



April 23, 2025

## BOARD OF HEALTH MEETING

SSM Algoma Community Room / Teams Meeting

294 Willow Avenue

Sault Ste Marie, P6B 5B4

[www.algomapublichealth.com](http://www.algomapublichealth.com)

# Meeting Book - April 23, 2025, Board of Health Meeting

## Table of Contents

---

### 1. Call to Order

- a. Declaration of Conflict of Interest

---

### 2. Adoption of Agenda

- a. April 23, 2025, Board of Health Meeting Agenda 4

---

### 3. Adoption of Minutes

- a. March 26, 2025, Board of Health Meeting Minutes 7

---

### 4. Delegation/Presentations

- a. The Algoma IPAC Hub 11

---

### 5. Business Arising

- a. Letter to the Ministers of Health from Public Health Sudbury & Districts regarding Support for a Provincial Immunization Registry dated March 21, 2025. 28
- b. Letter to the Ministers of Health from Public Health Sudbury & Districts regarding Endorsement of the Walport Report, and for Continued Focus on Public Health Emergency & Pandemic Preparedness. dated March 21, 2025. 31

---

### 6. Reports to Board

- a. Medical Officer of Health and Chief Executive Officer Report
  - i. MOH CEO Report - April 2025 34
- b. Finance and Audit
  - i. APH Audited Financial Statements ending December 31, 2024 40
  - ii. APH Audit Findings Report 2024 65
  - iii. APH Unaudited Financial Statements ending February 28, 2025 89
  - iv. Building Envelope Repairs 93
- c. Governance
  - i. Governance Committee Chair Report - April 16, 2025 298

ii. 02-05-030 - Board Member Code of Conduct 299

iii. 02-05-045 - Attendance at Meetings Using  
Electronic Means 301

---

**7. New Business**

---

**8. Correspondence - requiring action**

a. alPHa Annual General Meeting and Conference - 302  
June 18-20, 2025

---

**9. Correspondence - for Information**

a. alPHa InfoBreak - April 2025 305

---

**10. Addendum**

---

**11. In-Camera**

---

**12. Open Meeting**

---

**13. Resolutions Resulting From In-Camera**

---

**14. Announcements**

a. Next Meeting Dates

---

**15. Adjournment**

# Board of Health Meeting

## AGENDA

Wednesday, April 23, 2025 - 5:00

SSM Algoma Community Room | Videoconference

### BOARD MEMBERS

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

### APH MEMBERS

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

**STAFF GUESTS:** Sandra Dereski - Acting Manager of Infectious Diseases, Kristin Bateman - Public Health Nurse & IPAC Hub Lead, Casey Cassan - Health Promotion Specialist

**GUESTS:** KPMG - Eric Pino, Chris Pomeroy

- 
- |     |   |   |
|-----|---|---|
| 1.0 | <b>Meeting Called to Order</b><br>a. Land Acknowledgment<br>b. Roll Call<br>c. Declaration of Conflict of Interest  | S. Trivers                              |
|     |   |   |
| 2.0 | <b>Adoption of Agenda</b><br><div style="background-color: #cccccc; padding: 2px;"><b>RESOLUTION</b></div> THAT the Board of Health agenda dated April 26, 2025, be approved as presented.  | S. Trivers                              |
|     |   |   |
| 3.0 | <b>Delegations / Presentations</b><br>a. The Algoma IPAC Hub  | S. Dereski,<br>K. Bateman,<br>C. Cassan |
|     |   |   |
| 4.0 | <b>Adoption of Minutes of Previous Meeting</b><br><div style="background-color: #cccccc; padding: 2px;"><b>RESOLUTION</b></div> THAT the Board of Health meeting minutes dated March 26, 2025, be approved as presented.  | S. Trivers                              |
|     |   |   |
| 5.0 | <b>Business Arising from Minutes</b>  | S. Trivers                              |
|     |   |   |
| 6.0 | <b>Reports to the Board</b><br>a. <b>Medical Officer of Health and Chief Executive Officer Reports</b><br>MOH Report - April 2025<br>• RSV Immunization for Infants<br><div style="background-color: #cccccc; padding: 2px;"><b>RESOLUTION</b></div> THAT the report of the Medical Officer of Health and CEO be accepted as presented. | J. Tuinema                              |
|     |   |   |
|     | b. <b>Finance and Audit</b><br>i. <b>Finance and Audit Committee Chair Report</b><br><div style="background-color: #cccccc; padding: 2px;"><b>RESOLUTION</b></div>  | J. Wildman                              |



THAT the Board of Health accepts the April 9, 2025, Chair Report for the Finance and Audit Committee Meeting as presented.

**ii. APH Audited Financial Statements ending December 31, 2024.**

*E. Pino  
C. Pomeroy  
(KPMG)*

**RESOLUTION**

THAT the Board of Health accepts the Audited Financial Statements for the period ending December 31, 2024, as presented.

**iii. APH Audit Findings Report**

*E. Pino  
C. Pomeroy  
(KPMG)*

**RESOLUTION**

THAT the Board of Health accepts the Audit Findings Report as presented.

**iv. Unaudited Financial Statements ending February 28, 2025.**

*J. Wildman*

**RESOLUTION**

THAT the Board of Health accepts the Unaudited Financial Statements for the period ending February 28, 2025, as presented.

**v. Building Envelope Repairs**

*J. Wildman*

**RESOLUTION**

THAT the Board of Health accepts the recommendation of the Finance and Audit Committee and approves the Building Envelope Repairs as presented.

**c. Governance**

**i. Governance Committee Chair Report**

*D. McConnell*

**RESOLUTION**

THAT the Board of Health accepts the April 16, 2025, Chair Report for the Governance Committee Meeting as presented.

**ii. Policy 02-05-030 Board Member Code of Conduct**

**RESOLUTION**

THAT the Board of Health approves **Policy 02-05-030 Board Member Code of Conduct** as presented.

**iii. Policy 02-05-045 Attendance at Meetings Using Electronic Means**

**RESOLUTION**

THAT the Board of Health approves, **Policy 02-05-045 Attendance at Meetings Using Electronic Means** as presented.

**7.0 New Business/General Business**

*S. Trivers*

**a. Letter to the Ministers of Health from Public Health Sudbury & Districts regarding **Support for a Provincial Immunization Registry** dated March 21, 2025.**

**RESOLUTION**

THAT the APH Board of Health approves endorsement of the letter dated March 21, 2025, from Public Health Sudbury and Districts regarding **Support for a Provincial Immunization Registry**.

- b. Letter to the Ministers of Health from Public Health Sudbury & Districts regarding **Endorsement of the Walport Report, and for Continued focus on Public Health Emergency & Pandemic Preparedness** dated March 21, 2025.

**RESOLUTION**

THAT the APH Board of Health approves endorsement of the letter dated March 21, 2025, from Public Health Sudbury and Districts regarding **Endorsement of the Walport Report, and for Continued focus on Public Health Emergency & Pandemic Preparedness**.

- 8.0 **Correspondence - requiring action** *S. Trivers*
  - a. alPHa Conference and AGM - June 18 - 20, 2025

- 9.0 **Correspondence - for information** *S. Trivers*
  - a. alPHa Information Break - April 2025

- 10.0 **Addendum** *S. Trivers*

- 11.0 **In-Camera** *S. Trivers*

For discussion of labour relations and employee negotiations, matters about identifiable individuals, **adoption of in camera minutes**, security of the property of the board, litigation or potential litigation.

**RESOLUTION**

THAT the Board of Health go in-camera.

- 12.0 **Open Meeting** *S. Trivers*

Resolutions resulting from in-camera meeting.

- 13.0 **Announcements / Next Committee Meetings:** *S. Trivers*

**Governance Committee Meeting**  
Wednesday, May 14, 2025 @ 5:00 pm  
SSM Algoma Community Room | Video Conference

**Board of Health**  
Wednesday, May 28, 2025 @ 5:00 pm  
SSM Algoma Community Room | Video Conference

- 14.0 **Adjournment** *S. Trivers*

**RESOLUTION**

THAT the Board of Health meeting adjourns.



# The Algoma IPAC Hub

**Sandra Dereski**, Acting Manager of Infectious Diseases

**Kristin Bateman**, Public Health Nurse & IPAC Hub Lead

**Casey Cassan**, Health Promotion Specialist

April 23, 2025

# Overview



Review IPAC practices



Learn about the IPAC Hub model



Discuss the Algoma IPAC Hub



Key Messages

# Strategic Directions



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



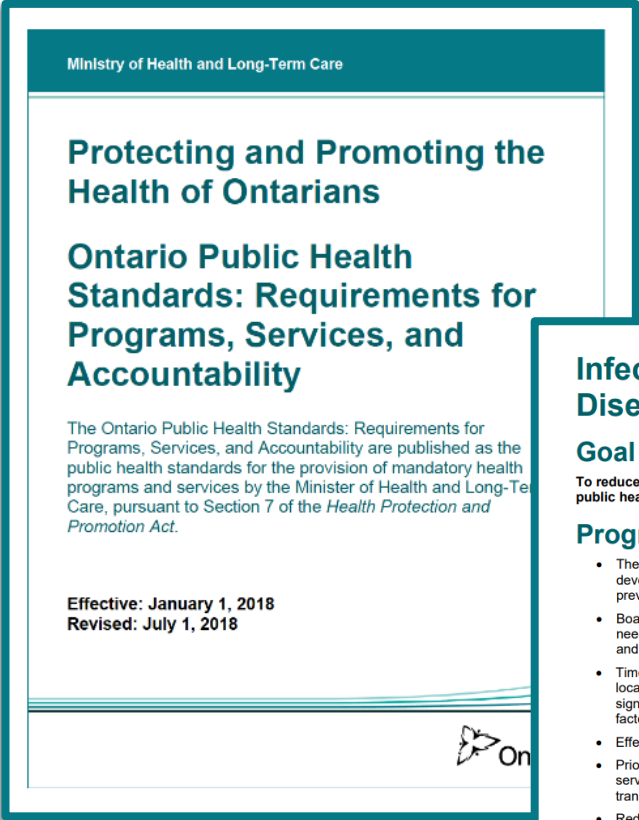
Improve the impact and effectiveness of Algoma Public Health programs.



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

# PUBLIC HEALTH

# Ontario Public Health Standards




### Infectious and Communicable Diseases Prevention and Control

**Goal**

To reduce the burden of communicable diseases and other infectious diseases of public health significance.<sup>12,13</sup>

**Program Outcomes**

- The board of health is aware of and uses local data to influence and inform the development of local healthy public policy and its programs and services for the prevention of infectious and communicable diseases.
- Board of health programs and services are designed to address the identified needs of the community, including priority populations, associated with infectious and communicable diseases.
- Timely and effective detection, identification, and management of exposures and local cases/outbreaks of infectious and communicable diseases of public health significance, including diseases of public health significance, their associated risk factors, and emerging trends.
- Effective case management results in limited secondary cases.
- Priority populations have increased access to sexual health and harm reduction services and supports that prevent exposure to and the transmission of sexually transmitted infections and blood-borne infections.
- Reduced transmission of infections and communicable diseases.
- Reduced progression from latent tuberculosis infection (LTBI) to active tuberculosis (TB) disease.
- Reduced development of acquired drug-resistance among active TB cases.

Ontario 

Ministry of Health

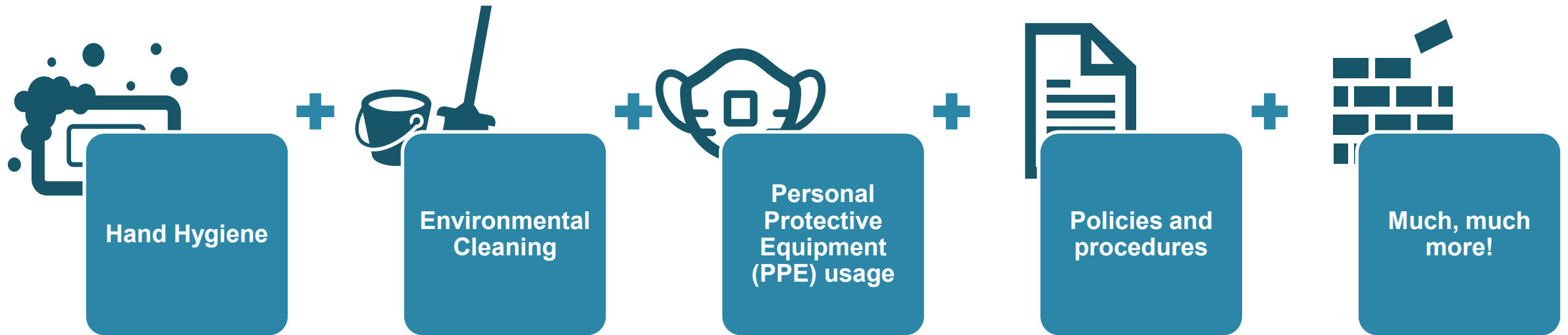
## Infection Prevention and Control Hubs

In the fall of 2020, The Ministry of Health established Infection Prevention and Control (IPAC) Hubs to strengthen IPAC practices in congregate living settings (CLSs) across Ontario.

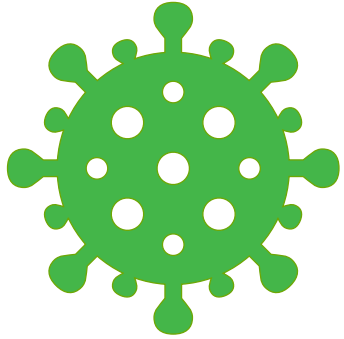
IPAC Hubs are local teams of IPAC experts dedicated to supporting CLSs in implementing IPAC best practices. They work closely with those staff who have responsibility for IPAC to tailor IPAC practices to local needs, providing specialized guidance, networking opportunities, coaching, mentoring, training, and education. Additionally, they may assist with the implementation of outbreak measures in conjunction with local Public Health Units.

# IPAC Practices

IPAC = Infection Prevention and Control



# Why IPAC?



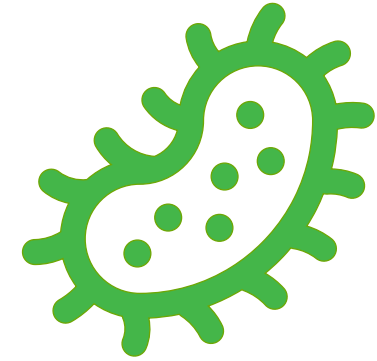
Norovirus



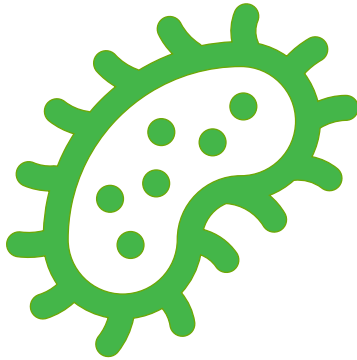
Clostridium difficile



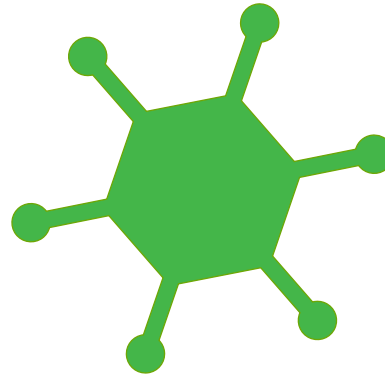
Neisseria Gonorrhoeae



E. coli



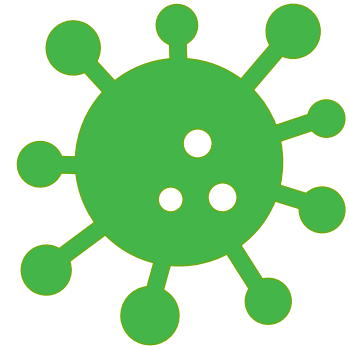
Mycobacterium tuberculosis (TB)



Influenza



Vancomycin resistant enterococci (VRE)



SARS-CoV-2 (COVID-19)



# The IPAC Hub Model (Ontario)

**Goal: strengthen IPAC practices in congregate living settings in Ontario**

- Developed in response to the COVID-19 pandemic
- Partner with hospitals or public health units

Identify and monitor  
IPAC training and  
practice needs



Strengthen current  
partnerships with CLSs  
and broker new ones



Bring forward issues of  
concern outside the  
scope of IPAC Hubs



# Applicable Congregate Living Settings (CLSs)



Long-term care & retirement homes



Assisted Living



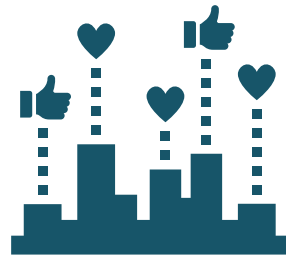
Adult developmental/  
intervenor services



Emergency shelters



Adult mental health and  
addictions



Children's licensed  
residential settings



Youth justice  
facilities

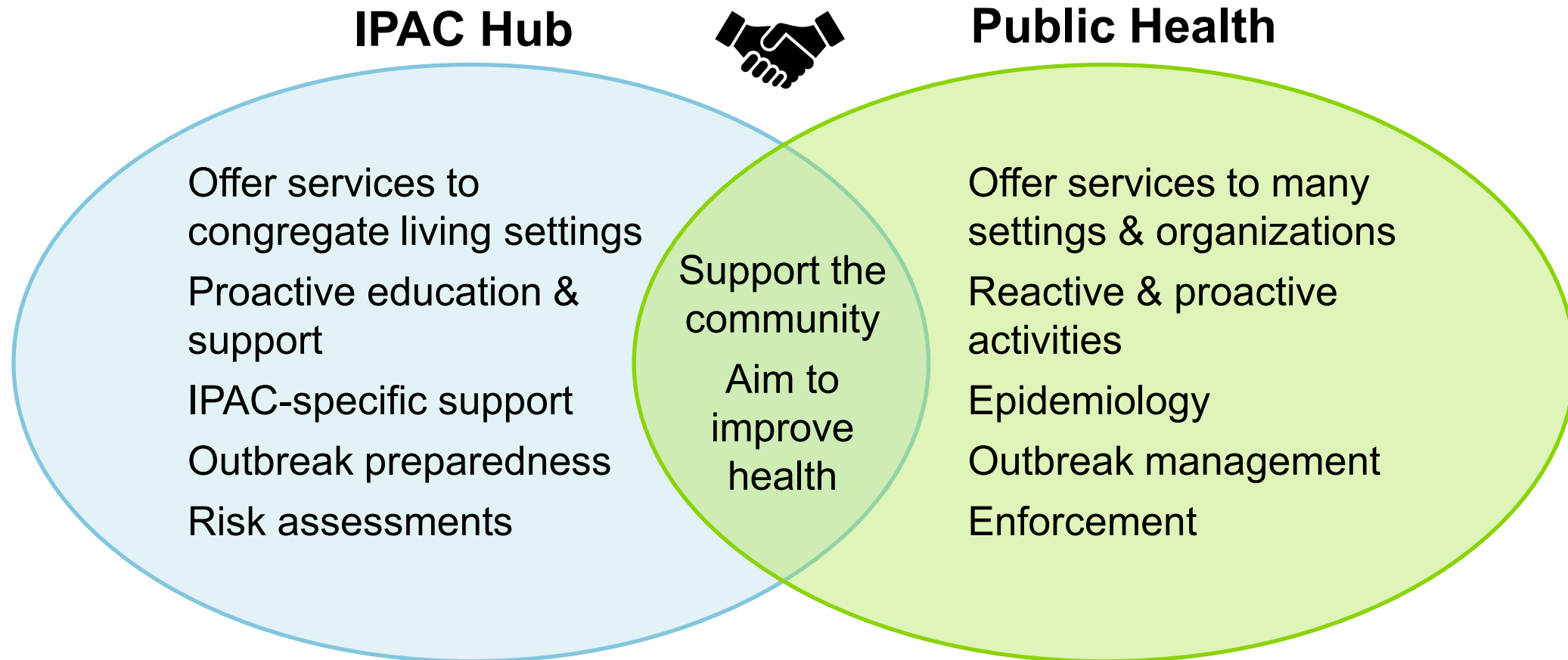


Indigenous Healing  
and Wellness Strategy  
residential programs

# Services Available

- ✓ Education and training
- ✓ Supportive visits and consults
- ✓ Assessments
- ✓ Best practice recommendations and implementation support
- ✓ Professional development support
- ✓ Coaching/mentoring on IPAC practices
- ✓ Outbreak management planning
- ✓ Networking opportunities

# Roles of IPAC Hubs & Public Health



# The Algoma IPAC Hub

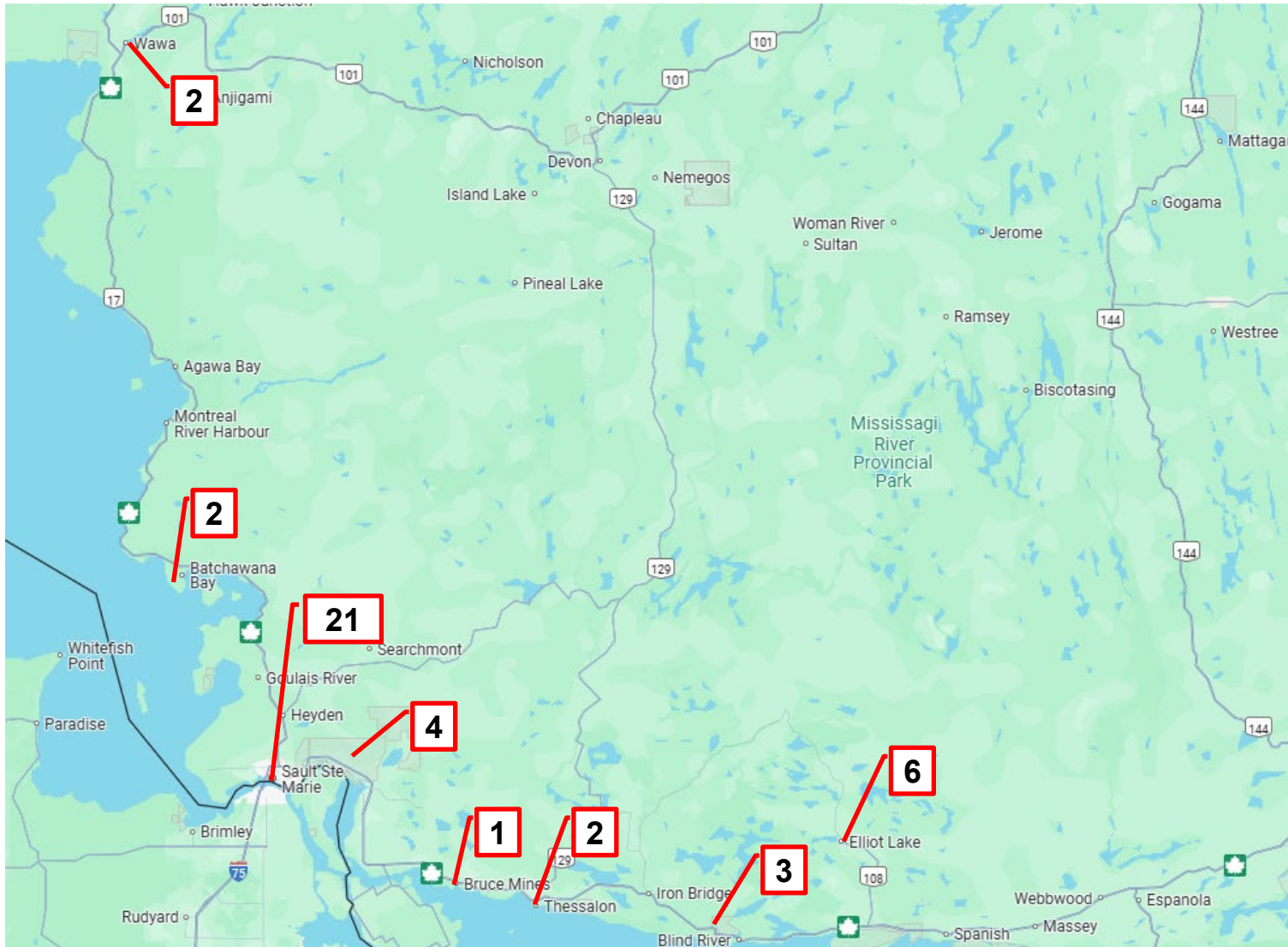
- Delivered through Algoma Public Health
- An interdisciplinary team including, for example: public health nurse, health promotion specialist, IPAC practitioner, clerical, and more.



# Algoma IPAC Hub Activities

- Site visits & presentations by request (in-person)
- Just-in-time education and support (virtual & in-person)
- Community of Practice (CoP) meetings with Algoma CLSs
- In-person education sessions
- Community of Practice (CoP) meetings with other IPAC Hubs
- Monthly e-blasts & quarterly newsletters
- Monthly Ministry reporting

# Partners connected to Algoma IPAC Hub



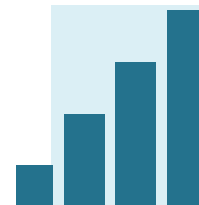
- Wawa
- Batchewana First Nation
- Sault Ste. Marie
- Garden River First Nation
- Bruce Mines
- Thessalon
- Blind River
- Elliot Lake

# Services Provided by Algoma IPAC Hub

From August 2023 to March 2025:



92 requests for service have been received



Delivered 148 services to CLSs

Education & training

52

Assessments

26

Coaching & mentoring

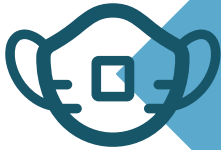
23



# Key Messages



IPAC practices are essential for keeping clients/residents, visitors, and staff safe from infection in ALL settings






The Algoma IPAC Hub is available to support congregate living settings in Algoma in strengthening their IPAC capacities



Congregate living settings across Algoma are accessing services through the IPAC Hub

# Next Steps

-  Continue to offer IPAC Hub services to CLSs across Algoma
-  Continue to participate in provincial IPAC Hub CoP
-  Expand the number of CLSs connected to the Algoma IPAC Hub



*Questions?*

Chi-Miigwech. Merci. Thank You.

PUBLIC HEALTH

March 21, 2025

VIA ELECTRONIC MAIL

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

Honourable Kamal Khera  
Minister of Health of Canada  
House of Commons  
Ottawa, ON K1A 0A6

**Re: Support for a Provincial Immunization Registry**

Dear Honourable Minister Jones and Honourable Minister Khera:

First, let me congratulate both of you on your respective reappointments to Cabinet.

Minister Jones, our team has valued its partnership with you since your key role on the COVID-19 immunization roll-out, and we look forward to continuing to work with you on immunization issues, such as outlined in this letter.

Minister Khera, as you rejoin Cabinet now as the Minister of Health, we are excited to have the opportunity to engage with someone who worked on the front lines of COVID-19 immunizations and will have familiarity with the on-the-ground challenges we hope to partner with both your governments to address.

At its meeting on January 16, 2025, our Board of Health carried the following resolution #06-25:

*WHEREAS neither Ontario nor Canada currently have a reliable, complete or timely way to record immunization information for residents;*

**Sudbury**

1300 rue Paris Street  
Sudbury ON P3E 3A3  
t: 705.522.9200  
f: 705.522.5182

**Elm Place**

10 rue Elm Street  
Unit / Unité 130  
Sudbury ON P3C 5N3  
t: 705.522.9200  
f: 705.677.9611

**Sudbury East / Sudbury-Est**

1 rue King Street  
Box / Boîte 58  
St.-Charles ON P0M 2W0  
t: 705.222.9201  
f: 705.867.0474

**Espanola**

800 rue Centre Street  
Unit / Unité 100 C  
Espanola ON P5E 1J3  
t: 705.222.9202  
f: 705.869.5583

**Île Manitoulin Island**

6163 Highway / Route 542  
Box / Boîte 87  
Mindemoya ON P0P 1S0  
t: 705.370.9200  
f: 705.377.5580

**Chapleau**

34 rue Birch Street  
Box / Boîte 485  
Chapleau ON P0M 1K0  
t: 705.860.9200  
f: 705.864.0820

**toll-free / sans frais**

1.866.522.9200

[phsd.ca](http://phsd.ca)



*WHEREAS a national immunization registry has been a longstanding recommendation for strengthening public health in Canada;*

*WHEREAS in September 2024, the Ontario Immunization Advisory Committee released a position statement strongly urging the Ontario Ministry of Health to develop a provincial immunization registry; and*

*WHEREAS Peterborough Public Health (Motion 9.3.6) and Wellington-Dufferin-Guelph Public Health (Resolution 32) have also passed motions to support a provincial immunization registry;*

*THEREFORE BE IT RESOLVED THAT the Board of Health endorses the establishment and implementation of an Immunization Registry for Ontario;*

*AND THAT the Board of Health supports the establishment of a pan-Canadian immunization registry that integrates with any provincial registries.*

Currently, it is not known how many Ontarians and Canadians are vaccinated for various diseases. Such diseases, including measles, polio, and pertussis, have been re-emerging globally, necessitating action to protect our populations. The efforts around measles are particularly salient, given the sizeable outbreak currently in Ontario, as well as an outbreak in Quebec. However, without a registry, we cannot effectively measure or monitor our successes or gaps in vaccination; to a great extent, we are working “blind”.

Immunization registries would enable better protecting Canadians and Ontarians from these diseases, as well as ongoing infectious threats such as influenza, RSV, and COVID-19. And registries would position us better to respond to future infectious emergencies and pandemics.

The Board encourages the province to move forward with the recommendation of the *Ontario Immunization Advisory Committee* to establish a provincial immunization registry.

However, infections do not respect provincial and territorial borders. So the Board of health further encourages the federal government to establish a pan-Canadian immunization registry that would integrate with provincial registries, such as the one we hope Ontario will design.

Letter  
Re: Support for a Provincial Immunization Registry  
March 21, 2025  
Page 2

The Board would be pleased to offer any support we can to your governments in these endeavours, and the staff of Public Health Sudbury & Districts are available to help in any way they can. We hope to work in partnership to make our communities safer and healthier.

Sincerely,



Mark Signoretti  
Chair, Board of Health

cc: Dr. Theresa Tam, Chief Public Health Officer of Canada  
Heather Jeffrey, President of the Public Health Agency of Canada  
Michael Sherar, President of Public Health Ontario and Chief Executive Officer  
Dr. Kieran Moore, Chief Medical Officer of Health  
Dr. M. M. Hirji, Acting Medical Officer of Health and CEO, Public Health Sudbury & Districts  
Viviane Lapointe, Local Member of Parliament, Sudbury  
Marc Serré, Local Member of Parliament, Nickel Belt  
Carol Hugues, Local Member of Parliament, Algoma-Manitoulin-Kapuskasing  
France Gélinas, Local Member of Provincial Parliament, Nickel Belt  
Jamie West, Local Member of Provincial Parliament, Sudbury  
Bill Rosenberg, Local Member of Provincial Parliament, Algoma-Manitoulin  
Ontario Boards of Health

March 21, 2025

VIA ELECTRONIC MAIL

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

Honourable Kamal Khera  
Minister of Health of Canada  
House of Commons  
Ottawa, ON K1A 0A6

**Re: Endorsement of the Walport Report, and for Continued focus on Public Health Emergency & Pandemic Preparedness**

Dear Honourable Minister Jones and Honourable Minister Khera:

Congratulations once again on your respective reappointments to Cabinet.

At its meeting on January 16, 2025, the Board of Health for Public Health Sudbury & Districts carried the following resolution #08-25:

*WHEREAS for the past two decades, there have been Public Health Emergencies of International Concern approximately every two years, several of which have impacted Canada;*

*WHEREAS in a world that is increasingly more complex, interconnected, and uncertain, future public health emergencies maybe more impactful and difficult to manage;*

*WHEREAS there are opportunities to learn lessons from the COVID-19 pandemic response, both of around successes and areas for improvement;*

**Sudbury**

1300 rue Paris Street  
Sudbury ON P3E 3A3  
t: 705.522.9200  
f: 705.522.5182

**Elm Place**

10 rue Elm Street  
Unit / Unité 130  
Sudbury ON P3C 5N3  
t: 705.522.9200  
f: 705.677.9611

**Sudbury East / Sudbury-Est**

1 rue King Street  
Box / Boîte 58  
St.-Charles ON P0M 2W0  
t: 705.222.9201  
f: 705.867.0474

**Espanola**

800 rue Centre Street  
Unit / Unité 100 C  
Espanola ON P5E 1J3  
t: 705.222.9202  
f: 705.869.5583

**Île Manitoulin Island**

6163 Highway / Route 542  
Box / Boîte 87  
Mindemoya ON P0P 1S0  
t: 705.370.9200  
f: 705.377.5580

**Chapleau**

34 rue Birch Street  
Box / Boîte 485  
Chapleau ON P0M 1K0  
t: 705.860.9200  
f: 705.864.0820

**toll-free / sans frais**

1.866.522.9200

[phsd.ca](https://phsd.ca)



*WHEREAS The Time to Act is Now: Report of the Expert Panel for the Review of the Federal Approach to Pandemic Science Advice and Research Coordination (aka The Walport Report) is one detailed effort to learn lessons from the COVID-19 pandemic response;*

*WHEREAS The Ontario Chief Medical Officer of Health's 2022 Annual Report Being Ready: Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemics presented a laudable path forward to be better prepare for future public health emergencies;*

*THEREFORE BE IT RESOLVED THAT the Board of Health endorses the Walport Report and its 12 recommendations;*

*AND THAT the Board of Health encourages both the Federal government and the government of Ontario to act with deliberate resolve in implementing the Walport Report as well as the 2022 Chief Medical Officer of Health report, respectively.*

It has now been 5 years since the COVID-19 pandemic began, and 3 years since the acute emergency response to COVID-19 ended. This has been the most acute health emergency in a generation, and the most dangerous crisis of any sort in our lifetimes. Canada performed admirably through this pandemic, saving millions of lives through science-driven leadership. However, any unprecedented event must have countless lessons with the benefit of hindsight. It is important that we learn these lessons so that we can be as ready as possible for the next health emergency. Indeed, we are already seeing a very concerning surge of avian influenza in North America's animal population and the possibility of it turning into a new pandemic.

Both the Canadian and Ontario governments have produced excellent reports to guide preparation for the next public health emergency:

- [Being Ready: Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemics](#) by the Chief Medical Officer of Health of Ontario in 2023.
- [The Time to Act is Now: Report of the Expert Panel for the Review of the Federal Approach to Science Advice and Research Coordination](#), by Sir Mark Walport for Health Canada in 2024.

Our Board previously endorsed and communicated its support for Ontario's *Being Ready* with our [resolution 19-23 in April 2023](#). We are pleased to now endorse the Walport report as well. Its recommendations are all ones we agree will improve public health. In particular, we are impressed by the Report's recommendations for



building institutional infrastructure for long-term preparedness. We hope the federal government will move swiftly to implement these recommendations.

As a Board of Health, we are concerned that as we get farther away from the COVID-19 pandemic, the resolve to implement improvements to be better prepared for the future will wane. Indeed, we worry that momentum has already been lost. We note that Ontario's report committed to "regularly assess and report on the public health sector's progress in sustaining, strengthening, and developing its capacity to be ready for the next outbreak or pandemic". No such report on progress has yet been produced after almost 2 years.

We commend both your governments for producing excellent and laudable reports for future public health emergency and pandemic preparedness. And we implore both your governments to recommit to implementing these reports. As Avian influenza and other public health threats continue to arise, the work your governments have outlined in these two reports is absolutely necessary to advance.

Our Board and the staff of our agency stand ready to help your governments in any way that we can as you pursue implementation of these reports.

Sincerely,



Mark Signoretti  
Chair, Board of Health

cc: Dr. M. M. Hirji, Acting Medical Officer of Health and Chief Executive Officer  
Theresa Tam, Chief Public Health Officer of Canada  
Dr. Kieran Moore, Chief Medical Officer of Health for Ontario  
Dr. Kate Bingham, Associate Chief Medical Officer of Health for Ontario  
Viviane Lapointe, Local Member of Parliament, Sudbury  
Marc Serré, Local Member of Parliament, Nickel Belt  
Carol Hugues, Local Member of Parliament, Algoma-Manitoulin-Kapuskasing  
France Gélinas, Local Member of Provincial Parliament, Nickel Belt  
Jamie West, Local Member of Provincial Parliament, Sudbury  
Bill Rosenberg, Local Member of Provincial Parliament, Algoma-Manitoulin  
Ontario Boards of Health



*Algoma*  
**PUBLIC HEALTH**  
Santé publique Algoma

April 23, 2025

Report of the

# Medical Officer of Health / CEO

Prepared by:  
Dr. John Tuinema and the  
Leadership Team

Presented to:  
Algoma Public Health Board of Health

TABLE OF CONTENTS	
APH At-a-Glance	Page 3
PROGRAM HIGHLIGHT - RSV Immunization for Infants	Page 4-6

## APH AT-A-GLANCE

On April 11<sup>th</sup> we held an orientation session for new board members. Topics discussed included the six core functions of public health, the Ontario Public Health Standards, strategic planning, governance, and an introduction to corporate services. Board orientation cannot cover the full depth of public health in one day, so we look forward to providing ongoing public health education through presentations to the board and opportunities as they arise, including the upcoming ALPHa conference/AGM.

Strategic direction #3 of our strategic plan is to “grow and celebrate an organizational culture of learning, innovation, and continuous improvement”. One way we do this is through the work of our Employee Engagement and Wellness Committee. The goal of this committee is to develop, deliver, evaluate, and sustain comprehensive employee wellness programming at Algoma Public Health in cooperation with employees and related working groups. This committee has existed for some time at APH, but was reinvigorated following the acute phase of the pandemic given the wellness challenges presented by the pandemic.

The committee has organized many important training events such as sessions on exploring psychological health and safety, challenging stigma in the workplace, and 2SLGBTQI+ training. They have also organized great social opportunities for staff including our after-hours holiday social event in December and a Cake Day social / baking competition. Recently, the committee organized a Wall of Recognition where staff could nominate their co-workers under different categories ranging from “Someone Who Has Been a Great Mentor” to “Someone Who Always has the Best Treats/Snacks”. Those nominated now have their names up on the wall under their respective category for all to see including in our district offices.

Dr Loo will be returning on May 12<sup>th</sup>, making this my last MOH report for the year. Thank you very much to the Board of Health for the opportunity to serve Algoma in the capacity of Acting Medical Officer of Health / CEO. I look forward to continuing to serve our communities in my usual role as Associate Medical Officer of Health.

## PROGRAM HIGHLIGHT - RSV Immunization for Infants

**Topic:** RSV Immunization for Infants

**From:** Candice Carter, Manager of Immunizations

**Prepared by:** Samantha Moore, Public Health Nurse

### Ontario Public Health Standard Requirements<sup>(1)</sup> addressed in this report: Immunization

- Requirement 3: The board of health shall work with community partners to improve public knowledge and confidence in immunization programs and services by:
  - a) Adapting and/or supplementing national/provincial health communications strategies where local assessment has identified a need;
  - b) Developing and implementing regional/local communications strategies where local assessment has identified a need; and
  - c) Addressing the following topics based on an assessment of local needs:
    - a. Introduction of new publicly funded vaccines.
    - b. Promotion of childhood and adult immunization, including high-risk programs and services.
    - c. The importance of immunization.
- Requirement 4: The board of health shall provide consultation to community partners on immunization and immunization practices, based on local needs and as requested.
- Requirement 5: The board of health shall promote and provide provincially funded immunization programs and services to eligible persons in the health unit, including underserved and priority populations.
- Requirement 7: The board of health shall provide comprehensive information and education to promote effective inventory management for provincially funded vaccines in accordance with the *Vaccine Storage and Handling Protocol, 2018* (or as current) in all premises where provincially funded vaccines are stored. Requirement 9: The board of health shall ensure that the storage and distribution of provincially funded vaccines, including to health care providers practicing within the health unit, is in accordance with the *Vaccine Storage and Handling Protocol, 2018* (or as current).

### 2021-2025 Strategic Priorities addressed in this report:

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

[X] Improve the impact and effectiveness of Algoma Public Health programs.

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

### Key Messages

- Respiratory syncytial virus (RSV) is a common infection that generally spreads from November to April each year. The virus is most severe in infants, young children and older adults, and can lead to lower respiratory illnesses that affect the lungs and airways that can result in hospitalization including admission to intensive care.<sup>(2)</sup>
- In late summer 2024, the Ministry of Health announced that they were expanding eligibility criteria for the RSV immunization program to include all infants (up to one year of age), along with children from 12 to 24 months that meet certain high-risk criteria.
- RSV immunization can be received during pregnancy which provides immunity to the baby from birth. Alternatively, it can be administered directly to infants right after birth, before discharge from the hospital. It is also available through health care providers or at APH immunization clinics for infants that were not immunized in hospital.

## **RSV Immunization Program**

RSV is a major cause of respiratory illness that is most severe in infants, young children and older adults. In Ontario, RSV generally spreads from November to April, and immunization has previously only been available to infants who were at very high risk of RSV and its complications. Beginning in fall 2024, the Ministry of Health expanded the RSV Prevention Program to include pregnant individuals between 32-36 weeks gestation (for the purpose of ensuring their infant will be immune when born), infants up to one year of age, and high-risk children up to 2 years of age.

### **Types of Infant RSV Immunization**

There are two products available for infant RSV immunization:

- Abrysvo®, a vaccine that is administered to pregnant individuals between 32-36 weeks gestation to ensure time for antibodies to develop and transfer to the baby in utero, so they will have adequate protection once they are born. Abrysvo® is also available to individuals over the age of 60 years and can be provided free of charge to those who meet eligibility criteria.
- Beyfortus®, antibodies that can be administered to infants as early as the day they are born. It provides immediate protection to the baby as they receive the antibodies directly from this product.

Beyfortus® has been shown to reduce hospital admission associated with RSV by up to 83% in healthy infants. In comparison, Abrysvo® when administered to pregnant individuals, results in a reduction in RSV associated hospital admission in their infants by 57%.<sup>(3)</sup>

### **The Number of Doses Distributed in Algoma – Beyfortus® & Abrysvo®**

#### **Beyfortus®**

During the 2024/2025 fall and winter season there were some challenges related to the supply of Beyfortus® across the province and it was distributed in a staggered approach. At the local level, there was time, effort and planning put into supporting the prioritization and distribution of the available supply equitably across Algoma.

Just over 620 doses of Beyfortus® were distributed throughout Algoma between Oct. 1, 2024 - March 31, 2025. The number of doses distributed does not reflect the total number of doses administered. APH coordinates the ordering, inventory management, and distribution of provincially funded vaccines at the local level and can track the number of doses distributed to Algoma Vaccine Delivery Agents (VDAs). All healthcare providers that have an APH-inspected vaccine fridge are considered VDAs and can order doses from APH. The doses distributed were used to immunize infants and eligible children in healthcare provider offices, local hospitals, and APH offices.

Data for the number of doses of RSV immunization administered to newborns in the hospital setting is being integrated into the Better Outcomes Registry & Network (BORN). Between October 1, 2024 – March 31, 2025, there were 394 live births in Algoma recorded in BORN. Of those, 176, or 44.6%, have confirmed doses of RSV immunization reflected in BORN. The immunization was not administered to 104, or 26.3% of newborns, and no data is currently available for 114, or 28.9% of newborns. Due to the variation in data collection methods available in BORN, the actual number of RSV doses administered is likely higher than what is currently reported in BORN.<sup>(4)</sup>

#### **Abrysvo®**

304 doses of Abrysvo® were distributed to VDA's throughout Algoma between Oct. 1, 2024 – March 31, 2025. The Abrysvo® vaccine is also available to eligible individuals 60 years of age and older, which makes it difficult to confirm the number of doses of Abrysvo® that were specifically distributed for the administration to pregnant

individuals.

## Awareness and Education

In addition to APH's role in supporting the inventory management for provincially funded vaccines, APH also focuses on promoting and highlighting the importance of immunization for individual client and community health. As 2024/2025 was the first season that RSV immunization was made broadly available to all infants and young children at high-risk, the immunization team at APH prepared and distributed information and provided public health consultation to healthcare providers, partners, groups, and individuals. APH promoted and shared information about RSV immunization through the APH website and social media platforms, healthcare provider updates, and participated in meetings with community partners. The APH immunization team also utilized many opportunities to discuss infant RSV immunization with families, including promoting and offering it to those who were accessing other programs and services.

## Community Partnerships

APH worked collaboratively with healthcare providers to increase access and uptake. Primary care providers worked diligently to identify eligible infants in their practices, and APH provided clinics for those without access to their own provider. We note the exceptional work of our local hospitals who set up processes to ensure immunization was available to children right from birth, as well as partners across the district, such as Group Health Centre and Elliot Lake Family Health Team, who coordinated extensive outreach campaigns to maximize immunization uptake.

## Next Steps: 2025 and Beyond

APH distributed doses of Abrysvo® and Beyfortus® to VDA's for administration to their eligible clients, as well as provided immunization opportunities through APH clinics up until the Ministry of Health announced the wrap-up of the 2024/2025 RSV infant immunization campaign as of April 1, 2025. APH will await guidance from the Ministry of Health on the 2025-2026 RSV immunization campaign in order to plan and collaborate with community partners accordingly. APH will also continue to monitor the RSV immunization data and immunization coverage rates.

The supply challenges experienced during the 2024/2025 Beyfortus® rollout are expected to improve moving forward. This will allow more infants to be immunized earlier in the next RSV season and will help with access to immunization.

## References

1. Ontario Ministry of Health. Ontario Public Health Standards: Requirements for Programs, Services and Accountability. June 2021. Available from: <https://files.ontario.ca/moh-ontario-public-health-standards-en-2021.pdf>
2. Ministry of Health. Respiratory Syncytial Virus. October 31, 2024. Available from: <https://www.ontario.ca/page/respiratory-syncytial-virus>
3. Public Health Agency of Canada. Canadian Immunization Guide – Respiratory Syncytial Virus chapter. March 13, 2025. Available from: <https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-4-active-vaccines/respiratory-syncytial-virus.html>
4. BORN Information System [2024 - 2025]: Ottawa, ON: BORN Ontario [Date extracted: April 2025]

## **Finance and Audit Committee Chair Report**

### **April 9, 2025**

#### **Attendees:**

Luc Morrissette  
Suzanne Trivers  
Jody Wildman – Chair

#### **Regrets:**

Sally Hagman

#### **APH Members:**

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

#### **Guests:**

None

---

#### **Minutes**

- The Minutes of the Finance and Audit Committee meeting of March 12, 2025 were approved.

#### **Report and Recommendations to the Board of Health**

- The Committee reviewed APH's Unaudited Financial Statements for the period ending February 28, 2025 and recommends Board of Health approval.

#### **New Business / General Business**

##### **Building Envelope Repairs:**

- The Director of Corporate Services provided a report on ongoing issues with moisture damage. Although funds had been set aside to deal with drywall repairs, further investigation was undertaken with the assistance of a local window installation contractor to determine whether the problem was more extensive than thought. After removing some of the outside window trim, the contractor determined that portions of the “blue skin” may not have been installed when the building was originally constructed. The original architects of the building were engaged and also concluded there may have been errors with the original installation of the building envelope.
- Following the architect’s review, staff issued a tender for bids for the repairs.



- The Finance and Audit Committee recommends the Board of Algoma Public Health accept the recommended bid and engage for the completion of the repairs.

**In Camera**

- The Committee went into Closed session for adoption of in-camera meeting minutes.

**Next Meeting**

The Finance and Audit Committee is next scheduled to meet on June 11, 2025.

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

Financial Statements of

# **ALGOMA PUBLIC HEALTH**

And Independent Auditor's Report thereon

Year ended December 31, 2024

DRAFT

# ALGOMA PUBLIC HEALTH

## Index to Financial Statements

Year ended December 31, 2024

---

### Independent Auditor's Report

### Financial Statements

Statement of Financial Position	1
Statement of Operations and Accumulated Surplus	2
Statement of Change in Net Debt	3
Statement of Cash Flows	4
Notes to Financial Statements	5 - 17
Schedule 1 Statement of Revenue and Expenses - Public Health Programs	18
Schedule 2 Expenditures - Community Health Programs	19
Schedule 3 Summary of Public Health Programs	20

## INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of Algoma Public Health

### ***Opinion***

We have audited the accompanying financial statements of Algoma Public Health (the "Board"), which comprise:

- the statement of financial position as at December 31, 2024
- the statement of operations and accumulated surplus for the year then ended
- the statement of change in net debt for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies

(Hereinafter referred to as the "financial statements")

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Board as at December 31, 2024, and its results of operations, its changes in net debt and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

### ***Basis for Opinion***

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the "***Auditors' Responsibilities for the Audit of the Financial Statements***" section of our report.

We are independent of the Board in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada and we have fulfilled our other responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### ***Responsibilities of Management and Those Charged with Governance for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Board's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Board or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Board's financial reporting process.

### ***Auditor's Responsibility for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Board's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Board's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Board to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represents the underlying transactions and events in a manner that achieves fair presentation.

- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants, Licensed Public Accountants

Sault Ste. Marie, Ontario

(date)

DRAFT

# ALGOMA PUBLIC HEALTH

## Statement of Financial Position

December 31, 2024, with comparative information for 2023

	2024	2023
<b>Financial assets</b>		
Cash	\$ 4,702,136	\$ 4,663,966
Accounts receivable	1,716,755	2,089,635
Receivable from participating municipalities	12,654	6,482
	6,431,545	6,760,083
<b>Financial liabilities</b>		
Accounts payable and accrued liabilities	1,538,841	1,402,404
Payable to the Province of Ontario	2,750,849	3,426,716
Deferred revenue (note 5)	277,755	280,411
Employee future benefit obligations (note 6)	2,885,767	2,835,275
Term loans (note 10)	2,907,234	3,308,095
	10,360,446	11,252,901
Net debt	(3,928,901)	(4,492,818)
<b>Non-financial assets</b>		
Tangible capital assets (note 7)	16,559,920	16,913,434
Prepaid expenses	365,259	128,517
	16,925,179	17,041,951
Contingencies (note 11)		
Commitments (note 13)		
Accumulated surplus (note 8)	\$ 12,996,278	\$ 12,549,133

See accompanying notes to financial statements.

# ALGOMA PUBLIC HEALTH

## Statement of Operations and Accumulated Surplus

Year ended December 31, 2024, with comparative information for 2023

	2024 Budget (note 15)	2024	2023
Revenue:			
Municipal levy - public health	\$ 4,440,568	\$ 4,440,568	\$ 4,189,217
Provincial grants:			
Public health	12,938,110	13,874,568	14,288,528
Community health	1,302,903	1,290,672	1,231,013
Fees, other grants and recovery of expenditures	709,047	869,439	830,583
	19,390,628	20,475,247	20,539,341
Expenses (note 14):			
Public Health Programs (Schedule 1)	17,415,857	17,612,220	18,674,092
Community Health Programs (Schedule 2)			
Healthy Babies and Children	1,140,750	1,125,835	1,066,956
Nurse Practitioner	162,153	164,835	164,058
Stay on Your Feet	100,000	96,473	117,180
Brighter Futures for Children	114,447	131,273	120,403
Employee future benefits	-	50,492	(14,381)
Interest on long-term debt	56,560	56,560	63,410
Amortization of tangible capital assets	790,414	790,414	711,906
	19,780,181	20,028,102	20,903,624
Operating surplus (deficit)	(389,553)	447,145	(364,283)
Accumulated surplus, beginning of year	12,549,133	12,549,133	12,913,416
Accumulated surplus, end of year	\$ 12,159,580	\$ 12,996,278	\$ 12,549,133

See accompanying notes to financial statements.



# ALGOMA PUBLIC HEALTH

## Statement of Change in Net Debt

Year ended December 31, 2024, with comparative information for 2023

	2024 Budget (note 15)	2024	2023
Operating surplus (deficit)	\$ (389,553)	\$ 447,145	\$ (364,283)
Additions to tangible capital assets	-	(436,900)	(210,785)
Prepaid expenses	-	(236,742)	(128,517)
Amortization of tangible capital assets	790,414	790,414	711,906
	400,861	563,917	8,321
Net debt, beginning of year	(4,492,818)	(4,492,818)	(4,501,139)
Net debt, end of year	\$ (4,091,957)	\$ (3,928,901)	\$ (4,492,818)

See accompanying notes to financial statements.

# ALGOMA PUBLIC HEALTH

## Statement of Cash Flows

Year ended December 31, 2024, with comparative information for 2023

	2024	2023
Cash provided by (used in):		
Operating activities:		
Operating surplus (deficit)	\$ 447,145	\$ (364,283)
Items not involving cash:		
Amortization of tangible capital assets	790,414	711,906
Employee future benefit obligations	50,492	(14,381)
	1,288,051	333,242
Change in non-cash working capital:		
Decrease (increase) in accounts receivable	372,880	(539,128)
Decrease in receivable from participating municipalities	(6,172)	-
Increase in accounts payable and accrued liabilities	136,437	82,834
Decrease in payable to the Province of Ontario	(675,867)	(1,201,587)
Decrease in deferred revenue	(2,656)	(37,490)
Increase in prepaid expenses	(236,742)	(128,517)
	875,931	(1,490,646)
Financing activities:		
Repayment of principal on term loans	(400,861)	(394,011)
Capital activities:		
Additions to tangible capital assets	(436,900)	(210,785)
Increase (decrease) in cash	38,170	(2,095,442)
Cash, beginning of year	4,663,966	6,759,408
Cash, end of year	\$ 4,702,136	\$ 4,663,966

See accompanying notes to financial statements.

# ALGOMA PUBLIC HEALTH

## Notes to Financial Statements

Year ended December 31, 2024

---

The Board of Health for the District of Algoma operating as Algoma Public Health (the "Board") is governed by a public health board as mandated by the Health Protection and Promotion Act for the purpose of promoting and protecting public health.

### 1. Significant accounting policies:

The financial statements are prepared in accordance with the Canadian generally accepted accounting principles for government organizations as recommended by the Public Sector Accounting Board ("PSAB") of the Chartered Professional Accountants of Canada. Significant aspects of the accounting policies adopted by the Board are as follows:

#### (a) Basis of accounting:

Revenue and expenses are reported on the accrual basis of accounting.

The accrual basis of accounting recognizes revenue as they are earned and measurable. Expenses are recognized as they are incurred and measurable as a result of receipt of goods or services and the creation of a legal obligation to pay.

#### (b) Revenue recognition:

The operations of the Board are funded by the Province of Ontario, levies to participating municipalities and user fees. Funding amounts not received at year end are recorded as receivable. Funding amounts in excess of actual expenditures incurred during the year are repayable and are reflected as liabilities.

Certain programs of the Board operate on a March 31 fiscal year. Revenues received in excess of expenditures incurred at December 31 are deferred on the statement of financial position until related expenditures are incurred or upon final settlement.

Fees and other revenue from transactions with performance obligations, are recognized as the Board satisfies a performance obligation by providing the promised goods or services to the payor. Fees and other revenue from transactions with no performance obligations are recognized when the Board has the authority to claim or retain an inflow of economic resources and when a past transaction or event is an asset. Amounts received prior to the end of the year that will be recognized in subsequent fiscal year are deferred and reported as a liability. The majority of Board revenues do not fall under the new PS 3400 accounting standard.

#### (c) Prior years' funding adjustments:

The Ministry of Health (the "Ministry") undertakes financial reviews of the Board's operations from time to time, based on the Board's submissions of annual settlement forms. Adjustments to the financial statements, if any, a result of these reviews are accounted for in the period when notification is received from the Ministry.

#### (d) Non-financial assets:

Non-financial assets are not available to discharge existing liabilities and are held for use in the provision of services. They have useful lives extending beyond the current year and are not intended for sale in the ordinary course of operations.

# ALGOMA PUBLIC HEALTH

## Notes to Financial Statements

Year ended December 31, 2024

### 1. Significant accounting policies (continued):

#### (e) Tangible capital assets:

Tangible capital assets are recorded at cost which includes amounts that are directly attributable to acquisition, construction, development or betterment of the asset. The cost, less residual value, of the tangible capital assets are amortized on a straight-line basis over the following number of years:

Asset	Years
Building	40
Leasehold improvements	10
Furniture and equipment	10
Vehicle	4
Computer equipment	3

Annual amortization is charged in the year of acquisition and in the year of disposal. Assets under construction are not amortized until the asset is available for productive use.

#### (f) Employee future benefit obligations:

The Board sponsors a defined benefit life and health care plan for all employees who retire from active service with an unreduced OMERS pension. The Board accrues its obligations under the defined benefit plan as the employees render the services necessary to earn these retirement benefits. The cost of future benefits earned by employees is actuarially determined using the projected benefit method prorated on service and incorporates management's best estimates with respect to mortality and termination rates, retirement age and expected inflation rate with respect to employee benefit costs.

Actuarial gains (losses) on the accrued benefit obligation arise from the differences between actual and expected experience and from changes in the actuarial assumptions used to determine the accrued benefit obligation.

#### (g) Use of estimates:

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting periods. Significant items subject to estimates and assumptions include the carrying amount of tangible capital assets, valuation allowances for accounts receivables and estimation of obligations related to employee future benefits. Actual results could differ from those estimates. These estimates are reviewed periodically, and, as adjustments become necessary, they are reported in earnings in the year in which they become known.

# ALGOMA PUBLIC HEALTH

## Notes to Financial Statements

Year ended December 31, 2024

---

### 1. Significant accounting policies (continued):

#### (h) Financial instruments:

Financial instruments are classified into three categories: cost, amortized cost or fair value.

##### Cost

Amounts are measured at cost less any amount for valuation allowance. Valuation allowances are made when collection is in doubt.

##### Amortized cost

Amortized cost is measured using the effective interest rate method. The effective interest method is a method of calculating the amortized cost of a financial asset or a financial liability (or a group of financial assets or financial liabilities) and of allocating the interest income or interest expense over the relevant period, based on the effective interest rate. It is applied to financial assets or financial liabilities that are not in the fair value category and is now the method that must be used to calculate amortized cost.

##### Fair value

The Board manages and reports performance for groups of financial assets on a fair-value basis. Investments traded in an active market are reflected at fair value as at the reporting date. Sales and purchases of investments are recorded on the trade date. Transaction costs related to the acquisition of investments are recorded as an expense. Unrealized gains and losses on financial assets are recognized in the statement of remeasurement gains and losses until such time that the financial asset is derecognized due to disposal or impairment. At the time of derecognition, the related realized gains and losses are recognized in the statement of operations and accumulated surplus and related balances reversed from the statement of remeasurement gains and losses. A statement of remeasurement gains and losses has not been included as there are no matters to report therein.

##### Establishing fair value:

The fair value of guarantees and letters of credit are based on fees currently charged for similar agreements or on the estimated cost to terminate them or otherwise settle the obligations with the counterparties at the reported borrowing date. In situations in which there is no market for these guarantees, and they were issued without explicit costs, it is not practicable to determine their fair value with sufficient reliability (if applicable).

# ALGOMA PUBLIC HEALTH

## Notes to Financial Statements

Year ended December 31, 2024

**1. Significant accounting policies (continued):**

(h) Financial instruments (continued):

Fair value hierarchy:

The following provides an analysis of financial instruments that are measured subsequent to initial recognition at fair value, grouped into Levels 1 to 3 based on the degree to which fair value is observable:

Level 1 – fair value measurements are those derived from quoted prices (unadjusted) in active markets for identical assets or liabilities.

Level 2 – fair value measurements are those derived from inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly (i.e., as prices) or indirectly (i.e., derived from prices); and

Level 3 – fair value measurements are those derived from valuation techniques that include inputs for the asset or liability that are not based on observable market data (unobservable inputs).

The fair value hierarchy requires the use of observable market inputs whenever such inputs exist. A financial instrument is classified to the lowest level of the hierarchy for which a significant input has been considered in measuring fair value.

The following chart shows the measurement method for each type of financial instrument:

Financial instrument	Measurement method
Cash	Cost
Accounts receivable	Amortized cost
Receivable from participating municipalities	Amortized cost
Accounts payable and accrued liabilities	Amortized cost
Payable to the Province of Ontario	Amortized cost
Term loans	Amortized cost

# ALGOMA PUBLIC HEALTH

## Notes to Financial Statements

Year ended December 31, 2024

---

### 1. Significant accounting policies (continued):

#### (i) Asset retirement obligations:

The Board recognizes the fair value of an Asset Retirement Obligation ("ARO") when all of the following criteria have been met:

- There is a legal obligation to incur retirement costs in relation to a tangible capital asset;
- The past transaction or event giving rise to the liability has occurred;
- It is expected that future economic benefits will be given up; and
- A reasonable estimate of the amount can be made.

A liability for asset retirement obligations has not been recorded in these financial statements. Given the nature of the assets, the age of the facilities and the remediation work completed to date it was determined there is no further legal obligation on the part of the Board to complete remediation efforts.

### 2. Change in accounting policy – adoption of new accounting standards:

The board adopted the following standards concurrently beginning January 1, 2024 retroactively with restatement: *PS 3160 Public Private Partnerships*, *PS 3400 Revenue* and adopted *PSG-8 Purchased Intangibles* prospectively.

*PS 3400 Revenue* establishes standards on how to account for and report on revenue, specifically differentiating between transactions that include performance obligations (i.e. the payor expects a good or service from the public sector entity), referred to as exchange transactions, and transactions that do not have performance obligations, referred to as non-exchange transactions. For exchange transactions, revenue is recognized when a performance obligation is satisfied. For non-exchange transactions, revenue is recognized when there is authority to retain an inflow of economic resources and a past event that gave rise to an asset has occurred.

# ALGOMA PUBLIC HEALTH

Notes to Financial Statements

Year ended December 31, 2024

### 3. Participating municipalities:

The participating municipalities are as follows:

City of Sault Ste. Marie  
City of Elliot Lake  
Town of Blind River  
Town of Bruce Mines  
Town of Thessalon  
Town of Spanish  
Municipality of Wawa  
Municipality of Huron Shores  
Village of Hilton Beach  
Township of Dubreuilville  
Township of Hilton  
Township of Jocelyn  
Township of Johnson  
Township of Laird  
Township of Macdonald, Meredith & Aberdeen Additional  
Township of North Shore  
Township of Plummer Additional  
Township of Prince  
Township of St. Joseph  
Township of Tarbutt  
Township of White River  
Certain unincorporated areas in the District of Algoma

### 4. Credit facility:

The Board has an authorized line of credit available in the amount of \$500,000. The credit facility bears interest at prime + 0.75% and is unsecured. At December 31, 2024, \$Nil (2023 – \$Nil) was outstanding under the facility.

### 5. Deferred revenue:

The Board operates several additional programs funded by the Ministry. Excess funding received for these programs or programs funded for a program year which differs from the Health Unit's fiscal year is deferred in the accounts until the related costs and final settlements are determined.

A summary of the year's activity relating to those programs is as follows:

	2024	2023
Deferred revenue, beginning of year	\$ 280,411	\$ 317,901
Additional funding deferred during the year	–	9,278
Funding recognized as revenue in the year	(2,656)	(46,768)
Deferred revenue, end of year	\$ 277,755	\$ 280,411



# ALGOMA PUBLIC HEALTH

## Notes to Financial Statements

Year ended December 31, 2024

### 6. Employee future benefits:

#### (a) Pension agreements:

The Board makes contributions to the Ontario Municipal Employees Retirement Fund ("OMERS"), which is a multi-employer plan, on behalf of 2024 – 171 member (2023 - 179) of its staff. The plan is a multi-employer, defined-benefit plan which specifies the amount of the retirement benefit to be received by the employees based on the length of service and rates of pay. The multi-employer plan is valued on a current market basis for all plan assets.

The Board's contributions to OMERS equal those made by the employees. The amount contributed was 2024 – \$1,177,309 (2023 – \$1,263,039) for current service and is included as an expenses on the statement of operations and accumulated surplus. No pension liability for this type of plan is included in the Board's financial statements.

#### (b) Employee future benefit obligations:

Employee future benefit obligations are future liabilities of the Board to its employees and retirees for benefits earned but not taken as at December 31, 2024. The liabilities will be recovered from future revenues and consist of the following:

	2024	2023
Post-retirement benefits (i)	\$ 1,116,600	\$ 1,123,702
Non-vested sick leave (ii)	664,500	600,237
Accrued vacation pay (iii)	1,104,667	1,111,336
	<u>\$ 2,885,767</u>	<u>\$ 2,835,275</u>

# ALGOMA PUBLIC HEALTH

Notes to Financial Statements

Year ended December 31, 2024

## 6. Employee future benefits (continued):

### (b) Employee future benefit obligations (continued):

#### (i) Post-retirement benefits:

The post-retirement benefit liability is based on an actuarial valuation performed by the Board's actuaries. The date of the most recent actuarial valuation of the post-retirement benefit plan is December 31, 2024. The significant actuarial assumptions adopted in estimating the Board's liability are as follows:

- Discount Rate 4.70%
- Health Care Trend Rate 4.0% to 5.5%

Information about the Board's future obligations with respect to these costs is as follows:

	2024	2023
Accrued benefit obligations, beginning of year	\$ 1,123,702	\$ 1,145,969
Current service cost	38,300	33,941
Interest cost	35,000	35,188
Benefits paid	(48,500)	(53,246)
Amortization of actuarial gains	(31,902)	(38,150)
Accrued benefit obligations, end of year	\$ 1,116,600	\$ 1,123,702

#### (ii) Non-vested sick leave:

Accumulated sick leave credits refers to the balance of unused sick leave credits which accrue to employees each month. Unused sick days are banked and may be used in the future if sick leave is beyond their yearly entitlement. No cash payments are made for unused sick time upon leaving the Board's employment.

#### (iii) Accrued vacation pay:

Accrued vacation pay represents the liability for vacation entitlements earned by employees but not taken as at December 31.

# ALGOMA PUBLIC HEALTH

Notes to Consolidated Financial Statements

Year ended December 31, 2024

## 7. Tangible capital assets:

Cost	Balance at December 31, 2023	Additions	Transfers and disposals	Balance at December 31, 2024
Building	\$ 23,072,474	\$ 151,208	\$ -	\$ 23,223,682
Leasehold improvements	1,583,164	-	-	1,583,164
Furniture and equipment	2,145,864	35,253	-	2,181,117
Vehicle	40,113	-	-	40,113
Computer equipment	3,372,128	250,439	-	3,622,567
<b>Total</b>	<b>\$ 30,213,743</b>	<b>\$ 436,900</b>	<b>\$ -</b>	<b>\$ 30,650,643</b>
Accumulated Amortization	Balance at December 31, 2023	Disposals	Amortization expense	Balance at December 31, 2024
Building	\$ 6,755,856	\$ -	\$ 552,150	\$ 7,308,006
Leasehold improvements	1,216,288	-	106,976	1,323,264
Furniture and equipment	2,006,797	-	31,581	2,038,378
Vehicle	40,113	-	-	40,113
Computer equipment	3,281,255	-	99,707	3,380,962
<b>Total</b>	<b>\$ 13,300,309</b>	<b>\$ -</b>	<b>\$ 790,414</b>	<b>\$ 14,090,723</b>
	Net book value, December 31, 2023			Net book value, December 31, 2024
Building	\$ 16,316,618			\$ 15,915,676
Leasehold improvements	366,876			259,900
Furniture and equipment	139,067			142,739
Vehicle	-			-
Computer equipment	90,873			241,605
<b>Total</b>	<b>\$ 16,913,434</b>			<b>\$ 16,559,920</b>

# ALGOMA PUBLIC HEALTH

Notes to Consolidated Financial Statements

Year ended December 31, 2024

## 7. Tangible capital assets (continued):

Cost	Balance at December 31, 2022	Additions	Transfers and disposals	Balance at December 31, 2023
Building	\$ 23,012,267	\$ 60,207	\$ -	\$ 23,072,474
Leasehold improvements	1,583,164	-	-	1,583,164
Furniture and equipment	2,113,825	63,343	(31,304)	2,145,864
Vehicle	40,113	-	-	40,113
Computer equipment	3,284,893	87,235	-	3,372,128
<b>Total</b>	<b>\$ 30,034,262</b>	<b>\$ 210,785</b>	<b>\$ (31,304)</b>	<b>\$ 30,213,743</b>
Accumulated Amortization	Balance at December 31, 2022	Disposals	Amortization expense	Balance at December 31, 2023
Building	\$ 6,206,384	\$ -	\$ 549,472	\$ 6,755,856
Leasehold improvements	1,109,313	-	106,975	1,216,288
Furniture and equipment	2,010,880	(31,304)	27,221	2,006,797
Vehicle	40,113	-	-	40,113
Computer equipment	3,253,017	-	28,238	3,281,255
<b>Total</b>	<b>\$ 12,619,707</b>	<b>\$ (31,304)</b>	<b>\$ 711,906</b>	<b>\$ 13,300,309</b>
	Net book value, December 31, 2022			Net book value, December 31, 2023
Building	\$ 16,805,883			\$ 16,316,618
Leasehold improvements	473,851			366,876
Furniture and equipment	102,945			139,067
Vehicle	-			-
Computer equipment	31,876			90,873
<b>Total</b>	<b>\$ 17,414,555</b>			<b>\$ 16,913,434</b>

# ALGOMA PUBLIC HEALTH

## Notes to Financial Statements

Year ended December 31, 2024

### 8. Accumulated surplus:

Accumulated surplus is comprised of:

	2024	2023
Invested in tangible capital assets	\$ 16,559,920	\$ 16,913,434
Reserve fund (note 8)	2,143,820	2,064,546
Operating	85,539	(285,477)
Unfunded:		
Employee future benefits	(2,885,767)	(2,835,275)
Term loans	(2,907,234)	(3,308,095)
	\$ 12,996,278	\$ 12,549,133

### 9. Reserve fund:

The Board has set aside a reserve fund for specific purposes to be approved by the Board.

	2024	2023
Balance, beginning of year	\$ 2,064,546	\$ 2,005,166
Additions to reserve fund	—	—
Investment income	79,274	59,380
Balance, end of year	\$ 2,143,820	\$ 2,064,546

The reserve fund has been placed in a premium investment account and is included in cash on the statement of financial position. Interest is earned on daily balances and paid monthly at tiered annual rates from 2.5% to 3.5%.

### 10. Term loans:

	2024	2023
Term loan #1	\$ 2,737,357	\$ 3,114,793
Term loan #2	169,877	193,302
	\$ 2,907,234	\$ 3,308,095

# ALGOMA PUBLIC HEALTH

## Notes to Financial Statements

Year ended December 31, 2024

### 10. Term loans (continued):

Principal payment due on the term loans is as follows:

Year	Annual payments
2025	\$ 408,645
2026	416,034
2027	423,556
2028	431,215
2029	439,012
Thereafter	788,772

Term loan #1 is a non-revolving loan bearing interest of 1.80%. The loan is repayable in blended monthly interest and principal payments of \$35,893 and matures on September 1, 2031. Security is in the form of an assignment of fire insurance and a borrowing resolution.

Term loan #2 bears interest of 1.80%. The loan is repayable in monthly interest and principal payments of \$2,225. The loan is due on September 1, 2031. Security is in the form of an assignment of fire insurance and a borrowing resolution.

Interest paid in the year was \$56,560 (2023 – \$63,410).

### 11. Contingencies:

The Board is periodically subject to legal claims or employee grievances. In the opinion of management, the ultimate resolution of any current claims or grievances would not have a material effect on the financial position (or results of operations) of the Board and any claims would not exceed the current insurance coverage. Accordingly, no provisions for losses has been reflected in the accounts of the Board for these amounts. Settlements, if any, resulting in a cost to the Board will be accounted for in the period the amounts can be determined.

### 12. Segmented information:

The Board provides a wide range of services to citizens of the District of Algoma. For management reporting purposes, the Board's operations and activities are organized and reported by programs. Programs were created for the purposes of recording specific activities to attain certain objectives in accordance with special regulations, restrictions or limitations. Public health services are provided by programs and their activities are reported in these funds. Certain programs have been separately disclosed in Schedule 2 – Expenditures – Community Health Programs.

# ALGOMA PUBLIC HEALTH

## Notes to Financial Statements

Year ended December 31, 2024

### 13. Commitments:

The Board is committed to minimum annual lease payments under various operating leases as follows:

Year	Annual payments
2025	\$ 201,459
2026	107,482
2027	83,485
2028	6,957

The annual lease payments are exclusive of maintenance and other operating costs.

### 14. Expenses by object:

	2024	2023
Salaries and benefits	\$ 14,858,251	\$ 15,644,049
Materials and supplies	4,322,877	4,484,259
Amortization	790,414	711,906
Interest on long-term debt	56,560	63,410
	\$ 20,028,102	\$ 20,903,624

### 15. Budget:

The budget approved by the board was not prepared on a basis consistent with that used to report the actual results (Public Sector Accounting Standards). The budget was prepared on a modified accrual basis while Public Sector Accounting Standards now require a full accrual basis. The budget figures excluded amortization expense and included debt principal payments. As a result, the budget figures presented in the statements of operations and accumulated surplus and change in net debt represent the budget adopted by the board with adjustments as follows:

	2024
Adopted budget for the year	\$ -
Adjustments to adopted budget:	
Debt principal repayments	400,861
Amortization of tangible capital assets	(790,414)
Budget deficit per statement of operations and accumulated surplus	\$ (389,553)

# ALGOMA PUBLIC HEALTH

Statement of Revenue and Expenses – Public Health Programs

Schedule 1

Year ended December 31, 2024, with comparative information for 2023

	2024 Budget	2024 Total	2023 Total
Revenue (Schedule 3)			
Provincial grant	\$ 12,938,110	\$ 13,874,568	\$ 14,288,529
Levies	4,440,568	4,440,568	4,189,217
Recoveries	494,600	641,695	593,000
	17,873,278	18,956,831	19,070,746
Expenses:			
Salaries and wages	10,659,824	10,675,500	11,439,383
Benefits	2,773,746	2,788,588	2,864,975
Accounting and audit	35,000	35,700	27,267
Equipment	987,150	846,567	867,490
Insurance	264,000	247,547	196,717
Occupancy and renovations	1,018,182	907,073	950,473
Office supplies	27,400	22,475	26,437
Professional development	98,101	119,076	94,029
Program promotion	14,500	13,325	23,470
Program supplies	375,979	386,754	424,629
Program administration	40,000	29,732	44,785
Purchase professional services	683,719	1,102,025	1,240,780
Telephone and telecommunications	253,710	270,652	296,021
Travel	184,546	167,206	177,636
	17,415,857	17,612,220	18,674,092
Excess of revenue over expenses before the undernoted	457,421	1,344,611	396,654
Interest on long-term debt	56,560	56,560	63,410
Amortization	790,414	790,414	711,906
(Deficiency) excess of revenue over expenses	\$ (389,553)	\$ 497,637	\$ (378,662)



# ALGOMA PUBLIC HEALTH

Schedule 2

## Expenditures - Community Health Programs

Year ended December 31, 2024, with comparative information for 2023

	Healthy Babies and Children	Nurse Practitioner	Stay on Your Feet	Brighter Futures for Children	2024 Total	2023 Total
Salaries and employee benefits:						
Salaries	\$ 846,814	114,818	74,247	59,981	\$ 1,095,860	\$ 1,064,655
Employee benefits	233,268	27,358	17,352	20,325	298,303	275,036
	1,080,082	142,176	91,599	80,306	1,394,163	1,339,691
Supplies and services:						
Equipment	-	-	-	-	-	900
Occupancy and renovations	-	8,400	-	4,500	12,900	12,000
Office supplies	-	1,505	-	-	1,505	3,720
Insurance	-	1,200	-	-	1,200	1,200
Audit fees	2,544	-	-	-	2,544	4,533
Professional development	6,568	204	545	-	7,317	7,030
Program administration	-	-	-	2,625	2,625	-
Program supplies	4,870	6,550	3,518	43,070	58,008	47,905
Purchased professional services	-	-	-	-	-	9,000
Telephone and telecommunications	9,000	4,800	-	-	13,800	16,850
Travel	22,771	-	811	772	24,354	25,768
	45,753	22,659	4,874	50,967	124,253	128,906
Total expenditures	\$ 1,125,835	164,835	96,473	131,273	\$ 1,518,416	\$ 1,468,597

# ALGOMA PUBLIC HEALTH

Summary of Public Health Programs for Settlement to the Province of Ontario

Schedule 3

Year ended December 31, 2024, with comparative information for 2023

	2024	2023
<b>Revenues:</b>		
Public Health Funding	\$ 10,020,303	\$ 8,861,200
Levies	4,440,568	4,189,217
Sr. Dental	1,800,991	1,852,850
One Time Funding Mass Immunization	291,704	288,300
One Time Funding Mitigation	-	1,037,800
One Time Funding COVID-19 School Nurses	-	292,258
Unorganized	530,400	530,400
Infection Prevention and Control Hub	315,550	-
One Time Funding Infection Prevention and Control Hub	308,766	584,831
One Time Funding COVID-19 General Program	-	385,500
Land Control	223,400	196,325
Northern Ontario Fruits and Vegetables	117,400	117,400
Recoveries from Programs	194,059	165,379
Interest	224,236	231,296
Unorganized - Indigenous Communities	98,000	98,000
MOH and AMOH Compensation	147,642	125,988
One Time Funding RSV Adult Prevention Program	75,619	-
One Time Funding Security System Upgrades	91,600	-
One Time Funding Network Switches	61,100	-
One Time Funding Fire System Upgrade	-	23,526
One Time Funding PHI Practicum Student	15,349	42,559
One Time Funding Needle Exchange Program	144	36,181
One Time Funding Smoke Free Ontario Tablets	-	636
One Time Funding Vaccine Fridges	-	11,100
	18,956,831	19,070,746
<b>Expenditures: (including capital items):</b>		
Public Health Mandatory Programs	14,028,010	14,339,666
Public Health Mandatory Programs - COVID-19 Managed Costs	-	22,768
100% Provincial Funded Sr. Dental	1,800,991	1,852,850
One Time Funding Mass Immunization	291,704	288,300
One Time Funding COVID-19 School Nurses	-	292,258
100% Provincial Funded Unorganized	530,400	530,400
One Time Funding Infection Prevention and Control Hub	624,316	584,831
One Time Funding COVID-19 General Program	-	385,500
Land Control	223,400	196,325
100% Funded Northern Ontario Fruits and Vegetables	117,400	117,400
100% Funded Indigenous Communities	98,000	98,000
100% Funded MOH and AMOH Compensation	147,642	125,988
One Time Funding RSV Adult Prevention Program	75,619	-
One Time Funding Security System Upgrades	91,600	-
One Time Funding Network Switches	61,100	-
One Time Funding Fire System Upgrade	-	23,526
One Time Funding PHI Practicum Student	15,349	42,559
One Time Funding Needle Exchange Program	144	36,181
One Time Funding Smoke Free Ontario Tablets	-	636
One Time Funding Vaccine Fridges	-	11,100
	18,105,675	18,948,288
<b>Excess of revenues over expenditures</b>	<b>\$ 851,156</b>	<b>\$ 122,458</b>



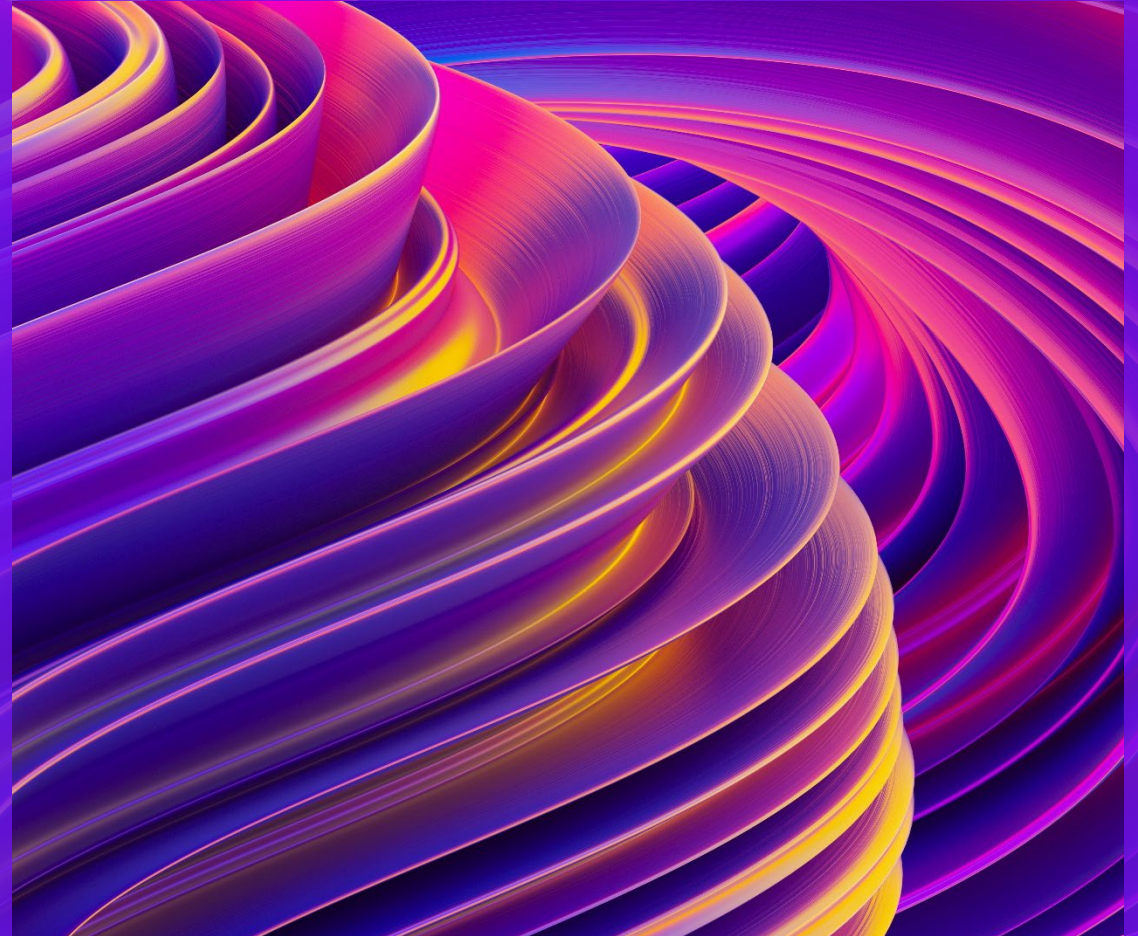
# Algoma Public Health

**Audit Findings Report for the year ended  
December 31, 2024**

*KPMG LLP*

Prepared as of April 11, 2025 for presentation to the Audit  
Committee on April 23, 2025

[kpmg.ca/audit](https://kpmg.ca/audit)





# KPMG contacts

## Key contacts in connection with this engagement



**Eric Pino, CPA, CA, MSc**

Lead Audit Engagement Partner

705-941-5786

[epino@kpmg.ca](mailto:epino@kpmg.ca)



**Chris Pomeroy, CPA, CA**

Lead Audit Engagement Senior Manager

705-941-5799

[cpomeroy@kpmg.ca](mailto:cpomeroy@kpmg.ca)



# Table of contents

## Digital use information

This Audit Findings Report is also available as a “hyper-linked” PDF document.

If you are reading in electronic form (e.g. In “Adobe Reader” or “Board Books”), clicking on the home symbol on the top right corner will bring you back to this slide.



Click on any item in the table of contents to navigate to that section.

<b>5</b>	<b>Highlights</b>	<b>6</b>	<b>Status</b>	<b>6</b>	<b>Significant changes</b>	<b>7</b>	<b>Risks and results</b>
<b>9</b>	<b>Misstatements</b>	<b>10</b>	<b>Control deficiencies</b>	<b>11</b>	<b>Policies and practices</b>	<b>13</b>	<b>Specific topics</b>
<b>14</b>	<b>Audit quality</b>	<b>15</b>	<b>Independence</b>	<b>16</b>	<b>Appendices</b>		



# Audit highlights



No matters to report



Matters to report – see link for details

## Status

We have completed the audit of the consolidated financial statements (“financial statements”), with the exception of certain remaining outstanding procedures, which are highlighted on the ‘Status’ slide of this report.



## Significant changes



Significant changes since our audit plan

- There were no significant changes to our audit plan which was originally developed.

## Risks and results



Significant risks



- In the Audit Plan, we did not identify any significant financial reporting risks other than the presumed risk of management override of controls. We did not identify any additional significant financial reporting risks that required additional audit procedures.



Other risks of material misstatement



Going concern matters

## Control deficiencies



Significant deficiencies



## Uncorrected misstatements



Uncorrected misstatements



## Corrected misstatements

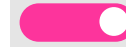


Corrected misstatements

## Policies and practices & Specific topics



Significant unusual transactions



Accounting policies and practices



- Within the 2024 year end, the Board adopted PS 3400 Revenue. See pages 8 for additional information with respect to the adoption of the new standard.



Other financial reporting matters



Specific topics



# Status

As of April 9, 2025, we have completed the audit of the financial statements, with the exception of certain remaining procedures, which include amongst others:

- Finalization of the review and sign offs of all working papers in the audit file
- Subsequent event verification to date of audit report, as necessary
- Receipt of legal letters, and, or subsequent event verification to date of audit report, as necessary
- Receipt of signed management representation letter
- Completing our discussions with the Audit Committee
- Obtaining evidence of the Board of Director's approval of the financial statements

We will update the Audit Committee, and not solely the Chair, on significant matters, if any, arising from the completion of the audit, including the completion of the above procedures.

A draft of our auditor's report is provided in Appendix: Draft Auditor's Report.

## KPMG Clara for Clients (KCc)



### Real-time collaboration and transparency

We leveraged **KCc** to facilitate real-time collaboration with management and provide visual insights into the status of the audit!

On our audit we used KCc to coordinate requests with management.



# Significant changes

We have made the following significant changes since our communication in the Audit Planning Report:

Audit strategy	
Management and the KPMG audit team	There were no key Management team member changes from the Audit Plan. Management were available as needed to assist the Audit Team. The senior audit team remained consistent from the team presented in the Audit Plan.
Materiality	Materiality was set at \$420,000 million which represented approximately 2% of the prior year total revenue. Current year actual total revenue was consistent at \$20.5 million, therefore, materiality represented 2.1% of current year revenue. This falls within the acceptable range of our required benchmark of between 0.5% - 3.0%. No changes to materiality were required.
Fraud risk	We performed our required audit procedures in accordance with the professional standards over fraud risk as communicated to the Audit Committee in the Audit Plan and did not identify any additional fraud risks from our audit work.
Other areas of audit focus	We identified certain areas of audit focus in our Audit Plan. We did not identify any additional areas of audit focus and have no significant findings to report as a result of these procedures.



# Significant risks and results

We highlight our significant findings in respect of **significant risk**.

	Management Override of Controls	RISK OF  FRAUD
Significant risk	Estimate?	
Management is in a unique position to perpetrate fraud because of its ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. Although the level of risk of management override of controls will vary from entity to entity, the risk nevertheless is present in all entities.	No	
Our response		
As this presumed risk of material misstatement due to fraud is not rebuttable, our audit methodology incorporates the required procedures as per the professional standards to address this risk. These procedures include: <ul style="list-style-type: none"><li>Assessed the design and implementation of controls surrounding the journal entry process;</li><li>Determined the criteria to identify high-risk journal entries and other adjustments; and</li><li>Tested high-risk journal entries and other adjustments.</li></ul>		
Findings		
We did not uncover any issues during the performance of the procedures described above.		



# New accounting standards - Revenue

## Key other matters to discuss in relation to the standard adoption

On January 1, 2024, the Board adopted Canadian public sector accounting standard PS 3400 Revenue. The new accounting standard establishes a single framework to categorize revenue to enhance the consistency of revenue recognition and its measurement.

Management performed an assessment of the impact of the new accounting standard on the Centre's financial statements and concluded that the existing revenue recognition approach to the revenues that fall in scope of the new standard do not result in material differences to the financial statements

We performed the following audit procedures over Management's assessment:

- We obtained a listing of revenues covered by the section (i.e. everything except grants)
- We determine which revenues could result in a material misstatement as a result of the application of the standard
- We confirmed the nature of performance obligations and nature of the transaction
- We considered the impact of revenues to be recognized over a period of time to determine if it was material. (i.e. is it material)





# Uncorrected misstatements

Uncorrected misstatements include financial presentation and disclosure omissions.



- Materiality for fiscal 2024 was set at \$420,000 which translated into an audit misstatement posting threshold of \$21,000. As such, all misstatements that would have been identified during the audit greater than \$21,000 would have been recorded on our summary of adjustments and differences.
- Materiality is established to identify risks of material misstatements, to develop an appropriate audit response to such risks, and to evaluate the level at which we think misstatements will reasonably influence users of the financial statements. It considers both quantitative and qualitative factors. Adjustments and differences identified during the audit are categorized as “Corrected adjustments” or “Uncorrected differences”. These include disclosure adjustments and differences.
- Professional standards require that we request of management and the Audit Committee that all identified adjustments or differences be corrected, if any.

## Corrected and uncorrected differences

We did not identify any misstatements that were communicated to management and subsequently corrected in the financial statements. We did not identify any adjustments that remain uncorrected in the financial statements



# Control deficiencies

## Consideration of internal control over financial reporting (ICFR)



In planning and performing our audit, we considered ICFR relevant to the Entity's preparation of the financial statements in order to design audit procedures that are appropriate in the circumstances for the purpose of expressing an opinion on the financial statements, but not for the purpose of expressing an opinion on ICFR.

Our understanding of internal control over financial reporting was for the limited purpose described above and was not designed to identify all control deficiencies that might be significant deficiencies. The matters being reported are limited to those deficiencies that we have identified during the audit that we have concluded are of sufficient importance to merit being reported to those charged with governance.

Our awareness of control deficiencies varies with each audit and is influenced by the nature, timing, and extent of audit procedures performed, as well as other factors. Had we performed more extensive procedures on internal control over financial reporting, we might have identified more significant deficiencies to be reported or concluded that some of the reported significant deficiencies need not, in fact, have been reported.

## A deficiency in internal control over financial reporting



A deficiency exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect misstatements on a timely basis. A deficiency in design exists when (a) a control necessary to meet the control objective is missing or (b) an existing control is not properly designed so that, even if the control operates as designed, the control objective would not be met. A deficiency in operation exists when a properly designed control does not operate as designed, or when the person performing the control does not possess the necessary authority or competence to perform the control effectively.

## Significant deficiencies in internal control over financial reporting



A deficiency, or a combination of deficiencies, in internal control over financial reporting that, in our judgment, is important enough to merit the attention of those charged with governance.

## No significant, or other, deficiencies in internal control over financial reporting were identified in the audit.





# Accounting policies and practices



## Initial selection of significant accounting policies and practices

Public Sector Accounting Board has introduced a new standard, PS 3400 Revenue, effective for fiscal years beginning on or after April 1, 2023. The standard was evaluated and did not have an impact on the financial results of the Board. New standards, PS 3160 Public Private Partnerships and PSG-8 Purchased Intangibles were not applicable to the Board.



## Description of new or revised significant accounting policies and practices

There were no significant or material changes noted to the accounting policies and practices that had an impact on the financial statements within the December 31, 2024 year end.



## Significant qualitative aspects

There are no significant qualitative aspects to note with respect to the accounting policies and practices.



# Other financial reporting matters

We also highlight the following:



**Financial statement presentation - form, arrangement, and content**



Introduction of PS 3400 Revenue



**Concerns regarding application of new accounting pronouncements**



No matters to report.



**Significant qualitative aspects of financial statement presentation and disclosure**



No additional matters relating to the Board's financial statement presentation and disclosure have been identified.

Management have followed the Ministry provided financial statement notes where relevant.

# Specific topics

We have highlighted the following that we would like to bring to your attention:

Topic title	Finding
Significant matters subject to correspondence with management	No matters to report
Issues with sending external confirmation requests	No matters to report
Illegal acts, including noncompliance with laws and regulations, or fraud (identified or suspected)	No matters to report
Other information in documents containing the audited financial statements	No matters to report
Significant difficulties encountered during the audit	No matters to report
Disagreements with management	No matters to report
Related parties	No matters to report
Other matters that are relevant matters of governance interest	No matters to report



# Audit quality - How do we deliver audit quality?

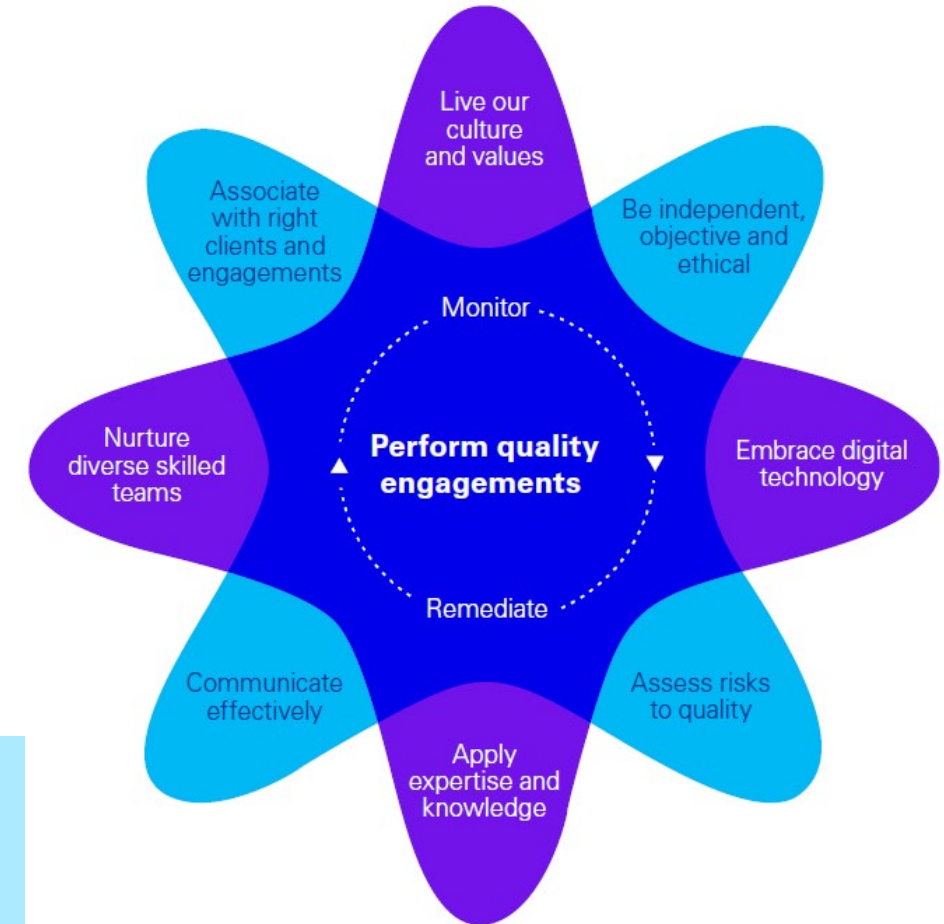
Quality essentially means doing the right thing and remains our highest priority. Our Global Quality Framework outlines how we deliver quality and how every partner and staff member contributes to its delivery.

The drivers outlined in the framework are the ten components of the KPMG System of Quality Management (SoQM). Aligned with ISQM 1/CSQM 1, our SoQM components also meet the requirements of the International Code of Ethics for Professional Accountants (including International Independence Standards) issued by the International Ethics Standards Board for Accountants (IESBA) and the relevant rules of professional conduct / code of ethics applicable to the practice of public accounting in Canada, which apply to professional services firms that perform audits of financial statements. Learn more about our system of quality management and our firm's statement on the effectiveness of our SoQM:

 [KPMG Canada Transparency Report](#)

**We define 'audit quality' as being the outcome when:**

- audits are **executed consistently**, in line with the requirements and intent of **applicable professional standards** within a strong **system of quality management**; and
- all of our related activities are undertaken in an environment of the utmost level of **objectivity, independence, ethics and integrity**.



**Doing the right thing. Always.**





# Independence

As a firm, we are committed to being and being seen to be independent. We have strict rules and protocols to maintain our independence that meet or exceed those of the IESBA Code<sup>1</sup> and CPA Code. The following are the actions or safeguards applied to reduce or eliminate threats to an acceptable level:



Dedicated ethics & independence partners



Process for reporting breaches of professional standards and policy, and documented disciplinary policy



Ethics, independence and integrity training for all staff



International proprietary system used to evaluate and document threats to independence and those arising from conflicts of interest



Operating policies, procedures and guidance contained in our quality & risk management manual



Mandated procedures for evaluating independence of prospective audit clients



Restricted investments and relationships



Annual ethics and independence confirmation for staff

## Statement of compliance

We confirm that, as of the date of this communication, **we are independent** of the Entity in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada.

<sup>1</sup>International Ethics Standards Board for Accountants' International Code of Ethics for Professional Accountants (including International Independence Standards)  
 KPMG

# Appendices

**A**

Required  
communications

**A**

Draft Audit Report

**A**

Management Rep  
Letter

**A**

Insights

**A**

Technology



# Appendix: Other required communications



## Engagement terms

A copy of the engagement letter and any subsequent amendments has been provided to the Audit Committee.



## CPAB communication protocol

The reports available through the following links were published by the Canadian Public Accountability Board to inform Audit Committees and other stakeholders about the results of quality inspections conducted over the past year:

- [CPAB Regulatory Oversight Report: 2023 Annual Inspections Results](#)
- [CPAB Audit Quality Insights Report: 2024 Interim Inspections Results](#)
- [CPAB Regulatory Oversight Report: 2024 Annual Inspections Results](#)



# Appendix: Draft auditor's report

Draft Auditors report has been included as part of the draft financial statements included in the reporting package.



# Appendix: Management representation letters

ALGOMA PUBLIC HEALTH  
294 WILLOW AVENUE  
SAULT STE. MARIE, ON P6B 0A9

KPMG LLP  
480 Pim Street, Unit 1  
Sault Ste. Marie, ON P6B 2V4  
Canada

April 23, 2025

We are writing at your request to confirm our understanding that your audit was for the purpose of expressing an opinion on the financial statements (hereinafter referred to as "financial statements") of Algoma Public Health ("the Entity") as at and for the periods ended December 31, 2024.

## GENERAL:

We confirm that the representations we make in this letter are in accordance with the definitions as set out in Attachment I to this letter.

We also confirm that, to the best of our knowledge and belief, having made such inquiries as we considered necessary for the purpose of appropriately informing ourselves:

## RESPONSIBILITIES:

- 1) We have fulfilled our responsibilities, as set out in the terms of the engagement letter dated February 9, 2024, including for:
  - a) the preparation and fair presentation of the financial statements and believe that these financial statements have been prepared and present fairly in accordance with the relevant financial reporting framework.
  - b) providing you with all information of which we are aware that is relevant to the preparation of the financial statements ("relevant information"), such as financial records, documentation and other matters, including:
    - the names of all related parties and information regarding all relationships and transactions with related parties;
    - the complete minutes of meetings, or summaries of actions of recent meetings for which minutes have not yet been prepared, of shareholders, board of directors and committees of the board of directors that may affect the financial statements. All significant actions are included in such summaries.
  - c) providing you with unrestricted access to such relevant information.
  - d) providing you with complete responses to all enquiries made by you during the engagement.
  - e) providing you with additional information that you may request from us for the purpose of the engagement.

Page 2

- f) providing you with unrestricted access to persons within the Entity from whom you determined it necessary to obtain audit evidence.
- g) such internal control as we determined is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. We also acknowledge and understand that we are responsible for the design, implementation and maintenance of internal control to prevent and detect fraud.
- h) ensuring that all transactions have been recorded in the accounting records and are reflected in the financial statements.
- i) ensuring that internal auditors providing direct assistance to you, if any, were instructed to follow your instructions and that we, and others within the entity, did not intervene in the work the internal auditors performed for you.

## INTERNAL CONTROL OVER FINANCIAL REPORTING:

- 2) We have communicated to you all deficiencies in the design and implementation or maintenance of internal control over financial reporting of which we are aware.

## FRAUD & NON-COMPLIANCE WITH LAWS AND REGULATIONS:

- 3) We have disclosed to you:
  - a) the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
  - b) all information in relation to fraud or suspected fraud that we are aware of that involves:
    - management;
    - employees who have significant roles in internal control over financial reporting; or
    - others
 where such fraud or suspected fraud could have a material effect on the financial statements.
  - c) all information in relation to allegations of fraud, or suspected fraud, affecting the financial statements, communicated by employees, former employees, analysts, regulators, or others.
  - d) all known instances of non-compliance or suspected non-compliance with laws and regulations, including all aspects of contractual agreements or illegal acts, whose effects should be considered when preparing financial statements.
  - e) all known actual or possible litigation and claims whose effects should be considered when preparing the financial statements.

## SUBSEQUENT EVENTS:

- 4) All events subsequent to the date of the financial statements and for which the relevant financial reporting framework requires adjustment, or disclosure, in the financial statements have been adjusted or disclosed.

# Appendix: Management representation letters

**RELATED PARTIES:**

- 5) We have disclosed to you the identity of the Entity’s related parties.
- 6) We have disclosed to you all the related party relationships and transactions/balances of which we are aware.
- 7) All related party relationships and transactions/balances have been appropriately accounted for, and disclosed, in accordance with the relevant financial reporting framework.

**ESTIMATES:**

- 8) The methods, the data and the significant assumptions used in making accounting estimates, and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in the context of the applicable financial reporting framework.

**GOING CONCERN:**

- 9) We have provided you with all information relevant to the use of the going concern assumption in the financial statements.
- 10) We confirm that we are not aware of material uncertainties related to events or conditions that may cast significant doubt upon the Entity’s ability to continue as a going concern.

**NON-SEC REGISTRANTS OR NON-REPORTING ISSUERS:**

- 11) We confirm that the Entity is not a Canadian reporting issuer (as defined under any applicable Canadian securities act) and is not a United States Securities and Exchange Commission (“SEC”) Issuer (as defined by the Sarbanes-Oxley Act of 2002).
- 12) We also confirm that the financial statements of the Entity will not be included in the group financial statements of a Canadian reporting issuer audited by KPMG or an SEC Issuer audited by any member of the KPMG organization.

**OTHER**

- 13) We confirm that we have provided you with a complete list of service organizations (SO) and sub-service organizations (SSO) and that the relevant complementary user entity controls (CUECs) related to each SO/SSO have been designed and implemented.

Yours very truly,

By: Mr Rick Webb, Director of Corporate Services

By: Ms. Leslie Dunseath, Manager of Accounting Services

cc: Audit Committee

**Attachment I – Definitions**

**MATERIALITY**

Certain representations in this letter are described as being limited to matters that are material.

Information is material if omitting, misstating or obscuring it could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

Judgments about materiality are made in light of surrounding circumstances, and are affected by perception of the needs of, or the characteristics of, the users of the financial statements and, the size or nature of a misstatement, or a combination of both while also considering the entity’s own circumstances.

Information is obscured if it is communicated in a way that would have a similar effect for users of financial statements to omitting or misstating that information. The following are examples of circumstances that may result in material information being obscured:

- a) information regarding a material item, transaction or other event is disclosed in the financial statements but the language used is vague or unclear;
- b) information regarding a material item, transaction or other event is scattered throughout the financial statements;
- c) dissimilar items, transactions or other events are inappropriately aggregated;
- d) similar items, transactions or other events are inappropriately disaggregated; and
- e) the understandability of the financial statements is reduced as a result of material information being hidden by immaterial information to the extent that a primary user is unable to determine what information is material.

**FRAUD & ERROR**

Fraudulent financial reporting involves intentional misstatements including omissions of amounts or disclosures in financial statements to deceive financial statement users.

Misappropriation of assets involves the theft of an entity’s assets. It is often accompanied by false or misleading records or documents in order to conceal the fact that the assets are missing or have been pledged without proper authorization.

An error is an unintentional misstatement in financial statements, including the omission of an amount or a disclosure.



# Appendix: Audit and assurance insights

Our latest thinking on the issues that matter most to Audit Committees, board of directors and management.

## KPMG Audit & Assurance Insights

Curated research and insights for audit committees and boards.

## Board Leadership Centre

Leading insights to help board members maximize boardroom opportunities

## Current Developments

Series of quarterly publications for Canadian businesses including Spotlight on IFRS, Canadian Assurance & Related Services, Canadian Securities Matters, and US Outlook reports.

## Accelerate - The key issues driving the audit committee agenda

Discover the most pressing risks and opportunities that face audit committees, boards and management teams.

## Sustainability Reporting

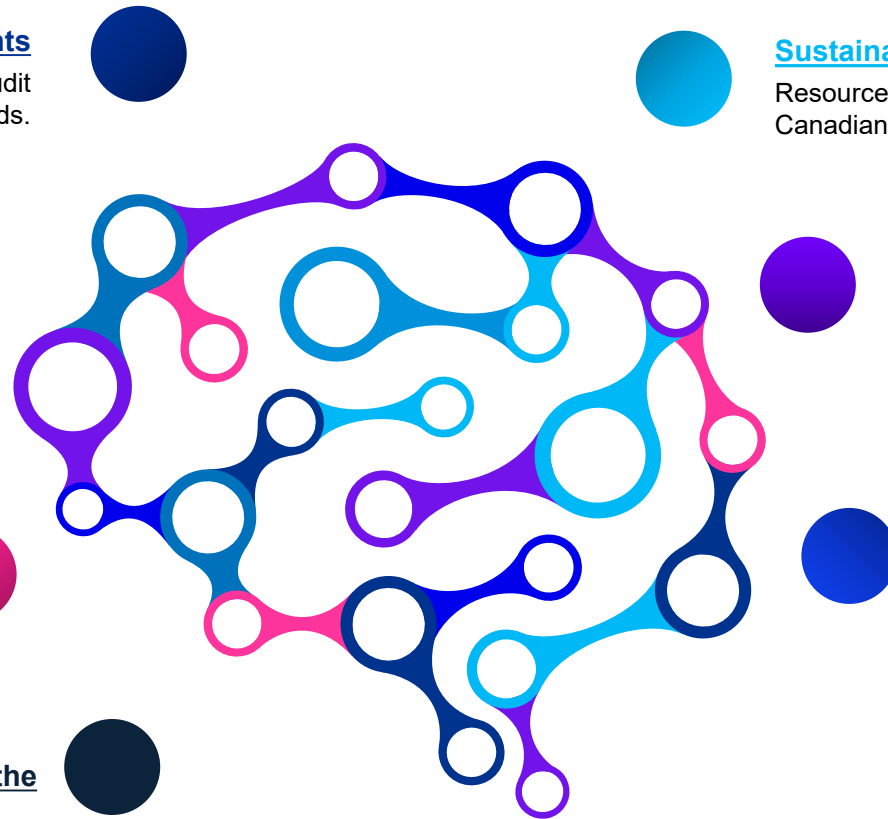
Resource centre on implementing the new Canadian reporting standards

## IFRS Breaking News

A monthly Canadian newsletter that provides the latest insights on accounting, financial reporting and sustainability reporting.

## Audit Committee Guide – Canadian Edition

A practical guide providing insight into current challenges and leading practices shaping audit committee effectiveness in Canada.







# Appendix: Continuous evolution

## Our investment:

We are in the midst of a five-year investment to develop our people, digital capabilities, and advanced technology.

## Responsive delivery model

Tailored to you to drive impactful outcomes around the quality and effectiveness of our audits.

## Result: A better experience

Enhanced quality, reduced disruption, increased focus on areas of higher risk, and deeper insights into your business.

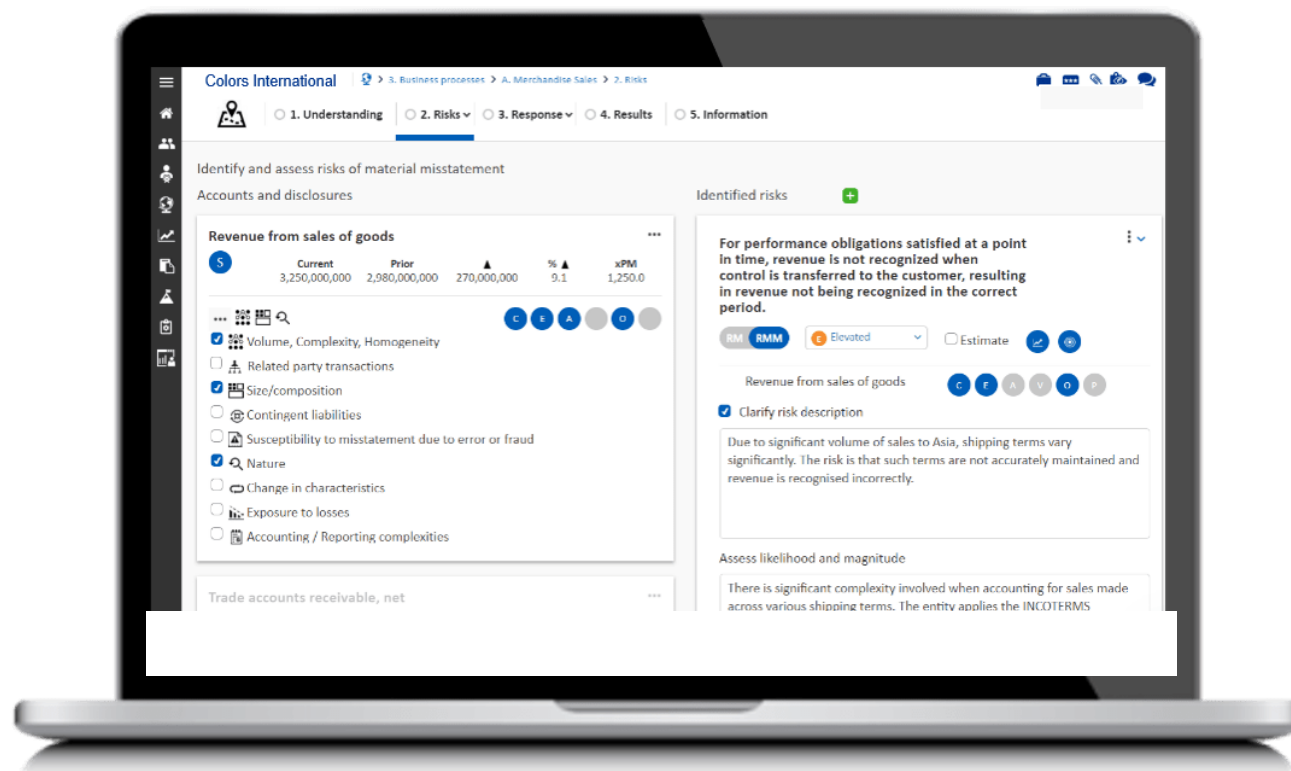






# Appendix: KPMG Clara Generative AI

With our global alliance partner Microsoft, we have embarked on a journey to embed Generative AI into our smart audit platform—KPMG Clara. This will make our auditors more productive and give them the tools to provide quicker feedback, make more insightful connections, and deliver a better audit experience.



## AI done right

Although early adoption is key, we are focused on avoiding reliance on a 'black box' so we're building 'explainability' and 'traceability' at the core.



## Bolstered productivity

Focused on removing time-consuming low value tasks, we'll apply our skills in other, more judgmental areas or in order to give insights to you.



## Quality at our fingertips

We are teaching our model with our knowledge databases to capture our vast experience. This means quality information accessible in seconds.



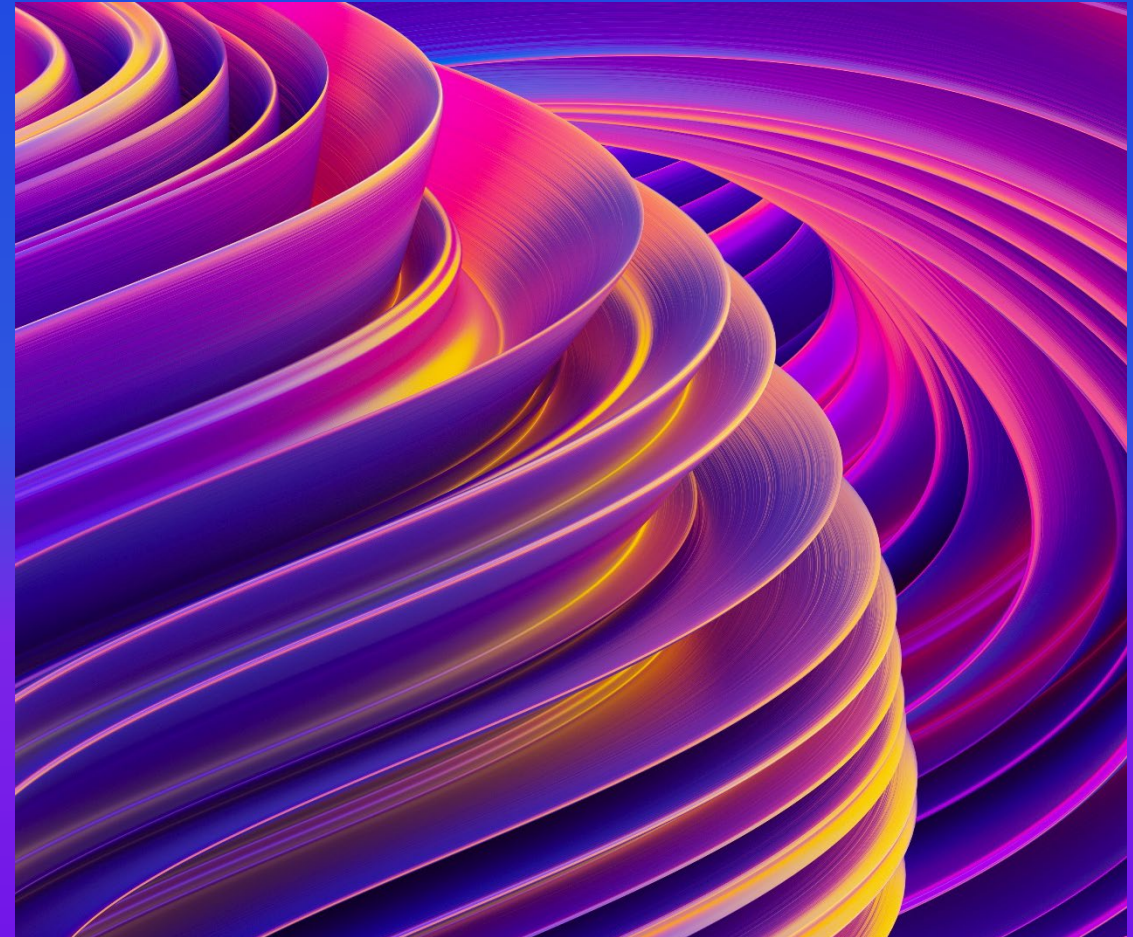
## Secure integration

KPMG Clara has been built on a solid and secure Azure Cloud backbone, allowing us to easily integrate Generative AI in partnership with Microsoft.



<https://kpmg.com/ca/en/home.html>

© 2025 KPMG LLP, an Ontario limited liability partnership and a member firm of the KPMG global organization of independent member firms affiliated with KPMG International Limited, a private English company limited by guarantee. All rights reserved. The KPMG name and logo are trademarks used under license by the independent member firms of the KPMG global organization.



# Algoma Public Health

## Statement of Operations

February 2025

(Unaudited)

### Public Health Programs (Calendar)

Description	Current YTD	Current YTD Budget	YTD Budget Variance	Annual Budget	Variance % Act to Bud	Variance YTD Act to Bud
Public Health Funding, Total	-2,056,356	-2,071,744	-15,388	-12,430,466	-1%	99%
Other Funding, Total	0	0	0	0		
Levies, Total	-1,210,055	-1,210,055	0	-4,840,220	0%	100%
Fees & Recoveries, Total	-62,631	-65,850	-3,219	-595,100	-5%	95%
Other Revenue, Total	0	0	0	0		
<b>TOTAL REVENUE</b>	<b>-3,329,042</b>	<b>-3,347,649</b>	<b>-18,607</b>	<b>-17,865,786</b>	<b>-1%</b>	<b>99%</b>
Salaries & Wages, Total	1,595,199	1,822,439	227,240	10,934,636	-12%	88%
Benefits, Total	448,223	502,876	54,652	2,837,798	-11%	89%
Office Expenses, Total	6,607	10,400	3,793	62,400	-36%	64%
Program Expenses, Total	199,418	143,956	-55,462	922,034	39%	139%
Professional Development, Total	6,014	12,426	6,412	74,555	-52%	48%
Travel Expenses, Total	7,406	28,425	21,019	170,550	-74%	26%
Fees & Insurance, Total	75,533	65,017	-10,516	427,100	16%	116%
Telecommunications, Total	46,538	37,992	-8,546	227,952	22%	122%
Program Promotion, Total	7,612	3,950	-3,662	23,700	93%	193%
Debt Management & Amortization, Total	76,237	76,237	0	457,421	0%	100%
Computer/IT Services, Total	142,373	139,652	-2,721	837,912	2%	102%
Facilities Expenses, Total	177,917	148,288	-29,629	889,727	20%	120%
<b>TOTAL EXPENSES</b>	<b>2,789,076</b>	<b>2,991,657</b>	<b>202,582</b>	<b>17,865,786</b>	<b>-7%</b>	<b>93%</b>
<b>SURPLUS/DEFICIT</b>	<b>-539,966</b>	<b>-355,992</b>	<b>183,974</b>	<b>0</b>		

### Healthy Babies Healthy Children (Fiscal)

Description	Current YTD	Current YTD Budget	YTD Budget Variance	Annual Budget		
TOTAL REVENUE (MCCSS)	-1,045,689	-1,045,688	1	-1,140,750	0%	100%
TOTAL EXPENSES	1,032,411	1,045,958	13,547	1,140,750	-1%	99%
<b>SURPLUS/DEFICIT</b>	<b>-13,278</b>	<b>270</b>	<b>13,548</b>	<b>0</b>		

### Fiscal Programs (Non-Public Health)

Description	Current YTD	Current YTD Budget	YTD Budget Variance	Annual Budget		
PROVINCIAL GRANTS	-223,643	-223,640	3	-262,153	0%	100%
OTHER FUNDING	-114,447	-114,447	0	-114,447	0%	100%
<b>TOTAL REVENUE</b>	<b>-338,090</b>	<b>-338,087</b>	<b>3</b>	<b>-376,600</b>	<b>0%</b>	<b>100%</b>
CAPC/CPNP	101,219	104,910	3,691	114,447	-4%	96%
Nurse Practitioner	151,837	148,641	-3,196	162,153	2%	102%
Stay on Your Feet	90,963	91,667	704	100,000	-1%	99%
<b>TOTAL EXPENSES</b>	<b>344,019</b>	<b>345,218</b>	<b>1,199</b>	<b>376,600</b>	<b>0%</b>	<b>100%</b>
<b>SURPLUS/DEFICIT</b>	<b>5,929</b>	<b>7,131</b>	<b>1,202</b>	<b>0</b>		

### Fiscal Programs (Public Health)

PROVINCIAL GRANTS	-563,596	-578,508	-14,912	-631,100	-3%	97%
TOTAL EXPENSES	580,823	578,508	-2,315	631,100	0%	100%
<b>SURPLUS/DEFICIT</b>	<b>17,227</b>	<b>0</b>	<b>-17,227</b>	<b>0</b>		

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

February 2025

(Unaudited)

Description	Current YTD	Current YTD Budget	YTD Budget Variance	Annual Budget	Variance % Act to Bud	Variance YTD Act to Bud
MOH Program Funding - Public Health	-1,670,052	-1,686,751	-16,699	-10,120,503	-1%	99%
MOH Program Funding - 100%	-386,304	-384,994	1,310	-2,309,963	0%	100%
<b>Public Health Funding, Total</b>	<b>-2,056,356</b>	<b>-2,071,744</b>	<b>-15,388</b>	<b>-12,430,466</b>	<b>-1%</b>	<b>99%</b>
Levies - Sault Ste. Marie	-841,609	-841,609	0	-3,366,437	0%	100%
Levies - District	-368,446	-368,446	0	-1,473,783	0%	100%
<b>Levies, Total</b>	<b>-1,210,055</b>	<b>-1,210,055</b>	<b>0</b>	<b>-4,840,220</b>	<b>0%</b>	<b>100%</b>
Program Fees	-5,335	-6,667	-1,332	-40,000	-20%	80%
Land Control Fees	-6,855	-10,000	-3,145	-215,000	-31%	69%
Immunization Recoveries	-17,395	-10,833	6,562	-110,000	61%	161%
Recoveries from Programs	-3,671	-3,350	321	-20,100	10%	110%
Interest Revenue	-29,375	-35,000	-5,625	-210,000	-16%	84%
<b>Fees &amp; Recoveries, Total</b>	<b>-62,631</b>	<b>-65,850</b>	<b>-3,219</b>	<b>-595,100</b>	<b>-5%</b>	<b>95%</b>
<b>TOTAL REVENUE</b>	<b>-3,329,042</b>	<b>-3,347,649</b>	<b>-18,607</b>	<b>-17,865,786</b>	<b>-1%</b>	<b>99%</b>

## **Notes to Financial Statements – February 2025**

### **Reporting Period**

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

### **Statement of Operations**

#### **Summary – Public Health and Non-Public Health Programs**

APH has not yet received the 2025 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 2024 Board of Health Meeting.

As of February 28, 2025, Public Health calendar programs are reporting a \$184K positive variance – which is driven by a \$19K negative variance in revenues and a \$203K positive variance in expenditures.

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

#### **Public Health Revenue**

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

For the 2025 calendar year, the province instructed public health units to plan for base funding growth of 1%. These anticipated changes are reflected within the Board of Health approved 2025 budget, however cash flow payments from the Ministry have yet to be updated to reflect the same. APH anticipates a catch-up payment related to these funding changes in the Spring.

In March 2024, the Ministry confirmed that IPAC Hub funding will continue in the 2024-25 fiscal year and in the years following, with formal planning and funding meetings with individual hubs to be forthcoming throughout the fiscal year. This funding has been provided to hubs across the province in order to enhance IPAC practices in identified congregate care settings. Formal funding approvals for this initiative were received in early December 2024, which includes \$316K in committed base funding and \$316K in one time funding for the 2024/25 fiscal year for a total of \$631K for the current fiscal year. A catch-up payment related to this funding was made in February 2025.

## **Public Health Expenses**

### ***Program Expenses***

There is a \$56K negative variance associated with program expenses. The majority of this identified pressure is driven by demand for our Ontario Senior Dental program (externally sourced professional services for maintenance, preventative and denture services). Once again for 2025, APH plans to submit a request for increased base funding for this program alongside the 2025 Annual Service plan which is due to the Ministry on March 31<sup>st</sup>. Although we remain confident that these pressures will be funded, we continue to await formal funding approvals related to 2024 actual and 2025 anticipated pressures. We continue to service our communities based on demand considering conversations with the Ministry where APH has been instructed to continue programming as planned, with funding opportunities to continually be made available to address ongoing pressures.

### ***Travel Expenses***

There is a \$21K positive variance associated with travel expenses based on actual travel that staff has completed and requested reimbursement for as of February 28, 2025. It is suspected that this variance is timing related only and will close as we progress throughout the year.

### ***Facilities Expenses***

There is a \$30K negative variance associated with facilities expenses which is driven by unplanned, significant snow removal in the months of January & February, as well as preparatory consulting work associated with the boiler replacements at 294 Willow Ave.

## **Financial Position - Balance Sheet**

APH's liquidity position continues to be stable and the bank has been reconciled as of February 28, 2025. Cash includes \$2.1M in reserve funds.

Long-term debt of \$2.9 million is held by TD Bank @ 1.80% for a 60-month term (amortization period of 120 months) and matures on September 1, 2026. \$170K of the loan relates to the financing of the Elliot Lake office renovations, which occurred in 2015 with the balance, related to the financing of the 294 Willow Avenue facility located in Sault Ste. Marie. There are no material accounts receivable collection concerns.

Please note that similar to previous years, the Balance Sheet as of February 28, 2025 is not included as APH is currently completing year-end audit requirements. Once the 2024 annual audited financial statements are completed, the comparative balance sheet will be updated and provided.

11:52

ES

27/02/2025

**First General**

**304 Industrial Park Cres**

**Sault Ste Marie, ON P6B5Y8**

**Tender for**

**Algoma Public Health**

**Building Envelope Repairs**

**c/o**

**IDEA Inc.**

**421 Bay Street Suite 507**

**Sault Ste. Marie, Ontario**



SUBMITTED BY

Contractor Name:

FIRST GENERAL

Address:

304 INDUSTRIAL PARK CRES

SAULT STE MARIE, ON P6B5Y8

Telephone Number:

705-946-4480

Primary E-Mail:

RICO.BRIGLIO@FIRSTGENERAL.CA

OFFER

The undersigned, represents that he has had sufficient opportunity to examine and has carefully examined the Contract Documents, including all addenda, the General Conditions of the Contract, as amended by the Supplementary General Conditions, having become thoroughly familiar with local conditions affecting the performance and costs of the work, and having inspected the site, hereby offer to furnish all the materials, plant and labour necessary for the proper completion of the all Work, including any, applicable taxes, agree to enter into a contract with the Owner, for the sum of:

Contract Documents including Addenda(s) No. 1 through 3 inclusive as prepared by the Consultant for the Stipulated sum of:

TWO HUNDRED THIRTY THREE THOUSAND

TWO HUNDRED EIGHTY TWO DOLLARS

(\$ 233,282.00)

(Base bid in Canadian Dollars without harmonized Sales Tax (HST))



Harmonized Sales Tax:

The Harmonized Sales Tax shall be thirteen percent (13%) in addition to the base tender amount. The amount of the Harmonized Sales Tax is:

THIRTY THOUSAND THREE HUNDRED THIRTY  
SIX DOLLARS AND 66/100 (\$30,336.66)

Completion Date

I/We have reviewed the scope of this project with all of our sub-trades and suppliers and agree to complete the *Work* of the Contract in accordance with the requirements of the Contract Documents on or before the dates indicated below:

Substantial Performance 6 Number of Weeks from tender award

Total Performance 8 Number of Weeks from tender award

Signatures:

Authorized Signatures:

RICO BRIGLIO, PRESIDENT

Name and title of person signing

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: 2/27/2025

Contractor's Corporate Seal:

END OF TENDER FORM

Subcontractors and Major Suppliers The UNDERSIGNED lists herein the individual Subcontractor and Major Supplier for the trades listed below and who he/she proposes to employ on the project, and upon whose sub-trade or supply quotation he/she based the Stipulated Sum quoted herein, and agrees that no change shall be made in the list, as regards such Subcontractor or Supplier actually employed on the work without the express written consent of the Owner.

Listed sub-contractors shall be actually engaged in the line of work required listed and shall be able to refer to work of similar nature completed by them.

Contractors listing "Own forces" (ore the like) on this form must be able to provide proof of their ability and experience to perform said work, or their tender may be rejected.

Provide only ONE name per section

This Appendix forms part of the contract and failure on part of the contractor to **COMPLETE EACH SECTION FULLY** may result in the contractors bid being **REJECTED**.

Trade/Division/Product	Subcontractor/Supplier
Demolition	OWN FORCES
Spray Foam Insulation	DNM
Firestopping	DNM
Drywall	OWN FORCES
Painting	ALFIES PAINTING

End of Section

1.0 General

Provide Separate, Alternate and Identified Prices as per Section 01 23 10, Separate Alternate and Identified Prices. All prices provided shall be exclusive of Harmonized Sales Tax.

1.1 Separate Price Number  
SP-1

Should the scope of the work be modified as per Article 1.6.1 of Section 01 23 10

**Separate Price - 1 (SP-1)**  
**Zone 2 Repairs**

The Contractor **shall** provide a separate price in the form of an amount to be **added** to the Stipulated Sum Tendered amount should the Owner decide to include this scope in the Work.

**Add:**

SEVENTY EIGHT THOUSAND TWO  
HUNDRED EIGHTY SEVEN DOLLARS  
(\$ 78,287.00)

from the Tender Price (H.S.T. not included)

1.2 Separate Price Number  
SP-2

Should the scope of the work be modified as per Article 1.6.2 of Section 01 23 10

**Separate Price Number 2 (SP-2)**  
**Zone 3 Repairs**

The Contractor **shall** provide a separate price in the form of an amount to be **deducted** from the Stipulated Sum Tendered amount should the Owner decide to include this scope in the Work.

**Deduct:**

SIXTY NINE THOUSAND DOLLARS  
(\$ 69,000.00)

from the Tender Price (H.S.T. not included)

END OF SECTION

1.0 General

Provide Separate, Alternate and Identified Prices as per Section 01 23 10, Separate Alternate and Identified Prices. All prices provided shall be exclusive of Harmonized Sales Tax.

1.1 Separate Price  
Number SP-3

Should the scope of the work be modified as per Article 1.6.1 of Section 01 23 10

**Separate Price - 3 (SP-3)**  
**Zone 4 Repairs**

The Contractor **shall** provide a separate price in the form of an amount to be **added** to the Stipulated Sum Tendered amount should the Owner decide to include this scope in the Work.

Add:

SEVENTY FOUR THOUSAND NINE  
HUNDRED FOURTEEN DOLLARS  
(\$ 74914.00)

from the Tender Price (H.S.T. not included)

1.2 Separate Price Number  
SP-4

Should the scope of the work be modified as per Article 1.6.2 of Section 01 23 10

**Separate Price Number 4 (SP-4)**  
**Zone 5 Repairs**

The Contractor **shall** provide a separate price in the form of an amount to be **added** to the Stipulated Sum Tendered amount should the Owner decide to include this scope in the Work.

Add:

SIXTY SIX THOUSAND SEVEN  
HUNDRED TWENTY DOLLARS  
(\$ 66720.00)

from the Tender Price (H.S.T. not included)

END OF SECTION

1.0 UNSOLICITED ALTERNATE  
PRICES

- .1 Contractors may provide Unsolicited Alternate Prices as per Section 00 21 13, Instructions to Bidders. All prices provided shall be provided exclusive of Harmonized Sales Tax.
- .2 Provide a reference to the specified materials, means or methods and a complete, detailed description of the proposed alternate materials, means of method with all supporting documentation for review and consideration

1.1 UNSOLICITED ALTERNATE  
PRICE

Number 1

- .1 Specified Materials  
N/A
- .2 Proposed Alternate  
Title. \_\_\_\_\_  
Brief Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Supporting Documentation No. of Pages \_\_\_\_\_  
Add/Deduct (circle one) from Tender Price (\$ \_\_\_\_\_ )

1.2 UNSOLICITED ALTERNATE  
PRICE

Number 2

- .1 Specified Materials  
N/A
- .2 Proposed Alternate  
Title. \_\_\_\_\_  
Brief Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Supporting Documentation No. of Pages \_\_\_\_\_  
Add/Deduct (circle one) from Tender Price (\$ \_\_\_\_\_ )

1.3 UNSOLICITED ALTERNATE .1  
PRICE

Number 3

Specified Materials

N/A

.2 Proposed Alternate

Title.

Brief Description

Supporting Documentation No. of Pages

Add/Deduct (circle one) from Tender Price (\$ . )

1.4 UNSOLICITED ALTERNATE .1  
PRICE

Number 4

Specified Materials

N/A

.2 Proposed Alternate

Title.

Brief Description

Supporting Documentation No. of Pages

Add/Deduct (circle one) from Tender Price (\$ . )

END OF SECTION

# CCDC 220 – 2024 BID BOND



Bond No.: 904103796-25-002

Bond Amount: \$10% Of Tender

**985923 ONTARIO INC. O/A FIRST GENERAL (SAULT STE. MARIE)** as principal, hereinafter called the Principal, and **INTACT INSURANCE COMPANY** a corporation duly authorized to transact the business of Suretyship in all Provinces and all Territories in Canada as surety, hereinafter called the Surety, are held and firmly bound unto **ALGOMA PUBLIC HEALTH** as obligee, hereinafter called the Oblige, in the amount of **zero and 10/100 Dollars (\$ 10% Of Tender )** lawful money of Canada, for the payment of which sum the Principal and the Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally.

WHEREAS, the Principal has submitted a written bid to the Oblige, for (Name, Location or Address, and Project Number, if any):

**PROJECT NUMBER 24014- APH BUILDING ENVELOPE REPAIR, 294 WILLOW AVE, SAULT STE. MARIE, ON, P6B 0A9**

The condition of this obligation is such that if the Principal shall have the bid accepted within the Validity Period and:

- Enters into a formal contract; and,
- Gives such bond or bonds as may be specified in the Oblige's bid documents from a Surety duly authorized to transact the business of Suretyship in the jurisdiction of the project,

then this obligation shall be void. Otherwise, provided the Oblige takes all reasonable steps to mitigate the amount of such excess costs, the Principal and the Surety will pay to the Oblige the difference in money between the amount of the bid of the Principal and the amount for which the Oblige legally contracts with another party for the work, supplies and services which were specified in the said bid, if the latter amount be in excess of the former.

The "Validity Period" as used herein shall mean the time period prescribed in the Oblige's bid documents for acceptance of the bid, or, if no time period is specified in the Oblige's bid documents, sixty (60) calendar days from the closing date of the bid.

By agreement between the Principal and the Oblige, the Validity Period may be extended by up to sixty (60) calendar days without notice to the Surety. Further or longer extensions of the Validity Period require prior consent of the Surety.

The Principal and Surety shall not be liable for a greater sum than the Bond Amount.

It is a condition of this bond that any suit or action must be commenced within seven (7) months of the date of this Bond. In the province of Quebec, the coverage period of this bond expires seven (7) months after the date of this Bond.

No right of action shall accrue hereunder to or for the use of any person or corporation other than the Oblige named herein, or the heirs, executors, administrators or successors of the Oblige.

## The Surety:

**INTACT INSURANCE COMPANY**

(corporate name)

004A - 1200 St Laurent Blvd, Ottawa, ON K1K 3B8

(address)

(fax)

ontario.surety@intact.net

(email)

## The Principal

**985923 ONTARIO INC. O/A FIRST GENERAL (SAULT STE. MARIE)**

(corporate name)

304 INDUSTRIAL PARK CRESCENT, SAULT STE. MARIE, ON, P6B 5Y8

(address)

(fax)

(email)

**IN WITNESS WHEREOF**, the Principal and the Surety have Signed and Sealed this Bond dated **25th** day of **February**, in the year **2025**

SIGNED and SEALED  
in the presence of

ATTORNEY IN FACT

## The Oblige:

**ALGOMA PUBLIC HEALTH**

(proper name)

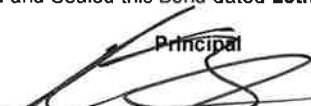
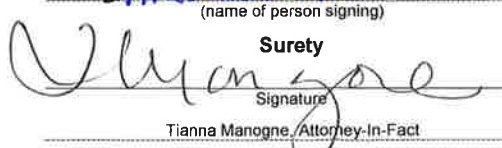
294 WILLOW AVE

(address)

SAULT STE. MARIE, ON, P6B 0A9

(fax)

(email)

**Principal**  
  
Signature (sign)  
**ALGOMA PUBLIC HEALTH**  
(name of person signing)  
**Surety**  
  
Signature (sign)  
Tianna Manogne, Attorney-In-Fact

## Agreement to Bond

(Surety's Consent)

Consent of Surety No. **904103796-25-002**

To: **ALGOMA PUBLIC HEALTH, 294 WILLOW AVE, SAULT STE. MARIE, ON, P6B 0A9**

Should the tender of: **985923 ONTARIO INC. O/A FIRST GENERAL (SAULT STE. MARIE), 304 INDUSTRIAL PARK CRESCENT, SAULT STE. MARIE, ON, P6B 5Y8**

For: **PROJECT # 24014- APH BUILDING ENVELOPE REPAIR, 294 WILLOW AVE, SAULT STE. MARIE, ON, P6B 0A9**

be accepted within the time period prescribed in the tender, or if no time period is specified, within Ninety (90) days from the closing date of tender, and a written contract entered into, we **Intact Insurance Company**, a corporation created and existing under the laws of Canada and duly authorized to transact the business of Suretyship in all Provinces and all Territories of Canada, as Surety, do hereby agree to become bound as Surety and will issue

**A Performance Bond equal to 100%**  
**A Labour and Material Payment Bond equal to 50%**

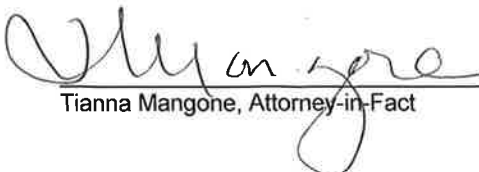
of the tender price guaranteeing faithful performance of said contract.

This Consent of Surety shall cease and be null and void after **Sixty (60)** days from the award of contract.

Any suit filed against the Surety with respect to this Surety's Consent must be initiated and duly served on the Surety within seven (7) months of the date hereof.

Dated: **February 25, 2025**

**INTACT INSURANCE COMPANY**

A handwritten signature in black ink, appearing to read "Tianna Mangone".  
\_\_\_\_\_  
Tianna Mangone, Attorney-in-Fact (Seal)



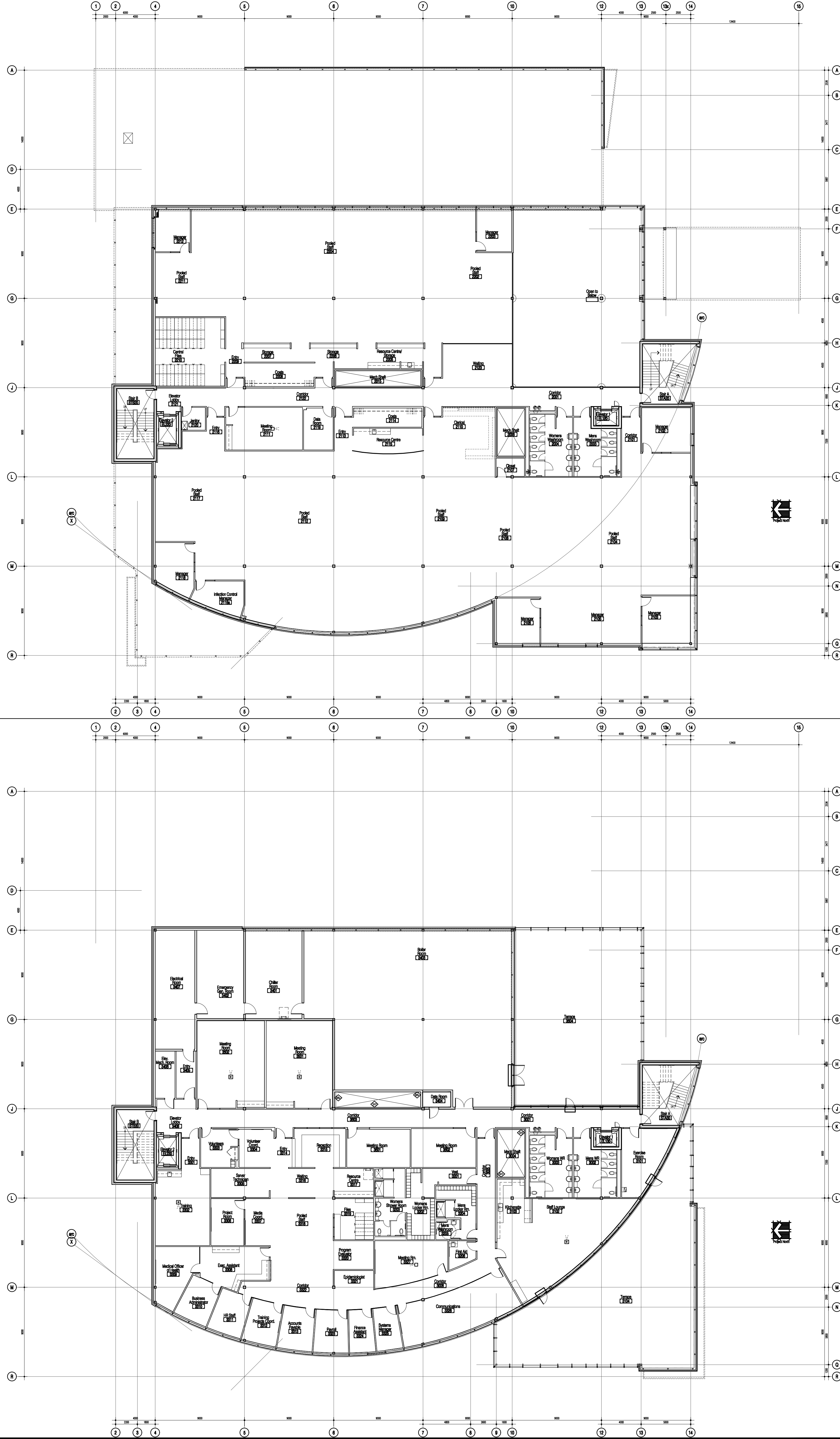
# Algoma Public Health Building Envelope Repairs

TENDER REVIEW FORM (consultant / client form only do not circulate)							IDEA Project 24014
	Note	Units	First General	Ruscio Construction	Nu-Style	Notes	
PRIMARY SUBMISSION - February 27th 2025							
1	Time Received		<12:00:00	11:52:00			
2	Addenda	3 required	(#)	3			
3	Tender Amount		(\$)	\$164,282.00			
4	HST		(\$)	\$21,356.66			
5	Total Contract Price		(\$)	\$185,638.66			
6	Completion Date	from Tender Award	(weeks substantial)	6 Weeks			
7	Appendix A	List of Subtrades	(X) received	X			
12	Appendix B	Separate, Alternate and Identified Prices	(X) received	X			
13	Separate Price #1	Zone 2	(\$) Add	\$78,287.00			
	Separate Price #2	Zone 3	(\$) Add	\$69,000.00			
	Separate Price #3	Zone 4	(\$) Add	\$74,914.00			
	Separate Price #4	Zone 5	(\$) Add	\$66,720.00			
17	Appendix C	Unsolicited Bidders Alternates	(X) received	X			
8	Bid Bond	10%	(\$)	10%			
9	Consent of Surety /Agree. to Bond	100% Performance and 50% Labour Material Payment	(X) received	X			
19	Comments			NO BID? - No manpower right now.	NO BID? - Scope is too small & no local subs for spray foam (got prices from Sudbury \$\$\$) - They may retender at a later date		
	Total (Base Bid and including all SPOs)		(\$)	\$453,203.00			
CONCLUSION							
20	Rank	Lowest to High					

Present at Tender Opening: Evan Lavallee, Rick Webb, Christina Luukkonen, Amy McGregor, Trevor Rising, Ken Oliver

Present at Non-Mandatory Site Meeting: Ruscio Construction, First General, Nu-Style, S&T

THESE PLANS PROVIDED FOR REFERENCE  
FOR FLOOR LEVELS AND ROOM NUMBERS  
AND NAMES ONLY



Level 1, 2 and 3  
Refernc Plan

a 2.00

number  
24014

REVISIONS  
0 01 FEB 2025 - ISSUED FOR CONSTRUCTION

SCALE  
1:100

DATE  
2025 02 06

CHECKED BY  
K. Oliver

DRAWN BY  
K. Oliver

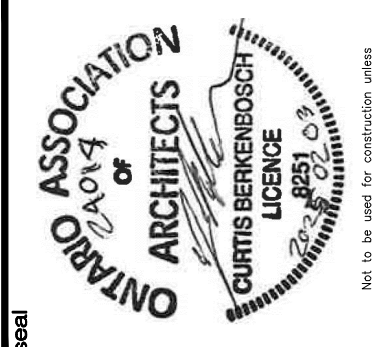
PROJEC  
Algoma Public Health  
Building Envelope Repairs  
294 Willow Avenue, Sault Ste. Marie, Ontario

PROJEC

Algoma Public Health  
Building Envelope Repairs

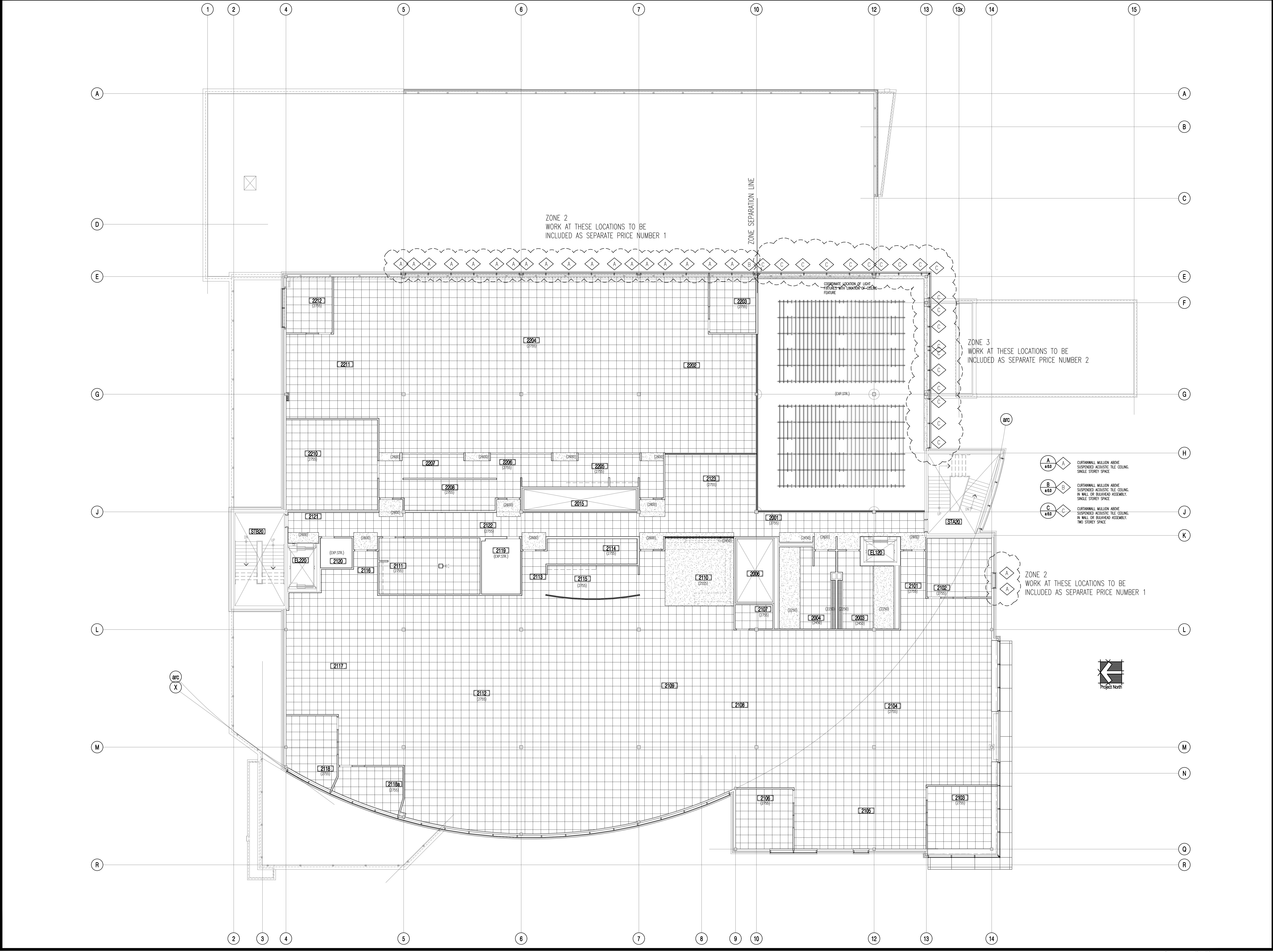
294 Willow Avenue, Sault Ste. Marie, Ontario

Check Scale (may be photo-reduced)  
1 inch = 10mm



**IDEA**  
INTEGRATED DESIGN  
ENGINEERING + ARCHITECTURE  
421 Bay Street Suite 507 Sault Ste. Marie Ont. Ca  
Tel: (705) 949-5291 • Email: info@integratedesign.ca





Level 2

Reflected Ceiling Plan

Scale

1:100

Drawn by

K. Oliver

Checked by

K. Oliver

Number

24014

Project

Algoma Public Health  
Building Envelope Repairs

294 Willow Avenue, Sault Ste. Marie, Ontario

Revisions

01 FEB 2025 - ISSUED FOR CONSTRUCTION

Scale

1:100

Drawn by

K. Oliver

Checked by

K. Oliver

Number

24014

IDEA

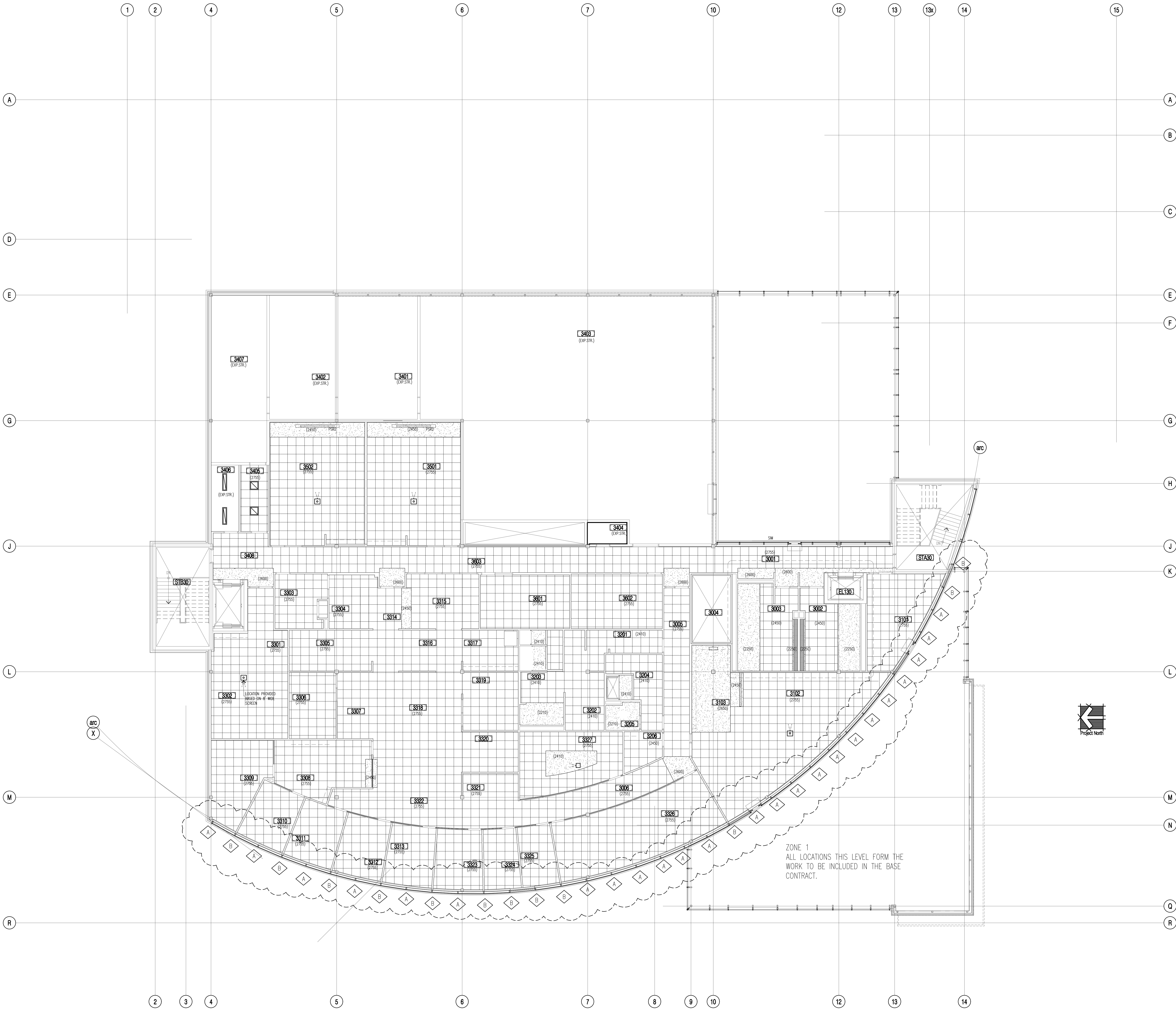
INTEGRATED DESIGN  
ENGINEERING + ARCHITECTURE

421 Bay Street Suite 507 Sault Ste. Marie Ont. Ca  
Tel: (705) 949-5291 • Email: info@integrateddesign.ca

ASSOCIATION  
OF  
ARCHITECTS  
OF  
ONTARIO

Check Scale (may be photo-reduced)  
1 inch = 10 feet  
0 = 10mm

Page 105 of 32

















# Governance Committee Report

April 16, 2025

## **Attendees:**

Don McConnell

Sonia Tassone

Suzanne Trivers

## **Regrets:**

None

## **APH Members:**

Dr. John Tuinema – Acting Medical Officer of Health & CEO

Tania Caputo – Board Secretary

## **Minutes**

The Minutes of the Governance Committee meeting of November 13, 2024 were approved.

## **New Business**

- Governance Training – Results of the year-end Board evaluation indicated that there is some interest in additional governance training for Board members and senior staff. alPHa offers a one-day governance training course which other public health boards have found useful. The Committee decided to request additional information on this course for review. Once this information is received, it will be distributed to Board members to determine the level of interest in this program.
- Strategic Planning Approach – Staff was asked to provide some additional information on the existing strategic plan. However, the Committee agreed to defer further discussion on this until Dr. Loo's return to the office.
- In-camera Sessions – The guidance material from the Ontario Ombudsman had been reviewed by the Committee members. It was agreed that current procedures ensuring that all matters would be dealt with in open unless the subject was within one of the exceptions set out in Section 239 of the Municipal Act would be continued. It was further agreed to follow the Ombudsman's advice that "When in doubt, open the meeting."

## **Policy Reviews**

- Board Member Code of Conduct – This matter was reviewed and the existing Board Member Code of Conduct policy is recommended for approval to the Board of Health.
- Attendance at Meetings Using Electronic Means - This policy was reviewed and minor wording changes have been made. The revised Attendance at Meetings Using Electronic Means policy is recommended for approval to the Board of Health.
- Performance Evaluation for MOH CEO – The Committee agreed to defer this item until Dr. Loo returns to the office and is able to provide comments.

## Board Member Code of Conduct Policy

<b>REFERENCE #:</b>	02-05-030	<b>DATE:</b>	Original: Jun 20, 2007 <del>Revised: Mar 28, 2018</del>
<b>APPROVED BY:</b>	Board of Health		Revised: May 27, 2020 Revised: Mar 24, 2021
<b>SECTION:</b>	Policies		Revised: May 24, 2023 <u>Reviewed:</u>

Formatted Table

The Algoma Public Health (APH) Board believes that its members must adhere to a high standard of ethical behaviour in all aspects of their conduct at all times and that all members shall fulfill their duties in a manner that maintains and enhances public confidence in the APH Board.

### POLICY

Each member of the Board of Health shall comply with the Code of Conduct for the District of Algoma Health Unit (operating as Algoma Public Health). The Code of Conduct will be added to the first Board of Health meeting agenda each year to review expectations.

### CODE OF CONDUCT

Board Members shall:

1. Adhere to all APH bylaws, policies, and rules of procedure and perform their duties with integrity, transparency and accountability.
2. Represent the best interests of public and community health and the respective programs and services of APH.
3. Comply with Conflict-of-Interest Policy and declare conflicts, either perceived or actual, on agenda matters as appropriate.
4. Keep in confidence any confidential information acquired by virtue of their position as a board member.
5. Attend board and committee meetings as scheduled, as it is an important accountability for all members. The expectation is that all members attend a minimum of 2/3 of all meetings within the year unless approved by the board chair or affected committee.
6. Preserve a state of neutrality by supporting and endorsing board and committee decisions regardless of the level of prior personal disagreement. Public inquiries regarding APH services shall be directed to the board chair, MOH/CEO, or delegate.
7. Review board package materials in advance of the meeting and participate productively in meetings.
8. Recognize that only the Board of Health Chair speaks for the board on public disclosures unless the chair delegates that responsibility on a specific topic.
9. Not publish or post on social media, a statement that could impair the public's confidence in the Algoma Public Health Unit and its ability to make transparent, objective, impartial and fair decisions that are in the public interest.

**PAGE:** 1 of 2

**REFERENCE #:** 02-05-030

10. Interact with each other, staff and members of the public with respect, diplomacy and dignity. Respect the boundaries between the roles of staff and the roles of board and committee members.
11. Support one another and the MOH/CEO.
12. Board members will abide by APH - Health and Safety policies or requirements of appropriate public health jurisdictions,
13. When attending meetings electronically/virtually, will maintain a designated workspace; the video is maintained and during confidential portions of meeting will ~~be~~ ensure the discussion is protected at all times and conducted in a manner that does not compromise confidentiality.

#### PROCEDURE

If a board member has a performance concern that violates the Code of Conduct and is unable to resolve with informal communication with the member or regarding the MOH/CEO, the concern shall be brought to the Chair of the Board or Vice-Chair (*if issue is with the Board Chair*).

The Board Chair, in collaboration with the two Vice-Chairs (*if issue is with a Vice-Chair, the remaining Vice-Chair and Board Chair will be involved*), will mediate any disputes between Board members and/or the MOH/CEO in situations where the parties were unable to resolve the issue.

Where a board or committee member believes that another board or committee member has violated the Code of Conduct with respect to confidentiality or a conflict of interest that has not been declared despite any appropriate informal communications, the board or committee member shall advise an appropriate person such as the Chair of the Board or chair of the affected committee. The Board Chair will, in collaboration with the two Vice-Chairs, investigate and try to resolve the issue informally.

Where there has been a failure on the part of the Board Chair and Vice-Chairs to resolve informally, the issue will be brought back to the entire board for review. The board may request that the Board Chair:

1. Issue a verbal reprimand; or
2. Issue a written reprimand; or
3. Request that the board member resign or
4. Seek dismissal of the board member based on regulations relevant as to how the board member\ was appointed.

## Attendance at Meetings Using Electronic Means Policy

---

**REFERENCE #:** 02-05-045

**DATE:** Original: Apr 17, 2013  
~~Revised: May 25, 2016~~

**APPROVED BY:** Board of Health

Revised: Apr 25, 2018

**SECTION:** Policies

Reviewed: Jun 24, 2020

Revised: May 24, 2023

Revised:

---

### **POLICY:**

The Health Protection and Promotion Act allows Boards of Health any means to effectively manage a health unit.

Board and committee members are expected, wherever possible, to attend meetings in person.

Subject to any conditions or limitations in the Health Protection and Promotion Act and/or the Municipal Act, a member who participates in an open meeting through electronic means is deemed as present and counted for the purpose of establishing quorum.

All members present, either in-person or members participating electronically, will have full participation, including voting rights.

Participation during a closed "In-Camera" session of a Board of Health meeting or a board committee meeting will be permitted. It will be the accountability of each participating member to ensure they are participating in confidential portions of any meeting in a private and secure environment.

~~It will be the accountability of each participating member to ensure they are participating in confidential portions of any meeting in a private and secure environment.~~

It will be the expectation of the board that the video portion of each member will remain on during any electronic/virtual meeting.

**From:** [allhealthunits](#) on behalf of [alPHA communications](#)  
**To:** [allhealthunits@lists.alphaweb.org](mailto:allhealthunits@lists.alphaweb.org)  
**Cc:** [board@lists.alphaweb.org](mailto:board@lists.alphaweb.org)  
**Subject:** [allhealthunits] 2025 alPHA Annual General Meeting and Conference registration is open and Preliminary Program is available!  
**Date:** Wednesday, April 9, 2025 11:06:41 AM

---

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

---

**PLEASE ROUTE TO:**

**All Board of Health Members**

**All Members of Regional Health & Social Service Committees**

**All Senior Public Health Managers**



Dear alPHA Members,

We are excited to announce that registration for the [2025 alPHA Annual General Meeting \(AGM\) and Conference](#) is now open! The preliminary program is available [here](#) and features Marc Forgette, a noted Indigenous leader; Dr. Kieran Moore, Chief Medical Officer of Health; Michael Sherar, President and CEO, Public Health Ontario, and Sabine Matheson and John Perenack, Principals, StrategyCorp. In addition, we have two mobile workshops you won't want to miss: St. Lawrence Market and Nathan Phillips Square. Further details are in the Draft Program. Stay tuned for more information and confirmation of additional speakers.

This in-person event, taking place in Toronto at the Pantages Hotel, will be held from June 18-20. It will be a chance to gather together and discuss a variety of issues of key importance to public health leaders.

alPHA would like to thank Toronto Public Health for co-hosting the event. We would also like to thank Platinum Sponsor VocalMeet and sponsor Mosey & Mosey for their generous event support.

Here is all of the key information you need:

**June 18th: Mobile Workshops 10 a.m. to noon and 1:30 p.m. to 3:30 p.m.**

**Opening Reception 5 p.m. to 7 p.m.**

**June 19th: AGM & Conference 8:15 a.m. to 4:45 p.m.**

**June 20th: BOH Section & COMOH Section Meetings 9 a.m. to 12 p.m.**

**Pantages Hotel, Rehearsal Hall, 3rd Floor, 200 Victoria Street,  
Toronto, ON M5B 1V8**

[Registration](#)

[Draft Conference Program](#)

[Mobile Workshops Poster](#)

[2025 AGM & Conference Notice and Calls Package](#) (Individual documents are below)

[Pre-Notice to Members of 2025 Annual General Meeting](#)

[Call for 2025 Resolutions](#) – Deadline: April 22

[Call for 2025 Distinguished Service Awards](#) – Deadline: April 22

[Call for BOH Nominations to alPha Board of Directors](#) – Deadline: April 22

[Sponsorship Prospectus](#)

#### **Accommodation Information:**

Please note, the block of rooms at the Pantages Hotel is nearly sold out. Once the block is gone, you have the option of booking a room at the regular rate at the Pantages Hotel or at one of the nearby hotels, within walking distance, including the ones listed below.

Attendees are encouraged to book sooner rather than later. To book, please click [here](#). You can also call the hotel at 416-362-1777 and request a room from the alPha room block.

- [Chelsea Hotel](#)
- [Marriott Downtown at CF Eaton Centre](#)
- [DoubleTree Toronto Downtown](#)
- [Holiday Inn Toronto Downtown Centre](#)

If you are looking to save a bit of money, and are willing to walk (30+ minutes) or take the TTC, you might want to check out [George Brown College](#)'s newly constructed two-bedroom suites.

#### **Public Transit and Parking at the Pantages Hotel:**

- [Queen Station](#) (three-minute walk) – **8 Queen St. W. Toronto, Ont. M5C 2X9**
- [Green P Parking](#) – (two-minute walk) – **20 Dundas Square, Toronto, Ont. M5B 1N8**



- [Impark](#) – (directly across from the hotel) – **209 Victoria St. Toronto, Ont. M5B 1W8**

- [Google Maps](#) - **Nearby parking spots**

We look forward to seeing you at the AGM and Conference.

Take Care,

Loretta

---

Loretta Ryan, CAE, RPP

Chief Executive Officer

**Association of Local Public Health Agencies (alPHa)**

PO Box 73510, RPO Wychwood

Toronto, ON M6C 4A7

Tel: 416-595-0006 x 222

Cell: 647-325-9594

[loretta@alphaweb.org](mailto:loretta@alphaweb.org)

[www.alphaweb.org](http://www.alphaweb.org)





**PLEASE ROUTE TO:**

**All Board of Health Members**

**All Members of Regional Health & Social Service Committees**

**All Senior Public Health Managers**

---

**April 16, 2025**

---



---

## **April 2025 InfoBreak**

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

---

### **Leader to Leader - A message from alPHA's Chair - April 2025**



It has been a highly productive time for alPHA since writing the March article of *Leader to Leader*.

Your alPHA Board of Directors and Executive Committee, supported by alPHA's Chief Executive Officer, Loretta Ryan, and the alPHA staff, continue to advance alPHA's overarching strategic directions of: the unified voice and a trusted advisor

on public health; advancing the work of local public health through strategic partnerships and collaborations; supporting the sustainability of Ontario's local public health system; and delivering member services to local public health leaders. This monthly newsletter, and the alPHa website, are sources for up-to-date information on alPHa activities and current resources.

alPHa liaises regularly with Ontario's Chief Medical Officer of Health and the OCMOH staff. Recently, accompanied by Loretta Ryan, I had the opportunity to have a productive meeting and discussion with Dr. Moore, and I am pleased to tell you he has accepted the invitation to speak at the alPHa 2025 Annual General Meeting and Conference on June 19 in Toronto.

Part of alPHa's success is the reciprocal relationships that have developed over the years such as with the Association of Municipalities of Ontario (AMO). Recently, AMO held a meeting of the Health Transformation Task Force (HTTF) Advisory which Loretta Ryan, and I attended, as alPHa appointed representatives. Around this table, I appreciably noted that there are several members from local public health agencies.

alPHa partnered with Public Health Ontario for The Ontario Public Health Convention (TOPHC) 2025 to champion a platform that promotes knowledge exchange, connection, and collaboration for leaders, professionals, learners, and scholars from across the spectrum of public health. On behalf of alPHa, I was pleased to bring welcoming remarks to the attendees at the event on March 27 in Toronto. I took this opportunity to recognize: alPHa Past Chair Dr. Charles Gardner; alPHa COMOH Section Chair, Dr. Lianne Catton; Loretta Ryan, Chief Executive Officer; alPHa Board of Directors; and alPHa members in attendance. Finally, if you attended TOPHC, don't forget to fill out your post-event survey. Your input is appreciated and is used to plan future events!

*Keeping Ontarians Healthy and Safe*, the latest alPHa *Public Health Matters* [video](#), was launched at the TOPHC 2025 virtual event on April 2, and was very well received. This is the fourth video in the series and it compliments the infographic, that is available in French and English, and was launched earlier this year, and is available [here](#). The alPHa *Public Health Matters* series are relevant influencers on the role and value of local public health. These are tools for alPHa members to use when meeting with municipal leadership, public health partners, MPPs and others. The three-minute-long video is recommended for viewing at your board of health meeting. It is an excellent resource to add to your local public health website and alPHa encourages distributing it freely. Special thanks to Dr. Paul Roumeliotis aka 'The Dr. Paul' and his production team at Eastern Ontario Health Unit.

Have you arranged for alPHa training on BOH Governance and the Social Determinants of Health? These have been well-received by those who have recently completed the training, including Northeastern Public Health, North Bay Parry Sound District Health Unit, and the City of Hamilton Public Health Services. In addition, Public Health Sudbury & Districts, and Haliburton Kawartha Northumberland Peterborough have recently had alPHa orientation sessions. The courses serve not only to educate, but also serve as orientation and team building sessions. Although best delivered in-person, a virtual option can be made available. Be sure and schedule now for training sessions for the fall of 2025!

alPHa staff recently met with Executive and Administrative Assistants at local public health agencies. This was to support them in their work in assisting their Boards of Health members engage in the new election procedures for the alPHa BOH Section Region Representative elections in the on-line meeting on May 6, 2025.

On your mark, get set, go! The 2025 alPHa Workplace Health and Wellness initiative is starting once again during May. Can't wait to see this friendly competition unfold through the submissions of photos, videos and posters engaging our local public health leadership, staff, and Boards of Health. Also expect to see the alPHa Board of Directors, and the alPHa staff get in on the activities!

Let's gather in Toronto for the alPHa 2025 AGM and Conference from June 18 to 20! This will prove to be an opportune time to network, share ideas, expand perspectives, and strengthen collaborative networks. The conference events will offer invaluable learning opportunities, featuring high-profile speakers and key public health topics. I am looking forward to seeing you there!

Marsii! Thank you! Merci! Miigwech!

"Great obstacles make great leaders."



Last month, alPHA Chair, Trudy Sachowski and Loretta Ryan, Chief Executive Officer, alPHA, met with Dr. Kieran Moore, Chief Medical Officer of Health.

Trudy Sachowski  
Chair, alPHA Board of Directors

**Registration is now open for the 2025 alPHA Annual General Meeting (AGM) and Conference!**



alPHA's [AGM and Conference](#) is being held **in-person, June 18-20, at the Pantages Hotel in Toronto.**

Last month, the **AGM Pre-Notice and Package** were released. These **important documents for the alPHa Membership** are available on the conference webpage, and direct links are below.

**Conference materials:**

- [Conference Program](#)
- [Mobile Workshops Flyer](#)
- [Boards of Health Section Agenda](#)
- [Conference Sponsorship Package](#) and [Sponsorship Commitment Form](#) (If you know of a potential sponsor that alPHa should reach out to, please e-mail [loretta@alphaweb.org](mailto:loretta@alphaweb.org). Members' suggestions are always greatly appreciated!)

**AGM Pre-Notice and Package:**

- [2025 AGM & Conference Notice and Calls Package](#)
- [Pre-Notice for the 2025 alPHa Annual General Meeting](#)
- [Call for 2025 alPHa Resolutions](#)
- [Call for 2025 alPHa Distinguished Service Awards](#)
- [Call for Board of Health Nominations](#)

We are excited to have Toronto Public Health (TPH) as the event's co-host! Thank you to TPH for supporting the 2025 AGM and Conference. alPHa would also like to thank [Vocalmeet](#) for being a Platinum Sponsor, [Esri Canada](#) and [Mosey & Mosey](#) for being Silver Sponsors, and for having event support from [BrokerLink](#)!

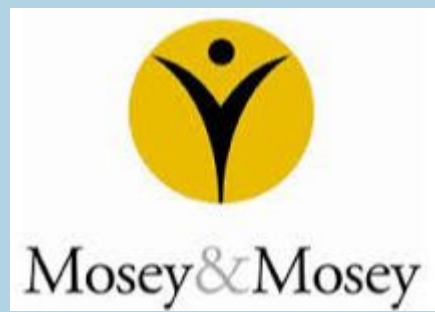
**Important: New for this year – BOH Section online elections!** An election to determine the representatives will be held at the alPHa BOH Section Zoom meeting on Tuesday, May 6 at 2:00 p.m. EDT for the sole purpose of electing regional representatives. All candidates must be in attendance and be prepared to give a two-minute speech to the attendees. **alPHa wants to take a moment to ask for your assistance in encouraging members of your board of health to attend the May 6 meeting and vote. All members, regardless as to whether there is a position open in their region or not, are entitled to vote and are encouraged to participate. It is very important that we have quorum as this is the BOH Section's opportunity to elect members to the alPHa Board of Directors. Please note, this May 6 meeting replaces the in-person voting that formerly took place at the Section Meeting in June. Additionally, quorum on May 6 is having at least 15 of the public health agencies sending at least one board of health representative (or more) to this meeting. The deadline to register is at 4:30 p.m. on Tuesday, April 22.**



The block of rooms at the Pantages Hotel has sold out. alPHa has successfully negotiated extending the block, and a limited number of rooms are now available. Once this extended block is gone, you have the option of booking a room at the regular rate at the Pantages Hotel or at one of the nearby hotels listed on the conference webpage. Attendees are encouraged to book sooner rather than later. Should you need the code, please e-mail [communications@alphaweb.org](mailto:communications@alphaweb.org).

Please contact Loretta Ryan, Chief Executive Officer, alPHa at [loretta@alphaweb.org](mailto:loretta@alphaweb.org), if you have any questions.





With support from BrokerLink.

---

***Public Health Matters: Keeping Ontarians Healthy and Safe***  
**video has been released**




Earlier this month, alpha released the [English](#) and [French](#) videos, based on the latest infographic, [Public Health Matters: Keeping Ontarians Healthy and Safe](#) (the French version of the infographic is available [here](#)). These can be used in meetings with decision-makers to ask for their support for the goals and objectives of public health. The videos and infographics are also useful for engagement with stakeholders and community partners, including local councillors, Members of Provincial Parliament, and candidates running in the federal election. Additionally, alpha encourages you, as local public health leaders, to use these Member resources at Board of Health meetings, staff meetings, and other opportunities to profile the important work of local public health.

We would also like to thank Dr. Paul Roumeliotis and staff from Eastern Ontario Health Unit for producing these videos with alpha and for their translation services.

---

## 2025 alPHA Workplace Health and Wellness Month is fast approaching!

**2025 alPHA Workplace Health and Wellness Month**



Let's go! Engage in activities that improve your physical, mental, and social health for 30-minutes per day during the month of May!

Members are encouraged to share photos participating in Workplace Health and Wellness activities with alPHA, [membership@alphaweb.org](mailto:membership@alphaweb.org). We'll profile your pictures at this year's Conference!

**New for this year!**  
Share your pictures to be entered into a draw for a gift card!

You can join any physical, mental, or social activities that encourage your health and well-being during the month of May. For more information, please see the alPHA Resources page: [www.alphaweb.org/page/Workplace\\_Wellness](http://www.alphaweb.org/page/Workplace_Wellness)

**We can't wait to see how you move!**



Yes, it's that time of year when you need to plan your physical, mental, and social activities for alPHA's Workplace Health and Wellness Month, which is happening in May! To view this year's Workplace Health & Wellness Month poster, please click [here](#).

Head to the website to [read alPHA's infographics](#) to help you improve your health and wellness. Please note, we have substantially added to these resources over the past year and want to thank everyone for their feedback.

Members are encouraged to share their photos participating in Workplace Health and Wellness Month with alPHA. To do so, please e-mail [membership@alphaweb.org](mailto:membership@alphaweb.org). We'll profile your pictures at this year's AGM and Conference!

**New for this year!** Participants in Workplace Health and Wellness Month will be entered into a draw for a gift card!

---



## Join us this GenWell Weekend May 2 - 4

A catalytic weekend that encourages people to connect with family, friends, neighbours, classmates, and colleagues at times when people benefit most from these connections.

### The Issue

Research shows that **social isolation, disconnection, and loneliness** are linked to more serious mental and physical health issues, as well as a lower quality of life.

While Canadians have learned a lot about the importance of eating well, staying active, and caring for mental health, many are less aware of how crucial social connection is for maintaining both mental and physical well-being.

Some of the negative health impacts of loneliness include:

**52%** of Canadians reported being lonely on a weekly basis.  
\*2023 Canadian Social Connection Survey

### The Solution

Engaging in social interactions and forming meaningful relationships can significantly enhance your well-being.  
**Some of the physical & mental benefits can include:**

- Single greatest contributor to happiness
- Reduces anxiety and depression
- Strengthens the immune system
- Strengthens self-confidence
- Builds resilience
- Greatest preventative action to avoid depression

### What Are We Asking?

Twice a year, GenWell is asking Canadians to be part of the solution to building a more connected Canada where everyone has the opportunity to thrive.

On Fridays, We want to inspire classmates or co-workers to get connected. On Saturday and Sunday, we want people to take that message home with them and connect with family, friends, neighbours and community.

**LEARN MORE**  
[www.GenWellWeekend.org](http://www.GenWellWeekend.org)

Proud health partners:

GenWell Weekend is a GenWell, Human Connection Movement campaign  
Our mission is to educate, empower and catalyze people in Canada about the importance of face-to-face social connections as a proactive step that we can all take for our own health and happiness and the health and happiness of others.  
[Learn more at: www.genwell.ca](http://www.genwell.ca)

Next month, GenWell is encouraging everyone to take the weekend of May 2-4 to connect with family, friends, neighbours, classmates, and colleagues. They do this so that Canadians can be part of the solution to building a more connected Canada, where everyone has the opportunity to thrive. It works like this: On Friday, connect with co-workers and classmates and Saturday and Sunday, take the message home and connect with family, friends, neighbours, and your community. To learn more, click [here](http://www.genwell.ca).

## Make a difference: Support CIHI's Mental Health and Substance Use (MHSU) Surveys



Canadian Institute  
for Health Information

# We're in this together

Help improve mental  
health and substance  
use services in Canada

Share your experience for the  
chance to win a **\$100** gift card

Questions? Contact us at  
[hspspecialprojects@cihi.ca](mailto:hspspecialprojects@cihi.ca)



As part of the Canadian Institute for Health Information (CIHI) commitment to [A Common Statement of Principles on Shared Health Priorities](#), CIHI is working with the federal, provincial, and territorial governments to understand peoples' experiences of accessing mental health and substance use (MHSU) services across jurisdictions.

CIHI is doing this through 2 self-reported indicators:

- [Navigation of Mental Health and Substance Use Services](#) (age 15 and older); and
- [Early Intervention for Mental Health and Substance Use Among Children and Youth](#) (age 13 to 24).

Two surveys to gather data for these important indicators are now open. These surveys are completely voluntary, and responses are kept anonymous. The surveys are available in English and French until May 17, 2025.

Contact [hspspecialprojects@cihi.ca](mailto:hspspecialprojects@cihi.ca) with any questions.

---

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



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

### **BOH Governance training course**

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

### **Social Determinants of Health training course**

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

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



Thank you to Northeastern Public Health's Board of Health and staff for holding the BOH Governance Course in March in Timmins!

---

## Boards of Health: Shared Resources



A resource [page](#) is available on alPha's website for Board of Health members to facilitate the sharing of and access to information, orientation materials, best practices, case studies, by-laws, Resolutions, and other resources. **In particular, alPha is seeking resources to share regarding the province's Strengthening Public Health Initiative, including but not limited to, voluntary mergers and the need for long-term funding for local public health.** If you have a best practice, by-law or any other resource that you would like to make available via the newsletter and/or the website, please send a file or a link with a brief description to [gordon@alphaweb.org](mailto: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)
- [The Ontario Public Health Standards](#)
- [Public Appointee Role and Governance Overview](#) (for Provincial Appointees to BOH)
- [Ontario Boards of Health by Region](#)



- [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](#)
- [List of Units sorted by Municipality](#)
- [List of Municipalities sorted by Health Unit](#)
- [Map: Boards of Health Types](#)
- [NCCHPP Report: Profile of Ontario's Public Health System](#) (2021)
- [The Municipal Role of Public Health\(2022 U of T Report\)](#)
- [Boards of Health and Ontario Not-for-Profit Corporations Act](#)

---

## Affiliates update



## Ontario Dietitians in Public Health (ODPH)

In partnership with Public Health Ontario, ODPH has produced [Food Insecurity and Food Affordability in Ontario](#), the first report combining food cost data from 32 PHUs to provide a provincial picture of food affordability. It presents regional estimates of the cost of a basic nutritious diet and highlights the impact of food insecurity, especially for households relying on social assistance. Emphasizing the unaffordability of food and living standards for many, the report discusses the significance of income-based policy solutions. The report and accompanying infographic and technical document are accessible [here](#).

---

## 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 - Welcome Minister Jones](#)

---

## Public Health Ontario (PHO)



**Food Insecurity & Food Affordability in Ontario** [Report](#), [Infographic](#) and [Technical Notes](#)

In partnership with the [Ontario Dietitians in Public Health](#), Public Health Ontario, PHO has produced a new report: [Food Insecurity and Food Affordability in Ontario](#). This report is the first to combine public health unit data on food costs to create a provincial overview of food affordability in Ontario.

This resource examines the impacts of household food insecurity in Ontario, highlighting the risk faced by households dependent on social assistance. It presents regional estimates of the cost of a basic nutritious diet and highlights the unaffordability of food and a basic standard of living for these households. This report also provides evidence supporting income-based policy solutions to address

food insecurity. Explore the [complementary infographic](#) and [technical guide](#) for more information.

### **Data and Epidemiological Summaries**

- [Mpox in Ontario](#)
- [Measles in Ontario](#)
- [iGAS Epi Summary](#)
- [SARS-CoV-2 Genomic Surveillance in Ontario](#)
- [Integrated Respiratory Virus Risk Indicators for Ontario](#) (Please note, this will be the final IRVRI report for the 2024-25 respiratory season. Reporting will resume in the next respiratory season.)

### **Recent Knowledge Products**

- [Ontario Municipal Tobacco and Vaping Retail Licensing Summary-2024](#)

### **Events**

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

**17 April -** [PHO Webinar: Raising the Age: Nicotine-free Youth?](#)

### **Recent Presentations**

- [Candida auris: A New Disease of Public Health Significance Management of this Highly-Transmissible Fungal Pathogen](#)
- [Social Environments for Health Webinar Series Part Three: Health Equity Focused Social Prescribing](#)
- [How Built and Social Environments Influence Commuters' Travel Choices](#)



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 **March 18, 2025**. To view the file, log into the alPHA website.

Please note, we are updating the directory again. We ask that you take a moment to review your public health unit's (PHU) information in the directory, particularly if your PHU has merged. If you do have an update, please send a PDF file to: [communications@alphaweb.org](mailto:communications@alphaweb.org) by Friday, April 25. If you have any updates after the deadline, please feel free to send these in.

---

### **Upcoming DLSPH Events and Webinars**

# **Dalla Lana**

## **School of Public Health**

- [AMS-Fitzgerald Fellowship in AI and Human-Centered Leadership: Info Session](#) (Apr. 17)
- [Indigenizing Health Symposium 2025: Being Safe With Our Culture Again](#) (Apr. 23-24)
- [Black Innovation in Public Health Panel](#) (Apr. 24)
- [Care in the Air Symposium](#) (Apr. 25)
- [2025 SORA-TABA Annual Workshop](#) (Apr. 28)



- [2025 Institute for Pandemics Interdisciplinary Symposium](#) (May 13)

---

## **alPHa Winter Symposium after-event survey winners!**



Congratulations to Dr. Joanna Oda, Halton Public Health, on winning the Winter Symposium after-event survey gift card, sponsored by BrokerLink!

alPHa would also like to congratulate Dinah Fleury, from Renfrew County and District Health Unit, for winning the EA/AA Workshop after-event survey gift card, which was sponsored by BrokerLink as well.

---

## **BrokerLink Insurance**



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

alPHA members qualify for exclusive insurance discounts with [BrokerLink](#). We are excited to announce the 2025 Grand Group Giveaway! Get a quote on car or home insurance, and you could win 1 of 4 cash prizes of \$5,000. Don't miss your chance to save on insurance and win some cash in BrokerLink's Grand Group Giveaway! Visit [BrokerLink.ca/alPHA](https://BrokerLink.ca/alPHA) to learn more.



---

## alPHA's mailing address

**Please note our mailing address is:**  
**PO Box 73510, RPO Wychwood**  
**Toronto, ON M6C 4A7**

For further information, please contact [info@alphaweb.org](mailto:info@alphaweb.org).

---

## News Releases

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

---





Our mailing address is:  
PO Box 73510, RPO Wychwood  
Toronto, ON M6C 4A7  
Canada

Want to change how you receive these emails?  
You can [update your preferences](#) or [unsubscribe](#)