our Team: Fostering a Foundation for Success:** Provides staff with consistent, professional and accessible tools that support pride and confidence.
- **Our Approach: Focusing on Upstream Pathways:** Improves inclusive, equity-focused communication that helps reach people and partners more effectively.

REFERENCES

Algoma Public Health 2026 Strategic Plan.

Our Logo today

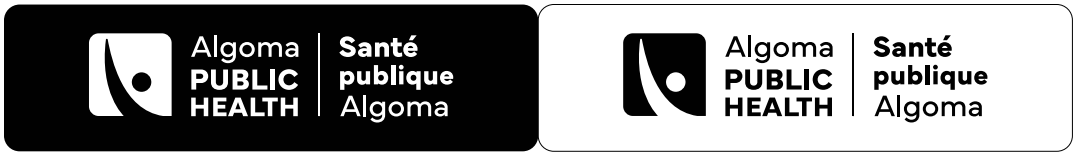
Algoma
PUBLIC HEALTH
Santé publique Algoma

Opportunities identified

- Outdated typography and structure
- Uneven hierarchy and limited legibility
- The existing blue limits readability and accessibility contrast.
- Limited flexibility across formats and languages

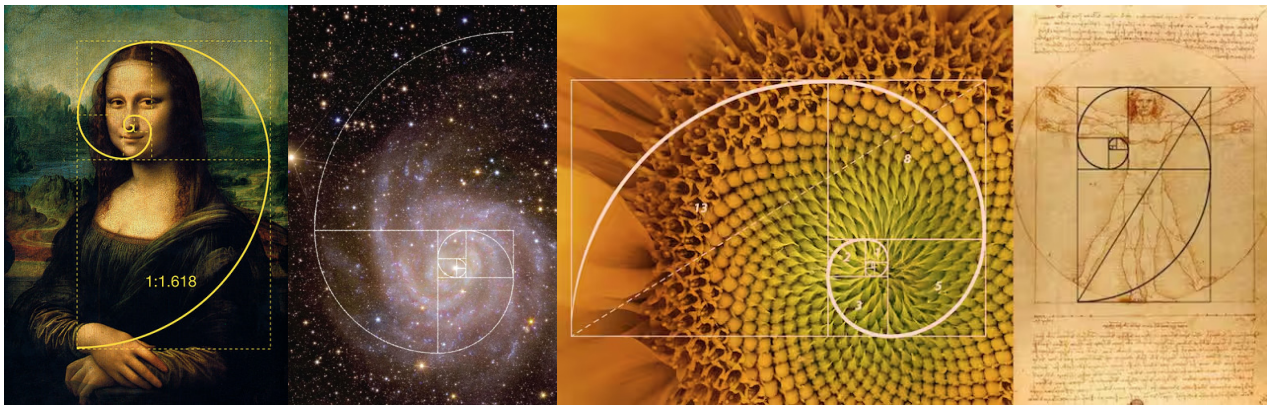
New Logo Structure

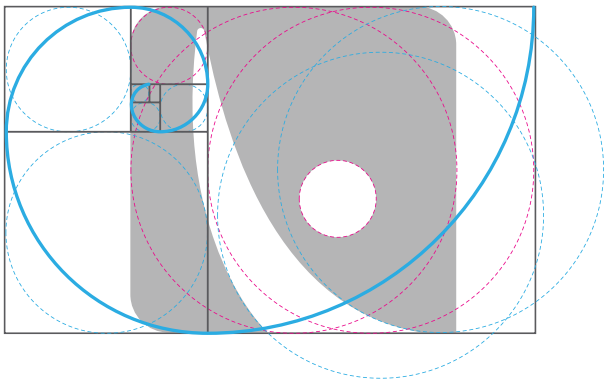
Algoma PUBLIC HEALTH | Santé publique Algoma



- The refreshed icon preserves the recognizable human figure and sense of movement
- Refined curves create a softer, balanced and contemporary appearance
- English and French now sit side by side, giving both languages equal presence
- The new structure improves legibility and adapts across formats
- Dark green replaces blue, improving contrast, accessibility and strengthening connections to health, nature and Algoma

Inspired by natural proportions





Algoma PUBLIC HEALTH | Santé publique Algoma

- One of the principles guiding the refresh is the Golden Ratio - a mathematical relationship associated with harmony, proportion and visual balance
- Found throughout nature and the human body, it has guided art, architecture and design for centuries
- The Golden Ratio guided the icon's curves, spacing and proportions, creating natural balance and harmony.
- It creates a stronger connection between the human figure, movement and nature while making it feel less institutional.
- This structure preserves the spirit of the original icon while making it more cohesive, intentional and contemporary
- Reflects the brand workshop direction: modern, professional, approachable, warm and human.

Typography with Purpose

Aa

Mundial

REGULAR

AaBbCcDdEeFfGgHhIiJjKkLlMmNn
OoPpQqRrSsTtUuVvWwXxYyZz
1234567890

BOLD

AaBbCcDdEeFfGgHhIiJjKkLlMmNn
OoPpQqRrSsTtUuVvWwXxYyZz
1234567890

Introducing Mundial

- Mundial means “Worldwide,” reflecting a typeface influenced by different cultures, traditions and moments in design history
- These influences come together in one cohesive and contemporary typographic system
- Its open letterforms and clear shapes improve readability across print and digital materials
- The typeface supports AODA accessibility requirements, particularly at smaller sizes
- Its extensive range of styles provides flexibility while maintaining consistency across the brand
- Mundial reflects the idea that distinct identities can come together to build something stronger

Expanded Colour Palette



- The original Algoma green remains central, preserving familiarity and recognition
- A deeper green improves contrast and accessibility while connecting to nature and well-being
- Fresh greens, blues and orange add energy, warmth and flexibility
- Supporting shades expand options for backgrounds, typography, graphics and digital applications
- The extended palette supports greater variety while maintaining a consistent and accessible APH identity

Brand Applications

Social Media Communication



Website Design



Social Media Branding



Digital Signage



Brand Applications

Outdoor Advertising



Staff Apparel & Identification



Data Visualization



Business Card Design



Briefing Note

To: The Board of Health

From: Leo Vecchio, Manager of Communications

Date: October 21, 2026

Re: Public Health Champion – Supporting Youth Edition

☒ **For Information** ☐ **For Discussion** ☐ **For a Decision**

PURPOSE

Across Algoma, many of the people helping youth thrive are not necessarily doing it through large programs or formal health interventions. They are the coach who makes sure a student has a ride, the organization that creates a welcoming space after school, the young person who helps peers feel included, or the volunteer who removes a barrier before it becomes the reason someone stops participating.

The *Public Health Champion – Supporting Youth Edition* is an opportunity to make these everyday actions visible and show how community conditions shape youth health and well-being.

Youth deserve opportunities to feel connected, supported, valued, and hopeful about their future. Across Algoma, there are individuals, groups, organizations, and businesses making this happen every day.

Algoma Public Health (APH) is launching the 2026 Public Health Champion recognition, focused on people and organizations that help youth ages 12-18 thrive. This edition aligns with Algoma Public Health's Strategic Plan as well as community initiatives, such as Planet Youth Algoma by celebrating community action that strengthens protective factors and addresses the social determinants of health that shape young people's well-being.

Together, let's recognize the people and organizations creating healthier communities and brighter futures for Algoma's youth

KEY MESSAGES

- The *Public Health Champion – Supporting Youth Edition* recognizes contributions in three categories: Youth Champion (Ages 12 – 18), Organization Supporting Youth, and Adult Supporting Youth.
- Youth health is shaped by more than individual choices. It is influenced by where youth live, learn, play, connect, and access support.

- Strong relationships, welcoming spaces, meaningful participation, access to supports, and opportunities to belong help protect youth health and well-being. Many of these supports are created by local champions who work quietly behind the scenes. They may be teachers, coaches, Elders, volunteers, mentors, community leaders, businesses, service providers, or youth themselves.
- This recognition helps show what youth support looks like in everyday community life.
- The Public Health Champion Award celebrates those who are helping build stronger communities for youth through inclusion, connection, leadership, and opportunity.
- The initiative gives the Board, APH, and community partners an opportunity to celebrate local action and encourage more people to support youth across Algoma.

RECOMMENDED ACTIONS

That the Board of Health receives this briefing note for information and continue to support the Public Health Champion recognition as a way to engage and celebrate people and organizations that improve the conditions affecting youth health in Algoma.

Board members can support the initiative by:

- Sharing the nomination form and encouraging youth, families, schools, municipalities, service providers, and community partners to nominate deserving recipients.
- Volunteering to participate on the judging panel when invited by the Secretary to the Board of Health.
- Attending the recognition event and helping amplify the stories of the selected champions.

BACKGROUND

The Public Health Champion Award was introduced by APH in 2018 to mark the organization's 50th anniversary. The annual recognition celebrates individuals, groups, and organizations across Algoma that demonstrate leadership, innovation, and collaboration in advancing community health and equity.

This year's *Public Health Champion – Supporting Youth Edition* builds on that legacy by focusing on people and organizations that support youth ages 12-18.

This focus supports Planet Youth Algoma, a community-driven approach that centres youth voice and brings partners together to create environments where young people can thrive. Rather than focusing only on individual choices, the approach recognizes that youth well-being is influenced by relationships, opportunities, resources, and the broader conditions of daily life.

Learn more about APH's previous Public Health Champions.

EVIDENCE / ANALYSIS

Youth well-being is shaped by many conditions that are outside the control of any one young person or family. These include access to supportive adults, safe spaces, transportation, food, recreation, education, cultural connection, and youth-friendly services.

When young people have caring adults, supportive relationships, safe spaces, opportunities to participate, and a sense of belonging, they are more likely to experience healthy development and well-being.

The *Public Health Champion – Supporting Youth Edition* helps make these supports more visible. It highlights the people and organizations that are already improving the conditions for youth well-being.

- **Income and social protection:** Affordable activities, transportation, food, equipment, and other practical supports help reduce financial barriers to participation.
- **Education and learning:** Supportive schools, mentoring, skill-building, and accessible learning opportunities help youth build confidence and reach their potential.
- **Social inclusion and belonging:** Trusted relationships, cultural connection, youth-led spaces, and freedom from discrimination strengthen connection and resilience.
- **Healthy built and natural environments:** Safe places to gather, play, learn, and travel support physical activity, connection, and independence.
- **Access to services:** Timely, culturally safe, and youth-friendly health and social services help youth get support when and where they need it.

Recognizing champions in these areas helps make visible the community conditions that support youth health. It also reinforces a shared responsibility across families, schools, organizations, municipalities, and community systems.

What This Looks Like in Practice
Public Health Champions supporting youth are those who create the everyday conditions that support youth well-being. They help to remove barriers, create opportunities, and foster supportive relationships, connections, and sense of belonging that help young people build healthy, connected, and hopeful futures.

Some examples may include:

- A youth leader/student identifies a need for greater inclusion at school and leads an initiative to welcome new students, promote mental well-being, or create opportunities for youth voice and participation. Their leadership helps other young people feel heard, connected, and valued.

- A local organization creates an after-school program where youth can access healthy food, supportive adults, skill-building opportunities, and positive social connections. The program may not be called a health initiative, but it directly contributes to youth well-being and healthy development.

- An Elder or cultural mentor creates opportunities for youth to learn about culture, language, traditions, and identity. Through these experiences, young people develop a stronger sense of belonging, pride, and connection to community. This advances equity and strengthens resilience.

- A teacher or coach notices that some students feel disconnected from school and start a club or remove barriers for youth to participate in existing organized activities where youth can connect, share ideas, and build friendships. Over time, students report feeling more accepted, engaged, and confident because they have a place where they belong.

- A young person may want to join an activity but face barriers such as cost, transportation, confidence, or not feeling welcome. A coach, mentor, teacher, Elder, youth worker, volunteer, business, or organization may help remove those barriers.

This is the kind of quiet, everyday public health action the *Public Health Champion – Supporting Youth Edition* is designed to recognize.

AWARD CATEGORIES

Youth Champion (ages 12-18) – Recognizes a young person who supports the health and well-being of other youth or improves their school or community. Examples may include:

- Leading a peer initiative, club, campaign, or community project.
- Creating welcoming spaces where other youth feel included and heard.
- Helping peers connect with activities, resources, culture, or support.

Organization Supporting Youth – Recognizes a program, group, school, business, agency, or community organization that improves conditions for youth. Examples may include:

- Offering free or low-cost programs, transportation, food, equipment, or safe spaces.
- Designing services with youth and responding to local needs.
- Working across sectors to address barriers and expand opportunities.

Adult Supporting Youth – Recognizes an adult whose actions help youth feel supported, connected, and able to thrive. Examples may include:

- Mentoring, coaching, advocating for, or consistently showing up for young people.
- Removing barriers so youth can take part in school, recreation, culture, or community life.
- Creating safe, inclusive, and youth-friendly environments.

ELIGIBILITY

Nominees must live, attend school, work, volunteer, or operate in the Algoma district. Youth nominees must be aged 12-18 at the time of nomination. Current Algoma Public Health Board members and employees are not eligible. Self-nominations may be accepted if permitted in the final nomination guidelines.

JUDGING PROCESS

A panel of Algoma Public Health Board Members, the Medical Officer of Health, the Associate Medical Officer of Health, and APH staff will review all nominations. Nominations will be assessed based on:

- Demonstrated benefit to youth in Algoma.
- Youth voice and meaningful participation.
- Contribution to one or more social determinants of health.
- Equity, inclusion, cultural safety, and reduction of barriers.
- Collaboration, sustainability, and potential for broader community impact.

HOW TO NOMINATE

Nominations open October 21, 2026, and close January 20, 2027.

1. Online Form
Submit a nomination through the online form available on our website.

2. Email Submission
Download and complete the nomination form, then email it to communications@algomapublichealth.com

3. Mail or Drop-Off
Completed forms can also be mailed or dropped off at any Algoma Public Health office:

Algoma Public Health
c/o Public Health Champion Award
294 Willow Avenue
Sault Ste. Marie, ON P6B 0A9

Forms may also be dropped off at our offices in Wawa, Elliot Lake, or Blind River.

STRATEGIC DIRECTIONS

- **Our Community: Creating Meaningful Connection.** This initiative supports APH's commitment to strengthen trusted relationships, broaden community outreach, and create low-barrier opportunities for engagement by inviting youth, families, schools, municipalities, Indigenous communities, service providers, and partners to recognize people and organizations making a difference for youth.

- **Our Practice: Strengthening our Performance, Measuring Impact, Sharing Stories.** The recognition program helps build public understanding of APH's work by sharing stories that demonstrate community impact, highlight protective factors, and show how local action contributes to youth health and health equity.
- **Our Team: Fostering a Foundation for Success.** The campaign supports a culture of collaboration, learning, and shared purpose by engaging Board members, APH staff, leadership, and youth representatives in a meaningful recognition process.
- **Our Approach: Focusing on Upstream Pathways.** By celebrating efforts that strengthen protective factors, reduce barriers, and improve social and structural conditions for youth, the initiative aligns with APH's upstream approach to population health and health equity.

Finance and Audit Committee Chair Report
October 14, 2026

Attendees:
Sally Hagman
Luc Morrissette
Suzanne Trivers
Jody Wildman – Chair

Regrets:
Dr. John Tuinema – Associate Medical Officer of Health

APH Members:
Dr. Jennifer Loo – Medical Officer of Health & CEO
Dr. Lyall Pacey – Resident Physician
Leslie Dunseath – A/Director of Corporate Services/Manager of Accounting Services
Kristy Harper – Director of Health Promotion/Chief Nursing Officer
Trina Mount – Executive Assistant

Guests:
None

Minutes

- The Minutes of the Finance and Audit Committee meeting of September 16, 2026, were approved.

Business Arising from Previous Minutes

- n/a.

Report and Recommendations to the Board of Health

- The Committee reviewed APH's Unaudited Financial Statements for the period ending August 31, 2026, and recommends Board of Health approval.

New Business / General Business

2027 Capital and Operating Budget Report:

- Staff presented the 2027 Capital and Operating Budget Report based on previous direction to consider a 5% increase in municipal levies. This report is included in the Board of Health meeting package.
- The Committee expressed its appreciation of the report and the staff time to prepare it. It was acknowledged that municipal levies have increased significantly

in recent years with the provincial contribution being left at 1%, and that it should be expected that municipalities will start to push back on increases if they continue to be above cost of living averages.

- In order to prepare for this discussion in coming years, and to help with orientation of expected new BOH members, staff were ask to prepare information materials that would include a breakdown of mandated programs versus discretionary, as well as identifying whether there is any flexibility in the level of service delivery; what programs are 100% funded by the province or other sources, and which are shared or wholly-paid for by the municipal levy; and include estimated FTEs and associated costs for each program.
- Dr. Loo advised that this information could be provided after the new Ontario Public Health standards are finalized and made public.
- The Finance and Audit Committee recommends the Board of Health approve the 2027 Capital and Operating Budget Report as presented.

In Camera

- n/a

Resolution(s) Arising from In Camera Discussions:

- n/a

Addendum

- n/a

Next Meeting

The Finance and Audit Committee is next scheduled to meet on February 10, 2027.

Submitted for Board of Health consideration by:
Jody Wildman, Chair, Finance and Audit Committee.

Algoma Public Health

Statement of Operations

August 2026

(Unaudited)

Public Health Programs (Calendar)

Description	Current YTD	Current YTD Budget	YTD Budget Variance	Annual Budget	Variance % Act to Bud	Variance YTD Act to Bud
Public Health Funding, Total	8,578,525	8,448,129	-130,396	12,642,892	2%	102%
Other Funding, Total	0	0	0	0		
Levies, Total	3,956,881	3,956,880	-1	5,275,840	0%	100%
Fees & Recoveries, Total	317,439	380,276	62,837	549,410	-17%	83%
Other Revenue, Total	39,380	0	-39,380	0		
TOTAL REVENUE	**12,892,225**	**12,785,285**	**-106,940**	**18,468,142**	1%	101%
Salaries & Wages, Total	7,203,819	7,580,226	376,407	11,360,155	-5%	95%
Benefits, Total	1,993,835	2,118,222	124,387	2,978,820	-6%	94%
Office Expenses, Total	31,219	33,333	2,114	50,000	-6%	94%
Program Expenses, Total	775,425	701,652	-73,772	1,052,002	11%	111%
Professional Development, Total	52,672	48,689	-3,984	73,033	8%	108%
Travel Expenses, Total	118,411	104,484	-13,927	156,726	13%	113%
Fees & Insurance, Total	236,812	249,874	13,061	353,310	-5%	95%
Telecommunications, Total	164,876	161,122	-3,753	241,684	2%	102%
Program Promotion, Total	21,048	12,467	-8,581	18,700	69%	169%
Debt Management & Amortization, Total	304,947	304,947	0	467,000	0%	100%
Computer/IT Services, Total	532,173	530,564	-1,609	795,846	0%	100%
Facilities Expenses, Total	1,027,469	613,911	-413,558	920,866	67%	167%
TOTAL EXPENSES	**12,462,706**	**12,459,490**	**-3,215**	**18,468,142**	0%	100%
SURPLUS/DEFICIT	**429,519**	**325,794**	**-103,725**	**0**		

Healthy Babies Healthy Children (Fiscal)

Description	Current YTD	Current YTD Budget	YTD Budget Variance	Annual Budget		
TOTAL REVENUE (MCCSS)	475,316	483,609	8,293	1,163,565	-2%	98%
TOTAL EXPENSES	462,574	486,715	24,141	1,163,565	-5%	95%
SURPLUS/DEFICIT	12,742	-3,106	-15,848	0		

Fiscal Programs (Non-Public Health)

Description	Current YTD	Current YTD Budget	YTD Budget Variance	Annual Budget		
PROVINCIAL GRANTS	70,895	69,481	-1,414	166,754	2%	102%
OTHER FUNDING	63,723	63,724	1	177,447	0%	100%
TOTAL REVENUE	**134,618**	**133,205**	**-1,413**	**344,201**	1%	101%
CAPC	30,274	32,270	1,995	77,447	-6%	94%
Nurse Practitioner	70,755	69,481	-1,274	166,754	2%	102%
Stay on Your Feet	50,398	41,667	-8,731	100,000	21%	121%
TOTAL EXPENSES	**151,427**	**143,418**	**-8,010**	**344,201**	6%	106%
SURPLUS/DEFICIT	**-16,809**	**-10,213**	**6,597**	**0**		

Fiscal Programs (Public Health)

PROVINCIAL GRANTS	263,448	263,438	-11	632,250	0%	100%
TOTAL EXPENSES	281,327	264,601	-16,726	632,250	6%	106%
SURPLUS/DEFICIT	-17,879	-1,163	16,715	0		

NOTE: Explanations will be provided for variances of 15% and $15,000 occurring in the first 6 months and variances of 10% and $10,000 occurring in the final 6 months.

Algoma Public Health

Statement of Revenue

August 2026

(Unaudited)

Description	Current YTD	Current YTD Budget	YTD Budget Variance	Annual Budget	Variance % Act to Bud	Variance YTD Act to Bud
MOH Program Funding - Public Health	6,814,617	6,814,537	-80	10,221,806	0%	100%
MOH Program Funding - 100%	1,561,490	1,574,989	13,499	2,362,484	-1%	99%
MOH Program Funding - One Time	202,418	58,602	-143,816	58,602	245%	345%
Public Health Funding, Total	**8,578,525**	**8,448,128**	**-130,397**	**12,642,892**	2%	102%
Levies - Sault Ste. Marie	2,752,063	2,752,063	0	3,669,417	0%	100%
Levies - District	1,204,817	1,204,817	0	1,606,423	0%	100%
Levies, Total	**3,956,880**	**3,956,880**	**0**	**5,275,840**	0%	100%
Program Fees	25,720	23,334	-2,386	35,000	10%	110%
Land Control Fees	136,720	167,000	30,280	210,000	-18%	82%
Immunization Recoveries	34,350	68,333	33,983	126,000	-50%	50%
Recoveries from Programs	44,456	27,274	-17,182	36,910	63%	163%
Interest Revenue	76,195	94,336	18,141	141,500	-19%	81%
Other Revenue	39,380	0	-39,380	0	#DIV/0!	#DIV/0!
Fees & Recoveries, Total	**356,821**	**380,277**	**23,456**	**549,410**	-6%	94%
TOTAL REVENUE	**12,892,226**	**12,785,285**	**-106,941**	**18,468,142**	1%	101%
Variance	1	-	(1)	-		

Algoma Public Health

Comparative Balance Sheet

August 2026

(Unaudited)

	Current Balance	December 31, 2025
Cash and Investments, Total	4,511,082	3,655,860
Accounts Receivable, Total	652,668	663,904
Other Assets, Total	476,508	371,829
Fixed Assets, Total	16,806,250	16,806,250
TOTAL ASSETS	22,446,508	21,497,842
Accounts Payable - Province, Total	1,335,973	314,954
Accounts Payable, Total	1,061,233	1,174,880
Accrued Liabilities, Total	3,149,142	3,496,032
Long-term Liabilities, Total	2,498,653	2,498,653
Other Liabilities, Total	281,460	315,622
TOTAL LIABILITIES	8,326,463	7,800,141
TOTAL ACCUMULATED SURPLUS	14,120,046	13,697,700
TOTAL LIABILITIES AND EQUITIES	22,446,509	21,497,841

Glossary

Expense Category	Definition
Salaries & Wages	salaries and wages for management, non-union, CUPE and ONA staff (includes stand-by pay for on call rotation for those applicable)
Benefits	CPP, OMERS, EI, EHT, WSIB and Non-Statutory benefits (group health benefits and insurance)
Office Expenses	office supplies and equipment leases
Program Expenses	program materials and supplies; health & safety; purchased services inlcuding physician/dentist feees
Professional Development	professional development
Travel Expenses	mileage; food and lodging; agency owned vehicle leases; vehicle maintenance
Fees & Insurance	board expenses and honoraria; bank charges; audit fees; legal fees; subscriptions & memberships; insurance
Telecommunications	internet; phones; efax; answering services
Program Promotion	program promotion; communications & media; recruitment
Debt Management & Amortization	principal and interest payments on term debt
Computer/IT Services	computer equipment purchased; computer software; computer support services
Facilities Expenses	utilities; building repairs and maintenance; security; janitorial; rent

Notes to Financial Statements – August 2026

Reporting Period

The August 2026 financial reports include eight months of financial results for Public Health programming. All other non-funded public health programs are reporting five months of results from the operating year ending March 31, 2027.

Statement of Operations

Summary – Public Health and Non-Public Health Programs

APH has not yet received the 2026 Amending Agreement from the province identifying the approved funding allocations for public health programs. The annual budget for public health programs has been updated to reflect the Board approved budget as presented at the November 2025 Board of Health Meeting.

As of August 31, 2026, Public Health calendar programs are reporting a $104K positive variance – which is driven by a $107K positive variance in revenues and a $3K negative variance in expenditures.

Public Health Revenue

Our Public Health calendar revenues are within 1% variance to budget for 2026.

For the 2026 calendar year, the province instructed public health units to plan for base funding growth of 1%. These anticipated changes are reflected within the Board of Health approved 2026 budget and cashflow payments from the Ministry have been updated to reflect the same as of late June 2026.

Contributing to a variance in one-time Ministry funding for calendar programming, is payments related to Northern Ontario Fruit and Vegetable (NOFV) Program Expansion funding that was approved for APH for the 2025/2026 fiscal year to support scoping the program for inclusion of additional schools across the district (programming is currently only provided in elementary schools). Although discussions are ongoing, formal confirmation regarding continuation of funding for this program expansion beyond March 31, 2026 has not yet been received. Further contributing to one-time Ministry funding variance is COVID-19 Vaccine Program funding that was unbudgeted for, yet approved for the period of April 2025 through March 2026.

Other revenues reported at August 31, 2026 includes contributions from community partners ($12.5K) and various municipal contributions ($9.5K) towards the Planet Youth initiative. Additionally, APH has received $17.4K in one-time donations/sponsorships to support Nurturing Algoma and district wide dental screening initiatives.

In March 2024, the Ministry confirmed that IPAC Hub funding would continue in the 2024-25 fiscal year and in the years following, with ongoing formal planning and funding meetings to continue. This funding has been provided to hubs across the province in order to enhance IPAC practices in identified congregate care settings. In November 2025, APH received confirmation of 100% committed base funding for the IPAC Hub in the amount of $632K through the 2029-2030 fiscal year (previously funded by 50% committed base and 50% one-time funding). This funding is reflected in the public health fiscal programs. APH

submitted other one-time funding requests totaling $763K alongside the 2026 Annual Service Plan, however response to these requests is not anticipated until later in the year.

Public Health Expenses

Salaries and Benefits

There is a positive variance of $501K associated with salaries and benefits based on ongoing position vacancies. Recruitment and retention strategies continue to be at the forefront of APH management priorities and workforce planning initiatives are reviewed monthly at the executive level.

Program Expenses

There is a $74K negative variance associated with program expenses which is largely driven by the first annual billing associated with the Planet Youth contract. As discussed in detail via briefing note provided at the June 2026 Board of Health meeting, this expense is to be financed via committed contributions from community partners across the district resulting in minimal overall impact to APH's cost-shared programming budget. Further contributing to this variance is installment payments made to school boards across the district associated with the expansion of the NOFV program (100% funded by the Ministry).

Facilities Expenses

There is a negative variance of $414K associated with facilities expenses, largely driven by $341K related to progress billings for the lighting and building automation projects approved by the Board. It is to be noted that APH has requested one-time capital funding from the Ministry related to these two projects. Should this funding be approved, these expenses will be re-aligned from cost-shared public health programs to associated capital funding. We anticipate a response to this request later in the year. The remaining variance can be attributed to repairs and maintenance expenses associated with additional snow removal, yard maintenance and minor capital repairs/projects.

Financial Position - Balance Sheet

APH's liquidity position continues to be stable and the bank has been reconciled as of August 31, 2026. Cash includes $2.4M in reserve funds.

Long-term debt of $2.5 million is held by TD Bank @ 1.80% for a 60-month term (amortization period of 120 months) and matures on September 1, 2026. $146K of the loan relates to the financing of the Elliot Lake office renovations, which occurred in 2015 with the balance, related to the financing of the 294 Willow Avenue facility located in Sault Ste. Marie. There are no material accounts receivable collection concerns.

Addendum: Subsequent to the preparation of above notes, and under the direction of the Finance and Audit Committee, both loan facilities were renewed on September 1st with TD Bank at a rate of 4.018% for a term of 24 months, maturing on September 1, 2028.

2027

Recomended Capital and Operating Budget Report

Algoma PUBLIC HEALTH
Santé publique Algoma

To: Finance & Audit Committee of the Board of Health for the District of Algoma Health Unit

From: Dr. Jennifer Loo, Medical Officer of Health & Chief Executive Officer

October 14, 2026
For discussion & decision



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1. Purpose and Recommended Action

Purpose:

This report presents the recommended 2027 Capital and Operating Budget for Algoma Public Health (APH) for consideration and recommendation at the Board of Health Finance & Audit Committee meeting on October 14, 2026. The proposed budget was developed by the Executive Team and is recommended by the Medical Officer of Health & CEO, following direction given by the Finance & Audit Committee on September 16, 2026.

Recommended Action:

THAT the Finance & Audit Committee of the Board of Health for the District of Algoma Health Unit approve the 2027 Capital & Operating Budget for Algoma Public Health in the amount of $18,758,760.

Alignment to the Ontario Public Health Standards[1]:

- As part of the Organizational Requirements: Fiduciary Requirements Domain, boards of health are accountable for using Ministry of Health (Ministry) funding efficiently and for its intended purpose and ensuring that resources are used efficiently and in line with local and provincial requirements.
- As part of the Organizational Requirements: Good Governance and Management Practices Domain, the board of health shall provide governance direction to the administration and ensure that the board of health remains informed about the activities of the organization on the following: delivery or programs and services; organizational effectiveness through evaluation of the organization and strategic planning; stakeholder relations and partnership building; research and evaluation; compliance with all applicable legislation and regulations; workforce issues, including recruitment of a medical officer of health and any other senior executives; financial management; and risk management.
- The board of health shall ensure that administration implements appropriate financial management by ensuring that expenditure forecasts are as accurate as possible.
- To support municipal budget planning, APH strives to advise contributing municipalities of their respective levies as early as possible.

2. Summary of the Recommended 2027 Budget: Preserving essential public health services and advancing upstream strategies

The recommended 2027 budget for mandatory public health programs and services is $18,758,760. This is a 1.6% increase over the 2026 approved budget and is in alignment with direction given by the Finance & Audit Committee at the September 16, 2026, Finance & Audit Committee meeting.

Table 1 provides a breakdown of the recommended 2027 budget in comparison to previous approved APH budgets.

- As in previous years (2024-2026), the province has committed a 1.0% increase in base funding for cost-shared public health programs and services in 2027. While appreciated and helpful for planning, the provincial commitment is not in pace with inflation, creating unavoidable cost pressures. For context, funding transfers to Ontario's local public health agencies are estimated at approximately 1.1% of the Ministry of Health's total operating budget for 2025-2026(2).
- A 1.6% increase in the recommended 2027 budget incorporates a 5.0% increase to the municipal levy invested in local delivery of fundamental public health programs and services. On average, the 2027 APH municipal levy represents 1.1% of annual municipal revenue across Algoma's municipalities(3) (Appendix A), and APH's levy per capita is lower than the average per capita cost reported in other northern public health agencies[i].
- Through cost-effective provincial and municipal investment, APH protects and promotes health across Algoma's communities in ways that reduce future societal and health system costs.

[i] Based on 2025-2026 rates as posted within Board approved meeting minutes or budget reports; note that public health agencies can quote per capita rates based on MPAC or Census population data (direct comparison is unknown).

Table 1: Budget Comparison from 2025-Recommended 2027 Budget

	2025 Actual	2026 Budget	2027 Recommended	Change from 2026 budget $	Change from 2026 budget %
Revenue					
Province – cost-shared	10,120,600	10,221,806	**10,324,024**	+102,218	▲ 1.0%
Province – 100% funded	2,787,454	2,421,086	**2,362,484**	−58,602	▼ 2.4%
Municipal levies	4,840,220	5,275,840	**5,539,632**	+263,792	▲ 5.0%
Other recoveries and fees	545,046	549,410	**532,620**	−16,790	▼ 3.1%
Total revenue	**18,293,320**	**18,468,142**	**18,758,760**	**+290,618**	**▲ 1.6%**
Expenses					
Staffing					
Salaries and wages	10,666,320	11,360,155	**11,561,622**	+201,468	▲ 1.8%
Benefits	2,788,120	2,978,820	**2,999,354**	+20,534	▲ 0.7%
Staffing subtotal	**13,454,439**	**14,338,975**	**14,560,976**	**+222,002**	**▲ 1.5%**
Operating					
Travel	167,396	156,726	**187,500**	+30,774	**▲ 19.6%**
Program	1,158,789	1,052,002	**1,041,595**	−10,407	▼ 1.0%
Equipment	202,237	36,000	**20,500**	−15,500	**▼ 43.1%**
Office	50,206	50,000	**45,000**	−5,000	**▼ 10.0%**
Computer services	781,337	759,846	**774,118**	+14,272	▲ 1.9%
Telecommunications	249,180	241,684	**230,274**	−11,410	▼ 4.7%
Program promotion	145,089	91,733	**118,429**	+26,696	**▲ 29.1%**
Facilities leases	209,730	226,193	**240,201**	+14,008	▲ 6.2%
Building maintenance	826,249	694,673	**699,564**	+4,891	▲ 0.7%
Fees and insurance	392,018	353,310	**356,980**	+3,670	▲ 1.0%
Debt management (I & P)	457,421	467,000	**483,623**	+16,623	▲ 3.6%
Operating subtotal	**4,639,652**	**4,129,167**	**4,197,783**	**+68,617**	**▲ 1.7%**
Total expenses	**18,094,091**	**18,468,141**	**18,758,760**	**+290,619**	**▲ 1.6%**
Surplus / (deficit)	**+199,228**	**✓ Balanced**	**✓ Balanced**	*Revenue − expenses*	

Please refer to Appendix B for a glossary defining each expenditure category outlined in Table 1 above.

To support decision-making, this report provides:

- Context on public health financial challenges and ways that APH is moving forward under pressure in Section 3,
- Budget financial assumptions in Section 4,
- Details of the recommended 2027 budget in Sections 5-7,

- Municipal investment scenarios which compare the impact of a range of municipal levies to APH program and services in Section 8, and
- Capital budget expenditures in Section 9.

3. Context for the 2027 Recommended Budget: Strategic positioning under financial constraint

While public health faces fiscal challenges, APH remains committed to improving and protecting health and wellbeing in Algoma and reducing health inequities. Challenges that put pressure on public health's ability to deliver its mandate are not limited to Algoma. Inflation, annual provincial funding increases that have not matched inflation, and ongoing efforts to generate alternative sources of revenue while finding cost-savings are challenges for public health agencies across the province.

Inflation

Canadian inflation rates have increased by 31.6% since 2017 with an average of 3.6% per year over the last 5 years[4,5]. In line with inflation, APH's budget for public health programs and services has cumulatively increased by 31.6% since 2017 reflecting sustained budget stability. The current economic environment creates cost pressures due to uncertainty in international trade, associated unpredictable pricing, and impacts on the cost of living, all of which affect APH's operations and our communities.

Annual Funding Increases That Have Not Matched Inflation

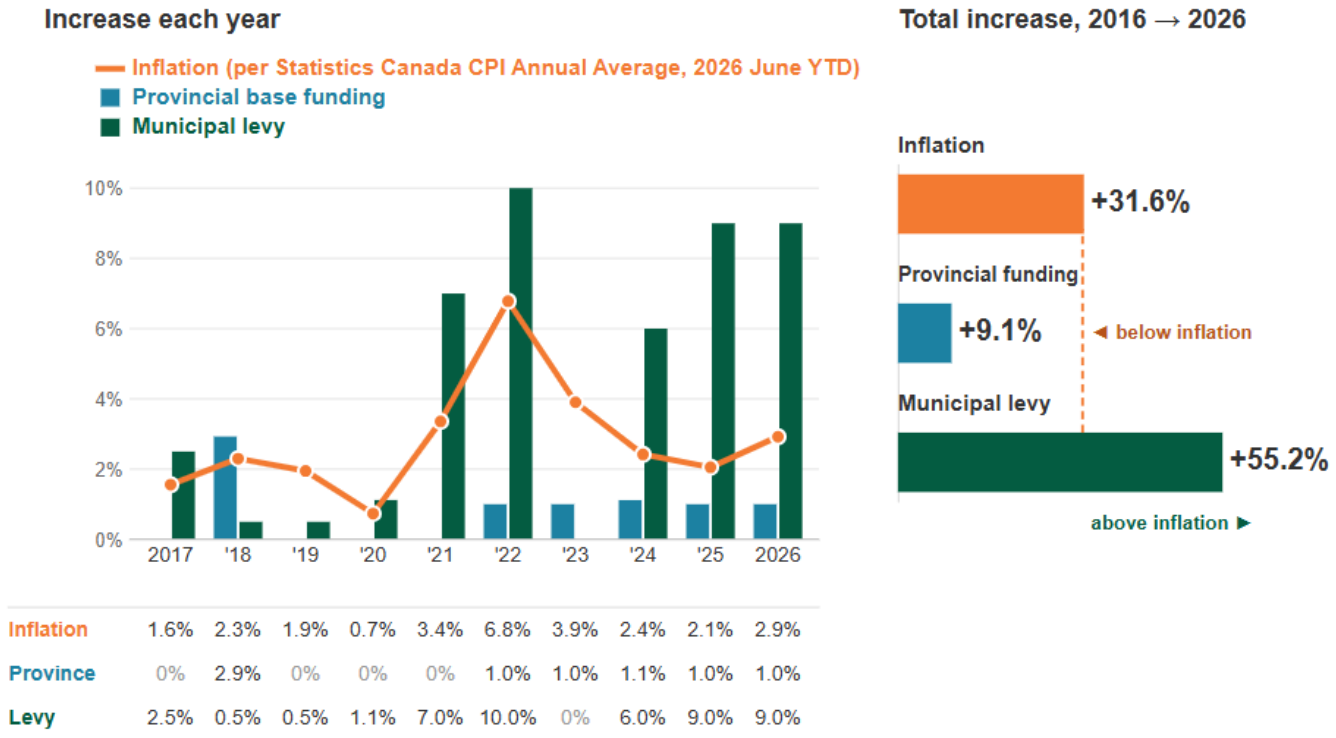
It is within this context that the province has committed to a 1.0% increase in base funding for cost-shared public health programs and services for 2027. This is consistent with the 1.0% increase in funding for cost-shared public health programs and services received from the province each year from 2022-2026. While appreciated and helpful for planning, a 1.0% increase in funding does not keep pace with inflation and associated unavoidable cost pressures, including the rising cost of labour and benefits. Figure 1 compares increases in public health funding to Canadian inflation rates over the last ten years.

- Currently, 78% of APH's budget is labour (salary and wages) and benefits (Table 1). Both the Ontario Nurses Association (ONA) and Canadian Union of Public Employees (CUPE) collective agreements with APH expire in the spring of 2027. Should APH continue to receive provincial funding that does not keep pace with inflation, the proportion of APH's budget for labour and benefits can be expected to increase, driven by wage increases that out-pace increases in provincial funding, the rising cost of benefits and union collective agreement bargaining.
- We also note that some of APH's programs and services are 100% funded by the

Ministry; however, with the exception of periodic one-time funding, the amounts received for these have remained unchanged since 2020. This includes funding for Indigenous Communities, the Northern Fruit and Vegetable Program, and funding for Unorganized Territories which include approximately 8.2% of Algoma's population living outside an organized township, municipality, or city.

- At this time, there have been no formal updates on the funding formula review currently being undertaken by the province, which means there are no formal cost-share expectations for the 2027 operating year.

Figure 1: Increases in public health funding from municipal and provincial sources compared to Canadian inflation rates from 2016-2026[4,5]



	2017	'18	'19	'20	'21	'22	'23	'24	'25	2026
Inflation	1.6%	2.3%	1.9%	0.7%	3.4%	6.8%	3.9%	2.4%	2.1%	2.9%
Province	0%	2.9%	0%	0%	0%	1.0%	1.0%	1.1%	1.0%	1.0%
Levy	2.5%	0.5%	0.5%	1.1%	7.0%	10.0%	0%	6.0%	9.0%	9.0%

Generating Alternative Sources of Revenue While Finding Cost-Savings

In the 2024 merger feasibility study with Public Health Sudbury District, APH forecasted required municipal levy increases of 18% in 2025, 11% in 2026 and 11% in 2027 in a non-merge scenario, to balance the APH budget and maintain existing program and service levels without workforce reductions. The 2025 and 2026 budgets were passed by the Board of Health with a 9% levy increase each year, below what was forecasted. The proposed 5% increase to municipal levies for 2027 also remains below what was forecasted. FTEs aligned to the budget for mandatory public health programs and services remain stable and over the past several years, APH has achieved operational cost savings and additional cost recovery revenues.

- Estimated savings related to reduced fixed operating expenses, which are quantifiable at this time, total approximately $300, 000 per year. Examples of cost-savings include the APH vehicle fleet for future and sustainable mileage reimbursement savings, utility rate hedging, vendor considerations to ensure APH is getting the most competitive price for necessary fixed costs and onboarding two tenants at the Sault Ste Marie office.
- APH also continues to earn additional funding through Canada Summer Jobs wage subsidies, learning revenue for public health physician teaching and supervision through the Northern Ontario School of Medicine University and has recently been approved for a Northern Ontario Heritage Fund Corporation intern to support our communications team.
- Local community partners have also contributed to funding collaborative initiatives such as Nurturing Algoma and Planet Youth Algoma. Seeking external funding is an ongoing initiative to supplement program recoveries and is supported by frequent market scans for opportunities.

Despite these challenges, APH moves forward under pressure. Public health demonstrates significant return on investment, local impact in health protection and health promotion across Algoma, and APH strategizes to optimize the funding received in service of our communities.

Return on Investment

In countries like Canada, every $1 invested in public health programs and services saves an estimated $14 in future societal costs[(6)]. For cost-effective provincial and municipal investment, APH delivers significant public health value across a vast geographical area.

- At a provincial level, Ministry of Health expenditure estimates for 2025-2026 indicate funding transfers to Ontario's local public health agencies at 1.1% of the ministry's total operating budget[(2)]. Locally, the APH levy represents less than an average of 1.1% of reported individual municipal revenues[(3)] (Appendix A).
- When compared to other northern Ontario public health agencies, the annual cost for public health programs and services per person is lower in Algoma. Historically, northern counterparts report per capita rates of an average of $52.10 per person compared to $50.93 per person in Algoma (based on the 2026 approved operating budget for Algoma)[ii].

[ii] Based on 2025-2026 rates as posted within Board approved meeting minutes or budget reports; note that public health agencies can quote per capita rates based on MPAC or Census population data (direct comparison is unknown).

Local Impact

With offices distributed throughout the region, our multi-disciplinary team is reaching remote areas by boat or air travel to ensure safe drinking water, holding immunization clinics in locations where access to health care is limited, and ensuring harm reduction supplies reach all those who need them, including rural communities. Last year[7]:

- Thousands of children in every school in Algoma received oral health screening and immunizations that reduce disease and long-term healthcare costs, and hundreds of children benefited from the expansion of developmental screening across Algoma to support their success in school and life.
- Over a thousand food, water and personal service setting inspections enforced safety standards that prevent illness in our communities, while thousands of reportable diseases were managed to stop health threats before they spread.
- Over a thousand people were trained to build community-wide capacity for health across topics like how to administer naloxone, how to prevent and control infection in congregate living settings, and how to handle food safely.

These are some of the ways APH demonstrates local impact, and our efforts continue to evolve to improve the health and well-being of Algoma communities.

Strategizing To Optimize Funding Received

Looking ahead, APH will continue to strengthen partnerships for collective impact across Algoma, prioritize programs and services based on local needs, and advance goals in our 2026 strategic plan while awaiting final updated Ontario Public Health Standards from the province.

- APH is leading collaborative Algoma-wide health promotion initiatives like Nurturing Algoma and Planet Youth Algoma which align efforts of cross-sector partners to improve health in our communities. Together, over forty partners across Algoma are supporting infant and early childhood development through Nurturing Algoma and over 30 partners across Algoma are beginning to implement the Icelandic Prevention Model for preventing youth substance use.

- Although recent years have been characterized by surplus dollars associated with vacancies, APH continues to use these dollars to address priority community health needs. For example, we've been able to improve access to dental care for children through the Healthy Smiles Ontario program and support surges in seasonal and school-related immunization work.
- The recommended 2027 budget incorporates prioritized work associated with the anticipated new Ontario Public Health Standards, as well as key initiatives rooted within the recently approved 2026 APH Strategic Plan. Examples include targeted investment in staff development, improving our digital infrastructure to increase operational efficiencies and broaden APH's digital presence within our communities, resources to advance the health unit's French-language capacity, and alignment of resources required to advance community engagement.



"Our family is so grateful for this program being accessible... Miigwech for being so gentle and caring"

-Jena Rose Heise

The recommended 2027 budget will sustain local public health programs and services across Algoma for $53.47 per person. Further details are found in the following sections.

4. 2027 Budget Financial Assumptions

Several assumptions were required to base the 2027 estimated expenses and revenues. They are as follows:

- Base funding for cost-shared mandatory programs will increase at an annual rate of 1.0% for 2027.
- As per the 2026 funding and accountability grant schedule, the Ministry will continue to support the Northern Ontario Fruit and Vegetable and Indigenous Communities programs at 100%, in addition to Mandatory Programs for Unorganized Territories, MOH/AMOH Compensation Initiative, and the Ontario Senior Dental Care Program (OSDCP).
- Of note, for the 2026 funding year, APH was allocated 100% funding for the OSDCP in the amount of $1,382,700. Since 2021, the Ministry has funded the OSDCP program via committed base funding, with any identified operating pressures being funded via one-time, in year funding.
- Consistent with previous years and for the 2027 budget, the Executive Team has

assumed that 100% provincial funding for the OSDCP will remain at 2026 funding allocation levels, with any operating pressures to be identified and funded via the availability of one-time, in year funding requests made available from the Ministry.

- No additional one-time funding will be provided by the Ministry to fund ongoing base funding and one-time pressures such as the COVID-19 Vaccine Program and RSV Adult and Infant Prevention Program. Managing these anticipated costs within existing mandatory program base funding will place additional pressure on resources, impacting APH's ability to sustain current levels of support and service delivery across our communities.
- Infection Prevention and Control (IPAC) Hub funding will continue at current funding levels into the 2027/2028 fiscal year in order to support the continued operations of the Hub. The Ministry has committed base funding for the Hub until the 2028/2029 fiscal year.
- A $263,792 (5%) increase to the total municipal levy rate applied by the Board of Health for the District of Algoma Health Unit will be implemented.
- APH will continue to rent space totaling approximately 2100 square feet at currently established lease rates.
- Salary and wage projections include an assumed cost-of-living adjustment, given that the ONA and CUPE collective agreements will require renegotiation following their March 31, 2027 expiry.
- A vacancy factor based on current and historical staffing vacancy rates has been incorporated into overall salaries, wages, and benefits. While budgeting for staff vacancies is not ideal, it is a realistic representation of the characteristics of APH's current workforce environment and considered to be a feasible strategy to plan for a balanced budget.
- Fixed non-salary budgeted costs related to facilities, such as utilities and service contracts, have been estimated based on historical data, current contract rates, mobilized operational efficiencies, and assumed inflationary rates with a combined year over year increase of 0.26% over the 2026 approved budget. A contingency representing 20% of the budgeted service contracts has been factored to support unforeseen necessary costs. Please refer to Section 3 for further context regarding initiatives that management has undertaken in recent years to control and, in some cases, reduce fixed operating costs.
- APH's debt payment plan will continue to be managed with existing resources.
- In September 2025, and further in July 2026, working draft versions of the revised Ontario Public Health Standards (OPHS) were shared by the Ministry of Health with local public health agencies for planning purposes, with the anticipation of the revised standards coming into effect in 2027. These anticipated changes have been

incorporated into program planning, APH's recently refreshed Strategic Plan, consultations and planning with local community partners, priority populations and other health units. As of the fall of 2026, the OPHS revisions remain in a pending approval state with the Ministry and local public health agencies have been instructed to structure 2027 budgets based on the current set of standards.

5. 2026 Grant Approval

The 2026 Ministry Program Based Grant approval was received and last revised as of March 2026. Key details are outlined below. Grant approvals for 2027 are not expected from the Ministry until the 2027 operating year.

- Allocated mandatory cost-shared program funding for 2026 is $10,221,900 increased from $10,120,600 in 2025 (1% growth).
- The grant allocations for the 100% provincial funding for Unorganized Territories/Mandatory Programs ($530,400), Unorganized Territories/ Indigenous Communities Program ($98,000) and the Unorganized Territories/Northern Fruit and Vegetable Program ($117,400) remain unchanged.
- The Ontario Seniors Dental Care Program (OSDCP) was allocated $1,382,700 and remains unchanged from 2024 and 2025 allocations.
- The MOH/AMOH compensation initiative will continue to be based on the actual status of current MOH and AMOH positions.

6. Reserve Funds

As part of fiscally sound management, the Board of Health has long-established reserve funds for the agency. Reserve funds have been accumulated via excess municipal contributions when there has been an overestimate of expenses.

Financial reserves are a prudent and expedient way to provide the agency with resources for unexpected financial hardship, emergencies, and future planned projects that support the mission, vision, and strategic goals of APH. In September 2026, the Board approved establishing target and maximum limits for the reserve fund of three and six months, respectively, of the Board approved operating budget for cost-shared mandatory public health programming.

The reserve fund balance currently totals $2.6M, which could support approximately two months of operations for cost-shared programming based on the 2027 budget proposed herein.

7. Recommended 2027 Budget

7.1 Operating Revenue

The 2027 operating revenues include Ministry funding for mandatory programs (historically cost shared), Ministry funding for other related programs (historically 100% provincially funded), municipal funding by 21 municipalities, and interest and user fees.

7.1.2 Provincial

The provincial government can grant funding to local public health as deemed appropriate and has shared responsibilities for the co-funding and delivery of provincial health programs, like public health, with municipal governments.

Pursuant to section 76 of the Health Protection and Promotion Act[8], the Minister may make grants for the purposes of this Act on such conditions as he or she considers appropriate.

There are several public health programs that receive one-time or 100% grant funding from the Ministry of Health (e.g., Ontario Senior Dental Care Program), with most programs and services being cost-shared.

7.1.3 Municipal

Municipal governments have a direct, legislated responsibility for financing public health programs and services and contribute to the funding of cost-shared programs.

Pursuant to section 72 of the Health Protection and Promotion Act[8], obligated municipalities in a health unit shall pay,

(a) The expenses incurred by or on behalf of the board of health of the health unit in the performance of its functions and duties under the HPPA or any other act; and

(b) The expenses incurred by or on behalf of the MOH of the board of health in the performance of his or her functions and duties under the HPPA or any other Act.

As part of the recommended 2027 Operating & Capital Budget, and as directed by the Finance & Audit Committee, the levy from obligated municipalities is recommended to increase by $2.55 per capita. This equates to a $263,792 increase in revenues apportioned across the 21 municipalities in Algoma. Rates apportioned among the municipalities reflect current population counts per the 2021 Census Profile issued by Statistics Canada[3] (Appendix A).

The recommended 2027 municipal levy represents approximately 32.5% of budgeted cost-shared programming.

7.1.4 Interest and User Fees

APH has traditionally budgeted for cost recovery revenues which include interest on deposits, vaccine reimbursements from the Ministry, learner and program recoveries, as well as rent recovery from non-MOH funded programming. New for the 2027 budget, APH has also included approximately $52,000 in rental revenue associated with currently leased space at 294 Willow Avenue in Sault Ste. Marie. APH started leasing space in April of 2026 and intends to continue to assess available space and additional rental opportunities to optimize space utilization and potential recovery revenues.

7.2 Expenditures

As compared to the 2026 budget, the 1.6% overall recommended budget increase is comprised of an increase of 1.5% to salaries and benefits and a 1.7% increase to other operating expenses. Budgeted expenditures can be broken down by either expense category, as displayed in Table 1 or as detailed in the following subsections, or alternatively by program/standard section.

Table 2 below provides a breakdown of budgeted expenditures by major components of the current Ontario Public Health Standards and the Public Health Funding and Accountability Agreement. It should be noted that this budget reflects only expenditures associated with programs delivered under accountability agreements with the Ministry of Health (MOH). It excludes programs funded through other ministries, as well as initiatives that fall outside the scope of mandatory public health programs (e.g. IPAC Hub, Healthy Babies Healthy Children, Stay on Your Feet, Nurse Practitioner, Community Action Program for Children, other one-time funded initiatives); municipal levies do not contribute to the funding of these programs.

Table 2: 2027 Budgeted Expenditures by Program/ Standard Section



Program area	Share	2027 budget
Administration & corporate services *Incl. MOH/AMOH compensation*	20.0%	$3,754,177
Oral health *Incl. Ontario Seniors Dental Care Program*	10.8%	$2,028,186
Infectious disease prevention & control	10.6%	$1,991,667
Substance use & injury prevention	10.0%	$1,875,740
Immunization	9.2%	$1,717,130
Healthy growth & development	8.9%	$1,678,088
Foundational standards *Incl. emergency management, health equity and more**	7.2%	$1,341,363
Food safety	5.6%	$1,051,777
School health – comprehensive	5.5%	$1,036,731
Chronic disease prevention & well-being	3.0%	$559,552
School health – immunization	2.8%	$531,392
Safe water	2.1%	$387,088
Healthy environments	2.0%	$380,469
Land control	1.1%	$210,000
Northern Ontario Fruits & Vegetables	0.6%	$117,400
Indigenous Communities	0.5%	$98,000
Total	**100%**	**$18,758,760**

*Foundational standards: emergency management, health equity, population health assessment and effective public health practice.
Share = program budget ÷ total 2027 recommended budget ($18,758,760). Bars use the % scale in the header.
Programs and services = all program areas except administration & corporate services.

7.2.1 Salary and Benefit Changes

The 2027 expenditure comparisons are made using the 2026 budgeted values (Table 1).

- **Salary**: As compared to 2026, salaries are budgeted at an increase of $201,468 or 1.8%. The salary budget reflects the wages of current permanent staff aligned with approved budgeted positions and includes estimated cost of living annual increases as anticipated under union collective agreements, staff movement along salary grids, and a vacancy factor. It should be noted that both the CUPE and ONA collective agreements are scheduled for renegotiation upon their expiry on March 31, 2027. Workforce composition is consistently reviewed and structured to best address priority work requirements and needs. It is to be noted that, except for those aligned to 100% Ministry funded programming, no net new full-time equivalents have been included in our budgeted workforce since a post-pandemic workforce reduction that occurred alongside 2024 budget planning.
- **Benefits**: As compared to 2026, benefits are budgeted at an increase of $20,534 or 0.7%. Historical utilization is factored heavily in the projection of the rates, in addition to expected market fluctuations. APH's health benefits are reviewed annually for utilization, any potential enhanced offerings and current fee guides by providers. Incorporated into budgeted benefits for 2027 are required updated contributions to Canada Pension Plan, employment insurance and OMERS pension plan, as well as benefit plan offerings specific to union collective agreements. Largely due to changes in OMERS contribution thresholds, the forecasted increase in employee benefit costs for 2027 is lower than the projected increase in salaries and wages.

7.2.2 Operating Expenditure Changes

As compared with the 2026 board approved budget, the 2027 recommended budget for operating expenditures excluding salaries and benefits reflects an overall increase of 1.7% ($68,617).

Operating expenditures have been budgeted by the Executive Team with consideration of historical spend levels, current inflationary projections and in some cases, renewed contract agreement rates and mobilized efficiencies.

Expenditure lines with significant changes and notable discretionary budget items are detailed below, following the order of appearance in the budget summary (Table 1):

- **Travel:** Travel expenditures are budgeted to increase by $30,774 (19.6%) over 2026 due to the ongoing implementation of the agency vehicle fleet. While the fleet initiative is expected to generate longer-term operational efficiencies, cost savings and increased visibility in Algoma communities compared to employee mileage reimbursements, the 2027 budget reflects the initial costs associated with fleet

operation and utilization (e.g. vehicle branding, winter tires).

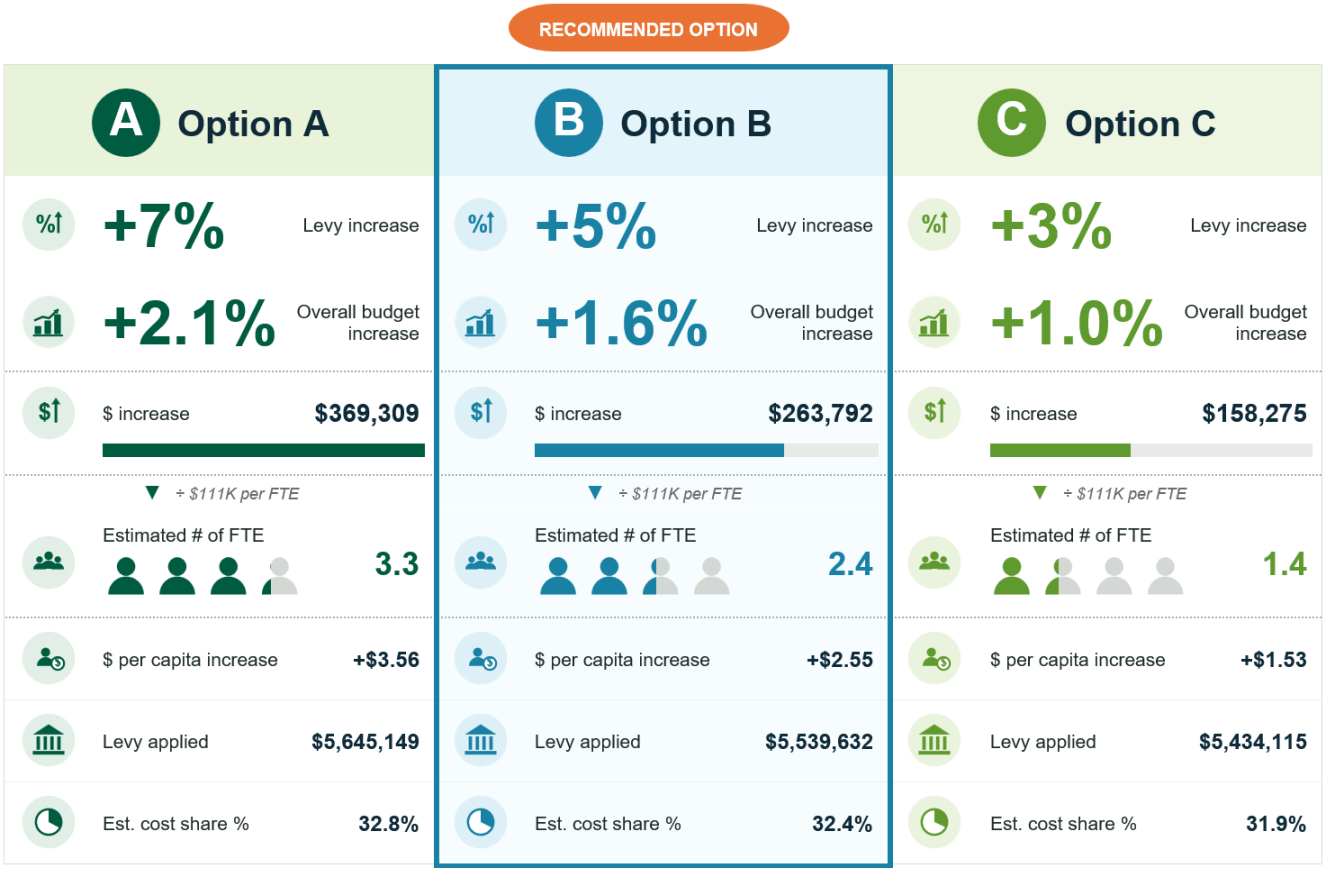
- **Equipment:** Equipment consists of minor computer and information technology hardware and is budgeted at a $15,500 or 43.1% decrease over 2026 based on assessments of ongoing agency wide needs.
- **Program Promotion:** Program promotion expenditures are budgeted at an increase of $26,696 (29.1%) over 2026 reflecting planned community engagement, outreach, and promotional activities that support priority program initiatives (e.g. OSDCP, Nurturing Algoma, Planet Youth Algoma). This budget category also includes professional development investments for staff aligned with organizational strategic priorities such as Indigenous learning, nursing practice, and drinking water systems competency development.
- **Facilities Leases:** Facilities leases are budgeted at a $14,008 (6.2%) increase over 2026 based on annual escalation provisions contained within existing lease agreements for district office locations. The lease budget also includes a provision for potential increased occupancy costs associated with current efforts to assess district offices and ongoing work to ensure facilities are appropriately positioned to support program and service delivery needs across the district.

8. Municipal Investment in Local Public Health

The recommended 2027 budget represents the minimum investment required to preserve current service delivery across the district while maintaining the organization's ability to respond to local public health needs. The table below illustrates three scenarios which were presented to the Finance & Audit Committee for consideration for the 2027 budget. Following discussion of the projected impacts associated with each option presented, the Committee recommended that staff develop a budget based on an approximate 5% increase to the municipal levy, resulting in an overall budget increase of 1.6%.

At 1.6%, the overall budget increase remains below the rate of inflation and reflects a continued commitment to fiscal responsibility while sustaining core public health services. The proposed levy increase will support the continuation of services tailored to priority community needs, advance initiatives associated with the refreshed Strategic Plan and position the organization to proactively realign resources in anticipation of the finalized Ontario Public Health Standards expected in 2027.

Table 3: Further Municipal Levy Scenarios



Within each scenario presented in the table above is a percentage and corresponding dollar amount associated with the increase to the levy applied, a corresponding estimated number of FTEs APH would be able to retain based on an organization wide average cost per FTE including benefits, and the resulting change to the funded portion of cost-shared programs which the contributing municipalities would be responsible for. We recall that under the most recent guidelines, cost-shared programs have been funded based on a 75/25 provincial-municipal funding split. However, as the provincial funding methodology review remains ongoing at the Ministry level, there is no cost-sharing ratio expectation yet communicated for 2027.

Scenario A: This scenario maintains current service levels and workforce composition throughout the Algoma district over 2026.

Scenario B and C: These scenarios see intentional gapping of natural health human resource position vacancies, resulting in opportunistic and temporary reductions of public health services in areas spanning both our health promotion and protection standards. These positions include but may not be limited to management, public health nurses, public health inspectors, health promotion specialists, dental hygienists, etc. ***Scenario B represents the recommended levy increase.***

Any additional levy reductions beyond Scenario C would require a permanent and intentional reduction to the workforce, which is not recommended at this time pending further planning and implementation related to the new 2027 OPHS standards. Any intentional reductions to the workforce could be detrimental to Algoma communities, as it may mean scaling critically needed and recommended care based on local needs as well as potentially driving insufficient resources to complete mandated programs and services under the OPHS. As referenced within the approved 2026 operating budget, this could mean reduced services ranging from cessation of outreach immunization clinics to reduced public health inspections to ensure local facilities meet food and water safety standards.

Alternatively, the Board could choose to budget for a deficit in 2027. While it is at the discretion of the Board to budget an operating deficit with intentions to manage the deficit via accumulated reserve funds, management does not recommend this solution considering (i) the current reserve fund balance represents only 2 months of operations of cost-shared public health programming for APH; (ii) forecasted capital needs as outlined in Appendix C, for which operating and/or one-time funds may not be made available; (iii) a projected deficit could be considered for the foreseeable future for which a one-time solution is not considered appropriate.

Municipal investment in public health is essential to maintaining the programs and services that protect and promote the health of local communities. Public health interventions such as disease prevention, health promotion, immunization, inspection services, and community outreach help reduce the burden on the healthcare system, improve population health outcomes, and support healthier, more resilient communities.

Municipal funding also ensures that public health services can be tailored to local needs and emerging priorities. By investing in prevention and early intervention, municipalities help avoid more costly health and social impacts in the future, delivering significant value for residents while supporting the long-term sustainability of Algoma's healthcare system.

Continued municipal investment enables public health organizations to respond effectively to community health challenges, advance strategic priorities, and meet evolving provincial requirements, ensuring residents have access to essential services that contribute to the overall well-being and long-term economic sustainability in Algoma.

9. Capital Budget

In accordance with and as forecasted within APH's 2025-2034 Capital Asset Funding Plan (Appendix C), the Executive Team is recommending a 2027 capital budget estimated at $302,250, which includes the following expenditures related to the APH property located at 294 Willow Avenue in Sault Ste. Marie:

- $25,000 for exterior building sealing and caulking to maintain the long-term integrity of the building. This preventative maintenance will help to extend the life of the facility, improve energy efficiency, and reduce the risk of moisture-related damage.
- $30,500 for upgrades and component rebuilds to the chiller system which will extend the useful life of the equipment, improve energy efficiency, reduce maintenance costs and enhance the reliability of the system for continued climate control.
- $71,750 for upgrades to network access points for the building automation system. These access points are becoming obsolete and are recommended to be upgraded in phases over the next few years to maintain reliable communication between building control components and monitoring systems.
- $175,000 for replacement of an elevator motherboard to address aging and obsolete control system components that are critical to the safe and reliable operation of the elevator and to maintaining accessibility throughout the facility.

The capital asset plan was approved by the Board alongside the 2026 Capital and Operating Budget and provides guidance on the types of assets to be considered, financing options for required capital upgrades and a forecasted expenditure timeline for planning purposes. Based on a review of current project status, anticipated operational requirements, and organizational capital priorities, the projects noted above have been identified as priorities for advancement. Any required approvals will be presented to the Board in accordance with agency procurement policies.

10. Conclusions

The recommended 2027 budget for public health programs and services is $18,758,760, representing an increase of $290,618 over 2026 budgeted funding. At a 1.6% increase over the previous year, the recommended budget represents the minimum investment required to continue to address inflationary pressures and sustain the delivery of core public health programs and services across Algoma communities, while supporting APH's recently refreshed strategic priorities and anticipated OPHS implementation in 2027.

Appendix A: Proposed Municipal Levy by Municipality

Same rate for every municipality
$50.93 → $53.47
per resident (+5%)

$5,539,632
Total proposed levy (2026: $5,275,840)

+$263,792
Increase from 2026 (+5.00%)

Municipality	Population (2021 Census)	Approved 2026 levy	Proposed 2027 levy	$ increase	Share of total levy (apportionment of costs)	APH levy as % of municipal revenue
CITIES						
Sault Ste. Marie	72,051	$3,669,417	$3,852,887	+$183,471	69.55%	1.12
Elliot Lake	11,372	$579,154	$608,111	+$28,958	10.98%	1.14
TOWNS						
Blind River	3,422	$174,276	$182,990	+$8,714	3.30%	0.79
Bruce Mines	582	$29,640	$31,122	+$1,482	0.56%	0.96
Thessalon	1,260	$64,169	$67,378	+$3,208	1.22%	1.20
VILLAGES / MUNICIPALITY						
Hilton Beach	198	$10,084	$10,588	+$504	0.19%	0.56
Huron Shores	1,860	$94,726	$99,462	+$4,736	1.80%	1.12
TOWNSHIPS						
Dubreuilville	576	$29,335	$30,801	+$1,467	0.56%	0.44
Jocelyn	314	$15,991	$16,791	+$800	0.30%	0.97
Johnson	749	$38,145	$40,052	+$1,907	0.72%	1.06
Hilton	382	$19,455	$20,427	+$973	0.37%	1.01
Laird	1,121	$57,090	$59,945	+$2,855	1.08%	1.86
MacDonald, Meredith and Aberdeen Add'l	1,513	$77,054	$80,907	+$3,853	1.46%	1.47
Wawa	2,705	$137,760	$144,648	+$6,888	2.61%	0.74
The North Shore	531	$27,043	$28,395	+$1,352	0.51%	1.11
Plummer Add'l	757	$38,553	$40,480	+$1,928	0.73%	1.19
Prince	975	$49,655	$52,138	+$2,483	0.94%	1.41
St. Joseph	1,426	$72,623	$76,255	+$3,631	1.38%	1.13
Spanish	670	$34,122	$35,828	+$1,706	0.65%	1.26
Tarbutt	573	$29,182	$30,641	+$1,459	0.55%	1.35
White River	557	$28,367	$29,785	+$1,418	0.54%	0.53
Total	**103,594**	**$5,275,840**	**$5,539,632**	**+$263,792**	**100.00%**	**1.07% (avg)**
YOY % increase		9.00%	5.00%			

Share bars use a 0–70% scale; revenue bars use a 0–2% scale. APH levy percentage of municipality revenue was calculated using municipal financial statements available to APH, as reported by each municipality.

Appendix B: Expenditure Category Glossary

Expense Category	Definition
Salaries & Wages	salaries and wages for management, non-union, CUPE and ONA staff (includes stand-by pay for on call rotation for those applicable)
Benefits	CPP, OMERS, EI, EHT, WSIB and Non-Statutory benefits (group health benefits and insurance)
Office	office supplies and equipment leases
Program	program materials and supplies; health & safety; purchased services including physician/dentist fees
Equipment	IT hardware purchased
Travel	mileage; food and lodging; agency owned vehicle leases; vehicle maintenance
Fees & Insurance	board expenses and honoraria; bank charges; audit fees; legal fees; subscriptions & memberships; insurance
Telecommunications	internet; phones; efax; answering services
Program Promotion	program promotion; communications & media; recruitment; professional development
Debt Management	principal and interest payments on term debt
Computer Services	computer software; computer support services
Building Maintenance	utilities; building repairs and maintenance; security; janitorial
Facilities Leases	rent

Appendix C: 2025-2034 Capital Asset Funding Plan

Purpose

The Board of Health for the District of Algoma Health Unit (the Board) has updated the Capital Asset Funding Plan for 2025-2034. The purpose of the plan is to provide visibility to the Board with respect to capital asset needs. The Capital Asset Plan, in conjunction with APH's Reserve Fund Policy, will allow the Board of Health to meet the Ontario Public Health Standards (OPHS) requirement to "maintain a capital funding plan, which includes policies and procedures to ensure that funding for capital projects is appropriately managed and reported". As APH operates an owned facility in Sault Ste. Marie, there is a need to plan for and appropriately fund the cost of major ongoing repairs and maintenance associated with the facility. In addition, APH leases several facilities which may require leasehold improvements. By maintaining adequate reserves, APH will be able to offset the need to obtain alternate sources of financing.

Operating Budget versus Capital Asset Plan

The Operating Budget captures the projected incoming revenues and outgoing expenses that will be incurred for day-to-day operations for the year.

The Capital Asset Plan is a blueprint to identify expected capital expenditures and to develop a method to finance the associated expenditures. Capital expenditures are costs incurred for physical goods that will be used for more than one year.

The development of the Capital Asset Funding Plan serves as a risk management tool, as it minimizes having large unforeseen budget increases in the future as a result of capital needs.

In addition, the Capital Asset Funding Plan will help the Board with contribution and withdrawal decisions to the Reserve Fund. Reserves can only be generated through unrestricted operating surpluses. As any unspent provincial dollars must be returned to the Ministry, the only mechanism to generate surplus dollars is through the Municipal levy. Maintaining adequate reserves reduces the need for the Board of Health to further levy obligated municipalities within the district to cover unexpected expenses incurred by the Board of Health.

The Capital Asset Plan (Appendix 1) was developed following the completion of thorough building assessments. The assessments were conducted by a professional engineer with over 25 years of experience in facilities management, who has expertise in overseeing large-scale capital projects, implementing preventative maintenance programs, and integrating smart building technologies to drive performance and cost savings.

The capital expenditure schedule provided serves as the foundation of APH's Capital Asset Funding Plan over a 10-year period. In addition, the assessment will help with reserve fund contribution decisions. The Capital Asset Plan is a guideline document and will be reviewed annually, at a minimum, for relevancy and planning purposes for the upcoming budget year. The timing of planned expenditures may be moved up or pushed back depending on the situation.

Types of Capital Assets

In addition to the specific capital building needs, APH management included items related to computer equipment, furniture equipment, vehicles, and leasehold improvements (as APH leases office space within the District). These categories mirror those referenced in APH's Financial Statements, which are amortized over a period of time.

Computer Equipment/Furniture/Vehicles

Investing in computer equipment, furniture, and vehicles is required to allow APH employees to provide services within the District of Algoma. Keeping staff well-equipped improves efficiencies while improving program outcomes.

Facilities – Maintenance, Repair and Replacement

APH owns and leases space. As a result, it is necessary to make improvements to the property (capital or leasehold improvements). As the owner of the facility located at 294 Willow Avenue in Sault Ste. Marie, APH is responsible for repairs and maintenance of the facility. Anticipating what repairs or improvements may be necessary, researching and estimating the related costs, determining the target amount needed, and the approximate timing of the expenditure are all part of the capital budgeting process, along with developing funding strategies.

Types of Financing Options Available to the Board of Health

Depending on the nature and the associated cost of the expenditure, there are different financing options available to the Board of Health. Three examples include:

Operating Dollar Financing – can be used if APH is operating in a surplus position in any given year, and the associated cost of the expenditure will still allow the Board to remain on target with respect to their annual operating budget. The nature of the expenditure would have to be admissible under the terms of the Ministry Accountability Agreement. Use of operating dollars for capital expenditures helps to minimize the amount of dollars that may have to be returned to the Ministry within any given year.

Reserve Financing – can be used if APH determines that the use of operating dollars is not feasible (i.e. cost of the expenditure would negatively impact the annual Operating Budget or the type of expenditure is inadmissible under the terms of the Ministry Accountability Agreement). The advantages of reserve financing are that it minimizes the amount of debt the Board would otherwise incur and/or reduces the levy that municipalities would have to contribute.

Debt Financing – can be used when the expenditure is large in scale, such that operating dollars and reserves would not support it.

In addition to the above financing options, one-time funding opportunities for capital projects occasionally become available from the Ministry of Health. The availability of these funding opportunities varies from year to year and is dependent on the availability of funds at the provincial level. Often, the capital project must meet specific criteria for the Ministry to consider funding it (e.g., a capital purchase must support a

specific program initiative or have a specific risk threshold). Historically, Ministry one-time funding has been a reasonable source of funding for capital projects for APH; however, this source of financing is never guaranteed. For this reason, it is important that the Board plan accordingly under the assumption that capital projects will have to be funded via one of the three methods above. If available in the current year, one-time capital funding requests are typically submitted to the Ministry annually alongside the Annual Service Plan submission.

Regardless of whether the expenditure is capital or operating in nature, APH's Procurement Policy 02-04-030 and Reserve Fund Policy 02-05-065 must be adhered to. As such, management may make capital expenditures with operating, or reserve dollars provided the expenditure is within the Board approved spending limits as noted within each of the respective policies. Any debt financing would typically require Board approval.

Appendix 1 - 2025-2034 APH Capital Asset Plan

Item	Year Installed	Year Upgraded	Expected Useful Life	Remaining Useful Life	Assesment Condition	Requirement Cost 2025-2034	Forecasted Expenditure 2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	Requirement Cost 2025-2034
Computer Equipment																	
Network Servers	2011	2022	10	7	Good	$ 225,000.00					$ 225,000.00						$ 225,000.00
Server Extended Warranty (5 years until new purchased)	2011	2022	5	2	Good	$ 20,000.00			$ 5,000.00	$ 5,000.00	$ 5,000.00					$ 5,000.00	$ 20,000.00
Telephone System	2011	2018	10	3	Fair	$ 165,000.00			$ 165,000.00								$ 165,000.00
District Network Infrastructure	2011	2022	10	7	Good	$ 30,000.00							$ 30,000.00				$ 30,000.00
Core Network Infrastructure	2011	2011	10	-4	Good	$ 100,000.00			$ 100,000.00								$ 100,000.00
UPS Battery Backups	2011	2025	5	5	Good	$ 20,000.00						$ 20,000.00					$ 20,000.00
Backup Data Storage	2011	2019	5	-1	Good	$ 95,000.00		$ 30,000.00		$ 30,000.00						$ 35,000.00	$ 95,000.00
Computers	2011	2024	5	4	Good	$ 250,000.00	$ 25,000.00	$ 25,000.00	$ 25,000.00	$ 25,000.00	$ 25,000.00	$ 25,000.00	$ 25,000.00	$ 25,000.00	$ 25,000.00	$ 25,000.00	$ 250,000.00
Firewalls	2011	2019	5	-1	Good	$ 50,000.00		$ 50,000.00									$ 50,000.00
Wi-Fi	2011	2011	10	-4	Good	$ 100,000.00		$ 50,000.00					$ 50,000.00				$ 100,000.00
Furniture and Equipment																	
Digital Signage	2011		15	1	Fair	$ 10,000.00				$ 10,000.00							$ 10,000.00
Office Furniture	2011		15	1	Fair	$ 30,000.00				$ 7,500.00	$ 7,500.00	$ 7,500.00		$ 7,500.00			$ 30,000.00
Boardroom Furniture	2011		15	1	Fair	$ 8,000.00				$ 4,000.00		$ 4,000.00					$ 8,000.00
Leasehold Improvements																	
Blind River Office		2007	15	-3	Fair												$ -
Generator		2019	25	19	Good												$ -
Elliot Lake Office		2020	15	10	Good												$ -
Wawa Office (2,339 sqft)		2005	15	-5	Poor	$ 100,000.00		$ 50,000.00	$ 50,000.00								$ 100,000.00
APH Sault Ste. Marie - 294 Willow Ave																	
Municipal/Utility Services																	
Water Supply	2011		40	26	Good												$ -
Sanitary Sewer	2011		50	36	Good												$ -
Storm Sewer	2011		50	36	Good												$ -
Gas Supply	2011		40	26	Good												$ -
Hydro Supply	2011		40	26	Good												$ -
Site Finishes																	
Parking - Pavement and Curbing	2011		25	11	Fair	$ 60,000.00		$ 20,000.00			$ 20,000.00			$ 20,000.00			$ 60,000.00
Roadways - Pavement and Curbing	2011		25	11	Good												$ -
Walkways, Sidewalks, Exterior Stairs	2011		35	21	Good												$ -
Exterior Light Standards	2011		50	36	Fair	$ 15,000.00		$ 15,000.00									$ 15,000.00
Soft Landscaping	2011		30	16	Good												$ -
Signage	2011		15	1	Good	$ 7,500.00		$ 7,500.00									$ 7,500.00
Site Drainage	2011		50	36	Good												$ -
Site Improvements	2011		30	16	Good												$ -
Structural																	
Building Substructure, Foundations, Basement	2011		75	61	Good												$ -
Building Superstructure	2011		75	61	Good												$ -
Interior Stairs	2011		75	61	Good												$ -
Roof Construction	2011		75	61	Good												$ -
Other Structural	2011		75	61	Good												$ -
Building Exterior																	
Foundation Walls	2011		75	61	Good												$ -
Cladding Systems	2011		20	6	NEW	$ 475,000.00	$ 475,000.00										$ 475,000.00
Exterior Sealants and Caulking	2011		20	6	Poor	$ 25,000.00			$ 25,000.00								$ 25,000.00
Entrances and Doors	2011		25	11	Good												$ -
Windows (including Frames)	2011		30	16	Good												$ -
Parapets and Canopies	2011		50	36	Good												$ -
Loading Dock	2011		20	6	Fair	$ 7,000.00			$ 7,000.00								$ 7,000.00
Other Building Exterior	2011		30	16	Good												$ -
Roof																	
Roof Assembly (Membrane, Insulation)	2011		20	6	Good	$ 1,400,000.00						$ 1,400,000.00					$ 1,400,000.00
Flashing	2011		20	6	Good	$ 100,000.00						$ 100,000.00					$ 100,000.00
Roof Drainage (Scuppers and Roof Drains)	2011		40	26	Good												$ -
Vents, Stacks, Duct Penetrations	2011		40	26	Good												$ -
HVAC and Exhaust Penetrations	2011		40	26	Good												$ -
Roof hatches and other Penetrations	2011		40	26	Good												$ -

Item	Year Installed	Year Upgraded	Expected Useful Life	Remaining Useful Life	Assesment Condition	Requirement Cost 2025-2034	Forecasted Expenditure 2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	Requirement Cost 2025-2034
Building Interior																	
Interior Partitions and Doors	2011		40	26	Good												$ -
Flooring	2011		20	6	Fair	$ 350,000.00							$ 50,000.00	$ 125,000.00	$ 125,000.00	$ 50,000.00	$ 350,000.00
Ceiling	2011		20	6	Fair	$ 40,000.00							$ 25,000.00			$ 15,000.00	$ 40,000.00
Wall Finishes (Paint, Trim, Base)	2011		10	-4	Poor	$ 80,000.00		$ 10,000.00	$ 10,000.00	$ 10,000.00	$ 10,000.00	$ 10,000.00	$ 10,000.00	$ 10,000.00	$ 10,000.00		$ 80,000.00
Washrooms (Dispensers, Dryers, Partitions)	2011		10	-4	Fair	$ 20,000.00			$ 5,000.00	$ 5,000.00	$ 5,000.00	$ 5,000.00					$ 20,000.00
Wayfinding	2011		15	1	Good												$ -
Other Building Interior	2011		20	6	Good												$ -
Mechanical and HVAC																	
Heating Systems (Boilers, Pumps)	2011		25	11	NEW	$ 325,000.00	$ 325,000.00										
Heating System Distribution	2011		40	26	Good												$ -
Cooling Systems (Chiller, Tower, Pumps)	2011		25	11	Good	$ 212,000.00	$ 7,000.00	$ 61,000.00	$ 30,500.00			$ 37,500.00	$ 11,000.00			$ 65,000.00	$ 212,000.00
Cooling System Distribution	2011		40	26	Good												$ -
Exhaust and Supply Fans (25)	2011		20	6	Fair	$ 75,000.00						$ 15,000.00	$ 15,000.00	$ 15,000.00	$ 15,000.00	$ 15,000.00	$ 75,000.00
Roof Top Ventilation Units (4)	2011		20	6	Fair	$ 80,000.00						$ 20,000.00	$ 20,000.00	$ 20,000.00	$ 20,000.00		$ 80,000.00
Air Handling Units (3)	2011		30	16	Good												$ -
Building Automation System	2011		20	6	Fair	$ 590,000.00	$ 71,750.00	$ 71,750.00	$ 71,750.00	$ 71,750.00	$ 40,000.00	$ 40,000.00	$ 41,500.00	$ 41,500.00	$ 70,000.00	$ 70,000.00	$ 590,000.00
Ductwork, Dampers, Diffusers, etc.	2011		40	26	Good												$ -
Vertical Transportation Devices (2 TK Elevators)	2011		30	16	Good	$ 350,000.00			$ 175,000.00	$ 175,000.00							$ 350,000.00
Other Mechanical and HVAC	2011		30	16	Good												$ -
Plumbing																	
Plumbing Fixtures	2011		25	11	Good												$ -
Domestic Water Distribution	2011		40	26	Good												$ -
Sanitary Waste	2011		50	36	Good												$ -
Rain and Storm Water	2011		50	36	Good												$ -
Electrical																	
Primary Feed and Main Switchgear	2011		40	26	Good												$ -
Main Transformers	2011		40	26	Good												$ -
Step-down Transformers	2011		40	26	Good												$ -
Emergency Generator	2011		30	16	Good												$ -
Distribution Systems and Panels	2011		40	26	Good	$ 32,500.00			$ 25,000.00	$ 7,500.00							$ 32,500.00
Interior Lighting	2011		30	16	Fair	$ 400,000.00		$ 400,000.00									$ 400,000.00
Exterior Lighting (Wall Mounted)	2011		20	6	Good	$ 30,000.00								$ 15,000.00	$ 15,000.00		$ 30,000.00
Automated Lighting Control System	2011		20	6	Fair	$ 40,000.00			$ 40,000.00								$ 40,000.00
Other Electrical	2011		40	26	Good												$ -
Fire Protection and Life Safety Systems																	
Sprinkler, Standpipe System	2011		35	21	Good												$ -
Fire Pumps	2011		25	11	Good												$ -
Fire Alarm System (Alarm and Communication)	2011	2024	20	19	Good												$ -
Smoke, Heat, CO Detectors (Annual Inspection)	2011	2024	20	19	Good												$ -
Emergency Lighting and Exit Signage	2011		20	6	Good	$ 40,000.00						$ 20,000.00	$ 20,000.00				$ 40,000.00
Security Systems / Cameras	2011		20	6	Poor	$ 90,000.00		$ 90,000.00									$ 90,000.00
Fire Emergency Plans	2011	2024	15	14	Good												$ -
Fire Separations (from Visual Inspections)	2011		40	26	Good												$ -
Automatic Door Closures	2011		15	1	Fair	$ 20,000.00	$ 2,000.00	$ 2,000.00	$ 2,000.00	$ 2,000.00	$ 2,000.00	$ 2,000.00	$ 2,000.00	$ 2,000.00	$ 2,000.00	$ 2,000.00	$ 20,000.00
Other Fire Protection and Life Safety	2011		20	6	Good												$ -
Hazardous Materials																	
Asbestos					Good												$ -
PCB's					Good												$ -
Other Hazardous Materials					Good												$ -
Subtotal						$ 6,067,000.00	$ 905,750.00	$ 882,250.00	$ 736,250.00	$ 352,750.00	$ 339,500.00	$ 1,706,000.00	$ 299,500.00	$ 281,000.00	$ 282,000.00	$ 282,000.00	$ 6,067,000.00
Contingency (10%)						$ 606,700.00	$ 90,575.00	$ 88,225.00	$ 73,625.00	$ 35,275.00	$ 33,950.00	$ 170,600.00	$ 29,950.00	$ 28,100.00	$ 28,200.00	$ 28,200.00	$ 606,700.00
Escalation Allowance						$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Expenditure						$ 6,673,700.00	$ 996,325.00	$ 970,475.00	$ 809,875.00	$ 388,025.00	$ 373,450.00	$ 1,876,600.00	$ 329,450.00	$ 309,100.00	$ 310,200.00	$ 310,200.00	$ 6,673,700.00

NOTE: Condition assessments rated by Matt Dunlop, IT Manager, Trevor Rising, P.Eng. or staff in conjunction with assessments from a specialist in a particular area

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Blind River
9 Lawton Street

Elliot Lake
302 - 31 Nova Scotia Walk
(ELNOS Building)

Sault Ste. Marie
294 Willow Avenue

Wawa
18 Ganley Street

Algoma
PUBLIC HEALTH
Santé publique Algoma

Public Health
Santé publique
SUDBURY & DISTRICTS

June 24, 2026

VIA ELECTRONIC MAIL

The Honourable David McGuinty
Minister of National Defence

The Honourable Gary Anandasangaree
Minister of Public Safety

Dear Ministers McGuinty and Anandasangaree:

Re: Protecting Canadians from Biological and Cybersecurity Risks: An Opportunity to Collaborate with Local Public Health

On behalf of the Board of Health for Public Health Sudbury & Districts, we congratulate the government on achieving NATO's 2% defence spending target as you pursue an ambitious plan to rebuild and invest in defence and national security. We write to offer our assistance in helping to better protect Canadians from biological threats and the health impact of emergencies, and to highlight a cybersecurity vulnerability within institutions that do this critical work.

Public Health Sudbury & Districts is a local public health agency in Ontario that protects the local population from infectious and health threats including pandemics, the health impacts of community-wide emergencies, and potential bioterrorism.

Your government's defence and security build-up reflects a more dangerous world, in which Canada will need independent and broad capabilities to defend itself. That includes capabilities to defend against conventional military threats across land, maritime, and air domains. But unconventional threats from asymmetric actors are perhaps more likely given our geography: bioterrorist attacks, cyber attacks, or mass poisoning events (e.g. the 2021 cyberattack that attempted to disrupt water treatment in Florida). Natural events can also pose great risk to our security, as evidenced by the COVID-19 pandemic.

These risks underscore that capabilities beyond conventional military functions are needed for Canada's security. Enhanced local capabilities—particularly within local public health—could strengthen early detection of infectious agents, resilience to their illnesses, and minimize their ability to spread widely. Strengthened local institutions

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Chapleau ON P0M 1K0
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phsd.ca

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would ensure continuity of essential health services and infrastructure subsequent to an event. More generally, broad infrastructure investments could decrease vulnerability to airborne biological pathogens, whether bioterrorist or natural in origin.

Recent federal strategies appropriately emphasize safeguarding civilian systems that are fundamental to community safety, continuity of services, and public trust. Local public health agencies maintain and protect large volumes of sensitive health data, deliver essential services that must remain operational during emergencies, and serve as frontline infrastructure for preparedness and response to complex public health, environmental, and security-related threats.

As public health systems become increasingly digital, cybersecurity and system resilience become core public safety and national resilience issues. Several cyber incidents across Canadian public sector institutions, including local public health agencies, underscore the growing risk landscape and the importance of proactive investment in robust, well-defended civilian infrastructure.

Public Health Sudbury & Districts serves a region of strategic importance to Canada's economic and national resilience, including critical mineral production and transportation networks. Disruptions to public health capacity during emergencies—whether biological, cyber, or environmental in nature—would have implications well beyond local boundaries. Strengthening the resilience of public health systems is therefore of broader national interest.

The Board of Health wishes to highlight the opportunity for local public health agencies to play a part in the government's defence and security build-up by expanding the capabilities that protect Canadians and ensuring civil preparedness. To this end, we request that

- local public health be included as a contributor to biodefence capabilities in federal defence and security planning
- local public health be explicitly designated as critical infrastructure, and
- local public health be eligible for federal cybersecurity funding streams.

Public Health Sudbury & Districts would welcome dialogue with federal partners regarding recognition, engagement, and potential future partnership opportunities to advance shared national security objectives.

Thank you for your consideration.

Yours sincerely,



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

cc: The Honourable Marjorie Michel, Minister of Health
The Honourable Shafqat Ali, President of the Treasury Board
Dr. Joss Reimer, Chief Public Health Officer of Canada
The Honourable Doug Ford, Premier and Minister of Intergovernmental Affairs, Ontario
The Honourable Sylvia Jones, Deputy Premier and Minister of Health
Viviane Lapointe, Member of Parliament, Sudbury
Jim Belanger, Member of Parliament, Sudbury East, Manitoulin and Nickel Belt
France Gélinas, Member of Provincial Parliament, Nickel Belt
Jamie West, Member of Provincial Parliament, Sudbury
Bill Rosenberg, Member of Provincial Parliament, Algoma – Manitoulin
Dr. Kieran Moore, Chief Medical Officer of Health, Ontario
Dr. Kate Bingham, Associate Chief Medical Officer of Health, Ontario
Dr. M. Mustafa. Hirji, Medical Officer of Health and Chief Executive Officer
Association of Local Public Health Agencies (alPHa)
Ontario Boards of Health
Shared Services Canada
Canadian Centre for Cyber Security

1-844-575-4567 | info@lakelandsph.ca | lakelandsph.ca

September 22, 2026

Hon. Marjorie Michel
Minister of Health, Health Canada
hcminister.ministresc@hc-sc.gc.ca

Hon. Sylvia Jones
Minister of Health, Government of Ontario
Sylvia.jones@ontario.ca

Dear Honourable Ministers,

Re: Support for the Windsor-Essex County Health Unit Board of Health RECOMMENDATION/RESOLUTION REPORT – Global Conflict, Health Equity, and Community Preparedness 2026-05-14

On behalf of the Lakelands Public Health (LPH) Board of Health, we are writing to formally communicate our endorsement of the Windsor-Essex County Health Unit Board of Health's recommendation (enclosed) regarding global conflict, health equity, and community preparedness.

The Board recognizes that public health systems have a role in identifying how global crises affect local conditions, including health equity, emergency preparedness, mental health, environmental health, and community resilience.

Now, more than ever, global health, health equity, emergency preparedness, and conflict response are interconnected. Framing these issues as local public health concerns helps communities prepare for the direct and indirect impacts of global crises.

Current conflicts in the Middle East and Sudan have direct and indirect consequences for the lives and well-being of local residents. These impacts may include increased financial pressures linked to rising fuel and fertilizer costs, as well as anxiety, depression and other mental health challenges experienced by diaspora members with personal, family, or cultural ties to affected regions.

Conflicts also create environmental health risks when bombardment damages critical infrastructure such as oil refineries and industrial sites. The release of toxic pollutants from these sites can contribute to environmental degradation, with implications for air, water, soil, and long-term public health.

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Port Hope
200 Rose Glen Road
Port Hope, ON L1A 3V6

By acknowledging the connections between global inequities and local realities, the LPH Board of Health reaffirms its commitment to advancing health equity, strengthening resilience, and supporting preparedness efforts that protect the well-being, particularly of equity-denied populations within our region.

Sincerely,

Original signed by

Deputy Mayor Ron Black
Chair, Board of Health

/ag

Encl.: Windsor-Essex County Health Unit Board of Health Resolution, May 2026

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

1-844-575-4567 | info@lakelandsph.ca | lakelandsph.ca

September 23, 2026

The Honourable David McGuinty
Minister of National Defence, Government of Canada
david.mcguinty@parl.gc.ca

The Honourable Gary Anandasangaree
Minister of Public Safety, Government of Canada
gary.anand@parl.gc.ca

Dear Honourable Ministers,

RE: Endorsement of Public Health Sudbury & Districts' Letter, "Protecting Canadians from Biological and Cybersecurity Risks: An Opportunity to Collaborate with Local Public Health" – June 24, 2026

On behalf of the Board of Health for Lakelands Public Health (LPH), we are writing to formally communicate our endorsement of Public Health Sudbury & Districts' recommendation (enclosed) on to opportunities to collaborate with local public health when it comes to protecting Canadians from biological and cybersecurity risks.

The LPH Board recognizes that collaborative emergency preparedness and response is essential, as threats continue to increase in complexity and scale, including threats related to cybersecurity. This aligns well with the Government of Canada's whole-of-society model for continued investment in cybersecurity.

Local public health agencies play a critical role in protecting the health, safety, and wellbeing of communities in preparing for, responding to, and recovering from emergencies. Local public health is a trusted source of information and is often called upon to provide technical expertise, coordinate health and community partners, communicate risk, and support some of the most vulnerable residents in our communities. There is an opportunity to strengthen Canada's resilience by explicitly recognizing the role of local public health agencies within existing critical infrastructure, cybersecurity, and biological preparedness frameworks.

More than ever, public health agencies are reliant on digital technologies to maintain and secure sensitive personal health information and to support the delivery of public health programs and services. Disruptions resulting from emergencies or cybersecurity incidents can have detrimental impacts on community health. Interruptions can disrupt access to

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information, communications, operational systems, and access to laboratory services and results, often when these are needed the most. These impacts have consequences that extend beyond local boundaries.

LPH is committed to strengthening local public health resilience and doing so is also in the interest of broader national defence. The LPH Board fully endorses Public Health Sudbury & Districts' request that local public health be:

- included as a contributor to biodefence capabilities in federal defence and security planning;
- explicitly designated as critical infrastructure; and,
- eligible for federal cybersecurity funding streams.

Based on our own experience with a cybersecurity incident earlier in 2026, we have firsthand knowledge and understanding of the organizational and community impacts this type of disruption causes. Learning from this event, we are continuously exploring opportunities to strengthen preparedness and response to emerging threats, and building the local-federal connection is a key opportunity for growth and advancement in this landscape.

Sincerely,

Original signed by

Deputy Mayor Ron Black
Chair, Board of Health

/ag

Encl.: PHSD Letter, June 24, 2026

cc: Local MPs and MPPs
Ontario Boards of Health
The Honourable Marjorie Michel, Minister of Health
The Honourable Shafqat Ali, President of the Treasury Board
Dr. Joss Reimer, Chief Public Health Officer of Canada
The Honourable Doug Ford, Premier and Minister of Intergovernmental Affairs, Ontario
The Honourable Sylvia Jones, Deputy Premier and Minister of Health, Ontario
Dr. Kieran Moore, Chief Medical Officer of Health, Ontario
Dr. Kate Bingham, Associate Chief Medical Officer of Health, Ontario
Association of Local Public Health Agencies (alPHa)
Shared Services Canada
Canadian Centre for Cyber Security

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

September 23, 2026

Diego Marchese, Executive Vice-President, Mission, Research, and Advocacy
2300 Yonge St, Suite 1200
Box 2414
Toronto, ON M4P 1E4

Re: Vape Flavouring

Dear Mr. Marchese,

At their September 17, 2026 meeting, the Middlesex-London Board of Health made the following resolution:

It was moved by **S. Menghsha, seconded by H. Shears,** *that the Board of Health:*

a) Endorse item e) Heart and Stroke Foundation of Canada et al re: Vape Flavouring; and
b) Direct the Clerk on behalf of the Board of Health to forward this endorsement to the Minister of Health, the Honourable Marjorie Michel, local Members of Parliament, and all Ontario Boards of Health.

Carried

As you are aware, in 2021, Canada proposed regulations that would restrict e-cigarette flavours to tobacco, mint, and menthol to make vaping products less appealing to youth amid the rapid rise in youth vaping rates. In September 2021, the Board of Health received through Report No. 39-21 a submission to Health Canada that recommended further regulations to restrict mint and menthol vapour product flavouring. Despite the conclusion of the public consultation and voiced commitments to ban flavoured vapour products, the proposed regulations have not yet been published by Health Canada.

Nationally and provincially, youth vaping continues to be a significant concern, especially in older grades. In Ontario, results from the 2026 Ontario Student Drug Use and Health Survey found that 17.3% of grade 12 students reported vaping in the last year. Young adults are a population of concern as well; the 2025 Canadian Substance Use Survey shows that 26% of youth and young adults (aged 15-24) report vaping in the last 30 days. Youth are initially attracted to vaping through flavoured options, and the resulting nicotine dependency can lead to long-term use and health consequences.

Per the *Smoke-free Ontario Act, 2017,* partial flavour restrictions are in effect, requiring non-tobacco and non-mint flavours to be only sold in age-restricted specialty vape stores. Additional flavour bans have been implemented in several other provinces; however, the coverage of restrictions varies, leading to inconsistencies across the country. When looking at provinces with full flavour restrictions, resident youth who had vaped in the last 12 months were more likely to report vaping less because of flavour restrictions. These promising results could be seen across Canada with the implementation of federal flavour restrictions, though additional regulatory measures remain necessary to address nicotine addiction.

We look forward to providing awareness to the federal government, the Board of Health and the Middlesex-London community on the negative impacts of vapour product flavouring to youth.

Sincerely,

Mike Steele	Emily Williams BScN, RN, MBA, CHE	Alex Summers MD, MPH, CCFP, FRCPC
Board Chair	Secretary	Medical Officer of Health
Middlesex-London Health Unit	Middlesex-London Health Unit	Middlesex-London Health Unit

CC: Linda Stobo, Manager, Community Health Promotion B, Middlesex-London Health Unit

Windsor-Essex County Health Unit Board of Health

RECOMMENDATION/RESOLUTION REPORT – Governance Continuity During a Municipal Election Year

2026-09-24

ISSUE

The terms of WECHU's eight municipal Board appointees will end when the terms of the appointing municipal councils end on November 15, 2026.

New municipal appointments may not be completed immediately, creating a transition period during which the Board may be unable to achieve quorum and transact business.

WECHU will continue to exist as a statutory corporation throughout that period. However, although its six provincial appointees may remain in office, WECHU will not treat them, standing alone, as constituting quorum, given the Board's prescribed municipal composition and the statutory requirement that provincial appointees remain fewer in number than municipal members.

To maintain continuity of operations and public health services during this transition, this report recommends a limited and temporary delegation of authority to the Chief Executive Officer (the "**CEO**") and the Medical Officer of Health (the "**MOH**"), each acting within their respective mandate.

The delegation would begin upon adjournment of the final regular Board meeting currently scheduled for November 12, 2026, and would end upon the earlier of:

(a) the adjournment of the first regular Board meeting in 2027 at which quorum is present and the Board's officers have been appointed; and

(b) the revocation or amendment of the delegation by the Board.

BACKGROUND

1. Municipal election restrictions do not apply directly to WECHU

Section 275 of the Municipal Act, commonly referred to as the municipal “lame duck” provision, restricts certain decisions by municipal councils during an election period. It does not apply directly to the WECHU Board of Health.

Although WECHU is a “local board” under the Municipal Act, section 275 applies specifically to municipal councils. The August 21, 2026 nomination date and August 24, 2026 certification date therefore do not create a deadline for WECHU to pass this resolution.

The proposed resolution is recommended as a practical continuity measure, not because WECHU is subject to the municipal lame duck restrictions.

2. The Board may experience a temporary loss of quorum

The terms of WECHU’s municipal appointees end with the terms of the appointing municipal councils. The current appointments should therefore be treated as ending at the close of November 14, 2026, unless ended sooner.

WECHU will continue to exist as a statutory corporation after those appointments expire. However, the Board currently consists of eight municipal appointees and six provincial appointees, and eight

members are required for quorum based on the current composition. WECHU will not rely on the six provincial appointees alone to transact Board business while the municipal positions are vacant.

The proposed delegation set out in this report is intended only to address the period during which a quorate Board meeting cannot reasonably be convened.

3. The CEO and MOH have separate responsibilities

The CEO and MOH each report to the Board within their respective areas of responsibility. The CEO is responsible for WECHU’s corporate, administrative and operational matters. The MOH reports

directly to the Board regarding public health concerns and is responsible for the management of public health programs and services.

The proposed resolution therefore delegates authority to both offices, each acting within their respective mandate. The CEO and MOH do not act as substitutes for one another. Any acting CEO or acting MOH must be properly appointed or designated to act in that office.

4. Existing safeguards will continue to apply

The proposed resolutions supplement, but do not replace, the HPPA, the WECHU By-Laws, Board policies, approved budgets and plans, existing contracts and current delegations.

During the Transition Period, the CEO would be authorized to continue ordinary operations and to approve and execute operational contracts, agreements, purchase orders and related expenditures within approved budgets and plans, subject to the Procurement Policy.

Borrowing, real-property transactions, unbudgeted expenditures and material long-term obligations would remain excluded unless the Board approves the transaction or its material parameters before the Transition Period.

RECOMMENDATION

It is recommended that the Board approve the proposed motion below. The motion is deliberately narrower than a general "caretaker" authorization and includes the following controls:

- **Board-first requirement.** The temporary authority applies only during the Transition Period. If a quorate Board meeting can reasonably be convened before a Board matter requires action, the matter must be brought to the Board.
- **Separate mandates.** The CEO and MOH may act only within their respective areas of responsibility, with consultation on matters that materially engage both.
- **Budgeted operations and contracting authority.** The CEO may continue ordinary operations and approve and execute operational contracts, agreements, purchase orders and related expenditures within approved budgets and plans, in accordance with the Procurement Policy.
- **Reserved matters.** The delegation does not permit amendments to Board by-laws or policies, new strategic directions, unbudgeted programs, borrowing or real-property transactions that have not been separately approved by the Board, executive employment decisions, or any matter that is non-delegable or otherwise expressly reserved to the Board.
- **Emergency exception.** The CEO or MOH may authorize only the minimum unbudgeted expenditure or liability reasonably necessary to address an immediate legal, public health, safety, service-continuity or asset-protection risk where delay would materially increase the risk.
- **Accountability.** The CEO and MOH must maintain a written decision log, and table a report at the first quorate post-election meeting.
- **Advance transition work.** Before the transition period, management should identify Board-reserved matters requiring approval and arrange the earliest practicable post-election Board meeting and orientation.

PROPOSED MOTION

Whereas, the terms of the Board's municipal appointees end with the terms of the appointing municipal councils on November 15, 2026, and there may be a delay before successor appointments are completed; and

Whereas, the WECHU will not rely on the remaining provincial appointees alone to constitute quorum or transact Board business during that period; and

Whereas, the Board considers a limited temporary delegation necessary to maintain WECHU's operations and public health services until a quorate Board can meet;

Now therefore be it resolved that the Windsor-Essex County Board of Health accepts:

1. The "Transition Period" begins upon adjournment of the November 12, 2026 Board meeting and ends upon the earlier of:

(a) the adjournment of the first regular Board meeting in 2027 at which quorum is present and the Board's officers have been appointed; and

(b) the revocation or amendment of this resolution by the Board.

2. During the Transition Period, the Board delegates to the CEO and the MOH, each acting within their respective mandate, the administrative authority reasonably necessary to:

   (a) continue WECHU's ordinary operations;

   (b) implement approved Board policies, budgets, plans and contractual obligations; and

   (c) address urgent public health, legal, financial, operational or organizational matters that cannot reasonably await a quorate Board meeting.

3. The CEO may approve and execute operational contracts, agreements and purchase orders, and authorize related expenditures, where they are within an approved budget and plan, subject to compliance with the Procurement Policy, the WECHU By-Laws and applicable law, other than any requirement for Board approval.

4. The MOH may make decisions respecting public health programs and services, health protection, public health emergency response and the MOH's statutory and professional responsibilities. The CEO and MOH do not act as substitutes for one another, and any acting officeholder must be properly appointed or designated to act in that same office.

5. This delegation does not authorize the CEO or MOH to:

   (a) amend the WECHU By-Laws, Board policies, strategic plan or annual budget;

   (b) establish or discontinue a material program;

   (c) borrow money or acquire, dispose of or lease real property, unless the Board approved the material terms and signing authority before the Transition Period;

   (d) make employment decisions concerning the CEO, MOH or another person reporting directly to the Board; or

   (e) decide any matter that cannot lawfully be delegated.

6. Despite the budgetary restrictions in paragraph 5, but subject to all other exclusions in paragraph 5 and applicable law, the CEO or MOH may authorize the minimum unbudgeted expenditure reasonably necessary to comply with a legal requirement, protect health or safety, respond to a public health emergency, preserve WECHU assets or maintain an essential service where delay would materially increase the risk.

7. The CEO and MOH shall keep a written record of each material exercise of authority under this resolution and report those decisions to the Board at its first quorate meeting following the Transition Period.

Windsor-Essex County Health Unit Board of Health

RECOMMENDATION/RESOLUTION REPORT – Public Health Support for Windsor Essex Community Safety and Well-Being Plan

2026-09-24

BACKGROUND

The Windsor Essex Community Safety and Well-Being (WECSWB) Plan is a municipally mandated, multi-sector framework intended to improve community outcomes through coordinated action on complex social issues. The refreshed 2026-2029 plan emphasizes social development, prevention, and risk intervention, and is grounded in local data, community voice, and cross-sector collaboration. Organized around three pillars, engaged communities, safer public spaces, and coordinated systems; the Plan provides a shared regional agenda for addressing complex social issues through coordinated action and shared accountability.

This approach aligns closely with the Windsor-Essex County Health Unit (WECHU)'s 2026-2030 Strategic Plan, which prioritizes collaborative action on community health priorities, advancing health equity, and strengthening partnerships with organizations that serve priority populations. The WECHU programming in Comprehensive Health Promotion, Substance Use and Harm Reduction, and Healthy Families contributes directly to these shared goals through upstream prevention, early intervention, equity-focused planning, and coordinated service delivery. Across these areas, the WECHU works with community partners to address substance-related harms, promote resilience and healthy relationships, strengthen supportive environments for children, youth, and families, and improve access to programs and services for populations experiencing disproportionate barriers to health and well-being. Through initiatives such as the Windsor-Essex Community Opioid and Substance Strategy (WECOSS) and the Substance Supports in Neighbourhoods Accessed through Police Partnerships (SSNAPP) grant, the WECHU contributed to many of the outcomes achieved under the previous CSWB Plan. Continued alignment with the WECSWB Plan provides an opportunity to further coordinate local efforts, reduce duplication, and focus collective action on priority populations across Windsor and Essex County.

The 2026-2029 WECSWB Plan identifies a shared regional agenda for improving safety, belonging, service access, and coordinated systems of support, with an explicit focus on prevention, risk reduction, and action for priority populations. Formal Board of Health support reinforces WECHU's role as a public health partner in this work and confirms that WECHU's strategic priorities and program directions are aligned with the Plan's pillars of engaged communities, safer public spaces, and coordinated systems. A Board resolution also signals the importance of sustained cross-sector collaboration to address the social and structural factors that shape health, safety, and well-being across Windsor and Essex County.

The relevance of the WECSWB Plan to WECHU and the Board of Health is further grounded in the statutory and practice framework for public health in Ontario. Under the Health Protection and Promotion Act and the Ontario Public Health Standards, boards of health are responsible for population health assessment,

advancing health equity, evidence-informed planning, and collaboration with community partners to address the social and structural determinants that influence health and well-being. The WECSWB Plan's emphasis on prevention, risk reduction, coordinated systems, and priority populations is therefore directly relevant to public health practice. For WECHU, continued participation in the Plan supports its legislated mandate and reinforces a population health approach that strengthens cross-sector collaboration, improves community conditions, and contributes to safer, healthier, and more equitable communities across Windsor and Essex County.

PROPOSED MOTION

WHEREAS the WECSWB Plan provides a municipally mandated, multi-sector framework to improve safety and well-being through social development, prevention, and risk intervention, with a focus on priority populations and shared community outcomes; and

WHEREAS the WECHU 2026-2030 Strategic Plan emphasizes leading collaborative action on community health priorities, advancing health equity, strengthening partnerships with organizations serving priority populations, and using evidence-informed planning to improve population health; and

WHEREAS WECHU programming in Comprehensive Health Promotion, Substance Use and Harm Reduction, and Healthy Families supports many of the same goals advanced through the WECSWB Plan, including healthier and more engaged communities, safer public spaces, coordinated systems of support, prevention, early intervention, and equitable access to services; and

WHEREAS priority populations in Windsor-Essex County may experience disproportionate barriers to health, safety, belonging, and well-being, and may benefit most from coordinated, cross-sector approaches that address complex and overlapping needs; and

WHEREAS strengthening partnerships among public health, municipalities, health care, education, housing, and community and social service sectors is essential to improving outcomes for individuals, families, and communities across Windsor and Essex County;

WHEREAS under the Health Protection and Promotion Act and the Ontario Public Health Standards, boards of health are mandated to assess population health, address health inequities, apply evidence-informed planning, and collaborate with community partners on the social and structural determinants of health; and

THEREFORE BE IT RESOLVED THAT the Windsor-Essex County Board of Health affirms its support for continued alignment between the WECHU and the priorities, pillars, and implementation directions of the WECSWB Plan; and

BE IT FURTHER RESOLVED THAT the Board of Health endorses a collaborative, equity-focused approach that prioritizes coordinated action for priority populations in Windsor-Essex County, with an emphasis on prevention, upstream action, and equitable access to programs and services; and

BE IT FURTHER RESOLVED THAT the Board of Health encourages the identification of opportunities to:

- improve service coordination for priority populations;
- reduce duplication and gaps in community response;
- strengthen data-sharing, knowledge exchange, and joint planning where appropriate; and
- advance health equity through collective action on the social and structural factors affecting health and well-being.

Windsor-Essex County Health Unit Board of Health

RESOLUTION – Recommendations for Improvements to the Provincial Publicly Funded Immunization Program

2026-09-24

ISSUE/PURPOSE

Hepatitis B (HB) virus is a vaccine-preventable infection that affects the liver. Infection can become chronic and lead to cirrhosis, liver failure, liver cancer, disability, and premature death. The risk of chronic infection is greatest when HB is acquired early in life. Approximately 90% to 95% of infants infected with HB will develop chronic infection, compared with approximately 3% to 10% of infected adolescents and adults.[1]

Currently Ontario publicly funds HB vaccine as a two-dose series offered in Grade 7. The WECHU provides this series through school-based immunization clinics to ensure equitable access. Ontario's routine infant schedule does not include HB in the DTaP-IPV-Hib vaccine at 2, 4, 6, and 18 months of age. As a result, most children do not receive routine protection against HB until approximately 12 years of age.[2]

Several Canadian jurisdictions already provide universal HB vaccination in infancy including British Columbia, Alberta, Prince Edward Island, Yukon, and Quebec. Introducing DTaP-**HB**-IPV-Hib vaccine in Ontario would add HB protection to existing infant vaccination visits without requiring an additional injection.[3]

On February 25, 2026, the Board of Health for the District of Algoma Health Unit passed Resolution 2026-19, calling on the Ontario Ministry of Health to incorporate DTaP-**HB**-IPV-Hib vaccine into Ontario's publicly funded immunization schedule. Subsequently, Association of Local Public Health Agencies (alPHa) passed Resolution A26-01, which called for a provincial review of shifting universal HB vaccination from Grade 7 to the first year of life, with DTaP-**HB**-IPV-Hib vaccine at 2, 4, and 6 months identified as the preferred option.[4,5]

The current Publicly Funded Immunization Schedules of Ontario leave children without routine protection during the period when HB infection is most likely to become chronic. Incorporating HB into the routine infant schedule would provide earlier protection and reduce the likelihood of chronic HB infection.

BACKGROUND

HB is transmitted through contact with infected blood and certain bodily fluids, including during childbirth and through close household contact. Initial infection may be asymptomatic in up to 90% of children, making some childhood infections difficult to identify.[1]

An Ontario population-based study found that 92.7% of pregnant individuals were screened for HB between 2012 and 2016. Among children born in Ontario between 2003 and 2013 who were tested before 12 years of age, 139 of 23,759 tested positive for HB. The authors noted that this was a minimum estimate since most children are not routinely tested and early infection is often asymptomatic.[6]

Ontario children continue to acquire hepatitis B before adolescence through missed prenatal screening, incomplete post-exposure prophylaxis, close household exposure to an undiagnosed carrier, travel, and migration from regions where hepatitis B is more prevalent. Universal infant vaccination would provide protection that does not depend on identifying these risks in advance.

The Canadian Immunization Guide recommends routine HB immunization for all children. HB-containing vaccines are 95% to 100% effective in preventing chronic infection for at least 30 years, and reactions to vaccinations are generally mild and temporary.[1]

A 2023 Ontario modelling study projected that an infant DTaP-**HB**-IPV-Hib program would prevent approximately 550 to 560 additional acute and 160 chronic pediatric HB infections between 2020 and 2050. The study estimated that cumulative immunization program costs would decrease from approximately $46 million under the current adolescent program to $23 million under the combined infant program, a modelled reduction of approximately $23 million or 50%, based on 2020 cost estimates. [7]

Ontario modelling further projected that an infant hepatitis B vaccination program could prevent 43.2% of chronic hepatitis B illness, 48.2% of hepatitis B-related liver cancers, and 51.9% of hepatitis B-related deaths attributable to infections occurring in childhood.

HB vaccination coverage among local 17-year-olds in Windsor and Essex County declined from 78.0% in 2023–2024 to 72.0% in 2024–2025 and 59.8% in 2025–2026. This represents an 18.2 percentage-point decline over two school years, leaving approximately four in ten local 17-year-olds without a complete HB vaccination series documented. This growing coverage gap supports providing HB protection earlier through the routine infant immunization schedule. [8]

Moving hepatitis B vaccination into the routine infant schedule would also advance health equity. Protection would be offered through established well-baby visits rather than depending on school attendance, parental consent forms, student availability on clinic dates, and completion of a second school-based dose months later.

By comparison, local coverage among 7-year-olds was 89.1% for diphtheria, pertussis, and polio and 89.8% for tetanus, components included in Ontario's routine childhood DTaP-IPV-Hib schedule. These rates indicate that delivering hepatitis B through the same infant platform could reach substantially more children than the current Grade 7 program, although actual hepatitis B coverage would depend on uptake of all required infant doses. [8]

Using a combination vaccine at existing infant appointments would avoid an additional injection and reduce reliance on a separate, resource-intensive school-based hepatitis B program. This would allow public health capacity to be redirected to catch-up and emerging vaccination needs, outbreak response, and students facing barriers to immunization.

PROPOSED MOTION

Whereas, hepatitis B infection acquired in infancy or early childhood carries the greatest risk of chronic infection and related complications, and

Whereas, Ontario's routine publicly funded hepatitis B vaccination program is delivered in Grade 7, leaving children without routine protection during the first 12 years of life, and

Whereas, the Canadian Immunization Guide recommends routine hepatitis B immunization for all children and recognizes hepatitis B-containing vaccine schedules beginning in infancy as safe and effective, and

Whereas, an Ontario modelling study found that an infant DTaP-HB-IPV-Hib program would prevent additional acute and chronic pediatric infections and generate approximately $23 million in cumulative savings by 2050, and

Whereas, hepatitis B vaccination coverage among 17-year-olds in Windsor and Essex County declined from 78.0% in 2023–2024 to 72.0% in 2024–2025 and 59.8% in 2025–2026;

Whereas, incorporating hepatitis B into an existing infant combination vaccine would provide universal access without an additional injection, reduce dependence on school attendance and completion of a multi-visit school-based series, and permit public health resources to be redirected to catch-up and other priority immunization activities, and

Now therefore be it resolved that the Windsor-Essex County Board of Health recommends that the Province of Ontario incorporate the combined DTaP-HB-IPV-Hib vaccine at 2, 4, and 6 months of age into Ontario's publicly funded immunization schedule; and

Further that the Windsor-Essex County Board of Health recommends that the Ministry of Health maintain Grade 7 and catch-up access for children who did not receive hepatitis B vaccine in infancy, and continue prenatal screening, timely assessment and treatment of pregnant individuals who test positive, hepatitis B immune globulin and vaccine for exposed newborns, and post-vaccination serologic testing for those infants; and

Further that this resolution be forwarded to the Ontario Minister of Health, the Chief Medical Officer of Health, Public Health Ontario, the Association of Local Public Health Agencies, and all Ontario boards of health.

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Windsor-Essex County Health Unit Board of Health

RECOMMENDATION/RESOLUTION REPORT – Smoke Free Ontario Amendment Act (Vaping is Not for Kids)

2026-09-24

BACKGROUND

The high rates of vaping nicotine among youth in Ontario remain a growing concern. Among grade 7-12 students, 10.5% report vaping within the past year. This figure grows to 17.3% among grade 12 students (Boak & Hamilton, 2026). Vaping poses adverse physical and mental health outcomes, especially for youth. Vaping can lead to shortness of breath, coughing, nausea, headache, mouth and throat irritation, and reduced exercise capacity (Health Canada, 2026a; Williams et al., 2026). Furthermore, nicotine affects brain development, which can negatively impact memory, attention, emotional regulation, and decision-making skills in youth (Health Canada, 2026; Versace, 2024). Youth who vape nicotine are also more likely to start smoking tobacco cigarettes or develop a substance use disorder in the future (Versace, 2024; Physicials for a Smoke-Free Canada, 2022).

Ontario has made notable progress in decreasing the prevalence of smoking and exposure to second-hand smoke (Ontario Tobacco Research Unit, 2009; PHO, 2018). Smoking prevalence among adults in Ontario decreased from 24% in 2000 to approximately 10% in 2020 (University of Waterloo, n.d.). Furthermore, the province saw a 10% reduction in exposure to second-hand smoke in workplaces as well as a 28% reduction in exposure to second-hand smoke in bars from 2003 – 2007 immediately following the implementation of the *Smoke-Free Ontario Act, 2017* (SFOA) (Ontario Tobacco Research Unit, 2009). Despite this progress, numerous regulatory gaps remain pertaining to vapour products. Youth are exposed to vaping advertising and promotion efforts both online and in stores, as well as the plethora of fruit, candy, and dessert flavours that increase attraction to vaping (Al-Hamdani, 2020; WHO, 2025). Despite the *Vapour Products Promotions and Regulations* and the SFOA, non-compliance remains a significant concern (Silver et al., 2023; Health Canada, 2026b). Youth access to vapour products also remains an issue. Over the first six months of 2026, the WECHU's TVEOs have laid 19 charges against vapour product retailers for selling products to minors. Furthermore, almost 60% of Ontario youth report that it is easy to access vapes, suggesting that although the sale of vapour products is prohibited for individuals under the age of 19, most youth can still access vapour products (Boak & Hamilton, 2026). This reveals the regulatory gaps that are contributing to high rates of youth vaping and underscores the importance of legislative action to implement prevention efforts.

In May of 2026, *Bill 125, Smoke-Free Ontario Amendment Act (Vaping is Not for Kids), 2026,* passed the first reading in the Ontario legislature. This bill proposes several amendments to the current SFOA, including:

- Prohibiting the promotion of vapour products

- Prohibiting the sale of tobacco or vapour products to individuals under 21 years old (currently 19 years old)
- Prohibiting the sale of flavoured vapour products except for tobacco flavour
- Prohibiting the sale of vapour products anywhere other than specialty vape stores
- Tax revenue generated by vapour products must be used to educate the public about the health effects of vaping
- Requiring Ontario Health to create an annual report to the Minister regarding current information on youth vaping as well as policy recommendations

Although the federal government vowed in 2021 to outlaw flavoured vapour products, this action has not yet been taken, resulting in a patchwork of different provincial regulations across the country (Stackelberg, 2026). Provinces that have banned flavours in vapes include Nova Scotia, Prince Edward Island, New Brunswick, Northwest Territories, Nunavut, and Quebec (Physicians for a Smoke-Free Canada, 2025). **In the provinces that have banned flavours, youth between ages 16-19 are more likely to vape less or stop vaping compared to provinces with no or partial flavour restrictions** (Hammond et al., 2026). Among youth who currently vape flavoured products, almost half (43%) claim they would discontinue vaping if flavours were removed (Al-Hamdani et al., 2020). Furthermore, **strong evidence supports the effectiveness of increasing the minimum age for tobacco to 21 in several U.S. studies** (Taylor et al., 2021). Increasing the minimum age of purchase for e-cigarettes to 21, as Prince Edward Island and the United States have done (Taylor et al., 2021), is one of several important components of the comprehensive strategy to reduce youth vaping proposed in the *Smoke-Free Ontario Amendment Act, 2026*.

PROPOSED MOTION

Whereas, youth vaping rates in Ontario remain unacceptably high, with 10.5% of students in grades 7–12 reporting vaping in the past year and prevalence increasing to 17.3% among grade 12 students; and

Whereas, vaping exposes youth to nicotine and other harmful substances that can adversely affect physical health, brain development, mental well-being, memory, attention, emotional regulation, and decision-making; and

Whereas, youth continue to be exposed to flavoured vapour products, advertising, and other factors that increase the appeal of vaping, while enforcement activities demonstrate that youth access to vapour products remains a significant concern; and

Whereas, evidence indicates that comprehensive approaches, including restrictions on flavours, promotion, youth access, and retail availability, can reduce youth vaping and protect the health of young people; and

Whereas, Bill 125, *Smoke-Free Ontario Amendment Act (Vaping is Not for Kids), 2026*, proposes legislative measures intended to strengthen protections against youth vaping and support population-level prevention efforts;

Now therefore be it resolved that the Windsor-Essex County Board of Health endorses Bill 125, *Smoke-Free Ontario Amendment Act (Vaping is Not for Kids), 2026*, and urges the Government of Ontario to enact the proposed amendments to strengthen protections for children and youth from the harms associated with vaping;

FURTHER THAT, the Windsor-Essex County Board of Health calls upon the Government of Ontario to implement evidence-informed measures that reduce the appeal, accessibility, and availability of vapour

products to youth, including restrictions on flavoured vapour products, promotion and advertising, and youth access;

FURTHER THAT, a copy of this resolution be forwarded to the Premier of Ontario, the Minister of Health, local Members of Provincial Parliament, the Association of Local Public Health Agencies (alPHa), Ontario Boards of Health, and other relevant stakeholders for their consideration and support.

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Windsor-Essex County Health Unit Board of Health

RECOMMENDATION/RESOLUTION REPORT – WECHU Charity Status Application

2026-09-24

BACKGROUND

The Windsor-Essex County Health Unit (WECHU) is a statutory corporation established under the *Health Protection and Promotion Act (HPPA)* (Ontario), with a legislated mandate to promote and protect the health of the population through disease prevention, health promotion, environmental health, and population health surveillance. The WECHU delivers a broad range of provincially mandated public health programs aligned with the Ontario Public Health Standards (OPHS), including immunization, infectious disease control, chronic disease prevention, mental health promotion, environmental health inspections, dental health programming, and emergency preparedness. The organization is primarily funded through a cost-shared model, with approximately 75% of funding provided by the Province of Ontario and the remaining 25% funded by municipal partners (City of Windsor, County of Essex, and Township of Pelee Island), along with program-specific grants. Currently, WECHU operates without charitable status, which limits its ability to:

- issue tax receipts for donations;
- access certain federal and provincial grant opportunities;
- receive non-governmental funding, including private donations and gifts in kind;
- leverage community fundraising or philanthropic partnerships. Obtaining charitable status will support enhanced financial sustainability and flexibility by enabling diversified revenue streams while maintaining alignment with WECHU's exclusively charitable purposes of advancing public health and community well-being.
- leverage charitable status pricing for capital and operational expenses.

Charitable status would also strengthen transparency, accountability, and governance practices through compliance with Canada Revenue Agency requirements, further reinforcing public trust. In Ontario, most public health units are established as municipal or regional boards of health and do not typically hold independent charitable status, relying primarily on government funding. As such, pursuing charitable designation represents an innovative approach that may position WECHU as a leader in leveraging philanthropy to enhance public health programming, particularly in areas addressing health equity, social determinants of health, and community partnerships.

PROPOSED MOTION

Whereas, the Windsor-Essex County Health Unit is mandated under the *Health Protection and Promotion Act* to deliver programs and services that protect and promote the health of the population; and

Whereas, WECHU's programs and services constitute exclusively charitable purposes that benefit the community, including disease prevention, health promotion, environmental health protection, and population health surveillance; and

Whereas, obtaining charitable status would enable WECHU to access additional funding opportunities, including donations, grants, and non-cash contributions, thereby enhancing its ability to deliver and expand public health programs; and

Whereas, being an officially recognized charitable organization will provide operational savings/discounts from service vendors; and

Whereas, charitable status would support financial sustainability, strengthen partnerships with community organizations and donors, and improve capacity to address emerging public health priorities and health inequities; and

Whereas, achieving charitable status would enhance governance, accountability, and transparency through compliance with federal regulatory requirements; and

Whereas, pursuing charitable status represents a strategic opportunity for innovation among Ontario public health units, where such designation is not commonly held.

Now therefore be it resolved that the Windsor-Essex County Board of Health approves the submission of an application to the Canada Revenue Agency for registration of the Windsor-Essex County Health Unit as a charitable organization; and

FURTHER THAT, the Board of Health authorizes the Chief Executive Officer and/or designate to take all necessary actions to complete and submit the application, including the provision of supporting documentation and any required follow-up; and

FURTHER THAT, the Board of Health directs administration to report back on the status and implications of the application process, including any governance, financial, or operational considerations associated with charitable registration.

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September 24, 2026

Hon. Sylvia Jones
Minister of Health, Government of Ontario
sylvia.jones@ontario.ca

Dear Minister Jones,

Re: Recommendations for Municipalities on Ontario's Bring Your Own Beverage (BYOB) Legislation

On behalf of the Lakelands Public Health (LPH) Board of Health, we are writing to formally communicate our recommendation that municipalities within the LPH region refrain from developing bylaws to implement Ontario's Bring Your Own Beverage (BYOB) legislation.

Alcohol is the most widely used substance in the province, with approximately 8 in 10 Ontarians aged 15 years and older reporting alcohol use. Alcohol is also a leading cause of thousands of preventable deaths, emergency department visits and hospitalization annually.

In recent years, Ontario has expanded alcohol availability through retail and alcohol related policies. The introduction of alcohol sales in select Ontario grocery stores at the end of 2015 represented a significant expansion of alcohol availability. During the COVID-19 pandemic, Ontario introduced policies that permitted alcohol take-out and delivery from licensed establishments, sales and service on docked boats, lower minimum alcohol delivery fees and extended hours for alcohol sales in authorized grocery and alcohol stores. Further expansion in 2024 allowed eligible grocery and convenient stores to sell beer, wine and other alcoholic beverages. Ontario now exceeds the 2.0 per 10,000 maximum retail density recommended by Canadian Alcohol Policy Evaluation (CAPE).

The expansion of alcohol sales in Ontario in 2015 alone was associated with a 17.8% increase in emergency department visits attributable to alcohol, which was more than twice the rate of increase for all emergency department visits over this period. Alcohol related Emergency Department visits in Lakelands Public Health region rose more than 17% from 2020 to 2024.

Economic policies such as BYOB are designed to support local tourism and hospitality sectors, however, it will also increase visibility and normalization. Limiting alcohol availability through policy can help reduce a municipality's exposure to alcohol-related health and social costs, for example, pressures on policing, paramedic services, bylaw enforcement, parks operations, and municipal risk management. Health Canada (2024) notes that exposure to alcohol in

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Box 570
191 Highland Street, Unit 301
Haliburton, ON K0M 1S0

Lindsay
108 Angeline Street South
Lindsay, ON K9V 3L5

Peterborough
Jackson Square
185 King Street, Box 301
Peterborough, ON K9J 2R8

Port Hope
200 Rose Glen Road
Port Hope, ON L1A 3V6

public and family-oriented settings can influence attitudes toward drinking, particularly among youth and young adults. Research among Ontarians aged 19–24 found that alcohol is commonly perceived as an integral part of festivals and community celebrations, with associated harms often minimized or overlooked.

Alcohol-related harms are a significant and growing burden on communities. An expansion of public alcohol consumption through BYOB events has the potential to increase health and social harms and costs related to alcohol use without proper mitigation in place. Lakelands Public Health recommends that the Province encourage municipalities to work with local public health agencies to ensure public health considerations are incorporated into any policy.

Sincerely,

Original signed by

Deputy Mayor Ron Black
Chair, Board of Health

/ag

Encl.: WECHU Letter, May 25, 2026

cc: Local MPPs
Ontario Boards of Health
Association of Municipalities of Ontario
Association of Local Public Health Agencies (alPHa)

WINDSOR-ESSEX COUNTY HEALTH UNIT
Bureau de santé de Windsor-comté d'Essex

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October 2, 2026

The Honourable Sylvia Jones
Deputy Premier and Minister of Health
Ministry of Health
777 Bay St., 5th Floor
Toronto, ON
M7A 2J3
Email: sylvia.jones@pc.ola.org

Re: Support for Bill 125, *Smoke-Free Ontario Amendment Act (Vaping is Not for Kids), 2026*

Dear Minister Jones,

At its meeting on September 24, 2026, the Windsor-Essex County Board of Health unanimously endorsed the proposed Bill 125, *Smoke-Free Ontario Amendment Act (Vaping is Not for Kids), 2026* and urged the Government of Ontario to enact its amendments to better protect children and youth from the harms associated with vaping.

Specifically, the resolutions were passed as follows:

Now therefore be it resolved that the Windsor-Essex County Board of Health endorses Bill 125, *Smoke-Free Ontario Amendment Act (Vaping is Not for Kids), 2026*, and urges the Government of Ontario to enact the proposed amendments to strengthen protections for children and youth from the harms associated with vaping;

FURTHER THAT, the Windsor-Essex County Board of Health calls upon the Government of Ontario to implement evidence-informed measures that reduce the appeal, accessibility, and availability of vapour products to youth, including restrictions on flavoured vapour products, promotion and advertising, and youth access.

The need for action is urgent. In Ontario, 10.5% of students in grades 7 to 12 reported vaping in the past year; locally, Windsor-Essex County Health Unit enforcement officers laid charges arising from 19 sales of vapour products to minors during the first half of 2026. These findings are particularly concerning because nicotine exposure can impair adolescent brain development, including attention, memory, decision-making, and emotional regulation, and ultimately can lead to dependence. Bill 125 would address these risks by reducing both the appeal and availability of vapour products to youth. Specifically, it would restrict flavours, promotion, and advertising; limit sales to specialty vape stores; and raise the minimum purchasing age from 19 to 21.

On behalf of the Board of Health, we respectfully urge the Government of Ontario to enact Bill 125 without delay. Thank you for your consideration of this important public health matter.

Sincerely,



Joe Bachetti, Board of Health Chair

Cc:
Premier of Ontario
Association of Local Public Health Agencies
Ontario Boards of Health
Andrew Dowie
Lisa Gretzky
Anthony Leardi
Trevor Jones