



May 28, 2025

BOARD OF HEALTH MEETING

SSM Algoma Community Room / Teams Meeting

294 Willow Avenue

Sault Ste Marie, P6B 5B4

www.algomapublichealth.com

Meeting Book - May 28, 2025, Board of Health Meeting

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a. Next Meeting Dates

15. Adjournment

Board of Health Meeting AGENDA

Wednesday, May 28, 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. Jennifer Loo - Medical Officer of Health/CEO
Dr. John Tuinema - Associate Medical Officer of Health & Director of Health Protection
Rick Webb - Director of Corporate Services
Kristy Harper - Director of Health Promotion & Chief Nursing Officer
Leslie Dunseath - Manager of Accounting Services
Brandon Hazelton - Communications Coordinator
Tania Caputo - Board Secretary

STAFF GUESTS: Hilary Gordon, Community Wellness Manager, Lisa O'Brien, Health Promotion Specialist, Jennifer Miller, Public Health Nurse

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| <p>1.0 Meeting Called to Order</p> <p>a. Land Acknowledgment</p> <p>b. Roll Call</p> <p>c. Declaration of Conflict of Interest</p> | <p><i>S. Trivers</i></p> |
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| <p>2.0 Adoption of Agenda</p> <p style="background-color: #d3d3d3; padding: 2px;">RESOLUTION</p> <p>THAT the Board of Health agenda dated May 28, 2025, be approved as presented.</p> | <p><i>S. Trivers</i></p> |
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| <p>3.0 Delegations / Presentations</p> <p>a. Local Opioid Response</p> | <p><i>H. Gordon,
L. O'Brien,
J. Miller</i></p> |
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| <p>4.0 Adoption of Minutes of Previous Meeting</p> <p style="background-color: #d3d3d3; padding: 2px;">RESOLUTION</p> <p>THAT the Board of Health meeting minutes dated April 23, 2025, be approved as presented.</p> | <p><i>S. Trivers</i></p> |
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| <p>5.0 Business Arising from Minutes</p> | <p><i>S. Trivers</i></p> |
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| <p>6.0 Reports to the Board</p> <p>a. Medical Officer of Health and Chief Executive Officer Reports</p> <p>MOH Report - May 2025</p> <ul style="list-style-type: none"> • Addressing Structural Stigma <p style="background-color: #d3d3d3; padding: 2px;">RESOLUTION</p> <p>THAT the report of the Medical Officer of Health and CEO be accepted as presented.</p> | <p><i>J. Loo</i></p> |
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| <p>b. Finance and Audit</p> | |
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| <p>i. Unaudited Financial Statements ending March 31, 2025.</p> <p style="background-color: #d3d3d3; padding: 2px;">RESOLUTION</p> <p>THAT the Board of Health accepts the Unaudited Financial Statements for the period ending March 31, 2025, as presented.</p> | <p><i>L. Dunseath</i></p> |

c. Governance

D. McConnell

i. Governance Committee Chair Report

RESOLUTION

THAT the Board of Health accepts the May 12, 2025, Chair Report for the Governance Committee Meeting as presented.

ii. Policy 02-05-085 Orientation Board Member

RESOLUTION

THAT the Board of Health approves, **Policy 02-05-085 Orientation Board Member** as presented.

iii. Policy 02-05-087 Board Member Terms of Office

RESOLUTION

THAT the Board of Health approves, **Policy 02-05-087 Board Member Terms of Office** as presented.

iv. Policy 02-05-089 Chair Roles and Responsibilities

RESOLUTION

THAT the Board of Health approves, **Policy 02-05-089 Chair Roles and Responsibilities** as presented.

7.0 New Business/General Business

J. Loo

a. Monitoring Food Affordability and Food Insecurity - Briefing Note

RESOLUTION

8.0 Correspondence - requiring action

S. Trivers

9.0 Correspondence - for information

S. Trivers

a. alPHa Information Break - May 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 Bi annual Board of Health Meeting Evaluation

S. Trivers

14.0 **Announcements / Next Committee Meetings:**

S. Trivers

Finance Committee Meeting

Wednesday, Jun 11, 2025 @ 5:00 pm
SSM Algoma Community Room | Video Conference

Board of Health

Wednesday, June 25, 2025 @ 5:00 pm
SSM Algoma Community Room | Video Conference

15.0 **Adjournment**

S. Trivers

RESOLUTION

THAT the Board of Health meeting adjourns.

Toxic Drugs in Algoma: Community Assessment and Next Steps

Hilary Gordon, Community Wellness Manager

Lisa O'Brien, Health Promotion Specialist

Jennifer Miller, Public Health Nurse

May 2025

Overview

- Toxic drugs: a complex issue
- Public health approaches
- Overview of the Toxic Drugs in Algoma report
- Next steps



Strategic Directions



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



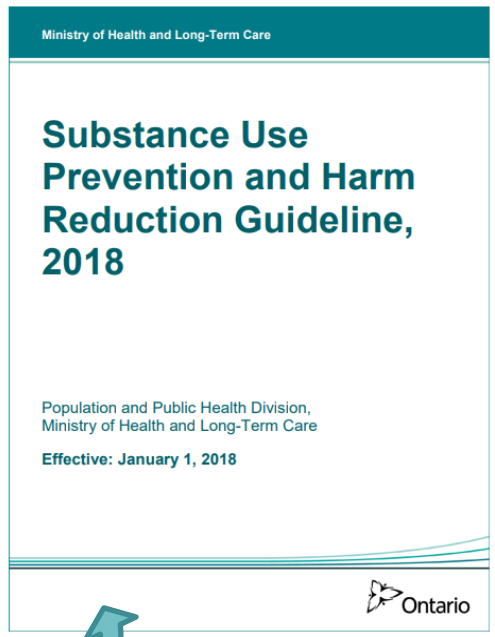
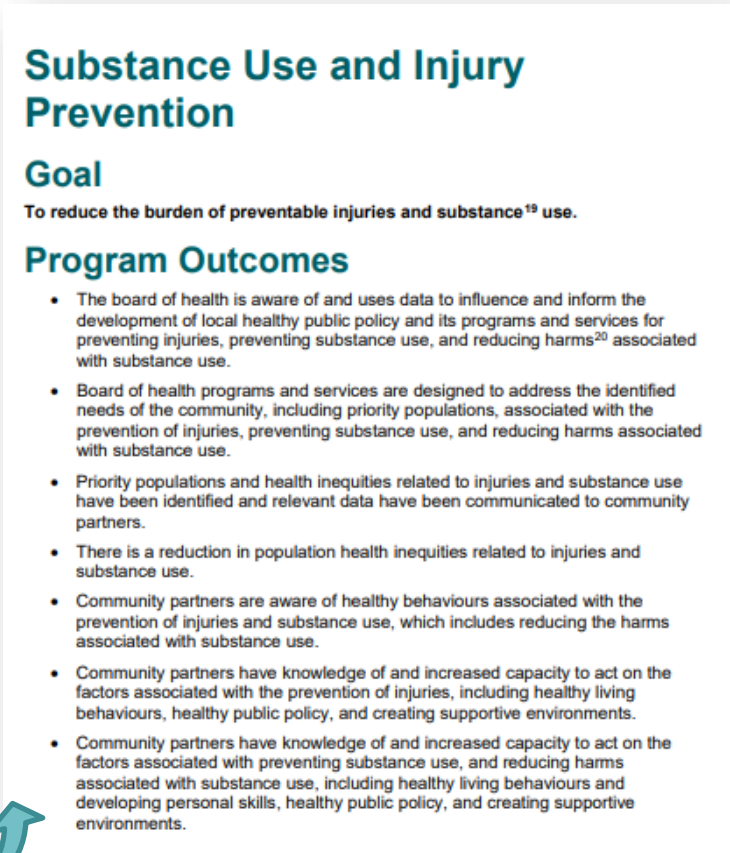
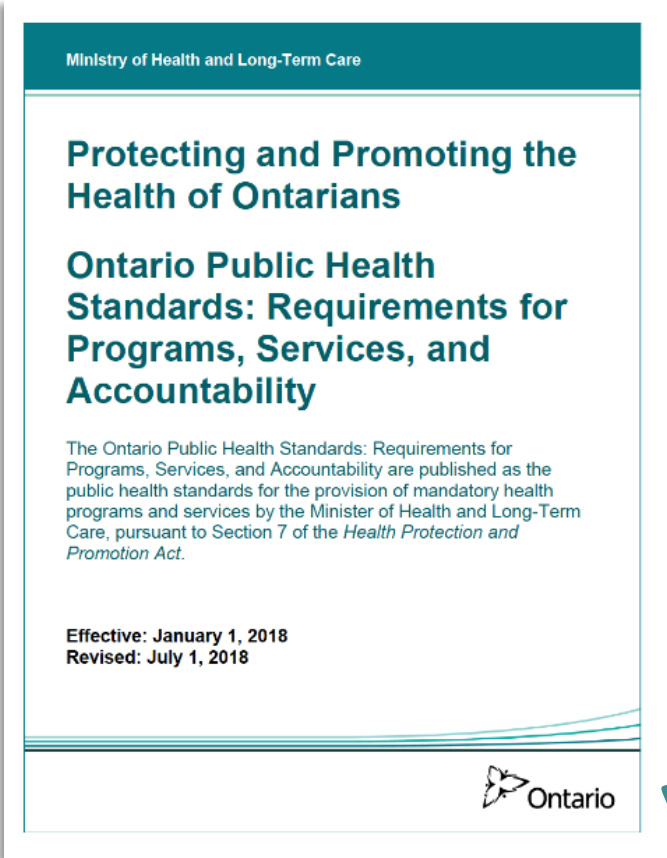
Improve the impact and effectiveness of Algoma Public Health programs.



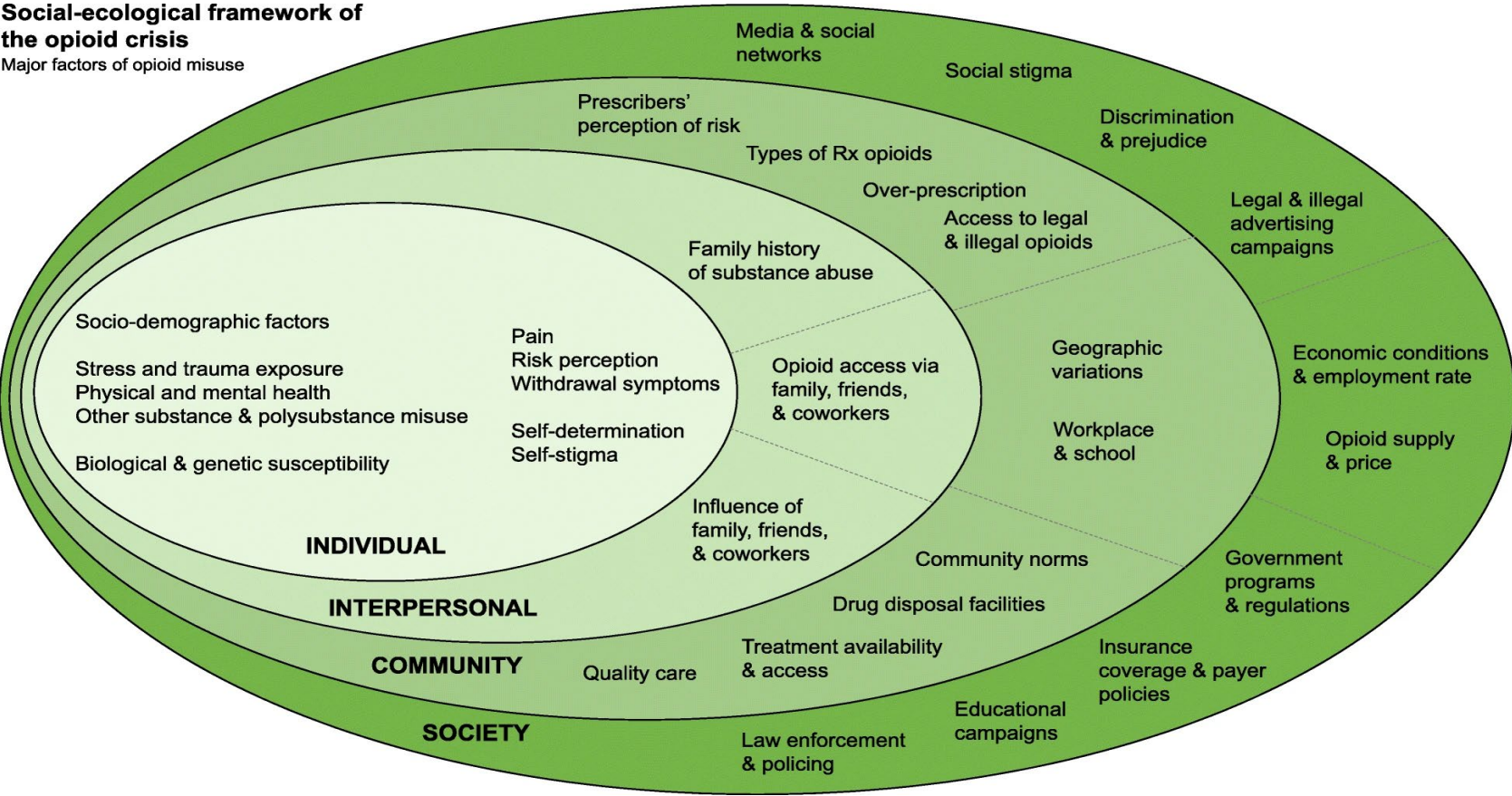
Grow and celebrate an organizational culture of learning, innovation, and continuous improvement.

PUBLIC HEALTH

Ontario Public Health Standards



The Toxic Drug Crisis: A Complex Issue



Jalali MS, Botticelli M, Hwang RC, Koh HK, McHugh RK. The opioid crisis: a contextual, social-ecological framework. Health research policy and systems. 2020; 18: 1-9. Available from: <https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-020-00596-8>

Levels of Interventions

Downstream interventions

Seek to increase equitable access, at an individual level, to health and social services.

These changes generally occur at the service or access to service level.

They are about changing the effects of the causes.

Examples:

- Harm reduction supply distribution
- Treatment services

Midstream interventions

Seek to reduce exposure to hazards by improving material working and living conditions, or to reduce risk by promoting healthy behaviours.

These changes generally occur at the micro policy level: regional, local, community or organizational.

They are about changing the causes.

Examples:

- Using culturally safe and trauma-informed practices
- Addressing structural stigma at the organizational level

Upstream interventions

Seek to reform the fundamental social and economic structures that distribute wealth, power, opportunities, and decision-making.

These changes generally occur at the macro policy level: national or transnational.

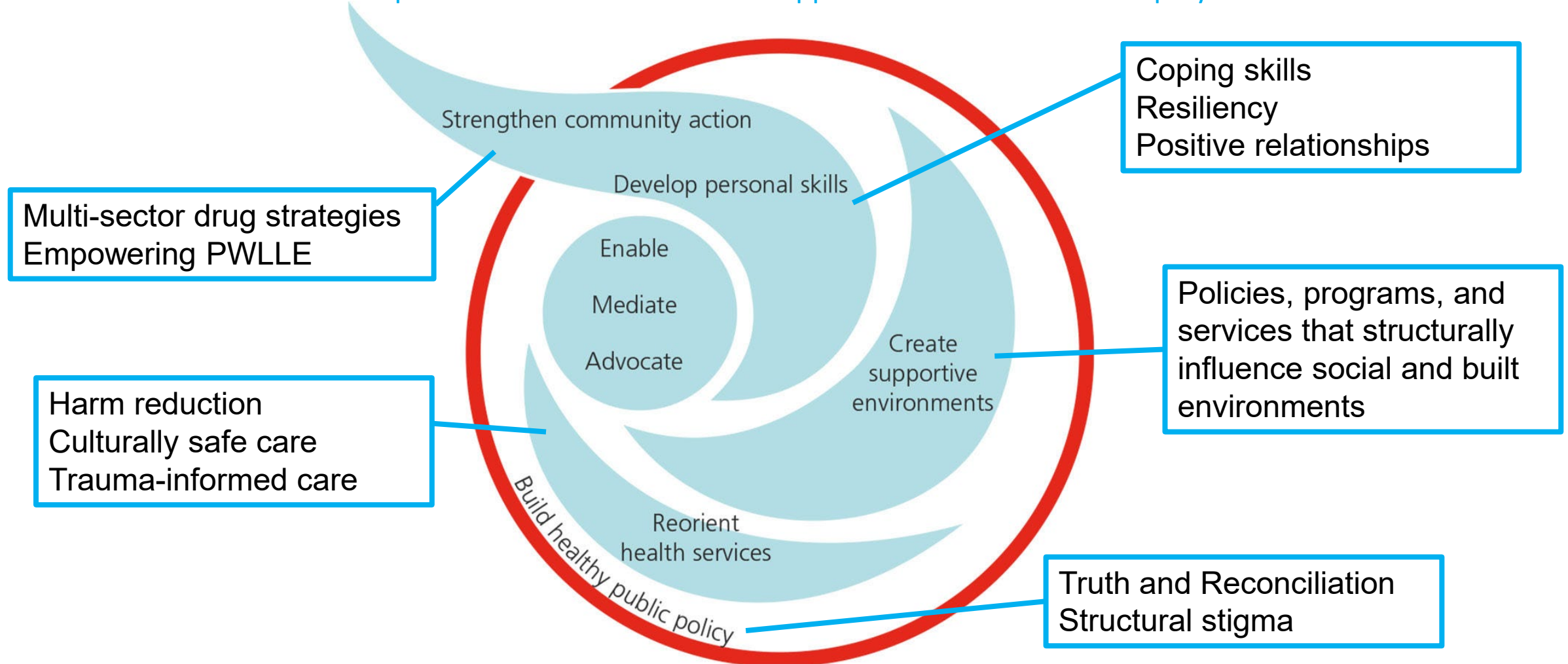
They are about diminishing the causes of the causes.

Examples:

- Decriminalizing simple possession of drugs
- Changing colonial, racist, and oppressive systems and policies

Ottawa Charter: The Public Health Approach

Comprehensive Health Promotion Approach Rooted in Health Equity



Toxic Drugs in Algoma Report

WHY?

To support the development of local opioid response initiatives under the Harm Reduction Program Enhancement (HRPE).

PURPOSE

To provide a general understanding of the toxic drug crisis, how it is being experienced in Algoma, and what we can do as a community to respond.



Report Development



Interviews

Community Partners
(2020)

PWLLE

Family & Friends
Additional Community
Partners
(2022)



Workshops

Community partner
workshop to validate
findings
(2023)

Workshop to identify
community actions on
toxic drugs
(2024)



Draft Report

Summarize
community
feedback
(2023-24)

Review best
practices
(2024)



Finalization

Internal and
external review
(2024)



Launch Events

Sault Ste. Marie
(Nov 2024)

Elliot Lake
(March 2025)

Wawa
(May 2025)

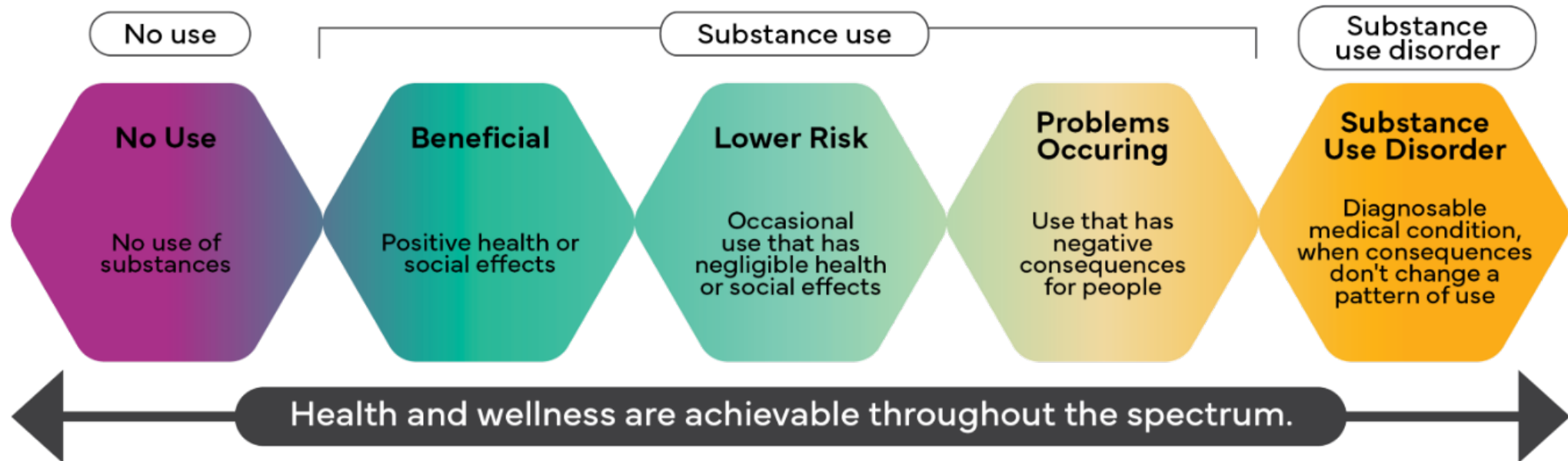
Blind River
(TBD)

Community Partners

People with Lived & Living Experience



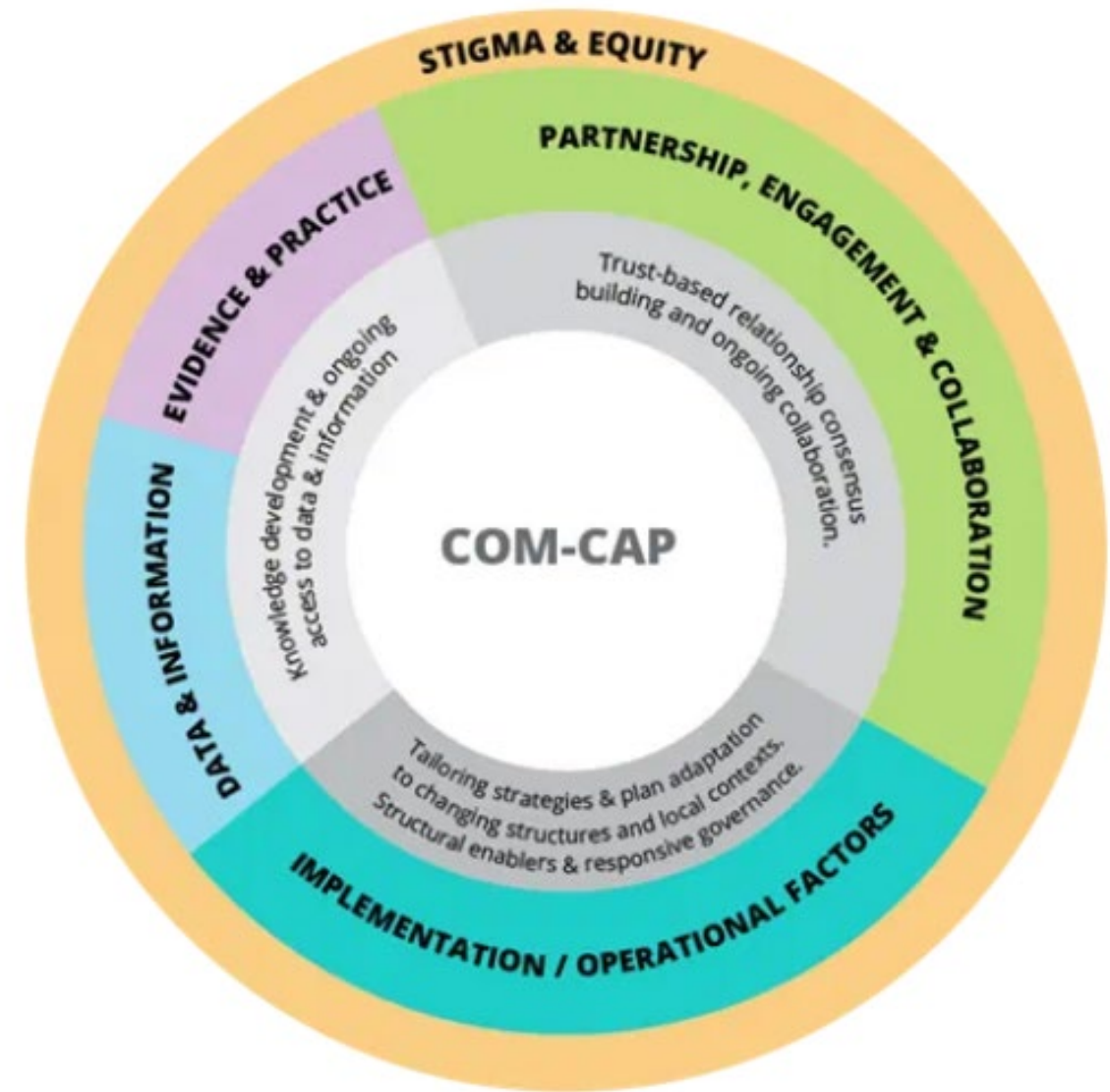
Substance Use Health Spectrum



Adapted from Health Canada, 2022

A Collaborative Local Response

“Cross-sector collaboration is essential to create supportive communities, address system gaps, improve system navigation, and provide quality care for PWUD.”



Next Steps



IDENTIFY &
ADDRESS
STRUCTURAL
STIGMA



UPDATE
COMMUNITY DRUG
WARNINGS



SUPPORT A
NETWORK OF
PWLE



PRIORITIZE HEALTH
PROMOTION
INITIATIVES



Questions?

Chi-Miigwech. Merci. Thank You.

PUBLIC HEALTH



Algoma
PUBLIC HEALTH
Santé publique Algoma

Report of the

Medical Officer of Health / CEO

Prepared by:
Dr. Jennifer Loo and the
Leadership Team

Presented to:
Algoma Public Health Board of Health

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APH AT-A-GLANCE

As I return to the rhythm of public health activities following my maternity leave, I want to express my gratitude to all the APH team members who have continued their dedicated work in serving Algoma communities. In particular, thank you to Dr. John Tuinema, Rick Webb, Kristy Harper, and Dr. John Harding, all of whom took on additional executive roles and responsibilities during my absence, and ably led the organization during the past year.

On April 24th, Algoma Public Health hosted a one-day conference “HIV 101: Busting Myths, Breaking Stigma, and Bringing the Latest to the Bedside”. The conference was well attended by nearly 30 health professionals and allies and covered the epidemiology of HIV in Algoma, updates in HIV treatment, legal aspects of HIV testing and care, considerations when working with Indigenous populations, and an overview of the [SPRITE](#) research study (Syphilis Point-of-care Rapid testing and Immediate Evaluation Study). Two of the presentations were given by APH staff: The epidemiology overview was presented by Dr. John Tuinema and the SPRITE study presentation was provided by Lydia Murray (Public Health Nurse) and Sandra Dereski (Acting Manager of Infectious Disease). This conference provided an excellent opportunity for local healthcare providers and other allies who support people living with HIV to come together and learn from each other on this important topic.

Similar to many other public health jurisdictions in Ontario and across Canada, over the past month, Algoma saw its first reported cases of measles in 30 years. Due to extensive planning and preparation by APH staff, as detailed in previous reports to the Board of Health, the local public health response has been rapid and effective, with strong partnership and engagement with local community leaders and health care professionals who are involved in the care of impacted families. The majority of the Algoma population has either natural immunity to measles (i.e. all those born before 1970) or are protected through measles vaccination. While the risk of becoming ill with measles remains low for the general population of Algoma as a whole, APH’s Infectious Disease, Communications, and Immunization teams continue to work district wide to control further spread of measles, counter misinformation, update the public on exposure risks and preventive measures, and provide the measles vaccine to Algoma community members.

The Chamber of Commerce held its annual Outstanding Business Achievement Awards on May 6th. This year, APH was honoured to be nominated in two categories: Employer of the Year and Charity or Non-Profit of the Year. Last year, APH was the winner of the 2023 Diversity Award.

PROGRAM HIGHLIGHT – Addressing Structural Stigma

Topic: Addressing Structural Stigma

From: Hilary Gordon, Manager of Community Wellness

Written by: Lisa O'Brien, Health Promotion Specialist

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

- **Health Equity:**

Requirement 4. The Board of Health shall lead, support, and participate with other stakeholders in health equity analysis, policy development, and advancing healthy public policies that decrease health inequities in accordance with the Health Equity Guidelines, 2018 (or as current).

- **Effective Public Health Practice:**

Requirement 8. The board of health shall ensure a culture of quality and continuous organizational self-improvement that underpins programs and services and public health practice, and demonstrates transparency and accountability to clients, the public, and other stakeholders. This may include:

a. Identification and use of tools, structures, processes and priorities to measure and improve the quality of programs and services, such as the establishment of a Quality/Practice Committee and/or the development and monitoring of a Quality Improvement Plan.

2021-2025 Strategic Priorities addressed in this report:

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

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

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

Key Messages

- Structural stigma is embedded into systems and organizations through rules, policies, and procedures that reinforce negative attitudes and prejudices towards individuals or groups of people⁽²⁾.
- Modifying the health and social policies that contribute to structural stigma will help us move towards a more inclusive health system and community⁽³⁾.
- APH is committed to identifying and addressing structural stigma within the organization, as well as being a role model and support for other community organizations.

Stigma and the impact on health

Stigma refers to the negative attitudes and prejudices that cause individuals or groups of people to be labelled, stereotyped, and feared⁽²⁾. It undermines the health of individuals, contributes to poor mental and physical health and creates population health inequities⁽³⁾. Stigma exists in various forms and at multiple levels. When stigma shapes and is reinforced by an organization's rules, policies, and procedures – whether formally or informally, knowingly, or unknowingly – it becomes structural stigma⁽²⁾.

Negative outcomes of stigma include reduced access and quality of care, chronic stress, health-harming coping responses and behaviours (e.g., substance use, isolation, social withdrawal), and increased risk of

assault and injury⁽³⁾. It is important to recognize that people can experience multiple forms of structural stigma at once and when this happens, it can exacerbate negative health outcomes⁽³⁾. Modifying the health and social policies that contribute to structural stigma will help us move towards a more inclusive health system and community⁽³⁾.

Engaging people with lived and living experience (PWLLE)

We know that stigma exists in our community, but to truly understand how stigma is experienced we must reach out to the people most affected. This starts with building meaningful relationships and trust with PWLLE. It also requires us to recognize individuals as experts in their own health and what they need to be well, give them decision-making power, work collaboratively to co-develop policies, programs, and compensate people fairly for their time. Listening to the perspectives of current or potential public health service users can help improve the quality and effectiveness of our programs. This has been exemplified by the Infectious Disease program when additional team training and updates to policies and procedures were made based on feedback gathered from PWLLE.

Working to address structural stigma

Public health can influence structural stigma in a variety of ways. Our internal policies, methods of service delivery, language, and how we treat people have an impact on who accesses our services and how they feel when they do. Also, the information and messaging we distribute can shape societal beliefs and norms.

In November 2024, Scott Neufeld, an Assistant Professor of Psychology at Brock University, provided workshops and training sessions about structural stigma around substance use, harm reduction, health inequities and the politics of stigma⁽⁴⁾. Workshops were provided for community organizations at the Counselling Centre of East Algoma in Elliot Lake and in Sault Ste. Marie during the launch of the [Toxic Drugs in Algoma: Community Assessment and Next Steps](#) report. Scott also provided a training session for all APH staff.

One of the recommendations in the Toxic Drugs in Algoma report is that local organizations address structural stigma through assessment and training. APH is committed to further exploring, assessing and working towards addressing structural stigma.

Next Steps: 2025 and Beyond

- Engage internal staff from all levels across the agency, PWLLE, and community partners in dialogue, shared learning, assessment, and planning related to structural stigma.
- Conduct an organizational assessment for stigma using the [Organizational Assessment Tool for Substance Use and Stigma](#) and guided by the key principles in [Dismantling Structural Stigma in Health Care](#).
- Provide ongoing education and training for new and existing staff, students, and volunteers.
- Share structural stigma resources, training opportunities, knowledge and experiences with community partners.

References

1. Ontario Public Health Standards: Requirements and Programs, Services and Accountability. Ontario Ministry of Health. 2021. Available from: <https://www.ontario.ca/page/ontario-public-health-standards-requirements-programs-services-and-accountability>

2. Dismantling structural stigma in health care. Mental Health Commission of Canada. 2023. Available from: <https://mentalhealthcommission.ca/structural-stigma/dismantling-structural-stigma-in-health-care-implementation-guide/>
3. Addressing Stigma; Towards a More Inclusive Health System: The Chief Public Health Officer's Report on the State of Public Health in Canada 2019. Public Health Agency of Canada. 2019. Available from: <https://www.canada.ca/content/dam/phac-aspc/documents/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/addressing-stigma-what-we-heard/stigma-eng.pdf>
4. Bishop A. Helping health workers combat addictions stigma in northern Ontario [Internet]. The Brock News, a news source for Brock University. 2025. Available from: <https://brocku.ca/brock-news/2024/12/helping-health-workers-combat-addictions-stigma-in-northern-ontario/>

Algoma Public Health

Statement of Operations

March 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	-3,084,536	-3,107,617	-23,081	-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	-94,335	-98,775	-4,440	-595,100	-4%	96%
Other Revenue, Total	0	0	0	0		
TOTAL REVENUE	-4,388,926	-4,416,447	-27,521	-17,865,786	-1%	99%
Salaries & Wages, Total	2,387,935	2,733,659	345,724	10,934,636	-13%	87%
Benefits, Total	677,009	754,313	77,305	2,837,798	-10%	90%
Office Expenses, Total	12,322	15,600	3,278	62,400	-21%	79%
Program Expenses, Total	291,913	245,083	-46,830	922,034	19%	119%
Professional Development, Total	9,357	18,639	9,282	74,555	-50%	50%
Travel Expenses, Total	12,903	42,638	29,735	170,550	-70%	30%
Fees & Insurance, Total	132,482	119,525	-12,957	427,100	11%	111%
Telecommunications, Total	70,847	56,988	-13,859	227,952	24%	124%
Program Promotion, Total	9,086	5,925	-3,161	23,700	53%	153%
Debt Management & Amortization, Total	114,355	114,355	0	457,421	0%	100%
Computer/IT Services, Total	221,523	223,353	1,830	837,912	-1%	99%
Facilities Expenses, Total	259,890	222,432	-37,458	889,727	17%	117%
TOTAL EXPENSES	4,199,621	4,552,510	352,889	17,865,786	-8%	92%
SURPLUS/DEFICIT	-189,305	136,063	325,368	0		

Healthy Babies Healthy Children (Fiscal)

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

Fiscal Programs (Non-Public Health)

Description	Current YTD	Current YTD Budget	YTD Budget Variance	Annual Budget		
PROVINCIAL GRANTS	-262,153	-262,153	0	-262,153	0%	100%
OTHER FUNDING	-120,922	-120,922	0	-120,922	0%	100%
TOTAL REVENUE	-383,075	-383,075	0	-383,075	0%	100%
CAPC/CPNP	120,922	120,922	0	120,922	0%	100%
Nurse Practitioner	162,153	162,153	0	162,153	0%	100%
Stay on Your Feet	100,000	100,000	0	100,000	0%	100%
TOTAL EXPENSES	383,075	383,075	0	383,075	0%	100%
SURPLUS/DEFICIT	0	0	0	0		

Fiscal Programs (Public Health)

PROVINCIAL GRANTS	-628,003	-661,100	-33,097	-661,100	-5%	95%
TOTAL EXPENSES	624,498	661,100	36,602	661,100	-6%	94%
SURPLUS/DEFICIT	-3,505	0	3,505	0		

NOTE: Explanations will be provided for variances of 15% and \$15,000 occurring in the first 6 months and variances of 10% and \$10,000 occurring in the final 6 months.

Algoma Public Health

Statement of Revenue

March 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	-2,505,086	-2,530,126	-25,040	-10,120,503	-1%	99%
MOH Program Funding - 100%	-579,450	-577,491	1,959	-2,309,963	0%	100%
Public Health Funding, Total	-3,084,536	-3,107,617	-23,081	-12,430,466	-1%	99%
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%
Levies, Total	-1,210,055	-1,210,055	0	-4,840,220	0%	100%
Program Fees	-8,665	-10,000	-1,335	-40,000	-13%	87%
Land Control Fees	-12,325	-15,000	-2,675	-215,000	-18%	82%
Immunization Recoveries	-25,340	-16,250	9,090	-110,000	56%	156%
Recoveries from Programs	-5,706	-5,025	681	-20,100	14%	114%
Interest Revenue	-42,299	-52,500	-10,201	-210,000	-19%	81%
Fees & Recoveries, Total	-94,335	-98,775	-4,440	-595,100	-4%	96%
TOTAL REVENUE	-4,388,926	-4,416,447	-27,521	-17,865,786	-1%	99%

Variance

- - -

Notes to Financial Statements – March 2025

Reporting Period

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

Statement of Operations

Summary – Public Health and Non-Public Health Programs

APH has received the 2025 Amending Agreement from the province identifying the approved funding allocations for public health programs. Change from 2024 includes 1% increase to base funding for mandatory cost-shared programs only, as committed to by the Ministry. The annual budget for public health programs has been updated to reflect the Board approved budget as presented at the November 2024 Board of Health Meeting.

As of March 31, 2025, Public Health calendar programs are reporting a \$326K positive variance – which is driven by a \$28K negative variance in revenues and a \$353K 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 updated amending agreement and 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 late 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 \$47K negative variance associated with program expenses. The majority of this identified pressure is driven by demand for our Ontario Senior Dental program (externally sourced professional services for maintenance, preventative and denture services). Once again for 2025, APH submitted a request for increased base funding for this program alongside the 2025 Annual Service plan which was due to the Ministry on March 31st. We continue to service our communities based on demand considering conversations with the Ministry where APH has been instructed to continue programming as planned, with funding opportunities to continually be made available to address ongoing pressures.

Travel Expenses

There is a \$30K positive variance associated with travel expenses based on actual travel that staff has completed and requested reimbursement for as of March 31, 2025. It is suspected that this variance is timing related only due to lack of travel during significant severe weather experienced within the district during the first few months of the year.

Facilities Expenses

There is a \$37K 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 March 31, 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.

Algoma Public Health

Comparative Balance Sheet

March 2025

(Unaudited)

	Current Balance	December 31, 2024
Cash and Investments, Total	5,438,822	4,702,136
Accounts Receivable, Total	718,495	1,729,409
Other Assets, Total	160,179	365,259
Fixed Assets, Total	16,559,921	16,559,921
TOTAL ASSETS	22,877,417	23,356,724
Accounts Payable - Province, Total	(2,199,328)	(2,750,849)
Accounts Payable, Total	(1,007,032)	(743,138)
Accrued Liabilities, Total	(3,346,027)	(3,681,471)
Long-term Liabilities, Total	(2,907,234)	(2,907,234)
Other Liabilities, Total	(277,648)	(277,755)
TOTAL LIABILITIES	(9,737,269)	(10,360,445)
TOTAL ACCUMULATED SURPLUS	(13,140,147)	(12,996,279)
TOTAL LIABILITIES AND EQUITIES	(22,877,417)	(23,356,724)

Governance Committee Report

May 14, 2025

Attendees:

Don McConnell

Sonia Tassone

Suzanne Trivers

Regrets:

None

APH Members:

Dr. Jennifer Loo – Medical Officer of Health & CEO

Dr. John Tuinema – Associate Medical Officer of Health / Director of Health Protection

Tania Caputo – Board Secretary

Minutes

The Minutes of the Governance Committee meeting of April 13, 2025 were approved.

New Business

- Governance Training – The information from aPHa was reviewed and additional information will be requested. It was agreed that training focused on both governance responsibilities and how those responsibilities should be carried out would be beneficial. Dr. Loo offered to contact a possible consultant to discuss this further and obtain his recommendations.
- Strategic Planning Approach – it was agreed that both the Board and staff would benefit from having a common document to guide our priorities moving forward. The existing Strategic Directions sets out general goals for the organization, but this could be strengthened with setting specific actions and monitoring indicators. While creating a new Strategic Plan may not be necessary, we should ensure that the eight strategic issues identified in the 2020 Strategic Plan report are still relevant today. Dr. Loo and Dr. Tuinema will review this matter with other senior staff for further discussion at the Governance Committee's September meeting. The Committee will report back to the Board in the fall.
- Board of Health Skills Matrix Self-Evaluation – This form was reviewed by the Committee and minor changes made. Given that an assessment of the collective Board Members strengths and weaknesses would be useful in determining future educational opportunities, it was agreed that the Board Members would be asked to complete the self evaluation of their skills and experience.

Policy Reviews

- Performance Evaluation for the MOH/CEO (Policy 02-05-080) - At present, the MOH/CEO completes a self-assessment every two years which is then reviewed with a Performance Evaluation Committee comprised of the Board Chair and the two Vice Chairs. The overall

objective is to provide meaningful feedback to the MOH/CEO. It was noted that a new performance evaluation tool is being developed for use throughout the organization. The Committee decided that any changes to the current MOH/CEO evaluation procedure should align with the rest of the organization procedures and decided to defer any recommended changes until the new evaluation process is completed later this year. It was also noted that having Board approved specific objectives as part of the Strategic Plan would greatly assist with the MOH/CEO evaluation. In the interim, both Dr. Loo and Dr. Tuinema requested that the Performance Evaluation Committee conduct evaluations with them using the existing methodology. The Governance Committee will be asking both Board Vice Chair Jody Wildman and Director of Corporate Services Rick Webb to participate in future discussions on performance evaluation policy.

- Orientation – Board Members (Policy 02-05-085) - This policy was reviewed and is recommended for approval to the Board of Health subject to minor editorial changes.
- Board Member Terms of Office (Policy 02-05-087) - This policy was reviewed and is recommended for approval to the Board of Health subject to changes to clarify the purpose.
- Chair Roles and Responsibilities (Policy 02-05-089) - This policy was reviewed and is recommended for approval to the Board of Health without changes.

Orientation of Board Members Policy

REFERENCE #: 02-05-085

DATE: Original: Mar 28, 2018
Reviewed: Jun 24, 2020
Revised: Mar 22, 2023
Reviewed: May 28, 2025

APPROVED BY: Board of Health

SECTION: Policies

1. PURPOSE

The Board of Health (BOH) for Algoma Public Health (APH) shall ensure that BOH members are aware of their roles and responsibilities and emerging public health issues and trends by ensuring the development and annual implementation of a comprehensive orientation plan for new BOH members and continuing education for BOH members.

The Ontario Public Health Standards: Requirements for Programs, Services and Accountability provide the following expectations for all Boards of Health:

1.1. Good Governance and Management Practices

Boards of Health are held accountable for executing good governance practices to ensure effective functioning of Boards of Health and management of public health units

1.2. Objective of Requirements

The organizational requirements support the use of recommended best practices in governance and organizational processes. By adhering to these practices, Boards of Health are able to improve the quality and effectiveness of programs and services, prioritize the allocation of resources, improve efficiency, and strive for resiliency in their organizational culture.

1.3. Requirements

- a. The Board of Health shall submit a list of board members.
- b. The Board of Health shall operate in a transparent and accountable manner and provide accurate and complete information to the ministry.
- c. The Board of Health shall ensure that members are aware of their roles and responsibilities and emerging issues and trends by ensuring the development and implementation of a comprehensive orientation plan for new board members and a continuing education program for board members.
- d. The Board of Health shall carry out its obligations without a conflict of interest and shall disclose to the ministry an actual, potential, or perceived conflict of interest.
- e. The Board of Health shall comply with the governance requirements of the Health Protection and Promotion Act (e.g., number of members, election of

chair, remuneration, quorum, passing by-laws, etc.), and all other applicable legislation and regulations.

- f. The Board of Health shall comply with the Medical Officer of Health appointments requirements of the Health Protection and Promotion Act, and the ministry's policy framework on Medical Officer of Health appointments, reporting, and compensation.
- g. The Board of Health shall ensure that the administration establishes a human resources strategy, which considers the competencies, composition and size of the workforce, as well as community composition, and includes initiatives for the recruitment, retention, professional development, and leadership development of the public health unit workforce.
- h. The Board of Health shall ensure that the administration establishes and implements written human resource policies and procedures which are made available to staff, students, and volunteers. All policies and procedures shall be regularly reviewed and revised, and include the date of the last review/revision.
- i. The Board of Health shall engage in community and multi-sectoral collaboration relevant stakeholders in decreasing health inequities.
- j. The Board of Health shall engage in relationships with Indigenous communities in a way that is meaningful for them.
- k. The Board of Health shall provide population health information, including social determinants of health and health inequities, to the public, community partners, and health care providers in accordance with the Foundational and Program Standards.
- l. The Board of Health shall develop and implement policies or by-laws regarding the functioning of the governing body, including:
 - Use and establishment of sub-committees;
 - Rules of order and frequency of meetings;
 - Preparation of meeting agenda, materials, minutes, and other record keeping;
 - Selection of officers;
 - Selection of Board of Health members based on skills, knowledge, competencies and representatives of the community, where Boards of Health are able to recommend the recruitment of members to the appointing body;
 - Remuneration and allowable expenses for board members;
 - Procurement of external advisors to the board such as lawyers and auditors (if applicable);
 - Conflict of interest;
 - Confidentiality;
 - Medical Officer of Health and executive officers (where applicable) selection process, remuneration, and performance review; and

- Delegation of the Medical Officer of Health duties during short absences such as during a vacation/coverage plan.
- m. The Board of Health shall ensure that bylaws, policies and procedures are reviewed and revised as necessary, and at least every two years.
- n. The Board of Health shall provide governance direction to the administration and ensure that the Board of Health remains informed about the activities of the organization on the following:
 - Delivery of programs and services;
 - Organizational effectiveness through evaluation of the organization and strategic planning;
 - Stakeholder relations and partnership building;
 - Research and evaluation;
 - Compliance with all applicable legislation and regulations;
 - Workforce issues, including the recruitment of the Medical Officer of Health and any other senior executives;
 - Financial management, including procurement policies and practices; and
 - Risk management.
- o. The Board of Health shall have a self-evaluation process of its governance practices and outcomes that is completed at least every other year. Completion includes an analysis of the results, Board of Health discussion, and implementation of feasible recommendations for improvement, if any.
- p. The Board of Health shall ensure the administration develops and implements a set of client service standards.
- q. The Board of Health shall ensure that the Medical Officer of Health, as the designated health information custodian, maintains information systems and implements policies/procedures for privacy and security, data collection and records management.
- r. Orientation and continuing education activities shall occur on an on-going basis and shall include information on the following topics:
 - The structure, vision, mission, goals and objectives of the public health unit;
 - Overview of the strategic plan, the planning process, its relationship to the operational plan, and performance monitoring;
 - Community demographics overview, including information on social and cultural diversity;
 - Program and service overview, including organizational emergency preparedness planning;
 - Provincial government structure and the funding streams of the three ministries;
 - The duties and responsibilities of board members, including the requirement to attend board meetings, advanced review of meeting materials, understanding of Board of Health policies and procedures, and understanding of public health issues;

- Board members' fiduciary responsibilities in terms of trusteeship, due diligence, avoiding conflict of interest, maintaining confidentiality, strategic oversight, ethical and compliance oversight, stakeholder engagement, MOH (and executive officers, where applicable) compensation, risk management oversight and succession planning; and
- Opportunities for board members to participate in conferences or seminars that are sponsored or hosted by other organizations.

2. SCOPE

This policy applies to new and continuing members of the BOH. New members of the BOH for APH will be provided with an orientation process and access to the orientation materials (either an orientation binder or available electronically) when they become a member of the BOH. The purpose of the orientation process is to provide all BOH members with information relating to public health standards, finance, legislation governing health units, BOH roles, responsibilities, by-laws, structure, relevant policies and procedures. The orientation process will take place as a separate in-person meeting apart from regularly scheduled BOH meetings and will include a review of the orientation materials.

The orientation material is created by the office of the MOH/CEO and will be revised at a minimum once a year or as changes occur. BOH members will be provided with updated information for their orientation material as changes occur in order to ensure current information is available to all BOH members. BOH members are encouraged to attend alPHA seminars, workshops, and meetings as they arise.

3. ACCOUNTABILITY AND RESPONSIBILITIES

3.1. MOH/CEO and/or BOH Chair (or appropriate designate(s)) will:

- Provide a letter of welcome and an invitation to the orientation session to the Board of Health members (within the month following the appointment[s]).
- ~~Set up an~~ Provide Provide orientation ~~meeting with materials to~~ each new BOH member prior to the first BOH meeting.
 - At the start of an initial term following the appointment of municipal members (four years).
 - Following an initial public appointment by the Lieutenant Governor in Council (term one, two or three years).
- Will establish a mutually agreeable date and location for the orientation session.
- Review the orientation material with the BOH member to provide a clear understanding of relevant BOH and APH information.
- Provide ongoing orientation to all BOH members during their tenure on the board;
- Provide each BOH member with current and complete orientation material: and
- Ensure the orientation material is kept up to date and revised information is provided to each BOH member.

3.2. BOH Members will:

- Attend an initial orientation meeting with the BOH Chair and/or MOH/CEO upon becoming a member of the BOH;

- Ensure they have a working understanding of their role as a BOH member and all information as outlined in the orientation material.
- Attend/participate in continuing education activities; and
- Use the orientation material as a BOH resource.

Board Member Terms of Office Policy

REFERENCE #: 02-05-085

DATE: Original: Jun 26, 2019
Revised: Mar 24, 2021
Reviewed: Mar 22, 2023
Reviewed: May 28, 2025

APPROVED BY: Board of Health

SECTION: Policies

1. PURPOSE

The Algoma Public Health Board believes that its members, to be effective, should be appointed according to skills and attributes. Terms of Members should comply with Municipal and Provincial legislative requirements. **and good governance practices.**

2. ACCOUNTABILITY AND RESPONSIBILITIES

The Algoma Public Health Board may have a maximum of 15 members to represent the various jurisdictions with the Algoma catchment area. A skills and attributes matrix will facilitate a qualified and effective Board Membership.

2.1. The Board of Health, through the Chair, Governance Chair and the Medical Officer of Health/CEO, will review the Board of Health Membership annually and complete the following tasks:

- a.** request municipalities to submit the name of the new member when a current board member's term of office expires and send a letter of recommendation.
- b.** notify the Public Appointment Secretariat, at the Ministry of Health, regarding provincial appointees due to a resignation, vacancy or reappointment application and send a letter of recommendation.

2.2. All Boards of Health have a legislative duty to comply with the Health Protection and Promotion Act (HPPA) as per below articles:

- a.** *The Lieutenant Governor in Council may appoint one or more persons as members of a board of health, but the number of members so appointed shall be less than the number of municipal members of the board of health. R.S.O. 1990, c. H.7, s. 49 (3).*
- b.** *The term of office of a municipal member of a board of health continues during the pleasure of the council that appointed the municipal member but, unless ended sooner, ends with the ending of the term of office of the council. R.S.O. 1990, c. H.7, s. 49 (7).*

2.3. The Algoma Public Board of Health Policy 02-05-001 describes the geographic jurisdiction and subsequent representation required for the Algoma Public Health Unit.

2.4. Provincial Board Members shall:

- Apply through the appropriate provincial process for Provincial Appointees; skills and attributes required by the Algoma Board of Health will ensure the best quality of Board Membership
- According to the Policy 02-05-001, Provincial appointees are appointed for a three-year term and may be renewed for one additional term not to exceed six years.

2.5. Municipal Board Members shall:

- Be appointed by each appropriate Municipality with consideration of APH's skills and attributes matrix at the beginning of each term of office of the Municipal council.
- The term of office of appointed Municipal members should extend for the duration of their 4-year term with an option of one additional term not to exceed eight years.
- Prior to municipal or provincial appointments, the chair of APH Board of Health will recommend reappointment of members.

Chair Roles and Responsibilities Policy

REFERENCE #: 02-05-089

DATE: Original: Mar 24, 2021
Reviewed: Mar 22, 2023
Reviewed: May 28, 2025

APPROVED BY: Board of Health

SECTION: Policies

1. ACCOUNTABILITY AND RESPONSIBILITIES

1.1. Board of Health Chair

The Chair of the Algoma Board of Health is elected at the first meeting of the year and has the following role:

- Provide leadership to the Board of Health.
- Represent the Algoma Board of Health as required at public or official functions or designate another Board member to do so.
- Ensure the Algoma Board of Health fulfills its governance responsibilities, and that Board of Health by-laws and policies are followed.
- Ensure the integrity of the Board of Health processes.
- Ensure all matters relevant to the Board of Health mandate are brought to the attention of the Board of Health for discussion.
- Preside at all meetings of the Board of Health and ensure meetings are efficient and effective.
- Serve as an ex-officio member on all Board of Health Committees. The Chair has the same rights as the other Committee members and is counted in determining if a quorum is present but is not obligated to attend meetings.
- Serve as the Algoma Board of Health central point of official communication with the Medical Officer of Health/Executive Officer and counsel the Medical Officer of Health/Executive Officer regarding Board of Health's expectations and concerns.
- Serve as the Board of Health's exclusive contact with the media or designate another Board member to do so.
- Serve as a mentor to other Board of Health members and ensure that all Board of Health members contribute fully to the work of the Board of Health.

- Set a high standard for Board of Health conduct and enforce by-laws and policies regarding Board of Health member conduct. Act on and communicate changes in Board Membership by identifying vacancies, communicate and collaborate with the Governance Chair and Medical Officer of Health/CEO in ensuring vacancies/changes are communicated to the Board and relevant governments to facilitate timely replacement.
- Act on non-attendance at Board of Health or Board Committee meetings, Election, Terms of Office, Duties and Responsibilities of the Chairperson and Vice-Chairperson of the Board of Health.
- Facilitate co-operative relationships and foster a collaborative work environment for Board of Health members and the Medical Officer of Health/Executive Officer.
- Lead in monitoring and evaluating the performance of the Medical Officer of Health/Executive Officer.

1.2. First Vice-Chair

The First Vice-Chair is elected at the first meeting of the year and has the following prescribed duties and vested responsibilities:

- Assume the role of the Chair of the Finance Committee and all duties and responsibilities of ensuring the committee fulfills its responsibilities to the Board of Health.
- Provide regular reports to the Board following Finance Committee meetings.
- Work collaboratively with the Board of Health Chair and support the Board of Health Chair in fulfilling their role.
- Assume the role and duties of the Chair of the Board of Health in their absence or as requested by the Chair.
- Set a high standard for Board of Health conduct and uphold policies and by-laws regarding Board of Health member conduct.
- Serve as a mentor to other Board of Health members.
- Serve as a member of Committees to which they have been assigned.
- Other duties and responsibilities as are, from time to time, determined by the Board of Health.

1.3. Second Vice-Chair

The Second Vice-Chair is elected at the first meeting of the year and has the following prescribed duties and vested responsibilities:

- Assume the role of the Chair of the Governance Committee and all duties and responsibilities of ensuring the committee fulfills its responsibilities to the Board of HealthProvide regular reports to the Board following Governance Committee meetings.
- Work collaboratively with the Board of Health Chair and support the Board of Health Chair in fulfilling their role.
- Assume the role and duties of the Chair of the Board of Health in their absence or as requested by the Chair.
- Set a high standard for Board of Health conduct and uphold policies and by-laws regarding Board of Health member conduct.
- Serve as a mentor to other Board of Health members.
- Serve as a member of Committees to which they have been assigned.
- Other duties and responsibilities as are from time to time determined by the Board of Health.
- Ensure an annual review of the Board of Health Membership through the Chair of the Board and the Medical Officer of Health/Executive Officer; and will bring this information to the Governance Committee to review and recommend appointees with consideration of the Skills Matrix.
- Ensure that notification of the Public Appointment Secretariat (PAS) and Ministry of Health, regarding Provincial appointees and Municipal Governments regarding Municipal appointees.
- In support of the PAS process, the Second Vice-Chair in collaboration through the Medical Officer of Health/CEO and the Board Chair will ensure that vacancies will be advertised on the Public Appointments secretariat website and both municipal and provincial public appointment vacancies on the Algoma Public Health website or as deemed appropriate throughout the catchment area.
- In support of the PAS process, the Board will be informed of and will advertise the public appointment vacancies on the Algoma Public Health website or as deemed appropriate throughout the catchment area.

Briefing Note

To: The Board of Health for the District of Algoma Health Unit
From: Hilary Gordon, Community Wellness Manager
Prepared by: Lisa O'Brien, Health Promotion Specialist
Date: 5/28/2025
Re: Monitoring Food Affordability and Food Insecurity

☒ For Information

☐ For Discussion

☒ For a Decision

PURPOSE:

Food insecurity is a growing public health concern linked to several health and social issues. This briefing note provides background information on food insecurity to support Board of Health decision-making regarding the attached resolution, "Monitoring Food Affordability and Food Insecurity."

Key Messages

- An average of 17.6% of households in Algoma experienced food insecurity between 2021-2023⁽¹⁾.
- Food insecurity is strongly linked to adverse mental health conditions, substance use, increased risk of several chronic diseases, and is associated with increased healthcare costs⁽²⁻⁴⁾.
- Households relying on social assistance have the highest prevalence and severity of food insecurity⁽⁵⁾.
- Evidence shows that income-based policies and programs, such as adequate social assistance rates, living wages, and basic income, are effective solutions to reduce food insecurity⁽⁵⁻⁸⁾.

Ontario Public Health Standards⁽⁹⁾ Addressed in this Report

- **Chronic Disease Prevention and Well-Being, Requirement #1:** The board of health shall collect and analyze relevant data to monitor trends over time, emerging trends, priorities, and health inequities related to chronic diseases and report and disseminate the data and information in accordance with the Population Health Assessment and Surveillance Protocol, 2018 (or as current).
- **Health Equity, Requirement #4:** The board of health shall lead, support, and participate with other stakeholders in health equity analysis, policy development, and advancing healthy public policies that decrease health inequities in accordance with the Health Equity Guideline, 2018 (or as current).

Strategic Directions Addressed in this Report:

- **Advance the priority public health needs of Algoma's diverse communities**
 - Strengthen population health assessment to improve understanding of the distribution and determinants of health and disease, including local health disparities, and identify priority populations for public health and health equity action.

Background

Household food insecurity is defined as inadequate or insecure access to food due to financial constraints, meaning a household does not have enough money for food. Experiencing food insecurity is linked with numerous health and social issues, including adverse mental health, substance use, increased chronic disease risk, and high healthcare costs⁽²⁻⁴⁾. The primary response to this issue has been food charity, but this approach has not lowered rates of food insecurity. In 2020, 5.8 million Canadians lived in a food-insecure household. Alarming, this number rose to almost 8.7 million people, including 2.1 million children in 2023⁽¹⁰⁾. While food charity can help provide temporary food relief, it does not address the root cause of the problem: inadequate income.

Data shows the following groups of people are at higher risk of experiencing food insecurity⁽⁷⁾:

- Female lone-parent households with children under the age of 18;
- Households receiving social assistance, such as Ontario Works (OW) and Ontario Disability Support Program (ODSP);
- People living in rental housing; and
- Groups facing systemic racism and other forms of discrimination, notably Black and Indigenous households.

Having a job does not guarantee food security. The majority (almost 60%) of food insecure households in Ontario have income from employment⁽⁷⁾. People who work low-wage, short-term, or precarious jobs and/or are providing for multiple people on a single income are more likely to report being food insecure. This is also true for racialized workers.

Monitoring Food Insecurity and Food Affordability

Food insecurity is measured annually by Statistics Canada using the Household Food Security Survey Module (HFSSM) which is included in the Canadian Income Survey (CIS). There are three categories of household food insecurity: 1) marginal food insecurity, 2) moderate food insecurity, and 3) severe food insecurity⁽⁸⁾. Between 2022 to 2023 there was a disproportionate increase in severe food insecurity in Ontario, rising from 4.8% to 7.8%⁽⁶⁾. This is concerning because households experiencing severe food-insecurity are more likely to have chronic physical and mental problems, require healthcare services like hospitalization, and die prematurely⁽¹⁰⁾. Note that the CIS underestimates levels of household food insecurity because it does not include people living on First Nations reserves, people in some remote areas, or people who are unhoused.

In Ontario, food affordability is monitored by local public health agencies using Nutritious Food Basket (NFB) costing. The NFB is comprised of 61 food items based on Health Canada's National Nutritious Food Basket and reflects nutrition recommendations in Canada's Food Guide (2019)⁽¹¹⁾. In Algoma, the costing takes place in May and is done in-person and online for eight full-service grocery stores across the region. The NFB allows us to determine a benchmark cost of basic eating for 22 different age and gender groups, including pregnant and breastfeeding women. NFB data is shared with the Ontario Living Wage Network to support their living wage calculations and is used by APH to assess food affordability. We compare the monthly cost of food and rental market housing rates in Algoma to the monthly income for various individual and family household scenarios.

APH's [Food Affordability & Food Insecurity in Algoma](#) report outlines local 2024 NFB results and recommendations⁽¹²⁾. Table 1 compares monthly income with the cost of food and rent for different households in Algoma, showing how much would be left over to pay for rent, food, and other household necessities, such as clothing, phone, internet, heat, hydro, transportation, medications, etc.

Table 1: NFB Income Scenarios for Algoma, 2024⁽¹²⁾

	Family of Four ⁱ , Ontario Works	Single Parent with Two Children ⁱⁱ , Ontario Works	Single Person, Ontario Works	Single Person, Ontario Disability Support Program	Single Pregnant Person, Ontario Disability Support Program	Single Person, Old Age Security/ Guaranteed Income Supplement	Single Person, Part-Time Precarious Employment (Gig Economy)
Monthly Income ⁱⁱⁱ	\$2938	\$2699	\$899	\$1484	\$1524	\$2087	\$1713
Average Monthly Rent ^{iv}	\$1196	\$1223	\$716	\$985	\$985	\$985	\$716
Monthly Cost of Food ^v	\$1225	\$913	\$426	\$426	\$453	\$304	\$426
% of Income Required to Purchase Healthy Food	42%	34%	48%	31%	28%	15%	14%
Amount Leftover for Other Expenses^{vi}	\$517	\$563	-\$243	\$73	\$86	\$798	\$571

i. Family of four: two adults aged 31-50, one male aged 14, one female aged 8.

ii. Children are over the age of 6.

iii. Based on Ontario averages and includes benefits, such as the Canadian Child Benefit.

iv. Based on CMHC data⁽¹³⁾ and adjusted using the Consumer Price Index⁽¹⁴⁾. Algoma Public Health conducted additional research to assess how well CMHC data represents the current rental market, and findings suggest an underestimation of rental prices by as much as 45-65%. Consider these limitations when evaluating the income scenarios.

v. Calculated using the 2024 Nutritious Food Basket collected by Algoma Public Health.

vi. Other expenses may include daycare, transportation, hygiene, and cleaning products, heat/water, internet, phone, etc.

A new report by Public Health Ontario (PHO) and the Ontario Dietitians in Public Health (ODPH) provides a provincial snapshot of Nutritious Food Basket data from across the province. In addition to food and housing costs, the report provides estimated costs for transportation, clothing, and other expenses in Ontario according to the Market Basket Measure (MBM)⁽⁵⁾. These estimates are shown in Table 2 for three household types in 2023. Both the Algoma and provincial report highlight the struggle of households reliant on social assistance to afford food and a basic standard of living^(6,12).

Table 2: Monthly estimates of transportation, clothing, and other basic expenses for three household types, 2023 [reproduced from PHO Food Insecurity & Food Affordability in Ontario, 2025]

Expense	Family of Four	One parent, two children under 6	One person
Basic monthly cost of transportation in Ontario according to the Market Basket Measure (MBM) ^a	\$461	\$415	\$230
Basic monthly cost of clothing in Ontario according to the MBM ^a	\$187	\$168	\$93
Basic monthly cost of other expenses in Ontario according to the MBM ^{a,b}	\$1069	\$962	\$534

a. The MBM is used by Statistics Canada to set the poverty line in Canada for a reference family of four⁽¹⁵⁾. Square root equivalence scaling was used to calculate estimates for other household sizes⁽¹⁶⁾.

b. Other expenses include but are not limited to household items, personal care items, medications, and phone and internet services.

Evidence-Informed Solutions

There is strong evidence that food insecurity can be reduced through income-based solutions⁽⁵⁻⁸⁾. Research has shown that policy interventions that improve a household's financial circumstances – such as changes to social assistance, child benefits, and minimum wage – have an important role in reducing food insecurity rates⁽⁸⁾. An analysis estimated that a \$1000 increase in annual social assistance income and one dollar increase in minimum wage were both associated with a 5% lower odds of severe food insecurity⁽¹⁷⁾.

There have been no changes to Ontario Works income since 2018 and rates are not indexed to inflation, making it very hard for recipients to manage the impacts of high inflation and rising costs of living⁽¹⁸⁾. Some improvements have been made to the Ontario Disability Support Program, however our monitoring food affordability data indicates that it still not enough to cover costs of living. According to the 2024 living wage calculation, a living wage for Northern Ontario is \$20.30⁽¹⁹⁾. The current minimum wage is \$17.20 and will increase to \$17.60 on October 1, 2025⁽²⁰⁾. Even with this increase, the amount falls short by \$2.70. Employers can voluntarily commit to providing a living wage through the [Ontario Living Wage Network](#).

When a low-income, unattached adult becomes eligible for Old Age Security, Guaranteed Income Supplement, and Canada Pension Plan at the age of 65, their risk of food insecurity is cut in half⁽²¹⁾. This shows that a reliable 'income floor' can protect against food insecurity; this is a similar concept to a basic income which provides an unconditional cash transfer from the government to ensure people can meet their basic needs with dignity. A recent analysis of a National Guaranteed Basic Income by the Parliamentary Budget Officer (PBO) concluded that the program could reduce poverty by as much as 40%⁽²²⁾. There is ample evidence showing that basic income supports better health and well-being⁽²³⁾, and the movement is growing across Canada.

There are many policy options that could have a meaningful impact on the rising rate of food insecurity. The Ontario Government would demonstrate commitment by setting specific targets for reducing food insecurity and monitoring their progress. It is important to work collaboratively with all levels of government, private and non-profit sectors, and people with lived and living experience of being food insecure to determine the best way forward.

For Board of Health consideration:

- The Board of Health for the District of Algoma Health Unit continue advocating for income-based solutions to reduce food insecurity; specifically, that the BOH passes the accompanying resolution, which calls on the recently re-elected provincial government to:
 - recognize and acknowledge food insecurity as an income-based problem that requires income-based solutions
 - set targets to reduce food insecurity
 - engage with all levels of government, private and non-profit sectors, and people with lived and living experiences, to implement progressive economic policies that increase household income (i.e., living wage, indexing all social assistance to inflation, and using the monitoring food affordability data to set adequate social assistance rates)

References

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CONTACT:

Hilary Gordon, hgordon@algotmapublichealth.com

Date: May 28, 2025	Resolution No: 2025-
Moved:	Seconded:
Subject: Monitoring Food Affordability and Food Insecurity	
<p>Whereas, household food insecurity is the inadequate or insecure access to food due to financial constraints⁽¹⁾, meaning a household does not have enough money for food; and</p> <p>Whereas, food insecurity is a serious public health problem that is strongly linked to adverse mental health conditions, increased risk of several chronic diseases, and is associated with increased healthcare costs⁽²⁾; and</p> <p>Whereas, an average of 17.6% of households in Algoma experienced food insecurity between 2021-2023⁽³⁾ and almost one in four individuals (24.5%) in Ontario, including nearly 1 in 3 children, lived in a household experiencing food insecurity in 2023⁽⁴⁾; and</p> <p>Whereas, Algoma Public Health's monitoring food affordability data shows that social assistance rates and minimum wage are not enough to cover costs of living⁽⁵⁾; and</p> <p>Whereas, Ontario Works (OW) rates have not increased since 2018 and are not indexed to inflation⁽⁶⁾ and over half of households (52.8%) in Ontario that received any income from social assistance in 2022 were food insecure⁽¹⁾; and</p> <p>Whereas, 58.6% of food-insecure households in Ontario relied on wages, salaries, or self-employment incomes as their main source of income⁽¹⁾; and</p> <p>Whereas, while minimum wage in Ontario is \$17.20, a living wage in Northern Ontario is \$20.30⁽⁷⁾ which local employers can commit to providing, through the Ontario Living Wage Network; and</p> <p>Whereas, addressing the determinants of health and reducing health inequities are fundamental to the work of public health, and income is the strongest determinant of health; and</p> <p>Whereas, the Board of Health of Algoma Public Health has previously endorsed and called on the provincial government to implement income-based policy interventions including 1) increasing minimum wage to a rate that better reflects costs of living, such as a living wage, 2) raising social assistance to reflect costs of living, 3) indexing OW to inflation, and 4) reducing income tax rates for the lowest income households (Resolution 2023-67)⁽⁸⁾; and</p> <p>Whereas, the Ontario Dietitians in Public Health, local boards of health, and the Association of Local Public Health Agencies (alPHA) have called on the provincial government to use local food affordability findings to determine adequate social assistance rates: Motion #06-24 (Household Food Insecurity)⁽⁹⁾, A23-05 (Monitoring Food Affordability in Ontario and the Inadequacy of Social Assistance Rates)⁽¹⁰⁾; and</p> <p>Whereas, the Association of Local Public Health Agencies (alPHA) has called on the provincial government to adopt a living wage perspective when setting minimum wage to ensure it covers actual costs of living, A18-2 (Public Health Support for a Minimum Wage that is a Living Wage)⁽¹¹⁾; and</p> <p>Whereas, there has not yet been any provincial commitment or target set to reduce food insecurity since the government was elected in 2018.</p> <p>Therefore be it resolved that the Board of Health of Algoma Public Health continue to advocate for income-based responses</p>	

by calling on the recently re-elected provincial government to 1) recognize and acknowledge food insecurity as an income-based problem that requires income-based solutions, 2) set targets to reduce food insecurity, and 3) engage with all levels of government, private and non-profit sectors, and people with lived and living experiences, to implement progressive economic policies that increase household income (i.e., living wage, indexing all social assistance to inflation, and using monitoring food affordability data to set adequate social assistance rates).

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3. King's Printer for Ontario. Snapshots: household food insecurity snapshot Toronto. Available from: <https://www.publichealthontario.ca/en/Data-and-Analysis/Health-Equity/Household-FoodInsecurity>
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CARRIED: Chair's Signature _____

PLEASE ROUTE TO:

All Board of Health Members

All Members of Regional Health & Social Service Committees

All Senior Public Health Managers

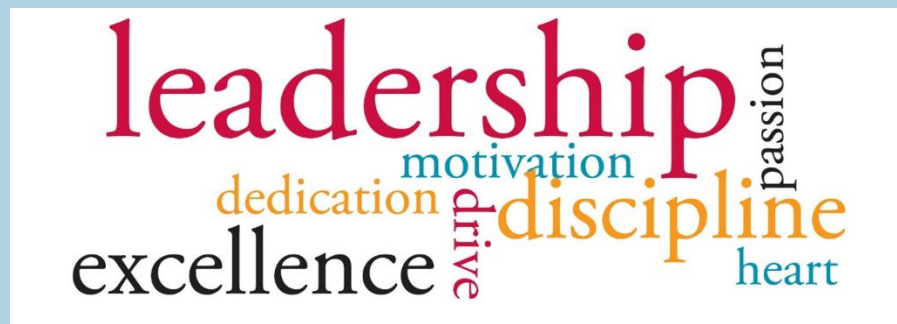
May 16, 2025



May 2025 InfoBreak

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

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



READY! SET! GO! What a way to start the month of May, with the launch of the alPHA 2025 [Workplace Health and Wellness Month](#). It is inspiring to see alPHA Members from across the province taking part in this event and sharing their engagement in activities that promote physical and mental health. This will be

profiled at the alPHA Conference in June. Let's get moving and rise to the alPHA challenge!

With my term as the Chair of alPHA in the home stretch, and though there is more work to be done, I would like to convey how truly appreciative I am of this time serving the alPHA Membership, working with so many highly dedicated people in local public health, partner agencies, on the alPHA Board of Directors, Executive Committee, and with Loretta Ryan and the alPHA staff.

alPHA's Strategic Plan, General Operating By-law and the Resolutions provided by the membership, laid a solid foundation for the work of the 2024-2025 alPHA Board of Directors in our continued commitment to serving Ontario's local public health agencies for a strong and sustainable public health system. With the cornerstones of alPHA's overarching strategic directions of:

- being the unified voice and a trusted advisor on public health,
- advancing local public health through strategic partnerships and collaborations,
- supporting the sustainability of Ontario's local public health system, and
- delivering valuable member services to local public health leaders

alPHA has actively supported overall public health system development in many ways, including the province's *Strengthening Public Health* initiatives. alPHA has pursued and taken every opportunity to correspond and meet with Ontario's key decision-makers and policy influencers, and engage with our public health partners.

In its primary role as a member facing entity, alPHA has enhanced its members' resources such as the [Public Health Matters](#) (English Infographic and [video here](#) and French *Public Health Matters* [Infographic](#) and [video here](#)) series that show the value of our work in local public health. alPHA has also provided education and information sharing on topics of importance to the health of the population through the alPHA members' portal and monthly newsletter *InfoBreak*, provided opportunities at alPHA events — including conferences, symposiums, and workshops — and has delivered individualized training modules for local public health leadership.

The alPHA [2024-2025 Board of Directors](#) will be holding its final meeting of this term on June 6. Discussions will focus on final reports and preparations for the

Annual General Meeting (AGM) being held on June 19, as well as on key public health issues, government relations, strategic planning, and of course wrapping up its governance responsibilities for this term. The incoming 2025-2026 alPHa Board of Directors will meet immediately after the AGM and Conference on June 19.

Speaking of the AGM and Conference – this is an excellent opportunity to reconnect and continue the important conversation on the role of local public health in the province's public health system!

Wednesday, June 18 it all kicks off! Beginning with two guided interactive mobile workshops, the first is in Toronto's oldest marketplace, St. Lawrence Market, where the histories of food and health will be joined. The second takes place at the City of Toronto's Indigenous cultural space, the Spirit Garden in Nathan Philips Square. Following these afternoon activities, in the ambience of Pantages Hotel in the Theatre District, be sure to attend the opening reception that evening.

Ontario's Premier, the Hon. Doug Ford, and Ontario's Deputy Premier and Minister of Health, the Hon. Sylvia Jones have been invited to bring opening remarks to the [alPHa 2025 AGM and Conference](#) on Thursday, June 19. At the AGM, alPHa members will consider the members' proposed Resolutions, which are foundational to alPHa's advocacy work. There will be an opportunity to recognize and celebrate the accomplishments of the recipients of the 2025 alPHa [Distinguished Service Awards](#). The Conference will begin with noted Indigenous speaker, Marc Forgetting, and will be followed by engaging plenary sessions and speakers including Ontario's Chief Medical Officer of Health, Dr. Kieran Moore, and StrategyCorp's Sabine Matheson and John Perenack.

Looking forward to seeing you in-person at alPHa's 2025 AGM and Conference and events!

To each of you, for the important part you play in Ontario's local public health system- *Marsii! Thank you! Merci! Miigwech!*

Best Regards,

Trudy Sachowski
Chair, alPHa Board of Directors

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, and registrations are almost sold out.**

Last month, the **AGM Notice was released. This important document for the alPHa Membership** is available on the conference webpage, and a direct link is 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. Members' suggestions are always greatly appreciated!)

AGM Pre-Notice and Package:

- [2025 AGM & Conference Notice and Calls Package](#)
- [Notice for the 2025 alPHa Annual General Meeting](#)
- [Call for 2025 alPHa Resolutions](#)

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](#) and [NaloxOne](#) for being Platinum Sponsors, [Esri Canada](#) for being a Gold Sponsor, and [Mosey & Mosey](#) and [BrokerLink](#) for being Silver Sponsors!

NEW! alpha is pleased to add the Pantages Hotel's sister property, [UNION Hotel](#) (which is new), at the same discounted rate as the original block at the Pantages.

The block of rooms at the Pantages Hotel is almost sold out. You have the option of booking a room at the regular rate, booking at a sister hotel that is less than a 10-minute walk away (such as UNION Hotel), or at one of the nearby hotels listed on the conference webpage. Attendees are highly encouraged to book sooner rather than later at the Pantages Hotel. Please contact them directly to book (416-362-1777).

Please contact Loretta Ryan, Chief Executive Officer, alpha at loretta@alphaweb.org, if you have any questions.



NaloxOne



With support from BrokerLink.



In case you missed it: *Public Health Matters: Keeping Ontarians Healthy and Safe* video



Last 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 and Members of Provincial Parliament. 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 here!

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. 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

We can't wait to see how you move! **alPHA**
Association of Local
PUBLIC HEALTH
Agencies

It's May and we want to see your physical, mental, and social activities for alPHA's Workplace Health and Wellness Month! To view the Workplace Health & Wellness Month poster, please click [here](#).

Head to the website to [read alPHA's infographics](#), including our latest one on [How to Achieve a Good Work-Life Balance](#), to help you improve your health and wellness. Please note, we have substantially added to these resources over the past year and we want to thank everyone for their feedback.

Members are also highly encouraged to share their photos participating in Workplace Health and Wellness Month with alpha. To do so, please e-mail 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!

Seniors Loneliness Awareness Week - June 19-15, 2025

Seniors Loneliness Awareness Week

Join us from **June 9-15, 2025**

Seniors Loneliness Awareness Week is part of a global effort to raise awareness about the growing issues of **social isolation, disconnection, and loneliness** in countries around the world!

GenWell, Canada's Human Connection Movement, wants to inspire us all to be more conscious of the social isolation, disconnection, and loneliness that older adults experience.

Why Connection is Important:

It is our hope that by raising awareness of the issue and providing ideas, tips, and a catalytic week to inspire action, that we can work together to build a more connected Canada where all seniors thrive!

Here are just some of the negative health impacts that older adults may experience due to loneliness and social isolation:

- 50% Risk of early death
- 50% Risk of dementia
- 32% Risk of stroke
- 29% Risk of heart attack
- 2x Risk of Type 2 Diabetes

What the Research Tells Us:

Research has long shown that human connection has many benefits to mental and physical health:

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

Disconnection from others can have harmful effects on society, leading to issues like polarization, prejudice, and violence.

Since the 1960s, loneliness has been increasing, and the global pandemic has introduced further obstacles to establishing healthy connections.

Now, more than ever, we need human connection in our world. GenWell requires your assistance in spreading this important message.

Visit: www.LonelinessAwarenessWeek.ca to learn more!

Proud health partners:

Seniors Loneliness Awareness Week 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

Tips to Get Connected:

With the focus of Seniors Loneliness Awareness Week being seniors, the goal is to get all Canadians to think about taking one of the following actions to get seniors connected:

- Greet a senior at a coffee shop, in a lineup, up the street, in an elevator, or any place where a senior will be safe to connect.
- Participate in the shared experience of a hobby or activity that a senior would enjoy doing with you.
- Take a senior for a walk outside in nature, around the block, or in the garden.
- Use technology or phone calls to connect when in-person meetings aren't possible.

genwell
HUMAN CONNECTION MOVEMENT

Next month, June 9-15, is Seniors Loneliness Awareness Week. GenWell is encouraging everyone "to be more conscious of the social isolation, disconnection, and loneliness that older adults experience." To learn more, including tips on how to get connected, click [here](#) (the above infographic is available [here](#)).

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

A promotional poster for CIHI's Mental Health and Substance Use (MHSU) Surveys. The poster has a green background on the left and a collage of three people (a Black man, a woman with glasses, and a young man) on the right. The CIHI logo and name are in the top left. The main headline 'We're in this together' is in large blue font. Below it, the text 'Help improve mental health and substance use services in Canada' is in smaller black font. Further down, it says 'Share your experience for the chance to win a \$100 gift card' and 'Questions? Contact us at hspspecialprojects@cihi.ca'. A QR code is located in the bottom right of the green section.

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

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.

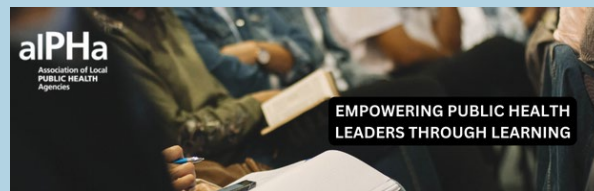
Contact hspspecialprojects@cihi.ca with any questions.

Association of Municipalities of Ontario (AMO): Delegation Meetings



Registration for AMO [Delegation meetings](#) with Cabinet ministers at the AMO Conference, which is happening August 17-20, 2025, is open. This is an opportunity for council members to engage with Ministers, Parliamentary Assistants and senior Government of Ontario officials on local matters that impact your municipality. The deadline for submitting delegation requests is Friday, May 30, at 5 p.m. EST.

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.

Boards of Health: Shared Resources



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

Resources available on the alPha website include:

- [Orientation Manual for Boards of Health](#) (Revised Jan. 2024)
- [Review of Board of Health Liability, 2018](#), ([PowerPoint presentation, Feb. 24, 2023](#))
- [Legal Matters: Updates for Boards of Health](#) (Video, June 8, 2021)
- [The Ontario Public Health Standards](#)
- [Public Appointee Role and Governance Overview](#) (for Provincial Appointees to BOH)
- [Ontario Boards of Health by Region](#)
- [List of Units sorted by Municipality](#)

- [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 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](#)

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 - Bill 11, HPPA S.22 Amendment](#)
-



Measles in Ontario

The current measles outbreak in Ontario underscores how important it is for all Ontarians to be up-to-date with their measles vaccinations. Learn more about the characteristics of this respiratory virus in PHO's [weekly measles epidemiological summary](#). Information is broken down by age, sex, public health unit, hospitalizations, deaths and immunization status. Check out the most recent report, and their [Measles Exposures in Ontario summary](#) page now.

Communicable Disease Summaries

- [Mpox in Ontario](#)
- [Brief Overview of Monkeypox Virus Subclades](#)
- [Tuberculosis in Ontario: January 1, 2020 to December 31, 2024](#)
- [Invasive Group A Streptococcal \(iGAS\) Disease in Ontario: 2023-24 Seasonal Summary](#)

Recent Knowledge Products

- [Understanding Factors Associated with Fatal and Non-Fatal Drug Overdoses](#)
- [Smoke-Free Series: Role of Mass Media in Tobacco and Vaping Protection](#)
- [Equity Assessment Tools to Advance Public Health Practice](#)

Events

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

Recent Presentations

- [Novel Aesthetic Treatments: Introductions to Exosomes – What We Know So Far](#)
 - [PHO Rounds: The SickKids Immunization InfoLine](#)
-

Ontario Public Health Directory: May 2025 update



The [*Ontario Public Health Directory*](#) has been updated and is available on the alPHA website. Please ensure you have the latest version, which has been dated as of **May 9, 2025**. To view the file, log into the alPHA website.

Upcoming DLSPH Events and Webinars

Dalla Lana

School of Public Health

- [The Black Joy Art Initiative: Exhibition Opening](#) (May 15)
 - [Sustainable Healthcare: Where Healthcare and Climate Change Intersect](#) (May 21)
 - [Asian Heritage Month Celebration: A panel spotlighting Asian Canadian excellence in health and wellness](#) (May 22)
 - [Indigenous Health in Indigenous Hands](#) (May 26)
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BrokerLink Insurance



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

In partnership with alPha, [BrokerLink](#) is proud to offer preferred home and auto insurance rates for members, [get a quote today](#). With the warmer spring weather, the snow is melting and it's just about that time of year to enjoy all your favourite outdoor activities. Check out our spring maintenance tips to get your recreational toys ready for the summer [here](#).

alPha's mailing address

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

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

News Releases

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

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