September 24, 2025

BOARD OF HEALTH MEETING

SSM Algoma Community Room / Teams Meeting

294 Willow Avenue

Sault Ste Marie, P6B 5B4

www.algomapublichealth.com

Meeting Book - September 24, 2025, Board of Health Meeting

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Board of Health Meeting
AGENDA

Wednesday, September 24, 2025 - 5:00 pm
SSM Algoma Community Room | Videoconference

BOARD MEMBERS	APH MEMBERS
Sally Hagman	Dr. Jennifer Loo - Medical Officer of Health/CEO
Julila Hemphill	Dr. John Tuinema - Associate Medical Officer of Health & Director of Health Protection
Donald McConnell - 2nd Vice-Chair	Rick Webb - Director of Corporate Services
Luc Morrissette	Kristy Harper - Director of Health Promotion & Chief Nursing Officer
Sonny Spina	Leslie Dunseath - Manager of Accounting Services
Sonia Tassone	Leo Vecchio - Manager of Communications
Suzanne Trivers - Board Chair	Tania Caputo - Board Secretary
Jody Wildman - 1st Vice-Chair	
Natalie Zagordo	

STAFF GUESTS: Sarah Gaddam - Planning and Evaluation Specialist, Victoria Foglia - Planning and Evaluation Specialist, Jasmine Bryson - Supervisor of Effective Public Health Practice

1.0 Meeting Called to Order — *S. Trivers*

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

2.0 Adoption of Agenda — *S. Trivers*

RESOLUTION

THAT the Board of Health agenda dated September 24, 2025, be approved as presented.

3.0 Delegations / Presentations — *S. Gaddam, V. Foglia*

a. **Reflections on the Strategic Plan Presentation**

b. **Strategic Planning Briefing Note** — *J. Loo*

4.0 Adoption of Minutes of Previous Meeting — *S. Trivers*

RESOLUTION

THAT the Board of Health meeting minutes dated June 25, 2025, be approved as presented.

5.0 Business Arising from Minutes — *S. Trivers*

6.0 Reports to the Board — *J. Loo*

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

MOH Report -September 2025

- Learners Report

RESOLUTION

THAT the report of the Medical Officer of Health and CEO be accepted as presented.

b. **Finance and Audit** — *L. Dunseath*

i. **Unaudited Financial Statements ending July 31, 2025.**

RESOLUTION

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

c. Governance

i. Governance Committee Chair Report

RESOLUTION

THAT the Board of Health accepts the Governance Committee Chair Report as presented. *D. McConnell*

ii. Bylaw 15-01 - To Provide for the Management of Property *D. McConnell*

RESOLUTION

THAT the Board of Health approves **Bylaw 15-01 - To Provide for the Management of Property** as presented.

iii. Bylaw 95-2 To Provide for Banking and Finance *D. McConnell*

RESOLUTION

THAT the Board of Health approves **Bylaw 95-2 To Provide for Banking and Finance** as presented.

iv. Bylaw 95-3 – To Provide for the Duties of the Auditor of the Board *D. McConnell*

RESOLUTION

THAT the Board of Health approves **Bylaw 95-3 – To Provide for the Duties of the Auditor of the Board** as presented.

8.0 Correspondence - requiring action *S. Trivers*

9.0 Correspondence - for information *S. Trivers*

a. alPHa Information Break - Summer 2025

b. alPHa Fall Symposium Nov 5-7, 2025 (virtual)

c. Letter to the Premier of Ontario from the Board of Health for the District of Algoma Health Unit titled **Working Together to Reduce Food Insecurity in Ontario**, dated September 12, 2025.

d. Report to the Middlesex-London Board of Health from Middlesex-London Health Unit titled **Household Food Insecurity: A Primer for Municipalities**, dated July 24, 2025.

e. Letter to the Federal Minister of Health from the Windsor-Essex County Board of Health regarding **Opioid and Substance Harms Resolution** dated August 26, 2025.

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*

Finance and Audit Committee Meeting
Wednesday, October 8, 2025 @ 5:00 pm
SSM Algoma Community Room | Video Conference

Board of Health
Wednesday, October 22, 2025 @ 5:00 pm
SSM Algoma Community Room | Video Conference

14.0 Adjournment *S. Trivers*

RESOLUTION

THAT the Board of Health meeting adjourns.

Reflecting on APH's Strategic Plan

Presenter(s): Victoria Foglia and Sarah Gaddam

Date: September 24, 2025

Algoma PUBLIC HEALTH
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Overview

- Strategic Planning Review
- Our Approach
- Results
- Takeaways
- Questions

Algoma
PUBLIC HEALTH
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Vision and Mission Statements

Vision

Health for all. Together.

Mission

We promote and protect community health and advance health equity in Algoma.

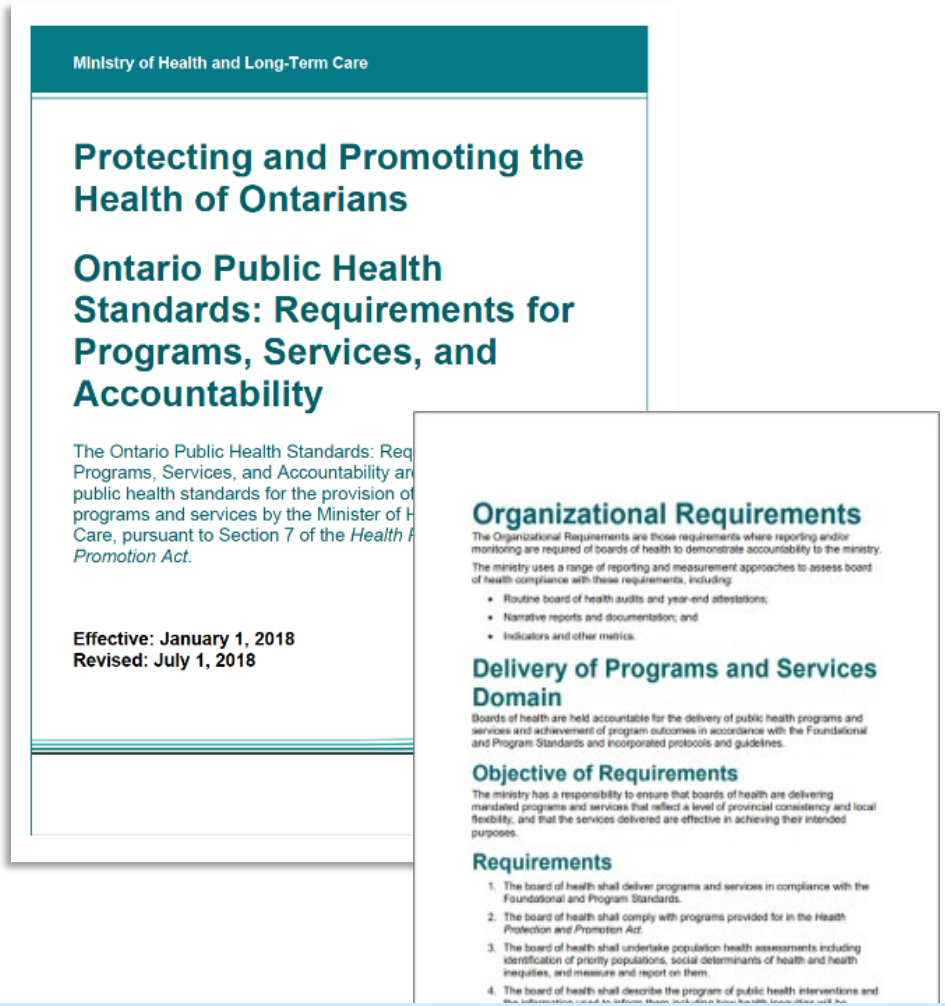
Strategic Directions

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.

Ontario Public Health Standards



> **8.** The board of health shall have a strategic plan that establishes strategic priorities over 3 to 5 years, includes input from staff, clients, and community partners, and is reviewed at least every other year.

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

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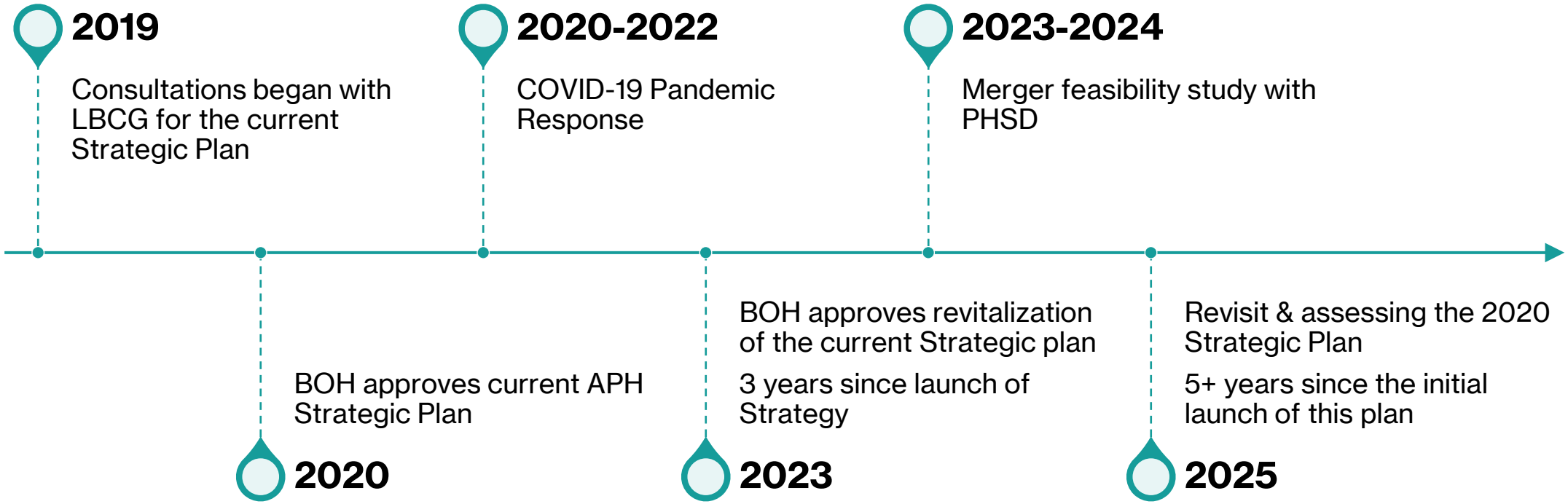
History of the Current Strategic Plan



Strategic Plan Reflection Summer 2025

All Employee Survey

- 130 employees **(85%)** took part
- 106 **(69%)** reached the end

Leadership Workshop

- 16 leadership members took part **(84%)**

Steering Committee Focus Group

- 5 members took part **(83%)**

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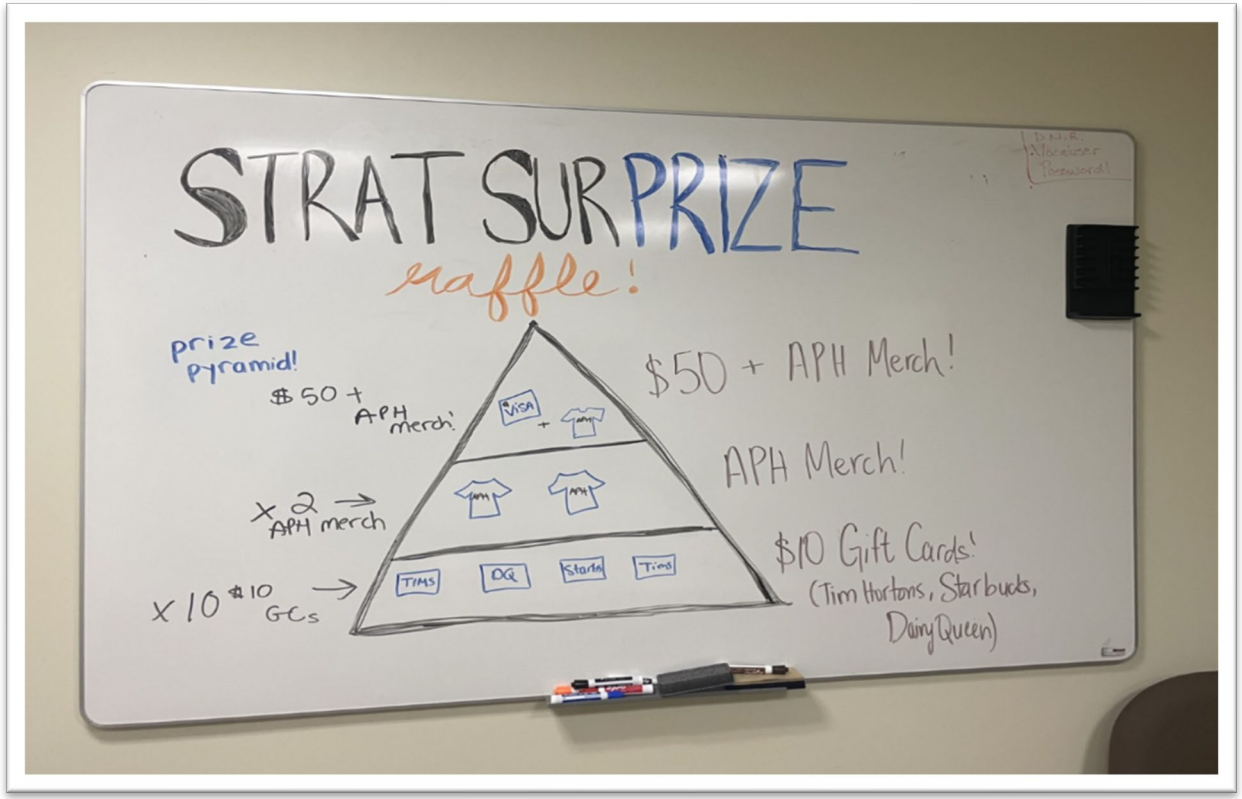
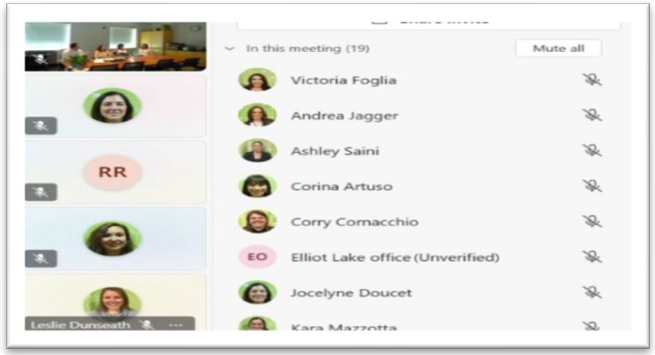
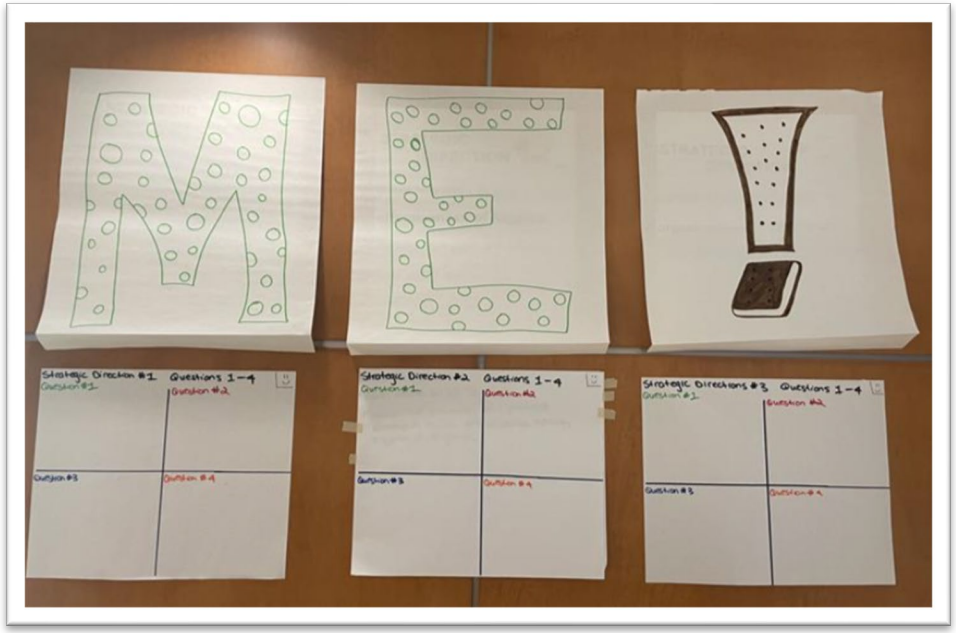
EMPLOYEE SURVEY PROMOTION

RAFFLE DRAW

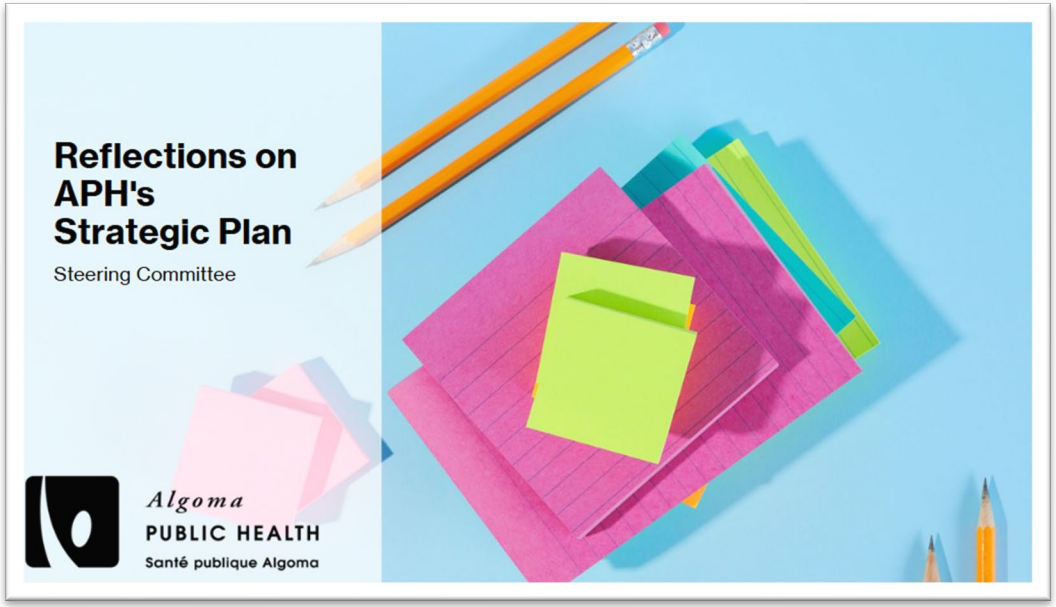


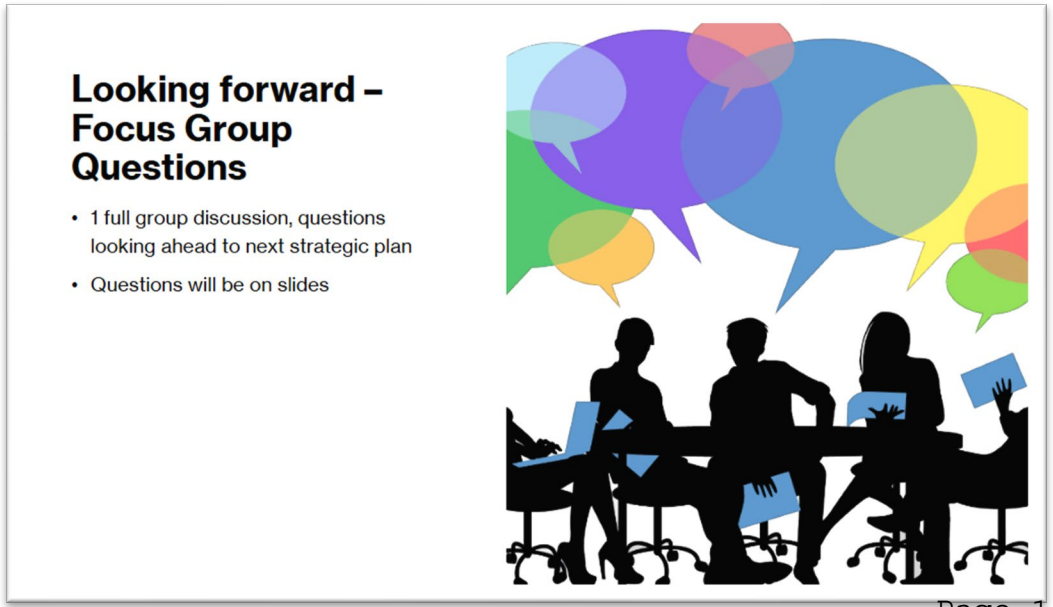


LEADERSHIP WORKSHOP



STEERING COMMITTEE FOCUS GROUP





How the SDs Align to the Work

SD 1: Advance the priority public health needs of Algoma's diverse communities.

Selected by employees (95/130, 73%) and leadership (12/16, 75%) as aligning to their work.

Shared examples: IPAC Hub, SPRITE, Clinics (Oral health & Immunizations), Nurturing Algoma, LEAP, working with priority populations, & the CHP.

SD 2: Improve the impact and effectiveness of Algoma Public Health programs.

Selected most often by employees (100/130, 77%) and leadership (12/16, 75%) as aligning to their work.

Shared examples: OSDCP, HSO, IPAC Hub, Clinics (Oral Health & Immunizations), STI testing, low cost/ no cost birth control, Nurturing Algoma, HBHC, School Health support, Communications work, & the CHP.

SD 3: Grow and celebrate an organizational culture of learning, innovation, and continuous improvement.

Selected least often by employees (83/130, 64%) and leadership (11/16, 69%) as aligning to their work.

Shared examples: building anti-racism & trauma informed competencies, HR optimizations, new positions and specialties, the CHP, Public Health Champion, Nurturing Algoma, Get Home Safe, conference attendance, and PD.

How the SDs Align to the Work

SD 1: Advance the priority public health needs of Algoma's diverse communities.

"Offering outreach immunization clinics to populations that are generally harder to reach, which makes immunization more accessible to them."

SD 2: Improve the impact and effectiveness of Algoma Public Health programs.

"I see my work being aligned with SD 2 by helping coordinate services for programs like OSDCP and HSO, which align with public health priorities for seniors and children."

SD 3: Grow and celebrate an organizational culture of learning, innovation, and continuous improvement.

"Some recent examples of developing organizational capacity include the Shingwalk Truth walk, Blooming Workspaces, cultivating 2SLGBTQIA inclusive spaces, town hall education sessions ie. medical directives, measles, naloxone administration, stigmatization and de-escalation techniques...."

Room for Improvement with the SDs

STRATEGIC DIRECTION 3

- Lack of time and resources for SD 3: Grow and celebrate an organizational culture of learning, innovation, and continuous improvement.
- *"...there is still a lot left to be desired in terms of "invest in our people""*

NON-PROGRAM WORK

- Work within the agency that was not directly aligned to program work was identified less aligned to the SDs, e.g. some Clerical positions.
- This was further supported by some members of Leadership such as Support Services and Finance.
- *"... I am not aligned with any program"*

How APH has Advanced the SDs Over 5 Years

Team Level

- Enhanced communication and collaboration with partners
- Engaging with clients and priority populations
- Capacity building within teams
- Specialist consultations
- Professional development opportunities

E.g., Toxic drug work, Indigenous engagement, After Action Reviews, Nurturing Algoma, the Community Health Profile, Specialist positions withing FASST and HPS within programs.

Agency Level

- Improvement in agency connectedness and communication with partners
- More training opportunities
- Capacity building
- Development of nursing practice
- Increase in planning, evaluation, and evidence-based practice

E.g., Townhalls, StAPH Portal, Employee engagement, Health care provided updates, use of SIPs, planning integrated work across teams (i.e. Comprehensive healthy sexuality), and literature reviews.

Vision & Mission

Most employees thought that the SDs met the Vision and Mission statements

Shared examples: *Measles outbreak response, client-facing clinics and supports, the Toxic Drug report, TRAC, the CHP, Get Home Safe evaluations, Welcome to Kindergarten, and applying health equity approaches.*

Suggestions

- The role of public health to be clearer in the statements
- Plain language considerations (e.g., explaining what “health equity” means to the public and partners)
- Connect the vision and mission statements back to the work of the agency
- Ensure implementation and accountability

Meeting the Needs of Algoma's Employees, Communities, Clients, and Partners

Employees

- **57%** of employees agreed that the SDs meet the needs of employees
- **Suggestions from Employees:** better health benefits, increase staffing, implementing trauma informed practice, meaningful employee engagement work
- **Suggestions from Leadership:** agency to improve describing the role of public health and positions within the agency

Clients

- **64%** of employees agreed that the SDs meet the needs of clients
- **Suggestions from Employees:** increase in face-to-face clinical services
- **Suggestions from Leadership:** work on describing the role of public health to the public and our clients

Communities

- **68%** of employees agreed that the SDs meet the needs of communities
- **Suggestions from Employees:** providing consistent and updated health data, increases capacity to support communities, additional clinics and services
- **Suggestions from Leadership:** communities may not see themselves in the SDs

Partners

- **61%** of employees agreed that the SDs meet the needs of partners
- **Suggestions from Employees:** providing consistent and updated health data, outreach to partners who have stopped connecting
- **Suggestions from Leadership:** improve the understanding of the role of public health to partners

Resourcing, Developing & Advancing the SDs

SD 1: Advance the priority public health needs of Algoma's diverse communities.

- Share back with our communities
- Advance health equity work at the agency level

SD 2: Improve the impact and effectiveness of Algoma Public Health programs.

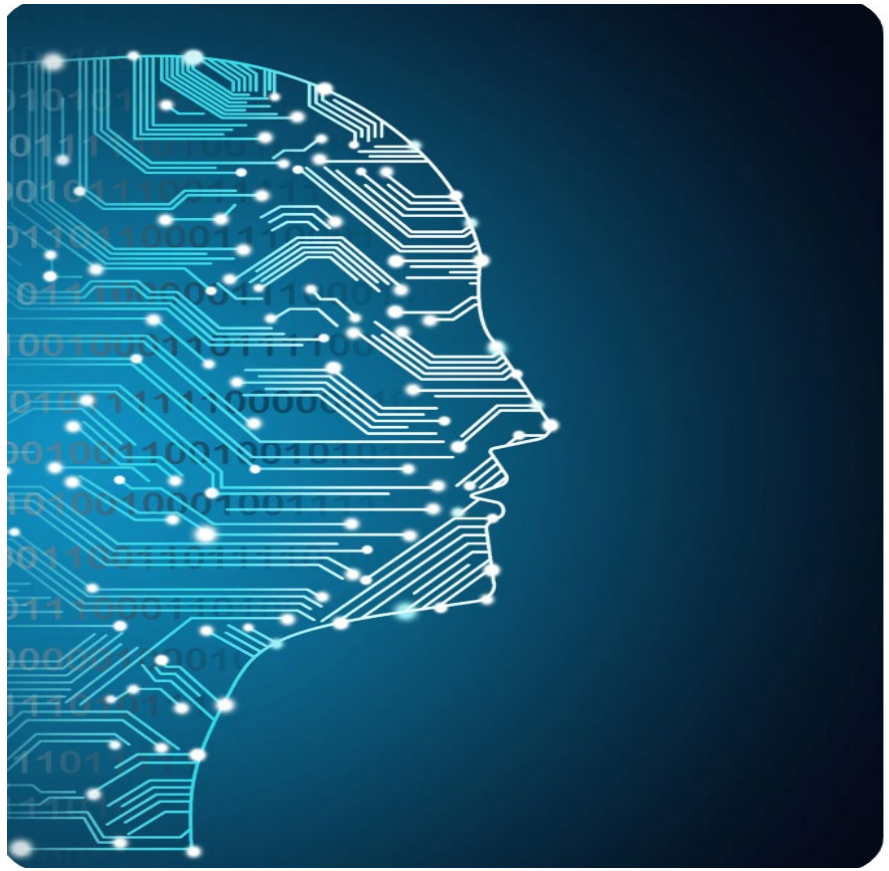
- Describing the role of public health and what supports public health can provide for employees, clients, partner, and communities

SD 3: Grow and celebrate an organizational culture of learning, innovation, and continuous improvement.

- Capacity building
- Professional development
- Improvements in charting, policies, and procedures,
- Professional development at the all-agency level (e.g., SharePoint, Bridges Out of Poverty, TRAC, Excel)
- Ensuring all employees feel included in the SDs (e.g., Clerical, Support Services, and Finance)

Issues to Consider in the Next 5 Years

- **Artificial Intelligence**
- **Changing landscape of public health** (e.g., new standards)
- **Funding restraints**
- **Global emerging issues** (e.g., political shifts, climate change, diseases)



Launching and Implementing A Future Strategic Plan

- **Launch event:** Providing context to all employees
- **Evaluation Plan:** Develop indicators and plan to measure the agency's progress over time
- **Build Excitement:** Prime employees in advance
- **Feedback:** Obtain feedback from communities, partners, and clients to ensure the SDs reflect our relationship accurately
- **Committees:** Launch a steering committee and an advisory committee to drive and champion the Strategic Plan

Main Takeaways

- Generally, the SDs are well aligned to employees, especially to those who do program facing work
- Areas of improvement:
  - Incorporating language to include all employees across the agency
  - Continue to build "invest in our people"
  - Being clearer in describing the role of public health to communities, clients and partners
  - Planning the launch and implementation (i.e., indicators) of the next Strategic Plan

Questions?

Chi-Miigwech. Merci. Thank You.

PUBLIC HEALTH

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Briefing Note

To: The Board of Health
From: Foundations and Strategic Support Team (FASST)
Date: 9/24/2025
Re: Assessment and Recommendations for APH Strategic Plan

☐ For Information ☐ For Discussion ☒ For Decision

ISSUE

Algoma Public Health's (APH) current strategic plan[1] is 5 years old. The Ontario Public Health Standards (OPHS) require the Board of Health (BOH) to have a strategic plan that establishes strategic priorities over 3 to 5 years[2]. Reflections from across the agency indicate room for improvement in the current plan.

KEY MESSAGES

To gain input on the current strategic plan, the Foundations and Strategic Support Team's (FASST) Planning and Evaluation Specialists facilitated reflection opportunities for all employees, leadership, and the strategic plan steering committee. Findings included:

- Many APH employees feel their work is well aligned with many aspects of the current strategic directions.
- Not all employees felt that their work was included in the strategic directions, particularly those who do not work directly within a public health program team.
- Improvements could be made to better describe the role of public health through the directions so that they resonate with APH employees, clients, partners, and Algoma communities.
- The revised strategic plan should have a steering committee, a launch event, and an evaluation plan, and should consider an external advisory committee to ensure optimal promotion and implementation of APH's strategic directions.

[1] Ontario Ministry of Health. Ontario Public Health Standards: Requirements for Programs, Services and Accountability. 2021. Available from: Ontario Public Health Standards: Requirements for Programs, Services and Accountability
[2] Algoma Public Health. Algoma Public Health Strategic Directions. Available from: Algoma Public Health Strategic Directions.

RECOMMENDED ACTION

It is recommended that the Board of Health (BOH) approve a request for proposal (RFP) to hire an external consultant to refresh the current strategic directions, keeping aspects that staff feel represent their work, and improving on the following:

- Language that relates to the work of all APH employees.
- A clear and strong description of the role of public health for APH's employees, clients, partners, and Algoma communities.
- Inclusion of the voices of our clients, partners, and Algoma communities.
- Consideration of the ongoing evolution of local public health within the current external landscape.

FINANCIAL IMPLICATIONS

$25,000 has been budgeted for strategic planning in 2025, and with BOH approval, an additional $25,000 can be budgeted for 2026 for a focused refresh of the strategic plan.

BACKGROUND

The current strategic plan was developed with LBCG in 2019 and approved by the BOH in 2020. Throughout the 5 years that the current strategic plan has been in place, multiple major events have occurred, including responding to COVID-19 from 2020 to 2022, and then a merger feasibility study with Public Health and Sudbury District in 2023, pivoting the focus of the agency. Responding to COVID-19 coincided with the start of the current strategic plan, resulting in no formal launch event, evaluation plan, or direction from the steering committee. In 2023, the BOH approved a revitalization of the current strategic plan, which has stayed in place until today.

OPHS requires BOHs to have a strategic plan that establishes strategic priorities over 3 to 5 years[2]. With the current strategic plan now 5 years old, throughout summer 2025, FASST conducted reflection opportunities for all APH employees, leadership, and the strategic plan steering committee to obtain feedback on how the strategic plan represents the agency today. Reflections were gathered in three ways: an all-employee survey, a leadership workshop, and a steering committee focus group. Participation was high for all three modes of reflection, ranging from 83-85%. Results indicate aspects of the strategic directions fit well with the agency, but highlighted areas where there is room for improvement within the next strategic plan.

STRATEGIC PLAN REFLECTIONS AND SURVEY RESULTS:

130 survey responses (85% of the entire agency) were obtained, including 21 responses from across the district offices (91% of all district office employees combined; Wawa, Blind River, and Elliot Lake). Employees overall found that the strategic directions aligned well to their work, specifically strategic directions 1: *Advance the priority health needs of Algoma's diverse communities* and 2: *Improve the impact and effectiveness of APH programs*; similar results were found through the APH leadership team reflection session. Employees provided several examples for each of the directions, explaining how they found their work aligned to each.

Though most staff saw their work aligned to the strategic directions, it was evident through the employee survey and the leadership workshop that employees who were not part of a public health program team or conducting client and community-facing work did not see their work represented within the strategic directions. Examples of teams or employees who felt their work was not as strongly represented in the strategic directions were clerical, finance, human resources, and support services.

Additionally, some employees felt that there was room for improvement within the agency in aligning to strategic direction 3: *Grow and celebrate an organizational culture of learning, innovation, and continuous improvement.* Strategic direction 3 was also identified most often in the leadership workshop as needing further resourcing and development. These examples were reiterated in the steering committee focus group.

Leadership and the steering committee provided several examples of ways the agency has advanced strategic directions over the past five years. Examples included the development of nursing practice, training opportunities for employees, improvements in connecting the agency (e.g. townhalls, stAPH portal, employee engagement position), and improvements in communication with our partners (e.g. health care provider updates). The steering committee noted a gradual change within the agency, reflected in growing support for planning, evaluation, and evidence-informed practice. This has contributed to ongoing capacity building within teams.

When focusing on the Vision and Mission, APH employees and leadership believed that they were well aligned and representative of the strategic directions. Some feedback from both employees and leadership suggested that the Vision and Mission could clarify what the role of public health is and connect back to the work of the agency more.

Employees and leadership were asked if the strategic directions met the needs of APH employees, and the communities, clients, and partners APH is in service of. Responses from employees varied (57-68% in agreement), including uncertainty or disagreement with some statements. A common theme from leadership was the need for better defining the role of public health to APH employees, and the communities, clients, and partners APH is in service of. Leadership also thought it was most important to ask communities, clients, and partners within our health region how well they thought the strategic directions reflected our relationship with them.

Leadership discussed new issues that are not addressed in the current strategic directions. Topics discussed included: technology and AI, changing landscape of public health, including new OPHS standards, funding, and global emerging issues such as political climate, or the spread of diseases that could directly or indirectly affect the work of the agency. The need to respond to, work within, and evolve with a rapidly and constantly changing world was highlighted.

Finally, the steering committee identified the need for a launch, implementation, and evaluation plan in the release of a new or refreshed strategic plan. This was unable to be executed at the onset of the current plan due to the COVID-19 pandemic response. The steering committee suggested the use of another steering committee and adding an external advisory committee in implementing the next strategic plan.

Though the current strategic plan does contain aspects that align well with many APH employees, there is room for improvement in this plan. Whether refreshing the current plan, or recreating entirely, the next strategic plan should consider: language that encompasses the work of all APH employees, a clearer description of the role of public health for APH's employees, communities, clients, and partners, and creating an evaluation plan, launch event, steering and an external advisory committees to drive and implement the directions across the agency.

ALTERNATIVE OPTIONS

Option 2: Recreate the current strategic plan entirely, with new strategic directions. Ensure our clients, partners, and communities are included in the revision of a new plan.

Option 3: Keep the current strategic plan and focus on implementation and evaluation of the strategic directions over time, and clarifying the role of public health to employees, communities, clients, and partners.

OPHS STANDARDS

Organizational Requirement

Requirement 8: The board of health shall have a strategic plan that establishes strategic priorities over 3 to 5 years, includes input from staff, clients, and community partners, and is reviewed at least every other year.

Foundational Standards

Effective Public Health Practice Requirement 3: The board of health shall ensure a culture of ongoing program improvement and evaluation and shall conduct formal program evaluations where required.

STRATEGIC DIRECTIONS

Strategic Direction #2: Improve the impact and effectiveness of APH programs.
b. Use evidence and data to plan and evaluate for program effectiveness and impact.
c. Support agency-wide, integrated strategies for health.

REFERENCES

1. Ontario Ministry of Health. Ontario Public Health Standards: Requirements for Programs, Services and Accountability. 2021. Available from: Ontario Public Health Standards: Requirements for Programs, Services and Accountability
2. Algoma Public Health. Algoma Public Health Strategic Directions. Available from: Algoma Public Health Strategic Directions.

CONTACT:

Dr Jennifer Loo – Medical Officer of Health/CEO

Algoma
PUBLIC HEALTH
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September 24, 2025

Report of the

Medical Officer of Health / CEO

Prepared by:
Dr. Jennifer Loo and the
Leadership Team

Presented to:
Algoma Public Health Board of Health

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APH AT-A-GLANCE

Firstly, a summer recap. I want to highlight the tremendous work of the Infectious Disease team and all the additional supporting APH team members and community partners whose tireless efforts have brought the local outbreak of measles under control. There have been no new cases of measles identified in Algoma since July 22, 2025. As of September 11, 2025, APH has deactivated the Incident Management System (IMS) and stood down our urgent response.

I also want to celebrate the strong staff engagement during the summer in APH's internal reflections on our strategic directions. As highlighted in this month's presentation to the Board of Health (BOH), 130 employees (85%) took part in the survey, with many taking the time to reflect and give meaningful feedback on the alignment between their work and the current strategic directions.

As we approach the National Day for Truth and Reconciliation, I want to acknowledge and thank APH's Truth and Reconciliation Action Committee (TRAC) and the Shingwauk Residential Schools Centre who coordinated Truth Walks for APH employees – guided experiential walks of learning and reflection at the historical Shingwauk Indian Residential School buildings, grounds, and cemetery. A giish gaandag (cedear) planting ceremony and flag raising will also be held later this week, to mark the National Day for Truth and Reconciliation.

Looking ahead to the fall, I want to draw attention to the Nurturing Algoma initiative, whose developmental screening events and clinics are being held district-wide throughout October. This initiative builds capacity within Algoma communities to conduct developmental screening beyond traditional clinical settings, with the goal of learning about the physical, cognitive, and social-emotional developmental trajectories and challenges of Algoma children aged 0 to 6, supporting Algoma families with resources that promote healthy development, increasing early detection and referrals for children at risk for developmental delay, and strengthening care pathways for our youngest residents. In partnership with Algoma's Child and Family Network as well as academic researchers at Queens University and SickKids' Infant and Early Mental Health Promotion (IEMHP) team, through Nurturing Algoma, APH is working upstream to build pathways to support healthy growth and development and promote early mental health – pathways that can ultimately help our communities break away from the present crises of mental illness, addiction, intergenerational trauma, isolation, and misinformation, and lead to resilience and wellbeing in our next generation.

PROGRAM HIGHLIGHT – Learners at APH

Topic: Supporting emerging public health professionals: Learners at APH

From: Jasmine Bryson, Supervisor Effective Public Health Practice

Ontario Public Health Standard Requirements[1] addressed in this report:

- Organizational Requirements: Public Health Practice Domain: The board of health shall support a culture of excellence in professional practice and ensure a culture of quality and continuous organizational self-improvement.

2021-2025 Strategic Priorities addressed in this report:

[] Advance the priority public health needs of Algoma's diverse communities.
[] Improve the impact and effectiveness of Algoma Public Health programs.
[X] Grow and celebrate an organizational culture of learning, innovation, and continuous improvement.

Key Messages

- Welcoming and mentoring learners at APH supports them in the development of core competencies for public health and increases the likelihood of local recruitment.
- APH remains committed to supporting our employees in mentoring and providing meaningful learning opportunities.
- Over the last 5 years, APH has provided formal learning opportunities for 146 learners in various health disciplines.

Learners are our future public health workforce

Ensuring future public health practitioners develop proficiency in the Core Competencies for Public Health in Canada is a shared responsibility across academic institutions, governments and health authorities, public health and professional associations, and community organizations[2]. An effective way for APH to support the development of the future public health workforce is to continue to welcome and mentor learners in our local public health setting. The benefits of this work include:

- Equipping learners with hands-on experience in local public health which directly enhances competency ahead of entering the public health workforce[3-5];
- Increasing the overall capacity of APH by increasing human resources for administrative work and core public health programming[4, 5];
- Increasing the likelihood of graduates accepting positions within APH, a direct return on investment in training[3]; and
- Increasing the likelihood graduates accept a public health position within a northern or rural community, which strengthens public health in northern Ontario[3].

Creating meaningful and mutually beneficial learning experiences

APH remains committed to developing and supporting our public health professionals in their mentorship journey and ensuring learning experiences at APH are aligned to the Core Competencies for Public Health in Canada, which reflect the essential knowledge, skills, and attitudes necessary for effective public health practice in Canada[2].

Examples of 2024-2025 activities that support our continued commitment:

- In 2024, the Professional Practice Public Health Nurse (PHN) became a permanent position at APH. A role of the Professional Practice PHN is to support development of PHN preceptors at APH through structured resources such as manuals and handbooks grounded in models such as Community Health Nursing Professional Practice. This role also supports learners in orienting to public health nursing through learning sessions in health equity, Indigenous engagement, and professional practice in the public health setting.
- With two Public Health and Preventive Medicine (PHPM) specialist physicians who are faculty with the Northern Ontario School of Medicine University (NOSM U), APH is a leader in PHPM training in northern Ontario and one of only two core training sites for NOSM U's PHPM residency program. This means that public health resident physicians, who are based in Sault Ste. Marie for the duration of their five-year training program, are regularly placed at APH for their core learning rotations. APH also receives other medical learners from time to time. The agency recently formalized a medical learner manual and launched a SharePoint site to coordinate onboarding, collaboration and sharing of key public health medical learning resources.
- APH continues to provide Public Health Inspector (PHI) practicum placements, which help to strengthen opportunities for PHI recruitment and retention.
- Over 2024 and 2025, we also continued to meet with academic institutions to discuss learner opportunities within APH and opportunities for integrating public health learning in academic curriculums, such as the Bachelor of Science in Nursing program at Sault College.
- In addition to having learners join us at APH, APH employees continued to guest lecture within academic institutions in topics such as population health and epidemiology, or infection prevention and control in personal service settings at Sault College.

Nearly 150 learners at APH over the last 5 years

From 2021-2025, APH teams have supported 146 learners in formal learning opportunities including placements, internships, rotations, practicums and paid summer positions. The table below gives a year-by-year breakdown from 2021 to 2025.

Year	Number of Academic Learners	Number of Paid Summer Students
2021	18	28
2022	16	10
2023	20	6
2024	21	3
2025	20	4

Over time, learners at APH have come from multiple disciplines, including nursing, medicine, dietetics, midwifery, public health, environmental health, office administration, and health care leadership from the following schools:

- Northern Ontario School of Medicine University
- Sault College
- CTS Canadian Career College
- Brock University
- Saskatchewan Polytechnic School of Nursing
- Lakehead University
- Queen's University

- Conestoga College
- Toronto Metropolitan University
- Cape Breton University
- University of Ottawa
- McMaster University

Unpaid and paid learners have supported APH teams in core public health programming within our health promotion and protection programs and clerical, communications, foundations and strategic support teams.

Some examples of learner projects from 2024-2025 include:

- Completing a literature review to support our Healthy Growth and Development team in post-abortion counselling;
- Food costing throughout Algoma to support monitoring of food affordability with our Community Wellness team;
- Beach water sampling and reporting throughout Algoma for our Environmental Health team;
- Providing immunizations alongside our Immunizations team in seasonal clinics such as for flu, COVID and RSV, and in our routine and school immunization clinics;
- Developing client health information resources, and internal reference documents across programs;
- Supporting quality assurance initiatives in professional nursing documentation;
- Developing healthy public policy learning modules for agency-wide capacity-building.

Next Steps: 2025 and Beyond

Below Joanna Hernandez shares her experience of transitioning from an internship with APH to permanent employment. APH will continue to invest in the future of our public health workforce in Algoma and northern Ontario through mentorship and learner opportunities at APH.

> ***"When I started my internship at Algoma Public Health, I was still finding my place as an international student. APH became that welcoming space for me to have a hands-on experience in public health here in Canada. It was a complete learning journey for me to be introduced to the health care system, reflect on our agency's strategic goals, and be given the opportunity to explore public health areas that I was interested in. Even then, I was given the platform to collaborate within and outside the organization to better understand our community. I am so thankful that I had a great support system, such as my internship supervisor and mentors in the Foundations and Strategic Support Team, who not only guided me in the work but also believed in me along the way.***
>
> ***Today, I am part of the Oral Health team as a clerical staff, and my journey from being an intern to a full-time employee is something I carry with so much gratitude. It is such a full circle moment for me to learn, work, and grow at APH. I feel honoured to continue being part of this organization that has nurtured me since day one."***

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3. Gerding JA, Hall SK, Gumina CO. Exploring the benefits and value of public health department internships for environmental health students. Journal of environmental health. 2020;83(4):20.
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Algoma Public Health
Statement of Operations
July 2025
(Unaudited)

Public Health Programs (Calendar)

Description	Current YTD	Current YTD Budget	YTD Budget Variance	Annual Budget	Variance % Act to Bud	Variance YTD Act to Bud
Public Health Funding, Total	-7,274,967	-7,251,105	23,861	-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	-307,419	-358,308	-50,889	-605,100	-14%	86%
Other Revenue, Total	0	0	0	0		
TOTAL REVENUE	**-11,212,550**	**-11,239,579**	**-27,028**	**-17,875,786**	0%	100%
Salaries & Wages, Total	5,919,709	6,378,538	458,828	10,934,636	-7%	93%
Benefits, Total	1,608,658	1,760,064	151,406	2,837,798	-9%	91%
Office Expenses, Total	24,366	36,400	12,034	62,400	-33%	67%
Program Expenses, Total	661,435	532,995	-128,440	922,034	24%	124%
Professional Development, Total	31,254	43,491	12,237	74,555	-28%	72%
Travel Expenses, Total	80,963	99,488	18,524	170,550	-19%	81%
Fees & Insurance, Total	247,965	270,391	22,428	437,100	-8%	92%
Telecommunications, Total	146,210	132,972	-13,238	227,952	10%	110%
Program Promotion, Total	13,854	13,825	-29	23,700	0%	100%
Debt Management & Amortization, Total	266,829	266,829	0	457,421	0%	100%
Computer/IT Services, Total	504,603	496,491	-8,113	837,912	2%	102%
Facilities Expenses, Total	876,349	519,007	-357,342	889,727	69%	169%
TOTAL EXPENSES	**10,382,195**	**10,550,491**	**168,295**	**17,875,786**	-2%	98%
SURPLUS/DEFICIT	**-830,355**	**-689,088**	**141,267**	**0**		

Healthy Babies Healthy Children (Fiscal)

Description	Current YTD	Current YTD Budget	YTD Budget Variance	Annual Budget		
TOTAL REVENUE (MCCSS)	-380,254	-380,250	4	-1,140,750	0%	100%
TOTAL EXPENSES	379,720	382,417	2,697	1,140,750	-1%	99%
SURPLUS/DEFICIT	-534	2,167	2,701	0		

Fiscal Programs (Non-Public Health)

Description	Current YTD	Current YTD Budget	YTD Budget Variance	Annual Budget		
PROVINCIAL GRANTS	-54,052	-55,584	-1,532	-166,753	-3%	97%
OTHER FUNDING	-63,723	-63,724	-1	-177,447	0%	100%
TOTAL REVENUE	**-117,775**	**-119,308**	**-1,533**	**-344,200**	-1%	99%
CAPC/CPNP	26,356	25,816	-541	77,447	2%	102%
Nurse Practitioner	54,524	55,584	1,060	166,753	-2%	98%
Stay on Your Feet	27,089	33,333	6,245	100,000	-19%	81%
TOTAL EXPENSES	**107,969**	**114,733**	**6,764**	**344,200**	-6%	94%
SURPLUS/DEFICIT	**-9,806**	**-4,575**	**5,231**	**0**		

Fiscal Programs (Public Health)

PROVINCIAL GRANTS	-105,198	-210,054	-104,856	-630,163	-50%	50%
TOTAL EXPENSES	193,154	212,480	19,327	630,163	-9%	91%
SURPLUS/DEFICIT	87,956	2,426	-85,529	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
July 2025
(Unaudited)

Description	Current YTD	Current YTD Budget	YTD Budget Variance	Annual Budget	Variance % Act to Bud	Variance YTD Act to Bud
MOH Program Funding - Public Health	-5,903,705	-5,903,627	78	-10,120,503	0%	100%
MOH Program Funding - 100%	-1,352,066	-1,347,478	4,588	-2,309,963	0%	100%
MOH Program Funding - One Time	-19,196	0	19,196	0	#DIV/0!	#DIV/0!
Public Health Funding, Total	**-7,274,967**	**-7,251,105**	**23,862**	**-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	-18,590	-23,333	-4,743	-40,000	-20%	80%
Land Control Fees	-108,397	-142,000	-33,603	-215,000	-24%	76%
Immunization Recoveries	-64,685	-52,917	11,766	-110,000	22%	122%
Recoveries from Programs	-15,004	-17,558	-2,554	-30,100	-15%	85%
Interest Revenue	-100,744	-122,500	-21,756	-210,000	-18%	82%
Fees & Recoveries, Total	**-307,420**	**-358,308**	**-50,890**	**-605,100**	-14%	86%
TOTAL REVENUE	-11,212,552	-11,239,578	-27,028	-17,875,786	0%	100%

Algoma Public Health
Comparative Balance Sheet
July 2025
(Unaudited)

	Current Balance	December 31, 2024
Cash and Investments, Total	6,188,255	4,702,136
Accounts Receivable, Total	157,631	1,729,409
Other Assets, Total	424,107	365,259
Fixed Assets, Total	16,559,921	16,559,921
TOTAL ASSETS	23,329,914	23,356,724
Accounts Payable - Province, Total	(2,295,769)	(2,750,849)
Accounts Payable, Total	(1,235,033)	(743,138)
Accrued Liabilities, Total	(2,875,656)	(3,681,471)
Long-term Liabilities, Total	(2,907,234)	(2,907,234)
Other Liabilities, Total	(281,038)	(277,755)
TOTAL LIABILITIES	(9,594,729)	(10,360,445)
TOTAL ACCUMULATED SURPLUS	(13,735,185)	(12,996,279)
TOTAL LIABILITIES AND EQUITIES	(23,329,914)	(23,356,724)

Notes to Financial Statements – July 2025

Reporting Period

The July 2025 financial reports include seven months of financial results for Public Health programming. All other non-funded public health programs are reporting four 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 July 31, 2025, Public Health calendar programs are reporting a $141K positive variance – which is driven by a $27K negative variance in revenues and a $168K 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 $610K 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 $128K 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 $357K 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 $281K 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 July 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.

Governance Committee Report

September 10, 2025

Attendees:

Don McConnell

Sonia Tassone

Suzanne Trivers

Regrets:

None

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

Tania Caputo – Board Secretary

Minutes

- The Minutes of the Governance Committee meeting of May 14, 2025 were approved.

New Business

- Governance Training – Staff had looked at other possibilities to provide governance training in addition to alPHa. On Friday, September 5, Susanne Trivers, Don McConnell, Dr. Loo and Tania Caputo held a videoconference with Tanya Gracie of the Institute for Governance in Ottawa. We stressed that Board governance was made more challenging by the regular turnover of Board of Health members. We noted that the Board already benefits from an excellent orientation program by staff which sets out the relationships and responsibilities of the Board. However, specific questions on the major topics that are the responsibility of the Board would be helpful to both Board members and staff. Tanya offered to put together a draft training agenda that would also include sections on both our strategic planning process and risk analysis. When received, the Governance Committee and staff will review the proposed agenda prior to making a recommendation to the Board.

- Strategic Planning Update – Dr. Loo reported that numerous staff had commented on the existing strategic issues of the current plan and that she would be reporting further on this at a future Board meeting.

- Board Governance Challenges – Dr. Loo summarized recent happenings at the Grey Bruce Health Unit. The Committee asked if a copy of the assessor's report could be made available. It was noted that having a good skills matrix for Board members is very helpful and that our existing skills matrix with current Board members strengths should be evaluated prior to year end.

Bylaw Reviews

Bylaw 15–01 – To Provide for the Management of Property was reviewed and is recommended for approval to the Board of Health. It was noted that the capital plan requirements should be reflected in the annual review of the Reserve Fund Plan.

Bylaw 95-2 – To Provide for Banking and Finance was reviewed and is recommended for approval to the Board of Health.

Bylaw 95-3 – To Provide for the Duties of the Auditor of the Board was reviewed and is recommended for approval to the Board of Health. It was noted that the auditor retained by the City of Sault Ste. Marie automatically becomes the auditor for the Board of Health as per Municipal Act requirements.

Policy Review

202r Risk Management Model – The updated version of this model was reviewed and is recommended for approval to the Board of Health.

To Provide for the Management of Property Bylaw

REFERENCE #:	15-01	**DATE:**	Original: Jun 17, 2015 Reviewed: Jun 28, 2017
APPROVED BY:	Board of Health		Revised: Apr 25, 2018 Reviewed: Jun 24, 2020
SECTION:	Bylaws		Revised: Mar 22, 2023

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

1. The Board shall acquire and hold title to any real property acquired by the Board for the purpose of carrying out the functions of the Board and may sell, exchange, lease, mortgage or otherwise charge or dispose of real property owned by it in accordance with the Act [Health Protection and Promotion Act R.S.O. 1990, c.H.7, s.52(3)].

2. Clause 1 is subject to the requirement that the Board of Health first obtain the consent of the councils of the majority of the municipalities within the Health Unit served by the Board of Health [Health Protection and Promotion Act R.S.O. 1990, c.H.7,s 52(4);2002, c. 18, Sched I.s.9(8)].

3. Prior to the sale of any real property owned by the Board of Health, the Board shall,

a. By by-law or resolution passed at a meeting open to the public, declare the real property to be surplus;

b. Obtain not more than one (1) year before the date of sale at least one appraisal of the fair market value of the real property from such person as the Medical Officer of Health/Chief Executive Officer considers qualified.

4. Notice to the public of a proposed sale of real property owned by the Board of Health shall be given prior to the date of the sale by publication in a newspaper that is of sufficiently general paid or unpaid circulation within the Health Unit area to give the public reasonable notice of the proposed sale.

5. Despite the requirement of clause 3(b) of the by-law, and subject to the requirements of clause 2, the Board of Health may sell any real property owned by it to any one of the following classes of public bodies without first obtaining an appraisal:

a. Any municipality within the Health Unit served by the Board of Health;

b. A local board as defined in the Health Protection and Promotion Act.

c. The Crown in Right of Ontario or of Canada and their agencies.

6. The Medical Officer of Health/Chief Executive Officer shall establish and maintain a public register listing and describing all real property owned or leased by the Board, and which should, to the extent that is reasonably possible, include the following information:

a. A brief legal description of the property

b. The assessment roll number of the property;

c. The municipal address or the real property, if available;

d. The date of purchase;

e. The name of the person to whom the property was purchased;

f. The instrument number of the transfer or deed by which title was transferred to the municipality;

g. The purchase price of the real property;

h. A brief description of improvements, if any, on the real property;

i. The date of the sale of the property;

j. The name of the person to whom the property was sold;

k. The sale price of the real property.

7. The Medical Officer of Health or their designate shall be responsible for the care and maintenance of all properties required by the Board

8. Such responsibility shall include, but shall not be limited to, the following:

a. The replacement of, or major repairs to, capital items such as heating, cooling and ventilation systems; roof and structural work; plumbing; lighting and wiring;

b. The maintenance and repair of the parking areas and the exterior of the building;

c. The care and upkeep of the grounds of the property;

d. The cleaning, maintaining, decorating and repairing the interior of the building;

e. The maintenance of up-to-date fire and liability insurance coverage.

9. The Board of Health will establish and maintain reserve funds which may be used for properties in which it has an ownership interest in land and/or buildings (the "Property"), the purpose of which shall be for the repair and replacement of and for the Property in order to maintain the Property in good repair and condition. Contributions to the Reserve Funds will be determined by the Board's Reserve Fund Plan. The Reserve Fund Plan shall be updated from time to time at the discretion of the Medical Officer of Health or their designate.

10. The Board shall ensure that all such properties comply with applicable statutory requirements contained in either local, provincial or federal legislation (e.g. building and fire code).

Read a first and second time this 17th day of June 2015.

Originally signed by
L. Mason, Chair
I. Frazier, Vice-Chair

To Provide for Banking and Finance Bylaw

REFERENCE #:	95-2	**DATE:**	Original: Dec 13, 1995 Reviewed: Jun 28, 2017
APPROVED BY:	Board of Health		Reviewed: Nov 20, 2019 Revised: Nov 25, 2020
SECTION:	Bylaws		Revised: Jun 28, 2023

The Board enacts as follows:

1. In this By-law:

a) "Act" means the Health Protection and Promotion Act, R.S.O. 1990, Chapter H.7 as amended.

b) "Board" means THE BOARD OF HEALTH FOR THE DISTRICT OF ALGOMA HEALTH UNIT.

2. Signing Authorities

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

b) Signing authorities for all accounts shall be restricted to:

i. the Chair of the Board of Health
ii. one other Board member, designated by resolution
iii. the Medical Officer of Health/Chief Executive Officer
iv. the Director of Corporate Services

c) All cheques issued shall have two signatures from the list above in 2b).

3. Budgets and Accounts

3.1. The Medical Officer of Health/Chief Executive Officer shall:

i. Ensure that all annual budgets are prepared and presented to the Board in accordance with all Board and Ministry guidelines;

ii. Have overall responsibility for the control of expenditures as authorized by Board and Ministry approvals of the individual annual budgets under the jurisdiction of the Board;

iii. Ensure the security of all funds, grants and monies received in the course of provision of service by the programs under the jurisdiction of the Board; and,

iv. Ensure that all reports are prepared and distributed to the appropriate bodies, in accordance with established Board and Ministry guidelines.

3.2. The Director of Corporate Services shall:

i. Prepare, or ensure the preparation of all annual budgets under the jurisdiction of the Board for submission to the Board;

ii. Control, or ensure control of, expenditures as authorized by Board and Ministry approvals of the individual annual budgets under the jurisdiction of the Board;

iii. Secure, or ensure the security of, all funds, grants and monies received in the course of provision of service by the programs under the jurisdiction of the Board;

iv. Prepare, or ensure the preparation of financial and operating statements for the Board and for the appropriate Ministries or agencies, in accordance with established Ministry policies, indicating the financial position of the Board with respect to the current operations of all programs under the jurisdiction of the Board;

v. Maintain and secure, or ensure the maintenance and security of, the books of account and accounting records of the Board required to be kept by the laws of the Province;

vi. Arrange, or ensure the arrangement, for an annual audit of all accounting books and records, in conjunction with the Auditor;

vii. Register the Health Unit as a charitable organization and follow the legal requirements associated therewith,

viii. Report to the Board on all financial and banking matters initiated by the Chief Executive Officer;

ix. Reconcile all balances with the appropriate Ministries upon receipt of final year-end settlements; and

x. Enter into an agreement with a recognized chartered bank or trust company which will provide the following services:

- Current accounts
- Provision of monthly bank statements
- Payment of interest or surplus funds held at the institution
- Payroll services, as needed
- Lending of money to the Board, as required
- Perform other duties as the Board may direct.

Enacted and passed by the Algoma Health Unit Board this 13th day of December 1995.

Original signed by
I. Lawson, Chair
G. Caputo, Vice-chair

To Provide for the Duties of the Auditor of the Board of Health Bylaw

REFERENCE #:	95-3	**DATE:**	Original: Dec 13, 1995 Revised: Jun 28, 2017
APPROVED BY:	Board of Health		Reviewed: Nov 20, 2019 Reviewed: May 26, 2021
SECTION:	Bylaws		Revised: Jun 28, 2023

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

1. In accordance with the Health Protection and Promotion Act and the Municipal Act, the Board shall appoint an Auditor who shall not be a member of the Board and shall be licensed under the Public Accountancy Act.

As per the Municipal Act 2001 - 296 (10) Joint boards

2. If a local board is a board of more than one municipality, only the auditor of the municipality that is responsible for the largest share of the expenses of the local board in that year is required to audit the local board in that year. 2009, c. 18, Sched. 18, s. 5.

3. The Auditor shall:

a) Audit the accounts and transactions of the Board;

b) Perform such duties as are prescribed for the Auditor by the Health Protection and Promotion Act; by the Ministry of Municipal Affairs with respect to local Boards under the Municipal Act and the Municipal Affairs Act;

c) Perform such other duties as may be required by the Board;

d) Have the right of access at all reasonable hours to all books, records (with signed consent, if consent is required under the Municipal Freedom of Information and Protection of Privacy Act), documents, accounts and vouchers of the Board; the auditor is entitled to require from the members of the Board and from the Officers of the Board such information and explanation as in their opinion may be necessary to enable them to carry out such duties as are prescribed under the Health Protection and Promotion Act;

e) Be entitled to attend any meeting of members of the Board that concerns the auditor and to receive all notices relating to any such meeting that any member is entitled to receive and to be heard at any such meeting.

Enacted and passed by the Algoma Health Unit Board this 13th day of December 1995.

Original signed by
I Lawson, Chair
Original signed by
G. Caputo, Vice-chair

InfoBreak

alPHa's members' portal

Key Highlights:

- We're embarking on a new term of strategic actions to strengthen local public health influence with government and system partners.
- alPHa is dedicated to showcasing how local public health achieves population health results, reduces health system burden, and is a key partner in health system transformation.
- We seek examples from member agencies to showcase the effectiveness, efficiency, and innovation in local public health. Please submit contributions for consideration to Loretta Ryan, alPHa's CEO, for inclusion on the upcoming Innovation Resource Page (example digital innovations and/or creative cost savings). This page will resemble the popular Artificial Intelligence (AI) Resource Page used by many Members. Members are also encouraged to view Steven Rebellato's AI presentation from the June 20 alPHa Boards of Health Section meeting, available with other conference slides on the Presentations webpage.

Newsletter Refresh: Leader to Leader

Building on Past Leadership:

- *Leveraging the foundational work of previous alPHa leaders, we're refreshing the Chair's section of the newsletter starting with this summer issue.*

Content Focus:

- *The Chair's update will focus on our strategic trajectory by highlighting:*
  - *o What We Want to Achieve: Key objectives and goals.*
  - *o Steps We're Taking: Examples of actions and initiatives underway (not meant to be comprehensive).*
  - *o LPHA Contributions: How individual local public health agencies can participate in achieving our collective objectives.*

What Do We Want to Achieve?:

- *Strengthening local public health's position:*
  - *o Objective: Ensure alPHa is positioned to highlight local public health favourably with key stakeholders, including provincial and municipal governments.*
  - *o Importance: This strengthened position is critical for advocacy efforts, particularly in enhancing and equitably allocating funding across health units.*

InfoBreak

alPHa's members' portal

Summer 2025

Outcome & Results Driven:

o Requirement: Address the provincial government's focus on data, outcomes, and results by demonstrating collective impact in resonant language.

Team Player and Leadership Role:

o Approach: Present innovative, cost-efficient solutions instead of employing a "deficit approach," which focuses on asking for more funding by highlighting current shortfalls.

o Role: Showcase local public health as a crucial partner/leader in collaboration, partnership, and innovation.

o Example: Position local public health as a vital partner/leader in digital health innovation.

Steps We're Taking:

- Government Relations Training: Based on member requests, we organized a learning opportunity in July to enhance our engagement strategies with government officials.
- Outcomes and Results Focused: We plan to continue highlighting our contributions to community health through our successful infographics series. We appreciated participation from the Chief Medical Officer of Health and his office, Public Health Ontario, and Ontario Health at our June conference. We aim to explore further collaborations to show how local public health is essential in achieving health system objectives.
- A key partner and system leader: Public health units have a unique opportunity, through our recognized strengths in data and data systems, to play a leadership role in digital health innovation. For this reason, the upcoming Fall Symposium and Workshops will include discussion of this topic. Hold the date and stay tuned for more information on these online events that will be taking place November 5 to 7.

Local Public Health Agency Contributions:

- Items for Showcase: As noted above, alPHa maintains a Resource Page on various topics – Artificial Intelligence, Climate Change, Workplace Health and Wellness, and more.
- Strategic Feedback: Engage with alPHa leadership to provide input on our strategy & its execution, in light of emerging challenges and opportunities. Click here to get to know alPHa's Board of Directors.

2025 alPHa AGM and Conference: Recap

This year's Annual General Meeting and Conference, that took place June 18-20, continued the important conversation on the critical role of local public health in the province's Public Health System. We want to thank everyone who attended and participated as this event would not have been a success without you!

Updates have been made to the Resolutions home page, including the ones for this year. Individual Resolutions can be found here: A25-01: Integrating the Ontario Early Adversity and Resilience Framework into Public Health Practice to Improve Population Health Outcomes and A25-03: Preventing heavy metal exposure from contaminated spices, cosmetics, ceremonial powders and products sold for natural health purposes.

The Annual General Meeting Report, Annual Report, and other conference-related materials can be found on the Conference webpage. On the Presentations webpage: Conference slides (Medicine Shield Workshop and *Public Health and Engagement with Indigenous Communities*), BOH Section Meeting Slides (*BOH Legal Obligations* and *Digital Innovation and Public Health*), and the Distinguished Service Awards booklet are available. Please note, we can only post presentations we receive from the speakers. You must also log into the alPHa website to view most of the files.

Thank you to all the speakers, moderators, and participants. All of you worked extremely hard to make each day a success. Please know the time you took to help plan, speak, moderate, or attend is appreciated.

The winner of the after-event survey gift card is Dr. Kathryn Marsilio, Peel Region Public Health. Congratulations!

2025 alPHa AGM and Conference: Recap

A special shoutout goes to Trudy Sachowski for chairing the event. Much thanks to the alPHa staff who put in many hours into making these events a success: Loretta Ryan, Gordon Fleming, Melanie Dziengo, and Lynne Russell.

We would also like to take a moment to thank Toronto Public Health for co-hosting the AGM and Conference, and acknowledge Platinum Level sponsors: vocalmeet and NaloxOne; Esri Canada as a Gold Level sponsor, and Mosey & Mosey and BrokerLink as Silver Level sponsors. We are thankful to the Pantages Hotel for providing us with an excellent venue.

2025 alPHa AGM and Conference: Distinguished Service Awards (DSAs)

The DSAs, that were presented at the conference, recognize exceptional qualities of leadership, tangible results through lengthy service and/or distinctive acts, and exemplary devotion to public health at the provincial level.

alPHa was pleased to announce this year's recipients: Sue Perras, Boards of Health Section, Northwestern Health Unit; Dr. Hsiu-Li Wang, Council of Ontario Medical Officers of Health Section, Region of Waterloo Public Health and Paramedic Services; Nancy Kennedy, Affiliates, Ontario Association of Public Health Dentistry, and Loretta Ryan, alPHa, Chief Executive Officer. To learn more about these award winners, please click here.

Congratulations to the 2025 DSA recipients!

Association of Local Public Health Agencies

Fall Symposium and Workshops

November 5-7, 2025

Co-hosted by

alPHa Association of Local PUBLIC HEALTH Agencies

SW Southwestern Public Health
Oxford · Elgin · St.Thomas

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:

EOHU Eastern Ontario Health Unit | BSEO Bureau de santé de l'est de l'Ontario

Dalla Lana School of Public Health

AMO Conference Resources

Next month, many alPHa members, particularly from the Boards of Health Section, will be attending AMO's 2025 Annual General Meeting and Conference, taking place from August 17-20, in Ottawa.

Whether you're an alPHa member attending the conference or participating in a delegation, here are some key alPHa resources:

- alPHa Resolutions and Correspondence including alPHa Letter Budget (2025)
- PH Matters Infographics: *Public Health Matters #4: Keeping Ontarians Healthy and Safe* and *Public Health Matters #3: A Business Case for Local Public Health*
- BOH Shared Resources Page including: BOH Orientation Manual and BOH Governance Toolkit
- *Information Break*. Be sure to check the archive of newsletters. These can be found here.

Diplomacy, Delegations and Avoiding Government Relations Disasters - alPHa Lunch & Learn Thank you!

Thank you to all of the alPHa Members who participated in the lunch and learn session on July 16. It was well attended, and we appreciated each of you for making it interactive and lively.

We would also like to thank presenters, Sabine Matheson, Principal, StrategyCorp, Loretta Ryan, Chief Executive Officer, alPHa, and Monika Turner, Principal, Roving Capacity.

alPHa will post the slides from Sabine Matheson when these become available.

alPHa Workplace Health and Wellness Month: Recap

The *alPHa Workplace Health and Wellness Month* (WHWM) continues to be a success! The response from the Membership has been overwhelmingly positive. We want to thank so many of you for participating during the month of May. We received many pictures of Members walking, biking, canoeing, doing yoga, and taking care of their physical, mental, and social health.

Renfrew County & District Health Unit hit it right out of the park! Thank you for your very active participation. Below is one of four picture collages showing Renfrew's weekly activities during the month. Durham Region Health Department also did an amazing job, with over 200 photos of their staff participating in WHWM. A collage of some of those photos is above. Well done! And a shot out to the Members of the alPHa Board of Directors and Members who also sent in pictures of themselves in action.

We are not done encouraging you to take care of your physical, mental, and social health. alPHa continues to share information via our newsletter. We also have a dedicated webpage with infographics and other resources, including a WHWM infographic on Work Life Balance, that can be found here.

Thank you to the alPHa staff for their work on WHWM and for participating too! Many thanks in particular to Lynne Russell for her ongoing work on this initiative. Thank you again to everyone who participated. New for this year! As promised, we had a draw for a gift card and the winner is Melissa Ziebarth.

Stay healthy and we hope you join us in next year's Workplace Health and Wellness Month!

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- Tobacco Settlement Investments - July 24, 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: May 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 **May 9, 2025**. To view the file, log into the alPHa website.

Public Health Ontario | Santé publique Ontario

PHO's new Online Water Testing Portal has launched!
This new portal improves how individuals who rely on private water sources submit their information and receive their test results online. It allows users to complete an electronic requisition form online before dropping off their water sample at a designated location. Once the sample is received and tested, clients can return to the portal to securely access and download their test results. This new process offers a more efficient and accessible alternative to the traditional paper-based submission. Visit their PHO News post for more information.

New Course Coming Soon! Infection Prevention and Control for Health Care Workers!
The new Infection Prevention and Control (IPAC) for Health Care Workers (HCWs) will launch on August 12, 2025!

Public Health Ontario

This new interactive, scenario-based course is designed to help HCWs improve their IPAC knowledge and skills by increasing learner knowledge and understanding of key IPAC principles. It will replace the existing IPAC Core Competencies course. Learners who are currently taking the IPAC Core Competencies course must complete their training by August 1, 2025, to obtain a certificate of completion. If the course is not completed by this date, learners will no longer have access to this course and are encouraged to register for the new IPAC for HCWs course. Check out this video to learn more about the upcoming course offering.

Recent Knowledge Products

- Measles in Ontario
- Mpox in Ontario
- SARS-CoV-2 Genomic Surveillance in Ontario
- Ontario Respiratory Virus Tool
- Invasive Group A Streptococcal (iGAS) Disease in Ontario: October 1, 2024 to June 30, 2025

Updated Snapshots

- Injury Mortality
- Chronic Disease Mortality
- Potential Years of Life Lost
- Potentially Avoidable Mortality
- All-Cause Mortality

Events

Be sure to keep an eye on PHO's Events page for their upcoming events.

Recent Presentations

- Supporting Smoking Cessation in Indigenous Communities
- Engaging Policymakers on the Commercial Determinants of Health: Lessons from Global Tobacco Control
- Community Partnerships for Public Health Emergencies: Spotlight on Evacuations
- Maternal Mortality in Ontario – Partnerships for Awareness and Prevention

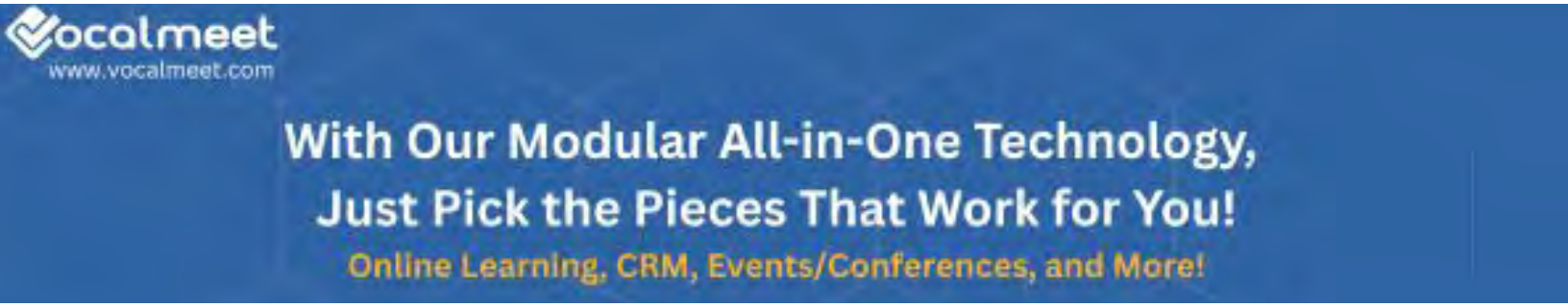
Dalla Lana School of Public Health

Upcoming DLSPH Events and Webinars

- CIHR Project Grant: Strategies for Success (Jul. 24)
- Drum Circle with Spirit Wind (Aug 6 and Aug. 20)
- New Frontiers in Research Fund (NFRF) Exploration 2025: Strategies for Success (Aug. 27)

BrokerLink Insurance

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.



Looking to simplify training and streamline operations? Support your unit's goals with one secure, scalable platform for public health education, business automation, and events. Vocalmeet provides powerful, all-in-one solutions for online learning, CRM, events/conferences, and more. The best part? It's modular, meaning you can pick and choose the pieces that work for you–you only pay for what you use! Plus, Vocalmeet scales with you: addition and subtraction are as simple as flipping a switch. Discover how we can support your unit at vocalmeet.com

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.


alPHa
Association of Local PUBLIC HEALTH Agencies
Strategic Plan
2024 - 2027
Convening the leadership of local public health agencies to:
Be the unified voice and a trusted advisor on public health
Advance the work of local public health through strategic partnerships and collaborations
Support the sustainability of Ontario's local public health system
Deliver member services to local public health leaders
A stronger local public health system
alPHa's Mission: Serving Ontario's local public health agencies for a strong public health system

Wednesday November 5

Content Coming Soon!

This workshop is included for and exclusive to all registrants for the Winter Symposium.

Thursday November 6
Pre-Symposium Workshop
Leading Others: Understanding Communication Styles,
Featuring Marilyn Owston, TrendLine Consulting Services

This highly interactive session has been specifically designed to enhance leaders' ability to communicate more effectively with their teams.

Poster Overview

This workshop is included for and exclusive to all registrants for the Winter Symposium.

Friday November 7

alPHa Symposium

Symposium Program (Coming Soon)

Speaker Bios (Coming Soon)

Instructions for Submitting Video Material

Zoom Webinar Troubleshooting Tips

The deadline to register is Friday, October 31, 2025. Association of Local Public Health Agencies (alPHa)

Algoma PUBLIC HEALTH
Santé publique Algoma
www.algomapublichealth.com

September 12, 2025

Via Email

The Honourable Doug Ford
Premier of Ontario

Subject: Working Together to Reduce Food Insecurity in Ontario

Dear Premier Ford,

On behalf of the Board of Health of Algoma Public Health (APH), please accept our appreciation for the provincial government's efforts to support vulnerable Ontarians, including tying ODSP rates to inflation and increases to minimum wage. These steps are positive, and we hope they signal a continued commitment to addressing the root causes of poverty and food insecurity.

At the same time, we are deeply concerned about the rising rates of food insecurity across Ontario. Between 2022 and 2023, the rate of severe household food insecurity rose from 4.8% to 7.8%[1]. This trend has serious implications for public health, as food insecurity is strongly linked to chronic conditions like diabetes, poor mental health, and increased health care use[1].

We know that food insecurity is fundamentally an income issue. While food banks and community programs provide essential short-term relief, long-term solutions require policies that improve a household's financial stability. Research consistently shows that increasing social assistance rates and aligning minimum wage with a living wage can significantly reduce food insecurity[2-4].

In Algoma, our monitoring food affordability data shows that current social assistance rates fall short of covering basic needs like food and housing[5]. We also know that employment alone is not always protective – over half of food-insecure households in Ontario rely primarily on wages or self-employment income[3].

Blind River
P.O. Box 194
9B Lawton Street
Blind River, ON P0R 1B0
Tel: 705-356-2551
TF: 1 (888) 356-2551
Fax: 705-356-2494

Elliot Lake
ELNOS Building
302-31 Nova Scotia Walk
Elliot Lake, ON P5A 1Y9
Tel: 705-848-2314
TF: 1 (877) 748-2314
Fax: 705-848-1911

Sault Ste. Marie
294 Willow Avenue
Sault Ste. Marie, ON P6B 0A9
Tel: 705-942-4646
TF: 1 (866) 892-0172
Fax: 705-759-1534

Wawa
18 Ganley Street
Wawa, ON P0S 1K0
Tel: 705-856-7208
TF: 1 (888) 211-8074
Fax: 705-856-1752

At its meeting on May 28, 2025, the Algoma Board of Health passed the following motion:

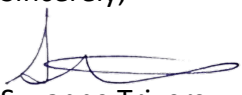
That the Board of Health for the District of Algoma Health Unit continue to advocate for income-based responses by calling on the provincial government to:

1. ***Recognize and acknowledge food insecurity as an income-based problem that requires income-based solutions;***
2. ***Set targets to reduce food insecurity; and***
3. ***Engage with all levels of government, private and non-profit sectors, and people with lived and living experiences, to implement progressive economic policies that increase household income (i.e., living wage, indexing all social assistance to inflation, and using monitoring food affordability data to set adequate social assistance rates).***

We believe these actions align with your government's stated goals of building a stronger, more resilient Ontario. By investing in income-based solutions, we can reduce pressure on our healthcare system, improve quality of life, and ensure that all Ontarians have the opportunity to thrive.

We would welcome the opportunity to work with your government on this important issue and would be pleased to provide further data or insights from our region.

Sincerely,



Suzanne Trivers,
Chair, Board of Health,
Algoma Public Health

cc: Dr. K. Moore, Chief Medical Officer of Health
Heather Schramm, Director, Health Promotion and Prevention Policy and Programs Branch, Ministry of Health
Susan Stewart, Chair, Health Promotion Ontario Executive Committee
Dr. Michael Sherar, President and Chief Executive Officer, Public Health Ontario
MPP Chris Scott, Sault Ste. Marie
MPP Bill Rosenberg, Algoma-Manitoulin
David Thompson, Chair, Algoma Food Security Network
All Ontario Boards of Health

References

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2. Idzerda L, Corrin T, Lazarescu C, Couture A, Vallieres A, Khan S, et al. Public policy interventions to mitigate household food insecurity in Canada: a systematic review. Public Health Nutrition. 2024; 27(e83), 1-14.
3. Li T, Fafard St-Germain AA, Tarasuk V. Household food insecurity in Canada, 2022. Toronto: Research to identify policy options to reduce food insecurity (PROOF). 2023. Available from: https://proof.utoronto.ca/resource/household-food-insecurity-in-canada-2022/
4. Ontario Dietitians in Public Health. Position Statement and Recommendations on Responses to Food Insecurity: 2020. Available from: https://www.odph.ca/odph-position-statement-on-responses-to-food-insecurity-1
5. Algoma Public Health. Food Affordability & Food Insecurity in Algoma: The 2024 Nutritious Food Basket Results and Recommendations. 2025. Available from: https://www.algomapublichealth.com/healthy-living/food-insecurity-in-algoma/

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 48-25

TO: Chair and Members of the Board of Health

FROM: Dr. Alexander Summers, Medical Officer of Health
Emily Williams, Chief Executive Officer

DATE: 2025 July 24

HOUSEHOLD FOOD INSECURITY: A PRIMER FOR MUNICIPALITIES

Recommendation

It is recommended that the Board of Health:

1) *Receive Report No. 48-25 re: "Household Food Insecurity: A Primer for Municipalities" for information; and*
2) *Direct the Clerk to send Report No. 48-25 (including Appendix A) to the City of London, Middlesex County, lower tier municipalities within the County of Middlesex and all Ontario Boards of Health.*

Report Highlights

- In 2023, 1 in 4 households in Middlesex-London were food insecure. This is a statistically significant increase from 2022.
- Food insecurity has a pervasive impact on health; and there is a need for income-based solutions.
- "Household Food Insecurity: A Primer for Municipalities" (Appendix A) provides a range of income-based strategies that London and Middlesex County can implement to help reduce food insecurity. The primer also includes affordability-based strategies, which can help reduce financial strain and contribute to more inclusive, resilient and healthy communities.

Background

Household food insecurity is defined as inadequate or insecure access to food due to financial constraints[1]. Food insecurity negatively impacts health and community well-being (e.g., increased barriers to employment and increased social isolation)[1-3].

The financial impact of food insecurity is broad and extends across all levels of government. For example, households with food insecurity have 23%-121% higher annual health care costs[4]. While health care funding primarily falls under provincial and federal jurisdictions, municipalities also shoulder significant costs. As reported by the Association of Municipalities in Ontario (AMO), in 2017, Ontario municipal governments contributed $2.1 billion for health care costs[5].

While food programs, such as community gardens and community meals, can offer temporary relief from hunger, they do not address the root cause. Research consistently shows that food insecurity is most effectively reduced through income-based solutions[1,2].

Food Insecurity in Middlesex-London

In 2023, one in four households in Middlesex-London were food insecure[6] - the highest rate reported in Middlesex-London since the Canadian Income Survey started measuring food insecurity in 2019. This marked a statistically significant increase from 2022, with an estimated 151,477 residents living in food insecure households in 2023, compared to 107,835 residents in 2022.[6,7]

As reported to the Board of Health in Q4 2024, the 2024 local Nutritious Food Basket results demonstrate decreased food affordability and inadequate income to afford basic needs for many Middlesex-London residents[8]. A single person receiving Ontario Works needs an additional $522 monthly to afford local rent and food costs, plus additional funds for all other expenses[8]. Report No. 82-24 includes additional household and income scenarios.

Municipal Strategies to Address Food Insecurity

MLHU established and chaired a provincial work group in partnership with the Ontario Dietitians in Public Health to develop resources and messaging aimed at reducing household food insecurity. The resulting municipal primer, adapted by MLHU for local municipalities, outlines strategies to address household food insecurity (Appendix A). Municipal governments are important partners in addressing food insecurity, and the primer provides a range of income-based strategies that London and Middlesex County can implement. The primer also includes affordability-based strategies, which can help reduce financial strain and contribute to more inclusive, resilient and healthy communities.

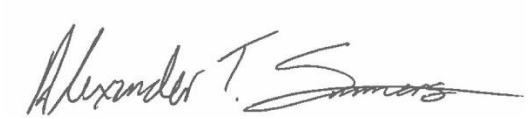
References are affixed as Appendix B.

Next Steps

It is recommended that the Board of Health direct Health Unit staff to share “Household Food Insecurity: A Primer for Municipalities” (Appendix A) with the City of London, Middlesex County, lower tier municipalities within the County of Middlesex, and Ontario Boards of Health.

The Health Unit will continue to monitor food affordability as mandated by the Ontario Public Health Standards in the Population Health Assessment and Surveillance Protocol, 2018. The 2025 surveillance data will be reported to the Board of Health in Q4 2025.

This report was written by the Municipal and Community Health Promotion Team of the Family and Community Health Division.



Alexander Summers, MD, MPH, CCFP, FRCPC
Medical Officer of Health

Emily Williams, BScN, RN, MBA, CHE
Chief Executive Officer

This report refers to the following principle(s) set out in Policy G-490, Appendix A:

- The Population Health Assessment and Surveillance Protocol, 2018; and the Chronic Disease Prevention and Well-Being and Healthy Growth and Development standards, as outlined in the *Ontario Public Health Standards: Requirements for Programs, Services and Accountability*.
- The following goal or direction from the Middlesex-London Health Unit's Strategic Plan:
    - Our public health programs are effective, grounded in evidence and equity

This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's Anti-Black Racism Plan and Taking Action for Reconciliation, specifically recommendations:

Anti-Black Racism Plan Recommendation #37: Lead and/or actively participate in healthy public policy initiatives focused on mitigating and addressing, at an upstream level, the negative and inequitable impacts of the social determinants of health which are priority for local ACB communities and ensure the policy approaches take an anti-Black racism lens.

Taking Action for Reconciliation Supportive Environments: Establish and implement policies to sustain a supportive environment, as required, related to the identified recommendations.

Household Food Insecurity: A Primer for Municipalities

Household food insecurity refers to inadequate or insecure access to food due to financial constraints.[1] For simplicity, household food insecurity will be referred to as food insecurity in this primer.

While food programs, such as community gardens and community meals, can offer temporary relief from hunger, they do not address the root cause. Research consistently shows that food insecurity is most effectively reduced through income-based solutions.[1]

Food insecurity and poverty are pressing issues that municipalities can help address.

This resource provides a range of income-based strategies that municipalities can implement to make a meaningful impact in their communities. It also includes affordability-focused strategies, which can help reduce financial strain and contribute to more inclusive, resilient communities.

Adapted from:
"Food Insecurity: A Primer for Municipalities" developed by the Ontario Dietitians in Public Health (ODPH) Food Insecurity Workgroup (www.odph.ca).

Adapted by:
Middlesex-London Health Unit

For more information, contact us:
Middlesex-London Health Unit
Phone: 519-663-5317
Email: health@mlhu.on.ca

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT
www.healthunit.com

Food Insecurity: A Primer for Municipalities

Household Food Insecurity in Middlesex-London

Food insecurity means not having enough money for food.[1]

In 2023, 25% of Middlesex-London households were food insecure.[2]

1 in 4

Food Affordability

After rent and food, many don't have enough left for all other monthly expenses.[3]

Single parent of 2 on Ontario Works

$257

Single person on Ontario Works

-$522

Wages

Having a job does not guarantee food security.

In 2022, over half (58.6%) of food-insecure households in Ontario depended on employment income.[1]

Food Insecurity Takes a Toll on our Community

Physical and Mental Health

- ↑ risk of diabetes and heart disease [1]
- ↑ risk of depression, anxiety, and mood disorders [1]

Health Care Costs

23%-121% higher health care costs [4]

In 2017, Ontario municipal governments contributed **$2.1 billion** for health care costs[5]

Community Well-Being

- ↑ barriers to employment[6]
- ↑ social isolation[6]

impede people's ability to advance in life[6]

Solutions

Food insecurity is an income problem that requires income solutions.

Municipalities can support policies and initiatives that improve the finances of households with low incomes and advocate for a stronger social safety net.

For information on local data, health impacts, and to work together on strategies to reduce local food insecurity, email Middlesex-London Health Unit at health@mlhu.on.ca.

Income-Based Strategies

1. Support living wage certification

Ontario's minimum wage is less than a living wage. A living wage is the hourly pay a worker must earn to afford their basic needs and engage in their community based on regional living costs.[7] Paying a living wage benefits employers (e.g., employee retention), employees (e.g., afford housing and food), and the community (e.g., money spent locally).[8,9]

The minimal annual employer certification fee helps support the Ontario Living Wage Network to calculate the living wage and advance the living wage movement.

- Become a Living Wage employer and recertify annually (e.g., Township of Blandford-Blenheim, City of Waterloo, Corporation of the City of St. Catharines, The County of Huron, The Municipality of North Perth).
- Encourage local businesses to become Living Wage employers (e.g., provide education and awareness, incentives like public recognition of local Living Wage employers, community engagement and support).
- Provide support for local businesses to become certified (e.g., practical guidance, marketing incentives, and policy support).

Resource: Living Wage Certification Process

2. Support free income tax filing clinics for households with lower incomes

Filing income taxes is essential to be eligible for subsidized housing and receiving federal government benefits and credits. In 2023, nearly $44 million was received in refunds, credits, and benefits entitlements by 11,070 individuals through free tax clinics in London, Ontario through the Community Volunteer Income Tax Program.[10]

- Promote clinics and help to recruit volunteers (e.g., London tax clinics, Strathroy tax clinics).
- Provide subsidized transportation to clinics (e.g., transportation vouchers).
- Provide community spaces for clinics at no cost.
- Support systems navigation at clinics (e.g., promote community resources and governmental benefits, and make referrals to community resources).
- Coordinate existing income tax clinics and improve client support at tax clinics by offering more super clinics in the community.
- Advocate for policies that simplify tax filing for community members living with a low income (e.g., automated system using existing information).
- Explore the promotion of virtual tax-filing in partnership with local organizations and Prosper Canada.

Resource: Guide to Hosting an Enhanced Free Community Volunteer Income Tax Program (CVITP)

3. Work with the provincial and federal governments to advance income-based policies and income support programs

The current income support system in Ontario is not adequate for households to cover their basic needs and live with dignity.[1]

- Support the advocacy work of local partnerships (e.g., endorse advocacy letters sent to the provincial and federal governments by local partnerships) (e.g., United Way Elgin Middlesex).

- Advocate to the provincial government to:
  a. Raise the minimum wage to be on par with the cost of living (living wage).
  b. Increase social assistance rates to reflect the real cost of living (e.g., Middlesex-London Board of Health, 2023; Prince Edward-Lennox & Addington, 2025; Niagara Region, 2024; Prince Edward County, 2024; Simcoe-Muskoka District Health Unit, 2025)
  c. Index Ontario Works (OW) rates to inflation and increase the amount of income exempt from reduction of benefits to better support those working toward leaving the OW program (e.g., Orangeville, 2023; AMO, 2024)
  d. Commit to not reduce or claw back any provincial assistance related to the implementation of the Canada Disability Benefit (e.g., London, 2025).
- Advocate to the federal government to:
  a. Expand the Canada Child Benefit (CCB) by increasing the amount for lowest income households and equalizing the benefit for families with children over 6 years old (e.g., Peterborough Public Health, 2024; PROOF, 2023).
  b. Enhance the Canada Disability Benefit (CDB) by increasing the benefit amount and simplifying the application process by working with provinces and territories to automatically enroll recipients of provincial and territorial disability support programs (e.g., Community Food Centres Canada, 2024).
- Endorse basic income (e.g., Municipality of Chatham-Kent Council, 2024; Ottawa City Council, 2024; numerous Ontario municipalities) and advocate for the provincial and federal governments to collaborate to implement a basic income (e.g., Kitchener City Council, 2024; Region of Waterloo, 2023; Halton Region, 2023; Hamilton City Council, 2023).

Resource: PROOF – Identifying Policy Options to Reduce Household Food Insecurity in Canada

4. Raise awareness within the community about food insecurity and its connection to income

- Utilize reports from public health units to obtain local data on food insecurity and food affordability (e.g., Middlesex-London Health Unit, 2024)
- Engage with community partners to promote the need for long-term solutions to food insecurity (e.g., fund a forum)
- Communicate about food insecurity from a poverty reduction perspective (e.g., need for income-based solutions), and not as an issue of food access or food literacy (e.g., more food banks or food literacy programs)
- Declare food insecurity an emergency (e.g., City of Kingston Council, 2025; Mississauga, 2024; Toronto City Council, 2024; City of Brantford, 2025)

Resource: Position Statement and Recommendations on Responses to Food Insecurity

5. Create and support a municipal poverty reduction strategy

Municipal poverty reduction strategies address specific challenges and action plans tailored to the municipality complementing provincial and federal level strategies (e.g., London (2017); Ottawa (2025-2029); Toronto (2019-2022).[11]

- Provide funds to implement action(s) from a Poverty Reduction Strategy.
- Allocate higher amounts of funding towards food and housing insecurity.
- Actively engage people who have lived and/or have living experience of food insecurity and/or poverty.

Resource: Tamarack Institute Ending Poverty Network for Change

6. Provide leadership and support to local partnerships working to reduce food insecurity and/or poverty (e.g., Age Friendly London Network and Child & Youth Network, Middlesex-London Food Policy Council, Basic Income London)

- Explore forming a local partnership, if not already operating.
- Support the advocacy work of local partnerships (e.g., endorsing advocacy letters).
- Collaborate with community partners to determine local priorities for action to address food insecurity and poverty.
- Become a member of a local partnership.
- Provide funding (e.g., supporting a specific action item).

Resource: Food Systems Planning in Canada: A toolkit of priority practices for planners

Affordability-Based Strategies

7. Support affordable housing

Encouraging an adequate supply of affordable housing is critical to ensuring households can afford other basic necessities, such as food. Municipalities and regional governments play a critical role in shaping housing affordability through land use planning, investment, and policy advocacy.

Affordable housing is a priority for the City of London and Middlesex County (e.g., Health & Homelessness in London, Ontario: A Whole of Community System Response (2023)
The Housing Stability Action Plan for the City of London (2019-2024); Middlesex County's Homeless Prevention and Housing Plan (2019-2024).

8. Improve the affordability and accessibility of local public programs and services

- Invest in accessible and affordable transportation by providing subsidized transportation passes or subsidizing rural transportation services (e.g., London, Toronto, Waterloo).
- Offer childcare subsidies to eligible families, prioritizing individuals who are most financially in need (e.g., London-Middlesex (2024-2028), Middlesex County, London, Kingston).
- Provide discounted and/or subsidized recreation programs at municipal facilities (e.g., Middlesex County, London, Toronto, Hamilton, Kingston).
- Support and promote local financial literacy and counselling programs (e.g., CPA Canada, London, Toronto).
- Implement Community Connector and Community Navigator roles in municipalities, libraries, and other community organizations to support residents with applications to housing programs, social assistance, free income tax clinics, and other necessary supports (e.g., Middlesex County Libraries, London Family Centres, Durham, Huron Perth).

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August 26, 2025

The Honourable Marjorie Michel
Minister of Health
House of Commons
Ottawa, ON
K1A 0A6

Dear Minister Michel

The Windsor-Essex County Health Unit's Board of Health has a longstanding history of supporting progressive approaches to system changes. On June 26, 2026, the Board of Health continued this support by passing a resolution to address the escalating opioid crisis in Windsor-Essex County (WEC) through coordinated, comprehensive and innovative client support and substance prevention strategies.

The resolution states:

WHEREAS, the Windsor-Essex County has been consistently ranked among the areas in Ontario with the highest rates of opioid overdoses presenting in Emergency Departments, as well as significantly higher rates of opioid-related deaths.

WHEREAS, new and unrecognizable compounds and substances have entered the drug supply, worsening the substance use crisis.

WHEREAS, Windsor-Essex County's alcohol-related ED visits and hospitalizations are significantly higher than the provincial average, with emergency department visits rising among youth and young adults, particularly those 24 and under.

WHEREAS, the Public Health Agency of Canada's Youth Substance Use Prevention Program has previously opened opportunities for community-based funding program that focuses on implementing upstream prevention models for local community agencies.

NOW THEREFORE BE IT RESOLVED that the Windsor-Essex County Board of Health endorses the prioritization of communities which are experiencing disproportionately high overdose rates like Windsor-Essex for the allocation of funding from all levels of government for both upstream (e.g., youth prevention) and downstream services.

FURTHER, the Windsor-Essex County Board of Health supports work of the Windsor-Essex County Health Unit to explore new partnership opportunities with local agencies to implement novel drug testing solutions to support enhanced data collection, surveillance, and harm reduction services for people who use drugs.

FURTHER, the Windsor-Essex County Board of Health encourages the Public Health Agency of Canada for continued commitment to opening funding streams through one-time grants for Public Health Units and other community agencies in the most impacted regions to support local evidence-based substance use prevention models.

Given the escalating health impacts of opioids and other substances, it is critical to implement solutions that are sustainable in both the short and long term. In Windsor-Essex County, the severity of the opioid crisis has placed significant strain on local health system resources and has adversely impacted population health outcomes at a rate higher than the provincial average. In 2024, the region saw 519 Emergency Department (ED) visits due to opioid overdoses, more than double the 258 ED visits recorded in 2019. In 2024, WEC's opioid overdose rate was 11.09 per 10,000 residents, significantly higher than the provincial average of 7.76 per 10,000 (Public Health Ontario, 2024). Opioid-related deaths in WEC have also been on the rise, with 127 fatalities reported in 2023, equivalent to a rate of 28.9 deaths per 100,000 residents, significantly higher than the provincial average of 16.8 per 100,000 (Public Health Ontario, 2024). This underscores the need for accessible, well-resourced, and integrated substance use prevention and other strategies that not only address urgent needs but also promote conditions that protect and sustain population health and well-being.

Upstream and downstream prevention efforts are complementary, evidence-based strategies that address the root causes of substance use while supporting individuals who are actively using substances. Innovative drug checking tools help reduce overdose risk by enabling safer choices and ultimately better health outcomes (Vickers-Smith et al., 2025). In contrast, youth prevention programs that take a comprehensive, community-based approach have shown a reduction in adolescent substance use (Kristjansson et al., 2010). Since early substance use is a strong predictor of later addiction, mental health challenges, and risky behaviors, sustained investment in both approaches is essential to improving long-term outcomes in our communities (Clark, 2017).

The Board of Health for Windsor-Essex County commends the Federal government for investing in the Youth Substance Use Prevention Program (YSUPP), which supports efforts to prevent substance use and related harms among youth. However, limited funding availability places communities like Windsor-Essex, where youth substance use and related harms are on the rise, at a disadvantage. With Ontario public health units responsible for prevention activities, the Federal government has a significant opportunity to expand support for both upstream and downstream interventions. This would help mitigate current substance-related harms while fostering environments that support youth health, development, and resilience—especially amid the growing prevalence of vaping (from 28% in 2018 to 39% in 2023; Hammond et al., 2024) and the early onset of alcohol use, with an average initiation age of 13 (Drug Free Kids Canada, 2025).

Hence, continuing forward, we call on the Federal government to expand funding opportunities for public health units and community agencies to deliver sustainable and scalable evidence-based

prevention programs, such as Planet Youth. Without adequate support, communities may lack the capacity to deliver comprehensive strategies, leaving vulnerable youth at greater risk of substance use.

Yous truly,

Joe Bachetti, Chair
Windsor-Essex County Board of Health

Cc: Hon Francois-Philippe Champagne, Minister of Finance
Hon. Sylvia Jones, Ontario Minister of Health
Andrew Dowie, Member of Provincial Parliament
Lisa Gretzky, Member of Provincial Parliament
Anthony Leardi, Member of Provincial Parliament
Kathy Borelli, Member of Parliament
Harb Gill, Member of Parliament
Chris Lewis, Member of Parliament
Steve Vlachodimos, City Clerk, Windsor
Katherine Hebert, County Clerk, Essex