



February 26, 2025

BOARD OF HEALTH MEETING

SSM Algoma Community Room

294 Willow Avenue, SSM

www.algomapublichealth.com

Meeting Book - February 26, 2025, Board of Health Meeting

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15. Adjournment

Board of Health Meeting

AGENDA

Wednesday, February 26, 2025 - 5:00 pm

SSM Algonquin Community Room | Videoconference

BOARD MEMBERS

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

APH MEMBERS

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

STAFF GUESTS: Virginia Huber - Manager of Environmental Health, Mariah Tremblay - Public Health Inspector

- | | | |
|-----|--|---------------------------|
| 1.0 | Meeting Called to Order
a. Land Acknowledgment
b. Roll Call
c. Declaration of Conflict of Interest | S. Trivers |
| 2.0 | Adoption of Agenda
<div style="background-color: #cccccc; padding: 2px;">RESOLUTION</div> THAT the Board of Health agenda dated February 26, 2025, be approved as presented. | S. Trivers |
| 3.0 | Delegations / Presentations
Environmental Health - Program Highlights 2024 | V. Huber /
M. Tremblay |
| 4.0 | Adoption of Minutes of Previous Meeting
<div style="background-color: #cccccc; padding: 2px;">RESOLUTION</div> THAT the Board of Health meeting minutes dated January 29, 2025, be approved as presented. | S. Trivers |
| 5.0 | Business Arising from Minutes | S. Trivers |
| 6.0 | Reports to the Board
a. Medical Officer of Health and Chief Executive Officer Reports
MOH Report - February 2025 <ul style="list-style-type: none"> • 2024 Public Health Champions • School Health Vaping Initiatives <div style="background-color: #cccccc; padding: 2px;">RESOLUTION</div> THAT the report of the Medical Officer of Health and CEO for February 2025 be accepted as presented. | J. Tuinema |
| | b. Finance and Audit
i. Finance and Audit Committee Chair Report
<div style="background-color: #cccccc; padding: 2px;">RESOLUTION</div> THAT the Board of Health accepts the February 12, 2025, Chair Report for the Finance and Audit Committee Meeting as presented. | J. Wildman |

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

J. Wildman

RESOLUTION

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

7.0 New Business/General Business

S. Trivers

8.0 Correspondence - requiring action

S. Trivers

9.0 Correspondence - for information

S. Trivers

- a. alPHa Information Break - February 2025
- b. Letter to the Standing Committee on Social Policy, and the Ministry of Health from Public Health Sudbury and Districts regarding amendment of Section 22 of the Health Protection & Promotion Act.

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

Governance Committee Meeting

Wednesday, March 19, 2025 @ 5:00 pm
SSM Algoma Community Room | Video Conference

Board of Health

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

14.0 Adjournment

S. Trivers

RESOLUTION

THAT the Board of Health meeting adjourns.

Environmental Health Program: Highlights 2024

Virginia Huber, Manager of Environmental Health

Mariah Tremblay, Public Health Inspector

Contributing author: Lauren Febbraro, Health Promotion Specialist

February 2025



Overview

- APH's Strategic Directions & Ontario Public Health Standards
- Core Program Overview
- Inspection Overview and Goals
- Program Inspection Work Highlight
- Disclosure Overview
- Inspection Spotlight: Statistics
- Next Steps & Questions



Strategic Directions



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



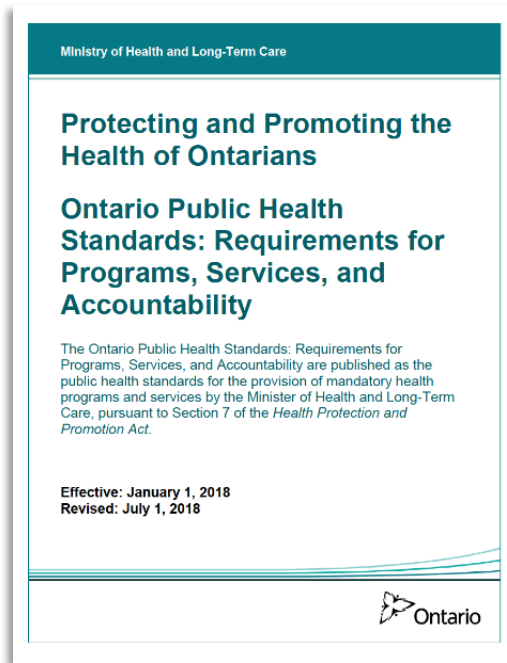
Improve the impact and effectiveness of Algoma Public Health programs.



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

PUBLIC HEALTH

Ontario Public Health Standards (OPHS)



Food Safety

Goal

To prevent or reduce the burden of food-borne illnesses.

Safe Water

Goals

- To prevent or reduce the burden of water-borne illnesses related to drinking water.
- To prevent or reduce the burden of water-borne illnesses and injuries related to recreational water use.

Healthy Environments

Goal

To reduce exposure to health hazards⁹ and promote the development of healthy built and natural environments that support health and mitigate existing and emerging risks, including the impacts of a changing climate.

Infectious and Communicable Diseases Prevention and Control

Goal

To reduce the burden of communicable diseases and other infectious diseases of public health significance.^{12,13}

Environmental Health Core Programs



Environmental Health Core Programs



Inspection Overview and Goals

- An inspection is completed by a Public Health Inspector (PHI).
 - Tobacco and Vaping Control and Enforcement Inspections are completed by Environmental Assistant.
- Overall goal of an inspection:
 - Ensure there are no health hazards
 - Ensure regulations and guidelines are being followed
 - Determine inspection frequencies based on risk assessment
- Inspection results are publicly available on the Algoma Public Health website.

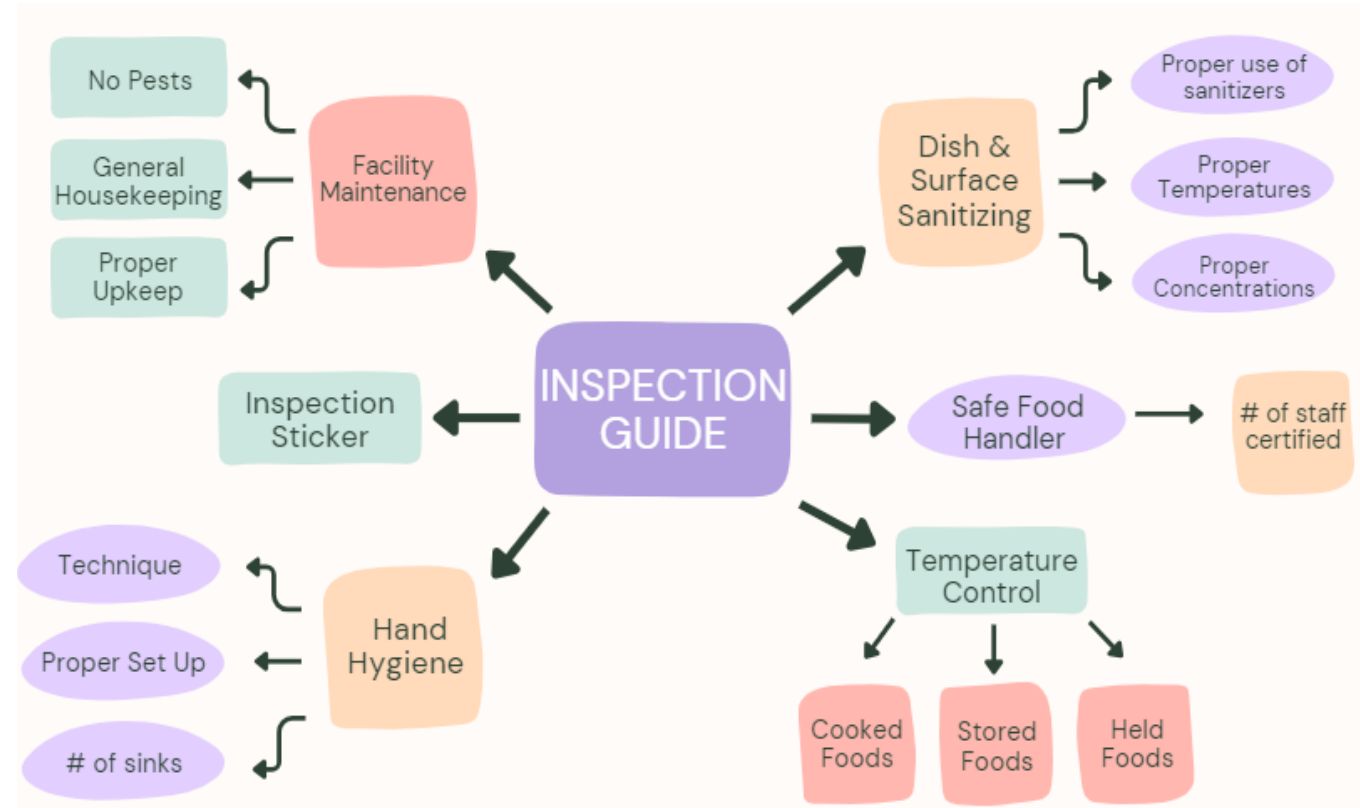


Inspection Spotlight: Food Safety

Inspections include:

- Restaurants, cafeterias, grocery, convenience and variety stores
- Home-based food premises and food/mobile catering
- Banquet halls/catering services/serving kitchens
- Fly-in camp kitchens
- food processing plants
- Childcare, Long-term care, and hospital facilities

Legal considerations: Section 13 order, provincial offense notices, and Ministry reporting.



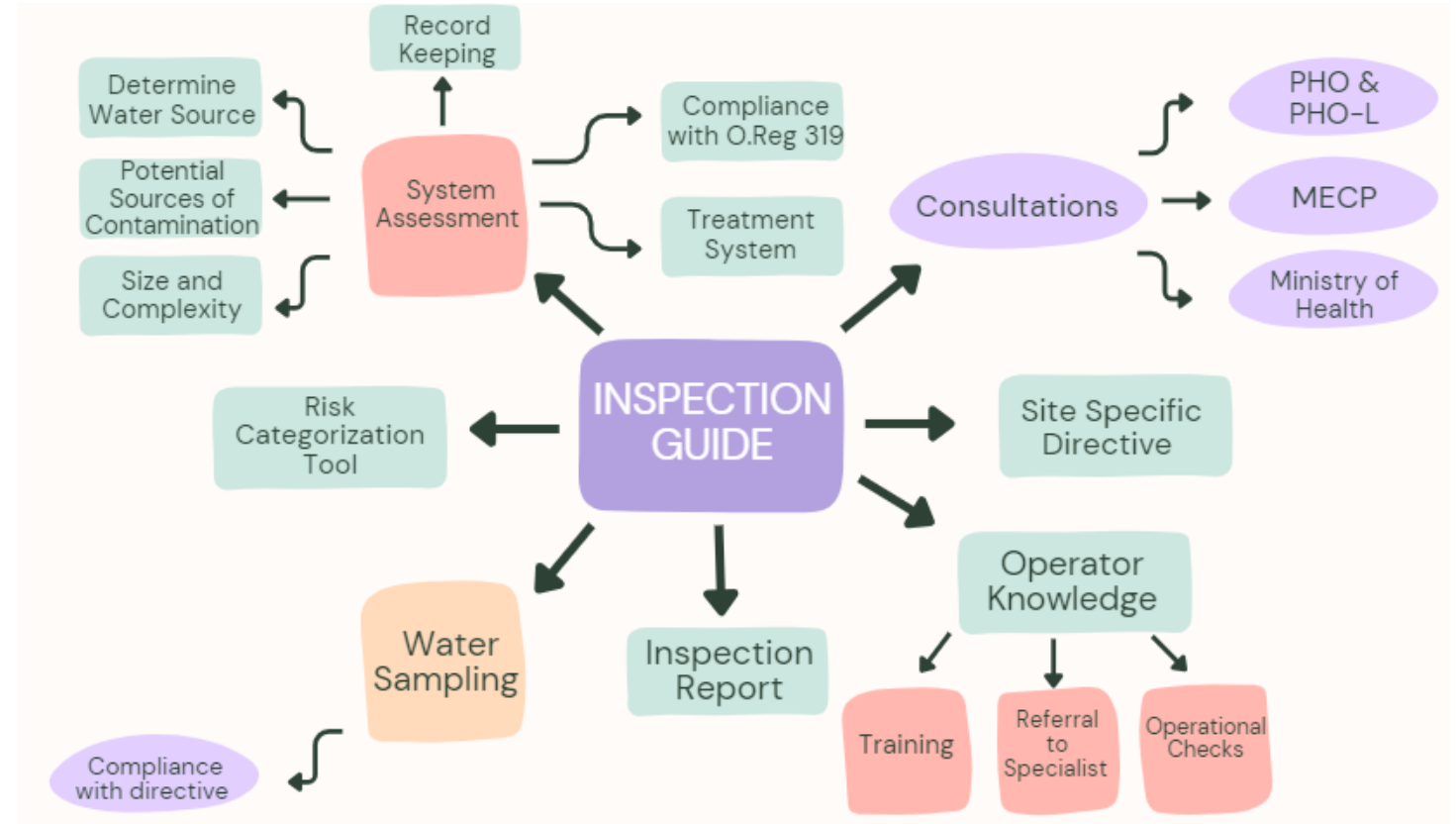
Inspection Spotlight: Drinking Water

Inspections include:

- Any water system that is not on municipal services may be a Small Drinking Water System (SDWS).

Site Specific Directives: A legal document issued to SDWS owners with requirements for record keeping, operational checks, treatment systems, sampling requirements, and training.

Legal considerations: Include Site Directives, section 13 orders, Provincial Offence notices, and Ministry reporting.

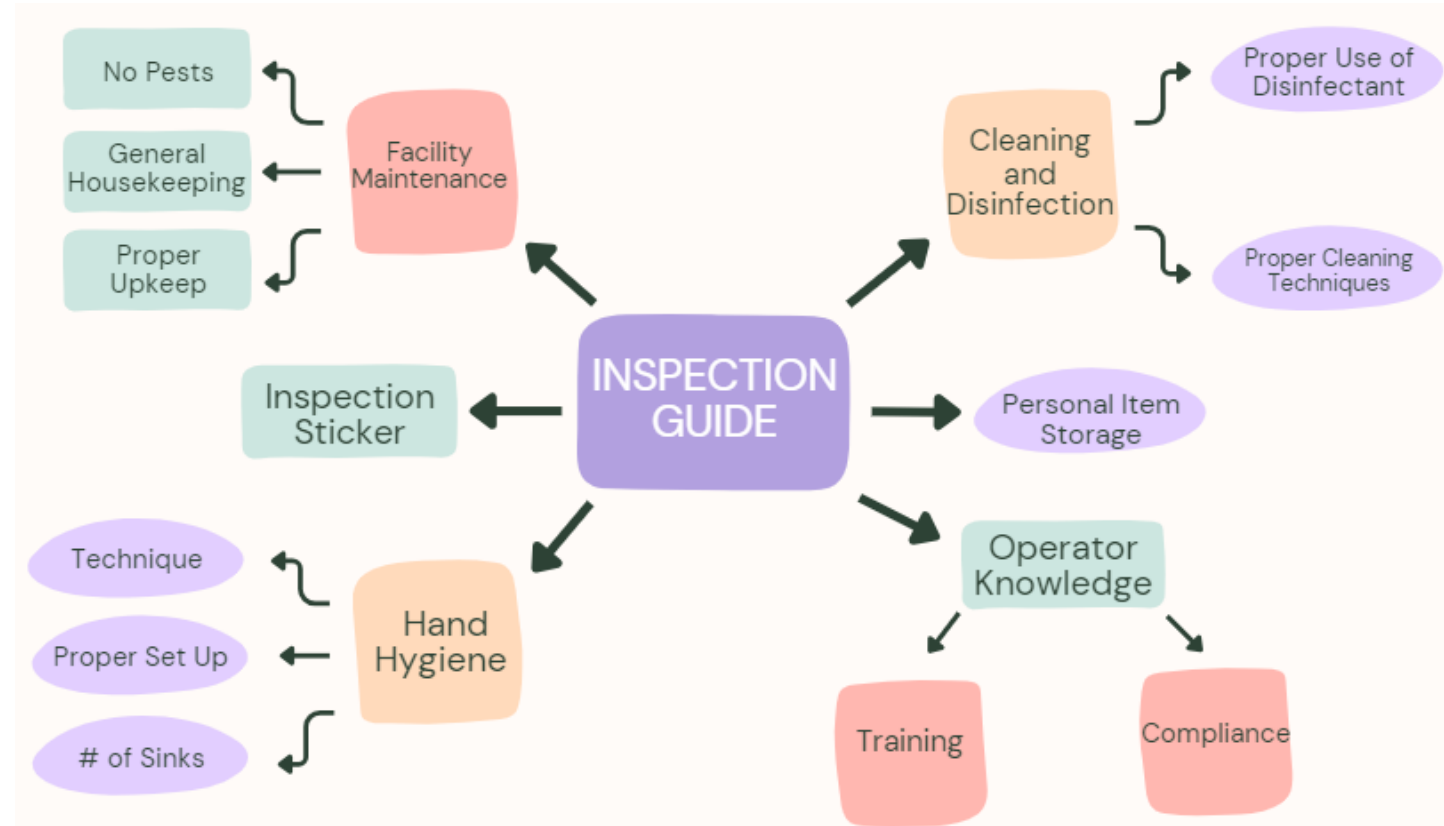


Inspection Spotlight: Infection Prevention and Control

Inspections include:

- Compliance inspections
- Complaint-based inspections
- Infection Prevention and Control (IPAC) lapse inspections
- Licensing and pre-opening inspections
- Demand and follow-up inspections

Legal considerations: Section 13 Order, Provincial Offense notices, and Ministry reporting.

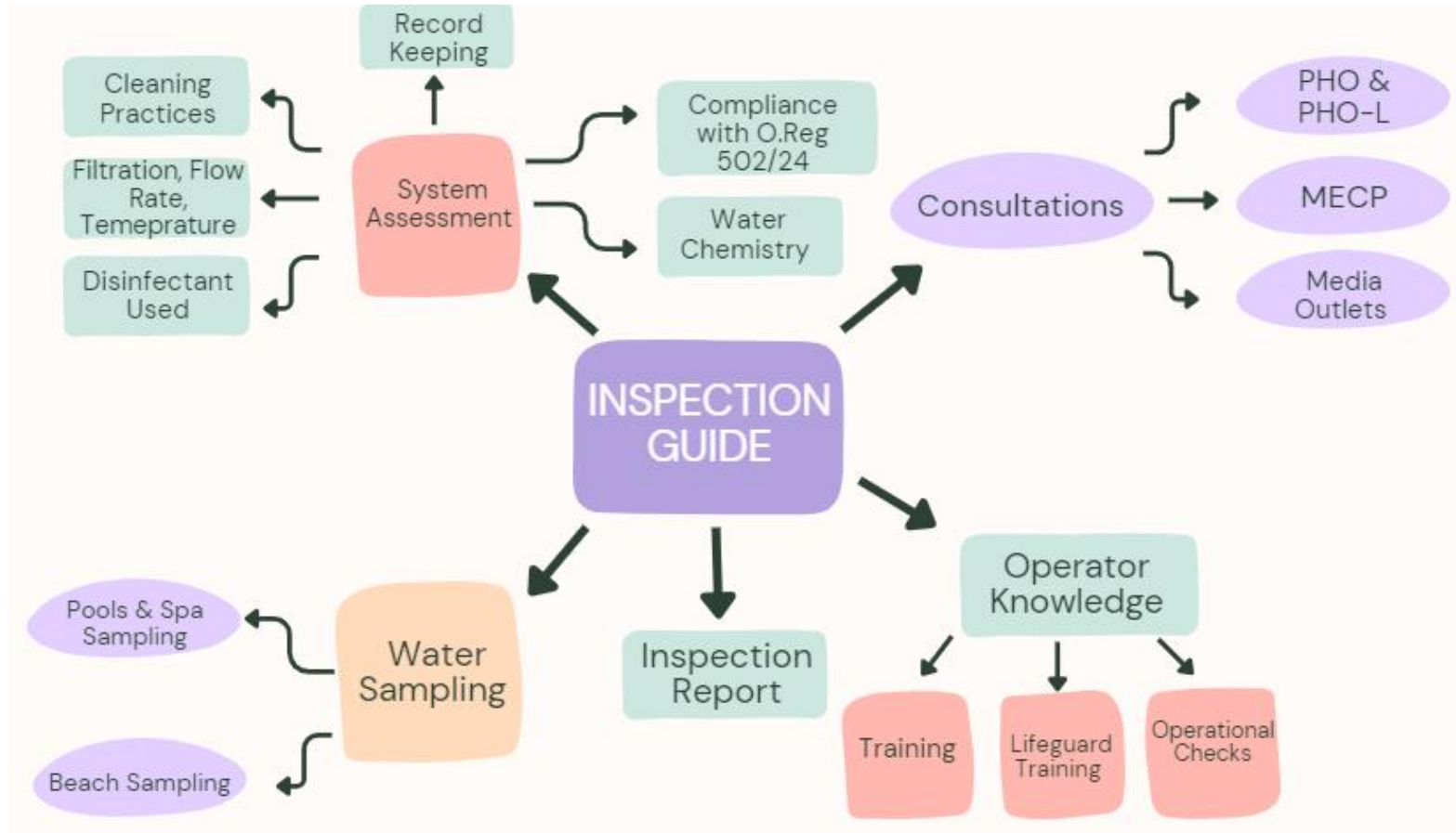


Inspection Spotlight: Recreational Water

Inspections include:

- Pools, spas, wading pools, splash pads open to the public
- Public beaches
- Recreational camps with waterfront access

Legal considerations: Regulations 502/24, Section 13 orders, Provincial Offence notices.



Disclosure of Inspections

The Inspection Disclosure database provides the public with a quick and accessible interactive report of our inspection work and enforcement activities.

Inspection information is available for:

- Childcare services
- Food premises
- Personal service settings
- Public pools and recreational water facilities
- Small drinking water systems

Enforcement-related information is available for:

- Food premises
- Personal service settings
- Public pools, public beaches and recreational water facilities
- Drinking water facilities
- Tobacco and electronic cigarette vendors

Environment & Inspections > Inspection, Enforcement & Disclosure > Facility
Inspection Reports >

Facility Inspection Reports

Get the latest **inspection results** from across Algoma!

Inspection Spotlight: Statistics

In 2024, across the district, the EH team did:



1,333 **food safety** inspections



48 **drinking water** inspections



167 **recreational water** inspections



389 **personal service setting** inspections



Next Steps: Continued Challenges

Environmental Health continues to adapt and evolve to new challenges and trends emerging such as:

- Cold plunges
- Home-based food premises
- Landlord tenant concerns and re-direction
- Evolving personal service setting services
- Uncertainty with the public health lab and lack of access to a private lab

Public
Health
Ontario

Santé
publique
Ontario

FREQUENTLY ASKED QUESTIONS

Cold Plunge Tanks and Pools

Published: October 2024



Questions?

Chi-Miigwech. Merci. Thank You.

PUBLIC HEALTH



Algoma
PUBLIC HEALTH
Santé publique Algoma

February 26, 2025

Report of the

Medical Officer of Health / CEO

Prepared by:
Dr. John Tuinema and the
Leadership Team

Presented to:
Algoma Public Health Board of Health

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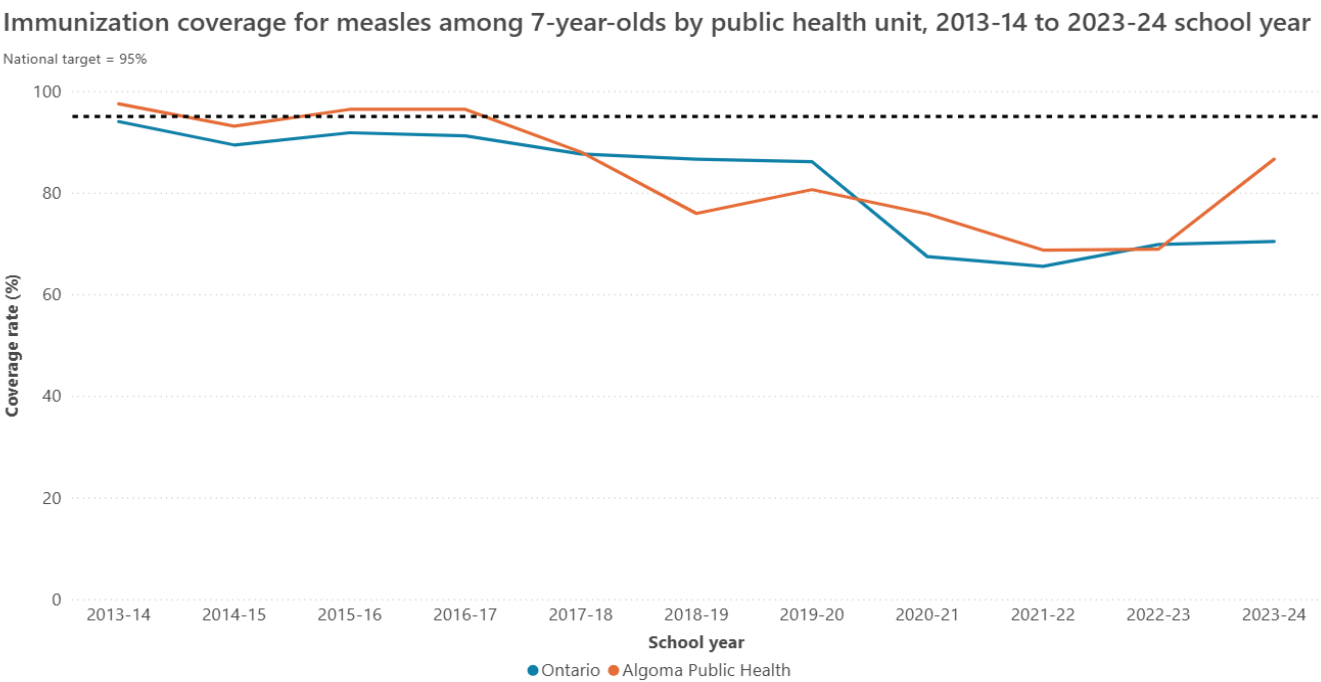
APH AT-A-GLANCE

We are on the verge of a provincial election, and due to the commencement of the writ period, there are few updates from a provincial perspective. APH recognizes that a healthy democracy is vital for a healthy community, and we encourage all residents in Algoma to vote on February 27th.

A key partner for local public health agencies is Public Health Ontario (PHO). They are an important support in the public health sector given their mandate to “provide scientific and technical advice and support to clients working in government, public health, health care, and related sectors”. PHO collaborates with APH in many ways. They are available 24/7 to assist with technical expertise in emergencies, they act as our Research Ethics Board, and they assist with rare scenarios just to name a few of the many ways they support local public health.

PHO also provides data at the health unit level that is accessible to the public. Their visualizations of data illustrate how the social determinants of health impact the North much more starkly than they do in other parts of the province. In many cases, the maps show a strong gradient from North to South as can be seen in their maps on [Potential Years of Life Lost](#) and [Self-Reported Overall Health](#).

Although these maps and data can show our relative challenges, they can also highlight successes. In the recently developed [Immunization Data Tool](#), APH is doing very well in immunizing schoolchildren compared to the provincial average. There is still room for improvement, but the current trends are very positive thanks to the hard work of APH staff and community partners.



PROGRAM HIGHLIGHT – School Health Vaping Initiatives

Topic: School Health Vaping Initiatives

From: Hilary Gordon, Manager of Community Wellness & School Health

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

- School Health, Requirement #3: The board of health shall develop and implement a program of public health interventions using a comprehensive health promotion approach to improve the health of school-aged children and youth
- School Health, Requirement #4: The board of health shall offer support to school boards and schools, in accordance with the School Health Guideline, 2018 (or as current), to assist with the implementation of health-related curricula and health needs in schools, based on need.

2021-2025 Strategic Priorities addressed in this report:

- [X] 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.

Key Messages

- Public Health aims to protect youth and support them to make healthy decisions.
- Youth are vaping addictive nicotine at alarming rates, often to cope with stress and anxiety.
- It is important to encourage adults to talk to the youth in their lives about vaping.
- Initiatives are underway to raise awareness, enhance knowledge, and equip both adults and youth with necessary tools and resources.

Background

Vaping has become increasingly popular among youth, with 1 in 4 Ontario students in grades 7-12 reporting having tried it⁽²⁾. Vaping poses significant health risks⁽³⁾. Vapes often contain nicotine, which is a highly addictive substance that can affect memory, concentration, behaviour, thinking, and impulse control. Youth are at a higher risk for nicotine addiction because their brains are still developing, making it harder for them to quit. The level of harm and long-term effects of vaping is still not entirely known. The nicotine content in vape cartridges varies, but they often contain as much nicotine as a pack of cigarettes⁽⁴⁾. Among students in grades 7 to 12 who have used vapes, 84% were using nicotine-based products⁽²⁾

Young people may experience social pressure to try vaping, and many vape to alleviate stress. Nearly one-quarter of Canadian youth who vape reported doing it to relax and relieve tension⁽⁵⁾. In Algoma, 24.3% of youth 12-17 years old reported feeling anxious, nervous, or worried almost daily, and 26.4% reported daily feelings of sadness and/or hopelessness which resulted in them discontinuing their usual activities within the past year⁽⁶⁾.

Although we lack recent Algoma data on the number of students who vape, schools have noted that vaping continues to be an issue in our local schools. In Algoma in 2023-24, 37 students aged 9-17 were reported to APH for vaping on school property. Students aged 12-18 who are reported receive education

from the APH Smoke Free Ontario Enforcement Officer and face fines if they reoffend. Since vapes are easy to conceal, these numbers likely represent only a fraction of students who vape.

The Council of Chief Medical Officers of Health (CCMOH), including Dr. Theresa Tam, Chief Public Health Officer of Canada, provided recommendations for government to address this public health threat. These include limiting flavours, restricting marketing, preventing underage online purchases, and increasing enforcement and penalties for sales to minors⁽⁷⁾. It is unclear if these actions will take place at the federal or provincial level. In April 2024, the Ontario Ministry of Education announced plans to strengthen rules around students caught using or carrying vapes or cigarettes at school⁽⁸⁾. The changes made to Policy/Program Memorandum No. 128 (PPM 128) came into effect at the start of the school year in September 2024.

Supporting Adult Influencers to Have Ongoing Conversations

APH encourages all adults to talk to youth about the risks of vaping from both a preventative and cessation lens. Youth especially require support and information when they are ready to quit. Increasing adult confidence to have these conversations with young people is a priority for APH this year. We are providing information, guidance, and resources to parents/guardians, teachers, and other adult influencers.

[The Brief Conversations Toolkit \(BCT\)](#) was developed by the Lung Health Foundation and Ontario's public health units. This toolkit uses a concept called Brief Contact Interventions (BCI), which is an evidence-based behaviour change technique used to talk with youth about vaping, and to promote the benefits of change while providing information on programs and supports. The BCI outlines two key steps for short, meaningful conversations – ASK and ACT. ASK includes approaching the topic with care, asking open questions, and learning if youth are open to quitting. Then, if they are open to quitting, the next step is providing information and guidance (ACT). Content in the toolkit is broken down into simple lessons, short videos, and resources. It is intended for anyone who works with, or cares for youth including parents, guardians, educators, school administrators, youth workers, coaches, and more. Whatever your role, you can make an impact in as little as three minutes!

Throughout January, APH ran a series of posts on social media highlighting the BCT. This content received over 15,000 views and over 50 interactions across the posts and platforms. Additionally, we recognize that our own staff may have young people in their lives who would benefit from this approach, and we highlighted this resource in our stAPH portal in December.

Opportunities for Youth Awareness

Funding was received from the North East Tobacco Control Area Network (NE-TCAN), to be used towards the purchase of smoking and vaping resources. With those funds, APH was able to create quit support resources and packages. APH is promoting [Not an Experiment](#), which is a comprehensive vaping prevention tool which includes a guide for quitting. The guide helps young people identify reasons to quit, set a quit date, understand nicotine addiction and withdrawal, and recognize personal triggers, supports, and rewards. APH is distributing the packages and resources at health promotion events and providing them to high school counsellors to give to youth who are interested in quitting. For youth who are open to change, apps like [Quash](#) are available to help them through the stages of quitting. APH also purchased new displays called "In the Clouds". These are available for events, and for schools and student groups to borrow. They are pictured below at the 2025 Action for Building a Community that is

Drug-Free (ABCD) Bon Soo Winter Olympics, which was attended by over 200 district high school students, where our Public Health Nurses (PHNs) also distributed information about vaping.



APH resources and presentations on vaping and substance use have been refreshed and updated so that they can be delivered directly by teachers of students in grades 5 to 9. The presentations link to the curriculum, and can be found on [our website](#), and the resources are accessed through the school health PHNs.

Community Partner Happenings

The Ministry of Education is currently funding a program called *Halt the Haze*. Fifteen school boards in Ontario are taking part in it this year, including the Huron Superior Catholic District School Board (HSCDSB). This comprehensive initiative, designed by the Lung Health Foundation in consultation with Ontario Health Units, aims to provide strategies to help students stop vaping using the BCT and Quash resources. The School Health PHNs are actively involved and providing support to this initiative and sharing the available resources with all local school boards. At the end of January, *Halt the Haze* held a free webinar for parents and guardians across the province. It was called “Building a Vape Free 2025”. APH promoted this opportunity via our social media channels, with community partners, and through various school board channels in Algoma.

Next Steps: 2025 and Beyond

- Ensure that youth have the support and resources to make healthy choices and avoid vaping and provide resources to those who are ready to quit.
- Encourage and equip adults to engage in conversations with young people about vaping.
- Advocate for policy change that reduce accessibility and the appeal of vaping for youth (i.e., flavours, packaging, advertising, etc.).

- Prioritize mental health promotion by strengthening protective factors such as social connectedness, supportive environments, and building healthy coping strategies.
- Engage with community partners, youth and their allies, especially in the schools, to review and prioritize next steps.

References

1. Ontario Public Health Standards: Requirements for Programs, Services and Accountability. Ontario Ministry of Health; 2021. Available from: https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guide_lines/Ontario_Public_Health_Standards_2021.pdf
2. Boak, A, & Hamilton, HA. Drug use among Ontario students, 1977–2023: Findings from the Ontario Student Drug Use and Health Survey (OSDUHS). Toronto, ON: Centre for Addiction and Mental Health. 2024. Available from: <https://www.camh.ca/-/media/files/pdf---osduhs/2021-osduhs-report-pdf>
3. Wold LE, Tarran R, Crotty Alexander LE, Hamburg NM, Kheradmand F, St. Helen G, et al. Cardiopulmonary Consequences of Vaping in Adolescents: A Scientific Statement From the American Heart Association. Circulation Research. 2022 Jul 22;131(3):e70–82. Available from: <https://www.ahajournals.org/doi/10.1161/RES.0000000000000544>
4. Canadian Lung Association. Vaping – what you need to know (n.d.). Available from: <https://www.lung.ca/lung-health/vaping-what-you-need-know>
5. Health Canada. Detailed tables for the Canadian Student Tobacco, Alcohol and Drugs Survey 2021-2022: 2024. Available from: <https://www.canada.ca/en/healthcanada/services/canadian-student-tobacco-alcohol-drugs-survey/2021-2022-detailed-tables.html>
6. Canadian Health Survey of Children and Youth (CHSCY). SAS Visual Analytics Division: Sociodemographic & population health resources. Capacity Planning and Analytics Division (CPAD). 2019.
7. Public Health Agency of Canada. Statement from the Council of Chief Medical Officers of Health on Nicotine Vaping in Canada as part of National Non-Smoking Week. 2025 Jan 20. Available from: <https://www.canada.ca/en/public-health/news/2025/01/statement-from-the-council-of-chief-medical-officers-of-health-on-nicotine-vaping-in-canada-as-part-of-national-non-smoking-week.html>
8. Government of Ontario. Newsroom. Ontario Cracking Down on Cellphone Use and Banning Vaping in Schools. 2024 Apr 28. Available from: <https://news.ontario.ca/en/release/1004501/ontario-cracking-down-on-cellphone-use-and-banning-vaping-in-schools>

Finance and Audit Committee Chair Report

February 12, 2025

Attendees:

Sally Hagman
Luc Morrissette
Suzanne Trivers
Jody Wildman – Chair

Regrets:

None

APH Members:

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

Guests:

Eric Pino – KPMG

Minutes

- The Minutes of the Finance and Audit Committee meeting of November 6, 2024 were approved.

In Camera

- The Committee went into Closed session to considered matter pertaining to the security and property of the Board:
 - 2025 Audit Planning
 - MOH/CEO and AMOH Salary review

Report and Recommendations to the Board of Health

The Committee:

- Received the 2025 Audit Planning Report from APH's Auditor, KPMG LLP. There are no significant changes from the Audit Plan for 2024. The Committee approved the 2025 Audit Planning Report as presented.
- Received a staff report on the 100% funded Ministry of Health compensation program ("the program") for the MOH/CEO and AMOH position salaries. In order to remain eligible for the program and continue to have a portion of these salaries covered through the Ministry 'top-up', APH must meet the minimum framework requirements. The result is that the province is requiring that a larger share of the

total compensation for these positions come from APH's cost-shared budget. Although this increases the amount required from APH's cost-shared budget, the salaries themselves are not increasing. Also, there are no financial implications to the 2025 cost-shared budget, as the 2025 budget was prepared anticipating a lower contribution from the province. The Committee recommends the Board of Health approve increasing the internal salary supported by the cost-shared budget to meet the framework minimum to avoid APH's MOH/CEO and AMOH becoming ineligible for the program.

- Reviewed APH's Unaudited Financial Statements for the period ending December 31, 2024. The Committee recommends Board of Health approval.

The Committee also reviewed and made minor amendments (removing references to "CAO" and "CFO") to the Committee's Terms of Reference.

Next Meeting

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

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

**Algoma Public Health
(Unaudited) Financial Statements December 31, 2024**

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Algoma Public Health
Statement of Operations
December 2024

(Unaudited)

	Actual YTD 2024	Budget YTD 2024	Variance Act. to Bgt. 2024	Annual Budget 2024	Variance % Act. to Bgt. 2024	YTD Actual/ YTD Budget 2024
Public Health Programs (Calendar)						
Revenue						
Municipal Levy - Public Health	\$ 4,440,568	\$ 4,440,569	\$ (1)	\$ 4,440,569	0%	100%
Provincial Grants - Cost Shared Funding	10,020,300	10,020,210	90	10,020,210	0%	100%
Provincial Grants - Public Health 100% Prov. Funded	2,337,618	2,286,800	50,818	2,286,800	2%	102%
Provincial Grants - Mitigation Funding	0	0	-	0	-	-
Fees, other grants and recovery of expenditures	536,701	494,600	42,101	494,600	9%	109%
Total Public Health Revenue	\$ 17,335,187	\$ 17,242,179	\$ 93,008	\$ 17,242,179	1%	101%
Expenditures						
Public Health Cost Shared	\$ 14,962,701	\$ 14,913,153	\$ (49,548)	\$ 14,913,154	0%	100%
Public Health 100% Prov. Funded Programs	2,680,008	2,329,026	(350,982)	2,329,026	15%	115%
Total Public Health Programs Expenditures	\$ 17,642,709	\$ 17,242,179	\$ (400,530)	\$ 17,242,180	2%	102%
Total Rev. over Exp. Public Health	\$ (307,521)	\$ 0	\$ (307,521)	\$ (0)		

Healthy Babies Healthy Children (Fiscal)

Provincial Grants and Recoveries	\$ 855,567	855,563	5	1,140,750	0%	100%
Expenditures	857,770	852,645	(5,126)	1,140,750	1%	101%
Excess of Rev. over Exp.	(2,203)	2,918	(5,121)	-		

Public Health Programs (Fiscal)

Provincial Grants and Recoveries	\$ -	473,325	(473,325)	631,100	-100%	0%
Expenditures	477,398	475,133	(2,265)	631,100	0%	100%
Excess of Rev. over Fiscal Funded	(477,398)	(1,808)	(475,590)	-		

Fiscal Programs

Revenue						
Provincial Grants - Community Health	\$ 196,617	\$ 196,615	\$ 2	\$ 262,153	0%	100%
Municipal, Federal, and Other Funding	114,447	114,447	-	114,447	0%	100%
Other Bill for Service Programs	0	0	-	-	#DIV/0!	#DIV/0!
Total Community Health Revenue	\$ 311,064	\$ 311,062	\$ 2	\$ 376,600	0%	100%
Expenditures						
Brighter Futures for Children	85,572	85,835	263	114,447	0%	100%
Nurse Practitioner	123,716	121,276	(2,440)	162,153	2%	102%
Stay on Your Feet	69,376	74,619	5,243	100,000	-7%	93%
Total Fiscal Community Health Programs	\$ 278,664	\$ 281,731	\$ 3,066	\$ 376,600	-1%	99%
Total Rev. over Exp. Fiscal Community Health	\$ 32,400	\$ 29,331	\$ 3,069	\$ (0)		

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
Revenue Statement
For Twelve Months Ending December 31, 2024
(Unaudited)

	Actual YTD 2024	Budget YTD 2024	Variance Bgt. to Act. 2024	Annual Budget 2024	Variance % Act. to Bgt. 2024	YTD Actual/ Annual Budget 2024	Comparison Prior Year:		
							YTD Actual 2023	YTD BGT 2023	Variance 2023
Levies Sault Ste Marie	3,088,475	3,088,475	0	3,088,475	0%	100%	2,913,655	2,913,655	0
Levies District	1,352,093	1,352,094	(1)	1,352,094	0%	100%	1,275,562	1,275,562	0
Total Levies	4,440,568	4,440,569	(1)	4,440,569	0%	100%	4,189,217	4,189,217	0
MOH Public Health Funding	10,020,300	10,020,210	90	10,020,210	0%	100%	8,861,200	8,861,200	0
Total Public Health Cost Shared Funding	10,020,300	10,020,210	90	10,020,210	0%	100%	8,861,200	8,861,200	0
MOH Funding - MOH / AMOH Top Up	177,118	158,300	18,818	158,300	12%	112%	182,521	189,300	(6,779)
MOH Funding Northern Ontario Fruits & Veg.	117,400	117,400	0	117,400	0%	100%	117,400	117,400	0
MOH Funding Unorganized	530,400	530,400	0	530,400	0%	100%	530,400	530,400	0
MOH Senior Dental	1,382,700	1,382,700	0	1,382,700	0%	100%	1,350,250	1,350,250	0
MOH Funding Indigenous Communities	98,000	98,000	(0)	98,000	0%	100%	98,000	98,000	0
OTF COVID-19 Extraordinary Costs	25,000	0	25,000	0	#DIV/0!	100%	(6,954)	1,078,089	(1,085,043)
Total Public Health 100% Prov. Funded	2,330,618	2,286,800	43,818	2,286,800	2%	102%	2,271,617	3,363,439	(1,091,822)
Total Public Health Mitigation Funding	0	0	0	0	#DIV/0!	0%	1,037,800	1,037,800	0
Recoveries from Programs	30,804	30,000	804	29,600	3%	104%	11,808	10,000	1,808
Program Fees	46,959	44,600	2,359	45,000	5%	104%	41,912	79,600	(37,688)
Land Control Fees	223,400	225,000	(1,600)	225,000	-1%	99%	196,325	225,000	(28,675)
Program Fees Immunization	70,925	45,000	25,925	45,000	58%	158%	71,206	50,000	21,206
HPV Vaccine Program	11,118	20,000	(8,882)	20,000	-44%	56%	17,986	9,500	8,486
Influenza Program	445	16,000	(15,555)	16,000	-97%	3%	16,320	23,500	(7,180)
Meningococcal C Program	3,842	9,000	(5,158)	9,000	-57%	43%	8,840	7,000	1,840
Interest Revenue	144,962	105,000	39,962	105,000	38%	138%	171,916	32,784	139,132
Other Revenues	11,246	0	11,246	0	#DIV/0!	100%	6,700	15,000	(8,300)
Total Fees and Recoveries	543,701	494,600	49,101	494,600	10%	110%	543,013	452,384	90,629
Total Public Health Revenue Annual	17,335,187	17,242,179	93,008	17,242,179	1%	101%	16,902,848	17,904,040	(1,001,192)
Public Health Fiscal April 2024 - March 2025									
Infection Prevention and Control Hub	0	473,325	(473,325)	631,100	-100%	0%			
Total Provincial Grants Fiscal	0	473,325	(473,325)	631,100	#DIV/0!	0%	0	0	0

Algoma Public Health
Expense Statement- Public Health
 For Twelve Months Ending December 31, 2024
(Unaudited)

	Actual YTD 2024	Budget YTD 2024	Variance Act. to Bgt. 2024	Annual Budget 2024	Variance % Act. to Bgt. 2024	YTD Actual/ Budget 2024	Comparison Prior Year:		
							YTD Actual 2023	YTD BGT 2023	Variance 2023
Salaries & Wages	10,210,363	10,236,247	25,884	10,236,247	0%	100%	\$ 10,607,635	\$ 10,833,060	\$ 225,425
Benefits	2,645,019	2,665,034	20,015	2,665,034	-1%	99%	2,673,289	2,541,380	(131,909)
Travel	156,956	174,526	17,570	174,526	-10%	90%	170,538	158,800	(11,738)
Program	1,438,634	1,012,197	(426,437)	1,012,197	42%	142%	1,631,587	1,237,163	(394,424)
Office	59,535	60,400	865	60,400	-1%	99%	58,442	82,400	23,958
Computer Services	991,746	926,000	(65,746)	926,000	7%	107%	942,098	895,892	(46,206)
Telecommunications	262,904	244,000	(18,904)	244,000	8%	108%	332,288	265,000	(67,288)
Program Promotion	17,759	19,500	1,741	19,500	-9%	91%	32,558	45,000	12,442
Professional Development	63,597	51,105	(12,492)	51,105	24%	124%	44,292	80,424	36,132
Facilities Expenses	919,433	977,000	57,567	977,000	-6%	94%	941,211	924,000	(17,211)
Fees & Insurance	419,341	418,750	(591)	418,750	0%	100%	396,046	383,500	(12,546)
Debt Management	457,421	457,421	0	457,421	0%	100%	457,421	457,421	0
	\$ 17,642,708	\$ 17,242,180	\$ (400,528)	\$ 17,242,180	2%	102%	\$ 18,287,405	\$ 17,904,040	\$ (383,365)

Notes to Financial Statements – December 2024

Reporting Period

The December 2024 financial reports include twelve months of financial results for Public Health programming. All other non-funded public health programs are reporting nine months of results from the operating year ending March 31, 2025.

Statement of Operations (see page 1)

Summary – Public Health and Non-Public Health Programs

In June 2024, APH received the 2024 Amending Agreement from the Province identifying approved funding allocations for public health programs. Annual allocations for mandatory cost-shared programs and 100% funded public health programs are consistent with that previously communicated by the Province and in line with the Board approved budget, and thus no updates have been made to the annual budget for public health programs.

In July 2024, APH received confirmation that the annual allocation for the Healthy Babies, Healthy Children program funded through the Ministry of Children, Community & Social Services has received a \$73K base funding increase, which will be ongoing. This represents a 6.8% increase and is the first received since 2015. The funding increase is provided to help address increasing operational costs and there is no expectation of service level expansion. The budget for this program has been updated to reflect new funding levels.

As of December 31, 2024, Public Health calendar programs are reporting a \$308K negative variance – which is driven by a \$401K negative variance in expenditures and a \$93K positive variance in revenue.

Public Health Revenue (see page 2)

Our Public Health calendar revenues are within 1% variance to budget for 2024.

Per the 2024 grant and budget schedule of the funding and accountability agreement, provincial base funding allocated to APH has been restored to the level provided under the 2020 cost-share formula, as well as been allocated base funding growth of 1% over 2023 allocations.

In early January 2024 the Ministry requested public health units to forecast anticipated spend on COVID immunization programming for the months of January through March 2024 only. Based on the forecast provided, APH was approved for \$25,000 in one time, program enhancement funding to help address base funding pressures for the first three months of the calendar year. Based on communications to date, there will be no further availability of COVID-19 extraordinary funds or mitigation funding in 2024. One time funding requests to address financial pressures above and beyond what can be supported by the cost shared budget were also not made available via the 2024 Annual Service Plan (which was due to the Ministry on April 2, 2024), nor were they made available in year.

In March 2024, the Ministry confirmed that IPAC Hub funding will continue in the 2024-25 fiscal year and in the years following, with formal planning and funding meetings with individual hubs to be forthcoming throughout the fiscal year. 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 includes \$316K in committed base funding and \$316K in one time funding for the 2024/25 fiscal year for a total of \$631K for the current fiscal year.

Public Health Expenses (see page 3)

Travel Expenses

There is a \$18K positive variance associated with travel expenses. This variance is based on actual travel of staff throughout the district for program related activities and is based on methods of travel chosen and use of virtual options, as applicable.

Program Expenses

There is a \$426K 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). We note that APH has requested an increase to base funding totaling \$641K for the 100% funded Ontario Senior Dental program alongside the 2024 Annual Service Plan to fund these identified pressures. We continue to await response to this request, however 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.

Professional Development

There is a \$12k negative variance associated with professional development based on a higher than anticipated level of workforce development training having been offered in 2024 driven by available funding and staff availability.

Financial Position - Balance Sheet (see page 6)

APH's liquidity position continues to be stable and the bank has been reconciled as of December 31, 2024. Cash includes \$2.1M in reserve funds.

Long-term debt of \$4.1 million is held by TD Bank @ 1.80% for a 60-month term (amortization period of 120 months) and matures on September 1, 2026. \$239k 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.

Algoma Public Health
Statement of Financial Position
(Unaudited)

Date: As of December 2024	December 2024	December 2023
Assets		
Current		
Cash & Investments	\$ 4,330,570	\$ 4,663,966
Accounts Receivable	1,289,587	2,089,635
Receivable from Municipalities	6,172.50	6,482
Prepaid Expenses	364,384	128,517
<i>Subtotal Current Assets</i>	5,990,714	6,888,600
Financial Liabilities:		
Accounts Payable & Accrued Liabilities	1,194,153	1,402,404
Payable to Gov't of Ont/Municipalities	3,112,946	3,426,716
Deferred Revenue	277,755	280,411
Employee Future Benefit Obligations	2,835,275	2,835,275
Term Loan	3,308,095	3,308,095
<i>Subtotal Current Liabilities</i>	10,728,223	11,252,901
Net Debt	(4,737,510)	(4,364,301)
Non-Financial Assets:		
Building	23,072,474	23,072,474
Furniture & Fixtures	2,145,864	2,145,864
Leasehold Improvements	1,583,164	1,583,164
IT	3,372,128	3,372,128
Automobile	40,113	40,113
Accumulated Depreciation	-13,300,309	-13,300,309
<i>Subtotal Non-Financial Assets</i>	16,913,434	16,913,434
Accumulated Surplus	12,175,924	12,549,133

PLEASE ROUTE TO:

All Board of Health Members

All Members of Regional Health & Social Service Committees

All Senior Public Health Managers

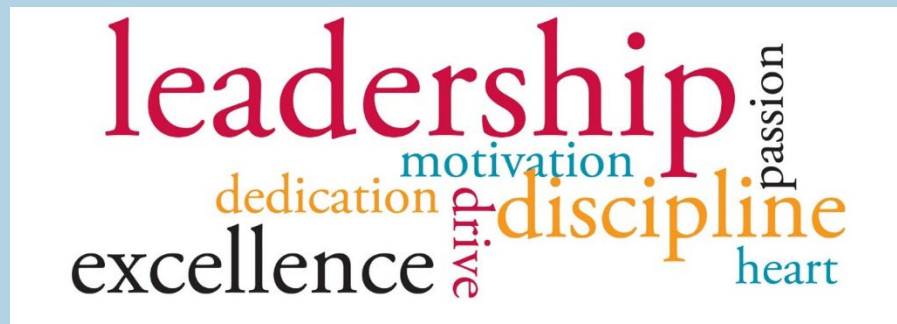
February 20, 2025



February 2025 InfoBreak

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

Leader to Leader - A message from alPHA's Chair - February 2025



Trudy Sachowski
Chair, alPHA Board of Directors

Resources from the 2025 Winter Symposium, Section Meetings, and Workshops are now available!



Thank you to all of the alPHA Members who attended this year's Winter Symposium. We were glad to see so many of you engaged in discussions and dialogue on key public health issues. A special thanks goes to alPHA Chair, Trudy Sachowski, for chairing the event. We would also like to thank BOH Section Vice Chair, Tammy DeGiovanni, and COMOH Section Chair, Dr. Lianne Catton, for chairing their meetings.

A huge shoutout goes to Obadiah George from the Dalla Lana School of Public Health and Andy Morrisson from the Eastern Ontario Health Unit for their generous event and technical support. The event would not have been possible without them!

Thank you to all those who submitted videos from their public health units. We had a strong response and we greatly appreciate your participation.

Lastly, we would like to note and thank the alPHA staff for all of their work to make the Symposium, workshops, Section meetings, and Board meeting a success.

Presentations from this year's Winter Symposium are now available (please see below for more information from Tim Arnold and GenWell). Please note, you will need to log in to the members' side of the website to view the presentations. You can do so [here](#). Please note, we are continuing to receive these, so check back often. Additionally, we will be featuring the Resources from the Esri Canada workshop in next month's newsletter.

If you have not yet filled out the after-event survey, there is still time to do so. You can be entered into a draw for a gift card. The link to the survey is [here](#) and the final date to fill it out is Friday, February 28.

Leading Change - The 5 Tensions to Manage Successful Transformation



It was an honour to facilitate the "Leading Change" workshop at the Winter Symposium. Thank you (once again) for allowing me to support you in your leadership development journey.

To ensure the learning is put into action, visit www.timarnold.ca/resources. Once you click the "Leading Change Resources", you can download key slides and a personal action plan from the workshop. You'll also find an 11-question assessment to further your insights, and information on purchasing my recent book, "[Leading Change](#)."

Don't let the workshop be "one-and-done"! Subscribe to "The Leaders' Edge" at www.timarnold.ca/newsletter. This monthly newsletter provides actionable insights and DIY team activities to empower your success at work and in life.

Here's how to reach Tim on social media: [Click here for his LinkedIn](#) page, and [click here for his Instagram](#) page.

GenWell Resources



We would like to thank Pete Bombaci, CEO and Founder, GenWell, for presenting to the EAs/AAs on Tuesday, February 11 and for being the keynote speaker for the alPHa Winter Symposium on Friday, February 14. It was wonderful to hear from him!

The following resources have been available to alPHa Members. These are:

- [Presentation](#)
- GenWell Social Health Toolkit
- GenWell Connection Event (May 2-4)
- GenWell Case for Support - A call for your public health unit to participate in a workshop or speaking opportunity.
- GenWell Social Health Workshop Overview - Please note, any alPHa Member who books a social health workshop before the end of February will receive a 25 per cent discount.
- A compilation of the GenWell Social Health Toolkit, GenWell Connection Event, GenWell Case for Support, and GenWell Social Health Workshop is available [here](#).
- [Other workshops that GenWell offers](#)

alPHA's Strategic Plan



Strategic Plan

2024 - 2027

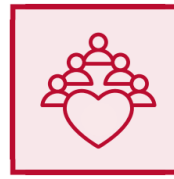
Convening the leadership of local public health agencies to:



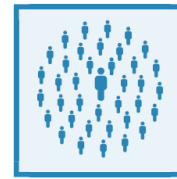
Be the unified voice
and a trusted
advisor on public
health



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

Thank you, Executive Assistants/Administrative Assistants!

alPHA
Association of Local
PUBLIC HEALTH
Agencies

Executive Assistant/Administrative Assistant Workshop
February 11, 2025

The 2025 Executive Assistant (EA)/Administrative Workshop (AA), that is taking place **online 1 p.m. to 4 p.m. on February 11**, features Pete Bombaci from GenWell and is **\$149+HST**. Public health unit staff are facing new and increasing challenges to staying connected both inside and outside of the workplace, resulting in increased mental and physical health challenges. His talk is titled ***Building A More Connected Canada Where Everyone Thrives***. It will help you to deepen your understanding of the growing issues of social isolation, disconnection and loneliness, your impact on individuals and society and the power of human connection in the workplace. The workshop will also include an update on alPHA activities.

About Pete Bombaci: Pete is the founder of GenWell and is proud to be leading a movement that he truly believes can make the world a happier and healthier place. Formerly the Canadian Country Director for Movember Canada, Pete led an amazing team of people responsible for raising \$142 million dollars over five years, and putting a much needed lens on men's health. Having spent time in the for-profit and not-for-profit worlds, Pete believes that there is a great opportunity to combine the interests of business, schools, government, foundations and individuals in the solution to the disconnected world that we find ourselves in today.

The Winter Symposium is co-hosted by alPHA and Simcoe Muskoka District Health Unit

alPHA
Association of Local
PUBLIC HEALTH
Agencies

simcoe muskoka
DISTRICT HEALTH UNIT

With generous support from:

EOHU
Eastern Ontario
Health Unit

BSEO
Bureau de santé
de l'est de l'Ontario

Dalla Lana
School of Public Health

genwell
HUMAN CONNECTION MOVEMENT

esri Canada

Thank you to all those who attended the Executive Assistant/Administrative Assistant (EA/AA) Workshop. It was a huge success and it's all thanks to your enthusiastic participation! On Tuesday, February 11, EAs/AAs gathered together to increase collaboration and enhance creativity and productivity. We hope you were all able to take some time for yourselves and that you will take what you've learned from GenWell and apply it both inside and outside the workplace. alPHA would like to thank Melanie Dziengo for her leadership and planning on this workshop and Melissa Ziebarth, from Renfrew County and District Health Unit, for her assistance. Additionally, your support for alPHA Member Representatives does not go unnoticed. Thank you for all that you do! Please do not forget to fill out your after-event survey that was sent to you by e-mail. The final date to complete it is Tuesday, February 25.



On behalf of the Association of Local Public Health Agencies (alPHa) and its Boards of Health Section, Council of Ontario Medical Officers of Health Section, and Affiliate Organizations, alPHa sent in a submission to provide input on the financial requirements for a stable, locally based public health system as part of this year's pre-budget consultation. To read more, click [here](#).

Rural Ontario Municipal Association (ROMA) Conference recap





alPHa would like to congratulate the Association of Municipalities of Ontario (AMO) on a very successful ROMA conference that took place from January 19-21 in Toronto with approximately 2,000 delegates.

Many alPHa members were in attendance, including alPHa representatives - Trudy Sachowski, Chair and Loretta Ryan, Chief Executive Officer. Trudy and Loretta had numerous interactions at the ROMA Conference including a meeting with Robin Jones, President, AMO and an opportunity to speak with the Hon. Sylvia Jones, Minister of Health. These are two of the many interactions that took place to continue to actively position and profile local public health with municipal officials and their staff.

Here are some of the AMO documents that were highlighted at the event:

- [Public Awareness Campaign – Provincial Election](#)
 - [Municipalities Under Pressure: The Growing Human and Financial Cost of Ontario's Homelessness Crisis](#)
 - [Pre-Budget Submission](#)
-



TOPHC is hosting a two-day convention that will include one day of virtual presentations and interactive activities and a second day of in-person workshops and networking.

Important dates

- March 26: In-person Convention
- April 2: Virtual Convention

This year's theme is: Insight to Impact: Leveraging evidence & collective expertise to advance public health practice.

TOPHC brings together a multi-disciplinary community of public health professionals to prevent illness and improve health, by sharing the latest research and information, promoting best practices, and advancing evidence-based public health initiatives and policies. This is a unique opportunity to build and refine practical skills, learn best practices, keep up with new and emerging developments in the field, and network with peers across Ontario. To learn more, click [here](#).

GenWell: Who, What, and Why?

genwell
HUMAN CONNECTION MOVEMENT

We're diving into the who, what, and why of GenWell to give you a snapshot of what we're trying to accomplish. Reach out and get connected with us to learn more.

WHO ARE WE?
GenWell, a registered Canadian not-for-profit, is Canada's **Human Connection Movement**. It's mission is to make the world a happier and healthier place by emphasizing the importance of **face-to-face social connection**. By **educating, empowering, and catalyzing** everyone in Canada, GenWell encourages proactive steps to improve **health, happiness, longevity, and society** as a whole.

FOUNDED IN:
2016

GOAL TO CONNECT:
41M 🇨🇦

WE WORK IN:

- SCHOOLS
- WORKPLACES
- COMMUNITIES
- SENIORS ORGANIZATIONS
- MUNICIPALITIES

WHAT DO WE DO?
GenWell has developed signature annual campaigns with the ambition to catalyze a broad cross-section of people across Canada to join in activities that build and deepen our connection as humans and as a society.
Learn more at:
<https://genwell.ca/campaigns/>
We have also developed customized programming to teach and practice human connection in settings that naturally bring together priority demographic groups and facilitate interaction.
Learn more at:
<https://genwell.ca/programs/>

WHY DO WE DO IT?

- **More than 50%** of Canadians feel lonely on a regular basis.
- Canadian businesses lose an est. \$40 billion annually due to the impact of disconnection and loneliness.

Research clearly demonstrates that **social isolation, disconnection, and loneliness** are associated with a greater incidence of major psychological, cognitive, and physical morbidities, and lower perceived quality of life.

Most Canadians do not understand the **importance of human connection and social health** as a **positive, proactive, and inclusive** way to sustain and improve our mental and physical health.

CONTACT US:

✉ info@GenWellProject.org 🌐 www.GenWell.ca 📷 @GenWellProject

This month, GenWell is giving you a snapshot of what they are trying to accomplish. This infographic covers who they are, what they do, and why they do it. Ultimately, their goal is “to make the world a happier and healthier place by emphasizing the importance of face-to-face social connection.” To learn more, click [here](#).

Boards 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)
- [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](#)

- [Risk Management for Health Units](#)
- [Healthy Rural Communities Toolkit](#)
- [The Canadian Centre on Substance Use and Addiction](#)
- [NCCHPP 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.

Speakers are Monika Turner and Loretta Ryan.

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.

Affiliates

Association of Local Public
Health Agencies



[Ontario Dietitians in Public Health](#) (ODPH) is pleased to share the announcement that Dr. Valerie Tarasuk, Professor Emeritus, University of Toronto, was appointed to the Order of Canada. This prestigious recognition is a testament to Dr. Tarasuk's outstanding contributions to research on household food insecurity in Canada. As principal researcher of [PROOF](#) (an interdisciplinary research program), her research and advocacy has influenced evidence-based policy across Canada and internationally. Her research has informed ODPH's comprehensive health promotion approaches to food insecurity across Ontario's local public health agencies. Congratulations to Dr. Tarasuk!

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 - PH Matters Infographic #4](#)
- [alPHa Submission - 2025 Ontario Budget](#)

Ontario Public Health Directory: January 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 **January 14, 2025**. To view the file, log into the alPHa website.

Please note, we will be updating the directory again soon with regards to the recently announced mergers.

Upcoming DLSPH Events and Webinars

Dalla Lana

School of Public Health

- [Black Health Lecture Series](#) (Feb. 25, Mar. 4, Mar. 26)
 - [Health Inc Seminar Series: Why wellness sells](#) (Mar. 5)
 - [CQuIPS+ Masterclass: Motivate Improvement in Your Hospital by Telling a Compelling Story with Data](#) (Mar. 7)
 - [Health Summit: Charing a course to accessible, equitable & high quality public health care](#) (Mar. 8)
-

BrokerLink Insurance



Please note, alPha's partnership with Aviva is no longer in place. All Members who are with Aviva are encouraged to explore insurance with BrokerLink.

In partnership with alPha, [BrokerLink](#) is proud to offer preferred home and auto insurance rates for members, click [here](#) to get a quote. Do you have questions about understanding your car insurance renewal? Our advisors are here to help. Learn about renewing car insurance, and a few of the most common reasons why it's important to always review your annual insurance policy [here](#).


Insurance for Groups

Annual Insurance Review

BrokerLink Insurance offers members exclusive discounts on home and auto insurance. Through this group insurance plan, members benefit from comprehensive coverage, superior customer service, and insurance that is customized to fit your needs.



Many individuals will receive their policy renewal documents in the mail prior to their renewal date and file them away. However, a lot could have changed in the last 12 months and this is your opportunity to make any updates to your policy before it resets for another year. Always take the time to review your insurance policies before their renewal date.

Here are some reasons why:

You might not have adequate coverage

It is a good time to go over your limits on your coverage and ensure your policies are up-to-date. Take note of the rebuild/ replacement value of your home – is it current? Did you start up a home-based business which requires additional coverage? Are there any gaps in coverage?

Changes to your home or property

Your insurance policy needs to reflect any changes that you have made in the past year. Did you do any home renovations? These could include updates to bathrooms or kitchen, adding a garden shed, extending the deck, putting in a swimming pool – all these improvements need to be reflected on your policy. Also, if you have replaced any big ticket items such as the furnace, hot water tank, appliances – these need to also be updated on your policy to ensure you have proper coverage.

You might be missing out on savings

Renewals are a good time to make sure you are not missing out on any discounts or programs that could be applied to your policy. Insurance companies often introduce new programs or opportunities for savings throughout the year, so this is the time to explore if any apply to you. If you are going to see an increase in your premium, ask your broker to shop your insurance with their other markets to ensure you are getting with the right insurance provider. Check your deductible limits to ensure they still fit your needs.

Have you made a big purchase?

If you have made a big purchase or inherited an expensive item within the last year, you may want to consider scheduling the item on your policy. Scheduling a valuable item provides piece of mind knowing that it is covered. It also means that these items are not limited to your home policy limits and will ensure you have full coverage.

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alPHA's mailing address

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

News Releases

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



alPHA actively represents all of Ontario's boards of health, medical officers and medical officers of health, and senior public health managers. The association is voice and a trusted advisor on public health, advances the work of local public health through strategic partnerships and collaborations, supports the sustainability of the local public health system, and delivers member services to local public health. alPHA's Strategic Plan was launched a year ago and acts as a foundational document to achieve the organization's goals and objectives. Thank you to all those who participated in the discussion on how your association is implementing the Strategic Plan.

We would like to thank Maria Sánchez-Keane for leading the session!

alPHA's 2024-2027 Strategic Plan is available [here](#).

**"Leadership is not about a title or a designation.
It's about impact, influence and inspiration."**

The [alPHA Board of Directors](#) and alPHA staff continue to be actively engaged on your behalf. This month, the alPHA Board of Directors met in their governance role guided by alPHA's [Strategic Plan](#) with a focus on being the leading, unified voice for Ontario's public health system. alPHA's ask of Ontario's policy influencers and decision-makers is for their support for the goals and objectives of public health, with sustained, sufficient resources to ensure sustainability for Ontario's locally based network of public health agencies. Here are two recent submissions:

- [alPHA Ontario 2025 Budget Hon. Peter Bethlenfalvy, Minister of Finance,](#)
and
- [alPHA Public Health Matters Hon. Sylvia Jones, Ontario's Deputy Premier and Minister of Health](#)

The alPHA 2025 Online Winter Symposium, Section meetings and Workshops were a resounding success! The events were engaging for all participants with polling, facilitated Q&A, and breakout sessions. Thank you to everyone who participated, and to the Simcoe Muskoka District Health Unit (co-host sponsor), speakers, moderators, video submissions, Dalla Lana School of Public Health, and Eastern Ontario Health Unit. Special thanks for planning and choreographing an exceptional event to Loretta Ryan, alPHA Chief Executive Officer (CEO) and alPHA staff.

The symposium commenced with an impressive showcase of local public health videos. Keynote, Pete Bombaci of GenWell, spoke on being a catalyst for action to meaningfully improve long-term health and well-being, reduce costs to the healthcare system, increase social cohesion and inclusivity, and drive economic and community benefit.

An informative lineup of topics followed throughout the day. Principals of StrategyCorp, Sabine Matheson and John Perenack, provided insight into the current political situation and offered strategies. alPHa's 1st year anniversary report of the [2024-2027 Strategic Plan](#), facilitated by Maria Sánchez-Keane, was interactive and informative on the progress of alPHa's accomplishments. The South East Health Unit shared their challenges and opportunities, along with what to expect next, as the newly merged health unit moves forward.

The merger conversation carried forward in the afternoon at the Boards of Health Section meeting with the chairs of the newly merged boards of health: Jan O'Neill, Chair, Board of Health, South East Health Unit; Michelle Boileau, Chair, Board of Health, Northeastern Public Health; Ron Black, Chair, Board of Health, Haliburton Kawartha Northumberland Peterborough Health Unit; and John Bell, Acting Chair, Board of Health, Grand Erie Public Health. Their informative updates were complemented by a presentation on governance roles and responsibilities from James LeNoury, Principal, LeNoury Law, alPHa Legal Counsel, Doug Lawrance, Chair, Northwestern Health Unit, and Ann-Marie Kungl, Chair, Board of Health, Simcoe Muskoka District Health Unit.

Two pre-symposium workshops were value-added. Tim Arnold's interactive *Leading Change: The 5 Tensions to Manage Successful Transformation* discussed leadership skills to help manage current and future challenges during this time of change for public health. The second workshop, *Harnessing the Power of 'Where' for Public Health Discussions* by Esri Canada, had a series of presentations of case studies and dynamic discussions, attendees learned how geographic data, real-time maps, and new innovations in geographic technology are connecting Canadian public health teams to uncover local drivers of health inequity, strengthen health emergency preparedness, and improve collaborative decision-making.

Anticipation is building for the alPHa 2025 AGM and Conference in-person in Toronto. This is a tremendous opportunity to network, and to continue the important conversation on the role of local public health in the province's resilient public health system and its demonstrated role for the public health of all Ontarians.

At the Rural Ontario Municipal Association 2025 ROMA Conference in January, it was great to have the chance to connect with many of you. Along with Loretta Ryan, alPha's CEO, I was also pleased to meet and have a productive discussion with Robin Jones, President of the Association of Municipalities of Ontario (AMO), who also serves on the Board of Health for South East Health Unit.

Perhaps I will see you at The Ontario Public Health Convention TOPHC 2025 in March or at the alPha 2025 AGM and Conference in June. If you are at either of these events, I look forward to the opportunity to connect.

Stay tuned for the Annual General Meeting Package, which contains the Call for Resolutions, Distinguished Service Award nominations, and Boards of Health elections information.

Thanks to each of you for your individual and collective commitment, and for support to alPha as we all work to advance the cause of a resilient, sufficiently resourced, local public health system in Ontario.

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January 28, 2025

Christine Hogarth, MPP
Chair, Standing Committee on Social Policy
Whitney Block, Room 1405
Toronto, ON M7A 1A2

Ministry of Health
438 University Ave, 10th Floor
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[Submitted electronically via the Legislative Assembly of Ontario,
Standing Committee on Social Policy invitation for written submissions
& Ontario Regulatory Registry Proposal for Comment 24-HLTC044]

Members of the Standing Committee and staff of the Ministry of Health,

We commend the government on proposing of Bill 231 2024 An Act to enact or amend various Acts related to health care, particularly Schedule 4, which seeks to amend the Health Protection & Promotion Act's section 22, subsection 5.0.1 concerning Class Orders. This section of law was used in novel ways during the COVID-19 pandemic response, and review and adjustment of this provision is very sensible to ensure we appropriately balance protecting the freedom of the public with protecting the health of the population.

As we seek to support the government and Legislative Assembly to update this provision of the Health Protection & Promotion Act, we wish to highlight what we believe could be unintended impacts of the proposed legislated amendment. It is our recommendation that the Legislative Assembly not adopt these amendments as currently written, but rather convene a thorough and detailed review of this provision in order to develop a comprehensive modernization of this important public health measure.

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Public health orders under Section 22 are a longstanding public health tool that are used sparingly, but are essential when they are needed to protect the population. Variations of this exist in public health legislation across the country. We appreciate the government's recognition of the importance of this power, and that the general use of section 22 orders has not been proposed for amendment.

The Class Orders provision of section 22 was enacted after the first wave of SARS in 2003, and proclaimed on May 5, 2003. This legislation was a response to the real gaps in public health law that were identified during that first wave of SARS, and sought to ensure local public health had the tools to protect the population from a novel and deadly virus. As Dr. Sheila Basrur explained to the Standing Committee on Justice Policy on August 18, 2004 :

One of the elements that arose during SARS was our inability to issue orders on anything but a person-by-person, one-at-a-time kind of basis. There was an instance wherein we had an entire group of people who needed to be put into quarantine on a weekend. It was physically and logistically impossible to issue orders person to person on a Saturday afternoon for 350 people who happened to live in three or four different health units all at once, each with their own MOH, their own solicitors and so on. So now there is an amendment to the Act. Again, that was processed even between phases one and two of the SARS outbreak. So things can happen fast when the will is there, but also when the need is apparent, such that orders can be issued against a class of persons. In a future pandemic or other wide-scale emergency, that will be a very helpful provision so we can issue mass orders if necessary and if warranted under the circumstances.

This measure has been used in similar fashion by local public health authorities for two decades. As Dr. Basrur noted, an essential element of this measure is that it can be issued swiftly, typically within hours on the same day that a risk to the public arises.

This original use of Class Orders is different than the novel use it had during the COVID-19 pandemic response. Whereas the original use was for a targeted and localized group of tens to hundreds of persons, during the pandemic response it was applied to the entire population of a local health unit (tens to hundreds of thousands of people), or to all businesses within a local health unit. There are rightly concerns about the breadth of this power and questions about what checks and balances should be in place.

The proposed amendments to require notice and written approval of the Chief Medical Officer of Health for any Class Order has merit for the latter, novel and very broad use of a Class Order. In particular, for something like the pandemic response where there would be provincial leadership of the response, and a desire for consistency across the province,

there is a good argument for the Chief Medical Officer of Health to have a role to bring some alignment to local orders.

However, we believe the proposed amendments as written would undermine the original purpose of Class Orders, to enable swift action on fast-moving health threats that are of a local nature. Awaiting written approval of the Chief Medical Officer of Health would delay response, perhaps critically, of a tool that was designed for swift action. And the involvement of a provincial authority in a purely local matter is both inefficient and unsound.

We believe that legislation needs to distinguish between these two scenarios and tailor conditions for the use of each in light of the very different problems they are seeking to address. The language proposed in Bill 231 does not draw these distinctions, and so would address one problem (alignment and accountability over health unit-wide orders) at the expense of another (protecting the public from a rapidly-moving local infectious outbreak). In addition to this fundamental issue, we believe there are additional issues surrounding Class Orders that should be explored:

- Do Class Orders need additional checks and balances beyond the Chief Medical Officer of Health's review? Should there be civilian review? Should there be a post-hoc assessment of whether it was used appropriately, similar to what is done after use of the federal Emergency Act?
- How do we ensure appropriate provincial review does not unduly delay a class order of the more novel variety? Should there be timelines for the Chief Medical Officer of Health's review? An alternate approach could be to allow a Class Order to go into effect, but be rescinded by the Chief Medical Officer of Health upon their review.
- Should the legal standard for a Section 22 order applied to an individual, to a class of persons, or to the entire population of the health unit remain the same standard? Should the legal standard perhaps escalate with the breadth of its application? The Campbell Commission after SARS also raised questions in 2005 regarding the ambiguity of the current legal standards. There is opportunity to review this.
- The Campbell Commission also made recommendations around the logistics of issuing section 22 orders as well as their geographic scope. These recommendations have not been addressed as of this date.

We believe that the issue of section 22 orders including class orders is complex and warrants thorough and careful examination. We commend the government for its leadership to better define the conditions in which class orders should be used. We advise

the Legislative Assembly that a broader review is warranted to study the many issues that are associated with his important public health measure. A comprehensive and transparent review could strengthen our public health system, better balance protecting individual freedoms with protecting the public's health, and build public confidence in public health and section 22 orders specifically.

We appreciate the opportunity to provide feedback, and we look forward to an opportunity to support the government and Legislative Assembly to achieve their vision for Class Orders, while also strengthening our public health system as a whole. Our staff would be pleased to speak further to you about our thoughts and to support you any way possible as you seek to optimize this amendment.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Signoretti', with a long horizontal flourish extending to the right.

Mark Signoretti
Chair, Board of Health

Cc: Lesley Flores, Clerk, Standing Committee on Social Policy
Kieran Moore, Chief Medical Officer of Health
Kate Bingham, Associate Medical Officer of Health
Local MPPs
Local Boards of Health
M. Mustafa Hirji, Acting Medical Officer of Health & CEO, Public Health Sudbury & Districts