



Algoma
PUBLIC HEALTH
Santé publique Algoma

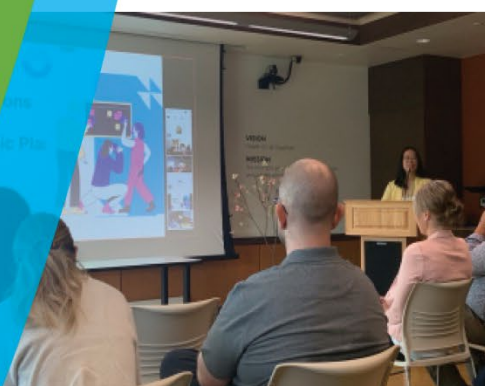
2026

Recommended Capital and Operating Budget Report

To: Finance and 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

November 12, 2025
For discussion & decision



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1. Issue and Recommended Action

Issue:

Approval is being sought for the recommended 2026 Capital & Operating Budget for Algoma Public Health (APH). The draft budget was developed by the Executive Team and is recommended by the Medical Officer of Health. It is to be reviewed at the November 12, 2025 meeting of the Board of Health Finance & Audit Committee.

Recommended Action:

THAT the Finance & Audit Committee of the Board of Health for the District of Algoma Health Unit approve the 2026 Capital & Operating Budget for Algoma Public Health in the amount of \$18,468,142.

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 of 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. Budget Summary: Maintaining local public health programs and services in Algoma through a 3.4% budget increase

The recommended 2026 budget for public health programs and services is \$18,468,142. This represents an overall 3.4% increase from the Algoma Public Health (APH) Board of Health (BOH) approved budget for public health programs and services in 2025, which is driven by a 4.1% increase in salary and benefits, and a 0.9% increase in operating costs – amounts which are considered to be in line with inflation. Of note, the provincial commitment of 1% increase per year to base funding for cost-shared programs for 2024-2026 has not kept pace with inflation over that period. Across Algoma, municipal investment in local delivery of fundamental public health programs and services has historically and continues to remain well below 2% of municipal revenue (see Appendix A).

In the 2024 merger feasibility study with Public Health Sudbury District (PHSD), APH forecasted municipal levy increases for 2025 and 2026 required to maintain local public health programs and services across Algoma in a non-merge scenario, without cuts to the workforce. In the 2025 approved budget and in the 2026 proposed budget, APH is maintaining operating costs below the forecasted increases through a combination of cost-savings initiatives and natural vacancies.

Table 1.0 provides a breakdown of the recommended 2026 operating budget in comparison to 2023-2025 Board approved budgets. This document provides further background on the public health fiscal environment for cost-shared programming and public health investment (Section 2 and 3), budget financial assumptions (Section 4), details of the recommended 2026 budget (Section 5-7), and municipal investment scenarios (Section 8) with reference to two appendices including the 2025-2034 Capital Asset Funding Plan.

Table 1.0: Budget Analysis, 2023-Recommended 2026

	2023	2024	2025	2026	% Change	\$ Change
	Actual	Actual	Budget	Recommended Budget	26 Bud vs 25 Bud	26 Bud vs 25 Bud
Revenues Summary						
Province Portion of Jointly Funded Programs	8,861,200	10,020,303	10,120,503	10,221,806	1.0%	101,303
100% Provincially Funded Programs	3,398,438	2,986,137	2,309,963	2,421,086	4.8%	111,123
Province Mitigation Fund	1,037,800	0	0	0	0.0%	-
Municipal Levies	4,189,216	4,440,568	4,840,220	5,275,840	9.0%	435,620
Other Recoveries and Fees	593,000	641,695	595,100	549,410	-7.7%	(45,690)
Total	18,079,654	18,088,703	17,865,786	18,468,142	3.4%	602,356
Expenses:						
Salaries and Wages	10,712,095	10,180,377	10,934,635	11,360,155	3.9%	425,520
Benefits	2,722,376	2,664,987	2,837,798	2,978,820	5.0%	141,022
Travel	172,278	160,423	170,550	156,726	-8.1%	(13,824)
Program	1,638,934	1,446,069	922,034	1,052,002	14.1%	129,968
Equipment	82,404	204,574	50,000	36,000	-28.0%	(14,000)
Office	53,638	55,008	62,400	50,000	-19.9%	(12,400)
Computer Services	802,632	777,343	787,912	759,846	-3.6%	(28,066)
Telecommunications	332,288	262,996	227,952	241,684	6.0%	13,732
Program Promotion	78,850	81,357	98,255	91,733	-6.6%	(6,522)
Facilities Leases	198,519	206,648	214,767	226,193	5.3%	11,426
Building Maintenance	737,618	721,864	674,962	694,673	2.9%	19,711
Fees & Insurance	362,155	419,341	427,100	353,310	-17.3%	(73,790)
Debt Management (I & P)	457,421	457,421	457,421	467,000	2.1%	9,579
Total	18,351,208	17,638,408	17,865,786	18,468,141	3.4%	602,355
Surplus/(Deficit)	\$ (271,554)	\$ 450,295	\$ -	\$ -		

It is anticipated that structural savings, that is, ongoing and sustainable reductions in expenditures, will be necessary for the foreseeable future given the public health fiscal environment. The draft Ontario Public Health Standards (OPHS) shared ahead of 2026 implementation continue to emphasize partnerships and engagement as fundamental to public health program planning at both the strategic and operational/ program level. Further discussion and exploration of structural savings is planned to align with internal and external engagement in 2026 during APH strategic planning and updated OPHS implementation.

3. Budget Background: Protecting fiscal capacity for local public health programs and services across Algoma

To provide background on the recommended 2026 budget and 3.4% increase from 2025, this section describes key factors influencing the recommended budget within two subsections- the public health fiscal environment and public health investment.

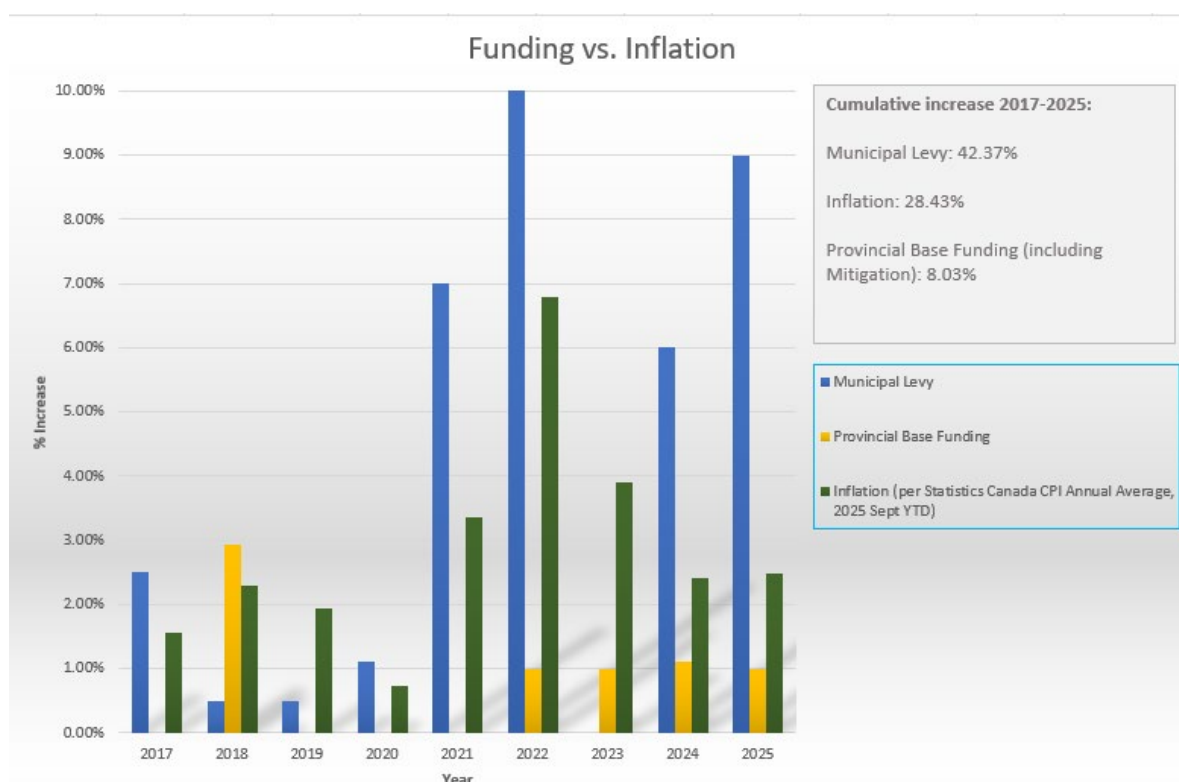
3.1 Public Health Fiscal Environment

- The province has committed a 1% increase to base funding for cost-shared programming,ⁱ which, while helpful for planning, is insufficient to account for inflation and associated increases to APH operating costs.
- Approximately 8.2% of Algoma's population reside in unorganized territories, meaning they do not reside in an organized township, municipality, or city and therefore are not levied by APH under an obligated municipality. Public health services are delivered to this population with the support of unorganized territories funding provided by the province in the amount of \$530,400 – an amount that has remained unchanged since 2017.
- Inflation has cumulatively increased by 28.4% from 2017-2025. The APH budget for local public health programs and services has increased by 27.6% since 2017, in alignment with inflation over the same period. Figure 1.0 summarizes historical funding for APH (both municipal and provincial) and Canadian inflation since 2017.
- In the 2024 merger feasibility study with PHSD, APH forecasted required levy increases of 18% in 2025 and 11% in 2026 in a non-merge scenario to balance the APH budget and maintain existing program and service levels without cuts to the workforce. The 2025 budget was passed in November 2024 by the Board with a 9% levy increase and a 9% levy increase is proposed for 2026.
- APH salary and benefit costs have increased by 4.1%, and operating costs have increased by 0.9% over the 2025 Board approved budget (see Section 7.2.1 and 7.2.2 for further details). The overall recommended budget increase of 3.4% is a reasonable proposal when compared to inflation trends, further noting that the sub-inflationary increase to general operating costs signifies management's ongoing commitment to finding operational efficiencies and cost savings to help combat the current fiscal environment.
- As in the 2025 budget report, APH management has implemented operational changes for cost savings that will continue in 2026. Examples of these initiatives include piloting a vehicle fleet for travel mileage savings, preparing the building for additional revenue streams, streamlining the security budget, securing more competitive insurance rates, optimizing the purchase of office supplies and equipment, hedging utility expenses, and sourcing alternative memberships and subscriptions at reduced rates.
- While implementing cost savings through operational changes is necessary and important, we note that labour and benefits currently account for 78% of our overall budget (see Table 1.0).

ⁱ There have been no updates on the public health funding methodology review currently being undertaken by the province, which means that the province has not communicated any formal cost-share expectations for the 2026 operating year at this time.

- APH continues to seek additional funding through opportunities such as external grant funding, Canada Summer Jobs wage subsidies, and learning revenue (e.g. public health physician mentorship, Northern Ontario School of Medicine University). Included in the 2026 budget is \$15,000 in planned learning revenue at time of writing. Seeking external funding is an ongoing initiative to supplement program recoveries and is supported by frequent market scans and opportunities shared by APH's Foundations and Strategic Support team.
- A higher-than-expected staff vacancy rate contributed to a budget surplus in 2024. Significant surpluses arising from staff vacancy can represent a loss to public health program and service delivery, but APH management strategically uses gap dollars from vacancies to advance priority work to address local needs and plan for initiatives that will contribute to the organization's long-term financial sustainability. Examples include contracting additional dentists to address a backlog of Healthy Smiles Ontario services, hiring casual immunizers to support ongoing post pandemic vaccine catch-up clinics and respiratory season immunization, and minor capital purchases.
- The APH reserve fund may be required to fund capital needs and expenditures in the upcoming years and is not ideal for funding operational deficiencies (see Section 6 for further details). The 2025-2034 Capital Asset Funding Plan is provided in Appendix B.

Fig 1:0 Public health funding compared to Canadian inflation rates (2017-2025)^(2, 3)



3.2 Local Public Health Investment

The money that governments use to fund public health programs and services today saves money over time. In countries like Canada, every \$1 invested in public health programs and services saves \$14 in future societal costs. Public health cost-savings can be achieved in as little as 12-18 months, but the largest cost-savings are seen over 10-20 years⁽⁴⁾. By contrast, public health disinvestment can damage population health with costly societal spending repercussions over the long term; this can be observed in both the global and local context through the resurgence of vaccine-preventable diseases and outbreaks. Today's investment in the future of Algoma's health matters.

The APH workforce (labour and benefits) accounts for 78% of the budget (see Table 1.0) as mentioned in Section 3.1. This workforce maintains the local delivery of fundamental public health programs and services. Public health inspectors, public health nurses, public health physicians, health promotion specialists, dietitians, dental hygienists and educators, family support workers, foundational standard specialists, clerical and corporate employees promote and protect community health and advance health equity across the vast geography that is Algoma, spanning the 8 hour drive from Spanish in the east to White River in the north. For example:

- APH has district wide public health inspectors that reach even the remotest areas of our health region by boat or air travel to ensure safe food and drinking water;
- Public health nurses reach out to support each consenting family with a new baby within 48 hours of a new baby leaving hospital care;
- Immunization clinics are held in locations where health care access is limited like Desbarats, Iron Bridge, Spanish, White River and Dubreuilville, or in locations where priority populations are best reached like Seniors Centres in Sault Ste Marie and Wawa, and the Youth Wellness Hub in Sault Ste Marie;
- Outbreaks like measles are contained through responsive case and contact management and community engagement;
- Every postal code in the Algoma district has access to early developmental screening opportunities for children aged 0-6 years old through the efforts of the APH healthy growth and development team;
- Dental hygienists and educators, and public health nurses attend every publicly funded elementary school in Algoma to carry out oral health screening and school-based immunization clinics;
- Substance use harm reduction supplies and naloxone reach those who need them in communities across Algoma, including rural locations, with the support of the APH team;

- Public health employees maintain a 24/7 on-call system to receive and respond to complaints, incidents and emergencies where there may be a public health risk to Algoma communities.

Every day, Algoma communities see the value of APH's capacity to deliver local public health programs and services district wide, especially public health clinical and preventive services. In alignment with historical trends, this has been achieved with municipal levies for public health remaining well below 2% of municipal budgets (see Appendix A).

For \$46.72 per person⁽⁵⁾, Algoma communities received the breadth of local public health programs and services in 2025. Algoma's cost per person for public health continues to rank at the lower end of its northern counterparts (\$46.72 per person in Algoma compared to an average of \$55.47 in other northern public health units in 2025ⁱⁱ). At the recommended 3.4% increase to the APH budget, this level of service will be maintained in 2026 for \$50.93 per person⁽⁵⁾.

The recommended budget increase of 3.4% and associated municipal levy increase of 9% is the minimum required to sustain local public health programs and services with the current workforce. Alternative scenarios are presented in Section 8 (Table 3.0) with details on the service level reductions required to achieve a balanced budget with the recommended 9% levy increase, as well as the program consequences of further reductions to the municipal levy beyond the recommended level.

4. 2026 Budget Financial Assumptions

Several assumptions were required to base the 2026 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 2026.
- As per the 2025 funding and accountability agreement, 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 2025 funding year, APH was allocated 100% funding for the OSDCP in the amount of \$1,382,700. Total actual expenditures for this program in 2024 amounted to \$1,800,991 and expenditures for 2025 are forecasted at \$1,490,308 (per APH's third

ⁱⁱ Based on rates available to APH within Board approved meeting minutes or budget reports; note that public health units can quote per capita rates based on MPAC or Census population data (i.e. direct comparisons are not always possible and any comparison should be interpreted with caution).

quarter standards activity report submitted to the Ministry in October 2025). Although the Ministry has reiterated their ongoing dedication and support for this program, any further increases to committed base funding will be addressed in future years, once the impact of the new Federal Canadian Dental Care Plan can be estimated. We continue to service our communities based on demand considering ongoing conversations with the Ministry where APH has been instructed to continue programming, with funding opportunities to continually be made available to address ongoing pressures. For the 2026 budget, the Executive Team has assumed that 100% provincial funding for the OSDCP will remain at 2025 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.

- The COVID Immunization program will be 100% funded by the Ministry for the months of January through March 2026 (a planning assumption made based on verbal communication with the Ministry). No additional funding will be provided by the Ministry to fund ongoing base funding and one-time pressures. These anticipated costs will be managed within mandatory program base funding, impacting APH's ability to deliver and sustain ongoing support and services to our communities.
- Infection Prevention and Control (IPAC) Hub funding will continue at current funding levels into the 2026/2027 fiscal year in order to support the continued implementation and operations of the Hub. The Ministry has committed base funding for the Hub until the 2028/2029 fiscal year.
- A \$435,620 (9%) increase to the total municipal levy rate applied by the Board of Health for the District of Algoma Health Unit will be implemented.
- 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. Refer to Section 3.1 for further context regarding strategic use of surplus dollars related to staffing vacancies.
- 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 4.87% over the 2025 approved budget. A contingency representing 20% of the budgeted service contracts has been factored in to support unforeseen necessary costs.
- APH's debt payment plan will continue to be managed with existing resources. APH's term debt comes due for renewal in September 2026. The 2026 budget has been

prepared assuming that the loans will be renewed for an additional five year, fixed rate term.

- Notwithstanding the need to prioritize programming in the context of identified local priorities, the requirements of boards of health remain the same in 2026, as articulated in the Health Protection and Promotion Act (HPPA)¹², related regulations, the OPHS, and related protocols and guidelines. As referenced in Section 2.0, the new OPHS are expected to be shared and implemented in 2026 with any changes in local public health work to be implemented after engaging in consultation and planning with community partners, priority populations and other health units. As of the fall of 2025, the Ministry has instructed local public health agencies to base 2026 budgets on the current set of standards.

5. 2025 Grant Approval

The 2025 Ministry Program Based Grant approval was received and last revised as of March 2025. Key details are outlined below. Grant approvals for 2026 are not expected from the Ministry until 2026.

- Allocated mandatory cost-shared program funding for 2025 is \$10,120,600 increased from \$10,020,300 in 2024 (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 allocation.
- 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 unforeseen emergencies, known future infrastructure investments and future planned projects that support the mission, vision, and strategic goals of APH.

The reserve funds balance totals \$2.2M, which could support approximately 1.5 months of operations.

7. Recommended 2026 Budget

7.1 Operating Revenue

The 2026 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⁽⁶⁾, 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⁽⁶⁾, 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 2026 Operating & Capital Budget, the Executive Team is recommending increasing the levy from obligated municipalities within the District of Algoma Health Unit by \$4.21 per capita. This equates to a \$435,620 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 Canada¹⁵ (see Appendix A).

The recommended 2026 municipal levy represents approximately 31.4% of budgeted cost-shared programming.

7.2 Expenditures

As compared to the 2025 budget, the 3.4% overall recommended budget increase is comprised of an increase of 4.1% to salaries and benefits and a 0.9% increase to operating expenses. Budgeted expenditures can be broken down by either expense category, as displayed in Table 1.0 or as detailed in the following subsections, or alternatively by program/standard section. Table 2.0 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.

Table 2.0: 2026 Budgeted Expenditures by Program/Standard Section

	Budget	% of Total Budget
Foundational Standards (Emergency Management, Health Equity, Population Health Assessment, Effective Public Health Practice)	1,264,762	6.85%
Chronic Disease Prevention and Well-Being	394,668	2.14%
Food Safety	1,200,998	6.50%
Healthy Environments	358,884	1.94%
Healthy Growth and Development	1,744,715	9.45%
Oral Health (including Ontario Senior Dental Care Plan)	2,007,765	10.87%
Immunization	1,804,196	9.77%
Infectious Disease Prevention and Control	1,919,548	10.39%
Safe Water	377,809	2.05%
School Health - Comprehensive	1,062,699	5.75%
School Health - Immunization	475,658	2.58%
Substance Use and Injury Prevention	1,601,533	8.67%
Administration & Corporate Services (including MOH/AMOH Compensation)	3,829,507	20.74%
Indigenous Communities	98,000	0.53%
Northern Ontario Fruits and Vegetables	117,400	0.64%
Land Control	210,000	1.14%
TOTAL	18,468,142	

7.2.1 Salary and Benefit Changes

The 2026 expenditure comparisons are made using the 2025 budgeted values (see Table 1.0).

- Salary: As compared to 2025, salaries are budgeted at an increase of \$425,520 or 3.9%. The salary amount includes cost of living annual increases as required under union

collective agreements, staff movement along salary grids, and a vacancy factor. Workforce composition is consistently reviewed and structured to best address priority work requirements and needs. It is to be noted that, with the exception of 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 2025, benefits are budgeted at an increase of \$141,022 or 5.0%. 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 rates for 2026 are required updated contributions to Canada Pension Plan, employment insurance and OMERS pension plan, as well as recently negotiated benefit plan changes specific to union collective agreements.

7.2.2 Operating Expenditure Changes

As compared with the 2025 board approved budget, the 2026 recommended operating expenditure budget reflects an overall increase of 0.9% (\$35,814).

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 are detailed below, following the order of appearance in the budget summary (Table 1.0):

- **Travel:** Travel is budgeted at a \$13,824 or 8.1% decrease over 2025 based on continued cost savings to be realized due to staff use of agency owned vehicles versus kilometre reimbursement for use of personal vehicles for agency purposes at CRA recommended rates.
- **Program:** Program expenses are budgeted at a \$129,968 or 14.1% increase based on several priority work elements compared to 2025, including but not limited to (i) inclusion of contracted dentist services to address backlog of Healthy Smiles client care in our communities; (ii) right-sizing of staff alignments to the 100% funded OSDCP, as demand stabilizes, thereby allowing for more base budget dollars to be aligned to non-staff related program resources; (iii) resource support for priority agency work (e.g. Strategic Planning).
- **Equipment:** Equipment consists of minor computer and information technology hardware and is budgeted at a \$14,000 or 28% decrease over 2025 based on assessments of ongoing agency wide needs.

- **Office:** Office expenses are budgeted at a \$12,400 or 19.9% decrease over 2025 based on ongoing savings and efficiencies created by converting to Microsoft 365 and other digital platforms.
- **Fees & Insurance:** Fees and insurance are budgeted at a \$73,790 or 17.3% reduction over 2025 driven by a change in policy provider as recommended and approved by the Board in the spring of 2025.

8. Municipal Investment in Local Public Health

The recommended 2026 budget is the minimum required in order to maintain current service levels and workforce composition. Elements noted in the report above, most notably operational cost saving initiatives and management of natural staffing vacancies, has allowed management to present a balanced budget which applies an incremental municipal levy increase significantly below that which was forecasted at the time of merger feasibility discussions (18% over 2025/2026 versus forecasted 29%).

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 1.5 months of operations for APH; (ii) forecasted capital needs as outlined in Appendix B, 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.

With the above in mind, management is presenting additional scenarios in Table 3.0 to add further context to how a reduction to the recommended levy would affect Algoma's communities, or rather the value of added services that the recommended levy allows APH to provide. For each scenario (A to E), the table columns show the total municipal levy to be applied, the absolute dollar increase vs. 2025, the rate per capita increase vs. 2025, and percentage increase vs. 2025, as well as a representative estimate of the number of full-time equivalents the levy increase allows APH to retain within the workforce.

Table 3.0: Further Municipal Levy Scenarios

	Levy Applied	\$ Increase	\$ Per Capita Increase % Increase		FTE (based on average cost of \$108K)
A	5,372,644	532,424	5.14	11%	4.93
B	5,324,242	484,022	4.67	10%	4.48
C	5,275,840	435,620	4.21	9%	4.03
D	5,227,438	387,218	3.74	8%	3.59
E	4,985,427	145,207	1.40	3%	1.34

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

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 C represents the recommended levy increase.***

Scenario D: In addition to measures described in B and C, this scenario would require elimination of planned contractual oral health services. While these services are scalable under the OPHS mandate, at the present time, they represent urgently needed and recommended essential dental care for Algoma children and youth based on local dental screening assessments.

Any additional levy reductions beyond Scenario D would require a permanent and intentional reduction to the workforce, which is not recommended at this time pending thorough agency review and planning related to the new 2026 OPHS standards, as well as internal and external consultations that will occur as part of 2026 strategic planning engagement.

Scenario E: For strictly illustrative purposes, this scenario demonstrates how, if only a 3% municipal levy is applied, there would be insufficient resources for APH to complete mandated programs and services under the current Ontario Public Health Standards (OPHS). Concrete examples of how existing public health services would be compromised include:

- i) Reduced number and frequency of public health inspections such that Ministry targets for food safety and safe water standards are no longer met

- ii) Cessation of outreach immunization clinics and significant reduction in immunization services for priority populations and residents without pharmacy or primary care access
- iii) Insufficient surge capacity to respond to major outbreaks in long term care facilities, other congregate living settings, and to outbreaks in the general community
- iv) Insufficient capacity to provide direct services such as infant feeding/breastfeeding support to meet the needs of new/vulnerable families
- v) Insufficient capacity to offer supplementary public health and preventive clinical services to meet the needs of equity-seeking groups, including sexual health services, pregnancy testing and counselling, contraception access, and low-cost/no cost birth control options

Services described in i) to v) above represent examples of activities that are integral to APH's ability to fulfil its mandate under the current OPHS in a fulsome way that meets pre-identified local community needs and adheres to the requirements of the OPHS health equity foundational standard.

As referenced earlier in Section 2, the Ministry of Health has communicated that the revised OPHS will be implemented in 2026. It is anticipated that the new OPHS may have flexibility in some areas to allow for programmatic changes in the face of limited public health growth funding. APH strategic planning engagement will also be occurring in early 2026, which will provide an opportunity for APH to consult broadly with staff, clients, partners, and community members on ongoing community public health needs; this will inform agency prioritization of programs and services on the go forward, in a way that aligns with the most pressing community needs and meets the mandate of the revised OPHS in a sustainable manner.

9. Conclusions

The recommended 2026 budget for public health programs and services is \$18,468,142, representing an increase of \$602,355 over 2025 budgeted funding. At a 3.4% increase over previous, the recommended budget is the minimum required to keep pace with the cost of inflation and sustain the delivery of core public health programs and services in Algoma communities pending APH strategic planning and updated OPHS implementation in 2026.

Appendix A

Municipal Levy Comparisonⁱⁱⁱ (5)

Municipality	POP 2021 Census	2025 Approved Rate	2025 Approved Levy	Proposed Rate 2026	Proposed 2026 Levy	Apportionment of Costs	Proposed Net Change \$\$	APH Levy as a Percentage of Municipality Revenue
CITIES								
Sault Ste. Marie	72,051	46.72	3,366,437	50.93	3,669,417	69.55%	302,979	1.13%
Elliot Lake	11,372	46.72	531,334	50.93	579,154	10.98%	47,820	1.32%
TOWNS								
Blind River	3,422	46.72	159,886	50.93	174,276	3.30%	14,390	0.79%
Bruce Mines	582	46.72	27,193	50.93	29,640	0.56%	2,447	1.09%
Thessalon	1,260	46.72	58,871	50.93	64,169	1.22%	5,298	0.84%
<u>VILLAGES/MUNICIPALITY</u>								
Hilton Beach	198	46.72	9,251	50.93	10,084	0.19%	833	0.64%
Huron Shores	1,860	46.72	86,905	50.93	94,726	1.80%	7,821	1.14%
TOWNSHIPS								
Dubreuilville	576	46.72	26,912	50.93	29,335	0.56%	2,422	0.44%
Jocelyn	314	46.72	14,671	50.93	15,991	0.30%	1,320	0.97%
Johnson	749	46.72	34,996	50.93	38,145	0.72%	3,150	0.97%
Hilton	382	46.72	17,848	50.93	19,455	0.37%	1,606	1.22%
Laird	1,121	46.72	52,376	50.93	57,090	1.08%	4,714	1.58%
MacDonald, Meredith and Aberdeen Add	1,513	46.72	70,692	50.93	77,054	1.46%	6,362	1.33%
Wawa (formerly Michipicoten)	2,705	46.72	126,386	50.93	137,760	2.61%	11,375	0.74%
The North Shore	531	46.72	24,810	50.93	27,043	0.51%	2,233	1.07%
Plummer Add'l	757	46.72	35,369	50.93	38,553	0.73%	3,183	0.82%
Prince	975	46.72	45,555	50.93	49,655	0.94%	4,100	1.46%
St. Joseph	1,426	46.72	66,627	50.93	72,623	1.38%	5,996	1.11%
Spanish	670	46.72	31,304	50.93	34,122	0.65%	2,817	0.98%
Tarbutt	573	46.72	26,772	50.93	29,182	0.55%	2,410	1.28%
White River	557	46.72	26,025	50.93	28,367	0.54%	2,342	0.51%
Total	103,594		4,840,220		5,275,840	100.00%	435,620	
YOY % Increase			9.00%		9.00%			

ⁱⁱⁱ APH levy as a percentage of municipality revenue was calculated using municipal financial statements available to APH.

Appendix B

2025-2034 Capital Asset Funding Plan

As required by the OPHS and to provide visibility to the Board with respect to capital asset needs, an updated 10-year capital asset plan for APH has been provided below. The plan provides background on its development, types of assets to be considered, financing options for required capital upgrades and a forecasted expenditure timeline for planning purposes and is distinct from the operating budget presented in Table 1.0.



Algoma Public Health

2025 - 2034 Capital Asset Funding Plan

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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	Assessment Condition	Requirement Cost 2025-2034	2025	2026	2027	2028	Forecasted Expenditure		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 sq ft)		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	Assessment Condition	Requirement Cost 2025-2034	2025	2026	2027	2028	Forecasted Expenditure		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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Algoma
PUBLIC HEALTH
Santé publique Algoma

Blind River

9 Lawton Street

Elliot Lake

302 - 31 Nova Scotia Walk
(ELNOS Building)

Sault Ste. Marie

294 Willow Avenue

Wawa

18 Ganley St.

