



Algoma
PUBLIC HEALTH
Santé publique Algoma

February 25, 2026

BOARD OF HEALTH MEETING

SSM Algoma Community Room

294 Willow Avenue

Sault Ste. Marie

www.algomapublichealth.com

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Board of Health Meeting AGENDA

Wednesday, February 25, 2026 - 5:00 pm

SSM Algoma Community Room | Videoconference

BOARD MEMBERS

Sally Hagman
Julila Hemphill
Donald McConnell - 2nd Vice-Chair
Luc Morrissette
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
Kristy Harper - Director of Health Promotion & Chief Nursing Officer
Rick Webb - Director of Corporate Services
Leslie Dunseath - Manager of Accounting Services
Leo Vecchio - Manager of Communications
Tania Caputo - Board Secretary

GUESTS: Sandra Dereski, Manager of Healthy Growth and Development

- 1.0 Meeting Called to Order** *S. Trivers*
- a. Land Acknowledgment
 - b. Roll Call
 - c. Declaration of Conflict of Interest
- 2.0 Adoption of Agenda** *S. Trivers*
- RESOLUTION**
- THAT the Board of Health agenda dated February 25, 2026, be approved as presented.
- 3.0 Delegations / Presentations** *S. Dereski*
- a. Healthy Babies, Healthy Children
- 4.0 Adoption of Minutes of Previous Meeting** *S. Trivers*
- RESOLUTION**
- THAT the Board of Health meeting minutes dated January 28, 2026, be approved as presented.
- 5.0 Business Arising from Minutes**
- a. Mitigation and Response to Radon Exposures in the Algoma District *J. Tuinema*
- RESOLUTION**
- 6.0 Reports to the Board** *Dr. J. Loo*
- a. Medical Officer of Health and Chief Executive Officer Reports
 - MOH Report - February 2026
 - 2025 Public Health Champion Awards

RESOLUTION

THAT the report of the Medical Officer of Health and CEO be accepted as presented.
- b. Finance and Audit *J. Wildman*
 - i. Finance and Audit Committee Chair Report

RESOLUTION

THAT the report of the Finance and Audit Committee Chair be accepted as presented.

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

RESOLUTION

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

7.0 New Business/General Business

- a. **Support for transitioning to the combined Dtap-HB-IPV-Hib Vaccine into Ontario's Publicly Funded Immunization Schedule to strengthen early protection against Hepatitis B.** *J. Tuinema*

RESOLUTION

8.0 Correspondence - requiring action *S. Trivers*

9.0 Correspondence - for information *S. Trivers*

- a. Letter from the Township of St. Joseph to the Minister of Health, **requesting the Province increase contributions to Algoma Public Health**, dated January 16, 2026.
- b. Resolution from the Township of MacDonald, Meredith & Aberdeen Additional supporting the Township of St. Joseph letter **requesting the Province increase contributions to Algoma Public Health**, dated February 17, 2026.

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, information supplied in confidence to the Board of Health by the Province / Ministry of Health.

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, March 11, 2026 @ 2:00 pm

SSM Algoma Community Room | Video Conference

Finance and Audit Committee Meeting

Wednesday, March 11, 2026 @ 5:00 pm

SSM Algoma Community Room | Video Conference

Board of Health

Wednesday, March 25, 2026 @ 5:00 pm

SSM Algoma Community Room | Video Conference

14.0 Adjournment *S. Trivers*

RESOLUTION

THAT the Board of Health meeting adjourns.



Healthy Babies Healthy Children

Sandra Dereski, Manager, Healthy Growth & Development

Alana Brassard, Supervisor, Healthy Growth & Development

February 25, 2026

Overview

- Background – Strategic Plan and Ontario Public Health Standards
- About Healthy Babies Healthy Children (HBHC)
- The Algoma Perspective
- Importance of Early Intervention & Early Relational Health
- Next Steps

Strategic Directions



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



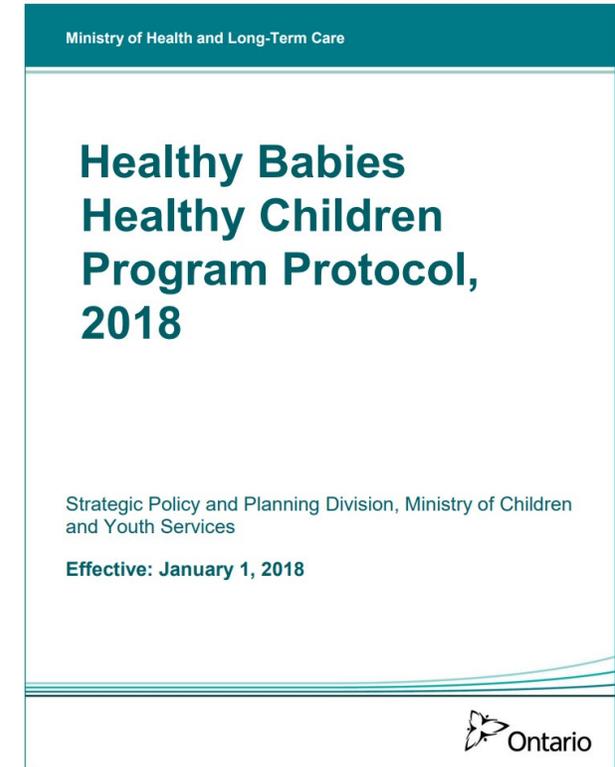
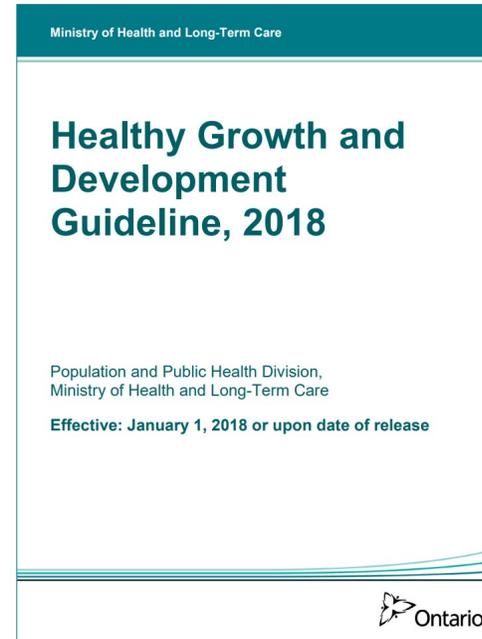
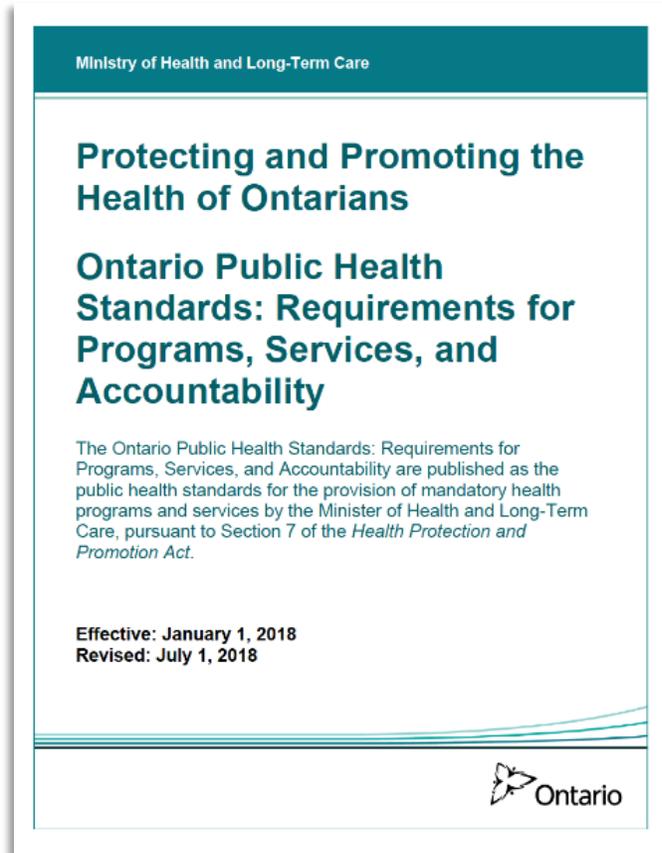
Improve the impact and effectiveness of Algoma Public Health programs.



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

PUBLIC HEALTH

Ontario Public Health Standards



An Algoma Family's HBHC Story...



Risk Factors for Healthy Child Development in Algoma

Eligible children receiving any 18-month well-child visit

45.2% vs. **67.6%**
Algoma Ontario

14 years

Average age of starting substance use

Babies born into a family with a parent who has a mental illness

44.9% vs. **19.1%**
Algoma Ontario

Children born into a family with child protection involvement

13.6% vs. **3.6%**
Algoma Ontario

Infants born into a family with concerns about money

9.3% vs. **3.7%**
Algoma Ontario

Healthy Babies Healthy Children (HBHC)

The HBHC program is a **free, voluntary, home-visiting program** delivered by all Ontario public health units to support families.

We support:

- Healthy pregnancy and birth
- Early relational health
- Breastfeeding and infant feeding
- Linking families to community services

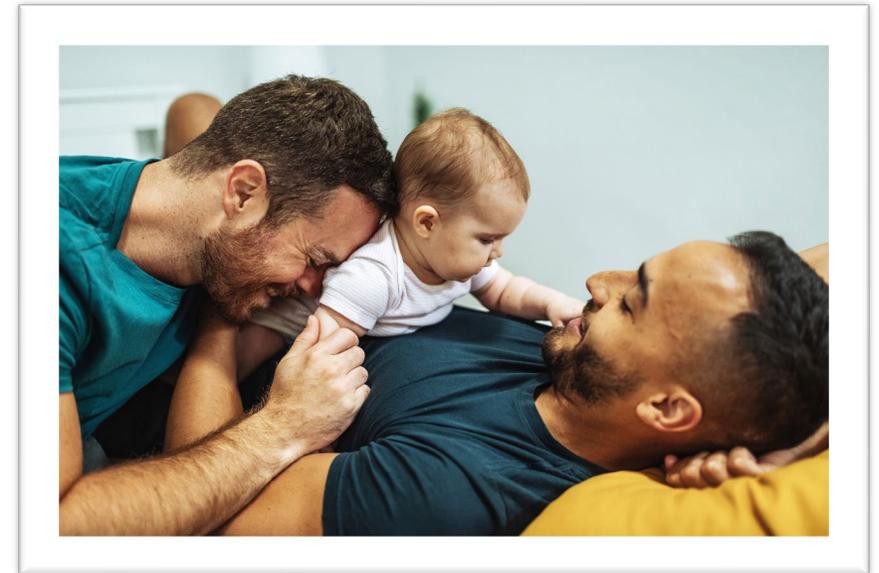
Algoma HBHC Team

9 Public Health Nurses

(SSM - 6, Wawa – 1, BR – 1, EL – 1)

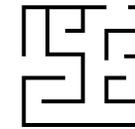
5 Family Support Workers

(SSM - 3, Wawa – 1, BR/EL - 1)



HBHC Services

- Universal strengths-based screening and system navigation
- Eligibility is based on identified risk and family goals
- Postpartum screening within 48 hours of being discharged from hospital/care
- Home visiting services (HBHC Blended Model Home Visiting)



Referrals and Screening

ISCIS Family ID Number: _____

Healthy Babies Healthy Children Screen

Ontario

HEMCC Screening (keep) Prenatal Postnatal Early Childhood (greater than 6 weeks of age)

Sex: _____ Family: _____ Gestate: _____ Appr time: _____ Appr time: _____

Birth Weight: _____ Birth Type: _____ Feeding: _____
 Vaginal C-section Breastfeeding Formula Both

Discharge Weight: _____ Gestation: _____ Discharge Date/Month: _____ Discharge Date/Day: _____

Referral of application:
 Child Protection Services Location consultant/training support AMBHC
 Other (Please Specify) _____

WARNING FOR ALL SCREENS: A requires further assessment, B client declined to answer, C unable to answer

Section A: Pregnancy & Birth

	Yes/No	Reason for left blank
1) Multiple birth?	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	
*2) Premature? (born at less than 37 weeks gestation)	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	
*3) Was the birth weight less than 3500g?	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	
*4) Was the birth weight more than 4000g?	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	
*5) Apgar score of less than 5 at five minutes?	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	
6) Health conditions/medical complications during pregnancy that impact infant? (e.g., diabetes)	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	Please List: _____
*7) Complications during labor and delivery? (e.g., emergency cesarean, infant trauma or stress such as respiratory distress syndrome, difficult vaginal delivery, breech or vertex, retained placenta due to complications)	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	Please List: _____
8) Maternal smoking of cigarettes during pregnancy?	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	
9) Maternal smoking of more than 100 cigarettes (10 packs) in her lifetime prior to pregnancy?	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	
10) Maternal alcohol use during pregnancy?	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	
11) Maternal drug use during pregnancy? (provide information on illegal drug use and prescription drugs that require caution of daily being or an antidote)	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	Please List: _____
12) No prenatal care before sixth month?	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	

Section B: Family

Mother

13) Is less than 18 years old?	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
14) Was less than 18 years old when first child was born?	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
15) Experienced a previous loss? (pregnancy or baby)	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
16) Is a single parent?	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
17) Mother and/or child do NOT have a designated primary care provider?	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
18) Does NOT have an OHIP number?	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
19) Did NOT complete high school?	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

Infant/Child

20) Congenital or acquired health challenge?	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Please List: _____	
*21) Maternal separation from infant greater than 5 days?	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Please specify reason: _____	

Partner/Father/Support Person

22) Father/partner/support person is NOT involved with care of baby/child?	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
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Section C: Parenting

	Yes/No	Reason for left blank
23) Client cannot identify support person to assist with parenting of the baby/child?	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	
24) Client cannot identify support person to stand with care of the baby/child?	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	
25) Client or family in need of respite care?	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	
26) Client has concerns about money to pay for housing/rent and family's food, clothing, utilities and other basic necessities?	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	
27) Client or parenting partner has a history of depression, anxiety, or other mental illness?	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	
28) Client or parenting partner has a disability that may impact parenting?	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	
29) Client expresses concern about their ability to parent baby/child?	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	
30) Client expresses concern about their ability to care for baby/child?	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	
31) Client's relationship with parenting partner is strained? (evidence of relationship stress observed)	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	
32) Client or parenting partner has been involved with Child Protection Services as a parent?	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	
33) Client expresses that baby/child is difficult to manage?	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	
34) Client's response patterns are inconsistent or inappropriate to the baby/child's cues? (evidence of inappropriate responses observed)	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	

Section D: Infant/Child Development

35) Parent(s) identified a risk factor? (e.g., hearing, speech and language, communication skills, social development, emotional development, behaviour, motor skills, vision, cognitive development, self-help skills)	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Please List: _____	

Section E: Health Care Professional Observations

36) Health care professional has concerns about the well-being of infant and/or baby/child?	<input type="checkbox"/> <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
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Additional Comments: _____

Client consent to share personal information and personal health information, and client consent to participate in the HEMCC program, have been obtained: A B C

Signature(s) of health care professional(s) completing screen with client: _____ Date: _____

Please print name: _____

Professional Title: RN NP Midwife MD OBN (Specify) _____

HEMCC Screen - Version 5.3



The HBHC Impact in Algoma

HBHC screens completed in 2024-25

Number of total screens	SSM	Elliot Lake	Blind River	Wawa
853	672	79	54	48

Type of HBHC screen completed in 2024-25:

- Prenatal: **119** (14%)
- Postpartum: **702** (82.2%)
- Early ID (6 weeks +): **32** (3.8%)

96% of families with newborns received contact from a Public Health Nurse within 48 hours of hospital discharge

Importance of Early Intervention

Individual Impact

- Builds strong **early relational health**—consistent nurturing relationships that form the foundation for mental health and lifelong resilience.
- Mitigates adverse childhood experiences by intervening early with positive experiences for child and parent.

Public Health Systems Impact

- Reduces downstream burdens in mental health, child welfare, education, and healthcare.



Next Steps



Professional development and training



Increase referrals from families with young children



Promote HBHC to communities and community partners



Continue to deliver HBHC program across Algoma



Questions?

Chi-Miigwech. Merci. Thank You.

PUBLIC HEALTH



BOARD OF HEALTH

MOTION: 2026- Prevention and Response to Radon Exposures in Algoma	
DATE:	February 25, 2026
MOTION MOVED BY:	
SECONDED BY:	

BACKGROUND

On January 28th, 2026, the Board of Health voted to endorse the proposed motion from Windsor Essex County Health Unit (WECHU). Information from the WECHU motion, additional local information, and a proposed motion are presented below.

Radon is an invisible, odorless, and tasteless radioactive gas that results from the natural decay of uranium in soil and rock. Radon can enter homes and buildings through cracks or openings in the foundation. As it accumulates in an enclosed space, it can become a health risk. As radon decays, it releases radioactive particles that can attach to dust and other substances and damage the cells lining the lungs when inhaled. Prolonged exposure may increase the risk of lung disease, with radon exposure being the primary cause of lung cancer for non-smokers, with the risk being even higher for smokers. Radon exposure can especially pose a risk to children, seniors, and individuals with pre-existing lung conditions. The younger the individual is, the more susceptible they are, as early exposure increases their lifetime risk of lung cancer. Health Canada estimates that radon exposure is responsible for 16% of lung cancers in Canada, resulting in more than 3,000 deaths per year¹.

The Canadian guideline for indoor radon levels in the home is set at 200 Becquerels per cubic meter (Bq/m³)². The only way to determine a home or building's radon level is to test. When radon levels are at or above 200 Bq/m³, corrective actions should be taken within a one-year timeframe. In 2024, the "Cross-Canada Survey of Radon Exposure in the Residential Buildings of Urban and Rural Communities" was published and found that the central region (Ontario and Quebec) of Canada has approximately 1 in 6 residential homes with an average radon level at or exceeding set Canadian guidelines³. Techniques to reduce indoor radon levels may include sealing cracks or gaps in the foundation, sealing sump pump holes, and increasing ventilation. However, if these techniques are not effective in reducing radon levels below the 200 Bq/m³ guideline, a more expensive radon mitigation system must be installed by a certified radon professional. This can pose a significant barrier for individuals, especially low-income households, because the cost of radon mitigation varies widely.

Algoma Public Health (APH) continues to promote radon awareness through educational and social media campaigns, to inform and encourage residents to test their homes. This education typically occurs during November for Radon Awareness Month.

In 2019, APH provided consultation to libraries throughout the District of Algoma to implement a Radon Monitor Lending Program that offers Algoma residents the opportunity for short-term borrowing of radon devices to test their homes. This service was added in partnership with the Lung Association. Currently, this service continues at four libraries across the District of Algoma with up to 31 sensors available. While this service remains active, other community-serving organizations could

offer similar types of free access to testing devices to the public, in efforts to expand reach and access to low-income households in high-priority neighborhoods.

Municipalities are encouraged to take a leadership role by developing and implementing radon policy frameworks to help communities prevent and identify radon issues. Implementing testing and mitigation policies in public spaces, municipal housing, and subsidized living facilities, municipalities can help reduce exposure and encourage other local organizations and businesses to create their own comprehensive radon policies.

PROPOSED MOTION

WHEREAS, the 2025 Health Canada data shows that long-term radon exposure is the leading cause of lung cancer after smoking, and can be attributed to 3000 lung cancer deaths per year in Canada; and

WHEREAS, the 2024 Cross Canada Study indicates that the central region (Ontario and Quebec) of Canada has approximately 1 in 6 residential homes with average radon levels at or exceeding 200 Bq/m³, and

WHEREAS, testing is the only accurate way to know a home or building's radon level, and

WHEREAS, radon mitigation can present a significant financial challenge for many low-income homeowners in Algoma;

THEREFORE BE IT RESOLVED THAT the Board of Health for the District of Algoma Health Unit supports local municipalities to adopt radon policy frameworks that include radon testing in municipally owned indoor spaces, including municipally supported congregate living sites, and implement mitigation strategies when high radon levels are detected; and

FURTHER THAT, the Board of Health for the District of Algoma Health Unit supports local municipalities adopting a free and accessible short-term radon monitoring device lending program, in a variety of public spaces, for residents to test their homes for radon barrier free; and

FURTHER THAT, the Board of Health for the District of Algoma Health Unit supports that local municipalities explore opportunities for subsidy programs, specifically those living in high priority communities and low-income households, to reduce the cost of radon remediation in homes where radon is detected.

References:

1. Health Canada. *Radon – what you need to know* [Internet]. Ottawa (ON): Government of Canada; [cited 2026 Feb 10]. Available from: <https://www.canada.ca/en/health-canada/services/environmental-workplace-health/reports-publications/radon-what-you-need-to-know.html>
2. Health Canada. *About radon* [Internet]. Ottawa (ON): Government of Canada; 2025 Sep 24 [cited 2026 Feb 10]. Available from: <https://www.canada.ca/en/health-canada/services/health-risks-safety/radiation/radon/about.html>
3. Cross-Canada Survey of Radon working group: a collaboration between the Evict Radon National Study, BC Centre for Disease Control and Health Canada. Cross-Canada Survey of Radon Exposure in the Residential Buildings of Urban and Rural Communities. Canada. Cross

Suzanne Trivers

Board of Health Chair: _____

Carried Defeated

RECORDED VOTE:

Sally Hagaman	:	In Favour <input type="checkbox"/>	Opposed <input type="checkbox"/>
Julila Hemphill	:	In Favour <input type="checkbox"/>	Opposed <input type="checkbox"/>
Donald McConnell	:	In Favour <input type="checkbox"/>	Opposed <input type="checkbox"/>
Luc Morrissette	:	In Favour <input type="checkbox"/>	Opposed <input type="checkbox"/>
Sonny Spina	:	In Favour <input type="checkbox"/>	Opposed <input type="checkbox"/>
Sonia Tassone	:	In Favour <input type="checkbox"/>	Opposed <input type="checkbox"/>
Suzanne Trivers	:	In Favour <input type="checkbox"/>	Opposed <input type="checkbox"/>
Jody Wildman	:	In Favour <input type="checkbox"/>	Opposed <input type="checkbox"/>
Natalie Zagordo	:	In Favour <input type="checkbox"/>	Opposed <input type="checkbox"/>



Algoma
PUBLIC HEALTH
Santé publique Algoma

February 25, 2026

Report of the

Medical Officer of Health / CEO

Prepared by:
Dr. Jennifer Loo and the
Leadership Team

Presented to:
Algoma Public Health Board of Health

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APH AT-A-GLANCE

Outreach, partnership, and community engagement have been key elements of APH's work in early 2026.

One example is APH's ongoing collaboration with the Sault Community Centre's Settlement Worker in Schools (SWIS) Program, where a public health nurse provides on site immunization services, and helps newcomer families navigate records, access translation support, and receive immunizations in a familiar setting. As APH continues to remind parents and caregivers to [ensure student immunization records are up to date](#), this outreach partnership strengthens access to care for newcomer children and supports their successful integration into school.

Similarly, throughout January to March, APH public health inspectors have been supporting Community Living Algoma (CLA) to complete Safe Food Handler certification for all CLA staff members, most of whom are residential care workers who support residents with intellectual or physical disabilities in CLA homes and facilities. A unique feature of this partnership is that the in-person training is tailored to ensure safe food handling guidance can be easily implemented using existing CLA infrastructure, which are residential facilities with normal kitchen sinks and residential kitchen appliances, in contrast to the commercial food service setting. Upon completion, this training partnership will not only protect some of our community's most vulnerable citizens from foodborne illness, it will also provide 250 CLA staff with provincially recognized certification and valuable skills in hazard awareness, infection prevention, and safe meal preparation.

In addition to these unique partnerships, this month's presentation to the Board of Health on the Healthy Babies Healthy Children program is a reminder that APH has a longstanding commitment to health equity and direct outreach to our community members during some of the most vulnerable and health-critical moments in their lives. In the 2024-25 fiscal year, 96% of Algoma families with newborns received contact from a public health nurse within 48 hours of hospital discharge, and over 100 families received ongoing home-visiting services from family support workers and public health nurses. As one partner among many in our communities who support infants, young children and their families, APH is also pleased to celebrate the winners of the 2025 Public Health Champion Award - the early years edition - who were revealed and honoured just prior to this evening's meeting in the newly unveiled Hall of Champions space.

Finally, beyond innovative initiatives and core programming, APH is also committed to fulsome internal and external community engagement as work continues to refresh our strategic directions. At the time of writing, 75% of APH staff have already participated via in-person or virtual sessions, dozens of community partners have engaged virtually, and over 1,100 community members have responded to APH's public survey. Over the upcoming months, APH's strategic planning steering committee will work with our consultant team to incorporate findings into a refreshed strategic plan, which will be presented to the Board of Health for approval prior to the summer break, with an official launch planned for the fall of 2026.

**Finance and Audit Committee Chair Report
February 11, 2025**

Attendees:

Sally Hagman
Suzanne Trivers
Jody Wildman – Chair

Regrets:

Luc Morrissette

APH Members:

Dr. Jennifer Loo – Medical Officer of Health & CEO
Dr. John Tuinema – Associate Medical Officer of Health
Rich Webb – Director of Corporate Services
Leslie Dunseath – Manager of Accounting Services
Trina Mount – Board Secretary (in the absence of Tania Caputo)

Guests:

Chris Pomeroy - KPMG

In Camera

- The Committee went into Closed session for adoption of in-camera meeting minutes and to discuss matters to do with the security of the property of the board.

Resolution(s) Arising from In Camera Discussions:

- The Finance and Audit Committee approved KPMG's 2026 Audit Planning Report as presented and recommends the Board of Health do the same.

Minutes of the Previous Meeting

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

Report and Recommendations to the Board of Health

- The Committee reviewed APH's Unaudited Financial Statements for the period ending December 31, 2025 and recommends Board of Health approval.

New Business / General Business

- The Director of Corporate Services provided a brief verbal update on the amount of space potentially available for rent in the APH Northern Avenue building. There is currently nothing new to report on progress toward securing a tenant.

Next Meeting

The Finance and Audit Committee is next scheduled to meet on March 11, 2026.

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

Algoma Public Health

Statement of Operations

December 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	12,457,617	12,430,466	-27,151	12,430,466	0%	100%
Other Funding, Total	0	0	0	0		
Levies, Total	4,840,220	4,840,220	0	4,840,220	0%	100%
Fees & Recoveries, Total	557,593	595,100	37,507	595,100	-6%	94%
Other Revenue, Total	0	0	0	0		
TOTAL REVENUE	17,855,430	17,865,786	10,356	17,865,786	0%	100%
Salaries & Wages, Total	10,595,260	10,934,636	339,377	10,934,636	-3%	97%
Benefits, Total	2,682,209	2,837,798	155,589	2,837,798	-5%	95%
Office Expenses, Total	50,206	62,400	12,194	62,400	-20%	80%
Program Expenses, Total	1,152,646	922,034	-230,612	922,034	25%	125%
Professional Development, Total	115,830	74,555	-41,275	74,555	55%	155%
Travel Expenses, Total	165,260	170,550	5,290	170,550	-3%	97%
Fees & Insurance, Total	382,521	427,100	44,579	427,100	-10%	90%
Telecommunications, Total	249,180	227,952	-21,228	227,952	9%	109%
Program Promotion, Total	23,902	23,700	-202	23,700	1%	101%
Debt Management & Amortization, Total	457,421	457,421	0	457,421	0%	100%
Computer/IT Services, Total	937,848	837,912	-99,936	837,912	12%	112%
Facilities Expenses, Total	1,027,800	889,727	-138,073	889,727	16%	116%
TOTAL EXPENSES	17,840,082	17,865,786	25,704	17,865,786	0%	100%
SURPLUS/DEFICIT	15,348	0	-15,348	0		

Healthy Babies Healthy Children (Fiscal)

Description	Current YTD	Current YTD Budget	YTD Budget Variance	Annual Budget	Variance % Act to Bud	Variance YTD Act to Bud
TOTAL REVENUE (MCCSS)	855,564	855,563	-2	1,140,750	0%	100%
TOTAL EXPENSES	854,192	856,375	2,183	1,140,750	0%	100%
SURPLUS/DEFICIT	1,372	-812	-2,185	0		

Fiscal Programs (Non-Public Health)

Description	Current YTD	Current YTD Budget	YTD Budget Variance	Annual Budget	Variance % Act to Bud	Variance YTD Act to Bud
PROVINCIAL GRANTS	125,064	125,064	0	166,753	0%	100%
OTHER FUNDING	152,447	152,447	0	177,447	0%	100%
TOTAL REVENUE	277,511	277,511	0	344,200	0%	100%
CAPC	57,717	58,085	368	77,447	-1%	99%
Nurse Practitioner	122,202	125,065	2,863	166,753	-2%	98%
Stay on Your Feet	70,370	75,000	4,630	100,000	-6%	94%
TOTAL EXPENSES	250,289	258,150	7,861	344,200	-3%	97%
SURPLUS/DEFICIT	27,222	19,361	-7,861	0		

Fiscal Programs (Public Health)

PROVINCIAL GRANTS	236,668	473,144	236,476	1,476,050	-50%	50%
TOTAL EXPENSES	1,108,503	1,102,794	-5,708	1,476,050	1%	101%
SURPLUS/DEFICIT	-871,835	-629,650	242,184	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

December 2025

(Unaudited)

Description	Current YTD	Current YTD Budget	YTD Budget Variance	Annual Budget	Variance %	
					Act to Bud	YTD Act to Bud
MOH Program Funding - Public Health	10,120,615	10,120,503	-112	10,120,503	0%	100%
MOH Program Funding - 100%	2,317,806	2,309,963	-7,843	2,309,963	0%	100%
MOH Program Funding - One Time	19,196		-19,196		#DIV/0!	#DIV/0!
Public Health Funding, Total	12,457,617	12,430,466	-27,151	12,430,466	0%	100%
Levies - Sault Ste. Marie	3,366,437	3,366,437	0	3,366,437	0%	100%
Levies - District	1,473,783	1,473,783	0	1,473,783	0%	100%
Levies, Total	4,840,220	4,840,220	0	4,840,220	0%	100%
Program Fees	27,805	40,000	12,195	40,000	-30%	70%
Land Control Fees	208,487	215,000	6,513	215,000	-3%	97%
Immunization Recoveries	127,803	110,000	-17,802	110,000	16%	116%
Recoveries from Programs	44,398	30,100	-14,298	30,100	48%	148%
Interest Revenue	149,100	200,000	50,900	200,000	-25%	75%
Fees & Recoveries, Total	557,593	595,100	37,508	595,100	-6%	94%
TOTAL REVENUE	17,855,430	17,865,786	10,357	17,865,786	0%	100%

Notes to Financial Statements – December 2025

Reporting Period

The December 2025 financial reports include twelve months of financial results for Public Health programming. All other non-funded public health programs are reporting nine months of results from the operating year ending March 31, 2026.

Statement of Operations

Summary – Public Health and Non-Public Health Programs

APH has received the 2025 Amending Agreement from the province identifying the approved funding allocations for public health programs. Change from 2024 includes 1% increase to base funding for mandatory cost-shared programs, 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. A revised version of the amending agreement was received in December 2025 with no further changes to the base funding allocation for cost-shared public health programs.

As of December 31, 2025, Public Health calendar programs are reporting a \$15K positive variance – which is driven by a \$10K negative variance in revenues and a \$25K positive variance in expenditures.

Public Health Revenue

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

For the 2025 calendar year, the province instructed public health units to plan for base funding growth of 1%. These anticipated changes are reflected within the updated amending agreement and the Board of Health approved 2025 budget.

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

Included in the December 2025 revised amending agreement from the province, is \$1.4M in one-time 100% funding for the 2025 calendar and 2025-2026 fiscal years to address COVID Immunization and OSDCP operating pressures, as well as several one-time special projects. The budgets for public health fiscal programs have been updated to reflect the same. APH anticipates a catch-up payment for funding related to these approvals early in the new year.

Public Health Expenses

Salaries & Benefits

There is a \$495K positive variance associated with position vacancies during the year. Recruitment is ongoing, with management actively planning to fill upcoming planned leaves in 2026. APH also received two unplanned WSIB rebates totaling \$153K in 2025, related to 2024 and 2023 operating years.

Office Expenses

There is a \$12K positive variance associated with office expenses based on continued efficiencies and savings related to migration to Microsoft 365 and other digital platforms.

Program Expenses

There is a negative variance of \$231K associated with program expenses. \$120K of this identified pressure is driven by demand for our Ontario Senior Dental program (externally sourced professional services for maintenance, preventative and denture services). One-time funding for the 2025 calendar year has been approved to fund this operating pressure. 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. The remainder of the variance can be attributed to purchased services and material/supplies related to minor & major capital projects (e.g. engineering & architectural services, AMOH coverage for planned leave).

Professional Development

There is a \$41K negative variance associated with professional development based on ongoing workforce development and training completed by staff in 2025 with available dollars.

Fees and Insurance

There is a \$44K positive variance associated with fees and insurance due to savings made by switching to an alternate insurance policy provider, as approved by the Board in the spring of 2025.

Computer/IT Services

There is a \$100K negative variance associated with computer equipment purchased using available dollars in order to replace/upgrade aging equipment.

Facilities Expenses

There is a \$138K negative variance associated with facilities expenses which is driven by unplanned, significant snow removal in the months of January & February and capital projects (e.g. 2nd floor office renovations at 294 Willow, SSM). It is to be noted that for the 2025 calendar year, \$668K of eligible expenses related to the boiler replacement and building envelope projects have been removed from the cost of public health programming as one-time, 100% funding from the Ministry for both projects has been formally approved. The cost associated with these projects are now reported under the public health fiscal programs.

Financial Position - Balance Sheet

APH's liquidity position continues to be stable and the bank has been reconciled as of December 31, 2025. Cash includes \$2.3M 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

December 2025

(Unaudited)

	Current Balance	December 31, 2024
Cash and Investments, Total	3,650,566	4,702,136
Accounts Receivable, Total	402,624	1,729,409
Other Assets, Total	371,829	365,259
Fixed Assets, Total	16,559,921	16,559,921
TOTAL ASSETS	20,984,940	23,356,724
Accounts Payable - Province, Total	1,395,173	2,750,849
Accounts Payable, Total	1,062,230	743,138
Accrued Liabilities, Total	3,139,679	3,681,471
Long-term Liabilities, Total	2,907,234	2,907,234
Other Liabilities, Total	297,466	277,755
TOTAL LIABILITIES	8,801,783	10,360,445
TOTAL ACCUMULATED SURPLUS	12,183,158	12,996,279
TOTAL LIABILITIES AND EQUITIES	20,984,941	23,356,724

Glossary

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



BOARD OF HEALTH

MOTION: 2026-		Support For Transitioning To The Combined Dtap-HB-IPV-Hib Vaccine Into Ontario’s Publicly Funded Immunization Schedule To Strengthen Early Protection against Hepatitis B
DATE:	February 25, 2026	
MOTION MOVED BY:		
SECONDED BY:		

BACKGROUND

The publicly funded immunization schedule for Ontario currently recommends/funds immunization against Hepatitis B in grade 7 (12 years of age). These immunizations are delivered by Public Health Nurses in schools over two appointments at least 6 months apart. Drawbacks of this approach include high delivery costs within schools, multiple injections over the life course, and children are unprotected from hepatitis B for the first 12 years of life.

This is not the same approach in all provinces. British Columbia, Yukon, Northwest Territories, Nunavut, Quebec, New Brunswick, and PEI have hepatitis B programs that immunize children in infancy. For example, in British Columbia infants receive a combination vaccine protecting against 6 diseases including hepatitis B, where Ontario provides infants with a combination vaccine against 5 diseases with the hepatitis B vaccine given much later in grade 7. A shift to a similar program in Ontario would protect our children earlier and provide long-term cost-savings.

PROPOSED MOTION

WHEREAS hepatitis B (HB) infection acquired in infancy and early childhood carries the highest risk of chronic infection compared to other ages, with up to 95% of unvaccinated infants and approximately 50% of children infected before five years of age developing chronic HB, compared to 5–10% of those infected in adolescence or adulthood¹; and

WHEREAS chronic HB infection can result in serious long-term health consequences, including cirrhosis, liver failure, and liver cancer, leading to significant morbidity, mortality, and health-system costs; and

WHEREAS Ontario currently administers HB vaccine primarily in Grade 7, leaving children susceptible to infection during their first 12 years of life, when they are at most vulnerable to chronic HB infection²; and

WHEREAS surveillance data from Public Health Ontario indicate that HB infections continue to occur among children in Ontario prior to adolescence, including Canadian-born children, often due to missed prenatal screening, incomplete post-exposure prophylaxis, household exposure to undiagnosed carriers, travel, or immigration from regions of higher HB prevalence³; and

WHEREAS universal infant HB immunization at 2, 4, and 6 months of age would significantly reduce the period of vulnerability from approximately 12 years to the first six months of life and better

protect infants and children in higher-risk circumstances, including those living with chronic carriers, attending child care, or from families who have immigrated from other countries with higher prevalence of HB; and

WHEREAS the National Advisory Committee on Immunization (NACI) has concluded that HB vaccination in infancy provides long-lasting protection, with durable immune memory persisting even when antibody levels decline, and does not recommend routine booster doses for immunocompetent individuals who complete a full infant series^{1,3,4}; and

WHEREAS the cost of providing 3 doses of the DTaP-HB-IPV-Hib vaccine (combination vaccine against 6 diseases) in infancy is comparable or lower in cost than the currently utilized schedule of administering the DTaP-IPV-Hib vaccines (combination vaccine against 5 diseases) in infancy and HB vaccines in grade 7; and

WHEREAS a recent analysis modelling Ontario's HB immunization strategies found that introducing a universal infant HB vaccine program would prevent more acute and chronic pediatric HB infections in Ontario, and would save health care dollars, particularly when the vaccine is administered through the combination DTaP-HB-IPV-Hib vaccine⁵; and

WHEREAS long-term cost-savings will be realized through the administration of a combination vaccine which requires less visits to a healthcare provider over the life course and less in-school vaccine delivery; and

WHEREAS routine infant immunization programs tend to have higher coverage than school-based programs alone, so it can be anticipated that a combined DTaP-HB-IPV-Hib vaccine administered routinely at the 2, 4 and 6 month well-baby visits would have higher uptake than the grade 7 program⁵ resulting in increased herd immunity; and

WHEREAS this change would further align Ontario's HB vaccination schedule with that of other Canadian jurisdictions such as British Columbia, Yukon, Northwest Territories, Nunavut, Quebec, New Brunswick, and PEI, ensuring more infants and children are protected earlier against HB infection⁴; and

THEREFORE BE IT RESOLVED THAT The Board of Health for the District of Algoma Health Unit calls upon the Ontario Ministry of Health to amend the publicly funded immunization schedule to incorporate the DTaP-HB-IPV-Hib vaccine in order to strengthen early protection against HB, reduce preventable chronic infections, and advance health equity for children and families across Ontario; and

FURTHER THAT, the Minister of Health, the Office of the Chief Medical Officer of Health, and local MPPs be so advised; and

FURTHER THAT, The Board of Health sponsors a resolution to further promote this change to the publicly funded schedule at the ALPHa AGM.

References:

1. National Advisory Committee on Immunization. Update on the recommended use of Hepatitis B (HB) vaccine, 2017, Available from: <https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/healthy-living/update-recommended-use-hepatitis-b-vaccine/update-recommended-use-hepatitis-b-vaccine-eng.pdf>
2. Publicly Funded Immunization Schedules for Ontario, current edition. 2022, Available from: <https://www.ontario.ca/files/2024-01/moh-publicly-funded-immunization-schedule-en-2024-01-23.pdf>

3. Public Health Ontario. Hepatitis B Immunization Technical Report. 2017, Available from: https://www.publichealthontario.ca/-/media/Documents/H/2017/hepb-technical-report.pdf?rev=441f1e45ffc74b878685409780228e98&sc_lang=en
4. Canadian Immunization Guide, Evergreen Edition. Hepatitis B Chapter, 2024, Available from: [Hepatitis B vaccines: Canadian Immunization Guide - Canada.ca](https://www.canada.ca/en/health-services/minister-of-health/publications/canadian-immunization-guide/2024/hepb)
5. Biondi MJ, Estes C, Razavi-Shearer D, Sahdra K, Lipton N, Shah H, Capraru C, Janssen HLA, Razavi H, Feld JJ. Cost-effectiveness modelling of birth and infant dose vaccination against hepatitis B virus in Ontario from 2020 to 2050. CMAJ Open. 2023 Jan 10;11(1):E24-E32. Available from: <https://www.cmajopen.ca/content/11/1/E24>

Suzanne Trivers

Board of Health Chair: _____

Carried Defeated

RECORDED VOTE:

Sally Hagaman	:	In Favour <input type="checkbox"/>	Opposed <input type="checkbox"/>
Julila Hemphill	:	In Favour <input type="checkbox"/>	Opposed <input type="checkbox"/>
Donald McConnell	:	In Favour <input type="checkbox"/>	Opposed <input type="checkbox"/>
Luc Morrissette	:	In Favour <input type="checkbox"/>	Opposed <input type="checkbox"/>
Sonny Spina	:	In Favour <input type="checkbox"/>	Opposed <input type="checkbox"/>
Sonia Tassone	:	In Favour <input type="checkbox"/>	Opposed <input type="checkbox"/>
Suzanne Trivers	:	In Favour <input type="checkbox"/>	Opposed <input type="checkbox"/>
Jody Wildman	:	In Favour <input type="checkbox"/>	Opposed <input type="checkbox"/>
Natalie Zagordo	:	In Favour <input type="checkbox"/>	Opposed <input type="checkbox"/>



The Corporation of the Township of St. Joseph

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Richards Landing, ON P0R 1J0
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www.stjosephtownship.com

January 16, 2026

Minister of Health, Sylvia Jones
VIA EMAIL: sylvia.jones@ontario.ca

RE: Provincial Contributions to Algoma Public Health Levy Increases

At their January 14, 2026 meeting, Council for the Township of St. Joseph passed resolution #2026-07 requesting the Province increase contributions to Algoma Public Health (attached).

The Township of St. Joseph understands The Ministry of Health has confirmed an increase of only 1% to its provincial funding contribution to Algoma Public Health for 2026. The Province of Ontario mandates that Public Health Units deliver a range of programs and services under provincial legislation, standards, and directives. This 1% increase is insufficient to accommodate rising costs associated with the operation of Algoma Public Health, including staffing, provincially mandated programs, service delivery obligations, and inflationary pressures.

Insufficient provincial funding for provincially mandated public health programs results in additional operational costs being downloaded to municipalities through higher levy requirements. Increased municipal levies may lead to higher property taxes, creating unnecessary and undue financial hardship for families within the Algoma District. Public health services are a mandated provincial responsibility, and it is essential that the Province assume its appropriate share of the financial increases necessary to sustain these services.

The Council of the Township of St. Joseph requests that the Ministry of Health review and increase its funding contribution to regional Public Health Units for 2026 beyond the proposed 1% to better share the public health responsibilities that are provincially mandated. The Township of St. Joseph urges the Province of Ontario to fully fund the costs associated with provincially mandated public health programs and assume responsibility for its appropriate portion of public health cost increases to prevent these costs from being downloaded to municipalities, who's primary source of revenue is the Property Tax Levy.

Respectfully,

Amanda Richardson
CAO/Clerk-Treasurer

cc all municipalities within the Algoma District, the Minister of Health, the Premier of Ontario, the Federation of Northern Ontario Municipalities (FONOM), and the Algoma District Municipal Association (ADMA).

The Corporation of The Township of St. Joseph



COUNCIL RESOLUTION

Date: January 14, 2026

Resolution #: 2026-07
Moved By: Cameron Ross
Seconded By: Steven Adams

BE RESOLVED THAT the report from the Deputy Clerk regarding the increased 2026 levy from Algoma Public Health be received;

AND THAT the Council of the Township of St. Joseph acknowledges that:

1. The Ministry of Health has confirmed an increase of only 1% to its provincial funding contribution to Algoma Public Health for 2026;
2. The Province of Ontario mandates that Public Health Units deliver a range of programs and services under provincial legislation, standards, and directives;
3. This 1% increase is insufficient to accommodate rising costs associated with the operation of Algoma Public Health, including staffing, provincially mandated programs, service delivery obligations, and inflationary pressures;
4. Insufficient provincial funding for provincially mandated public health programs results in additional operational costs being downloaded to municipalities through higher levy requirements; and
5. Increased municipal levies may lead to higher property taxes, creating unnecessary and undue financial hardship for families within the Algoma District; and
6. Public health services are a mandated provincial responsibility, and it is essential that the Province assume its appropriate share of the financial increases necessary to sustain these services.

NOW THEREFORE BE IT RESOLVED THAT the Council of the Township of St. Joseph requests that the Ministry of Health review and increase its funding contribution to regional Public Health Units for 2026 beyond the proposed 1%;

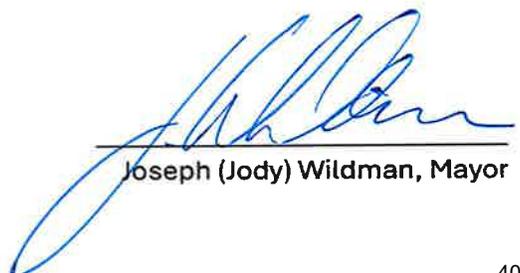
AND THAT the Province be urged to fully fund the costs associated with provincially mandated public health programs and assume responsibility for its appropriate portion of public health cost increases, in order to prevent these costs from being downloaded to municipalities;

AND THAT a copy of this resolution be forwarded to all municipalities within the Algoma District, the Minister of Health, the Premier of Ontario, the Federation of Northern Ontario Municipalities (FONOM), and the Algoma District Municipal Association (ADMA).

Carried Defeated Deferred

RECORDED VOTE

Name	Yea	Nay
Steven Adams		
Ashley Irwin		
Greg Senecal		
Cameron Ross		
Jody Wildman		
Total		


Joseph (Jody) Wildman, Mayor



RESOLUTION PAGE

TOWNSHIP OF MACDONALD, MEREDITH & ABERDEEN ADDITIONAL

Tuesday, February 17, 2026 - 07:00 PM

Motion #: 26-54

Moved by: *[Signature]*

Seconded by: *[Signature]*

"RESOLVED that Council of the Township support the resolution of the Township of St. Joseph regarding the 2026 Algoma Public Health levy increase and provincial funding contributions;

AND THAT a copy of this resolution be forwarded to the Township of St. Joseph, the Minister of Health, the Premier of Ontario, Algoma Public Health, the Federation of Northern Ontario Municipalities (FONOM), and the Algoma District Municipal Association (ADMA)."

()

Signed

[Signature]

Mayor Lynn Watson