



Algoma

PUBLIC HEALTH

Santé publique Algoma

October 22, 2025

BOARD OF HEALTH MEETING

SSM Algoma Community Room

294 Willow Avenue

Sault Ste Marie, P6B 5B4

www.algomapublichealth.com

Meeting Book - October 22, 2025, Board of Health Meeting

Table of Contents

1. Call to Order

- a. Declaration of Conflict of Interest

2. Adoption of Agenda

- a. October 22, 2025, Board of Health Meeting Agenda 4

3. Adoption of Minutes

- a. September 24, 2025, Board of Health Meeting Minutes 6

4. Delegation/Presentations

- a. Mental Health Promotion Framework 10

5. Business Arising

6. Reports to Board

- a. Medical Officer of Health and Chief Executive Officer Report
 - i. MOH CEO Report - October 2025 28
 - ii. Chief Medical Officer of Health Memo EN/FR
- b. Finance and Audit
 - i. Finance and Audit Committee Chair Report - October 8, 2025 38
 - ii. APH Unaudited Financial Statements for the period ending August 31, 2025 40
 - iii. Briefing Note - Investment Options for Reserve Fund 47
 - iv. 02-05-065 - Algoma Board of Health Reserve Fund Policy (for information only) 49
 - v. Historical Use of APH Reserve Funds 51

7. New Business

8. Correspondence

9. Items for Information

- a. aPHa Information Break - Fall 2025 52

b. aIPHa Fall Symposium November 5-7, 2025 (virtual) 71

c. aIPHa AGM and Conference, June 8-10, 2026 74

10. Addendum

11. In-Camera

12. Open Meeting

13. Resolutions Resulting From In-Camera

14. Announcements

a. Next Meeting Dates

15. Adjournment

Board of Health Meeting

AGENDA

Wednesday, October 22, 2025 - 5:00 pm
SSM Algoma Community Room | Videoconference

BOARD MEMBERS

Sally Hagman
Julila Hemphill
Donald McConnell - 2nd Vice-Chair
Luc Morrissette
Sonny Spina
Sonia Tassone
Suzanne Trivers - Board Chair
Jody Wildman - 1st Vice-Chair
Natalie Zagordo

APH MEMBERS

Dr. Jennifer Loo - Medical Officer of Health/CEO
Dr. John Tuinema - Associate Medical Officer of Health & Director of Health Protection
Rick Webb - Director of Corporate Services
Kristy Harper - Director of Health Promotion & Chief Nursing Officer
Leslie Dunseath - Manager of Accounting Services
Leo Vecchio - Manager of Communications
Tania Caputo - Board Secretary

STAFF GUESTS: Hilary Gordon - Manager of School Health & Community Wellness, Angela Piaskoski - Health Promotion Specialist, Infectious Diseases

- | | | |
|------------|---|-------------------------------------|
| 1.0 | Meeting Called to Order | <i>S. Trivers</i> |
| | <ul style="list-style-type: none"> a. Land Acknowledgment b. Roll Call c. Declaration of Conflict of Interest | |
| 2.0 | Adoption of Agenda | <i>S. Trivers</i> |
| | <p>RESOLUTION</p> <p>THAT the Board of Health agenda dated October 22, 2025, be approved as presented.</p> | |
| 3.0 | Delegations / Presentations | <i>H. Gordon /
A. Piaskoski</i> |
| | <ul style="list-style-type: none"> a. Mental Health Promotion Framework | |
| 4.0 | Adoption of Minutes of Previous Meeting | <i>S. Trivers</i> |
| | <p>RESOLUTION</p> <p>THAT the Board of Health meeting minutes dated September 24, 2025, be approved as presented.</p> | |
| 5.0 | Business Arising from Minutes | <i>S. Trivers</i> |
| 6.0 | Reports to the Board | <i>J. Loo</i> |
| | <ul style="list-style-type: none"> a. Medical Officer of Health and Chief Executive Officer Reports
MOH Report - October 2025 <ul style="list-style-type: none"> • Program Highlight - Immunization of School-aged Children and Youth • Chief Medical Officer of Health (CMOH) Measles Memo <p>RESOLUTION</p> <p>THAT the report of the Medical Officer of Health and CEO be accepted as presented.</p> | |
| | <ul style="list-style-type: none"> b. Finance and Audit <ul style="list-style-type: none"> i. Finance and Audit Committee Chair Report <p>RESOLUTION</p> <p>THAT the report of the Finance and Audit Committee Chair be accepted as presented.</p> | <i>L. Dunseath
J. Wildman</i> |

ii. **Unaudited Financial Statements ending August 31, 2025.**

J. Wildman

RESOLUTION

THAT the Board of Health accepts the Unaudited Financial Statements for the period ending August 31, 2025, as presented.

iii. **Briefing Note - Investment Options for Reserve Fund**

J. Wildman

- **02-05-065 - Algoma Board of Health Reserve Fund - *for information***
- **Historical Use of APH Reserve Funds**

RESOLUTION

THAT the Board of Health accepts the recommendation of the Finance and Audit Committee to leave 100% of the Reserve Fund as is at this time.

7.0 New Business/General Business

S. Trivers

8.0 Correspondence - requiring action

S. Trivers

9.0 Correspondence - for information

S. Trivers

- alPHa Information Break - Fall 2025**
- alPHa Fall Symposium November 5-7, 2025 (virtual)**
- alPHa AGM and Conference, June 8-10, 2026**

10.0 Addendum

S. Trivers

11.0 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.

RESOLUTION

THAT the Board of Health go in-camera.

12.0 Open Meeting

S. Trivers

Resolutions resulting from in-camera meeting.

13.0 Announcements / Next Committee Meetings:

S. Trivers

Governance Committee Meeting

Wednesday, November 5, 2025 @ 5:00 pm
SSM Algoma Community Room | Video Conference

Finance and Audit Committee Meeting

Wednesday, November 12, 2025 @ 5:00 pm
SSM Algoma Community Room | Video Conference

Board of Health

Wednesday, November 26, 2025 @ 5:00 pm
SSM Algoma Community Room | Video Conference

14.0 Adjournment

S. Trivers

RESOLUTION

THAT the Board of Health meeting adjourns.

Mental Health Promotion Framework Development & Implementation

Date: October 22nd, 2025

Presenters: Hilary Gordon, Manager of School Health & Community Wellness
Angela Piaskoski, Health Promotion Specialist, Infectious Diseases

Overview

- Background
- Development
- Framework Overview
- Implementation
- Next Steps

Strategic Directions



Advance the priority public health needs of Algoma's diverse communities.



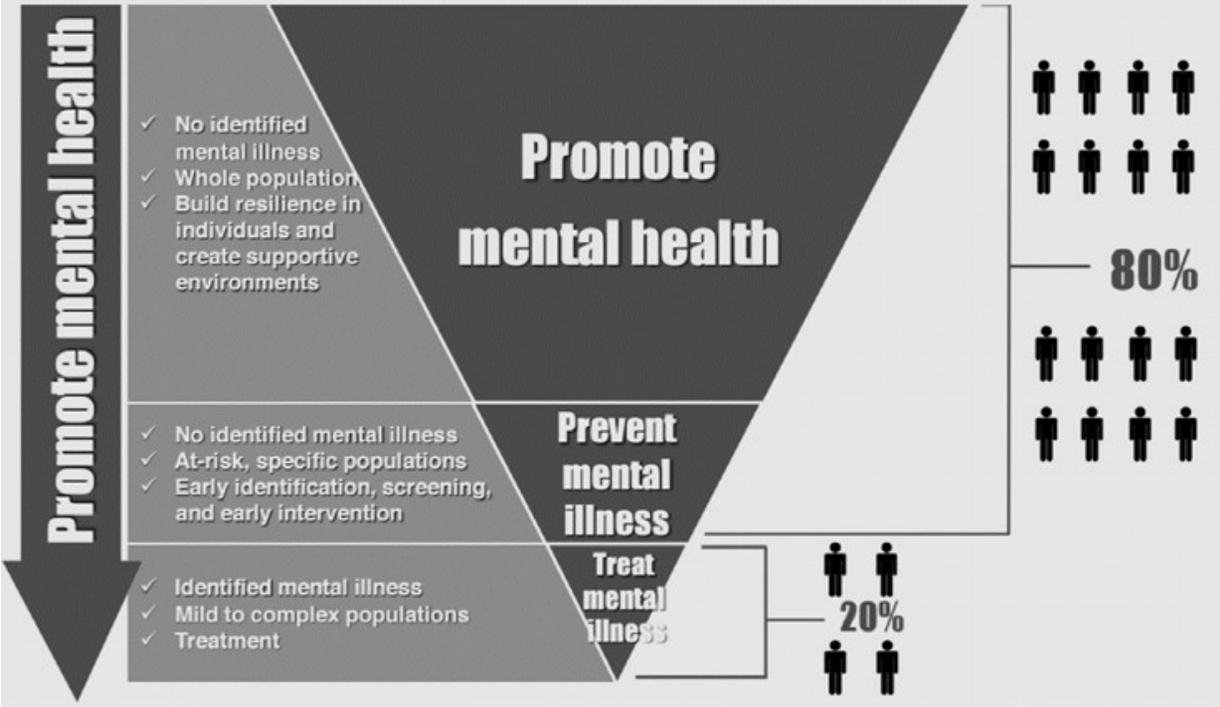
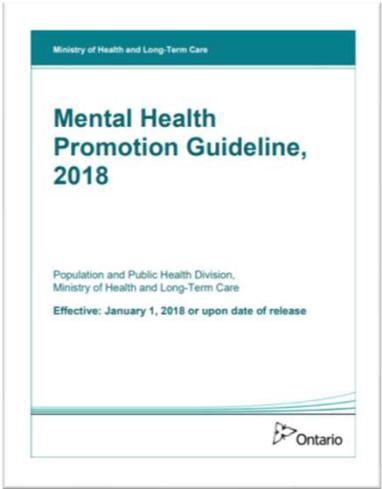
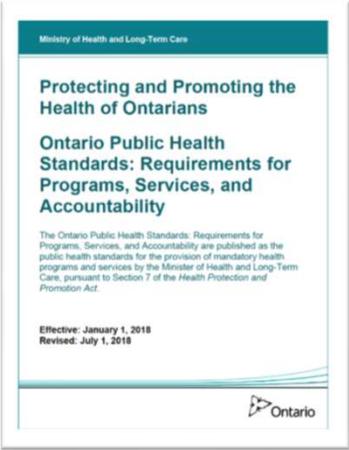
Improve the impact and effectiveness of Algoma Public Health programs.



Grow and celebrate an organizational culture of learning, innovation, and continuous improvement.

PUBLIC HEALTH

Ontario Public Health Standards



Ministry of Health, Ontario. Ontario Public Health Standards: Requirements for Programs, Services and Accountability. 2021. https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2021.pdf

Ministry of Health, Ontario. Mental Health Promotion Guideline. 2018 <https://files.ontario.ca/moh-guidelines-mental-health-promotion-guideline-en-2018.pdf>

Mental Health Promotion



Is the process of enhancing the capacity of individuals and communities to increase control over their lives and improve their mental health

Population Mental Health Promotion

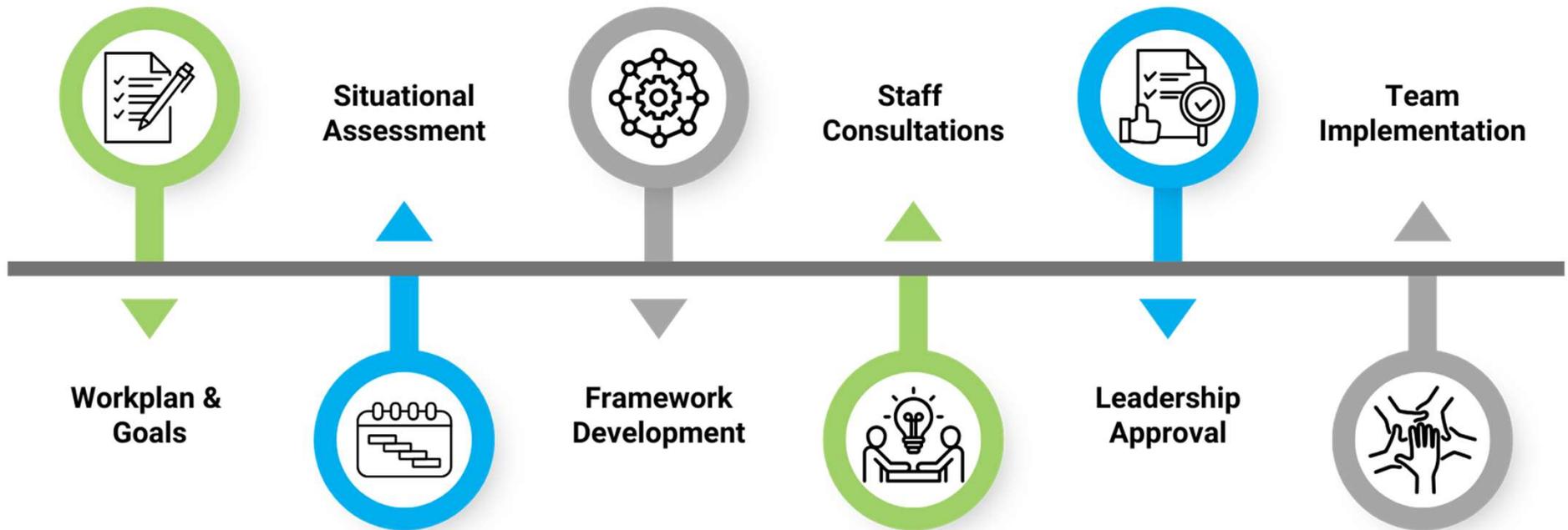
- Focuses on protective factors
- Addresses social, physical and socioeconomic environments
- Decreases social inequalities, injustices, stigma, discrimination and oppression
- Uses methods and strategies that work together to address different social and environmental factors
- Involves intersectoral action, public participation, engagement and empowerment



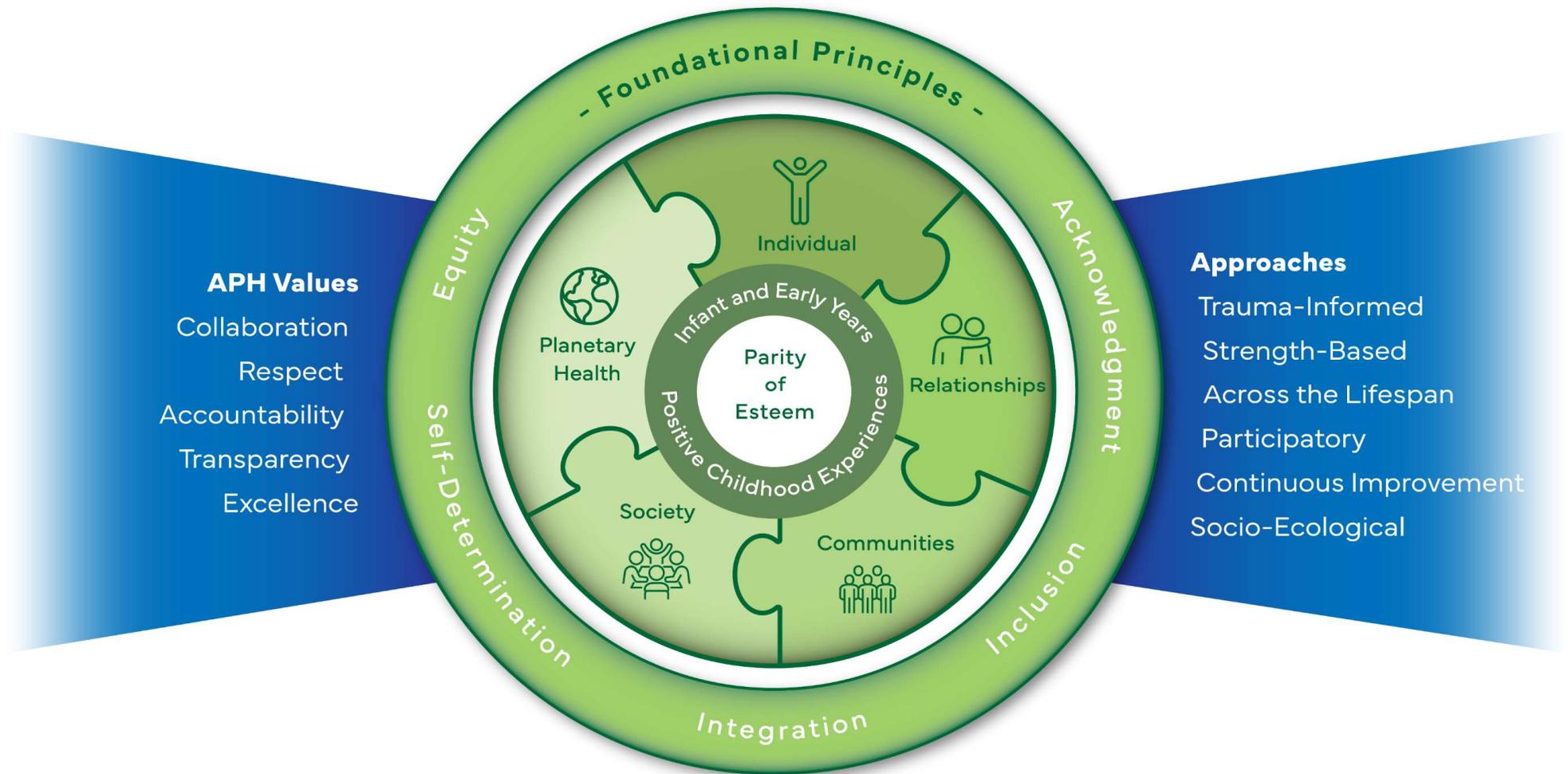
APH Mental Health Promotion Framework



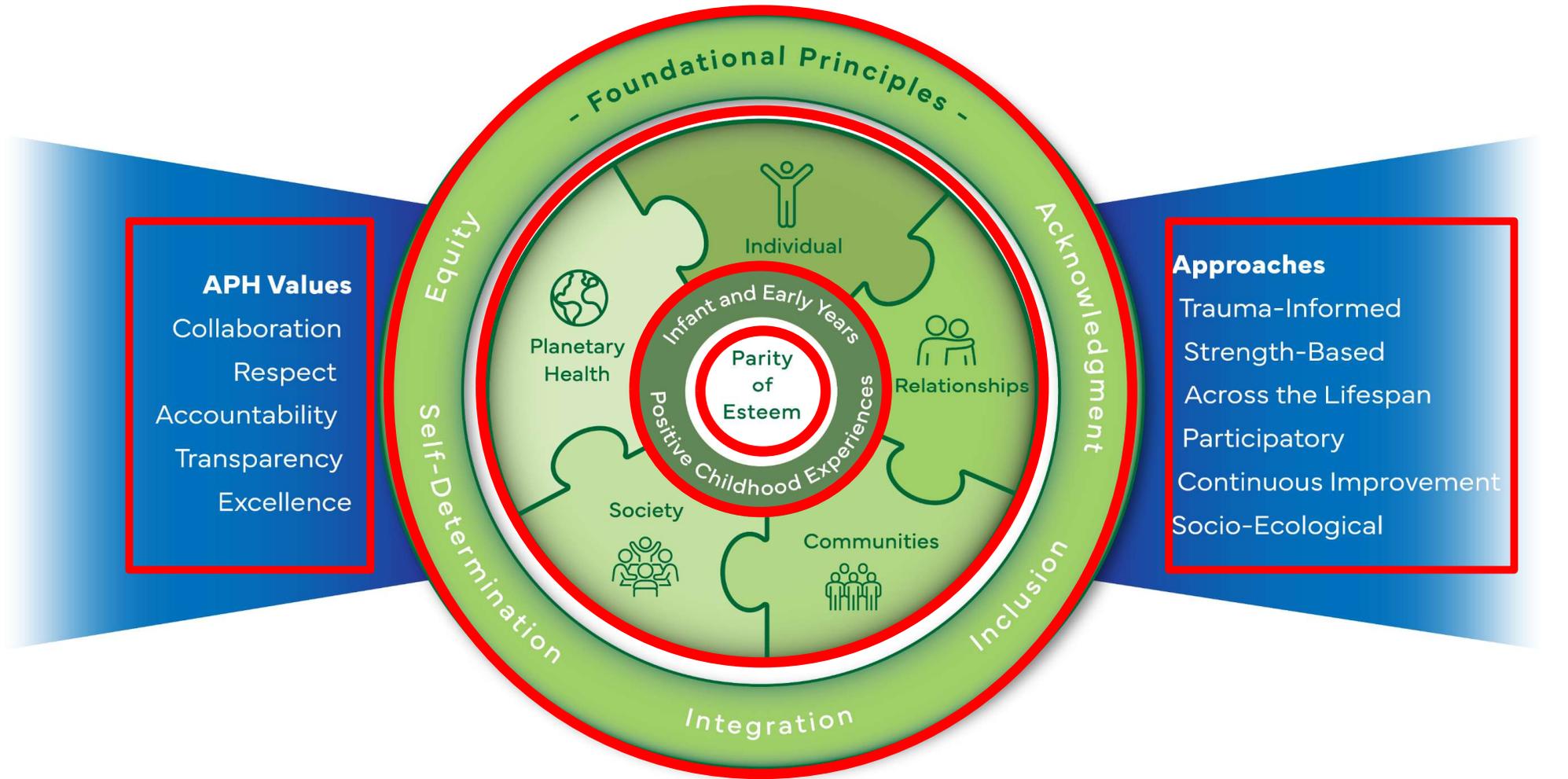
Developing the Framework



The purpose of the Framework is to build a shared understanding across programs, while providing flexible guidance to act and integrate mental health promotion into our work across the agency.



The purpose of the Framework is to build a shared understanding across programs, while providing flexible guidance to act and integrate mental health promotion into our work across the agency.



Team Implementation

- Team champion
- Presentation & team activity by HPS
- Next steps to continue conversation and incorporate mental health promotion into 2026 planning
- Agency wide initiatives (i.e., mental health promotion action team)



Action Steps



Introduce the APH Mental Health Promotion Framework to program teams

WE ARE HERE



Programs integrate the framework and identify opportunities and strengths

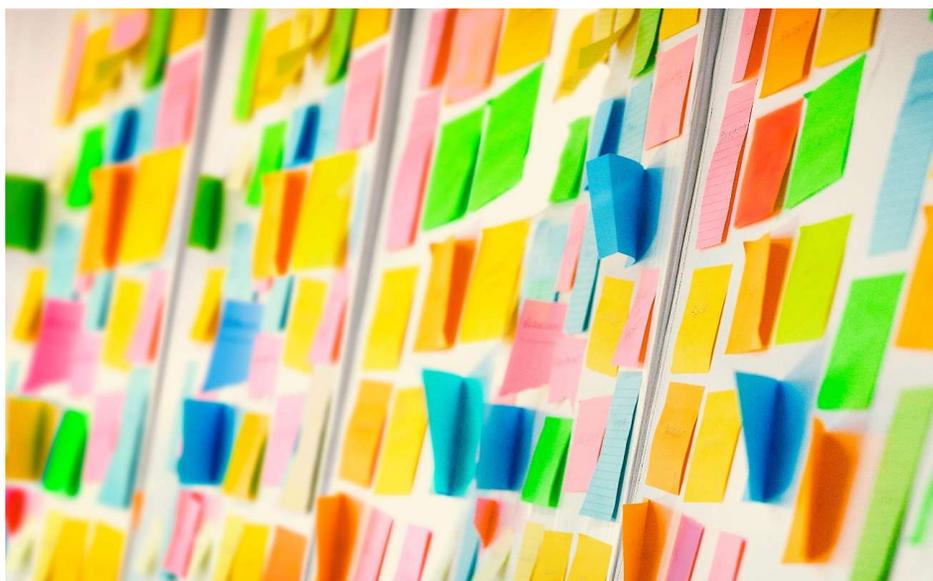


Establish internal Mental Health Promotion Action Team



Update the framework as needed and evaluate implementation

Implementing the Framework



Environmental Health Team

- The Environmental Health Team has incorporated Mental Health Promotion into their 2026 Healthy Environments plan:
- **APH Objective:** Implement APH Mental Health Promotion Framework and facilitate framework implementation
- **Activities:**
 - Illustrate how MHP exists with current programming and identify opportunities for strategically including MHP within the public health approach.
 - Support mental health literacy of APH staff

Healthy Growth & Development Team

- As a team they work to embed upstream, trauma-informed, and equity focused approaches into early years programming.
- **Nurturing Algoma** – works across all Levels of Influence
 - Mobilizing data via CanDDIS
 - Strengthening community partnerships
 - Advancing infant and early childhood mental health promotion



School Health & Community Wellness Teams

- Primary Prevention and Youth Well-Being
 - Building partnerships and community coalitions
 - Engaging with partners and exploring community driven substance use prevention initiatives (e.g. Planet Youth/Icelandic Prevention Model)
- Identifying and Addressing Structural Stigma
 - Sharing information with staff via team presentations and discussions
 - Create a working group to conduct an organizational assessment

Overall Future Directions



Strengthening mental health promotion literacy.



Thinking about current public health actions in this context.



Integrating the framework into program planning.



Collaborating on mental health promotion initiatives across programs.



Working with community partners on mental health promotion.



Questions?

Chi-Miigwech. Merci. Thank You.

PUBLIC HEALTH



Algoma
PUBLIC HEALTH
Santé publique Algoma

October 22, 2025

Report of the Medical Officer of Health / CEO



Staff observed Orange Shirt Day at SSM and district offices, featuring an educational celebration, flag raising, and cedar planting.



Prepared by:
Dr. Jennifer Loo and the
Leadership Team

Presented to:
Algoma Public Health Board of Health

TABLE OF CONTENTS	
APH At-a-Glance	Pages 3-4
Program Highlight – Immunization of School-aged Children and Youth	Pages 5-6

APH AT-A-GLANCE

As the fall respiratory season gets under way, this is a key time to focus on the importance of immunization, and the critical role local public health plays in both prevention and outbreak response.

APH's successful control of the local measles outbreak this spring and summer was a critical component of the province-wide measles outbreak response. When Algoma saw its first case of the highly contagious disease in April 2025, it was clear that the local spread of measles would disproportionately impact those without protection from immunization or immunity from prior disease. 151 Algoma residents were infected with measles over the course of this outbreak, with a number requiring hospital care. The last reported case of measles in Algoma was in July 2025, and on October 6, 2025, the [Chief Medical Officer of Health officially declared the provincial measles outbreak over](#). The successful containment of this outbreak in Algoma, with minimal exposures in public settings, was possible through a number of key factors:

- Up-to-date measles response plans and team preparedness through tabletop simulations, in recognition of the threat of rising measles cases worldwide
- Infection prevention and control (IPAC) support and education for health care providers, to enable timely diagnosis and prevention of measles transmission in health care facilities
- Strong collaboration, communication, and trusting relationships with local healthcare providers, families, and community members, all of whom worked tirelessly and took extra measures to help ill individuals access care, support people who were isolating, and provide and amplify clear information about the disease and vaccine from trusted health professionals
- Robust case and contact management by an expanded team of APH public health nurses, a number of whom were cross-trained in communicable disease control and were able to be redeployed to support outbreak management
- Prompt notification of at-risk contacts during the rare circumstances of public exposure, both directly where possible and through media alerts
- Outreach immunization clinics throughout the course of the outbreak, which, in combination with education and trusting relationships, resulted in many previously hesitant individuals making the choice to get immunized against measles

Alongside Algoma's pharmacy and primary care immunization partners, APH's community clinics have begun [offering vaccines](#) this fall for COVID-19, influenza, and respiratory syncytial virus (RSV). Recognizing the present challenges in primary care and pharmacy access in our region, vaccines are being provided at both APH-based clinics and certain areas of identified need, such as additional clinics in Desbarats, Blind River, and Iron Bridge. These expanded clinical public health services are made possible by the planning and service provision from our immunization team along with the addition of casual nurses. With [outbreak activity](#) including COVID-19 outbreaks already underway in Algoma's hospitals, long-term care facilities, and retirement facilities, APH's public health inspectors and [IPAC Hub Team](#) have been working closely with health care partners and congregate living settings to support outbreak management and enhance infection control measures.

Catch-up clinics also continue this fall, to help Algoma students get up to date on their vaccines and immunization records, as required by the Immunization of School Pupils Act (ISPA). As further detailed in the enclosed report, considerable progress has been made in the past year in getting Algoma students immunized and their records up to date and decreasing ISPA-related student suspensions. Until a centralized provincial or national immunization information system is built, as recommended by Ontario's Chief Medical Officer of Health in the recently released 2024 annual report, [Protecting Tomorrow: The Future of Immunization in Ontario](#), APH will continue to routinely receive and assess student immunization record submissions and support the achievement of high rates of immunization coverage in school-aged children and youth.

PROGRAM HIGHLIGHT – Immunization of School-aged Children and Youth

Immunization Program

From: Candice Carter, Manager of Immunization

Prepared By: Briana Paluzzi, Public Health Nurse

Ontario Public Health Standard Requirements⁽¹⁾ addressed in this report:

- OPHS standards – Immunization
- Children have up-to-date immunizations according to the current Publicly Funded Immunization Schedules for Ontario, and in accordance with **the *Immunization of School Pupils Act (ISPA)* and the *Child Care and Early Years Act (CCEYA), 2014.***⁽¹⁾

2025-2026 Strategic Priorities addressed in this report:

- [X] Advance the priority public health needs of Algoma’s diverse communities.
- [X] Improve the impact and effectiveness of Algoma Public Health programs.

Key Messages

- The *ISPA* protects children against nine designated vaccine-preventable diseases. These vaccines are delivered through primary care settings, school-based immunization programs, and at APH clinics for individuals without a health care provider.
- This initiative promotes and protects health and prevents disease outbreaks for those who attend school and contributes to overall community infectious disease prevention.

Assessing Students in 2025

In January 2025, notices were sent to approximately 3,755 students between the ages of 4 to 18 who were identified as overdue for immunizations. Although all overdue students received notices, for this year, suspensions were implemented for a targeted cohort of high school students in grades 9–11. In April 2025, 508 suspension orders were issued to this group, and in May 2025, 140 students were suspended due to non-compliance.

As of July 2025, 1,717 elementary and high school students remained overdue for mandatory vaccines. In addition to the ongoing planning and delivery of school-based immunization clinics, APH has continued to offer catch-up clinics to increase access to immunizations. The chart below highlights progress to date:

School Year	Incomplete Immunization Records	Cohort	Students Suspended	Cohort
2023/24	7655 students (Jul 2023)	4-18 years	3786	7-17 years
2024/25	3755 students (Jan 2025)	4-18 years	140	14-17 years

Immunization Exemptions

As part of the Immunization of School Pupils Act (ISPA), parents or guardians of students attending school in Ontario may request an exemption from immunization for either medical or non-medical reasons, including conscience or religious beliefs. Medical exemptions require a Statement of Medical Exemption completed by an authorized medical professional (physician or nurse practitioner). Non-medical exemptions are submitted using a Statement of Conscience or Religious Belief and require the parent or guardian to complete an immunization education session.

Distribution of Vaccines

In addition to the planning and delivery of APH immunization clinics, APH leads local efforts to distribute and administer publicly funded vaccines through multiple channels across the district. Vaccines are delivered to physician offices, family health teams, Nurse Practitioner-led clinics, hospitals and walk-in clinics. The immunization team continues to share messages with the public about how to submit vaccine records to APH, as well as frequently communicates with vaccine administrators to further increase the number of records submitted to APH. The ongoing reporting and collection of immunization records support the efficiency of the ISPA process to avoid suspensions, improve data quality, support analysis and reporting, and strengthen community connections and partnerships.

Next Steps: 2025/2026 and Beyond

- Plan to send notices in late fall to families of students aged 4 -17 years, allowing sufficient time for them to update their immunizations and avoid suspension in early spring.
- Continue collaboration and communication with local health care providers and school boards.
- Continue to share public health information and messaging that emphasizes the importance of vaccines in protecting population health.
- Partner with the Sault Community Career Centre to offer on-site immunization clinics for newcomers to Canada, helping ensure they are up to date with recommended and required vaccinations.
- Provide additional catch-up clinics both at all APH offices and in community settings to ensure equitable access to immunization services across all socioeconomic groups.

References

1. Ontario Public Health Standards: Requirements for Programs, Services and Accountability. Ontario Ministry of Health; 2021. Available from: https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2021.pdf
2. Immunization of School Pupils Act, Ontario: 2024. Available from: <https://www.ontario.ca/laws/statute/90i01>.
3. Algoma Public Health. Program data 2025. [Unpublished].

Ministry of Health

Office of Chief Medical Officer
of Health, Public Health

Box 12
Toronto, ON M7A 1N3

Fax: 416 325-8412

Ministère de la Santé

Bureau du médecin hygiéniste
en chef, santé publique

Boîte à lettres 12
Toronto, ON M7A 1N3

Télec. : 416 325-8412

October 8th, 2025

MEMORANDUM

TO: Medical Officers of Health and Associate Medical Officers of Health,
Public Health Units

FROM: Dr. Kieran Moore, Chief Medical Officer of Health and Assistant Deputy
Minister

RE: Measles Update

Dear Colleagues,

This memorandum serves to inform you that the measles outbreak in Ontario has been officially declared over following a period of sustained surveillance showing a return to baseline case levels.

Thanks to the collaborative efforts of all system partners, the Ontario measles outbreak has been declared over, effective October 6, 2025. According to Public Health Agency of Canada (PHAC) guidelines, the Ontario epidemiologic curve shows that the last reported measles case had its onset of rash on August 21, 2025, 46 days ago, indicating the conclusion of the outbreak.

I would like to acknowledge the significant efforts of yourselves and your staff in the response to the measles outbreak in Ontario, especially those public health units that were most impacted by the outbreak and employed the measles outbreak immunization strategy. Through public health efforts, case follow-up and contact management was implemented effectively, limiting spread and closure of settings such as schools.

At this time, given the outbreak in Ontario has been declared over, the outbreak immunization strategy used by highly impacted public health units also will end, and the [routine immunization schedule](#) should be followed across the province. Continued promotion of vaccination will be important locally along with activities of the *Immunization of School Pupils Act*. Please continue to communicate and work locally with providers and communities.

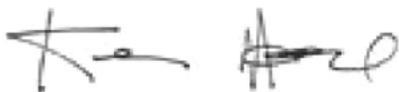
Nationally, cases continue to be [reported](#) in Alberta, British Columbia, Saskatchewan, and Manitoba. Globally, cases continue to be reported in some US states as well as other countries, including Mexico, the United Kingdom, several European countries and Australia.

In Ontario, we continue to see non-outbreak related cases and we must remain vigilant to the importation and potential spread of additional cases in the province. We must continue to promote and administer vaccines, as well as assess and report cases and manage contacts expeditiously.

Communication of the declaration of the Ontario outbreak ending, a shift away from the outbreak immunization strategy, and continued promotion of vaccination per routine schedule and vigilance for case importations will also be communicated to Ontario Health and other partners by the ministry.

Thank you for your ongoing support.

Sincerely,



Kieran Michael Moore, MD, CCFP(EM), FCFP, MPH, DTM&H, FRCPC, FCAHS
Chief Medical Officer of Health

- c: Elizabeth Walker, Executive Lead
- Dr. Daniel Warshafsky, Associate Chief Medical Officer of Health
- Dr. Fiona Kouyoumdjian, Associate Chief Medical Officer of Health
- Dr. Wajid Ahmed, Associate Chief Medical Officer of Health
- Dr. Kate Bingham, Associate Chief Medical Officer of Health
- Dr. Onye Nnorom, Associate Chief Medical Officer of Health
- Michael Sherar, President and Chief Executive Officer, Public Health Ontario

Ministry of Health

Office of Chief Medical Officer
of Health, Public Health

Box 12

Toronto, ON M7A 1N3

Fax: 416 325-8412

Ministère de la Santé

Bureau du médecin hygiéniste
en chef, santé publique

C.P. 12

Toronto (Ontario) M7A 1N3

Télec. : 416 325-8412

Le 8 octobre 2025

NOTE DE SERVICE

DESTINATAIRES : Médecins hygiénistes et médecins hygiénistes adjoints, bureaux de santé publique

EXPÉDITEUR : Dr Kieran Moore, médecin hygiéniste en chef et sous-ministre adjoint

OBJET : Le point sur la rougeole

Bonjour,

La présente note de service a pour objet de vous informer que l'écllosion de rougeole en Ontario a officiellement été déclarée terminée à la suite d'une période de surveillance soutenue révélant un retour aux niveaux de référence.

Grâce aux efforts de collaboration de tous les partenaires du système, l'écllosion de rougeole en Ontario a été déclarée terminée le 6 octobre 2025. La courbe épidémiologique de l'Ontario montre que l'éruption cutanée du dernier cas de rougeole signalé est apparue le 21 août 2025, soit il y a 46 jours, ce qui indique que l'écllosion est terminée selon les lignes directrices de l'Agence de la santé publique du Canada (ASPC).

Je tiens à souligner les efforts considérables que vous et votre personnel avez déployés pour faire face à l'écllosion de rougeole en Ontario. Je pense plus particulièrement aux bureaux de santé publique les plus touchés, qui ont appliqué la stratégie de vaccination en cas d'écllosion de rougeole. Grâce aux efforts de santé publique, les procédures de suivi des cas et de gestion des contacts ont été mises en œuvre efficacement, ce qui a permis de limiter la propagation de la maladie et la fermeture d'établissements, comme les écoles.

Puisque l'écllosion en Ontario est maintenant terminée, la stratégie de vaccination en cas d'écllosion appliquée dans les bureaux de santé publique fortement touchés prendra fin, et le [calendrier de vaccination systématique](#) devra être suivi dans l'ensemble de la province. Il sera important de poursuivre la promotion de la vaccination à l'échelle locale, de même que la mise en œuvre des mesures prévues par la *Loi sur l'immunisation des élèves*. Veuillez continuer à communiquer et à travailler localement avec les fournisseurs et les collectivités.

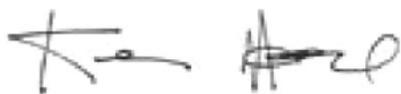
À l'échelle nationale, des cas continuent d'être [signalés](#) en Alberta, en Colombie-Britannique, en Saskatchewan et au Manitoba. À l'échelle internationale, des cas sont toujours détectés dans certains États américains ainsi que dans d'autres pays, dont le Mexique, le Royaume-Uni, plusieurs pays européens et l'Australie.

En Ontario, nous découvrons encore des cas non liés à l'écllosion, d'où la nécessité de demeurer vigilants quant à l'importation de cas et à la propagation possible de la maladie dans la province. Nous devons continuer non seulement à promouvoir et à administrer des vaccins, mais aussi à évaluer et à signaler les cas et à gérer rapidement les contacts.

Le ministère communiquera également à Santé Ontario et aux autres partenaires la déclaration de la fin de l'écllosion en Ontario, l'abandon de la stratégie de vaccination en cas d'écllosion, la poursuite des efforts de promotion de la vaccination selon le calendrier systématique et le maintien d'une vigilance accrue à l'égard de l'importation de cas.

Je vous remercie de votre soutien continu.

Je vous prie d'agréer mes salutations les plus cordiales.



Kieran Michael Moore, M.D., CCMF (MU), FCMF, M.H.P., DTMH, FRCPC, FCAHS
Médecin hygiéniste en chef

c.c. : Elizabeth Walker, directrice générale

D^r Daniel Warshafsky, médecin hygiéniste en chef adjoint

D^{re} Fiona Kouyoumdjian, médecin hygiéniste en chef adjointe

D^r Wajid Ahmed, médecin hygiéniste en chef adjoint

D^{re} Kate Bingham, médecin hygiéniste en chef adjointe

D^{re} Onye Nnorom, médecin hygiéniste en chef adjointe

Michael Sherar, président-directeur général, Santé publique Ontario

**Finance and Audit Committee Chair Report
October 8, 2025**

Attendees:

Sally Hagman
Luc Morrissette
Suzanne Trivers
Jody Wildman – Chair

Regrets:

n/a

APH Members:

Dr. Jennifer Loo – Medical Officer of Health & CEO
Dr. John Tuinema – Associate Medical Officer of Health
Rich Webb – Director of Corporate Services
Leslie Dunseath – Manager of Accounting Services
Tania Caputo – Board Secretary

Guests:

None

Minutes

- The Minutes of the Finance and Audit Committee meeting of April 9, 2025 were approved.

Report and Recommendations to the Board of Health

- The Committee reviewed APH's Unaudited Financial Statements for the period ending August 31, 2025 and recommends Board of Health approval.

New Business / General Business

Options for 2024 Public Health Cost-Shared Surplus

- In its 2024 audited financial statements APH reported a municipal surplus in mandatory cost-shared programs in the amount of \$450,295 for that year.
- Board policy is that any excess revenues in any year shall be paid into reserve funds.
- Options presented were to contribute all, or a portion of the surplus into reserve funds, or apply a lump sum to outstanding debt.
- The Finance and Audit Committee noted that preliminary budget projections for 2026 forecast another increase (due in large part to the Province's decision to hold

its share of funding to a one percent increase) and that another option would be to use all or a portion of the 2024 surplus to lessen the burden on municipal partners.

- The Finance and Audit Committee deferred recommendation on allocation of the 2024 cost-shared surplus until discussions/recommendation on the 2026 budget.

Investment Options for Reserve Fund

- APH's Reserve Fund currently stands at \$2,181,284, representing approximately 1.5 months of operations.
- The current interest rate being earned is competitive with other investment options.
- The Finance and Audit Committee recommends to the Board of Health to leave 100% of the Reserve Fund as is at this time.

Budget 2026 Options for Consideration

- A combination of rising costs and the Province limiting the provincial share of funding for public health to a one percent increase, APH is forecasting a deficit for 2026.
- The Finance and Audit Committee discussed the need to review all options for limiting a municipal levy increase to a reasonable amount. Work toward a balanced budget is ongoing and will be presented to the Board at the end of November for discussion.

2025-2034 APH Capital Asset Plan

- The Finance and Audit Committee reviewed the 2025-2034 Capital Asset Plan, which included projected needs over that period.
- The finalized plan will come to the board for approval in November alongside the 2026 budget.

In Camera

- The Committee went into Closed session for adoption of in-camera meeting minutes and security of the property of the board.

Resolution(s) Arising from In Camera Discussions:

- The Finance and Audit Committee recommends the Board approve use of reserve funds to support upgrades to the security camera system at its Sault Ste. Marie location in 2026.

Next Meeting

The Finance and Audit Committee is next scheduled to meet on November 12, 2025.

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



Algoma
PUBLIC HEALTH
Santé publique Algoma

APH Unaudited Financial Statements ending August 31, 2025

Prepared by:
Leslie Dunseath

Presented to:
Algoma Public Health Board of Health
October 22, 2025

TABLE OF CONTENTS	
Statement of Operations	Page 1
Statement of Revenue	Page 2
Comparative Balance Sheet	Page 3
Notes to Financial Statements	Pages 4-5

Algoma Public Health

Statement of Operations

August 2025

(Unaudited)

Public Health Programs (Calendar)					Variance %	Variance
Description	Current YTD	Current YTD Budget	YTD Budget Variance	Annual Budget	Act to Bud	YTD Act to Bud
Public Health Funding, Total	-8,311,497	-8,286,977	24,519	-12,430,466	0%	100%
Other Funding, Total	0	0	0	0		
Levies, Total	-3,630,165	-3,630,165	0	-4,840,220	0%	100%
Fees & Recoveries, Total	-341,235	-410,400	-69,165	-595,100	-17%	83%
Other Revenue, Total	0	0	0	0		
TOTAL REVENUE	-12,282,896	-12,327,542	-44,646	-17,865,786	0%	100%
Salaries & Wages, Total	6,770,023	7,289,757	519,735	10,934,636	-7%	93%
Benefits, Total	1,825,626	2,011,502	185,876	2,837,798	-9%	91%
Office Expenses, Total	27,038	41,600	14,562	62,400	-35%	65%
Program Expenses, Total	727,738	604,973	-122,765	922,034	20%	120%
Professional Development, Total	35,914	49,703	13,790	74,555	-28%	72%
Travel Expenses, Total	93,346	113,700	20,354	170,550	-18%	82%
Fees & Insurance, Total	266,235	282,067	15,832	427,100	-6%	94%
Telecommunications, Total	171,514	151,968	-19,545	227,952	13%	113%
Program Promotion, Total	14,494	15,800	1,306	23,700	-8%	92%
Debt Management & Amortization, Total	304,947	304,947	0	457,421	0%	100%
Computer/IT Services, Total	579,094	564,775	-14,320	837,912	3%	103%
Facilities Expenses, Total	1,006,816	593,151	-413,665	889,727	70%	170%
TOTAL EXPENSES	11,822,784	12,023,944	201,161	17,865,786	-2%	98%
SURPLUS/DEFICIT	-460,112	-303,598	156,515	0		

Healthy Babies Healthy Children (Fiscal)						
Description	Current YTD	Current YTD Budget	YTD Budget Variance	Annual Budget		
TOTAL REVENUE (MCCSS)	-475,316	-475,313	4	-1,140,750	0%	100%
TOTAL EXPENSES	468,966	477,208	8,242	1,140,750	-2%	98%
SURPLUS/DEFICIT	-6,350	1,895	8,246	0		

Fiscal Programs (Non-Public Health)						
Description	Current YTD	Current YTD Budget	YTD Budget Variance	Annual Budget		
PROVINCIAL GRANTS	-69,480	-69,480		-166,753	0%	100%
OTHER FUNDING	-63,723	-63,724	-1	-177,447	0%	100%
TOTAL REVENUE	-133,203	-133,204	-1	-344,200	0%	100%
CAPC/CPNP	32,150	32,270	120	77,447	0%	100%
Nurse Practitioner	67,049	69,480	2,431	166,753	-3%	97%
Stay on Your Feet	39,861	41,667	1,806	100,000	-4%	96%
TOTAL EXPENSES	139,060	143,417	4,357	344,200	-3%	97%
SURPLUS/DEFICIT	5,857	10,213	4,356	0		

Fiscal Programs (Public Health)						
Description	Current YTD	Current YTD Budget	YTD Budget Variance	Annual Budget		
PROVINCIAL GRANTS	-131,492	-262,568	-131,076	-630,163	-50%	50%
TOTAL EXPENSES	243,398	263,276	19,878	630,163	-8%	92%
SURPLUS/DEFICIT	111,906	708	-111,198	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 2025

(Unaudited)

Description	Current YTD	Current YTD Budget	YTD Budget Variance	Annual Budget	Variance %	
					Act to Bud	YTD Act to Bud
MOH Program Funding - Public Health	-6,747,087	-6,747,002	85	-10,120,503	0%	100%
MOH Program Funding - 100%	-1,545,214	-1,539,975	5,239	-2,309,963	0%	100%
MOH Program Funding - One Time	-19,196		19,196	0	#DIV/0!	#DIV/0!
Public Health Funding, Total	-8,311,497	-8,286,977	24,520	-12,430,466	0%	100%
Levies - Sault Ste. Marie	-2,524,828	-2,524,828	0	-3,366,437	0%	100%
Levies - District	-1,105,337	-1,105,337	0	-1,473,783	0%	100%
Levies, Total	-3,630,165	-3,630,165	0	-4,840,220	0%	100%
Program Fees	-20,095	-26,667	-6,572	-40,000	-25%	75%
Land Control Fees	-132,072	-172,000	-39,928	-215,000	-23%	77%
Immunization Recoveries	-70,855	-58,333	12,520	-110,000	21%	121%
Recoveries from Programs	-16,830	-20,067	-3,236	-30,100	-16%	84%
Interest Revenue	-101,384	-133,333	-31,950	-200,000	-24%	76%
Fees & Recoveries, Total	-341,236	-410,400	-69,166	-595,100	-17%	83%
TOTAL REVENUE	-12,282,898	-12,327,542	-44,646	-17,865,786	0%	100%

Algoma Public Health

Comparative Balance Sheet

August 2025

(Unaudited)

	Current Balance	December 31, 2024
Cash and Investments, Total	5,662,081	4,702,136
Accounts Receivable, Total	186,652	1,729,409
Other Assets, Total	355,864	365,259
Fixed Assets, Total	16,559,921	16,559,921
TOTAL ASSETS	22,764,518	23,356,724
Accounts Payable - Province, Total	(2,295,769)	(2,750,849)
Accounts Payable, Total	(989,297)	(743,138)
Accrued Liabilities, Total	(2,930,680)	(3,681,471)
Long-term Liabilities, Total	(2,907,234)	(2,907,234)
Other Liabilities, Total	(281,788)	(277,755)
TOTAL LIABILITIES	(9,404,768)	(10,360,445)
TOTAL ACCUMULATED SURPLUS	(13,359,751)	(12,996,279)
TOTAL LIABILITIES AND EQUITIES	(22,764,519)	(23,356,724)

Notes to Financial Statements – August 2025

Reporting Period

The August 2025 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, 2026.

Statement of Operations

Summary – Public Health and Non-Public Health Programs

APH has received the 2025 Amending Agreement from the province identifying the approved funding allocations for public health programs. Change from 2024 includes 1% increase to base funding for mandatory cost-shared programs only, as committed to by the Ministry. The annual budget for public health programs has been updated to reflect the Board approved budget as presented at the November 2024 Board of Health Meeting. APH expects to receive a revised version of the 2025 amending agreement with any further funding changes/additions in the fall.

As of August 31, 2025, Public Health calendar programs are reporting a \$157K positive variance – which is driven by a \$45K negative variance in revenues and a \$201K positive variance in expenditures.

Public Health Revenue

Our Public Health calendar revenues are within 1% variance to budget for 2025.

For the 2025 calendar year, the province instructed public health units to plan for base funding growth of 1%. These anticipated changes are reflected within the updated amending agreement and the Board of Health approved 2025 budget.

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. Formal funding approvals for this initiative were received in early December 2024, which included \$316K in committed base funding through to the 2028/29 fiscal year and the anticipation that any additional program expenditures will be funded via one-time, reasonable funding requests. The 2025/26 IPAC hub budget has been updated to reflect APH's submitted budget for the hub totaling \$630K. Formal approvals for 2025/26 funding are expected in the near future, at which time APH would receive a catch-up payment for any funding approved above and beyond the committed base funding portion noted above.

Public Health Expenses

Salaries & Benefits

There is a \$706K positive variance associated with ongoing position vacancies that are actively being recruited for. With several planned leaves having returned to work/expected to return to work and APH having been successful in recruiting to fill several vacant positions in late summer/early fall, this variance

is anticipated to slow in the remaining months of the year. APH also received an unplanned \$74K credit related to WSIB in April 2025.

Program Expenses

There is a \$123K negative variance associated with program expenses. The majority of this identified pressure is driven by demand for our Ontario Senior Dental program (externally sourced professional services for maintenance, preventative and denture services). Once again for 2025, APH submitted a request for increased base funding for this program alongside the 2025 Annual Service plan which was due to the Ministry on March 31st. We continue to service our communities based on demand considering conversations with the Ministry where APH has been instructed to continue programming as planned, with funding opportunities to continually be made available to address ongoing pressures.

Travel Expenses

There is a \$19K positive variance associated with travel expenses based on actual travel that staff has completed and requested reimbursement for as of July 31, 2025. APH is continuing to monitor this variance as it relates to any potential savings being realized by staff use of agency owned vehicles.

Facilities Expenses

There is a \$414K negative variance associated with facilities expenses which is driven by unplanned, significant snow removal in the months of January & February and ongoing capital projects (boiler replacement, building envelope repair and 2nd floor office renovations at 294 Willow, SSM). It is to be noted that included in this variance is \$304K in expenses related to the boiler replacement and building envelope repair project for which APH has requested one-time capital funding from the Ministry. We anticipate a response to this request in the fall.

Financial Position - Balance Sheet

APH's liquidity position continues to be stable and the bank has been reconciled as of August 31, 2025. Cash includes \$2.2M in reserve funds.

Long-term debt of \$2.9 million is held by TD Bank @ 1.80% for a 60-month term (amortization period of 120 months) and matures on September 1, 2026. \$170K 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.

Briefing Note

To: Finance and Audit Committee
From: Leslie Dunseath, Manager of Accounting Services
Date: October 8, 2025
Re: Investment Options for Reserve Fund

For Information

For Discussion

For a Decision

BACKGROUND

Algoma Public Health's (APH) Board of Health established a Reserve Fund Policy in June of 2015. The purpose of the establishment of a Reserve Fund is to be better prepared to:

- meet any unexpected costs that may arise in the future;
- help offset one-time or capital expenditures;
- help offset any revenue shortfalls;
- minimize fluctuations in funding;
- help manage cash flows and;
- avoid application of additional levies to municipalities in the event of any cash shortfalls.

APH has contributed to the reserve fund based on recommendations by the Board. APH has not required using any of the reserve fund since the development of the policy. As of September 30, 2025 the current amount of funds in the reserve is \$2,181,284, which represents approximately one and a half months of operations.

In June 2024, the Board approved investing \$1.6M of the reserve fund into a prime linked cashable GIC with RBC Bank, which came due in August 2025. The entirety of the reserve fund is currently held within an RBC Business Premium Investment Account currently earning interest at 2.75% on balances between \$1.0M - \$5.0M.

Based on continued sub-inflationary base funding growth, unknowns regarding the availability of one-time funding opportunities moving forward and ongoing/planned capital projects, it is possible that APH will need to access a portion of reserve funds in 2026. This being said, it would be of financial benefit to APH to consider alternative options for investment which offer increased return on investment.

OPTIONS FOR CONSIDERATION

Below is a table that summarizes options for cashable, short-term investments through various Canadian banks as per current posted rates (subject to change). These options are considered to be risk free (i.e. not market linked), flexible options that allow APH to withdraw funds at any time without risking original investment.

			Note:			
RBC Premium Investment Account	n/a	2.75%	Where reserve funds are currently held			
CIBC Variable Rate Business GIC	1 year	2.25%	Linked to CIBC Prime Rate			
CIBC Flexible GIC	1 year	2.15%				
TD Cashable Term Deposit	1 year	2.80%				
RBC Prime Linked Cashable GIC	1 year	2.70%	Linked to RBC Prime Rate			
RBC Redeemable GIC	1 year	2.35%				
Scotiabank Short Term Cashable	1 year	2.00%				

Options for consideration currently include leaving 100% of the reserve fund in the RBC Premium Investment Account or transferring all or a portion of the reserve fund to a GIC investment.

RECOMMENDATION

Given that the RBC Premium Investment Account offers one of the highest return rates from the above list, management recommends the Finance and Audit committee, for recommendation to the Board, to leave 100% of the reserve fund as is for the time being. With GICs featuring rates lower than what is currently being earned, there is no financial benefit to the Board to restrict funds into an investment at this time. Management will continue to monitor the interest rate trends and explore alternative providers and investment options and will bring forth recommendation to the Board for further investment should an opportunity for increased return arise.

CONTACT:

Leslie Dunseath, Manager of Accounting Services

Algoma Board of Health Reserve Fund

REFERENCE #: 00-05-065

DATE: Original: Jun 17, 2015
Revised: Jun 24, 2017
Reviewed: Apr 24, 2019
Reviewed: Mar 27, 2024

APPROVED BY: Board of Health

SECTION: Policies

PURPOSE:

To provide guidance on the establishment, maintenance, and use of a reserve fund.

POLICY:

The Board of Health for the Algoma Public Health has established reserves as follows:

BACKGROUND:

The Health Protection and Promotion Act (the “Act”) requires, in section 72(1), that the expenses incurred by or on behalf of a Board of Health and the Medical Officer of Health/Chief Executive Officer (MOH/CEO) in the performance of their functions and duties under the Act or any other act shall be borne and paid by the Municipalities in the health unit served by the Board of Health.

Section 72(5) (1) of the Act requires the Board of Health to cause the preparation of an annual estimate of expenses for the next year. Such estimate of expenses may from time to time be too high or too low, resulting in an excess or a shortfall respectively of funds paid by the Municipalities.

The Board of Health considers it prudent and expedient to establish reserve funds, which include reserves, into which, inter alia, any excess funds received in any year be paid to be applied to cover any shortfall of funds in future years.

Section 417(1) of the Municipal Act empowers the Board of Health in each year to provide in its estimate of expenses for the establishment or maintenance of a reserve fund for any purpose for which it has authority to expend funds.

Section 417(2) of the Municipal Act only requires the approval of the Councils of the majority of the Municipalities in a health unit for the establishment and maintenance of a reserve fund if the Board of Health is required to obtain such approval for capital expenditures.

Section 52(4) of the Act only requires the Board of Health to seek the approval of the Councils of the majority of Municipalities in a health unit for capital expenditures made to acquire and hold real property.

To obviate the need to seek the approval of the Councils of the majority of the Municipalities in the Algoma Health Unit to establish and maintain a reserve fund, the reserve fund will contain a restriction that the funds therein shall not be used for capital expenditures to acquire real property without first obtaining the approval of the Councils of the majority of the Municipalities in the Algoma Health Unit as required by section 52(4) of the Act.

PROCEDURE:

1. The Board of Health forthwith establish and maintain reserve funds for Working Capital, Land Control, Human Resources Management, Public Health Initiatives and Response, Corporate Contingencies, and Facility and Equipment Repairs and Maintenance; and,
2. The reserve funds shall be used and applied only to pay for expenses incurred by or on behalf of the Board of Health and the Medical Officer of Health in the performance of their functions and duties under the Health Protection and Promotion Act or any other Act; and,
3. None of the reserve funds shall be used or applied for capital expenditures to acquire and hold real property unless the approval of the Councils of the majority of the Municipalities in the Algoma Health Unit have been first obtained pursuant to section 52(4) of the Act; and,
4. The Board of Health in each year may provide in its estimates for a reasonable amount to be paid into the reserve funds provided that no amount shall be included in the estimates which are to be paid into the reserve funds when the cumulative balance of all the reserve funds in the given year exceeds 15 percent of the regular operating revenues for the Board of Health approved budget for the mandatory cost-shared programs and services; and,
5. All lease revenues received by the Board of Health under leases of part of its premises, in excess of the actual operating costs attributable to the leased premises, shall be paid annually into the reserve funds; and,
6. Any over-expenditures in any year shall be paid firstly from the reserve funds, and only when the reserve funds shall have been exhausted will the Board of Health seek additional funds from the Municipalities to pay for such over-expenditures; and
7. Any excess revenues in any year resulting from an overestimate of expenses shall be paid into the reserve funds; and,
8. The MOH/CEO shall, with Board approval, in each year, direct the allocation of excess funds to such reserve fund or funds as the MOH/CEO shall decide; and,
9. The MOH/CEO shall be entitled to transfer funds from one reserve fund to another reserve fund at any time and from time to time.

The MOH/CEO shall be responsible for the management of the reserves in accordance with respective Board of Health motions and By-law 15-01 To Provide for the Management of Property.

The approval of the Board of Health shall be required for any transfers from the Board's reserves that constitute part of the annual budget approval process or that are in excess of \$50,000 per transaction.

Historical Use of APH Reserve Funds

The APH Reserve Fund Policy was established in 2015.

As of September 30, 2025, there have been no withdrawals from the reserve fund since establishment of **policy 02-05-065 Algoma Board of Health Reserve Fund.**

InfoBreak

alPHA's members' portal



Fall 2025

Key Highlights:

- Registration for the online 2025 alPHA Fall Symposium and Workshops has launched. Click [here](#) to register.
- Health Promotion Ontario has launched its Fall Webinar Series.
- Haliburton Kawartha Northumberland Peterborough has rebranded as [Lakelands Public Health](#).

Leadership in Action:

Since the last newsletter in July, alPHA is maintaining its strategic momentum:

Promoting Local Public Health Leadership:

- **Continuing to Strengthen Advocacy at the Association of Municipalities of Ontario (AMO) Annual Conference:** alPHA's Executive Committee and Chief Executive Officer, Loretta Ryan, along with several local public health units, maintained a strong presence at the annual AMO conference in Ottawa. Attendance at AMO is critical to advancing the profile and importance of local public health with decision-makers at the local and provincial levels.
- **Engaging with Medical Leadership:** Engagements continue as alPHA's Executive Committee and Chief Executive Officer met with Ontario Medical Association leaders. Dialogue focused on mutual interests, such as the importance of stabilizing local public health agencies, including the newly merged ones; the pivotal role that public health fulfills, given the primary care gaps; and the importance of working together on joint priorities such as a provincial vaccine registry.
- **Board of Health Orientation Support:** Since the June conference, alPHA staff delivered on Member requests for tailored Board of Health orientations. Most recently, the Board of Health Governance Course was delivered in Kenora to the Northwestern Health Unit Board of Health and senior staff. This was a follow-up to another successful course that was held in Cornwall with the Eastern Ontario Health Unit, following the AMO Conference. Further information on the course can be found [here](#).
- **Expanding Leadership Representation:** alPHA continues to work with the Affiliate Representative, Cynthia St. John, regarding the Association of Public Health Business Administrators' expanded membership. This represents an excellent outcome for alPHA as it broadens our Membership to include public health leaders in Corporate Resources, Human Resources, Finance, Communications, and Information Technology.

ALPHA's Feedback and Input Opportunities:**• OPHS and Funding Review:**

- o While I write this update, the field is still awaiting news about the updated 2026 Ontario Public Health Standards (OPHS) and an update about the ministry's Funding Review for local public health agencies.
- o Once updates about these key pillars of the government's *Strengthening Public Health* initiative are announced, ALPHA will work to provide initial feedback in a timely manner.
- o At this year's Fall Symposium, ALPHA plans to provide and give opportunities for feedback on these key public health issues.

Open Channels for Feedback: ALPHA is continuously open to receiving feedback. Your input is invaluable in shaping our strategic direction. Thank you to our Members for attending and providing feedback on our well-received government relations workshop in June! Please continue to share ideas that align with your priorities.



2025 ALPHA Fall Symposium

SAVE THE DATE!

ALPHA 2025 Fall Symposium and Workshops November 5-7, 2025

Registration for the Fall Symposium and Workshops, taking place **online** November 5-7, is now open! You can register [here](#). These events will discuss a variety of issues of key importance to public health leaders, and you won't want to miss out. The cost to attend is \$399.00 +HST.

New for this year: We will be extending the symposium to an all-day program. This means you will have an opportunity to hear from even more speakers, explore more topics, and participate in more discussions! On Friday, November 7, from 8:30 a.m. to 4:30 p.m., there is an exciting lineup of Symposium speakers and topics. Key speakers include Dr. Hsiu-Li Wang, ALPHA Chair and more members of the ALPHA Board of Directors, and more. Additional information about other speakers and topics is available on the symposium webpage.

In conjunction with the Symposium, we are also holding two half-day workshops. The first one, *titled Public Health and Engagement with Indigenous Communities*, will be held on Wednesday, November 5, from 1 p.m. to 4 p.m., and will feature Nicole Blackman, IPHCC, Darryl Souliere-Lamb, IPHCC, Julia Creglia, IPHCC, and Leonor Tavares, OCMOH. Participants will gain further insights into the importance of appropriate and inclusive Indigenous engagement with local public health efforts. The session will provide an opportunity for reflection on how public health agencies can foster meaningful relationships with First Nations, Inuit, and Métis (FNIM) communities and organizations. On Thursday, November 6, from 1 p.m. to 4 p.m., we will hold the second workshop featuring Marilyn Owston, TrendLine Consulting Services. This workshop is titled *Leading Others: Understanding Communication Styles*. This highly interactive session has been specifically designed to enhance leaders' ability to communicate more effectively with their teams. If you do not have time to attend both pre-symposium workshops, pick the one that interests you the most!

For more information on how to register, please go the symposium webpage. The preliminary program is available [here](#).

ALPHA would like to thank [Southwestern Public Health](#) for being this year's Fall Symposium co-host. A shoutout also goes to [Eastern Ontario Health Unit](#) and the [Dalla Lana School of Public Health](#) for their event support.

**Association of Local
Public Health
Agencies**

**Fall Symposium
and Workshops**

**November 5-7,
2025**

Co-hosted by

alPHA

**Association of Local
PUBLIC HEALTH
Agencies**



alPHA's Fall Symposium and Workshops will continue the important conversations on the critical role, value, and benefit of Ontario's local public health system.

Participate in engaging online workshops and in-depth plenary sessions with public health leaders.

**You must be an alPHA member to participate.
Pre-Symposium Workshops are included when you register for the
Fall Symposium: \$399 + HST.**

Registration will be available mid-September and further information will also be shared in alPHA's newsletter, InfoBreak, as details become available.

The Fall Symposium is generously supported by:



Dalla Lana
School of Public Health

2025 Fall EA/AA Workshop registration is open!

The logo for the Association of Local Public Health Agencies (ALPHA) is displayed in a large, bold, black font. The letters 'ALPHA' are in a dark red color, while the 'a' at the end is black. The background of the entire page is a vibrant image of autumn leaves in shades of red, orange, and yellow.

Association of Local
PUBLIC HEALTH
Agencies

Executive Assistants / Administrative Assistants Fall Workshop November 4, 2025

In case you missed it, registration has opened for the 2025 ALPHA Executive Assistant/Administrative Assistant Fall Workshop! This **online** event will be held on Tuesday, November 4 from 2 p.m.- 4 p.m., and is an opportunity to connect with colleagues from across Ontario and learn new skills. The cost is \$149+HST and the final day to register is Friday, October 31.

The workshop, that is titled *Working with Others: Understanding Communication Styles*, is being led by Marilyn Owston from Trendline. This highly interactive session has been designed to enhance participants' ability to deal more effectively with people whether they are colleagues, clients, members of the public, or representatives of other groups or organizations. To learn more about this event, you can view the flyer [here](#).

ALPHA would like to acknowledge and thank Southwestern Public Health for being the symposium and workshop's co-host. A shoutout also goes to Eastern Ontario Health Unit and the Dalla Lana School of Public Health for their event support.

The text 'Online Event' is written in a large, white, serif font. It is centered on a background of a blurred indoor setting with warm, golden light, possibly a conference room or a meeting space.

Affiliates

Association of Local Public
Health Agencies

Announcing! HPO Fall 2025 Webinar Series

Health Promotion Ontario (HPO) is excited to announce that the HPO Professional Development Working Group will be hosting a Fall 2025 Webinar Series spotlighting **Emerging Topics in Health Promotion**.

This dynamic 3-part series will bring together experts and innovators to explore what's shaping our field today:

1. **Quality Improvement (QI) in Health Promotion** – *early October*
2. **Social Prescribing through a Health Promotion lens**– *late October*
3. **A Fireside Chat with Health Promoters** – *mid-November*

Featuring leaders who are driving innovative health promotion initiatives

Tune into this webinar series for thought-provoking conversations, fresh ideas, and practical takeaways to inspire your work!

To stay up to date on registration details and announcements, keep an eye out on HPO's on [LinkedIn](#), [Facebook](#) or [X](#) pages to learn more.



HEALTH PROMOTION ONTARIO PRESENTS OUR
FALL 2025 WEBINAR SERIES

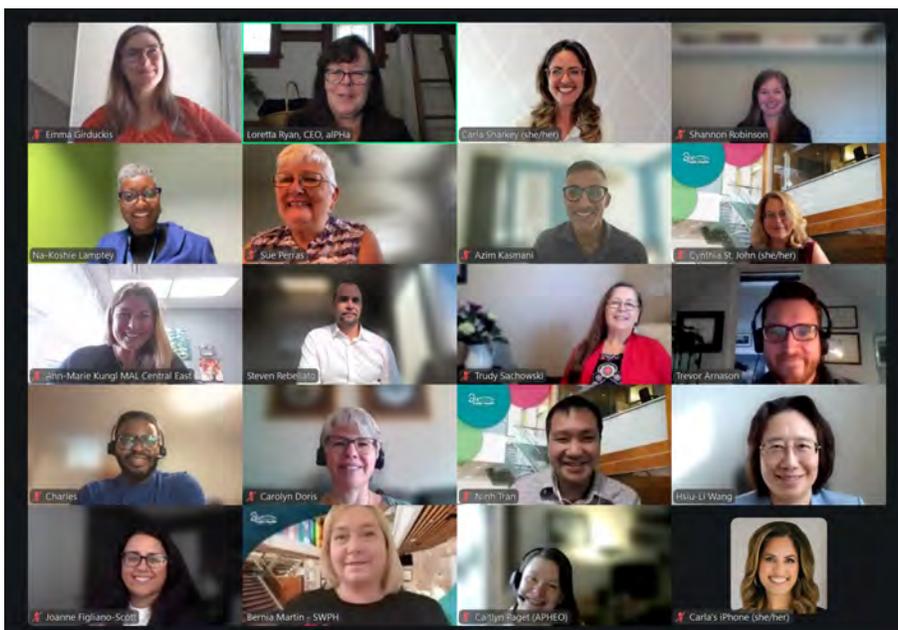
Emerging Topics in Health Promotion

A dynamic 3-part series bringing together experts and innovators to explore what's shaping health promotion today!

Early October	<i>Quality Improvement in Health Promotion</i>
Late October	<i>Social Prescribing Through a Health Promotion Lens</i>
Mid November	<i>A Fireside Chat with Health Promoters</i>

FOLLOW US ON LINKEDIN, FACEBOOK OR X TO STAY UP TO DATE ON REGISTRATION DETAILS AND ANNOUNCEMENTS.

Health Promotion
Promotion de la santé
Ontario



alPHA Board of Directors - Team building session

The alPHA Board of Directors joined Carla Sharkey, Founder & CEO of Sharkey Coaching, for a highly engaging 3-hour session that helped to bring the Board team closer together—virtually and strategically. Together, they strengthened collaboration through engaging, highly interactive exercises. They clarified shared values to create a strong foundation for decision-making, and agreed how to work together and shape the board’s culture. By the end of the session, they had deeper connections with fellow board members, a clear set of shared values, and a foundation that enhances collaboration, fosters accountability, and increases governance effectiveness.



This update is a tool to keep alPHA's Members apprised of the latest news in public health including provincial announcements, legislation, alPHA activities, correspondence, and events. Visit us at alphaweb.org.



National Collaborating Centre
for Methods and Tools

Centre de collaboration nationale
des méthodes et outils

Workshops

The National Collaborating Centre for Methods and Tools (NCCMT)'s workshops help prepare you to meet the demands of today's public health challenges. These practice-based sessions use real-world examples to develop your skills for integrating evidence in your practice. Upcoming sessions include:

- **Evidence Synthesis for Public Health Decision Making:** This workshop will take you through the evidence review process with hands-on examples for steps in evidence synthesis and resources to support continued learning.
- **Implementation & Evaluation:** This workshop provides hands-on guidance through the steps involved in planning, implementing and evaluating change.

Click here to learn more and register: <https://www.nccmt.ca/workshops-webinars/>

Lakelands Public Health launches new brand identity following merger



Lakelands Public Health proudly unveiled its new name and brand identity, marking the official merger of the Haliburton, Kawartha, Pine Ridge District Health Unit and Peterborough Public Health. This transformation reflects a unified vision for advancing public health across the City of Kawartha Lakes, City and County of Peterborough, Haliburton County, and Northumberland County, while honouring the legacy and strengths of both organizations. "This is more than a new name and logo," said Dr. Thomas Piggott, Medical Officer of Health and Chief Executive Officer of Lakelands Public Health. "It's a commitment to building a healthier future together for generations to come. By bringing our teams, expertise, and resources under one identity, we're better equipped to meet the evolving needs of our communities."



GenWell: Talk to a Stranger Week - Nov. 24-30

This campaign intends to educate, empower, and catalyze Canadians about the many benefits of talking to strangers.

Talk To a Stranger Week is an opportunity to build a sense of connection and community that many need in a post-pandemic world. It is seizing the opportunity that many of us have each day to make a difference in our own lives and the lives of others by simply saying hello, smiling or striking up a conversation with a stranger. To learn more, click [here](#).

THE BENEFITS:

Connecting with strangers can enhance our happiness, optimism, empathy, and sense of belonging, grounding us in the world.

Additionally, several long-term benefits arise from these connections, including:

- Increased well-being
- Greater happiness and optimism
- Stronger empathy and compassion for others
- Better cognitive performance
- Heightened sense of connection
- Higher trust levels
- Decreased feelings of social isolation, disconnection, and loneliness

TIPS TO CONNECT:

- Say hello
- Compliment someone
- Make eye contact and smile
- Celebrate or complain about the weather
- Strike up a conversation in a line-up
- Speak about a current event
- Ask for advice
- Tell a joke or make light of a situation



"A stranger today can be a friend tomorrow."

Proud health partners:



Make a donation directly to GenWell. Help us scale our impact and bring social health to the forefront across Canada. Scan the QR to access our donations page for more details.





Unlock the Power of Local Data: Join the Rapid Risk Factor Surveillance System in 2026

Are you looking for reliable, timely, and locally relevant data to inform public health decisions in your community? The Rapid Risk Factor Surveillance System (RRFSS) offers Ontario Public Health Units a proven, customizable solution for gathering actionable data on emerging and ongoing public health issues.

For over two decades, RRFSS has empowered health units across Ontario to monitor public awareness and opinion and risk factors on local health topics. Planning is beginning for the 2026 cycle, and now is the perfect time to explore how RRFSS can support your unit's strategic goals.

Why RRFSS?

- **Tailored to Your Needs:** Choose your own questions, set your sample size and your preferred mix of landline and cell phone interviews, and set a timeframe for collection (three cycles are available per year).
- **Ready-to-Use Questions and Data Dictionaries:** Access hundreds of pretested questions and shared analysis tools.
- **Cost conscious:** The RRFSS administration was simplified in 2024 resulting in administrative costs cuts. Survey packages can be customized to fit a wide range of budgets.
- **Local Impact:** RRFSS data is designed to reflect the unique characteristics and concerns of your community—making it a powerful tool for evidence-based planning and evaluation.

What's New and Why It Matters

RRFSS continues to evolve to meet the needs of Ontario's public health units with new questions that address critical issues, many of which are not available from other local data sources. New questions for 2025 include:

- Gambling frequency, modes and advertising
- Mental health supports
- Stigma related to mental health and substance use health



Unlock the Power of Local Data: Join the Rapid Risk Factor Surveillance System in 2026

These additions complement a robust set of existing questions on topics such as:

- Environmental health: climate change, radon testing, safe water, poor air quality, built environment
- Emergency preparedness: household planning for emergencies
- Infectious disease and prevention: Lyme disease, West Nile virus, influenza vaccination, public health inspection and food safety
- Health behaviours and access: cannabis, alcohol, tobacco, nutrition, physical activity and access to health services
- Familiarity and perceived credibility of the public health unit
- Sociodemographics

These topics represent pressing public health concerns where local, timely data is scarce—making RRFSS a vital tool for evidence-informed planning and response.

Take the Next Step

Don't miss the opportunity to strengthen your health unit's surveillance capacity with high-quality, locally relevant data. While you can join anytime, **the deadline for confirming 2026 participation is October 15.**

To learn more or discuss participation options, contact:

- Liza Mercier at lmercier@yorku.ca
- Katherine Russell, Epidemiologist & RRFSS Chair, Ottawa Public Health at katherine.russell@ottawa.ca
- Visit www.rrfss.ca

Ontario Early Adversity and Resilience Framework



The newly released Ontario Early Adversity and Resilience Framework was developed by members of the Public Health Ontario ACEs and Resilience Community of Practice and was endorsed at the June 19th alpha meeting. This framework is a call for collective action across sectors and aims to inspire and mobilize communities to work together to develop innovative and meaningful solutions that prevent adversity, strengthen protective factors, build resilience, and support healing in families and communities.

A key message of the framework is that “Everyone has a shared responsibility to foster children's potential and build family and community resilience”.

To access the full report, a 2-page graphic summary, and more information about the Community of Practice and why this framework was created, see earlyadversityandresilience.ca.

alpha Correspondence

Through policy analysis, collaboration, and advocacy, alpha's Members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities. A complete online library of submissions is available [here](#). These documents are publicly available and can be shared widely.

- [alpha Letter - CMOH 2024 Annual Report](#) - September 8, 2025
- [alpha Letter - Resolution A25-01, OEAR \(CMOH\)](#) - August 6, 2025
- [alpha Letter - Resolution A25-01, OEAR \(MoH\)](#) - August 6, 2025
- [alpha Letter - Resolution A25-03, Heavy Metals](#) - August 6, 2025

Board of Health Shared Resources

A resource page is available on ALPHA's website for Board of Health members to facilitate the sharing of and access to information, orientation materials, best practices, case studies, by-laws, Resolutions, and other resources. In particular, ALPHA is seeking resources to share regarding the province's *Strengthening Public Health Initiative*, including but not limited to, voluntary mergers and the need for long-term funding for local public health. If you have a best practice, by-law or any other resource that you would like to make available via the newsletter and/or the website, please send a file or a link with a brief description to gordon@alphaweb.org and for posting in the appropriate library.

Resources available on the ALPHA website include:

- [Orientation Manual for Boards of Health \(Revised Jan. 2024\)](#)
- [Review of Board of Health Liability, 2018, \(PowerPoint presentation, Feb. 24, 2023\)](#)
- [Legal Matters: Updates for Boards of Health \(Video, June 8, 2021\)](#)
- [Obligations of a Board of Health under the Municipal Act, 2001 \(Revised 2021\)](#)
- [Governance Toolkit \(Revised 2022\)](#)
- [Risk Management for Health Units](#)
- [Healthy Rural Communities Toolkit](#)
- [The Canadian Centre on Substance Use and Addiction](#)
- [The Ontario Public Health Standards](#)
- [Public Appointee Role and Governance Overview \(for Provincial Appointees to BOH\)](#)
- [Ontario Boards of Health by Region](#)
- [List of Units sorted by Municipality](#)
- [List of Municipalities sorted by Health Unit](#)
- [Map: Boards of Health Types NCCHP Report: Profile of Ontario's Public Health System \(2021\)](#)
- [The Municipal Role of Public Health \(2022 U of T Report\)](#)
- [Boards of Health and Ontario Not-For-Profit Corporations Act](#)



Calling all Ontario Boards of Health: Level up your expertise with our training courses designed just for you!

Don't miss this unique opportunity to enhance your knowledge and strengthen local public health leadership in Ontario.

BOH Governance training course

Master public health governance and Ontario's Public Health Standards. You'll learn all about public health legislation, funding, accountability, roles, structures, and much more. Gain insights into leadership and services that drive excellence in your unit.

Social Determinants of Health training course

Explore the impact of Social Determinants of Health on public health and municipal governments. Understand the context, explore Maslow's Hierarchy of Needs, and examine various SDOH diagrams to better serve your communities.

Reserve your spot for in-person or virtual training now! Visit [our website](#) to learn more about the costs for Public Health Units (PHUs). Let's shape a healthier future together.





Ontario Public Health Directory: September 2025 update

The *Ontario Public Health Directory* has been updated and is available on the ALPHA website. Please ensure you have the latest version, which has been dated as of **September 8, 2025**. To view the file, log into the ALPHA website.

Public
Health
Ontario

Santé
publique
Ontario

Apply Now for the Sheela Basrur Centre Grant

Effective public health communication is the foundation of a healthy and informed community. Yet today, public trust is increasingly challenged by misinformation, disinformation, and growing skepticism.

The Sheela Basrur Centre Grant is now accepting applications for projects of up to \$100,000. This new one-time funding opportunity supports public health units in leading innovative, community-driven projects that strengthen trust, improve communication, and counter the spread of misinformation across Ontario.

Applications are approaching fast and are due on October 1, 2025, at 9:00 a.m. ET. For more information about the grant, application requirements, and how to apply visit the [Call for Proposals](#).

Public Health Ontario

New Course Released! Infection Prevention and Control for Health Care Workers

The new [Infection Prevention and Control \(IPAC\) for Health Care Workers \(HCWs\) interactive course](#) has launched! This interactive scenario-based e-learning course is designed to help health care workers improve their IPAC knowledge and skills. It includes critical practice elements including understanding the chain of transmission, conducting a point-of-care risk assessment and critical IPAC practices such as hand hygiene, as well as the elements of additional precautions and actions to take when an infection is suspected or confirmed.

Informed by input from partners from all health care sectors across Ontario and aligns with up-to-date recommendations from the Provincial Infectious Diseases Advisory Committee, this course can be incorporated into ongoing training, orientation for new staff, or as a refresher. This new course replaces our previous IPAC Core Competencies course.

Recent Knowledge Products

- [Measles in Ontario](#)
- [How to Recognize and Respond to Measles](#)
- [Mpox in Ontario](#)
- [Influenza Genomic Surveillance in Ontario 2024-25 Season](#)
- [iGAS Disease in Ontario](#)
- [Legionellosis in Ontario](#)
- [Updated: Substance Use and Harms Tool](#)
- [SARS-CoV-2 Genomic Surveillance in Ontario](#)
- [Ontario Respiratory Virus Tool](#)
- [Infection Prevention and Control for Health Workers Interactive Course](#)

Events

Be sure to keep an eye on PHO's [Events page](#) for their upcoming events.

Recent Presentations

- [Prospects and partnerships for building Indigenous food sovereignty, security and self-determination in Northwestern Ontario](#)
- [Building a Pediatric Infectious Disease Observatory in a Resource-Limited Setting](#)

Dalla Lana School of Public Health

Upcoming DLSPH Events and Webinars

- Leadership for Change: Toward Sustainable Health Systems (Sept. 23-Nov. 4)
- Keystone Symposia: Predicting and Responding to Emerging Viral Infections (Oct. 13-16)
- Climate, Health & Sustainable Care 2025 Annual Symposium (Oct. 30)



In partnership with ALPHA, BrokerLink is proud to offer preferred home and auto insurance rates for members, get a quote today. Going boating? Make sure you're prepared and protected! Before you set sail, check our list to ensure you have the important items you need here.



Managing a public health unit may be complicated, but your technology doesn't have to be! Vocalmeet provides a modular, all-in-one platform purpose-built for member-based organizations. By combining key systems like online continuing education, certification, membership management/CRM, and events/conferences into one integrated solution, we help organizations streamline operations and reduce overhead. Our platform includes features like: Custom AI-powered reports and real-time analytics, professional development hosting with automated certificates of completion, seamless event registration and management (including Zoom and Teams integration), and ntegrated eCommerce and unlimited online stores And, with Vocalmeet, you only pay for the modules you need! The result? Less manual work, and more time to focus on what truly matters: improving public health and safety. Let's talk: <https://vocalmeet.com/contact/>

RSV Protection Webinar – Reaching Provincial Targets for Better Infant Outcomes together



Early health. Lifelong health.
Début en santé. Longue vie en santé.

Let's make this RSV season a success—together.

Join BORN Ontario for a live webinar designed for birthing units, NICUs, midwifery practice groups, and public health units to help prepare for the upcoming RSV season. We'll share practical information and tips to help your team reach the 90% protection target—a goal that's proven to reduce hospitalizations and prevent severe disease in infants.

Join one of two sessions available: Both live sessions will be identical— choose the date that works best for you and register at one of the links: [October 1 at 10 a.m.](#) and [October 2 at 1 p.m.](#) Note, these sessions will be recorded and sent out for those who are unable to attend.

Survey on the barriers to adult vaccination in Canada



QUICK SURVEY

The findings from this survey will contribute to identifying logistical, social, and systemic challenges in vaccination uptake, with the ultimate goal of informing strategies to create an adult immunization schedule. The survey is designed to take approximately 15 minutes to complete and is available in [English](#) and [French](#). The deadline to complete the survey is October 24, 2025.



NEWS

News Releases

The most up to date news releases from the Government of Ontario can be accessed [here](#).



ALPHA's mailing address

Please note our mailing address is:

PO Box 73510, RPO Wychwood
Toronto, ON M6C 4A7

For further information, please contact info@alphaweb.org.



Killarney Provincial Park

This update is a tool to keep ALPHA's Members apprised of the latest news in public health including provincial announcements, legislation, ALPHA activities, correspondence, and events. Visit us at alphaweb.org.

From: [allhealthunits](#) on behalf of [alPha communications](#)
To: "allhealthunits@lists.alphaweb.org"
Cc: [Board](#)
Subject: [allhealthunits] BOH Section Members - 2025 Fall Symposium – Register Today!
Date: Wednesday, October 15, 2025 10:06:42 AM
Attachments: [image001.png](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)

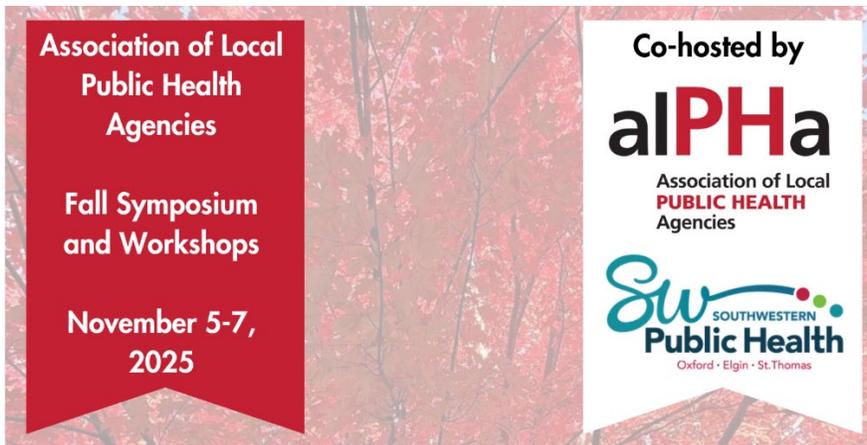
This email originated outside of Algoma Public Health. Do not open attachments or click links unless you recognize the sender and know the content is safe.

PLEASE ROUTE TO:

All Board of Health Members

All Members of Regional Health & Social Service Committees

All Senior Public Health Managers



Dear Board of Health Section Members,

Have you registered for this year's [Fall Symposium and Workshops](#) that are taking place **online** on November 5-7 yet? These events are sure to be exciting and will continue the conversation on the critical role of the province's public health system. [Registration for the Fall Symposium is \\$399+HST and closes on Friday, October 31. You won't want to miss out! Please note, your health unit must be an alPha Member in order to register.](#)

alPha would like to thank [Southwestern Public Health](#) for being this year's Fall Symposium co-host. A shoutout also goes to [Eastern Ontario Health Unit](#) and the [Dalla Lana School of Public Health](#) for their event support.

New for this year: The newly formatted all-day program means you will have an opportunity to hear from even more speakers, explore more topics, and participate in more discussions! The Symposium program can be accessed [here](#).

On Friday, November 7, from 8:30 a.m.- 4 p.m., there is an exciting lineup of Symposium speakers and topics. This includes the Premier of Ontario, Hon. Doug Ford, and Robin Jones, President, Association of Municipalities of Ontario (AMO), who will both be giving opening remarks. Other speakers and topics include: *Humanizing Care: The Clinical Value of Storytelling in Mental Health and Addictions*, with Chris Cull, Founder, Inspire By Example; an update from Public Health Ontario with Nicole Visschedyk, Director, Indigenous Strategy and Engagement, Marnie MacKinnon, Director, Quality Improvement, Kaitlynn Almeida, Manager, Quality Improvement, and Dr. Sarah Wilson, Deputy Chief, Medical and Systems Support, Communicable Disease Control; *From Silos to Synergy: How Local Public Health is Collaborating with Ontario Health Teams* with Dr. Kit Young Hoon, Medical Officer of Health, Northwestern Health Unit, Dr. Piotr Oglaza, Medical Officer of Health, South East Health Unit, and Nicole Britten, Manager, Strategic Policy & Projects, Peel Public Health; an alPHa Update with alPHa Chair, Dr. Hsiu-Li Wang; *an Update from the Chief Nursing Officer*, Dr. Karima Velji, Chief of Nursing and Professional Practice; *Artificial Intelligence (AI) and Public Health* with Steven Rebellato, Board of Directors, alPHa; *Legally Speaking – alPHa’s Legal Counsel in Conversation with alPHa Members* with James LeNoury, Principal, LeNoury Law and Legal Counsel, alPHa, and an *Association of Municipalities of Ontario Update* with Alicia Neufeld, Senior Manager, Policy, and Daniela Spagnuolo, Policy Advisor. Please click on the link above to view the full program.

We will also be holding two workshops. The first, called *Public Health and Engagement with Indigenous Communities*, is a follow-up to the highly successful Indigenous presentation at the 2025 June alPHa Conference. It is being held on Wednesday, November 5 from 1 p.m. to 4 p.m. Participants will gain further insights into the importance of appropriate and inclusive Indigenous engagement with local public health efforts. The session will provide an opportunity for reflection on how public health agencies can foster meaningful relationships with First Nations, Inuit, and Métis (FNIM) communities and organizations. Prior attendance at the June conference is not necessary to participate in this workshop. To learn more, please view the poster [here](#).

The second workshop, *Leading Others: Understanding Communication Styles*, featuring Marilyn Owston, TrendLine Consulting Services, is being held on Thursday, November 6 from 1 p.m. to 4 p.m. It is a highly interactive session that has been specifically designed to enhance leaders' ability to communicate more effectively with their teams. In an effort to provide participants with the tools necessary to lead their teams more effectively, individuals will assess their own communication style and consider the impact differences in style have on decision making, problem-solving, change and other variables at work, especially as they

relate to stress. Understanding the strengths and challenges each style brings to the team, emphasis will be placed on the ability of leaders to flex their own style in order to bring out the best in their team. To learn more, please view the poster [here](#).

Also available on the symposium webpage is a [Zoom Webinar Troubleshooting Tips document](#).

We will see you **online** November 5-7!



Sincerely,

Tammy DeGiovanni
BOH Section Chair

From: [allhealthunits](#) on behalf of [alPHA communications](#)
To: "allhealthunits@lists.alphaweb.org"
Cc: [Board](#)
Subject: [allhealthunits] alPHA – 2026 AGM and Conference accommodation link
Date: Thursday, October 9, 2025 1:42:19 PM

Hello,

I hope you are all doing well!

In advance of the alPHA Annual General Meeting and Conference, that is taking place in-person at Radisson Blu Toronto Downtown, June 8-10, 2026, and in anticipation of the impact of the FIFA World Cup, we are sharing the conference hotel room code with the alPHA Membership earlier than usual.

alPHA is pleased to let you know we were able to secure pricing similar to what was offered in 2025 at the new waterfront location. Here is the reservation link for the 2026 alPHA Annual General Meeting and Conference:

<https://www.choicehotels.com/reservations/groups/AK5815>

Please note the following:

The conference is being held June 8-10, 2026.

If you wish to extend your stay before or after the conference, the discounted rate is available from June 3-13.

If you need to cancel or modify your accommodation, the hotel has a 72-hour cancellation policy.

If you are coming into Toronto by plane or train, we encourage you to book your transportation into the city earlier than usual.

Should you have any questions about booking your accommodation, please contact Radisson Blu directly (437-886-9667) and note that you are part of the alPHA room block.

We strongly encourage you to book your accommodations as soon as possible as hotel rooms in Toronto are expected to be limited during that time. Please note, that registration for the conference will commence at the usual time (in spring 2026).

Meanwhile, don't forget to register for the online [2025 alPHA Fall Symposium and Workshops!](#)

Take Care,

Loretta

Loretta Ryan, CAE, RPP
Chief Executive Officer
Association of Local Public Health Agencies (alPHA)
PO Box 73510, RPO Wychwood
Toronto, ON M6C 4A7
Tel: 416-595-0006 x 222
Cell: 647-325-9594
loretta@alphaweb.org
www.alphaweb.org

