Algoma
PUBLIC HEALTH
Santé publique Algoma

May 27, 2026

BOARD OF HEALTH MEETING

SSM Algoma Community Room

294 Willow Avenue

Sault Ste. Marie

www.algomapublichealth.com

TABLE OF CONTENTS

1. Call to Order	
a. Land Acknowledgement **b. Roll Call** **c. Declaration of conflict of interest**	Page 1
2. Adoption of Agenda	Pages 2-4
3. Delegation/ Presentation	Pages 5-24
4. Adoption of Minutes	Pages 25-29
5. Reports to Board **a. Medical Officer of Health and Chief Executive Officer Report**	Pages 30-38
b. Finance and Audit	Pages 39-45
c. Governance	Pages 46-68
6. Correspondence for Information	Pages 69-110
7. In-Camera	
8. Open Meeting	
9. Board Evaluation	
10. Announcements / Next Meetings	
11. Adjournment	

APH Land Acknowledgement

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

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

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

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

Board of Health Meeting
AGENDA

Wednesday, May 27, 2026 - 5:00 pm
SSM Algoma Community Room | Videoconference

	BOARD MEMBERS	APH MEMBERS
PRESENT:	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	
	Luc Morrissette	Kristy Harper - Director of Health Promotion & Chief Nursing Officer
	Beverly Nantel	Rick Webb - Director of Corporate Services
	Sonny Spina	Leslie Dunseath - Manager of Accounting Services
	Sonia Tassone	Leo Vecchio - Manager of Communications
	Suzanne Trivers - Board Chair	Trina Mount - Executive Assistant
	Jody Wildman - 1st Vice-Chair	
	Natalie Zagordo	
GUESTS:	Lindsay Garofalo, Collective Results; Lindsay Cline, Collective Results	
REGRETS:		

1.0 Meeting Called to Order — *S. Trivers*

a. Land Acknowledgment

b. Roll Call

c. Declaration of Conflict of Interest

2.0 Adoption of Agenda — *S. Trivers*

RESOLUTION

THAT the Board of Health agenda dated May 27, 2026, be approved as presented.

3.0 Delegations / Presentations

a. Strategic Plan Presentation - Collective Results — *L. Garofalo, L. Cline*

RESOLUTION

THAT the Board of Health approve the Strategic Plan as presented.

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

RESOLUTION

THAT the Board of Health meeting minutes dated April 22, 2026, be approved as presented.

5.0 Reports to the Board — *Dr. J. Loo*

a. Medical Officer of Health and Chief Executive Officer Reports

MOH Report - May 2026

- Algoma Public Health and Sault College Nursing Partnership - Introduction of the Northern Ontario Public Health Nursing Elective Course
- Algoma Public Health Living Wage Certification

RESOLUTION

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

b. Finance and Audit

i. Unaudited Financial Statements ending March 31, 2026. — *L. Dunseath*

RESOLUTION

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

c. Governance — *D. McConnell*

i. Governance Committee Chair Report

RESOLUTION

THAT the May 5, 2026, report of the Governance Committee Chair be accepted as presented.

ii. Briefing Note: Indigenous Membership and/or Representation at the Governance Level *D. McConnell*

iii. Policy 02-05-075 - Elections and Selection Process for Board Chair, Vice Chairs or Committee Members *D. McConnell*

RESOLUTION

THAT the Board of Health approves, Policy 02-05-075 - Elections and Selection Process for Board Chair, Vice Chairs or Committee Members, as amended.

iv. Policy 02-05-015 - Conflict of Interest *D. McConnell*

RESOLUTION

THAT the Board of Health approves **Policy 02-05-015 - Conflict of Interest,** as amended.

v. Policy 02-05-025 - Remuneration *D. McConnell*

RESOLUTION

THAT the Board of Health approves, **Policy 02-05-025 - Remuneration,** as amended.

6.0 Correspondence - for information *S. Trivers*

a. Letter from Public Health Sudbury & Districts, regarding Endorsement of Algoma Public Health Position Statement on Infant Hepatitis B Vaccination, dated April 24, 2026

b. Letter from Community Drug Strategy for the City of Greater Sudbury, regarding Harm Reduction, A Key Component of a Comprehensive Substance Use Approach, dated May 1, 2026

c. Position Statement from Community Drug Strategy for the City of Greater Sudbury, regarding Harm Reduction, A Key Component of a Comprehensive Substance Use Approach

d. Letter from Algoma Public Health, in support of Alcohol Labelling Policy (Bill S-202), dated May 15, 2026

e. Letter from Algoma Public Health, regarding Healthy Smiles Ontario Fee Schedule and Access to Dental Care for Children and Youth, dated May 21, 2026

f. alPHa InfoBreak May-June, received May 15, 2026

7.0 In-Camera *S. Trivers*

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

RESOLUTION

THAT the Board of Health go in-camera.

8.0 Open Meeting *S. Trivers*

Resolutions resulting from in-camera meeting.

9.0 Meeting Evaluation: Biannual BOH Meeting Evaluation *S. Trivers*

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

alPHa Workplace Health & Wellness Month - May 2026

APH Employee Appreciation Day 2026
Friday, **May 29, 2026**
10:00 am-3:00 pm
Sault College Multi-Media Room B1170

Finance and Audit Committee Meeting
Wednesday, **June 3, 2026** @ 5:00 pm
SSM Algoma Community Room | Video Conference

alPHa 2026 Annual General Meeting and Conference
June 8-10, 2026
Toronto

Board of Health Meeting
Wednesday, **June 24, 2026**
SSM Algoma Community Room | Video Conference

Governance Committee Meeting
Tuesday, **September 15, 2026** @ 2:00 pm
SSM Algoma Community Room | Video Conference

11.0 Adjournment *S. Trivers*

RESOLUTION

THAT the Board of Health meeting adjourns.

Algoma Public Health: Strategic Planning Process

December 2025 – May 2026

3–5-year Strategic Plan

Final Report

Prepared by: Lindsay Garofalo Collective Results Inc.

May 19, 2026

COLLECTIVERESULTS

Table of Contents

Contents

Table of Contents 2
Project Description 4
Strategic Planning Approach 4
Strategic Plan Development Process 7
Strategic Plan Quality Check 7
Mission 8
APH Values 8
Final Strategic Plan 10
APH Strategy Glossary 16
Communication Science 16
Core Public Health Functions 17
CQI 18
OCAP Principles 18
Upstream Pathways 18

Executive Summary

COLLECTIVERESULTS

From December 2025 to May 2026 , Collective Results worked with Algoma Public Health to support the development of their next 3-5 year strategic plan. The project consisted of three main elements: engagement, strategic plan development, and key performance indicator development.

ENGAGEMENT

Collective Results completed extensive engagement with community members (n = 1,666), staff (n = 123), community partners (n = 42), and the Board of Health (n = 7) through online surveys, interviews, in-person and virtual engagement sessions, and focus groups. A thematic analysis was conducted to synthesize findings from the various sources to bring together a high-level summary of the contextual factors and potential strategic focus areas.

STRATEGIC PLAN DEVELOPMENT

Collective Results guided the Algoma Public Health Strategic Planning Steering Committee through three facilitated sessions to develop the strategic plan. Positioning statements, strategic pillars, goals and actions were crafted and refined over the course of the process. A quality check with the Strategic Planning Steering Committee allowed for further refinement.

KEY PERFORMANCE INDICATOR DEVELOPMENT

Collective Results engaged with an assembled team from the Foundations and Strategic Support Team in a series of facilitated discussions to identify a framework for the development of key performance indicators (KPIs) using a structured process. The KPIs will support ongoing monitoring and reporting on strategic plan progress.

Project Description

Algoma Public Health (APH) worked with Collective Results to develop their next 3–5-year strategic plan. Throughout the process, Collective Results worked closely with the APH Executive Team and engaged with a multi-disciplinary Strategic Planning Committee in a series of facilitated discussions to develop the strategy. Collective Results established several touch points along the way throughout the project to connect with APH to ensure the content developed was authentic to their voices and that the project moved forward efficiently and to their level of satisfaction.

Strategic Planning Approach

Collective Results divided the strategic planning process into seven phases:

1. Project pre-planning
2. Engagement sessions
3. Development of the strategy
4. Strategic plan quality check
5. Development of key performance indicators
6. Strategic plan finalization & key performance measures
7. Implementation roadmap

Project Pre-Planning

Collective Results met with the APH Executive team to review the project scope and confirm expectations. Important background information and helpful resources were shared with Collective Results to become familiar with APH context. The document review included local reports, provincial directions, and the 2025 APH staff Strategic Direction reflections. These background documents and contextual inputs were used to shape engagement questions.

Engagement Sessions

Collective Results completed extensive engagement with community members (n = 1,666), staff (n = 123), community partners (n = 42), and the Board of Health (n = 7) through online surveys, interviews, in-person and virtual engagement forums, and focus groups. A thematic analysis was conducted to synthesize findings from the various sources to bring together a high-level summary of the contextual factors and potential strategic focus areas.

A thematic analysis was conducted to synthesize findings from the various sources to bring together a high-level summary of the contextual factors and potential strategic focus areas.

Four research questions were the focus of the engagement efforts, each question surfacing key insights to serve as the basis of strategy development. The table below presents the high-level objectives and high-level themes from data collected across sources. Board members can view the full engagement summary on the internal Board of Health SharePoint site.

Objective 1: Identify Organizational Strengths and Value

To identify APH's core strengths, key differentiators, and demonstrated impact within the community and the community health system, clarifying your "niche" as a foundation for your future strategy.

The following themes emerged as APH's core strengths:

Compassionate, Client-Centred Staff & Positive Organizational Culture; Strong Community Partnerships and Multi-Sector Collaboration; Breadth of Services, Immunization Expertise, and Public Health Programming; Trusted, Credible, Evidence-Based Health Authority; Indigenous Partnerships and Cultural Responsiveness; Genuine Local Presence

Objective 2: Understand Evolving Community Needs and System Changes

To understand how changes in current context including community need and provincial landscape will inform and impact your future strategy.

The following themes emerged as current contexts APH should consider when developing their strategy:

Mental Health, Substance Use, and the Opioid/Toxic Drug Supply Crisis; Aging Population and Health Care Shortages; Housing Instability, Poverty, Cost of Living and Food Insecurity; Newcomers, Cultural Diversity, and Indigenous Health Equity; Youth, Early Childhood, and Upstream Prevention; Rural and District Service Equity; Digital Influences, Misinformation, and Declining Public Trust

Objective 3: Awareness of Challenges

To increase awareness of the risks, barriers and gaps within which APH must develop and implement its strategic plan, ensuring the plan is both actionable and sustainable.

The following themes emerged as challenges, barriers, gaps APH must implement their plan within:

Insufficient and Unstable Funding; Low Public Awareness and Decreased Community Visibility; Staffing Shortages, Turnover, and Workforce Pressures; Political Climate, Misconceptions, and Eroding Trust; Service Centralization and Geographic/District Disparities; Internal Silos, Coordination Gaps, and Organizational Rigidity; Unclear Direction, Broad Mandate, and Scope Pressures

Objective 4: Explore Potential Strategic Areas of Focus

To gather insights and identify potential strategic solutions and priority areas where APH should focus its resources and efforts over the next 3-5 years to move toward an ideal future state

The following themes emerged as potential strategic areas of focus:

Program Impact, Effectiveness, and Strategic Prioritization; Public Awareness, Visibility, and Strengthen Trust; Health Equity, Upstream Approaches, and Meaningful Engagement with Priority Populations; Child, Youth and Family Health as a Strategic Investment; Community Outreach, Expanded Access, and Low-Barrier Service Delivery; Workforce Development, Retention, and Financial Sustainability; Mental Health, Substance Use Leadership, and Vaccination/Misinformation Response

Development of the Strategy

The APH Strategic Planning Steering Committee participated in a series of facilitated discussions to develop the strategic plan. The committee included 16 multidisciplinary representatives from APH's Sault Ste. Marie and district offices, including senior leaders and frontline staff. Through a combination of in-person and virtual facilitated discussions, participants developed positioning statements, shaped strategic pillars, defined strategic goals, and outlined strategic actions. Between sessions, Collective Results refined themes and concepts in collaboration with the Executive Team. This refinement work was then shared with the Strategic Planning Steering Committee at the beginning of the next facilitated session. The draft strategic plan was also shared with the Executive Team before the quality check stage for review and revision.

Strategic Plan Quality Check

Collective Results engaged the APH Strategic Planning Steering Committee in a quality check process to seek feedback and ensure the draft strategic plan was meeting the following criteria: clarity, impact, relevance, inspiration, decision-making, central connection point, and relatable.

Strategic Plan Development Process

Collective Results facilitated 3 sessions with the **APH** strategic planning committee to develop the strategic plan.

Session one was a 4.5 hour in person session at the APH's Sault Ste Marie Office. Consisting of sharing the results of the engagement sessions that led into developing positioning statements. Positioning statements provide a sightline between contextual information and what APH wanted to stive towards over the next 3-5 years. In small groups, the Strategic Planning Steering Committee drafted several positioning statements that led to collaborative discussion and iterative design to refine drafted positioning statements.

Session two was a 3-hour in-person session that focused on further refinement of those positioning statements which led to a discussion on drafting strategic pillar titles from those positioning statements, and brainstormed strategic goals. Strategic pillars represent the "big buckets" of work to anchor the strategy, and strategic goals provide clear direction on what APH wanted to be different at by the end of the 3-5 years.

Session three was a 2-hour session held virtually focused on finalizing positioning statements and strategic pillar titles, refinement of strategic goals and brainstorming strategic actions.

Collective Results refined all feedback and brainstorming ideas into a draft strategy for Executive Team review and feedback.

Strategic Plan Quality Check

Collective Results engaged the APH Strategic Planning Steering Committee in a quality check process to seek feedback and ensure the draft strategic plan was meeting certain criteria, including:

- **Clarity**: the strategic plan is communicated in clear language and makes sense
- **Impact**: the fully implemented strategic plan will make a positive difference in the communities served
- **Relevance**: the strategic plan is well positioned in the current context
- **Inspiration**: the strategic plan is inspiring
- **Decision making**: the strategic plan is a useful tool to guide decision making
- **Central connection point**: the strategic plan is memorable and serves as a connection point for the entire organization
- **Relatable:** The strategic plan provides clear linkages to where my work/role fits in

A feedback survey was conducted to ensure each steering committee member had an opportunity to provide anonymous feedback. A total of fifteen participants provided feedback to the survey. Overall, there was strong agreement that the draft strategic plan was meeting important strategic plan criteria.

Figure 1. APH Quality Check Survey Findings

Based on the feedback collected from the quality check survey, small revisions were made to the draft strategic plan, and a glossary was added to ensure the plan was well-understood across the organization.

Mission

Prior to the strategic planning process, APH undertook a Strategic Reflections process in the summer of 2025. Through that process, feedback indicated that while APH's mission statement remains accurate, it may not be easily understood by audiences outside the organization. In response, the Executive Team invited the Strategic Planning Committee to reflect on whether any revisions to the mission statement should be considered. During Session 2, members of the Strategic Planning Committee reviewed the current mission statement and reflected on what was working well, what may be missing, and what changes could be considered. Feedback suggested that the statement reflects APH's work, but may be too technical and could more explicitly emphasize prevention. As part of the quality check survey, committee members were invited to select from three revised mission statement options or retain the current version. Of the 15 respondents, 11 (73%) selected the current statement. Based on this feedback, the Executive Team decided to carry the existing mission statement forward.

APH Values

Prior to the facilitated strategy development sessions, the Executive Team identified APH's values as important considerations to inform the development of strategic goals and actions. To support this, members of the Strategic Planning Steering Committee were invited to reflect on APH's values in advance of the sessions, helping to establish a foundation for how the values

would be incorporated into the strategy. In the strategy presented below, each table includes a column identifying the values alignment for each strategic goal.

Values

- **Excellence**
- **Respect**
- **Accountability & Transparency**
- **Collaboration**

Final Strategic Plan

Outlined below is the final 3-5 year strategic plan for APH

Our Community: Creating Meaningful Connection

We will strengthen our trusted presence and increase our recognition across Algoma communities through relationship building, community engagement, and collaborative action

Strategic Goals	Values Alignment	Strategic Actions
We will strengthen collaborative relationships with all municipalities and Indigenous communities to advance shared priorities and upstream public health opportunities	Collaboration Respect	• Strengthen and mobilize collaborative action with Algoma Public Health's 21 municipalities, 8 First Nation communities, two Metis Councils and urban Indigenous communities through local data sharing, joint priority, and goal setting • Refresh staff liaison roles and establish regular touchpoints with Algoma municipalities and Indigenous communities • Engage in ongoing reflection, evaluation, and continuous improvement of municipal and Indigenous community partnerships to enhance mutual respect, and meaningful engagement • Uphold Indigenous knowledge, governance, and self-determination by continuing to work with Indigenous partners to identify their self-determined public health strengths, needs, priorities, and opportunities
We will integrate communication science with public health science to achieve excellence in	Excellence	• Build agency-wide capacity in communication science through organizational professional

how we engage, collaborate and impact our communities		development and team-level support • Embed communication into internal planning processes so that program and communication design advance together, strengthening how we articulate the role of public health
We will broaden community outreach, digital presence, and low-barrier engagement opportunities to meet people where they are, prioritizing the local needs of diverse communities across Algoma	Respect	• Strengthen a consistent agency-wide process for prioritizing populations and engagement approaches • Expand opportunities for co-design with persons with lived and living expertise, and partners across planning and implementation where appropriate • Strengthen digital infrastructure and online services • Use multiple channels, tailored and culturally relevant content, multiple languages and formats, and ambassador roles to reach diverse audiences • Advance French-language capacity of APH for improved connection to francophone communities

Our Practice: Strengthening our Performance, Measuring Impact, Sharing Stories

We will focus on core public health functions to have the greatest positive impact on community health and health inequities; we will show this through measurement and sharing stories

Strategic Goals	Values Alignment	Strategic Actions
We will align resources and decision-making with priority needs and evidence to strengthen our impact	Accountability & Transparency	• Use prevailing principles of need, impact, capacity, and partnership/collaboration to strengthen organizational priority-setting • Advance program planning to incorporate data and evidence, with clear communication across APH on priorities • Integrate APH planning, budget and staff allocation so efforts are efficient, aligned with OPHS, local needs, and community health priorities, and maximize resources and impact
We will enhance our core public health capacity and competencies to achieve excellence in public health practice	Excellence	• Increase internal awareness and knowledge of the core public health functions and competencies • Map team strengths and growth opportunities in core public health functions and build competencies through targeted training, and cross-training • Advance agency wide integrated strategies for comprehensive, effective public health practice that makes an impact on community health
We will build shared understanding of APH work by strengthening measurement and sharing our stories, to demonstrate impact	Accountability and Transparency	• Develop indicator frameworks that value both qualitative and quantitative data, co-developed with community partners and clients, including partnerships with Indigenous communities guided

		by OCAP principles • Build impact and story sharing capacity across the agency and use real examples and community voices to demonstrate impact internally and externally • Increase opportunities for cross-agency work and sharing

Our Team: Fostering a Foundation for Success

We will invest in our workforce as the foundation for delivering our mission, creating a culture of effective collaboration, excellence, and continuous learning that enhances our capacity and resilience

Strategic Goals	Values Alignment	Strategic Actions
We will create a strong organizational foundation that promotes a culture of excellence, effective collaboration, and continuous learning to enable our people to thrive	Excellence Collaboration Respect	• Engage in recruitment practices that align with community and organizational need • Foster a culture of quality improvement and continuous learning practices by providing agency-wide training in Continuous Quality Improvement (CQI) competencies • Continue to develop spaces for the APH team to feel comfortable and confident to openly share ideas • Document historical and institutional knowledge as part of succession planning to create continuity of practice and cross-training opportunities • Align the HR strategy to pillars of the new strategic plan
We will cultivate a valued and resilient workforce by investing in staff development, wellbeing, and competencies to amplify our community impact	Excellence Respect	• Provide ongoing skill-building and professional development learning opportunities for staff that focus on core competencies and support a culture of learning, self-care, and cultural humility • Engage with our teams to share success stories and recognize our people for their work through employee appreciation initiatives • Strengthen onboarding training and support for new staff to embed core competencies and align with strategic pillars • Explore engagement strategies that would best support staff in their respective office locations

Our Approach: Focusing on Upstream Pathways

We will advance upstream approaches to population health through a health equity lens that strives to improve systemic and social conditions for better health outcomes across Algoma

Strategic Goals	Values Alignment	Strategic Actions
We will build our capacity to strengthen community action, create supportive environments, and promote local healthy public policy with community partners	Collaboration Excellence Accountability/ Transparency	• Engage with community partners and equity-deserving groups in co-design to create local healthy public policy initiatives • Deepen relationships with municipalities, workplaces, and settings for children and youth to inform and implement healthy public policies and supportive environments • Build capacity for the full spectrum of competencies in healthy public policy • Communicate with communities to create a shared understanding of the importance of healthy public policy
We will work at the systems level to better support people facing health inequities	Collaboration Excellence Respect	• Implement best practices in diversity, equity and inclusion training for staff, in solidarity with partners • Engage in co-design with equity-deserving groups and people with lived and living expertise to help address root causes of inequities • Align strategic plan implementation with the APH Truth and Reconciliation strategy • Embed our work in anti-oppressive and trauma-informed approaches • Include voices of equity-deserving groups in operations and governance • Broaden engagement with partners, organizations, and people with lived and living

		expertise to build relationships and trust

APH Strategy Glossary

Communication Science

For the purposes of this strategy, **APH uses "communication science" as a working term** to describe communication as a **deliberate, iterative public health process**, rather than a discrete product or set of activities.[1],[2]

Within APH's practice, communication science encompasses the end-to-end processes used to:

- assess audiences, contexts, and information environments;
- translate scientific and technical evidence into accessible and relevant forms;
- select, tailor, and sequence channels and formats;
- monitor understanding, trust, and response; and
- refine communication approaches based on feedback, emerging evidence, and changing conditions.

This framing positions communication as a **core enabling process** that supports public health action across routine operations, system-level change, and emergency contexts. Communication effectiveness is therefore understood not as the quality of individual

[1] MacKay M, McAlpine D, Wrote H, Grant LE, Papadopoulos A, McWhirter JE. **Public health communication professional development opportunities and alignment with core competencies: an environmental scan and content analysis.** *Health Promotion and Chronic Disease Prevention in Canada*. 2024;44(5):218–228. Public Health Agency of Canada.
Available from: https://www.canada.ca/en/public-health/services/reports-publications/health-promotion-chronic-disease-prevention-canada-research-policy-practice/vol-44-no-5-2024/public-health-communication-professional-development-opportunities-core-competencies-environmental-scan-content-analysis.htm

[2] Public Health Ontario. **Health Communications.**
Available from: https://www.publichealthontario.ca/en/health-topics/public-health-practice/health-communication

messages alone, but as the strength, coherence, and adaptability of the processes through which information is generated, conveyed, and acted upon.

Core Public Health Functions

Definition

For the purposes of this strategy, core public health functions refer to the essential areas of public health work that together support population health improvement, illness and injury prevention, health protection, and emergency response. In the Canadian context, these functions provide a shared way of understanding what public health does and help guide how organizations practice, build capacity, and deliver services that respond to community needs.[3]

A commonly used Canadian framing identifies **six core public health functions**:

1. **Population Health Assessment**
   Assessing the health status of populations and communities to identify needs, assets, trends, and priority issues.
2. **Health Surveillance**
   Collecting, analyzing, and interpreting health data on an ongoing basis to monitor patterns, detect emerging issues, and inform action.
3. **Disease and Injury Prevention**
   Reducing the occurrence of illness, injury, and their associated risk factors through prevention-focused strategies and interventions.
4. **Health Promotion**
   Working with individuals, communities, and systems to strengthen conditions that support health and well-being.
5. **Health Protection**
   Protecting populations from environmental, infectious, occupational, and other public health hazards through regulation, inspection, and risk mitigation.
6. **Emergency Preparedness and Response**
   Preparing for, responding to, and recovering from public health emergencies and other events that threaten population health.

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[3] **Public Health Agency of Canada.** *Learning from SARS: Renewal of Public Health in Canada. Chapter 3: Public Health in Canada*. Ottawa, ON: Public Health Agency of Canada; 2003. Available from: https://www.canada.ca/content/dam/phac-aspc/migration/phac-aspc/publicat/sars-sras/pdf/chapter3-e.pdf

Together, these functions describe the breadth of public health practice in Canada and emphasize that effective public health requires coordinated action across assessment, prevention, promotion, protection, surveillance, and emergency response. For APH, this framing reinforces the importance of strengthening core public health capacity and competencies in ways that are integrated, evidence-informed, and responsive to local community contexts.

CQI

Continuous Quality Improvement is described within the Effective Public Health Practice Foundational Standard in the OPHS, expecting that Ontario health units foster a culture of quality and continuous organizational self-improvement that underpins programs and services and public health practice. **Error! Bookmark not defined.**

OCAP Principles

The First Nations Principles of ownership, control, access and possession. Assert that First Nations have control over data collection processes, and that they own and control how this information can be used. [4]

Upstream Pathways

According to the National Collaborating Centre for Determinants of Health, upstream public health work focuses on policies, systems and structural drivers of inequities.[5] These interventions focus on root causes of poor health, particularly structural and social determinants. [6]PHAC describes upstream as intersectoral actions targeting income, housing, education, and physical and social environments

Downstream approaches address individual illness
Midstream approaches address social conditions such as housing, income, and food security
Upstream approaches address policies, systems, and structural drivers of inequities

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[4] The First Nations Principles of OCAP® - The First Nations Information Governance Centre

[5] National Collaborating Centre for Determinants of Health (NCCDH). *Let's Talk: Moving Upstream*. Antigonish, NS: NCCDH, St. Francis Xavier University; 2025. Available from: https://nccdh.ca/resources/entry/lets-talk-moving-upstream/

[6] Public Health Agency of Canada. *Rapid Evidence Profile #90: Effectiveness of Upstream Intersectoral Actions Targeting the Social Determinants of Health*. Hamilton, ON: McMaster Health Forum; 2025. Available from: https://www.mcmasterforum.org/docs/default-source/product-documents/rapid-evidence-profiles/rep90_upstream-inter-sectoral-action-sdoh_1_report.pdf

Development of Key Performance Indicators

Collective Results engaged with the APH Executive Team and members of the Foundations and Strategic Support Team in a series of facilitated discussions to develop a framework for the identification of key performance indicators (KPIs) using a structured process. The KPIs will support ongoing monitoring and reporting on strategic plan progress. KPIs were drafted for each strategic goal in the strategic plan. KPI definitions will be created for each metric to indicate the data source, targets or thresholds where applicable, reporting cycle and roles and responsibilities. KPIs will remain in development throughout the summer and fall, with implementation to align with Q1 of 2027.

Strategic Plan Implementation

At the time this report was developed, Collective Results was working with the APH Executive Team and Strategic Planning Steering Committee to develop a Year One implementation roadmap. The roadmap is intended to provide a visual overview of key milestones and implementation activities to support moving the strategy from words to action. Planned roadmap activities include sequencing strategic actions within each strategic pillar, aligning existing work with the pillars, and developing KPI’s for strategy implementation.

Algoma Public Health **2026 Strategic Plan**

Our 3-5 Year Strategic Direction

OUR COMMUNITY: Creating Meaningful Connection

We will strengthen our trusted presence and increase our recognition across Algoma communities through relationship building, community engagement, and collaborative action.

We will:

- **Strengthen collaborative relationships** with all municipalities and Indigenous communities to advance shared priorities and upstream public health opportunities
- **Integrate communication science with public health science** to achieve excellence in how we engage, collaborate and impact our communities
- **Broaden community outreach, digital presence, and low-barrier engagement opportunities** to meet people where they are, prioritizing the local needs of diverse communities across Algoma

OUR PRACTICE: Strengthening our Performance, Measuring Impact, Sharing Stories

We will focus on core public health functions to have the greatest positive impact on community health and health inequities; we will show this through measurement and sharing stories.

We will:

- **Align resources and decision-making** with priority needs and evidence to strengthen our impact
- **Enhance our core public health capacity and competencies** to achieve excellence in public health practice
- **Build shared understanding** of APH work by strengthening measurement and sharing our stories, to demonstrate impact

OUR TEAM: Fostering a Foundation for Success

We will invest in our workforce as the foundation for delivering our mission, creating a culture of effective collaboration, excellence, and continuous learning that enhances our capacity and resilience

We will:

- **Create a strong organizational foundation** that promotes a culture of excellence, effective collaboration, and continuous learning to enable our people to thrive
- **Cultivate a valued and resilient workforce** by investing in staff development, wellbeing, and competencies to amplify our community impact

OUR APPROACH: Focusing on Upstream Pathways

We will advance upstream approaches to population health through a health equity lens that strives to improve systemic and social conditions for better health outcomes across Algoma.

We will:

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

Algoma PUBLIC HEALTH
Santé publique Algoma

Vision: Health for all. Together.

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

Algoma
PUBLIC HEALTH
Santé publique Algoma

May 27, 2026

Report of the

Medical Officer of Health / CEO

Prepared by:
Dr. Jennifer Loo and the
Leadership Team

Presented to:
Algoma Public Health Board of Health

TABLE OF CONTENTS

APH At-a-Glance	Page 3
Program Highlight: **Algoma Public Health and Sault College Nursing Partnership – Introduction of the Northern Ontario Public Health Nursing Elective Course**	Pages 4-6
Program Highlight: **Algoma Public Health Living Wage Certification**	Pages 7-9

APH AT-A-GLANCE

This month, APH's Strategic Planning Steering Committee, in partnership with Collective Results, is pleased to present APH's refreshed strategic plan for Board of Health (BOH) review and approval. Carrying forward two refreshed strategic pillars that focus on investing in the APH workforce as the foundation for success, and strengthening our performance by measuring impact and sharing stories, this new strategic plan also incorporates two pillars that draw attention to how APH will create meaningful connection with communities and use upstream pathways to advance population health and health equity. This month's report to the BOH on APH's certification as a living wage employer, as well as the recommendations in the briefing note on Indigenous engagement are two examples of how current work aligns to these strategic pillars. Most importantly, the engagement process by which we heard from employees and community members and partners was robust, with rich feedback provided districtwide, which informed APH's new strategic pillars, goals, and actions. We are deeply grateful for the work of the steering committee and the contributions of employees, BOH members, community members, and partners who supported the development of our strategic plan. As highlighted in the year one implementation roadmap, next steps include a presentation to the full agency at our upcoming Employee Appreciation Day on Friday May 29, followed by internal engagement and implementation planning over the summer of 2026, with a launch celebration in fall 2026.

As a facilities update to the BOH, APH has temporarily leased space to Algoma Family Services (AFS) effective June 1st. AFS has been operating three programs out of the 90 Chapple Avenue Community Hub, which will be transitioning out of the facility as it undergoes renovations toward housing a future daycare. The three programs will occupy 1600 square feet on the first floor of APH's Sault Ste. Marie building at 294 Willow Avenue. The programs include:

- Rebound program: a life skills program for youth ages 12-18
- Supervised Access Program (SAP): provides supervised family visits, typically with one parent and one to three children; the space will be used as a play area and with kitchen access
- Non-Residential Attendance Program: run with the Algoma District School Board for up to eight youth aged 12-18 years; staff have some access to the kitchen to prepare lunch meals

At this time, the lease agreement between APH and AFS is short-term, until the end of 2026, and was approved by APH Executive following evaluation of the proposed tenant's compatibility with APH's mandate, client population, operations, as well as consideration of financial viability, scale of internal disruption, and any identified organizational risks. There is potential for the short-term lease to evolve to a longer-term arrangement, at which point tenant compatibility over this longer time period will be re-evaluated.

PROGRAM HIGHLIGHT – Algoma Public Health and Sault College Nursing Partnership – Introduction of the Northern Ontario Public Health Nursing Elective Course

Topic: Algoma Public Health and Sault College Nursing Partnership - Introduction of the Northern Ontario Public Health Nursing Elective Course

From: Kristy Harper, Director of Health Promotion and Chief Nursing Officer

Written by: Kristy Harper, Director of Health Promotion and Chief Nursing Officer
Liisa Daoust, Public Health Nurse Professional Practice

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

- **Effective Public Health Practice:** *Research, Knowledge Exchange, and Communication*
  The Board of Health shall foster relationships with community researchers, academic partners, and other appropriate organizations to support public health research and knowledge exchange activities, which may include those conducted by the Board of Health alone or in partnership or collaboration with other organizations.

- **Effective Public Health Practice:** *Quality and Transparency*
  The Board of Health shall ensure a culture of quality and continuous organizational self-improvement that underpins programs and services and public health practice.

2021-2025 Strategic Priorities addressed in this report
[ ] Advance the priority public health needs of Algoma's diverse communities.
[X] 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

- Algoma Public Health (APH) and Sault College have established a strong nursing partnership that supports education, practice, and student placements.
- The Public Health Nursing (PHN) elective course will provide nursing students with an understanding about the unique role of public health nursing and the public health needs of Northern Ontario communities[2].
- The curriculum emphasizes foundational PHN knowledge, competencies, and applied practice.
- The initiative supports workforce readiness, recruitment, and onboarding of future public health nurses.

Public Health Nursing

Public health nursing is a specialized area of nursing practice that focuses on improving population health, advancing health equity, and addressing the social determinants of health across diverse community settings[3]. PHNs are regulated professionals who blend knowledge from public health sciences, nursing sciences and social sciences to promote health, prevent disease, and preserve the health and well-being of individuals, families, and communities[4].

PHNs work in environments where people live, learn, work, and play, using evidence-informed approaches to assess community needs, design and implement programs, influence policy, and respond to emerging public health issues.

The work of PHNs is essential to building healthy, resilient communities. By integrating clinical knowledge with population health approaches, PHNs act as a bridge between health systems and communities, helping to identify emerging health needs, inform policy, and implement evidence-based interventions that improve health outcomes across the lifespan.

Algoma Public Health & Sault College Partnership

APH and Sault College have established a strong nursing partnership that supports collaboration in education, practice, and student learning opportunities. Over the past three academic years, APH has provided preceptorship support and community placements for 7–10 nursing students annually. The ongoing partnership includes regular (semi-annual) meetings through the APH–Sault College Nursing Partnership, providing a formal mechanism for communication and joint planning related to nursing education. Key objectives include:

- Supporting and enhancing nursing student placements
- Identifying and advancing public health nursing education opportunities
- Aligning academic programming with public health practice

Course Development & Overview

The Northern Ontario PHN elective course emerged from this partnership. The strong collaboration, along with the close proximity of Sault College and Algoma Public Health, has supported alignment between academic programming and public health practice, fostering ongoing knowledge exchange and responsiveness to local workforce needs.

APH contributed public health expertise, local context, and workforce insights to ensure the curriculum reflects current and emerging priorities. Sault College provided academic leadership and curriculum design to ensure alignment with nursing education standards.

The course integrates theory and practice through applied learning, local population health data, and public health frameworks. The course aims to build foundational PHN knowledge and increase awareness of public health nursing as a distinct and impactful career pathway, supporting workforce sustainability and future capacity.

The PHN elective is a six-week, online asynchronous course comprised of 12 modules, with a weekly one-hour virtual drop-in for engagement with nursing faculty and, at times, APH public health nursing staff. The first course offering runs from May 4 to June 15, 2026, with 22 students currently enrolled. It is open to BScN students in years 2-4 and those in the RPN-to-BScN bridge program. The course learning outcomes are aligned with the Public Health Nursing Discipline Specific Competencies[5], including:

- Public health and nursing sciences
- Assessment and analysis
- Policy and program planning, implementation, and evaluation
- Partnerships, collaboration, and advocacy
- Diversity and inclusiveness
- Communication

- Leadership
- Professional responsibility and accountability

Next Steps

- Ongoing partnership with Sault College to evaluate and refine course content based on student feedback and course evaluations to ensure alignment with learner needs and evolving public health practice.
- Sustain delivery of the PHN elective course as an ongoing option within the Sault College BScN program.
- Maintain alignment between education and workforce needs, including the established APH practice of recognizing public health nursing education or certification as an asset in recruitment and hiring processes.
- Engage APH nursing staff in competency-based learning, assessment and planning aligned with course foundations.

References

1. Ontario Ministry of Health. (2021). *Ontario Public Health Standards: Requirements, Programs, Services and Accountability*. Available from: https://www.ontario.ca/page/ontario-public-health-standards-requirements-programs-services-and-accountability
2. Vallee, K. and Flood, J. (2026). *Northern Ontario Public Health Nursing.* BSCN-Nursing, Sault College. Sault College Course Outline - Northern Ontario Public Health Nursing
3. Courtney, E., & Schofield, R. (Eds.). (2025). *Public health nursing in Canada: A comprehensive perspective on community and population health*. Canadian Scholars. https://canadianscholars.ca/
4. Algoma Public Health and ANDSOOHA: Public Health Nursing Management (2008). *Orientation: Transition to Public Health Nursing*. Orientation_Toolkit_-_Public_Health.pdf
5. Community Health Nurses of Canada (2009). *Public Health Nursing Discipline Specific Competencies Version 1.0*. Public Health Nursing Discipline Specific Competencies

Program Highlight – Algoma Public Health Living Wage Certification

Topic: Algoma Public Health Living Wage Certification

From: Hilary Gordon, Manager, School Health & Community Wellness
Kristy Harper, Director of Health Promotion & Chief Nursing Officer

Written by: Lisa O'Brien, Health Promotion Specialist

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

Healthy Equity

- The board of health shall lead, support, and participate with other stakeholders in health equity analysis, policy development, and advancing healthy public policies that decrease health inequities in accordance with the Health Equity Guideline, 2018 (or as current).

Chronic Disease and Well-Being

- The Board of Health shall develop and implement a program of public health interventions using a comprehensive health promotion approach that addresses chronic disease risk and protective factors to reduce the burden of illness from chronic diseases in the health unit population.

2021-2025 Strategic Priorities addressed in this report

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

- Inadequate income is the primary driver of health inequities and poor health outcomes.
- Employers can act to reduce working poverty by paying their employees a living wage, which is $21.10 per hour in Algoma[2].
- Algoma Public Health has demonstrated leadership for employers across our service area by becoming a certified Living Wage Employer through the Ontario Living Wage Network (OLWN).

Why become a Living Wage Employer?

The relationship between income and adverse health outcomes is well established. Inadequate income has a direct impact on overall living conditions, such as food insecurity and housing, and quality of life, including leisure time and community engagement. Between 2023-2024, household food insecurity in Algoma reached a record high of 25.6%; or 1 in 4 households[3]. Previous research has shown that nearly 60% of food insecure households in Ontario have income from employment. A 2025 study took a closer look at food insecure working households and found that 89% had a main income earner in a permanent, full-time job[5]. This indicates that stable employment does not guarantee food security, and minimum wage is falling short of providing the amount people need to make ends meet. Recently, a representative from the Salvation Army in Sault Ste. Marie advised the media in an interview that their agency is "seeing more and more working people who need help accessing healthy food"[6].

In contrast to minimum wage, a living wage better reflects the amount people need to earn to cover the actual costs of living where they live. The living wage calculation includes costs like food, clothing, shelter, childcare, transportation, medical expenses, recreation, and a modest vacation. Annual family expenses are gathered for three different household types, resulting in a before-tax income an adult would need if they were employed 52 weeks in the year at 35 hours per week.[2] As of November 2025, the living wage rate for Algoma is $21.10 per hour. This is $3.50 more than Ontario's minimum wage, which reached $17.60 per hour on October 1, 2025.

Public health is well-positioned to advance health equity work and lead by example by aligning our practices with living wage initiatives. There are six local public health agencies currently listed as Living Wage Employers on the OLWN website, including: Public Health Sudbury and Districts, Eastern Ontario Health Unit, Huron Perth Health Unit, Middlesex-London Health Unit, Southwestern Public Health, and Windsor-Essex County Health Unit. The Board of Health for Algoma Public Health has previously endorsed and advocated for income-based policies and programs, such as adequate social assistance rates, living wages, and basic income, as effective solutions to reduce food insecurity.

Living Wage Certification

The Ontario Living Wage Network (OLWN) is a group of employers, employees, non-profits, and researchers who champion a decent standard of work for all Ontario workers. OLWN calculates and updates living wage rates for the province every year in November. Certified Living Wage Employers pay a certification fee which is then used by the OLWN to advance living wage research and promote the living wage movement. Certified businesses and organizations receive public recognition through the OLWN's social media and the employer directory on their website.

Algoma Public Health (APH) signed the license agreement with the OLWN in April 2026. APH will renew certification every April and be expected to continue meeting or exceeding the living wage as it is updated and calculated yearly. As part of the certification process, compensation rates for direct full-time and part-time employees were reviewed and confirmed to exceed the threshold. Although not required by the OLWN, APH's paid practicum students also exceed the living wage threshold, and we will be working to close the gap for APH summer students in 2027.

Where applicable, contracted on-site services were also reviewed against the local living wage rate. At the time of submitting the application to the OLWN, there were no active Requests for Proposals (RFPs) issued or contract renewals underway with any vendors. All future RFPs and contract renewals where applicable will include living wage language and expectations to support awareness of our principles. APH cannot mandate compensation practices for independent employers; however, living wage considerations may form part of future procurement and vendor evaluation processes.

APH is proud to officially become the third Living Wage Employer in the Algoma District, and we are hopeful that with promotion and increased awareness, other Algoma employers may follow.

Next Steps

- Inform the community about APH's recent OLWN certification and promote living wages via local media networks, as well as through APH and OLWN social media platforms.
- Include living wage language in future Requests for Proposals for contracted services.
- Continue to demonstrate leadership and promote the significance of a living wage to employers across our service area.
- Continue to advance awareness, knowledge, and evidence informed actions that will help to address food insecurity.

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 (gov.on.ca)

2. Coleman A. Calculating Ontario's Living Wage. 2025. Ontario Living Wage Network. [Cited 2026 Apr 27]. Available from: Documentation - Ontario Living Wage Network

3. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Household Food Insecurity Snapshot. Toronto, ON: King's Printer for Ontario. [Cited 2026 Apr 27]. Available from: Household Food Insecurity Snapshot | Public Health Ontario

4. Wei, M. F., St-Germain, A. A. F., Li, T., & Tarasuk, V. 2025. What Predicts Permanent Full-Time Job Holders Being Food Insecure? Canadian Public Policy, 51(4), 443-459.

5. McGrath-Goudie, G. Algoma Food Insecurity reaches 'unprecedented high'. *SooToday.com.* March 31, 2026. Accessed April 27, 2026. https://www.sootoday.com/local-news/algoma-food-insecurity-reaches-unprecedented-high-12077404

Algoma Public Health

Statement of Operations

March 2026

(Unaudited)

Public Health Programs (Calendar)

Description	Current YTD	Current YTD Budget	YTD Budget Variance	Annual Budget	Variance % Act to Bud	Variance YTD Act to Bud
Public Health Funding, Total	3,312,008	3,160,723	-151,285	12,642,892	5%	105%
Other Funding, Total	0	0	0	0		
Levies, Total	1,318,960	1,318,960	0	5,275,840	0%	100%
Fees & Recoveries, Total	79,133	90,353	11,220	549,410	-12%	88%
Other Revenue, Total	0	0	0	0		
TOTAL REVENUE	**4,710,101**	**4,570,037**	**-140,065**	**18,468,142**	3%	103%
Salaries & Wages, Total	2,681,435	2,834,946	153,511	11,360,155	-5%	95%
Benefits, Total	741,957	794,333	52,376	2,978,820	-7%	93%
Office Expenses, Total	9,055	12,500	3,445	50,000	-28%	72%
Program Expenses, Total	282,740	282,524	-216	1,052,002	0%	100%
Professional Development, Total	13,271	18,258	4,987	73,033	-27%	73%
Travel Expenses, Total	30,811	39,181	8,371	156,726	-21%	79%
Fees & Insurance, Total	104,213	108,160	3,949	353,310	-4%	96%
Telecommunications, Total	61,472	60,421	-1,051	241,684	2%	102%
Program Promotion, Total	7,115	4,675	-2,440	18,700	52%	152%
Debt Management & Amortization, Total	114,355	114,355	0	467,000	0%	100%
Computer/IT Services, Total	187,279	198,961	11,682	795,846	-6%	94%
Facilities Expenses, Total	238,822	230,216	-8,606	920,866	4%	104%
TOTAL EXPENSES	**4,472,526**	**4,698,533**	**226,007**	**18,468,142**	-5%	95%
SURPLUS/DEFICIT	**237,576**	**-128,496**	**-366,072**	**0**		

Healthy Babies Healthy Children (Fiscal)

Description	Current YTD	Current YTD Budget	YTD Budget Variance	Annual Budget		
TOTAL REVENUE (MCCSS)	1,140,750	1,140,750	0	1,140,750	0%	100%
TOTAL EXPENSES	1,140,750	1,140,750	0	1,140,750	0%	100%
SURPLUS/DEFICIT	0	0	0	0		

Fiscal Programs (Non-Public Health)

Description	Current YTD	Current YTD Budget	YTD Budget Variance	Annual Budget		
PROVINCIAL GRANTS	166,753	166,753	0	166,753	0%	100%
OTHER FUNDING	177,447	177,447	0	177,447	0%	100%
TOTAL REVENUE	**344,200**	**344,200**	**0**	**344,200**	0%	100%
CAPC	77,447	77,447	0	77,447	0%	100%
Nurse Practitioner	166,753	166,753	0	166,753	0%	100%
Stay on Your Feet	100,000	100,000	0	100,000	0%	100%
TOTAL EXPENSES	**344,200**	**344,200**	**0**	**344,200**	0%	100%
SURPLUS/DEFICIT	**0**	**0**	**0**	**0**		

Fiscal Programs (Public Health)

PROVINCIAL GRANTS	1,476,050	1,476,050	0	1,476,050	0%	100%
TOTAL EXPENSES	1,393,787	1,476,050	82,263	1,476,050	-6%	94%
SURPLUS/DEFICIT	82,263	0	-82,263	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

March 2026

(Unaudited)

Description	Current YTD	Current YTD Budget	YTD Budget Variance	Annual Budget	Variance % Act to Bud	Variance YTD Act to Bud
MOH Program Funding - Public Health	2,530,146	2,555,452	25,306	10,221,806	-1%	99%
MOH Program Funding - 100%	579,444	590,621	11,177	2,362,484	-2%	98%
MOH Program Funding - One Time	202,418	14,651	-187,767	58,602	1282%	1382%
Public Health Funding, Total	**3,312,008**	**3,160,724**	**-151,284**	**12,642,892**	5%	105%
Levies - Sault Ste. Marie	917,354	917,354	0	3,669,417	0%	100%
Levies - District	401,606	401,606	0	1,606,423	0%	100%
Levies, Total	**1,318,960**	**1,318,960**	**0**	**5,275,840**	0%	100%
Program Fees	16,485	8,750	-7,735	35,000	88%	188%
Land Control Fees	16,235	15,000	-1,235	210,000	8%	108%
Immunization Recoveries	13,635	20,000	6,365	126,000	-32%	68%
Recoveries from Programs	8,886	11,227	2,341	36,910	-21%	79%
Interest Revenue	23,893	35,375	11,482	141,500	-32%	68%
Fees & Recoveries, Total	**79,134**	**90,352**	**11,218**	**549,410**	-12%	88%
TOTAL REVENUE	4,710,102	4,570,036	-140,066	18,468,142	3%	103%

Variance	1	(1)	(1)	-

Algoma Public Health

Comparative Balance Sheet

March 2026

(Unaudited)

	Current Balance	December 31, 2025
Cash and Investments, Total	5,410,605	3,655,860
Accounts Receivable, Total	346,502	663,904
Other Assets, Total	170,804	371,829
Fixed Assets, Total	16,806,250	16,806,250
TOTAL ASSETS	22,734,161	21,497,842
Accounts Payable - Province, Total	1,463,861	314,954
Accounts Payable, Total	1,209,662	1,174,880
Accrued Liabilities, Total	3,232,335	3,496,032
Long-term Liabilities, Total	2,498,653	2,498,653
Other Liabilities, Total	297,340	315,622
TOTAL LIABILITIES	8,701,851	7,800,141
TOTAL ACCUMULATED SURPLUS	14,032,309	13,697,700
TOTAL LIABILITIES AND EQUITIES	22,734,160	21,497,841

Notes to Financial Statements – March 2026

Reporting Period

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

Statement of Operations

Summary – Public Health and Non-Public Health Programs

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

As of March 31, 2026, Public Health calendar programs are reporting a $366K positive variance – which is driven by a $140K positive variance in revenues and a $226K positive variance in expenditures.

Public Health Revenue

Our Public Health calendar revenues are within 3% variance to budget for 2026.

For the 2026 calendar year, the province instructed public health units to plan for base funding growth of 1%. These anticipated changes are reflected within the Board of Health approved 2026 budget, however cash flow payments from the Ministry have yet to be updated to reflect the same. APH is scheduled to receive a catch-up payment related to these installments in May 2026.

Contributing to a variance in one-time Ministry funding for calendar programming, is payments related to Northern Ontario Fruit and Vegetable (NOFV) Program Expansion funding that was approved for APH for the 2025/2026 fiscal year to support scoping the program for inclusion of additional schools across the district (programming is currently only provided in elementary schools). Certainty regarding continuation of funding for this program expansion beyond March 31, 2026 is currently unknown. Further contributing to one-time Ministry funding variance is COVID-19 Vaccine Program funding that was unbudgeted for, yet approved for the period of April 2025 through March 2026.

In March 2024, the Ministry confirmed that IPAC Hub funding would continue in the 2024-25 fiscal year and in the years following, with ongoing formal planning and funding meetings to continue. This funding has been provided to hubs across the province in order to enhance IPAC practices in identified congregate care settings. In November 2025, APH received confirmation of 100% committed base funding for the IPAC Hub in the amount of $632K through the 2029-2030 fiscal year (previously funded by 50% committed base and 50% one-time funding). This funding, alongside $844K in one-time 100% funding for the 2025-2026 fiscal year to address several one-time special projects, are reflected in the public health fiscal programs.

Public Health Expenses

Salaries and Benefits

There is a positive variance of $206K associated with salaries and benefits based on ongoing position vacancies. Recruitment and retention strategies continue to be at the forefront of APH management priorities and workforce planning initiatives are reviewed monthly at the executive level.

Financial Position - Balance Sheet

APH's liquidity position continues to be stable and the bank has been reconciled as of March 31, 2026. Cash includes $2.3M in reserve funds.

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

Glossary

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

Governance Committee Report

May 5, 2026

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

Kristy Harper – Director of Health Promotion

Rick Webb – Director of Corporate Services

Trina Mount – Executive Assistant

Guests:

Corina Artuso, Indigenous Engagement Facilitator

Sarah Gaddam, Planning and Evaluation Specialist

Minutes

The Minutes of the Governance Committee meeting of March 11, 2026, were approved.

Business Arising from Minutes

Indigenous Representation in APH Governance – Corina Artuso and Sarah Gaddam presented a briefing note on possible approaches to better engage with Indigenous communities within the APH health region. It was noted that considering Indigenous representation at the governance level is part of our commitment to achieve consistency with the Truth and Reconciliation Commission Report.

The briefing note included background information on Indigenous communities within Algoma and actions taken to date. The note also provided information on possible opportunities and considerations for Indigenous voices at the governance level along with recommended actions. Following discussion, the Governance Committee agreed to the following three recommendations for Board consideration and approval:

1. That the APH Board of Health receive the briefing note as information
2. That all Board Members receive the Indigenous-led cultural safety training program that is mandatory for all APH staff
3. That the APH Governance Committee work with APH staff to develop an engagement plan with our Indigenous communities on their preferred approaches to representation at the governance level.

Strategic Planning Update

Dr. Loo reported that new strategic plan has been prepared and is currently undergoing a final review by the Strat Team prior to Board presentation.

Policy 02–05–075 – Election of Chair, Vice Chairs or Committee Members – This policy was revised to replace the section on using a secret ballot in favour of a publicly recorded vote to ensure consistency with open meeting requirements. The revised policy is recommended for Board of Health approval.

New Business

Policy 02–05–015 – Conflict of Interest – This policy was reviewed and amended to clarify that a Board Member who has declared a conflict of interest must leave the meeting and any subsequent meetings while the matter is under consideration. This amended policy is recommended for Board of Health approval.

Policy 02–05–025 – Board Member Renumeration – This policy was reviewed and is recommended for Board of Health approval subject to minor editorial corrections.

Board of Health Membership Skills Matrix – The Governance Committee agreed to work toward a new preferred Board skills matrix prior to the appointment of new members following this year's municipal elections.

Next Meeting

The next Governance Committee Meeting will be held on Tuesday, September 15, 2026.

Algoma PUBLIC HEALTH
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www.algomapublichealth.com

Briefing Note

To: The Board of Health

From: Foundations and Strategic Support Team (FASST)

Date: May 27, 2026

Re: Indigenous Membership and/or Representation at the Governance Level a
Algoma Public Health

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

ISSUE

Algoma Public Health (APH) is seeking to engage with Indigenous communities within the APH health region to determine their preferred approaches to Indigenous membership and/or representation at the governance level for APH (the APH Board of Health (APH BOH). This is to align with the Ontario Public Health Standards (OPHS) (2021), Health Equity Requirements[1] and Relationships with Indigenous Communities Guidelines (2018)[2] and with APH's ongoing Truth and Reconciliation efforts.

KEY MESSAGES

- In alignment with the OPHS (2021)[1, 2] and as part of our commitment to Truth and Reconciliation[3] APH should consider Indigenous membership and/or representation at the governance level as a component of ongoing relationship building with Indigenous communities.
- Potential approaches for Indigenous membership at the governance level include broadening the Board of Health (BOH) Skills Matrix Self-Evaluation to include health equity considerations, designating an existing municipal seat for an Indigenous person on the BOH, adding a new seat(s) for an Indigenous person to the BOH through a Provincial Appointee, adding a new seat to the BOH through Section 50 Agreement(s), and/ or creating an Indigenous Advisory Circle to the BOH. The municipal election on October 26, 2026, could be a timely opportunity to include health equity considerations to the BOH Skills Matrix should new members be appointed.
- It is vital to engage interested Indigenous partners to understand their preferred approaches to governance engagement and/or representation at APH, through the principles of respect, commitment, trust and self-determination[4].
- The APH BOH members should further assess readiness to embark on Indigenous engagement at the governance level and identify any additional supports that may help current and future BOH members create and sustain meaningful relationships with Indigenous partners at the governance level (e.g., learning on Indigenous engagement and relationship building). Considering the draft OPHS (2026), which will require mandatory cultural safety training for Boards of Health, the APH BOH should consider cultural safety training opportunities for all BOH members, to support respectful engagement and foster culturally safer practices.

RECOMMENDED ACTIONS

1. That the APH BOH receives this briefing note for information.
2. That the APH BOH prioritize foundational Indigenous-led or supported cultural safety training with follow up opportunities for reflective practice and on-going support as needed for its meaningful application, following the guidance of the Indigenous Engagement Facilitator.
3. That the APH BOH consider approaches to develop an engagement plan to build relationships with communities, particularly with Indigenous communities, about Indigenous representation and/or membership at the governance level at APH, with the help of the Foundations and Strategic Support Team.
4. That the APH BOH consider including skills and expertise related to Indigenous identity and knowledge, as well as health equity, to the BOH Skills Matrix Self-Evaluation.
5. That the APH BOH reviews opportunities for potential Indigenous membership and/or representation at the governance level.

BACKGROUND: APH INDIGENOUS ENGAGEMENT AT THE OPERATIONAL LEVEL

This section provides an overview of the Indigenous communities within the APH health region and examples of APH activities that support Truth and Reconciliation. A glossary of highlighted terms is included in the Appendix.

Indigenous communities across Algoma

14.3% of people within the Algoma region self-identify as Indigenous, including First Nation (8.8%), Métis (5.0%) and Inuit (0.05%)[5]. APH is connected with eight First Nation communities – Michipicoten, Missanabie-Cree, Batchewana, Garden River, Thessalon, Mississauga, Serpent River, and Sagamok First Nations, as well as the Huron-Superior Regional Métis Community, represented by the Historic Sault Ste. Marie Métis Council and the North Channel Métis Council as part of the Métis Nation of Ontario. APH is also connected with urban and rural Indigenous communities. Each community is unique and has its own history and experiences.

Working together to improve health: APH activities that support Truth and Reconciliation

Our approach

APH recognizes the historic and contemporary intergenerational traumas imposed by colonialism and is committed to working in **culturally humble**, **trauma-informed** ways to **address anti-Indigenous racism**, and to **promote cultural safety**. Guided by the principles of respect, commitment, trust, and self-determination[4], APH connects with Indigenous partners to learn about their self-determined public health needs and priorities. Together, we identify if there are ways we can work together throughout public health programs and services, and collaborative projects.

The Indigenous Engagement Facilitator at APH

The Indigenous Engagement Facilitator (IEF) at APH functions in an ambassador role to Indigenous communities and partners. The IEF also supports internal capacity building for meaningful relationships and partnerships between APH, local Indigenous communities, and local, provincial and federal Indigenous health service organizations.

The Truth and Reconciliation Action Committee (TRAC) at APH

The Truth and Reconciliation Action Committee (TRAC) advances program, organizational and community-level action toward the shared goal of Truth and Reconciliation. TRAC is comprised of membership across the agency to support the development, implementation and evaluation of APH's Truth and Reconciliation Strategy. TRAC also functions as a source of connection and support for Indigenous engagement across the organization.

Cultural safety training and experiential learning at APH

- As a starting point, all APH employees are required to participate in mandatory Indigenous-led cultural safety training to support an ongoing journey towards **cultural humility** and **cultural safety**. This includes Naanookshkaans Do Kinoomaagewin's (Hummingbird Teaching and Consulting) cultural safety training and smudging learning sessions, as well as Shingwauk Indian Residential Schools Truth Walks. Pending Indigenous partner capacity, additional cultural safety training opportunities may include the Shingwauk Kinoomaage Gamig Tour, Métis Nation of Ontario Heritage Centre Tour and the Maamwesying Ontario Health Team Public Health focused cultural safety Kaizen events.
- Employees are encouraged to participate in ongoing cultural safety learning and self-reflection, such as the Fundamentals of the First Nations Principles of Ownership, Control, Access, and Possession (OCAP) course about Indigenous data sovereignty, San'yas Anti-Racism Indigenous Cultural Safety Training Program, and Indigenous Days of Significance (e.g., National Indigenous Languages Day, National Indigenous History Month/National Indigenous Peoples Day, and National Day for Truth and Reconciliation, etc.) Some examples of previous opportunities include the Maamwesying Ontario Health Team Agreement Signing Ceremony/Kaizen Event, Robinson Huron Treaty Annuity Settlement Info Session, Cultural Sensitivity Training with Sam and Ron Consulting, and the Board-led participation in a Reconciliation Education Course.
- A checklist to support quality Indigenous-led or Indigenous-supported professional development (PD) was created to encourage employee participation and self-reflection in PD, including experiential in-community learning, and Indigenous relationship-building opportunities.

Culturally safer spaces and places for Indigenous Peoples at APH

- APH collaborated with Indigenous partners and language carriers to include Anishinaabemowin and Illilimowin (Cree) on APH building signs and to showcase local Indigenous artwork and APH's land acknowledgement in all APH office entryways. In this way, we show respect for the original Peoples of this land and our shared focus on health equity.
- In addition, APH developed a smudging policy and procedures to ensure **culturally safer** spaces for employees, clients, and community partners who identify as Indigenous to experience the support of their cultures, including but not limited to, smudging and other ceremonies; and with the support of a local Indigenous knowledge carrier, APH is growing traditional Indigenous medicines.

Examples of ways we are working together in community

- APH signed a collaborative partnership agreement with the Maamwesying Ontario Health Team (MOHT). The MOHT is an Indigenous-led and Indigenous-informed Ontario Health Team that includes all the First Nations communities aligned with APH, as well as the urban Indigenous populations in Sault Ste. Marie.
- APH programs also have unique connections with local Indigenous communities. For example, the Oral Health team has had service agreements with a First Nation to deliver the Children's Oral

Health Initiative; the Healthy Growth and Development team has an agreement with a First Nation to deliver Healthy Babies Healthy Children and other early years programs; the Infectious Diseases and Environmental Health teams maintain workflows to add clarity for roles and responsibilities of APH, communities, and Indigenous Services Canada; the Immunization team has aligned public health nurses to support each First Nation community; the APH Community Wellness team has Memorandums of Understanding for distribution of harm reduction supplies and contracted service agreements for distribution of naloxone kits with multiple First Nations and Indigenous service providers.

- FASST is drafting a relational scorecard in collaboration with a First Nation Health Centre. First Nation health partners will pilot the scorecard to share their perspectives on how well APH implemented the wise principles and practices[4] in our collaborative work. This will identify what is working well and where there are opportunities for growth and improvement. Once the pilot is complete, it will be shared with all interested Indigenous health partners connected with APH for their consideration and use.
- TRAC and local Anishinaabe-kwe artist, Lucia Laford, are engaging interested Indigenous health partners across Algoma to create a collaborative art piece that reflects our ongoing journey together towards Truth and Reconciliation. This engagement is also an opportunity to gather feedback from partners on APH's Truth and Reconciliation strategy development and ensure the art piece and our strategy are connected in meaningful ways.

OPPORTUNITIES AND CONSIDERATIONS FOR INDIGENOUS VOICES AT THE GOVERNANCE LEVEL

Potential opportunities for Indigenous representation at the governance level for APH are included in Table 1 with some examples from health system organizations and key considerations for APH. This information was synthesized from:

- A literature review of current approaches to incorporate Indigenous representation at a governance level in public health and other sectors;
- An environmental scan of publicly available public health unit information; and
- Conversations with public health units.

It is vital to engage interested Indigenous partners on these potential opportunities by applying the principles of respect, commitment, trust, and self-determination[4]. This will provide a foundation for understanding Indigenous partners' preferred approaches to Indigenous representation at the governance level at APH.

Table 1: Opportunities for Indigenous membership and/or representation at the governance level with some examples from different organizations and key considerations for APH. These opportunities are illustrative and not exclusive; multiple initiatives may be pursued.

Opportunities for Indigenous Representation at the APH BOH	**Examples from health system organizations**	**Key Considerations for APH**
Broadening the APH BOH Skills Matrix to	N/A	APH's BOH currently uses a skills matrix to outline key skills/experiences for its members. It does not yet include

include health equity considerations		skills/experiences linked to health equity, which are important to APH's commitment to the shared goal of Truth and Reconciliation. The skills matrix could be expanded to include health equity skills/experiences such as Indigenous identity, knowledge of local Indigenous communities, experience working with local Indigenous communities, and Indigenous-led cultural safety training. • Note that the draft 2026 OPHS requirements under *Good Governance and Management* include mandatory cultural safety training for Boards of Health. More information is included in the OPHS section of this report. • 2026 represents a timely opportunity to include health equity considerations to the BOH Skills Matrix as new members may be appointed to the BOH following the municipal election on October 26, 2026.
Designating an existing municipal seat for an Indigenous Person	Public Health Sudbury and Districts (PHSD): Allocates one municipal appointment/"seat" for an Indigenous person. • PHSD called on municipalities with multiple BOH appointments to allocate one of their seats for Indigenous membership, highlighting the importance of having a person grounded in Indigenous community from the territory, with lived experience, residing in the PHSD area. • A letter of request was sent to the municipality (i.e., Sudbury), Chief and Council, and the Ministry of Health; the Sudbury municipality allocated one of their three seats to an Indigenous member. • PHSD also put notice to the Association of Local Public Health Agencies (alPHa), that all PHUs should appoint an Indigenous representative.	According to the *Health Protection and Promotion Act*[6], the Board of Health for the District of Algoma Health Unit shall have eight municipal members. • The APH municipality with more than one appointment/seat is the City of Sault Ste. Marie. • APH could approach the Municipal Council of Sault Ste. Marie to consider allocating one of their three BOH appointments/seats for Indigenous membership.

Adding an additional Provincial Appointee(s) that is an Indigenous person	Requesting an Indigenous Provincial Appointee • The BOH may identify a prospective member and have them apply to become a Provincial Appointee through the provincial appointee application process. • Approval of provincial appointees ultimately rests with the province. • The province may also identify and appoint Provincial Appointees to local BOHs.	According to the *Health Protection and Promotion Act*[6], the Board of Health of the District of Algoma Health Unit can have up to seven Provincial Appointees. • APH could submit a request to the province for an Indigenous Provincial Appointee as identified by the BOH. • Liaising with a local government MPP has been helpful with a successful provincial appointment process.
Adding a new seat to the APH BOH through Section 50 Agreement(s)	Legacy Peterborough Public Health (currently Lakelands Public Health*): Formal Section 50 Agreement with First Nations communities.[7] • Peterborough Public Health had Section 50 agreements with two local First Nation communities.	According to the *Health Protection and Promotion Act*[6], under Section 50, First Nations communities can enter into formal agreements with Boards of Health, whereby: • The board agrees to provide health programs and services to members of the First Nation community; • The First Nation Council agrees to accept the responsibilities of a municipality within the health unit, including paying the municipal levy; • The First Nation Council may appoint a member of the community to sit on the board of health.[2] • First Nations communities can have Section 50 agreements with PHUs; this does not apply to other Indigenous communities. • APH is in service of eight First Nation communities; APH could develop Section 50 agreements with each interested First Nation community. • There may be federal and provincial considerations for First Nations communities to assess as part of entering into these agreements.

Creating an Indigenous Advisory Circle to the APH BOH	Lakelands Public Health*: Indigenous Health Advisory Circle (IHAC)[8] • The Circle is a committee to the BOH. • The IHAC provides a forum for Circle Members to propose public health-related agenda items for the BOH to consider that are of importance to Indigenous people living within the catchment area. • The IHAC is composed of a minimum of three Board Members in addition to the Chair (ex-officio member). The Board seeks community members representing the broader Indigenous interest-holder community as it pertains to issues of Indigenous health.	• An Advisory Circle could be inclusive of all Indigenous communities within APH. • Remuneration for community members appointed to an Advisory Circle should be considered[9-11].
	Indigenous Wellbeing Advisory Circle, "The Circle" (Hamilton)** • The Circle serves as a consulting resource for non-Indigenous organizations and service providers, offering expertise and Indigenous cultural perspectives to ensure health initiatives and programs are inclusive. • Core membership includes Indigenous Peoples from the area with experience in health, which happens to include Hamilton Public Health's Indigenous Health Strategy Specialist.	• The Circle was created at the request of Indigenous communities to address the overburden they were experiencing to consult with various health system partners. • If this need was identified by Indigenous partners, there could be an opportunity for APH to create a similar network for local non-Indigenous organizations and service providers. • For awareness, the Baawaating Indigenous Advisory Circle functions as a local Indigenous consulting resource for the City of Sault Ste. Marie and addresses concerns identified by Indigenous community leaders.
Footnotes: *Peterborough Public Health merged with Haliburton, Kawartha, Pine Ridge District Health Unit and is now titled Lakelands Public Health. **Email communication with Hamilton Public Health; IHAC Terms of Reference shared with APH.		

ASSESSMENT OF RISKS AND MITIGATION

In the absence of a thoughtful and Board-approved engagement process on the opportunities for Indigenous representation at the APH governance level, there could be risk to relationships with Indigenous communities. This can be mitigated by following wise principles of respect, commitment, trust, and self-determination and best practices for engagement such as collaborating with Indigenous

communities and partners in the creation of an engagement plan on this topic. Identifying and addressing additional BOH orientation and educational needs with regards to Indigenous cultural safety, engagement best practices, and relationship building may also mitigate risks to APH relationships with Indigenous communities.

OPHS STANDARDS

The OPHS are under review, and updated standards are to be released for 2026 implementation. Drafts for the updated OPHS indicate stronger direction and more prescriptive language for health equity work, particularly for Indigenous Communities and Organizations. The OPHS (2021) requirements are included as well as draft OPHS (2026) requirements that related to Indigenous representation at the governance level.

OPHS (2021), Health Equity Requirement 3: The board of health shall engage in multi-sectoral collaboration with municipalities and other relevant stakeholders in decreasing health inequities in accordance with the Health Equity Guideline, 2018 (or as current). Engagement with Indigenous communities and organizations, as well as with First Nation communities striving to reconcile jurisdictional issues, shall include the fostering and creation of meaningful relationships, starting with engagement through to collaborative partnerships, in accordance with the Relationship with Indigenous Communities Guideline, 2018 (or as current).

OPHS (2021), Good Governance and Management Practices Domain Requirement 10: The board of health shall engage in relationships with Indigenous communities in a way that is meaningful for them.

OPHS (2026, draft), Health Equity Requirement 4: The board of health shall, in accordance with the Relationship with Indigenous Communities Protocol, 2026 (or as current): a) Engage with First Nations, Inuit, Métis and Urban Indigenous (FNIMUI) communities and organizations to foster and create meaningful relationships, starting with engagement through to collaborative partnerships; and b) Support the delivery of mutually agreed upon public health programs and services, as per the OPHS, with FNIMUI communities and organizations while respecting FNIM sovereignty, self-determination, and existing federal relationships and treaty obligations.

OPHS (2026, draft), Good Governance and Management Requirement 3: The board of health shall ensure that board members are aware of their roles and responsibilities and emerging issues and trends by ensuring the development and implementation of a comprehensive orientation plan for new board members and a continuing education program for board members. This includes participation in Indigenous-led cultural safety training.

OPHS (2026, draft), Good Governance and Management Requirement 10: The board of health shall engage in relationships with First Nations, Inuit, Métis and urban Indigenous communities in a way that is meaningful, grounded in respect, reciprocity, and trust, while acknowledging the perspectives of First Nations, Inuit, Métis, and urban Indigenous communities.

APH STRATEGIC DIRECTIONS

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

c. Work with priority populations to develop a shared, holistic understanding of community health needs.

#2: Improve the impact and effectiveness of APH programs.
d. Meaningfully engage clients, partners, and communities based on shared goals and accountabilities.

#3: Grow and celebrate an organizational culture of learning, innovation, and continuous improvement.
b. Engage staff and external partners in the evolution of our public health role in Algoma communities.

APPENDIX - Glossary of Definitions

Indigenous Peoples: Collective name for the original Peoples of North America and their descendants. The Canadian Constitution recognizes three groups of Indigenous Peoples: First Nations (status and non-status Indians), Métis, and Inuit. Ontario's current practice is to use the term Indigenous when referring to First Nations, Métis and Inuit Peoples as a group, and to refer to specific communities whenever possible.[(2)]

Anti-Indigenous racism (AIR): "the ongoing race-based discrimination, negative stereotyping, and injustice experienced by Indigenous peoples within Canada. It includes ideologies and practices that contribute to the establishment, maintenance, and perpetuation of power imbalances, structural obstacles, and inequitable results in Canada as a result of colonial policies and practices. Discriminatory government laws like the *Indian Act* and the residential school system demonstrate systemic anti-Indigenous racism. It also manifests itself in Indigenous peoples' overrepresentation in provincial criminal justice and child welfare systems, as well as inequitable education, well-being, employment opportunities, and healthcare"[(12)].

Cultural Safety is an outcome based on respectful engagement that addresses power imbalances inherent in the health system[(13)]. The result is an environment free of racism and discrimination, where people feel safe when receiving care[(14)]. Cultural safety requires professionals and their associated health organizations to develop **cultural humility** and "influence [health systems] to reduce bias and achieve equity within the workforce and working environment" [(15)].
Note: In our cultural safety work, we use the term "**culturally safer"** spaces instead of "culturally safe" spaces. "It's not trauma-informed to promise that any space is inherently safe. Because safety is personal. Each of us brings our own lived experiences, identities, and traumas into the spaces we occupy. What feels safe to one person might feel uncomfortable, disorienting, or even harmful to another." Working toward creating culturally safer spaces refers to our "commitment to try—to take responsibility, to repair when needed, and to orient toward practices that reduce harm and build trust over time"[(16)].

Cultural Humility: is a practice that enables cultural safety. "It is a process of self-reflection to understand personal and systemic biases, and privilege to develop and maintain respectful processes and relationships based on mutual trust. . Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience, and dismantling power imbalances"[(14)].

Cultural safety and **cultural humility** are interrelated concepts that encompass "a critical consciousness where [health professionals and organizations] engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by [clients] and their communities, and as measured through progress towards achieving health equity"[(15)].

Trauma-informed: Trauma informed professionals understand the impacts and root causes of intergenerational trauma (i.e., residential school experiences), recognize the symptoms of trauma and integrate this knowledge into policies, procedures, practices and settings[17]. Trauma-informed services do not need to focus on treating trauma symptoms but rather provide services in a manner that is welcoming and appropriate to the special needs of those affected by trauma[18]. An Indigenous trauma-informed approach involves being responsive to the historic and contemporary intergenerational traumas imposed through colonization. For example, "a critical difference in addressing traumas as a result of [Indian Residential School (IRS) system] from other forms of trauma is the loss of cultural identity and practices and loss of language experienced by IRS survivors." For some, cultural reconnection may be part of their healing journey, such as (re)learning cultural teachings and practices[19].

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Election of Chair, Vice-Chairs or Committee Members

REFERENCE #:	02-05-075	**DATE:**	Original: Sep 27, 2017 Reviewed: Mar 27, 2019
APPROVED BY:	Board of Health		Revised: Mar 24, 2021 Revised: May 25, 2022
SECTION:	Policies		Reviewed: Mar 27, 2024 ~~Reviewed~~Revised: TBD

PURPOSE

1. To ensure that the Board of Health for the District of Algoma Health Unit (the Board) utilizes fair, reasonable and efficient methods to elect its Chair, Vice-Chair, and appoint committee members.

2. To promote the involvement of all Board members by encouraging participation on standing committees.

3. To ensure representation from across the entire district on each committee to allow for an authentic voice in discussions.

4. To detail the process to elect the Chair of the Board, the First Vice-Chair of the Board (Chair of the Finance and Audit Committee), the Second Vice-Chair of the Board (Chair of the Governance Committee), and to appoint the two Standing Committee members, Governance Committee and Finance and Audit Committee at the first meeting of the Board each year.

5. To hold the election/selection process at the first meeting of every year.

6. It is the policy of Algoma Public Health to follow all applicable regulations as set out in the Municipal Act and the Health Promotion and Prevention Act when conducting elections at APH.

Nominations for Chair of the Board, First Vice Chair/Chair of Finance Committee and Second Vice Chair/Chair of Governance Committee

The Secretary to the Board will send a call out for expressions of interest by email for nominations prior to the first Board meeting of the new year.

Candidates may nominate themselves or another Board member for any position. Seconders are not required. If the number nominated is equal to the number of positions available at hand, then the member(s) will be considered acclaimed. If the number nominated is more than the number of positions available at hand, then a formal election process will be held. A call for nominations will occur three times.

PROCEDURE

Call for Nominations

Board Chair / MOH/CEO or Delegate:

1. Call for nomination to the seat at hand.
   "Nominations are now open for the position of_____. This is the first call." Any names are written down. "This is the second call for nominations for the position of _____."

New names are noted. "This is the third and final call for nominations for the position of _____." Final names are recorded. "Nominations are closed for the position of _____."

2. Once the nomination call is completed, nominees will be asked if they accept the nomination. "_____, you have been nominated for the position of _____. Do you accept the nomination to stand?" Any nominee that does not accept will have their name removed from the nomination call list.

3. If only one is received, that person is acclaimed for the position. If more than one nomination is received, a formal election process will take place. See Election of Board Chair or Board Vice-Chair.

Election of Board Chair

MOH / CEO or Delegate:

4. Read out the names of the candidates in the order they were nominated.

5. Each member will have up to two minutes to explain their candidacy platform.

6. ~~The vote will be conducted by secret ballot. Each board member will write the candidate they are voting for on a piece of paper.~~
Each member present shall on a sheet of paper simultaneously indicate the name of the applicant they are voting for and sign the same. In an electronic meeting the sheets shall be displayed on the members' screens simultaneously.

   The MOH/CEO shall announce the name and vote of each member and the vote result. The Board Secretary shall record the result, including how each member voted.

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7. In the event of a tie, the other nominees will be dropped from the vote and a re-ballot will occur with the remaining nominees.

8. In the event of a tie for the seat still exists after a second ballot, the tied members' names will be put into a container and a name drawn out.

9. Successful candidates of the election process will be considered appointed to the seat at hand.

10. Should no one be nominated for the position of Board Chair, the process will continue for the remaining positions of the Vice-Chairs.

11. The First Vice-Chair would then become the acting Chair until that position is filled formally.

Election of Board Vice-Chairs

Elected Board Chair

1. Takes charge of the meeting and proceeds with the election of the Vice-Chairs
.
2. Follow the same procedure for electing a chair.

Selection Procedure for Committee Members

Board Chair

1. Call for names to be submitted of Board members interested in sitting on a specific committee.

Board Members

2. Submit a form with their name or verbally notify the Board Chair and provide any information they believe is pertinent to being selected for a committee.

Board Chair and Vice-Chairs

3. Collect completed forms of interested board members and discuss who will be on each committee

4. Members will be placed on one committee to allow for the most possible people to take part.

Should there remain any vacancies on the committees, they will be filled by appointment through application to the Chair and Vice-Chairs and serve the remainder of the term of the committee.

REFERENCES

- Bylaw 95-1 To Regulate the Proceedings of the Board

Conflict of Interest Policy

REFERENCE #: 02-05-015

APPROVED BY: Board of Health

SECTION: Policies

DATE: Original: Jan 18, 1955
Revised: Jun 24, 2020
Revised: Sep 23, 2020
Revised: Sep 28, 2022
Revised: May 22, 2024
Revised: TBD

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1.0 POLICY

Each member of the Board of Health has an obligation to avoid ethical, legal, financial or other conflicts of interest and to ensure that their activities and interests do not conflict with their obligations to the Board of Health of the Algoma District Health Unit (operating as Algoma Public Health) or its welfare.

It is the responsibility of the individual to disclose any conflicts of interest to the meeting. If there is any doubt as to a perception of conflict, the member shall discuss with the Chair and/or the Board of Health. A board member should not use information that is not public knowledge obtained as a result of their appointment for personal benefit. No board member should divulge confidential information obtained as a result of their appointment unless legally required to do so. A board member shall remove oneself from the Board of Health if employment at APH is being sought.

2.0 PURPOSE

2.1. Assist individual board members in determining when their participation in a board decision/discussion has the potential to be used for personal or private benefit, financial or otherwise;

2.2. Protect the integrity of the board as a whole and its members by following the Conflict of Interest Policy.

3.0 DEFINITIONS

3.1. A **conflict of interest** situation arises when a member, either on their own behalf or while acting for, by, with or through another, has any direct or indirect non-pecuniary or pecuniary interest in any contract or transaction with the board or in any contract or transaction that is reasonably likely to be affected by a decision of the board. Where the board member or their close relative or friend or affiliated entity uses the board member's position with APH to advance their personal or financial interests.

3.2. **Actual conflict of interest**:
A situation where a board member has a private or personal interest that is sufficiently connected to their duties and responsibilities as a board member that it

influences the exercise of these duties and responsibilities. A narrow legal conflict of interest exists when the individual or immediate family member stands to gain or lose money personally because of a decision before the Algoma Public Health Unit – e.g. self or immediate family member being considered for employment or contract for services;

3.3. Perceived conflict of interest:
A situation where reasonably well-informed persons could have a reasonable belief that a Board member may have an actual conflict even where that is not the case, in fact. When someone looking in from the outside perceives that an individual used their influence to get Algoma Public Health Unit to make a decision that favoured someone or a group with whom the Board member has affinity. e.g. a contract being awarded to a neighbour, someone they went to school with, or their local community

3.4. Pecuniary interest:
Includes any matter in which the member has a financial interest or in which the financial interests of the member may be affected and save and except for interests which the member may have which is an interest in common with electors generally or their honorarium arising from membership on the board or as a user of services of the board in like manner and subject to the like conditions as are applicable to persons who are not members

3.5. Indirect pecuniary interest:
A member has an indirect pecuniary interest in any matter in which the council or local board, as the case may be, is concerned, if; the member or their nominee,

- **a.** is a shareholder in, or a director or senior officer of, a corporation that does not offer its securities to the public,
- **b.** has a controlling interest in or is a director or senior officer of a corporation that offers its securities to the public, or
  - **i.** is a member of a body that has a pecuniary interest in the matter; or
  - **ii.** is one step removed from the individual where there is a financial gain, e.g. Director/Officer is an officer or executive of a potential supplier or landlord of a charity where the Algoma Public Health Unit is a major donor.
- **c.** the member is a partner of a person or is in the employment of a person or body that has a pecuniary interest in the matter.

4.0 PROCEDURE

4.1. At the beginning of every Board/Committee meeting, the Board Chair shall ask and have recorded in the minutes whether any board member has a conflict to declare in respect to any agenda item.

4.2. If a board member believes that they have an actual or perceived conflict of interest in a particular matter, they shall;

a. disclose the interest and the general nature thereof prior to any consideration of the matter at the meeting.

b. not take part in the discussion of or vote on any question in respect of the matter.

c. not attempt in any way to influence the voting or do anything which might be reasonably perceived as an attempt to influence other councillors or committee members or the decision relating to that matter.

~~**c.**~~**d.** Lleave the meeting or the part of the meeting during which the matter is under consideration and for any subsequent motion. ~~if the meeting is not open to the public~~.

~~**5.0** Where the interest of a member has not been disclosed as required by subsection 4.2 by reason of the member's absence from the meeting referred to therein, the member shall disclose the interest and otherwise comply with subsection 4.2 at the first meeting of the board attended by the member after the meeting referred to in subsection 4.2.~~

5.0 Where a member has failed to disclose an interest as required under subsection 4.2 by reason of the member's absence from the meeting at which consideration of the matter occurred, the member shall disclose the interest at the first meeting of the board attended by the member for recording in the minutes and shall otherwise comply with subsection 4.2.

6.0 At a meeting at which a member discloses an interest under section 4.2 or as soon as possible afterwards, the member shall file a written statement of the interest and its general nature to the Board Chair or affected committee.

7.0 Where a member, either on their own behalf or while acting for, by, with or through another, has any pecuniary interest, direct or indirect, in any matter that is being considered by the board, shall not use their position in any way to attempt to influence any decision or recommendation that results from consideration of the matter.

8.0 Where a board or committee member believes that another member has a conflict of interest that has not been declared despite any appropriate informal communications, the first member shall advise an appropriate person such as the Chair of the Board or affected committee.

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9.0 Where a board or committee member believes that another Board or committee member has acted in or is in an ongoing conflict of interest, they shall advise in writing an appropriate person such as the Board Chair or affected committee.

10.0 In situations where a board member declares a perceived conflict of interest, the board will determine by majority vote whether the member(s) participate in the discussion and vote on the item. The minutes should reflect the discussion and the board decision on the matter. Alternately the board member may decide on their own accord to not participate in the discussion and to not vote on the agenda item in question.

11.0 Prior to seeking employment with programs administered by the board, the member shall provide a letter of resignation; however, the member may seek re-appointment if not successful in the job competition.

12.0 Where a conflict of interest is discovered during or after consideration of a matter, it is to be declared to the board at the earliest opportunity and recorded in the minutes.

13.0 If the board determines that the involvement of the member declaring the conflict influenced the decision on the matter, the board shall re-examine the matter and may rescind, vary, or confirm its decision. Any action taken by the board shall be recorded in the minutes.

14.0 Where there has been a failure on the part of a board member to comply with this policy unless the failure is the result of a bona fide error in judgement as determined by the board; the board shall request that the Board Chair;

- **a.** Issue a verbal reprimand; or
- **b.** issue a written reprimand; or
- **c.** request that the board member resign or seek dismissal of the board member based on regulations relevant as to how the board member was appointed.

Board Member Remuneration for Expenses for Attendance at Meetings and Conferences Policy

REFERENCE #: 02-05-025

APPROVED BY: Board of Health

SECTION: Policies

DATE: Original: Mar 20, 2002
Revised: Nov 13, 2019
Reviewed: Sep 22, 2021
Revised: Sep 28, 2022
Revised: May 22, 2024
Revised: TBD

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1. PURPOSE

Remuneration for attendance at Board of Health and committee meetings.

2. POLICY

2.1. Board members' attendance at meetings is verified by the attendance taken at the meeting and confirmed by the chair. Accurate attendance is also recorded in the minutes.

2.2. Payment of remuneration is issued to Board members as soon as possible after the verification of attendance by the chair of the Board/Committee.

2.3. In accordance with Part VI of the *Health ~~and~~ Protection and Promotion Act* (HPPA) Section 49, (4), "A board of health shall pay remuneration to each member of the board of health on a daily basis, and all members shall be paid at the same rate. R.S.O. 1990, c. H.7, s. 49 (4)."

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2.4. In accordance with the HPPA Section 49 (6) "The rate of the remuneration paid by a board of health to a member of standing committee of a municipality within the health unit served by the board of health, but where no remuneration is paid to members of such standing committees the rate shall not exceed the rate fixed by the Minister and the Minister has power to fix the rate. R.S.0. 1990, c. H.7, s. 49 (6)"

2.5. In accordance with HPPA Section 49 (11) "Subsections (4) and (5) do not authorize payment of remuneration or expenses to a member of a board of health, other than the chair, who is a member of the council of a municipality and is paid annual remuneration or expenses, as the case requires, by the municipality. R.S.O. 1990, c. H.7, s. 49 (11)"

2.6. Adhering to the above-mentioned sections of the HPPA, remuneration is paid for the following authorized activities:

a. Attendance at regular and/or special Board of Health meetings, including teleconference meetings.

b. Attendance at Standing Board Committee meetings, including teleconference

meetings.

c. Attendance at the health unit at the request of the MOH or designate to fulfill duties related to the responsibilities of the Board Chair.

2.7. The Board Chair shall receive extra remuneration as described in this policy for the performance of additional duties associated with the position of Board Chair.

2.8. Payment of remuneration will be identified as to which function is being reimbursed when provided to the board member.

3. Remuneration for Attendance at Board of Health Functions

3.1. Remuneration at Board of Health functions apply only to those board members who normally receive a daily meeting rate from the Board of Health.

3.2. The categories of official Board of Health functions to which the daily remuneration rate will apply are as follows:

a. Attendance as a voting delegate to any annual or general meeting of alPHa;

b. Attendance as the official representative of the Board of Health at a local or provincial conference, briefing or orientation session, information session, or planning activity, with an expectation that a written report will be tabled with the board.

3.3. For example:

a. A briefing session with the Minister of Health or the Public Health Branch on a public health issue.

b. Attendance at a local workshop, information session or Task Force on a board-related issue such as Long-Term Care Reform.

c. An alPHa-sponsored committee, task force, workshop, etc., at which board attendance is specifically requested and which is not recompensed from other sources.

d. Others at the discretion of the Chair, subject to ratification by the board.

3.4. This rate does not apply to any workshop, seminar, conference, public relations event, APH program event or celebration, which is voluntary and does not specifically require official board representation.

3.5. The board member remuneration, as described below, will be effective each January. The remuneration may be increased each year by resolution and vote of the board, and the increase will be no greater than the % change in the consumer price index for the previous year as determined by Statistics Canada.

~~**3.6.** This rate does not apply to any workshop, seminar, conference, public relations event, APH program event or celebration, which is voluntary and does not specifically require official board representation.~~

~~**3.7.** The board member remuneration, as described below, will be effective each January. The remuneration may be increased each year by resolution and vote of the board, and the increase will be no greater than the % change in the consumer price index for the previous year as determined by Statistics Canada.~~

Attendance at board and committee meetings (in person or electronically)	$110	meeting 4 hours or less
Attendance as above (including travel time)	$150	meeting and travel time greater than 4 hours
Attendance at conferences	$180	per day
Additional duties of Board Chair		Apply the appropriate meeting rate for any required attendance at the request of the MOH.

4. Expenses

4.1. Expenses are recognized for attendance at Board of Health meetings and functions for which remuneration would apply in accordance with HPPA Section 49 (5) “A board of health shall pay the reasonable and actual expenses of each member of the board of health. R.S.0. 1990, c. H.7, s. 49 (3)”.~~2.~~ Expenses a~~A~~re not recognized for board members other than the Board Chair who are members of the council of a municipality and are paid expenses by the municipality in accordance with HPPA Section 49 (11) as identified in this policy.

4.2. The rate of reimbursement for the use of a personal automobile is the kilometre rate as per the current Travel Policy 02-05-020.

4.3. Travel Expense Claim Form is used to claim:

- **a.** Kilometres travelled for attendance at board functions (conferences, conventions or workshops).
- **b.** Reasonable and actual expenses incurred respecting transportation (air, car, train, bus), accommodation, meals, parking, taxis, and registration fees. Receipts are required. Refer to Travel Policy 02-05-20.

4.4. Once submitted, Board/MOH Expenses are to be approved as follows:

- **a.** The Board Chair expenses will be approved by the Chair of the Finance and Audit Committee.
- **b.** Board member expenses will be approved by the Board Chair or delegate.
- **c.** MOH and/or CEO expenses will be approved by the Board Chair or delegate.

4.5. Eligible expenses are reimbursed for board members only.

Public Health
Santé publique
SUDBURY & DISTRICTS

April 24, 2026

VIA ELECTRONIC MAIL

Honourable Sylvia Jones
Deputy Premier and Minister of Health of Ontario
Ministry of Health
5th Floor, 777 Bay Street
Toronto, ON M5G 2C8

Dear Honourable Minister Jones:

Re: Endorsement of Algoma Public Health Position Statement on Infant Hepatitis B Vaccination

On behalf of the Board of Health for Public Health Sudbury & Districts, we thank your government for its continued leadership in protecting children's health through publicly funded immunization programs, including the recent introduction of infant RSV immunization which is keeping children healthy and out of hospitals.

We write to advise you of our Board's recent endorsement of Algoma Public Health's call for hepatitis B vaccination to be moved from Grade 7 to infancy, through introduction of the combined DTaP-HB-IPV-Hib vaccine into Ontario's publicly funded immunization schedule (see enclosed).

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In Ontario, hepatitis B is responsible for the fourth highest burden of years of life lost among infectious diseases.[1] The current Grade 7 hepatitis B vaccination program delivered by local public health prevents over 90% of hepatitis B infections in older ages, which means less chronic illness and fewer liver cancers. Economic modelling[2] shows that the current vaccination program is cost-saving by preventing chronic hepatitis B, liver cancer, and related deaths that would otherwise require lifelong treatment and hospitalization.

Prior to grade 7 vaccination, however, children are not immune to hepatitis B. And the risk of chronic illness, liver cancer, and death is much greater for children infected with hepatitis B than adults. Moving to vaccination of newborns rather than at Grade 7 would further reduce the illness and health care burden caused by hepatitis B.

Ontario research[3] shows that a newborn vaccination program could prevent much of the current remaining burden of disease:

- 16.1% of hepatitis B infections
- 43.2% of chronic hepatitis B illness
- 48.2% of liver cancers
- 51.9% of hepatitis-B related deaths.

In addition to relieving the suffering of children and families, such a program would save millions of dollars in health care costs, simplify the complexity of vaccination schedules for families, and align Ontario with other Canadian jurisdictions at the forefront of vaccination.
This evidence-informed change aligns with Ontario's priorities in prevention, supporting children, and reducing health care costs. We respectfully encourage the Ministry of Health to update the immunization schedule and to engage public health partners in implementation planning.

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[1] Kwong JC, Ratnasingham S, Campitelli MA, et al. The Impact of Infection on Population Health: Results of the Ontario Burden of Infectious Diseases Study. PLOS ONE. 2012;7(9):e44103. doi:10.1371/journal.pone.0044103
[2] Biondi MJ, Estes C, Razavi-Shearer D, et al. Cost-effectiveness modelling of birth and infant dose vaccination against hepatitis B virus in Ontario from 2020 to 2050. *CMAJ Open*. 2023;11(1):E24-E32. doi:10.9778/cmajo.20210284
[3] Kim JJ, Alsabbagh W, Wong WWL. Cost Effectiveness of Implementing a Universal Birth Hepatitis B Vaccination Program in Ontario. Pharmacoeconomics. 2023;41(4):413-425. doi:10.1007/s40273-022-01236-5

We would welcome the opportunity for our staff to support this change in any way helpful, including sharing local operational insights and considerations to support a smooth and effective transition.

Sincerely,

Mark Signoretti
Chair, Board of Health

cc: Dr. Kieran Moore, Chief Medical Officer of Health, Ministry of Health
Dr. Kate Bingham & Dr. Daniel Warshafsky, Associate Chief Medical Officer of Health, Ministry of Health
Dr. M. M. Hirji, Medical Officer of Health and Chief Executive Officer
Ontario Immunization Advisory Committee
All Board of Health

Encl:
Board of Health for Public Health Sudbury & Districts
Resolution #19-26 | April 16, 2026:

May 1, 2026

Greetings,

Re: Community Drug Strategy for the City of Greater Sudbury Position Statement – Harm Reduction, A Key Component of a Comprehensive Substance Use Approach

Today the Community Drug Strategy for the City of Greater Sudbury is pleased to share with you our Position Statement – Harm Reduction, A Key Component of a Comprehensive Substance Use Approach.

The Community Drug Strategy supports and deeply emphasizes the need for a comprehensive approach to the toxic drug crisis. This approach is foundational in creating healthier communities for all. We affirm that harm reduction is not only an essential component of a comprehensive, evidence-informed approach, but also a moral obligation grounded in the principles of public health, human rights, and equity.

Harm reduction is rooted in the understanding that substance use is complex and that abstinence is not a viable option for everyone. It focuses on providing safe, compassionate support without requiring abstinence. Harm reduction offers a supportive approach that fosters stability in health and well-being, while promoting humanity, trust, and inclusivity.

Key themes include

- Affirmation of harm reduction as a foundational pillar in a comprehensive substance use strategy
- Dedicated support for harm reduction that centers dignity, autonomy, the voices of people with lived and living experience, and challenges stigma across systems.
- Commitment to evidence-informed policies and practices.
- Meaningful involvement of people with lived and living experience in collective decision-making processes
- Recognition that the toxic drug crisis is complex and affects people in different ways, and meeting people where they are at on the substance use health spectrum.

In recent years, harm reduction has seen shrinking public and political support. This is unfortunate given the strong science showing that it saves lives. We believe that to rebuild and maintain strong support for harm reduction, it is critical that we continue to explain its merits. This statement is a step in that larger effort.

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The statement affirms harm reduction as a core element of a comprehensive, population-focused approach to substance use and is integrated with health promotion, treatment, and prevention strategies. Through this statement, harm reduction is affirmed as a guiding principle for all strategic actions, communications, and collaborations, ensuring the strategy reflects evidence informed, person-centered approaches that address the health, social, and economic impacts of substance use.

We encourage you to review the attached Position Statement and consider how its principles align with and support our collective work. Your engagement and ongoing collaboration are valued as we continue to advance approaches grounded in dignity, equity, and evidence-informed practice. We welcome ongoing discussion as we work to align our actions with these shared commitments.

Thank you for your continued dedication to supporting our community.

Sincerely,

Co-Chairs for the Community Drug Strategy for the City of Greater Sudbury,

Tyler Campbell

Tyler Campbell
General Manager of Community Well-Being
City of Greater Sudbury

M. Mustafa Hirji
Medical Officer of Health
Public Health Sudbury & Districts

Attachment

cc: Honourable Vijay Thanigasalam, Ontario Associate Minister of Mental Health and Addictions
John Lord, Executive Director, Ontario Public Health Association
Dr. Kieran Moore, Chief Medical Officer of Health (CMOH)
Dr. Hsiu-Li Wang, Chair, Council of Medical Officers of Health (COMOH)
Jamie West, Member of Provincial Parliament, Sudbury
France Gélinas, Member of Provincial Parliament, Nickel Belt
Viviane Lapointe, Member of Parliament, Sudbury
Greater Sudbury City Council
Ontario Boards of Health
Association of Local Public Health Agencies (alPHa)

Position Statement – Harm Reduction, A Key Component of a Comprehensive Substance Use Approach

Position of Community Drug Strategy for the City of Greater Sudbury

The Community Drug Strategy (CDS) for the City of Greater Sudbury recognizes the devastating and disproportionate impact of the toxic drug crisis on our region. In 2024, the rate of preventable overdose deaths in our community was more than double the provincial average (Public Health Sudbury & Districts [PHSD], 2025). These deaths are not isolated events, but symptoms of a larger, systemic crisis driven by an increasingly toxic and unregulated drug supply contaminated with potent synthetic substances such as fentanyl, benzodiazepines, and xylazine (Jesseman & Payer, 2018).

The closure of Greater Sudbury's only supervised consumption site, The SPOT, in March 2024, following changes to provincial funding and programming, has left a critical gap in our local harm reduction infrastructure. The introduction of Homeless and Addiction Recovery Treatment (HART) Hubs, while well-intentioned, does not meet the full scope of needs for people with lived and living experience (PWLLE), particularly with the absence of harm reduction services such as supervised consumption services (SCS), safer supply initiatives, and sterile equipment programs (Ontario Ministry of Health, 2025).

The Community Drug Strategy strongly supports the need to emphasize the importance of maintaining and integrating a comprehensive approach to the toxic drug crisis. This approach is inclusive of harm reduction approaches and measures that promote dignity and autonomy, honour the voices of PWLLE hold systems and structures accountable, deconstruct misinformation and stigma, and serve the public good. A comprehensive approach is particularly important for equity-denied populations and is essential to creating healthier communities for all.

We affirm that harm reduction is not only a key component of a comprehensive approach and best practice, it is also a moral imperative rooted in the principles of public health, human rights, and equity. Harm reduction recognizes that people use substances for complex and personal reasons, and that not all individuals are ready, willing or able to stop using. It does not wait for abstinence to offer compassion, care, and safety.

The momentum for implementing evidence-informed strategies to save the lives of those living with substance use disorder continues to grow, driven by collaborative research, with the impetus for more engagement of PWLLE at all levels of the decision and change-making processes. The core principles guiding this work are equity, respect, partnership and collaboration, through affirming processes of experiential knowledge and evidence (Provincial System Support Program, 2019; Touesnard, Patten, McCrindle, Nurse, Vanderschaeghe, et al., 2021).

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Harm reduction best practices are rooted in a diverse and robust body of evidence including peer-reviewed research, gray literature, and most importantly, the experiential knowledge of PWLLE. Across Canada, the evolution of harm reduction efforts has clearly demonstrated that PWLLE are not only impacted by drug policy but are essential contributors to its development and implementation. Their insights provide a genuine understanding of what it means to use substances from an unregulated supply and navigate often stigmatizing systems of care. Meaningful inclusion of their voices is crucial in reducing stigma, shaping services that are client-centered and ensuring that policies truly reflect the needs of those they are intended to serve (Pauly et al., 2020; Salazar et al., 2021; Kolla et al., 2022).

Harm reduction is part of a comprehensive, population-oriented approach to substance use and is intertwined with health promotion, treatment and prevention strategies. It acknowledges the inevitability of substance use and focuses on minimizing harm while respecting individual dignity and choice. Health promotion, in this context, operates at a broad level to enhance well-being, reduce stigma, and address the root causes of harmful behaviors. Treatment, aims to acknowledge PWLLE's current circumstances and align support based on their preferred healing. Prevention, on the other hand, aims to delay or reduce substance use and its associated risks, especially among youth. For example, the Icelandic Prevention Model, adopted in Sudbury and LaCloche, fosters community collaboration to create supportive environments for youth. By integrating harm reduction, health promotion, treatment, and prevention strategies, our local population—wherever they are on the substance use spectrum—will be healthier and more resilient, ultimately reducing health care costs.

Evidence-Based Harm Reduction Approaches

While housing and treatment services are essential components to addressing the toxic drug crisis, they cannot substitute harm reduction strategies. Treatment alone, without harm reduction, assumes that everyone who uses drugs is ready, able and willing to seek treatment. The toxic drug crisis is complex and impacts individuals at different stages in the continuum of use and with varying needs. Not all individuals who use drugs are in a position to safely quit without the required supports. Harm reduction plays a crucial role in stabilizing health and well-being, providing a supportive pathway toward treatment and recovery (Kerman et al., 2020).

Needle Syringe Programs

Needle and Syringe Programs (NSP) are an evidence-based, client-centered approach aiming to reduce the health and social harms or consequences of addiction and substance use, without demanding individuals to abstain or stop using substances (PHSD, 2024). NSPs have various services available to clients, including the distribution of sterile drug-use materials, as well as offering information regarding safer drug use and sex, providing community referrals to services and distributing naloxone, all of which encompass a crucial harm reduction strategy. Programs like NSPs have been shown to significantly reduce the spread of the diseases, as well as a range of other serious health conditions. These programs not only promote better health outcomes but also deliver considerable cost savings to healthcare systems.

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Furthermore, harm reduction programs respect and promote the autonomy of individuals, empowering them to make informed choices about their health and well-being. By providing individuals with the tools they need to protect themselves, these programs encourage personal responsibility and foster a sense of control, while still offering the necessary support for safer practices (Strike. et al., 2021).

Naloxone Distribution

Naloxone (also known as Narcan®) is a lifesaving medication, known to temporarily reverse the effects of an opioid drug poisoning. It is distributed by Public Health Sudbury & Districts (PHSD), as well as numerous community partners (Public Health Sudbury & Districts, 2025). Making naloxone readily available to people who use drugs - as well as their friends and family, empowers and allows them to intervene in critical situations with the potential to save lives (Ferguson et. al., 2025). Research shows strong support for take-home naloxone programs, which are associated with reduced opioid-related mortality (Chimbar & Moleta, 2018; Cherrier, et al., 2022; Ferguson & al., 2025). These programs also offer significant cost savings to the healthcare system by reducing the need for emergency interventions and long-term care (Chimbar & Moleta, 2018). The continued distribution of naloxone is crucial to a comprehensive harm reduction strategy to address substance use and its associated harms.

Supervised Consumption Services

Supervised consumption sites (SCS) offer a controlled environment where individuals can use drugs under the supervision of trained professionals (Public Health Sudbury & Districts, 2025). These spaces are designed to be safe, sterile, and non-judgmental. On top of the supervision, individuals can access medical care and receive referrals to various health and social services. PWLLE are also provided with safer drug use equipment for home use. The Canadian drugs and substances strategy identifies SCS as part of Canada's harm reduction approach (European Monitoring Centre for Drugs and Drug Addiction, 2013). Research strongly demonstrates the effectiveness of SCS as a cost-effective method in saving lives, improving health outcomes, and reducing the harms associated with substance use (Rioux et al, 2023; Khair et al, 2022). In managing drug poisonings on-site, supervised consumption sites decrease the burden on emergency medical services and the healthcare system. SCS also serve as crucial entry points to health care, treatment, and social services for individuals ready to reduce or stop their substance use. Notably, SCS have been established in major cities across Canada and are recognized as a fundamental component towards public health (Kerr, Mitra, Kennedy, & McNeil, 2017). Without SCS, larger inequities and harmful health impacts will persist (Kerman et al., 2020).

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Opioid Agonist Therapies

Opioid agonist therapy (OAT) is a proven treatment for individuals struggling with opioid addiction, including substances like heroin, oxycodone, hydromorphone, fentanyl, and Percocet. This therapy typically involves the use of long-acting opioid agonists such as methadone and buprenorphine. While methadone has been the standard of care for years, suboxone (combination buprenorphine and naloxone) has been the preferred treatment in several countries and is now established as the recommended first-line treatment in Canada (Jutras-Aswad et al., 2022). Particularly, suboxone allows clients to avoid the burdensome task of traveling to a clinic every day and empowers them to take their opioid agonist treatment at home. This treatment model could assist in expanding access to opioid agonist therapy and reduce harms in the current drug crisis (Jutras-Aswad et al., 2022).

While OAT is an effective treatment on its own, it is most successful when combined with additional support, such as individual or group counseling, to further address the psychological and emotional aspects of addiction (Southwestern Public Health, 2018).

Drug Checking

Drug checking is a vital service which analyzes the contents of substances in the street drug supply. It provides people who use drugs (PWUD) with timely and accurate information about what is in substances (CCSA, 2024). This is particularly critical amid rising toxicity within the street supply. By helping PWUD make informed choices, drug checking can reduce drug poisoning risks, drug-related harms and support autonomy (Strike & Watson, 2019).

In addition to supporting individuals, drug checking can also help provide valuable data to inform harm reduction services, and related supports and policies (Strike et al., 2021; Maghsoudi, et. al., 2020). Drug checking can also serve as a bridge / connection to broader health and social services, especially when co-located with other harm reduction programs (Maghsoudi, et. al., 2020). Continuous integration and evaluation of drug checking is essential to helping PWUD, understanding the impact of harm reduction efforts and optimizing substance related health.

Safer Supply

Safe supply initiatives offer a safe and regulated supply of oral and injectable opioids for PWLLE, to replace the toxic street drug supply they rely on. Given that both the substance and dosage are known, these efforts greatly minimize the risk of drug-related harm, including poisoning, hospitalization, and death (Gagnon et al., 2023). It is recognized that safer supply programs are effective when part of a comprehensive models such as primary care. A key component to these models include wrap around supports (Public Health Ontario, 2022). As a result, PWLLE involved with safer supply often see such as “increased engagement in health care and social supports, improved mental health and sleep patterns, reconnection with family, and an ability to exert control over their drug use” (Public Health Ontario, 2022). Some also report stabilizing housing, reconnecting with family and at employment. (McMurchy, 2022). Safer supply, when

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integrated as part of a comprehensive model, is not only a key tool to save lives, but to truly prioritize overall health, dignity and wellbeing of PWLLE.

Conclusively, the CDS for the City of Greater Sudbury commits to the following actions:

- **Affirming its strong and unwavering support for the implementation of comprehensive approaches to substance use, inclusive of harm reduction**. This entails supervised consumption sites, safer supply initiatives, widespread access to naloxone and sterile drug equipment;
- **Promoting the meaningful involvement of PWLLE** in all levels of program development, implementation and governance;
- **Addressing misinformation** about substance use across all sectors, including policy leaders, information channels, and health services.
- **Collaborating across sectors** and across the substance use continuum to ensure services and approaches are client-centered, trauma-informed, and accessible to all.
- **Upholding the dignity, autonomy, and voices of people who use drugs** and working to dismantle structural stigma that perpetuates harm.
- Recognizing the interconnectedness of our region, the **CDS also supports engaging District Offices, encouraging neighboring municipalities and community drug strategies** to adopt aligned, evidence-informed approaches.

The evidence is clear: **harm reduction saves lives.** As a key component to a comprehensive approach, the loss of harm reduction services, inaction, and stigma are costing lives every day. We cannot allow politics or prejudice to stand in the way of effective, compassionate care.

Conclusion

A comprehensive approach – one that includes harm reduction alongside treatment and recovery – is essential to meet the diverse needs of those most affected. Despite strong evidence supporting harm reduction as a necessary response to the toxic drug crisis, these strategies remain underfunded and stigmatized. The gap between evidence and action continues to undermine efforts to save lives and reduce pressure on the healthcare system. Implementing harm reduction measures that promote dignity, autonomy, and the voices of PWLLE, while holding systems accountable and challenging stigma, is crucial to a compassionate, evidence-informed public health response. Furthermore, it is essential for the Community Drug Strategy, and community organizations alike, to express their unequivocal support for evidence-informed, comprehensive approaches to substance use health in order to uphold their commitment to addressing the needs of all members of the community regardless of where they are in their relationship with substances.

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Community Drug Strategy

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15 May 2026

Via Email

Senator Rosemary Moodie
Chair, Standing Senate Committee on Social Affairs, Science, and Technology

Dear Senator Moodie:

In Support of Alcohol Labelling Policy (Bill S-202)

On behalf of the Board of Health of Algoma Public Health (APH), please accept this correspondence informing the Standing Senate Committee on Social Affairs, Science, and Technology of the Board's support for mandatory alcohol container health warning labels on all alcohol containers sold in Canada, endorsing communications from Middlesex-London Health Unit (MLHU) re: Bill S-202.

Alcohol continues to be a leading risk factor for disease and injury in Canada, responsible for over 17,000 deaths and nearly 120,000 hospitalizations annually[1]. The social and economic implications of alcohol are also substantial, costing Canadians $19.7 billion/year[1], more than the societal costs of tobacco and opioids combined. Tobacco and non-medical cannabis products in Canada are required to display standardized labels that include health warnings and product information designed to inform consumers about associated health risks; labels support health equity in that they can reach all consumers regardless of education, income, or geographical location[2].

Many Canadians are unaware of the causal relationship between alcohol consumption, even at low levels, and cancer risk[3]. Many Canadians are also unaware of the information contained in Canada's Guidance on Alcohol and Health regarding reducing alcohol risk, which involves awareness of standard alcoholic drink measurements.

Alcohol health warning labels are an effective tool to help consumers understand product risk[1, 2]. Bill S-202 proposes an amendment to the *Food and Drugs Act*, mandating alcohol warning labels that indicate the volume constituting a standard drink, detail the number of standard drinks in the beverage container, and display health messages regarding the relationship between the number of standard drinks consumed and health outcomes[4].

The last decade has seen the expansion of alcohol sales to grocery and convenience stores in Ontario. This has increased the exposure of alcohol product promotion to children and youth[5]. Alcohol labelling has the potential to reach children and youth with messages that will counter

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industry-based advertising, and to provide an opportunity for meaningful conversations between parents and their children regarding alcohol-related health harms.

The Board of Health for APH has historically supported public health policy measures intended to mitigate alcohol-related health harms, including supporting Bill S-254 in April 2023. Alcohol-related harms in Algoma exceed provincial averages and health guidelines; more than half of Algoma adults aged 19 or older exceed drinking guidelines, and the prevalence of heavy drinkers in Algoma is 6% higher than the provincial prevalence (21.2% and 16%, respectively[6]). Alcohol labelling is an effective tool to target those exceeding drinking guidelines, as messaging is available at point of pour.

At its meeting on April 22, 2026, the Algoma Board of Health passed the following motion:

Be it resolved that the Board of Health for the District of Algoma Health Unit endorse MLHU's report and associated content (included in this summary report), recommending alcohol labelling for all alcohol manufactured or sold in Canada with:

1. **Health Warnings: prominent, rotating warnings on all alcohol containers.**
2. **Canada's Guidance on Alcohol and Health: providing guidance for preventing or reducing consumption-related health risks.**
3. **Standard Drink Size: static standard drink information per container and per serving.**

Algoma Public Health remains committed to preventing and reducing alcohol-related harms and will continue communicating with the communities we serve to increase awareness for the health risks associated with alcohol consumption.

Sincerely,

Suzanne Trivers
Chair, Board of Health,
District of Algoma Health Unit

cc: All Ontario Boards of Health
MP Terry Sheehan, Sault Ste. Marie-Algoma

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May 21, 2026

Via Email

Honourable Sylvia Jones
Minister of Health of Ontario
Ministry of Health
5th Floor, 777 Bay Street
Toronto, ON M5G 2C8

Dear Honourable Minister Jones:

Re: Healthy Smiles Ontario Fee Schedule and Access to Dental Care for Children and Youth

The Board of Health for Algoma Public Health acknowledges the Government of Ontario's demonstrated commitment to improving oral health for Ontarians. The recent introduction of the Ontario Seniors Dental Care Program reflects commitment to addressing long-standing gaps in access and demonstrates a broader commitment to prevention, health equity, and reducing avoidable pressures on the health care system.

Alongside these important investments for seniors, continued attention to publicly funded dental care for children and youth is essential to ensure equitable access to oral health services at all stages of life[1]. At its meeting on April 22, 2026, informed by a presentation on Healthy Smiles Ontario, the Board of Health for Algoma Public Health discussed ongoing barriers to care and is writing to request that the Ministry of Health update the Healthy Smiles Ontario Schedule of Dental Services and Fees. Although tooth decay is largely preventable, it affects more than half of Canadian children aged 6 to 19. The burden of oral disease is not evenly distributed, with higher rates observed among children from households experiencing socio-economic barriers to care[2,3].

Early childhood dental disease is largely preventable, yet untreated decay remains a leading cause of day surgery under general anesthesia for children under the age of 5 in Canada. Poor oral health can cause pain, disrupted eating and sleep, and difficulties with learning and school attendance, with effects that may persist into adulthood. Evidence shows that timely

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prevention and early intervention improve long-term health outcomes while reducing avoidable use of hospital services[4].

Healthy Smiles Ontario plays a vital preventive role by enabling early diagnosis and treatment, helping to prevent the progression of dental disease, and reducing demand for more intensive care. However, the program's impact is limited by its current fee structure, with reimbursement rates at approximately 40 percent of the Ontario Dental Association Suggested Fee Guide, discouraging provider participation and contributing to access challenges across the province. While some families may supplement care through the Canadian Dental Care Plan, many HSO-eligible children and youth do not qualify and continue to face unmet oral health needs.

Accordingly, our Board of Health respectfully urges the Ministry of Health to update the Healthy Smiles Ontario Schedule of Dental Services and Fees to strengthen provider capacity, improve access, and support more equitable oral health outcomes for children and youth across Ontario.

We would welcome the opportunity to contribute to this work, including sharing local perspectives on access barriers and practical considerations that could support effective implementation.

Sincerely,

Suzanne Trivers
Chair, Board of Health,
District of Algoma Health Unit

c: Dr. Kieran Moore, Chief Medical Officer of Health for Ontario
Dr. David A. Brown, Chair, Board of Directors and President, Ontario Dental Association
Bill Rosenberg, Member of Provincial Parliament, Algoma–Manitoulin
Chris Scott, Member of Provincial Parliament — Sault Ste. Marie
Ontario Boards of Health

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InfoBreak

alPHa's members' portal

May-Jun. 2026

Key Highlights

- Record response to the 2026 alPHa AGM & Conference: the event is now sold out.
- This year's program reflects key issues for local public health, including leadership, funding, and Ontario's changing policy environment.
- We continue to await further updates from the Ministry regarding the public health funding review and the finalized 2026 Ontario Public Health Standards.
- Building our sector's ability to demonstrate measurable impact and value remains an important priority.
- As this is my final Chair's update, I want to extend my sincere thanks to the membership and all those supporting local public health across Ontario.

Looking Ahead to Our June Conference

I am delighted by the exceptional response to this year's alPHa AGM & Conference. We have reached the highest number of registrants in alPHa conference history, and the conference is now sold out.

This strong response reflects the value members place on gathering in person to learn, connect, and discuss the issues shaping the future of local public health in Ontario.

A Timely Opportunity for Sector Dialogue

This year's conference theme, Strengthening Public Health Leadership in a Changing Landscape, is especially timely. Taken together, the program reflects both the breadth of issues facing local public health and the importance of strong leadership across our sector.

We continue to await further updates from the Ministry regarding the public health funding review and the finalized 2026 Ontario Public Health Standards.

The conference therefore comes at an important time. I know members will welcome the opportunity to hear directly from Dr. Moore on current priorities and key provincial issues affecting local public health agencies.

Continuing to Strengthen Our Sector

As a sector, we must continue building our ability to demonstrate impact clearly and credibly. Public health improves health outcomes, but it also contributes to stronger, more resilient communities and supports economic stability.

In a period of fiscal pressure and uncertainty, our ability to show evidence, outcomes, avoided costs, and practical value will continue to matter.

A Final Thank You

As this will be my final newsletter article as Chair of the Board of Directors, I want to close with heartfelt thanks.

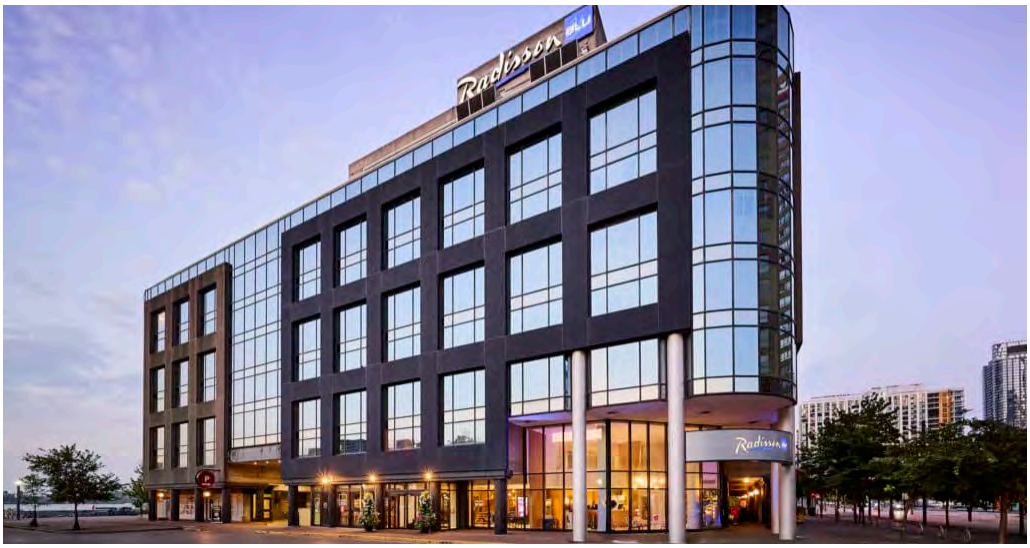
Thank you to staff across local public health agencies, to leadership teams, Boards of Health, Associate and Medical Officers of Health, and all those working every day to protect and improve health in communities across Ontario. Your work strengthens not only population health, but also the resilience of our communities.

I also want to express my sincere gratitude to alPHa Staff, and to my colleagues on the Executive Committee and Board of Directors, who have generously volunteered their time and expertise to advance the goals of our sector. It has been a privilege to work alongside such dedicated leaders.

Serving as Chair has been a true honour. Thank you for the opportunity to contribute to alPHa's work and to support such an important sector.

Dr. Hsiu-Li Wang
Chair, alPHa Board of Directors

The 2026 alPHa Annual General Meeting and Conference is sold out



We're incredibly grateful for the strong interest in this year's alPHa Conference and AGM. Thanks to our engaged and enthusiastic members, the event has officially sold out!

Your ongoing support and interest mean a great deal to us, and we're already looking at ways to expand access in the future.

If you are registered to attend the conference, be sure to check out the conference page for additional information and regular updates. Please note, due to Premier Doug Ford's schedule, the schedule has been slightly revised. Here is an overview of the timeline for events and their locations:

- **June 8: Mobile Workshop: 2 p.m. to 4 p.m. EDT - Please note, only those registered for the mobile workshop may partake. The meeting point is the lobby of the Radisson Blu.**
- **Opening Reception: 5 p.m. to 7 p.m. EDT**
- **June 9: AGM & Conference: 8:15 a.m. to 4:30 p.m. EDT**
- **June 10: BOH Section Meeting: 9 a.m. to 12 p.m. EDT**
- **June 10: COMOH Section Meeting: 9 a.m. to 12 p.m. EDT**

Thank you
2026 alPHa AGM and Conference sponsors!

alPHa would like to thank Northwestern Health Unit for co-hosting the 2026 AGM and Conference. We are pleased to announce there is already strong interest from previous sponsors. Additional sponsors are welcome. Our current sponsors include:

This event is co-hosted by alPHa and Northwestern Health Unit

alPHa Association of Local PUBLIC HEALTH Agencies

Northwestern Health Unit www.nwhu.on.ca

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There will also be various opportunities to win prizes, including a door prize, from GenWell for a complimentary online webinar for a local public health unit.

Attention COMOH Section Members: 50th Anniversary of PHPMR in Canada!

The Public Health and Preventive Medicine Residency Program at the University of Toronto is celebrating 50 years of Public Health and Preventive Medicine in Canada. In collaboration with Public Health Physicians of Canada (PHPC) and the Association of Local Public Health Agencies (alPHa), the University of Toronto will host a virtual series of inspiring and educational events on the themes of Hope (Thurs. May 21, 2–4 p.m.), Health (Thurs. May 28, 2–4 p.m.), and Happiness (Thurs. June 4, 2–4 p.m.). Further information, including how to submit presentations, can be found here.

In addition, on Wednesday, June 10, from 5–9 p.m. in Toronto, there will be an in-person graduation and celebration. Join colleagues, alumni, and partners for an evening of reflection, connection, and inspiration, featuring the program graduation, opportunities to reconnect, and a provocative panel discussion. Stay tuned for details.

Please note: this event will take place following the conclusion of the alPHa Annual General Meeting and Conference, which will be held at the Radisson Blu Toronto Downtown from June 8–10. If you require accommodations, alPHa is pleased to advise that the room block has been extended to include the night of June 10.

2026 alPHa Workplace Health and Wellness Month

This year's alPHa Workplace Health and Wellness Month is already off to a great start, with not only the lunch and learn session with GenWell, but with strong support from you, including Renfrew County and District Health Unit! They have shared the first two weeks of their activities with the alPHa Membership (below). We want to thank them for their active participation!

We can't wait to see what you do for your mental, physical, and social well-being this May. And, in order to get ideas, head to the alPHa Workplace Health and Wellness landing page to view our infographics!

GenWell Lunch and Learn Session - Recap

Thank you to everyone who joined us for the GenWell Lunch-and-Learn session to kick off alPHa's Workplace Health and Wellness Month on May 1.

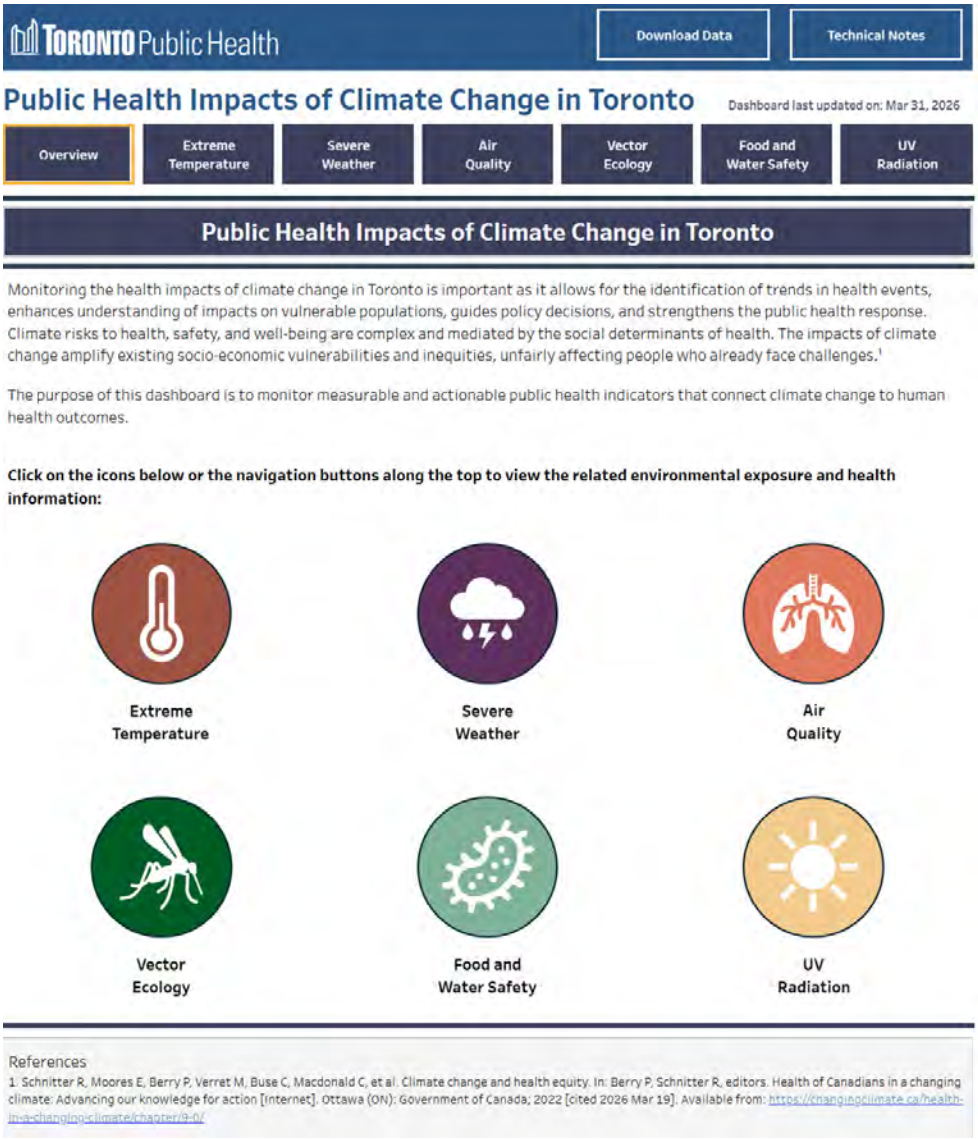
For those who attended, and those who were unable to join, we are pleased to share the presentation slides. This engaging session highlighted the critical role of social health in our workplaces and communities. As discussed during the webinar, social connection is a powerful (and often overlooked) driver of well-being, resilience, and organizational success.

A few key takeaways from the session:
• Social health is as important as physical and mental health, yet many people are unaware of its impact
• Disconnection and loneliness continue to affect a significant portion of Canadians, with real implications for health and well-being
• Even small, intentional actions, such as connecting with colleagues, neighbours, and community members, can have a meaningful impact
• More connected workplaces can improve employee well-being, engagement, and productivity

We are also pleased to share that GenWell's Founder, Pete Bombaci, will be joining us at the Opening Reception on June 8. Pete will be facilitating opportunities to connect and reconnect with colleagues and special guests, bringing the principles of social connection to life in a meaningful and engaging way.

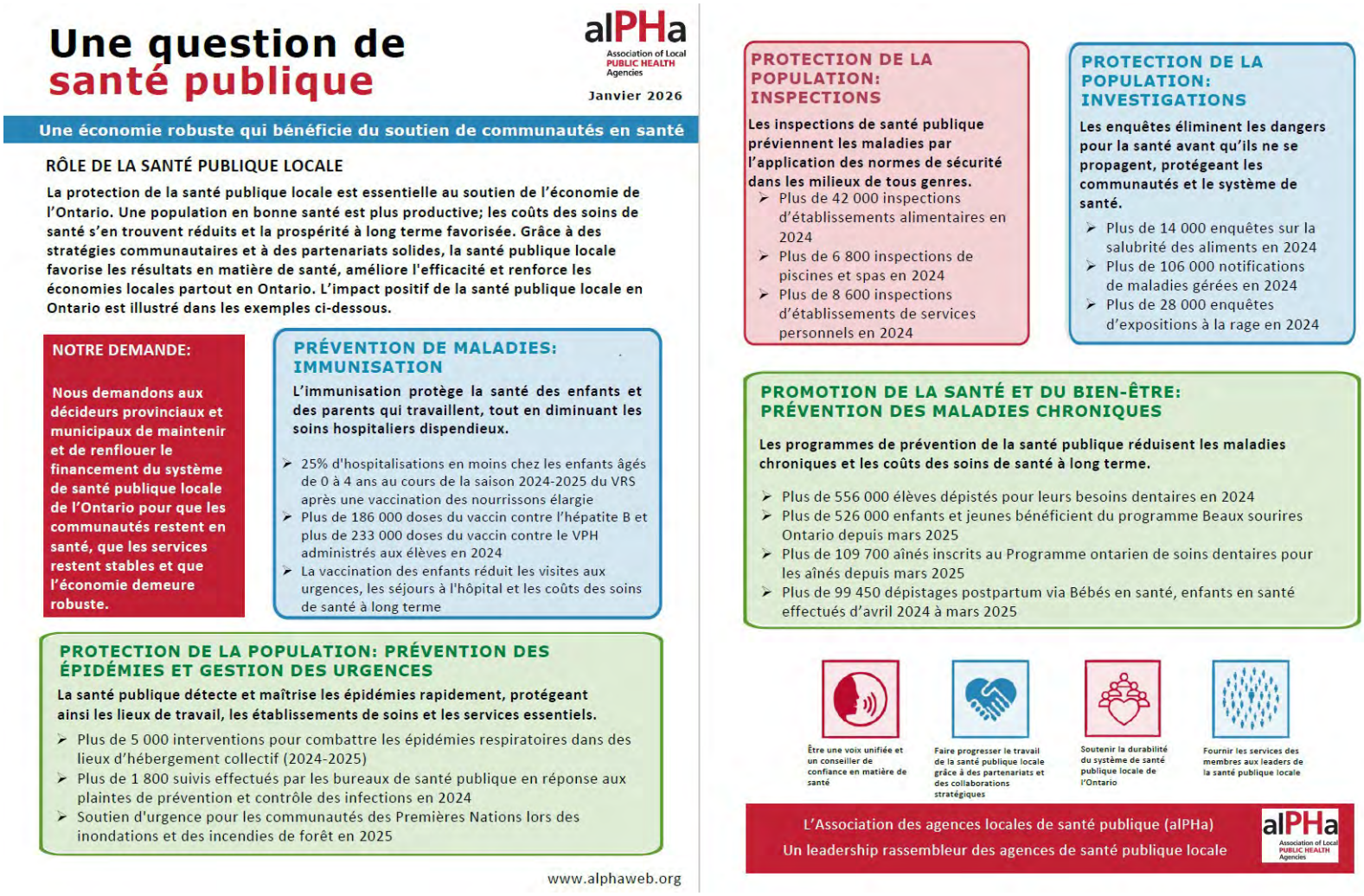
As we move through Workplace Health and Wellness Month, we encourage you to reflect on how you, your teams, and your organizations can foster stronger connections, both within the workplace and in the communities you serve.

Toronto Public Health: Public Health Impacts of Climate Change in Toronto dashboard



Toronto Public Health's Epidemiology and Data Analytics Unit has developed its inaugural Public Health Impacts of Climate Change in Toronto dashboard. It was developed in response to a Board of Health recommendation to develop a dedicated surveillance framework for systematic and routine monitoring of climate change-related health impacts in Toronto. This is the resulting work from a consultation with several other Health Units attended, in response to a call for interest to provide feedback on the proposed framework, back in April 2025. To view the dashboard, click here.

Public Health Matters: Une économie robuste qui bénéficie du soutien de communautés en santé



alPHa is pleased to announce the French language version of the latest *Public Health Matters* infographic, *Une économie robuste qui bénéficie du soutien de communautés en santé,* is now available. This is the fifth in the series and focuses on the connection between healthy communities and a strong economy. The infographics are designed to help decision-makers understand the role, value, and impact of local public health in a clear and accessible way. These materials are intended to support conversations with municipal and provincial decision-makers and alPHa Members are encouraged to use these resources. To read the French language version here and the English language version here.

OPHNL
Leading the Way for Public Health Nursing

Ontario Association of Public Health Nursing Leaders (OPHNL) update

The Ontario Association for Public Health Nursing Leaders (OPHNL) continues to advance the priorities of the 2024-2027 Ontario Association for Public Health Nursing Leaders Strategic Plan. On April 16, 2026, OPHNL hosted a spring workshop where Dr. Moore provided an update on the current landscape of public health. Guest speakers from Wellington Dufferin Guelph and Simcoe Muskoka District Health Unit discussed the evolving role of Artificial Intelligence within local public health agencies (see photo below). On May 11, 2026, OPHNL will host a virtual nursing week event for all nurses in public health. The first of its kind! Dr. Velji will provide an update on emerging nursing issues across the health system and Claire Betker from the National Collaborating Centre for Determinants of Health will discuss the Core Competencies for Public Health in Canada and its application for nurses in Public Health.

Health Promotion Ontario (HPO) update

HPO met in person in Toronto on April 28, 2026 to conduct strategic planning. At the meeting, we confirmed our goals to represent the voice of health promotion in Ontario, offer professional development and learning opportunities, and engage members.

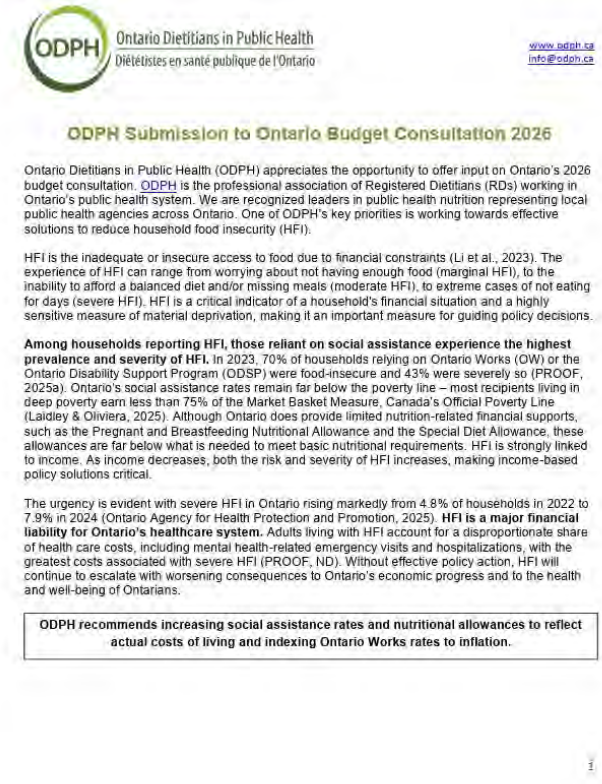
We developed strategies and actions to be phased over the next few years, including a renewed focus on supporting students and new professionals.

This work sets a foundation to guide priorities, strengthen connections and improve communication across the province. A strategic plan infographic will be shared when it is complete.

Ontario Dietitians in Public Health (ODPH) update

ODPH made a submission to the Ontario Budget Consultation 2026 calling for social assistance rates and nutritional allowances to better reflect actual costs of living, and for Ontario Works rates to be indexed to inflation. These recommendations align with ODPH's priority to reduce household food insecurity.

ODPH also contributed to the proposed amendments to Ontario Food Premises Regulation (O. Reg.493), emphasizing the importance of policy options that support Indigenous engagement and access to traditional foods while maintaining food safety standards. Traditional foods are essential to cultural identity, community connection, and intergenerational knowledge sharing.



Ontario Dietitians in Public Health
Diététistes en santé publique de l'Ontario

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ODPH Submission to Ontario Budget Consultation 2026

Ontario Dietitians in Public Health (ODPH) appreciates the opportunity to offer input on Ontario's 2026 budget consultation. ODPH is the professional association of Registered Dietitians (RDs) working in Ontario's public health system. We are recognized leaders in public health nutrition representing local public health agencies across Ontario. One of ODPH's key priorities is working towards effective solutions to reduce household food insecurity (HFI).

HFI is the inadequate or insecure access to food due to financial constraints (Li et al., 2023). The experience of HFI can range from worrying about not having enough food (marginal HFI), to the inability to afford a balanced diet and/or missing meals (moderate HFI), to extreme cases of not eating for days (severe HFI). HFI is a critical indicator of a household's financial situation and a highly sensitive measure of material deprivation, making it an important measure for guiding policy decisions.

Among households reporting HFI, those reliant on social assistance experience the highest prevalence and severity of HFI. In 2023, 70% of households relying on Ontario Works (OW) or the Ontario Disability Support Program (ODSP) were food-insecure and 43% were severely so (PROOF, 2025a). Ontario's social assistance rates remain far below the poverty line – most recipients living in deep poverty earn less than 75% of the Market Basket Measure, Canada's Official Poverty Line (Laidley & Oliviera, 2025). Although Ontario does provide limited nutrition-related financial supports, such as the Pregnant and Breastfeeding Nutritional Allowance and the Special Diet Allowance, these allowances are far below what is needed to meet basic nutritional requirements. HFI is strongly linked to income. As income decreases, both the risk and severity of HFI increases, making income-based policy solutions critical.

The urgency is evident with severe HFI in Ontario rising markedly from 4.8% of households in 2022 to 7.9% in 2024 (Ontario Agency for Health Protection and Promotion, 2025). **HFI is a major financial liability for Ontario's healthcare system.** Adults living with HFI account for a disproportionate share of health care costs, including mental health-related emergency visits and hospitalizations, with the greatest costs associated with severe HFI (PROOF, ND). Without effective policy action, HFI will continue to escalate with worsening consequences to Ontario's economic progress and to the health and well-being of Ontarians.

ODPH recommends increasing social assistance rates and nutritional allowances to reflect actual costs of living and indexing Ontario Works rates to inflation.

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Rosemary Nestor
Acting Manager, Environmental Health Policy and Programs Unit
Office of the Chief Medical Officer of Health, Public Health
Ontario Ministry of Health
via email: rosemary.nestor@ontario.ca

April 29th, 2026

Dear Rosemary,

We are writing on behalf of Ontario Dietitians in Public Health (ODPH) to thank you for the opportunity to contribute to proposed amendments to the Ontario Food Premises Regulation (O. Reg. 493) within the *Health Protection and Promotion Act*.[1] We applaud your commitment to exploring policy options to improve access to donated wild game meat in Ontario.

Following consultation with Indigenous Public Health colleagues and contributors as well as informed by a review of relevant literature and lived experiences, we have gained important perspective on the impacts of current policies and practices. We are not speaking on behalf of our partners; rather, we are learning from them and reflecting this understanding in our work and in the perspectives shared here.

ODPH is the professional association of Registered Dietitians working in Ontario's public health system, with strategic priorities that include advancing health equity and strengthening Indigenous engagement. It is from this standpoint that we offer this correspondence. We acknowledge the expertise of our Public Health Inspector colleagues and defer to them regarding food safety considerations related to this regulation. We remain committed to addressing systemic barriers that undermine health and to supporting equitable access and opportunities for all populations, while continuing to learn, reflect, and act in solidarity with Indigenous communities.

Background Information

ODPH supports several themes identified in earlier engagement activities related to this regulation, including:

- Traditional foods are vital to Indigenous community connection, cultural identity and continuity, and cross generational learning opportunities; however, current regulations unnecessarily restrict these longstanding practices in schools, daycares, emergency food programs, hospitals, and other community settings, underscoring the importance of reducing regulatory barriers.
- Work with Indigenous groups in a meaningful way to identify traditional animals that could be included in the current permitted list.

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 - Chief Public Health Officer - Apr. 1, 2026
- alPHa Letter - CMOH Reappointment- Mar. 27, 2026

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
- Core Competencies for Public Health in Canada
- BOH Training Courses

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Hantavirus

PHO is supporting Ontario's response to the evolving situation involving hantavirus (Andes virus) by providing guidance for public health management, infection prevention and control (IPAC), and testing, as well as scientific and technical expertise.

New resources and updates are available:

• Infection Prevention and Control Precautions for Hantavirus (Andes Virus)

IPAC guidance for healthcare providers and public health units caring for patients with suspected or confirmed Andes virus infection.

A resource providing public health guidance on the identification, assessment and management of suspected, probable and confirmed Andes virus cases, as well as their contacts.

• Hantaviruses – Serology and PCR

Updated laboratory testing information to include specific details for Andes virus.

For more information, visit PHO's Hantaviruses webpage.

Vector-Borne Diseases

Updated – Ontario Vector-Borne Disease Tool

PHO has updated the Vector-Borne Disease Tool for the 2026 season. This resource provides comprehensive surveillance data on vector-borne diseases (VBDs) in Ontario and allows users to explore trends in human cases for anaplasmosis, babesiosis, Lyme disease, Powassan virus infection, and West Nile virus illness, as well as surveillance data for mosquitoes and ticks, and blacklegged tick established risk areas. Updates to the tool include:

• New Ticks Tab

o A new tab showing passive tick submissions from health care providers and the public, represented by Aggregate Dissemination Area census boundaries, using data from PHO's Laboratory Information Management System (LIMS) and supplemented with eTick data.

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• 2026 Blacklegged Tick Risk Area Map
o Reflecting newly identified or expanded tick risk areas based on 2025 data

• 2025 Season Updates
o Updated with new data released since the last surveillance season, including finalized 2025 human case and vector data

• New 2026 Data and In-Season Reporting
o New 2026 layers to support weekly updates as data become available during the upcoming season

Ontario Blacklegged Tick Established Risk Areas
In 2026, eight new risk areas were identified across five different public health units: Eastern Ontario Health Unit (2) and Renfrew County and District Health Unit (2), Hamilton Public Health (1), Lakelands Public Health (1), Middlesex-London Health Unit (1), and Southwestern Public Health (1).

Explore the tool to learn more about this season's updates.

Ticks of Ontario
Our new Synthesis brings together the current knowledge of the province's ticks and provides an account of each tick's population status, hosts and public veterinary health significance. The scientific literature on the ticks of Ontario, while relatively strong, is scattered and not available as a single resource. The purpose of this document is to bring together the literature and surveillance information on the ticks of Ontario.

Refreshed Interactive Data Tools
Infectious Disease Trends in Ontario Interactive Tool

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Recently Published Resources

Infection Prevention and Control Checklist for Animal Presence in Health Care Settings
Children and Youth Concussion Incidence in Ontario
Ontario Respiratory Virus Tool
SARS-CoV-2 Genomic Surveillance in Ontario
Nipah Virus Infection
Mumps in Ontario
Varicella in Ontario
Measles in Ontario

Upcoming Events

May 28: TOPHC 2026 Regional Convention
June 2: PHO & FFIGS Presents: A Tough Nut to Crack: Challenges in Outbreak Investigation of Low-Moisture Food
June 3: PHO Rounds: Linking Public Health Funding to Population Health and Health Equity during a Pandemic: Evidence on COVID-19 outcomes and vaccination from the OPHID study
June 10: PHO Webinar: Gambling, Gaming, and Youth Mental Health

Recent Presentations

- Assessing Quality Improvement Maturity Across PHUs
- Guiding Families Through Early Allergen Introduction
- PHO Rounds: Model of Care to Address the Impact of HIV on African, Caribbean & Black (ACB) Communities

Public Health Ontario (PHO) is hosting this year's TOPHC 2026 Regional Workshops, taking place on May 28, 2026, at Fanshawe College in London, Ontario. These workshops bring together public health professionals from across Ontario to support learning, collaboration, and knowledge sharing on priority public health topics. alPHa is pleased to be a promotional sponsor for this event.

Workshop 3 - From Intention to Co-creation: Centering Black and Indigenous Communities in Public Health Practice. Discover how to move decolonial theory into meaningful action. This engaging workshop invites public health professionals to explore practical, community centered ways to embed decolonial approaches within their organizations. The workshop places a particular emphasis on engaging Black and Indigenous communities and centering public health practices that address anti-Black and anti-Indigenous racism. Through co-creation, critical reflexivity, and hands on learning, participants will deepen their understanding of decolonial practice while building practical strategies that can be applied in their work. Join us to reflect, reimagine, and reshape public health practice in partnership with the communities we serve.

Dalla Lana School of Public Health

Upcoming DLSPH Events and Webinars

2026 SORA-TABA Annual Workshop (May 22)
Supporting Newcomers Through Pharmacy: Improving Health System Navigation and Safe, Sustainable Medication Use (May 27)
Bioethics and the Rules-Based International Order: A Conversation on the Future of Bioethics in a Time of Rupture (Jun. 1)

Ontario Public Health Directory - May 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 13, 2026**. To view the file, log into the alPHa website.

For more information on The Personal, please click here (English) and here for French.

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:

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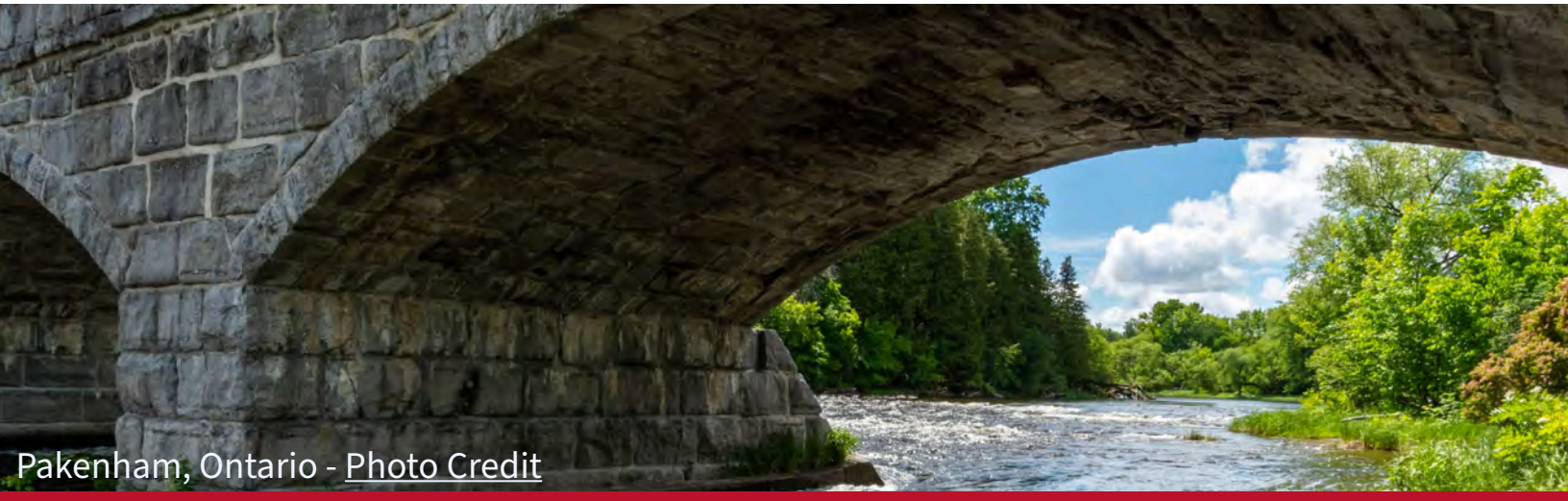
For further information, please contact info@alphaweb.org.



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