



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

March 25, 2026

## **BOARD OF HEALTH MEETING**

SSM Algoma Community Room

294 Willow Avenue

Sault Ste. Marie

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

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# Board of Health Meeting AGENDA

Wednesday, March 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  
Trina Mount - Executive Assistant in the absence of the Board Secretary  
Ashley Saini - Executive Assistant

**GUESTS:** Alison McFarlane, Public Health Nurse

- 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 March 25,2026, be approved as presented.
- 3.0 Delegations / Presentations** *Dr. J. Tuinema,  
A. McFarlane*
- a. Infectious Diseases - Bloodborne Infections in Algoma
- 4.0 Adoption of Minutes of Previous Meeting** *S. Trivers*
- RESOLUTION**
- THAT the Board of Health meeting minutes dated February 25, 2026, be approved as presented.
- 5.0 Business Arising from Minutes** *S. Trivers*
- RESOLUTION**
- 6.0 Reports to the Board** *Dr. J. Loo*
- a. Medical Officer of Health and Chief Executive Officer Reports
    - MOH Report - March 2026
      - Food Insecurity
- RESOLUTION**
- THAT the report of the Medical Officer of Health and CEO be accepted as presented.
- b. Finance and Audit *J. Wildman*
    - i. Unaudited Financial Statements ending January 31, 2026.
- RESOLUTION**
- THAT the Board of Health accepts the Unaudited Financial Statements for the period ending January 31, 2026, as presented.

**c. Governance**

*D. McConnell*

**i. Governance Committee Chair Report**

**RESOLUTION**

THAT the report of the Governance Committee Chair be accepted as presented.

**iv. Policy 02-05-010 - Board Minutes and Packages - Posting, Circulation and Retention**

*D. McConnell*

**RESOLUTION**

THAT the Board of Health approves, **Policy 02-05-010 - Board Minutes and Packages - Posting, Circulation and Retention** as presented.

**v. Policy 02-05-065 - Algoma Board of Health Reserve Fund**

*D. McConnell*

**RESOLUTION**

THAT the Board of Health approves, **Policy 02-05-065 - Algoma Board of Health Reserve Fund** as presented.

**vii. Policy 02-05-086 - Sponsorship of Charitable Organizations**

*D. McConnell*

**RESOLUTION**

THAT the Board of Health approves, **Policy 02-05-086 - Sponsorship of Charitable Organizations** as presented.

**viii. Policy 02-05-088 - Stakeholder Communications**

*D. McConnell*

**RESOLUTION**

THAT the Board of Health approves, **Policy 02-05-088 - Stakeholder Communications** as presented.

**7.0 New Business/General Business**

*S. Trivers*

**8.0 Correspondence - requiring action**

*S. Trivers*

**9.0 Correspondence - for information**

*S. Trivers*

- a. Letter from the Windsor-Essex County Health Unit Board of Health, regarding **Digital Dependence Support and Prevention in Pre-School and School Aged Children**, dated February 5, 2026
- b. Letter from the Windsor-Essex County Health Unit Board of Health, regarding **Food Handler Training and WEC Food Premises**, dated February 5, 2026
- c. Letter from the Windsor-Essex County Health Unit Board of Health, regarding **Premise Licensing for WEC Municipalities**, dated February 5, 2026
- d. alPHa InfoBreak - Spring Edition

**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 Meeting Evaluation**

*S. Trivers*

**14.0 Announcements / Next Committee Meetings:**

*S. Trivers*

**Finance and Audit Committee Meeting**

Wednesday, April 8, 2026 @ 5:00 pm

SSM Algoma Community Room | Video Conference

**Board of Health**

Wednesday, April 22, 2026 @ 5:00 pm

SSM Algoma Community Room | Video Conference

**15.0 Adjournment**

*S. Trivers*

**RESOLUTION**

THAT the Board of Health meeting adjourns.

# Bloodborne Infections in Algoma

Dr. John Tuinema, AMOH

Allison McFarlane, ID PHN

Date: March 25, 2026

# Overview

- Epidemiology of bloodborne infections (BBIs) in Algoma
- Overview of our work with BBIs
  - Testing/Detection
  - Case/Contact Management
  - Needle Exchange Program
  - Working with Partners

# Strategic Directions



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



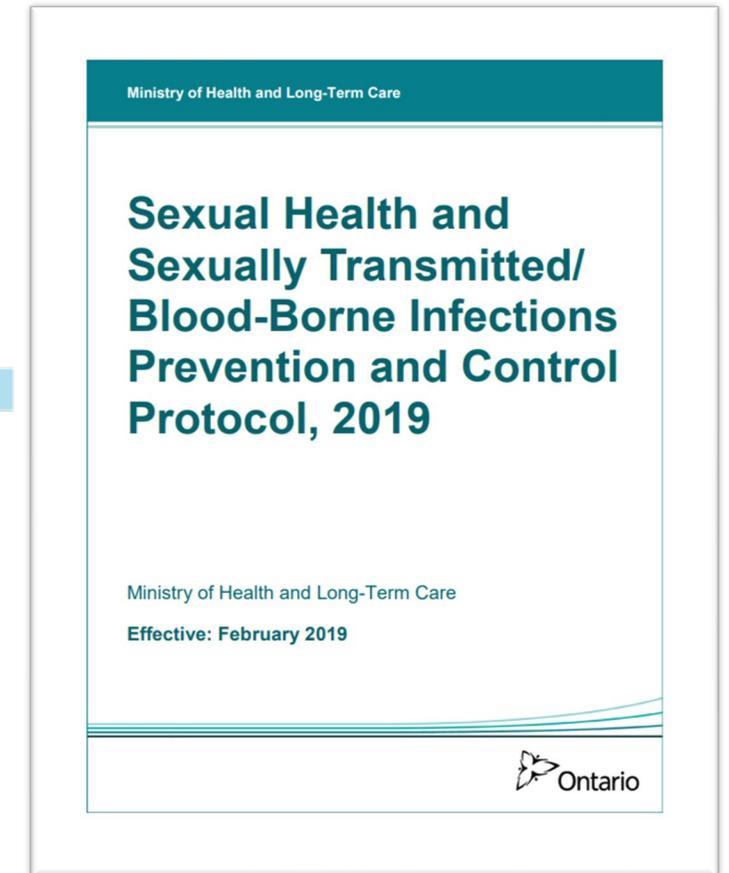
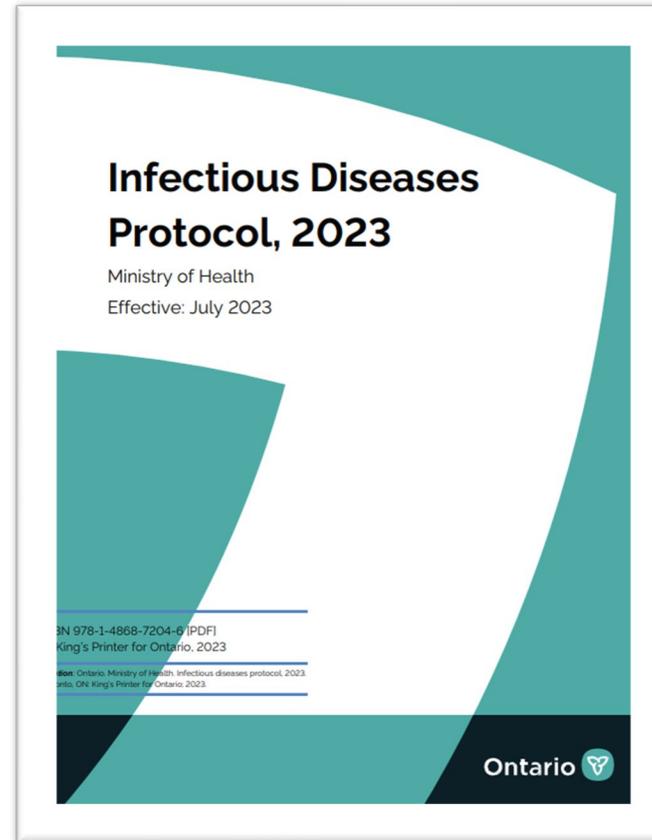
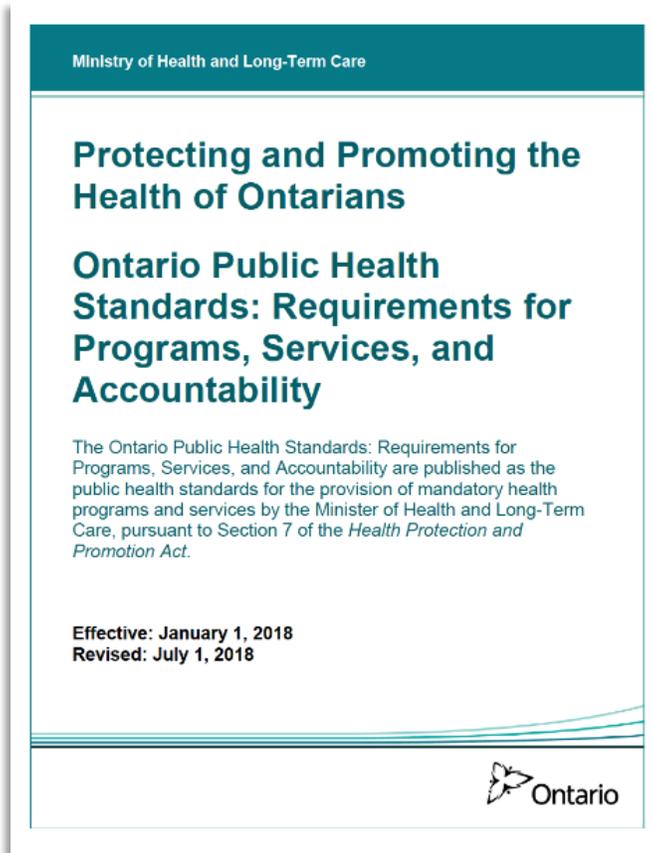
Improve the impact and effectiveness of Algoma Public Health programs.



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

PUBLIC HEALTH

# Ontario Public Health Standards

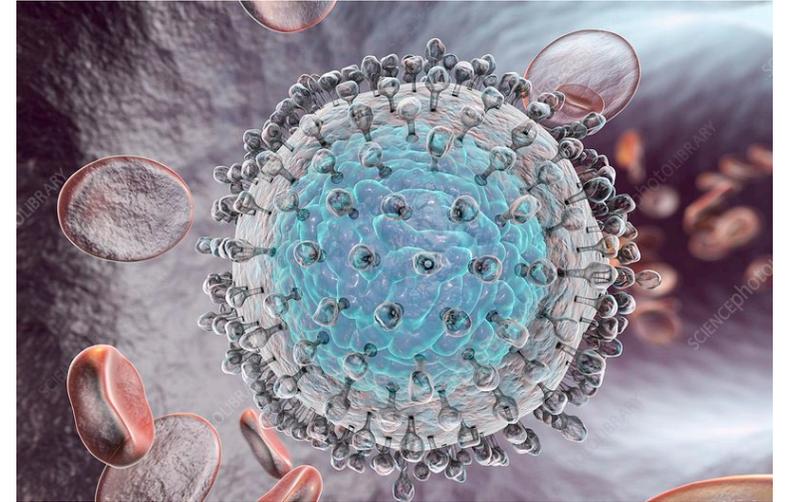


# What is a Bloodborne Infection?

- Blood borne infections (BBIs) are viruses that are carried in the blood, specifically hepatitis B, hepatitis C and human immunodeficiency virus (HIV).
- They can be transmitted through sexual contact, sharing needles, needle-stick injuries, from mother to baby during pregnancy, during birth, or sometimes through breast feeding.
- BBIs may also exist in other body fluids.

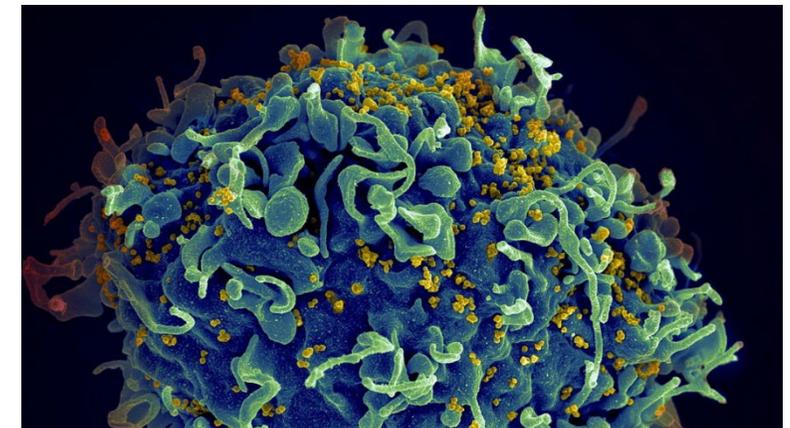
Source:[Blood Borne Infections | Public Health Ontario](#)

Hepatitis C virus



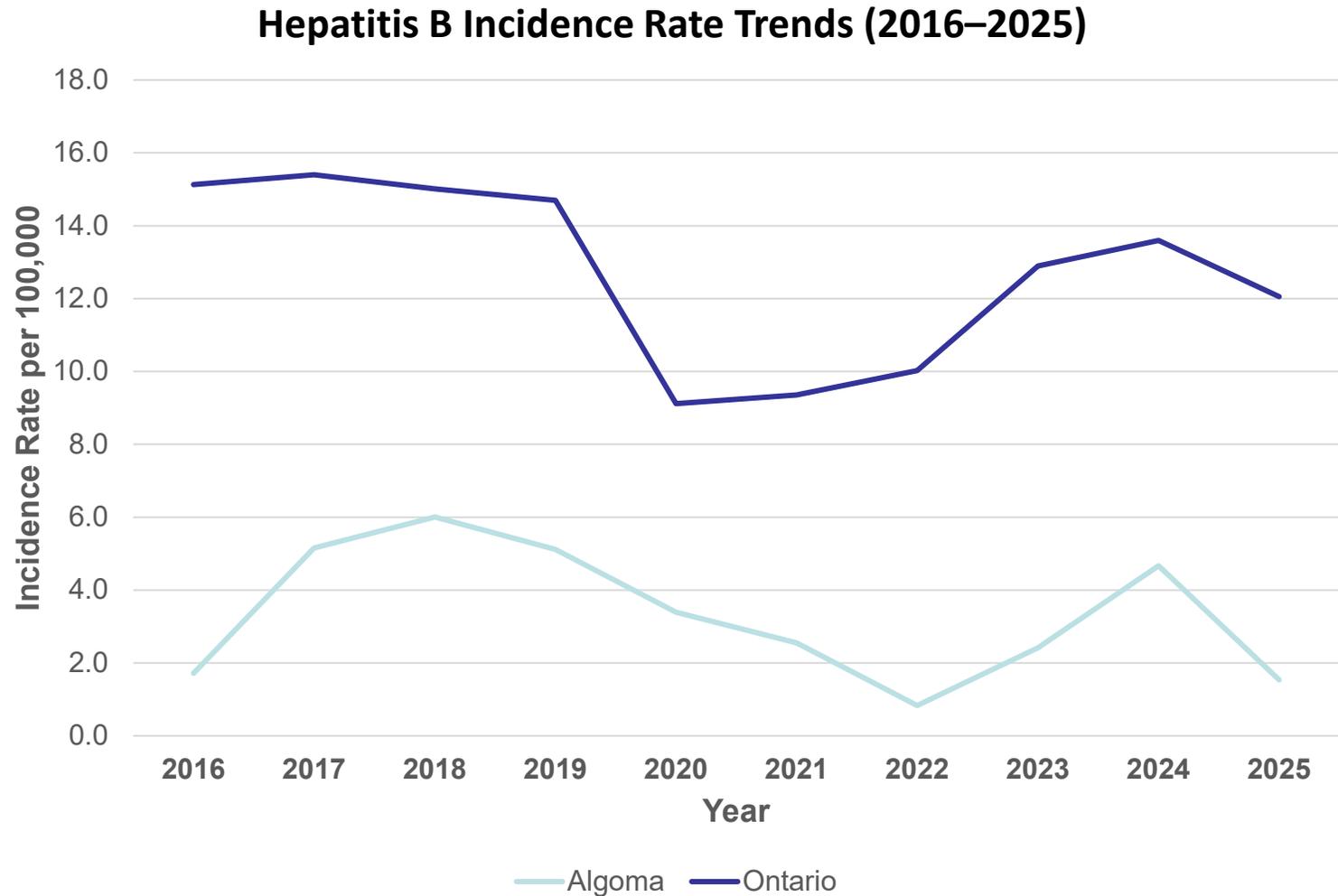
Credit:[KATERYNA KON / SCIENCE PHOTO LIBRARY](#)

HIV virus



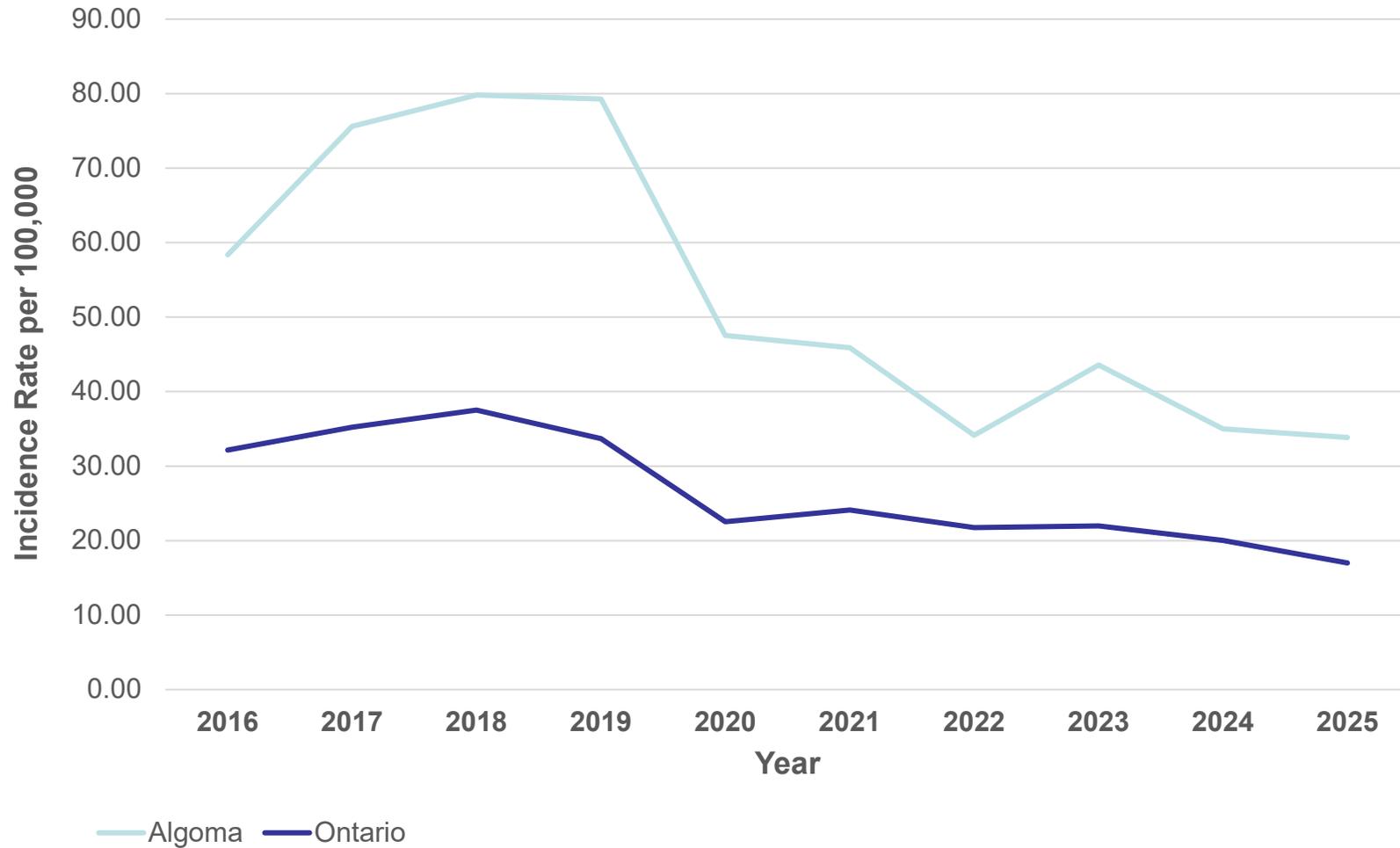
[This Photo](#) by Unknown Author is licensed under [CC BY-NC-ND](#)

# Hepatitis B



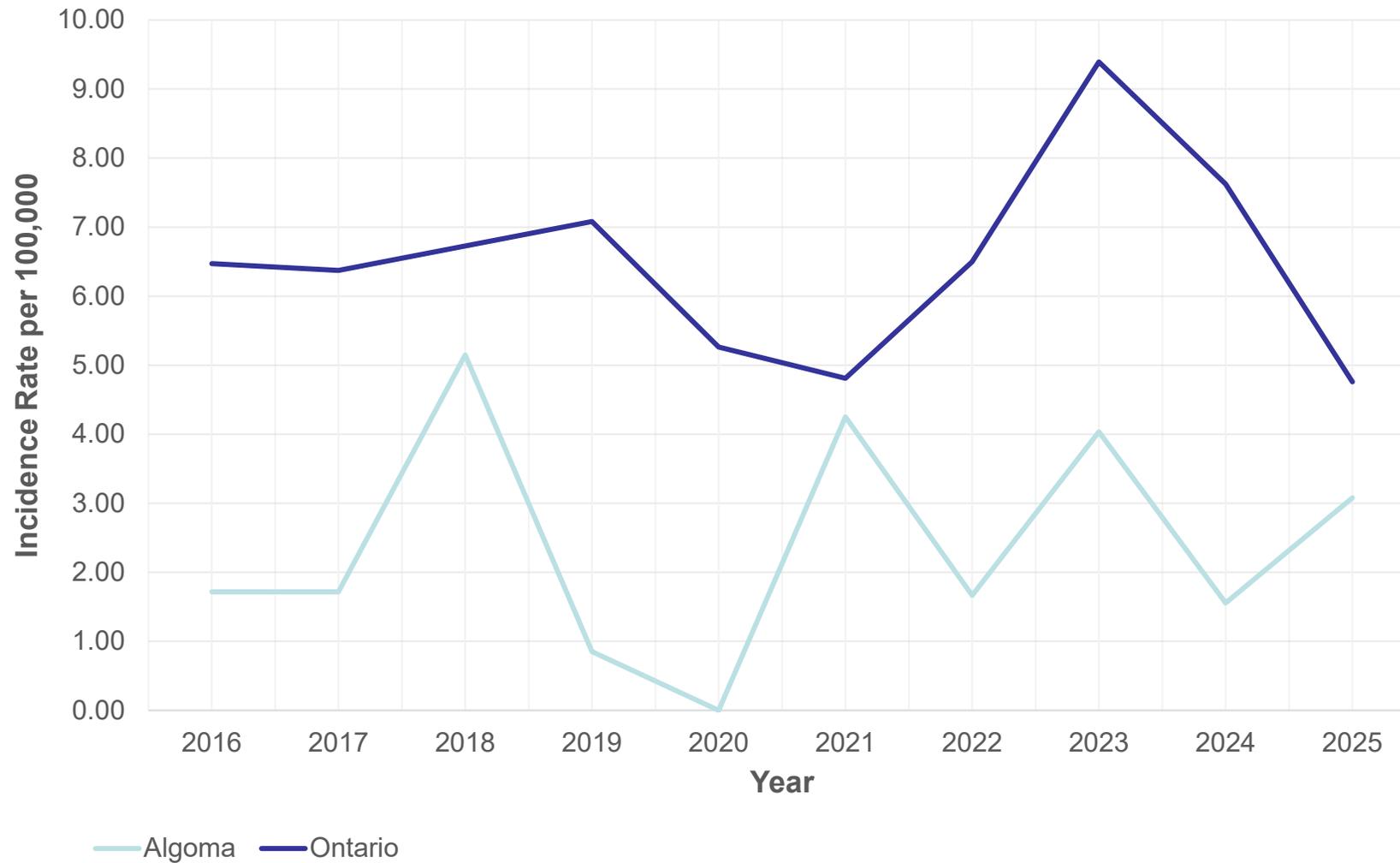
# Hepatitis C

## Hepatitis C Incidence Rate Trends (2016–2025)



# HIV

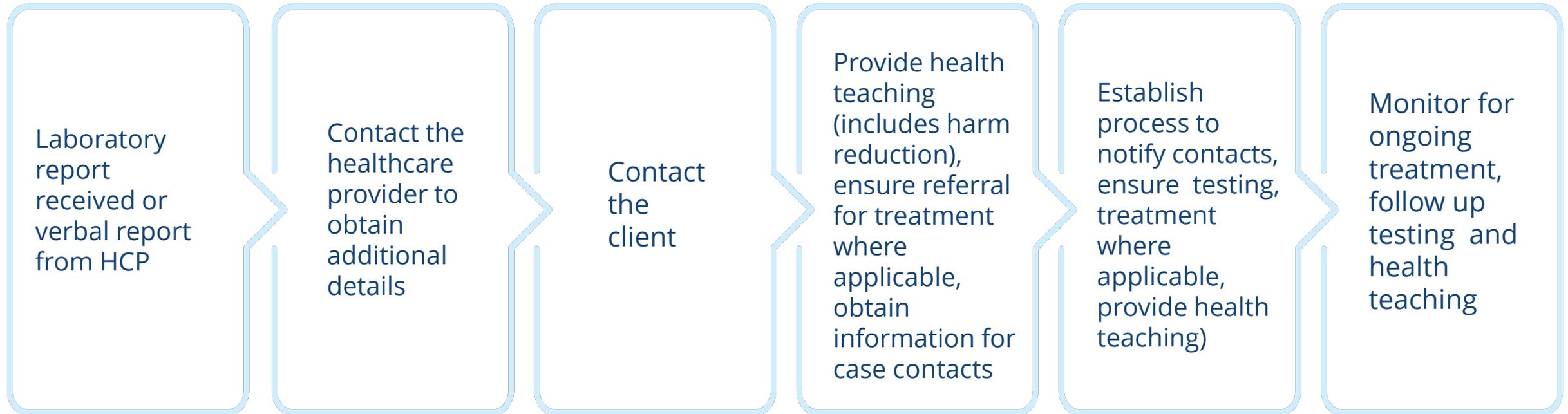
## HIV/AIDS Incidence Rate Trends (2016–2025)



# Testing and Detection

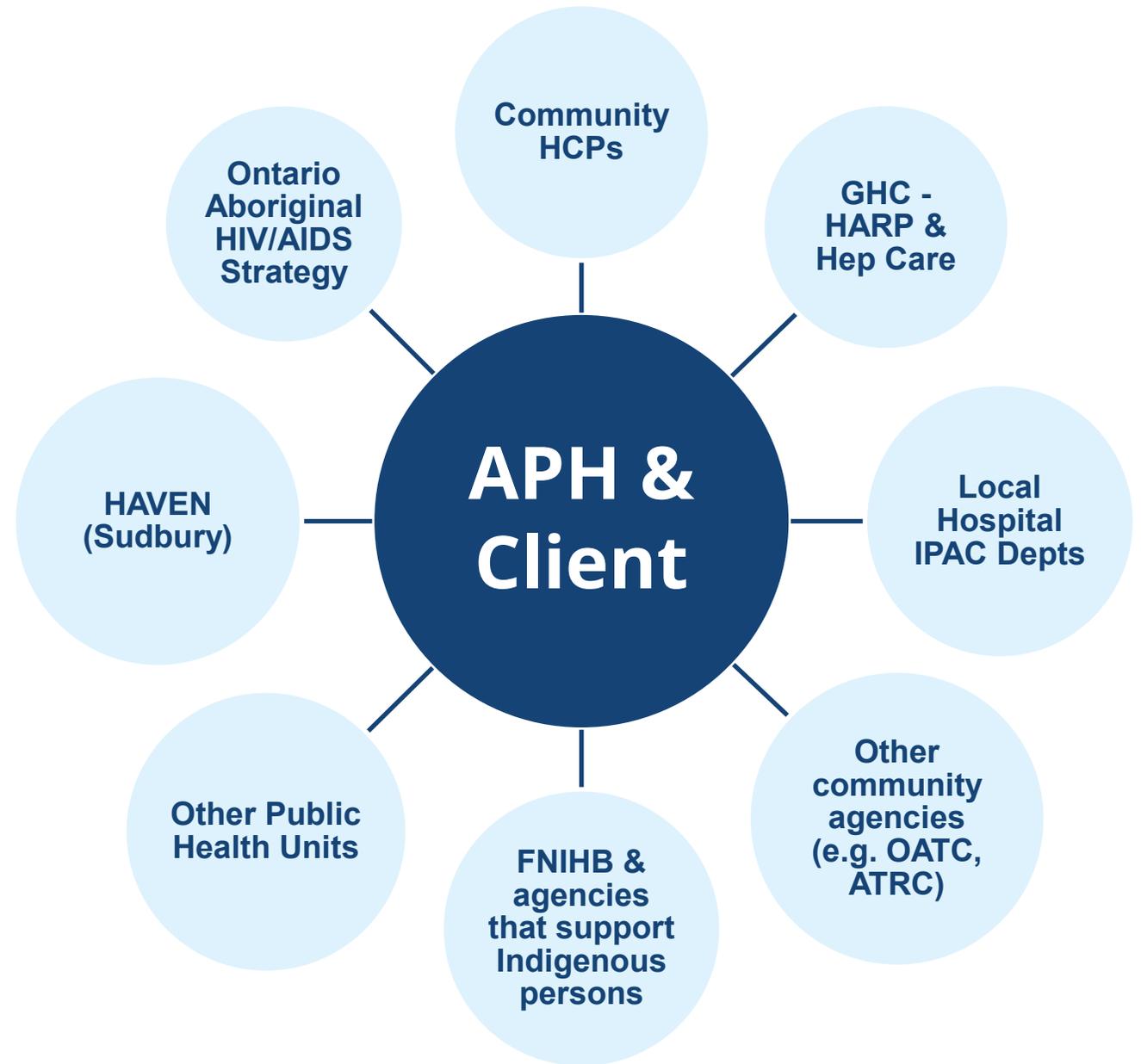
- **Hepatitis B&C - blood test from health care provider**
- **HIV - 2 ways - blood test or point of care (POC) test**
  - APH is a designated site for anonymous POC testing
  - APH supports the SPRITE program which offers POC testing
  - Some community partners also offer POC testing (e.g., HARP)

# Case and Contact Management for Bloodborne Infections





Partnerships are essential to providing prevention, testing, and treatment



# Needle Exchange Program

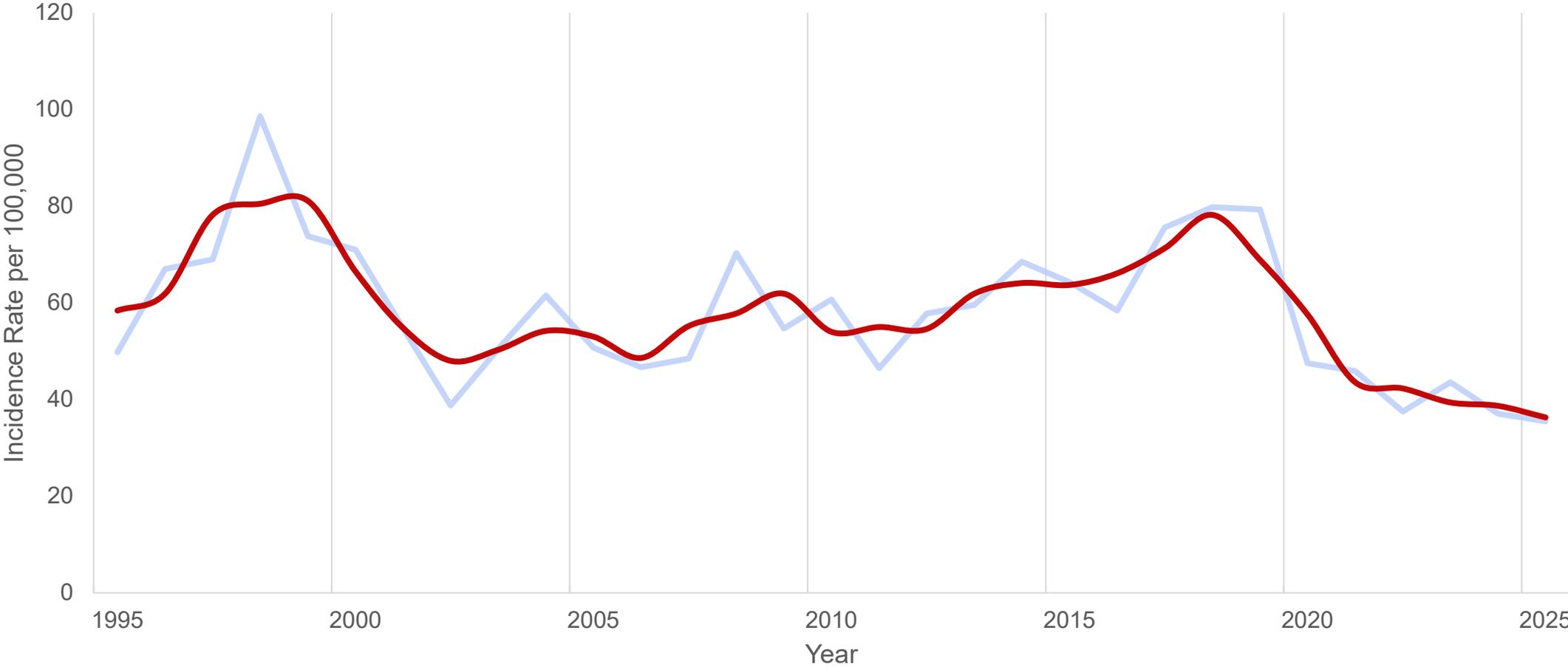
- Form of harm reduction
- Involves more than just needles
- Provides education in addition to supplies
- Available since the 1990s, began in Algoma in 2000
- We distribute supplies, but also work very closely with partners
- Important in reducing BBIs

# Needle Exchange – Hepatitis C

<b>HEP-C Risk Factors (2015-2025)</b>	
Injection drug use	<b>51.85%</b>
Unknown	<b>38.92%</b>
Inhalation drug use	<b>31.82%</b>
Tattoo	<b>25.85%</b>
Shared drug use equipment	<b>21.59%</b>
Correctional facility	<b>18.75%</b>

Proportion of reported Hep C risk factors.  
More than one risk factor may be present per case.

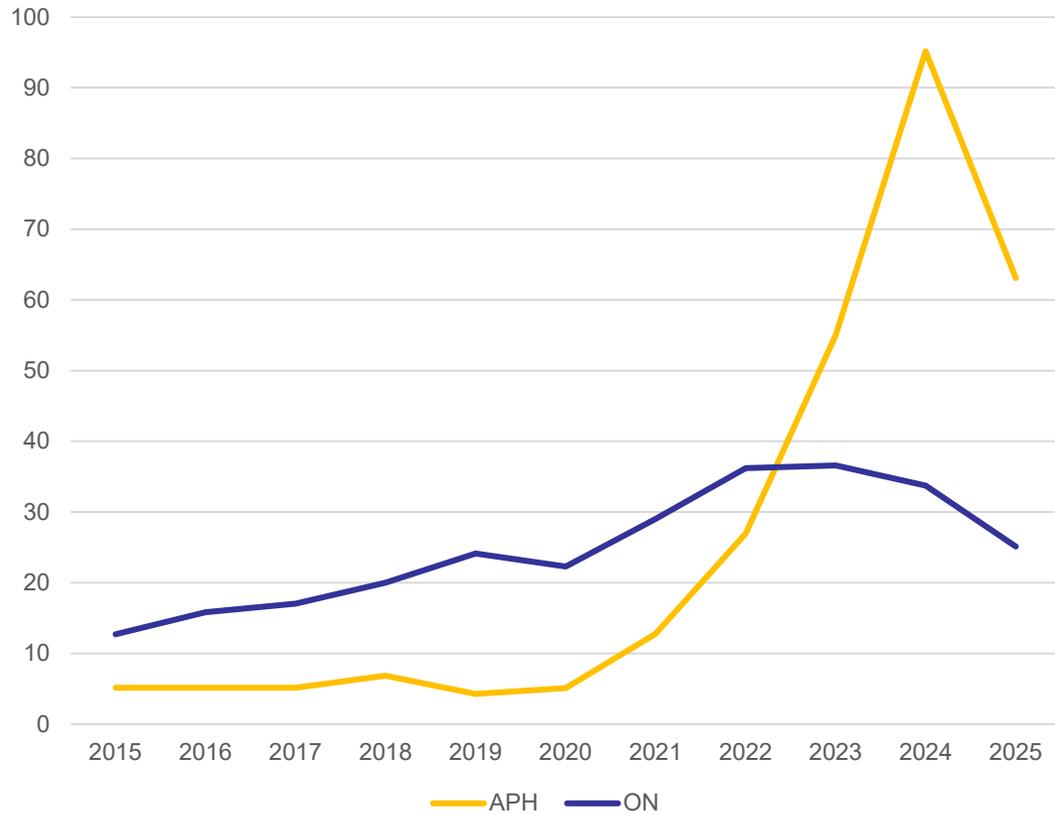
# Needle Exchange - Hepatitis C (1995-2025)



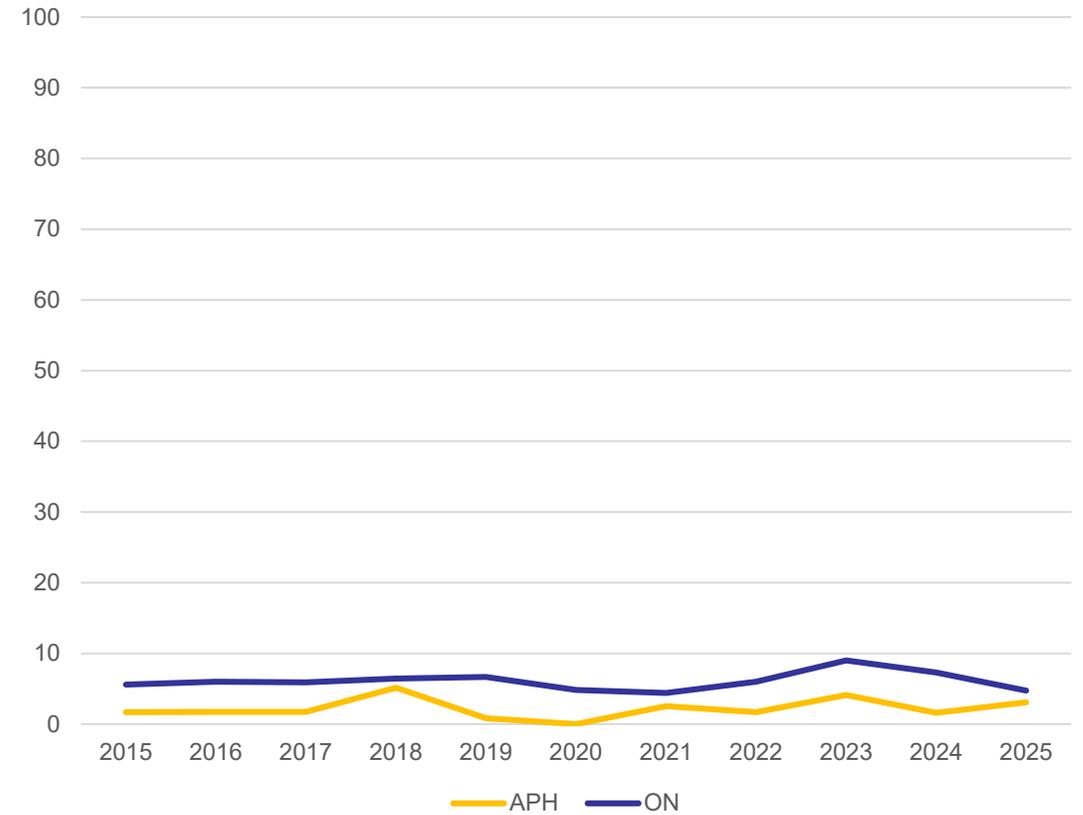
— 3 year rolling mean Incidence Rate    — Incidence Rate per 100,000

# Concluding Thoughts

## Syphilis



## HIV





*Questions?*

Chi-Miigwech. Merci. Thank You.

PUBLIC HEALTH



*Algoma*

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March 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

As highlighted in this month's Board of Health presentation and report, APH's core routine work ranges from communicable disease control to monitoring upstream health determinants such as food affordability and conducting annual costing of Algoma's nutritious food basket. In addition to these regular public health activities, APH also has a mission and mandate to work collectively with partners to mobilize evidence and public health intelligence toward system improvements that have lasting positive impacts on community health and health equity.

At its last meeting, the APH Board of Health approved a resolution to support amendment of Ontario's routine immunization schedule to provide protection against hepatitis B in infancy, instead of at the current age of 12. As an update, APH is partnering with Simcoe-Muskoka District Health Unit to draft a joint resolution on this matter for consideration at the upcoming annual general meeting of the Association of Local Public Health Agencies (ALPHA) in June. This joint approach strengthens the resolution and increases the likelihood of additional support.

Earlier this month, public health nurse Lillie Mills and health promotion specialist Taylor Labadie from APH's Healthy Growth and Development team showcased the [Nurturing Algoma initiative](#) on a national stage at the Canadian Public Health Association conference. This innovative collaboration between SickKids and Queens University researchers and local partners of the Sault Ste. Marie and Algoma Child & Family Network has expanded access to early developmental screening for Algoma's infants and children, and created a local data infrastructure to mobilize knowledge about local needs for Algoma's diverse child service organizations. Looking ahead, over 150 in-person attendees have already registered for the April 15th [Nurturing Algoma Symposium](#), which APH is hosting locally at The Grand Gardens. At this event, new developmental data and key health statistics for Algoma infants and children will be shared, and Algoma community partners will have an opportunity to engage in cross-sector dialogue on the evolving needs of Algoma's youngest generation.

Lastly, and on the theme of our future generation, [APH is pleased to join local health partners in celebrating this year's successful match of 11 new resident physicians to all of NOSM University's Sault Ste. Marie-based training spots](#). Since 2023, APH has been [one of two core training sites](#) for the five-year residency program in public health and preventive medicine offered by NOSM U. APH is grateful to all local partners and community members who have and continue to support and welcome our public health residents and all our diverse [learners](#).

## Program Highlight – Monitoring Food Affordability in Algoma

### Topic: Monitoring Food Affordability in Algoma: 2025 Nutritious Food Basket

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

**Written by:** Sarah Devine, Registered Dietitian, Community Wellness

### Chronic Disease Prevention and Well-Being Program Standard Requirements<sup>1</sup> addressed in this report:

- 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).

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

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

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

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

### Key Messages

- From 2023-2024, food insecurity in Algoma reached an unprecedented high of 25.6%<sup>2</sup>.
- Food insecurity is an urgent public health issue that negatively impacts physical and mental health across the lifespan and undermines community well-being.
- The 2025 Ontario Nutritious Food Basket results indicate that food and housing costs consume a substantial portion of monthly income for Algoma residents, often leaving little or no funds remaining for other essential needs.
- Evidence-based strategies focused on increasing income and affordability are necessary to address the growing food insecurity crisis.

### Food Insecurity in Algoma

The number of households in Algoma experiencing food insecurity is at an unprecedented high and continues to trend upwards. From 2023-2024, the prevalence of household food insecurity in Algoma was 25.6%, or about 1 in 4 households<sup>2</sup>. The provincial rate for the same period was 24.8%<sup>2</sup>.

Household food insecurity refers to inadequate or insecure access to food due to financial constraints<sup>3</sup>. Food insecurity, income, and housing, are critical social determinants of health that significantly impact health outcomes across the lifespan. Children and adults living in food insecure households are more likely to suffer from a range of physical and mental health challenges, leading to greater demand on healthcare services, higher rates of hospitalization, and elevated risk of premature death<sup>3</sup>. Food insecurity also undermines community well-being by increasing social isolation.

Food insecurity is measured along a spectrum of experiences from marginal to severe<sup>3</sup>. Marginal food insecurity means worrying about running out of food or having a limited selection of food. Moderate

food insecurity means compromising in the quality or quantity of food. Severe food insecurity means missing meals, having a reduced food intake and, at the most extreme, going day(s) without food<sup>3</sup>. Across Canada, the severity of food insecurity has been increasing year over year since 2020<sup>4</sup>. The negative health outcomes and increased healthcare costs associated with food insecurity are greater as the experiences move along the spectrum of severity.

Households with insufficient income are most vulnerable to food insecurity. Population groups who face systemic inequities, racism, colonization, and other barriers to upwards social mobility are disproportionately affected by food insecurity<sup>3</sup>. Higher rates of food insecurity are found among Indigenous people, Black people, recent immigrants, female lone parent households, and other marginalized populations<sup>3</sup>. Households with children are also more likely to experience food insecurity. In 2023, 25.3% of children aged 1-10 in Algoma experienced some level of food insecurity ranging from marginal to severe<sup>5</sup>.

### **Food Affordability in Algoma**

Routine monitoring of food affordability across Ontario provides the evidence to inform strong, coordinated public health action to address food insecurity. Ontario public health units monitor local food affordability annually using the Ontario Nutritious Food Basket (NFB) tool.

Algoma Public Health (APH) monitors and shares NFB data annually. The NFB is a list, developed by Health Canada and adapted by Ontario Dietitians in Public Health (ODPH), of approximately 60 food items that reflect a basic, lower-cost, and nutritionally complete diet. NFB data collection, management, and interpretation are led by APH Registered Dietitians. NFB costing is conducted each year in May at eight full-service grocery stores across Algoma. The stores reflect a representative sample across Algoma based on population and geographic distribution, including a mix of premium and discount stores. The costing is completed in-person or online.

The 2025 NFB data indicates that the monthly cost of food for a single individual is \$423 and for a family of four is \$1207.

The NFB food cost data and local rental rates are incorporated into household income scenarios to provide meaningful, real-world context (Table 1). Income estimates for each scenario include family and tax benefit entitlements available to Ontario residents, such as the Canadian Child Benefit. The income scenarios represent a variety of household income situations, including Ontario Works (OW), Ontario Disability Support Program (ODSP), Old Age Security (OAS), and the Guaranteed Income Supplement (GIS). The scenarios include deductions for food and rent and are not inclusive of other essential needs such as utilities, transportation, childcare, telecommunications, medical expenses, hygiene products, etc.

It is important to recognize that the income scenarios may underestimate costs in certain circumstances, as they rely on food and housing data with inherent limitations. The NFB data can be considered a modest estimate for the cost of food and is not considered inclusive for all religious and cultural groups, including traditional Indigenous foods and food procurement practices. The housing data, which was obtained from the Canadian Mortgage and Housing Corporation, includes long-standing rental units that are protected from large annual rent

increases and therefore are a significant underestimate (30-35%) of current market rental costs across Algoma. **Table 1.** 2025 Income Scenarios for Algoma.

Household Scenario	Monthly income	Average monthly rent	Monthly cost of food	% of income required to purchase healthy food	Amount leftover for other expenses
Family of 4, Ontario Works (OW)	\$3036	\$1465	\$1207	40%	\$364
Single parent, 2 school-age children, OW	\$2996	\$1363	\$1207	40%	\$437
Single person, OW	\$916	\$942	\$423	46%	-\$449
Single person, Ontario Disability Support Program (ODSP)	\$1558	\$942	\$423	27%	\$193
Single pregnant person, ODSP	\$1598	\$942	\$445	28%	\$209
Single person, Old Age Security/Guaranteed Income Supplement	\$2144	\$942	\$297	14%	\$905

Several income scenarios clearly indicate that social assistance rates are not sufficient to cover rent, food, and other household necessities (Table 1). A single individual relying solely on Ontario Works for income support would be in debt of \$449 each month after paying only food and rent. A family of four relying on Ontario Works as their primary source of income would have \$364 leftover after paying for food and housing to cover all other essential expenses. In the income scenarios, lower-income households use up to 46% of their after-tax income to food, whereas households with a median-income spend about 12%.

### Public Health Role in Addressing Food Insecurity

Historically, household food insecurity in Canada has been addressed with charitable food programs, such as food banks and free meal programs<sup>3</sup>. While the extensive and dedicated network of food banks in Ontario plays an important role in providing short-term, emergency relief, the long-term trajectory of food insecurity continues to worsen. Further, it is estimated that only about 20% of people who experience food insecurity use foodbanks<sup>3</sup>. Community-based food interventions

(e.g., community gardens, community kitchens, food box programs, etc.) can help increase vegetable and fruit consumption, enhance food literacy, and improve food access, but they do not increase a household's ability to afford food and therefore do not impact household food insecurity.

The income scenarios clearly show the relationship between income and food insecurity, and a substantial body of Canadian evidence has demonstrated that improving a household's financial circumstances reduces food insecurity<sup>3</sup>. This phenomenon is best illustrated by the reduction in food insecurity experienced by low-income older adults once they receive Old Age Security and Guaranteed Income Supplement at the age of 65<sup>3</sup>.

The Board of Health for Algoma Public Health has historically been an advocate for upstream strategies to address food insecurity. In May 2025, the Board of Health passed a motion to continue to advocate for income-based responses and called on the provincial government to recognize food insecurity as an income issue requiring income solutions, set targets for food insecurity reduction, and expand partner engagement to implement progressive policies that increase income. Going forward, APH will continue to act collectively with other health units (see page 32 of board package) to lead and support community and municipal partners in addressing food insecurity.

#### **Next Steps: 2026 and Beyond**

- The Community Wellness team will disseminate the [Cost of Eating Well report and infographic](#) to community partners to support their work.
- APH Registered Dietitians will continue to monitor food affordability in May 2026. For the first time, infant formula will be included in the costing process to gain a better understanding of infant food insecurity in Algoma.
- A project is underway to pilot a new method of rental data collection that could provide more representative data from the entire region and that reflects current costs of obtaining a rental unit. This will help make future NFB results more meaningful to the Algoma context.

#### **References**

1. Ontario Ministry of Health. Ontario Public Health Standards: Requirements for Programs, Services and Accountability. 2021. [Cited 2026 Feb 24]. Available from: [Ontario Public Health Standards: Requirements for programs, services, and accountability | ontario.ca](#)
2. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Household Food Insecurity Snapshot. Toronto, ON: King's Printer for Ontario. [Cited 2026 Feb 24]. Available from: [Household Food Insecurity Snapshot | Public Health Ontario](#)
3. Ontario Dietitians in Public Health. (2020). Position Statement and Recommendations on Responses to Food Insecurity. [Cited on 2026 Feb 24]. Available from: <https://www.odph.ca/odph-position-statement-on-responses-to-food-insecurity-1>
4. PROOF. New data on household food insecurity in 2024. Toronto (ON): University of Toronto; 2025 May 5 [Cited March 2, 2026]. Available from: [New data on household food insecurity in 2024 - PROOF](#)
5. Statistics Canada. Canadian Health Survey on Children and Youth, 2023. Ottawa (ON): Statistics Canada; 2023. [Cited March 9, 2026]. Available from: <https://crdcn.ca/data/canadian-health-survey-on-children-and-youth/>

March 25, 2026

Via Email

Michael Steele  
Board of Health Chair  
Middlesex-London Health Unit

Dear Mr. Michael Steele:

**Subject: Monitoring Food Affordability and Implications for Public Policy and Action**

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On behalf of the Board of Health of Algoma Public Health (APH), please accept this letter endorsing Middlesex London Health Unit’s recent resolution directing staff to draft a 2026 Association of Local Public Health Associations (aLPHa) resolution recommending the Government of Ontario increase the Ontario Works earned income exemption to match the Ontario Disability Support Program earned income exemption.

At our March 25, 2026, Board of Health meeting, we received APH's updated [Cost of Eating Well Report](#), which shows food insecurity in Algoma has reached an all-time high; 25.6% of households from 2023-2024<sup>1</sup>. The “monitoring food affordability” data in the report also indicates that current social assistance rates, especially Ontario Works, fall short of covering basic needs such as food and housing.

Algoma Public Health is deeply concerned about the rising rates of food insecurity in Algoma and across Ontario. This trend has serious implications for public health, as food insecurity is strongly linked to negative health outcomes across the lifespan, including chronic conditions like diabetes, poor mental health, and increased health care use<sup>2</sup>.

We believe that increasing the earned income exemption for Ontario Works is a powerful next step in aligning action with the government’s stated goals of building a stronger, more resilient Ontario. By investing in income-based solutions, we can reduce pressure on our healthcare system, improve quality of life, build resilient communities, and ensure that all Ontarians can thrive.

**Blind River**  
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Blind River, ON P0R 1B0  
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TF: 1 (888) 356-2551  
Fax: 705-356-2494

**Elliot Lake**  
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Tel: 705-848-2314  
TF: 1 (877) 748-2314  
Fax: 705-848-1911

**Sault Ste. Marie**  
294 Willow Avenue  
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TF: 1 (866) 892-0172  
Fax: 705-759-1534

**Wawa**  
18 Ganley Street  
Wawa, ON P0S 1K0  
Tel: 705-856-7208  
TF: 1 (888) 211-8074  
Fax: 705-856-1752

We welcome the opportunity to work with Middlesex-London Health Unit to amplify this important issue and add to the collective support for the ALPHA resolution.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Suzanne Trivers', with a long horizontal flourish extending to the right.

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

## References

1. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Household Food Insecurity Snapshot. Toronto, ON: King's Printer for Ontario. [Cited 2026 Feb 24]. Available from: [Household Food Insecurity Snapshot | Public Health Ontario](#)
2. Ontario Dietitians in Public Health. (2020). Position Statement and Recommendations on Responses to Food Insecurity. [Cited on 2026 Feb 24]. Available from: <https://www.odph.ca/odph-position-statement-on-responses-to-food-insecurity-1>

# Algoma Public Health

## Statement of Operations

January 2026

(Unaudited)

### Public Health Programs (Calendar)

Description	Current YTD	Current YTD Budget	YTD Budget Variance	Annual Budget	Variance % Act to Bud	Variance YTD Act to Bud
Public Health Funding, Total	1,036,530	1,053,574	17,044	12,642,892	-2%	98%
Other Funding, Total	0	0	0	0		
Levies, Total	1,318,960	1,318,960	0	5,275,840	0%	100%
Fees & Recoveries, Total	17,780	30,118	12,337	549,410	-41%	59%
Other Revenue, Total	0	0	0	0		
<b>TOTAL REVENUE</b>	<b>2,373,271</b>	<b>2,402,652</b>	<b>29,382</b>	<b>18,468,142</b>	-1%	99%
Salaries & Wages, Total	932,278	944,982	12,704	11,360,155	-1%	99%
Benefits, Total	250,915	264,778	13,862	2,978,820	-5%	95%
Office Expenses, Total	2,193	4,167	1,974	50,000	-47%	53%
Program Expenses, Total	63,290	84,492	21,202	1,052,002	-25%	75%
Professional Development, Total	2,076	6,086	4,010	73,033	-66%	34%
Travel Expenses, Total	3,870	13,060	9,190	156,726	-70%	30%
Fees & Insurance, Total	18,795	24,609	5,814	353,310	-24%	76%
Telecommunications, Total	17,244	20,140	2,896	241,684	-14%	86%
Program Promotion, Total	4,581	1,558	-3,022	18,700	194%	294%
Debt Management & Amortization, Total	38,118	38,118	0	467,000	0%	100%
Computer/IT Services, Total	61,912	66,320	4,408	795,846	-7%	93%
Facilities Expenses, Total	78,275	76,739	-1,536	920,866	2%	102%
<b>TOTAL EXPENSES</b>	<b>1,473,548</b>	<b>1,545,051</b>	<b>71,503</b>	<b>18,468,142</b>	-5%	95%
<b>SURPLUS/DEFICIT</b>	<b>899,723</b>	<b>857,601</b>	<b>-42,121</b>	<b>0</b>		

### Healthy Babies Healthy Children (Fiscal)

Description	Current YTD	Current YTD Budget	YTD Budget Variance	Annual Budget		
TOTAL REVENUE (MCCSS)	950,626	950,625	-1	1,140,750	0%	100%
TOTAL EXPENSES	938,891	951,167	12,276	1,140,750	-1%	99%
<b>SURPLUS/DEFICIT</b>	<b>11,735</b>	<b>-542</b>	<b>-12,277</b>	<b>0</b>		

### Fiscal Programs (Non-Public Health)

Description	Current YTD	Current YTD Budget	YTD Budget Variance	Annual Budget		
PROVINCIAL GRANTS	138,960	138,960	0	166,753	0%	100%
OTHER FUNDING	152,447	152,447	0	177,447	0%	100%
<b>TOTAL REVENUE</b>	<b>291,407</b>	<b>291,407</b>	<b>0</b>	<b>344,200</b>	<b>0%</b>	<b>100%</b>
CAPC	63,824	64,539	715	77,447	-1%	99%
Nurse Practitioner	136,219	138,961	2,742	166,753	-2%	98%
Stay on Your Feet	80,144	83,333	3,189	100,000	-4%	96%
<b>TOTAL EXPENSES</b>	<b>280,187</b>	<b>286,833</b>	<b>6,646</b>	<b>344,200</b>	<b>-2%</b>	<b>98%</b>
<b>SURPLUS/DEFICIT</b>	<b>11,220</b>	<b>4,574</b>	<b>-6,646</b>	<b>0</b>		

### Fiscal Programs (Public Health)

PROVINCIAL GRANTS	526,882	526,179	-703	1,476,050	0%	100%
TOTAL EXPENSES	1,208,664	1,232,713	24,049	1,476,050	-2%	98%
<b>SURPLUS/DEFICIT</b>	<b>-681,782</b>	<b>-706,534</b>	<b>-24,752</b>	<b>0</b>		

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

## Notes to Financial Statements – January 2026

### **Reporting Period**

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

### **Statement of Operations**

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

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

As of January 31, 2026, Public Health calendar programs are reporting a \$42K positive variance – which is driven by a \$29K negative variance in revenues and a \$72K positive variance in expenditures.

#### **Public Health Revenue**

Our Public Health calendar revenues are within 2% variance to budget for 2026.

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

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

#### **Public Health Expenses**

##### ***Program Expenses***

There is a positive variance of \$21K associated with program expenses. This variance is anticipated to be timing related (noting that these statements only represent one month of operations) and the gap is expected to reduce in coming months.

Notes Continued...

### **Financial Position - Balance Sheet**

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

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

Please note that similar to previous years, the Balance Sheet as of January 31, 2026 is not included as APH is currently completing year-end audit requirements. Once the 2025 annual audited financial statements are completed, the comparative balance sheet will be updated and provided.

# Algoma Public Health

## Statement of Revenue

January 2026

(Unaudited)

Description	Current YTD	Current YTD Budget	YTD Budget Variance	Annual Budget	Variance % Act to Bud	Variance YTD Act to Bud
MOH Program Funding - Public Health	843,382	851,817	8,435	10,221,806	-1%	99%
MOH Program Funding - 100%	193,148	196,874	3,726	2,362,484	-2%	98%
MOH Program Funding - One Time	0	4,884	4,884	58,602	-100%	0%
<b>Public Health Funding, Total</b>	<b>1,036,530</b>	<b>1,053,575</b>	<b>17,045</b>	<b>12,642,892</b>	-2%	98%
Levies - Sault Ste. Marie	917,354	917,354	0	3,669,417	0%	100%
Levies - District	401,606	401,606	0	1,606,423	0%	100%
<b>Levies, Total</b>	<b>1,318,960</b>	<b>1,318,960</b>	<b>0</b>	<b>5,275,840</b>	0%	100%
Program Fees	2,085	2,916	831	35,000	-28%	72%
Land Control Fees	600	5,000	4,400	210,000	-88%	12%
Immunization Recoveries	5,040	6,667	1,627	126,000	-24%	76%
Recoveries from Programs	1,826	3,743	1,917	36,910	-51%	49%
Interest Revenue	8,230	11,792	3,562	141,500	-30%	70%
<b>Fees &amp; Recoveries, Total</b>	<b>17,781</b>	<b>30,118</b>	<b>12,337</b>	<b>549,410</b>	-41%	59%
<b>TOTAL REVENUE</b>	<b>2,373,271</b>	<b>2,402,653</b>	<b>29,382</b>	<b>18,468,142</b>	-1%	99%

## Glossary

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

# Governance Committee Report

March 11, 2026

## **Attendees:**

Don McConnell

Suzanne Trivers

## **Regrets:**

Sonia Tassone

## **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

Tania Caputo – Board Secretary

## **Minutes**

- The Minutes of the Governance Committee meeting of November 5, 2025, were approved.

## **Business Arising from Minutes**

- Governance Training – the March 7 governance training session presented by the Institute on Governance was attended by six board members and three senior staff. The committee agreed on the following four points:
  1. Good information had been presented which included how Boards of Health are different from typical nonprofits, the difference between governance and management responsibilities, strategic, risk and financial oversight responsibilities, performance evaluation, board orientation and continuous improvement.
  2. The session provided a good opportunity to discuss how individual board members engaged with each other and as a group to reach decisions.
  3. The session also provided a teambuilding exercise which helped the individual members become more comfortable with each other and the group dynamics.
  4. It was noted that ideally, this type of training should be provided early in the term of new board members.
- Strategic Planning Update – Dr. Loo reported that the consultation phase has been completed with more than 75% of APH staff providing comments. In addition, comments were received from over 1600 community members and the consultants held numerous focal groups and direct meetings with a number of community partners. Two focus groups were held with board members. An initial draft of the strategic plan will be reviewed by the steering committee in early April and will be presented to the Board for approval prior to our summer break.

- Indigenous Membership on Boards of Health - This matter was deferred to the Governance Committee's May 13 meeting.
- Two other policies on the Board of Health Self Evaluation and the Performance Evaluation for the MOH CEO were also deferred to the May 13 meeting in order to review both policies in conjunction with the new strategic plan. It was noted that in both of these policies should be finalized prior to the new board being appointed at the end of the year.

### **New Business**

Policy 02-05-010 - Board Minutes and Packages – Posting, Circulation and Retention – This policy was reviewed and is recommended for approval to the Board of Health subject to minor editorial changes.

Policy 02-05-065 - Algoma Board of Health Reserve Fund - This policy was reviewed and several minor changes to the wording were considered. However, the Governance Committee recommended that this policy be referred to the Finance Committee for review and comment prior to consideration for Board approval.

Policy 02-05-086 – Sponsorship of Charitable Organizations – This policy was reviewed and is recommended for Board approval without change.

Policy 02-05-088– Stakeholder Communications – This policy was reviewed and is recommended for Board approval without change.

### **Next Meeting**

The next Governance Committee Meeting will be held on Wednesday, May 13, 2026.



## Algoma Board of Health Reserve Fund

REFERENCE #: 00-05-065

DATE: Original: Jun 17, 2015  
Revised: Jun 24, 2017  
Reviewed: Apr 24, 2019  
Reviewed: Mar 27, 2024  
Reviewed:

APPROVED BY: Board of Health

SECTION: Policies

### PURPOSE

To provide guidance on the establishment, maintenance, and use of a reserve fund.

### POLICY

The Board of Health for Algoma Public Health ~~shall establish and maintain a reserve fund as follows.~~

- ~~1. The Board of Health may forthwith establish and maintain reserve funds for working capital, land control, human resources management, public health initiatives and response, corporate contingencies, and facility and equipment repairs and maintenance.~~

### BACKGROUND

The Health Protection and Promotion Act (the "Act") requires, in section 72(1), that the expenses incurred by or on behalf of a Board of Health and the Medical Officer of Health/Chief Executive Officer (MOH/CEO) in the performance of their functions and duties under the Act or any other act shall be borne and paid by the Municipalities in the health unit served by the Board of Health.

Section 72(5) (1) of the Act requires the Board of Health to cause the preparation of an annual estimate of expenses for the next year. Such an estimate of expenses may from time to time be too high or too low, resulting in an excess or a shortfall, respectively, in funds paid by the Municipalities.

The Board of Health considers it prudent and expedient to establish reserve funds, which include reserves, into which, inter alia, any excess funds received in any year may be paid to be applied to cover any shortfall of funds in future years.

Section 417(1) of the Municipal Act empowers the Board of Health in each year to provide in its estimate of expenses for the establishment or maintenance of a reserve fund for any purpose for which it has authority to expend funds.

Section 417(2) of the Municipal Act only requires the approval of the Councils of the majority of the Municipalities in a health unit for the establishment and maintenance of a reserve fund if the Board of Health is required to obtain such approval for capital expenditures.

Section 52(4) of the Act only requires the Board of Health to seek the approval of the Councils of the majority of Municipalities in a health unit for capital expenditures made to acquire and hold real property.

PAGE: 1 of 2

REFERENCE #: 02-05-065

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To obviate the need to seek the approval of the Councils of the majority of the Municipalities in the Algoma Health Unit to establish and maintain a reserve fund, the reserve fund will contain a restriction that the funds therein shall not be used for capital expenditures to acquire real property without first obtaining the approval of the Councils of the majority of the Municipalities in the Algoma Health Unit as required by section 52(4) of the Act.

**PROCEDURE**

- 2. The reserve funds shall be used and applied only to pay for expenses incurred by or on behalf of the Board of Health and the Medical Officer of Health in the performance of their functions and duties under the Health Protection and Promotion Act or any other Act; and,
- 3. None of the reserve funds shall be used or applied for capital expenditures to acquire and hold real property unless the approval of the Councils of the majority of the Municipalities in the Algoma Health Unit has been first obtained pursuant to section 52(4) of the Act; and,
- 4. The Board of Health in each year may provide in its estimates for a reasonable amount to be paid into the reserve funds provided that no amount shall be included in the estimates which are to be paid into the reserve funds when the cumulative balance of all the reserve funds in the given year exceeds 15 percent of the regular operating revenues for the Board of Health approved budget for the mandatory cost-shared programs and services; and,
- 5. All lease revenues received by the Board of Health under leases of part of its premises, in excess of the actual operating costs attributable to the leased premises, shall be paid annually into the reserve funds; and,
- 6. Any over-expenditures in any year shall be paid firstly from the reserve funds, and only when the reserve funds shall have been exhausted will the Board of Health seek additional funds from the Municipalities to pay for such over-expenditures; and
- 7. Any excess revenues in any year resulting from an overestimate of expenses shall be paid into the reserve funds; and,
- 8. The MOH/CEO shall, with Board approval, in each year, direct the allocation of excess funds to such reserve fund or funds as the MOH/CEO shall decide; and,
- 9. The MOH/CEO shall be responsible for the management of the reserves in accordance with respective Board of Health motions and By-law 15-01 To Provide for the Management of Property.
- 10. The approval of the Board of Health shall be required for any transfers from the Board's reserves that constitute part of the annual budget approval process or that are in excess of \$50,000 per transaction.

**Moved up [1]:** <#>The Board of Health shall forthwith establish and maintain reserve funds for Working Capital, Land Control, Human Resources Management, Public Health Initiatives and Response, Corporate Contingencies, and Facility and Equipment Repairs and Maintenance; and, f

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# Sponsorship of Charitable Organizations Policy

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**REFERENCE #:** 02-05-086

**DATE:** Original: Nov 28, 2018  
Revised: Sep 23, 2020  
Revised: Mar 27, 2024  
Reviewed:

**APPROVED BY:** Board of Health

**SECTION:** Policies

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## 1. PURPOSE

To identify appropriate participation of APH employees with respect to charitable activities/events in which the agency may participate and the process by which this participation is carried out. This policy does not apply to collaborative project work for which the agency has an ongoing relationship with another organization to deliver programs or services consistent with the direction of the OPHS or to activities that employees may engage in outside of the terms of their employment.

## 2. BACKGROUND

The delivery of our mandated core public health programs may directly or indirectly support charitable organizations. Participation in community events that align with core programs and OPHS requirements is beneficial for employee engagement, for our collaborative partnerships, and for the communities that we support.

However, the MOHLTC policy directs that health units may not redirect Ministry funds to charitable causes.<sup>1</sup> This includes direct donation of a monetary nature, supply of goods and services or human resources (employee time during work hours).

## 3. POLICY STATEMENT

APH is in support of community partners and other charitable organizations in their efforts to improve the health of the community through fundraising and special promotion events. Occasionally, staff at the Health Unit will become involved in community events or initiatives. Activities should align with effective public health practice. The appropriateness of APH's active involvement with the event shall be determined by the senior management team when there is a potential human resource or financial commitment.

The following guidelines will assist in determining the suitability and extent of such activities:

- Activities closely align with public and population health goals.
- Activities and funds remain in Algoma or Northern Ontario.
- That use of APH infrastructure/ facilities does not incur additional cost to the agency. (e.g. use of parking lot, meeting rooms, kitchen facilities)
- Activities do not disrupt or reduce routine APH program activities.
- Activities do not display favouritism to a group/team merely because a member of that group is an APH employee (e.g. hosting club meetings)
- Activities do not involve direct fundraising by APH staff.

#### **4. REFERENCES**

- 2017 Program-Based Grants User Guide, Population and Public Health Division, Ministry of Health and Long-Term Care, January 2017, Non-Admissible Expenditures, Page 9
- For sponsorship by external agencies, please see Policy 01-04-015 Sponsorship by External Organizations (Employee Policy)

# Stakeholder Communication Policy

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**REFERENCE #:** 02-05-088

**DATE:** Original: May 27, 2020  
Reviewed: Mar 23, 2022  
Revised: May 22, 2024  
Reviewed:

**APPROVED BY:** Board of Health

**SECTION:** Policies

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## 1. PURPOSE

Effective communication with all stakeholders is a key foundational activity of Algoma Public Health.

Our mission is to promote and protect community health and advance health equity in Algoma. To accomplish this mission, Algoma Public Health collaborates and partners with all levels of government, healthcare, community organizations, education, law enforcement, businesses and a variety of other sectors to implement public health interventions for healthier communities.

The Board of Health supports the staff of APH to share information with its stakeholders that complies with the Personal Health Information Protection Act, Municipal Freedom of Information and Protection of Privacy Act, Health Protection and Promotion Act, Accessibility for Ontarians with Disabilities Act, French Language Services Act, and Emergency Management and Civil Protection Act. APH will also follow directives from the Ministry of Health and best practices identified by organizations such as Public Health Ontario, Public Health Agency of Canada and the World Health Organization.

The Board recognizes APH's duty to communicate accurate, honest, meaningful, and understandable information (or expert advice in the absence of sufficient evidence) in a timely manner to stakeholders through various means, with the aim of protecting the individuals and the public supported by APH while protecting individuals' privacy.

The Board also recognizes that effective and ongoing communication by APH during public health emergencies is critical for transparency and accountability, and for fostering stakeholders' trust in the health unit, thereby optimizing the success of public health interventions.

## 2. POLICY

The Board of Health is accountable for ensuring that a communication plan is developed and regularly reviewed for various scenarios related to interactions with municipalities and stakeholders or that can impact public health (e.g., environmental and human disasters, infectious disease outbreaks, etc.).

Communication will be designed to meet the needs of stakeholders and will be made available in French when required. Communication will align with these principles:

- a) Communication will occur with all appropriate stakeholder(s) should a public health

related threat or event occur;

- b) Information communicated will comply with freedom of information and privacy legislation and established best practices as determined by APH based on relevant sources to protect the health of residents served by APH;
- c) Individuals with the authority to share information with stakeholders and the media are identified;
- d) Information is shared with the appropriate stakeholders and the public in a timely manner with the appropriate sequence of the release of information (i.e., individual stakeholders are informed before public posting and sharing with the media);
- e) APH will, to the best of their ability, communicate information or expert advice that is accurate, honest, meaningful, and understandable and will communicate as frequently as required and reasonable;
- f) Communication with municipal councils will occur after every municipal election cycle to ensure the orientation of newly elected council members on APH's role and
- g) Communication with municipal councils will occur after the yearly budget has been established for APH; a meeting may be scheduled with the council if requested.



## Windsor-Essex County Health Unit Board of Health

### RECOMMENDATION/RESOLUTION REPORT – Digital Dependence Support and Prevention in Pre-School and School Aged Children

2026-02-05

#### BACKGROUND

Digital technology is an integral part of the daily lives of children and youth making it vital for them to learn safe and healthy ways to engage with technology. Digital technology has significantly impacted Canadian youth's mental health, with both positive and negative effects. Positive use of digital platforms provides opportunities for social connection, access to information, and educational resources for mental well-being. Conversely, research on digital technology use by children and youth shows a link to negative effects on mental health such as depression, anxiety, chronic stress, and low self-esteem.

According to the Canadian Paediatric Society (2022), several trends related to young children are reported with increased technology use including decreased levels of physical activity, sleep, and an increase in sedentary behaviour. Evidence does not support that the use of technology at a young age improves learning. Children under 5 years old learn best by interacting with family members and caregivers.

Problem technology use (PTU) is a general term for using digital technology such as video games and social media, in ways that can negatively affect a person's health and well-being related to their physical health, mental health, and social relationships (CAMH, 2024). Locally, most youth in grades 7 to 12 spend at least 3 hours a day on screens, with over half reporting 5 or more hours. Social media use is also high: 90.3% of youth spend at least 2 hours per day and 23.9% reporting spending 5 or more hours, which is similar to the provincial rate of 23.4%. Usage is highest among students in Grades 9 and 10. Further, only 32% are meeting physical activity guidelines and 62% report not getting enough sleep on school nights (OSDUS, 2023).

Public health has a role in the promotion of healthy development and prevention of harm by supporting digital literacy, resilience, and safe online environments. By educating youth about healthy online behaviors, critical thinking, and digital citizenship, they can navigate digital spaces more safely and responsibly. Parents/caregivers who model healthy screen use and strategies such as family media plans and screen-free times can help families to prevent and address PTU (Lahti et. al., 2024). A coordinated, community wide approach involving families, educators, service providers, municipalities and community organizations strengthens prevention efforts and supports consistent messaging across environments where children and youth live and learn.

## PROPOSED MOTION

**Whereas**, nearly all children in Canada are exposed to screens by the age of 2, and limiting technology at a young age is important as early screens use can impact language and cognitive development as well as social emotional health; and

**Whereas**, locally in Windsor-Essex County, 82% of youth in grades 7 to 12 report spending 3 hours or more a day on screens; displacing important health behaviours like being active, adequate sleep, outdoor play, and in-person social interactions; and

**Whereas**, promoting digital literacy is essential in mitigating negative social, emotional, developmental, and overall health effects of technology use; and

**Whereas**, parents, caregivers, and educators play a critical role in modeling positive technology habits and supporting digital literacy; and

**Whereas**, addressing problematic technology use requires a comprehensive, community-driven approach involving collaboration between childcare centers, schools, families, healthcare providers, and policymakers to create supportive environments and interventions; and

**Now therefore be it resolved** that the Windsor-Essex County Board of Health encourages community partners working with pre-school and school aged children to collaborate on the co-development of strategies that help build healthy technology habits and manage digital use; and

**FURTHER THAT**, the Windsor-Essex County Board of Health will lead collaborative efforts with schools, childcare centres, and community partners to provide consistent messaging and strategies to reduce problematic technology use and its effects on emotional regulation, mental health, sleep, physical activity, and relationships; and

**FURTHER THAT**, the Windsor-Essex County Board of Health calls on local healthcare providers to integrate conversations about technology use and its effects on development and well-being into well-baby visits and annual checkups; and

**FURTHER THAT**, the Windsor-Essex County Board of Health recommends that healthcare providers and community organizations provide parents/caregivers tools and resources to identify signs of problematic technology use and guidance on how to seek appropriate support.

## Key References

1. Canadian Pediatric Society, Digital Health Task Force. (2019). Digital media: Promoting healthy screen use in school-aged children and adolescents. *Pediatric Child Health*, 24(6):402–408
2. Michelle Ponti, Canadian Paediatric Society, Digital Health Task Force. (2022). Screen time and preschool children: Promoting health and development in a digital world. *Pediatrics & Child Health*, 28(3):184–192
3. Centre for Addiction and Mental Health [CAMH]. (2024). *Youth, Smartphones and Social Media Use*. Retrieved from <https://kmb.camh.ca/uploads/0b9d214a-e13a-4f9c-8240-3dc057bb81f4.pdf>
4. Centre for Addiction and Mental Health. (2023). Ontario Student Drug Use and Health Survey (OSDUHS).
5. Lahti, H., Kulmala, M., Hietajärvi, L., Lyyra, N., Kleszczewska, D., Boniel-Nissim, M., ... & Paakkari, L. (2024). What counteracts problematic social media use in adolescence? A cross-national observational study. *Journal of Adolescent Health*, 74(1), 98-112.



## Windsor-Essex County Health Unit Board of Health

### RECOMMENDATION/RESOLUTION REPORT – Food Handler Training and WEC Food Premises

2026-02-05

#### BACKGROUND

The [Ontario Food Premises Regulation 493/17](#) (section 32) requires all operators of a food premises to have at least one food handler or supervisor on the premises who has completed food handler training during every hour in which the premises is operating. Food handler training can help increase food safety knowledge among food handlers, potentially reducing the risk of foodborne illness. It is evident in a study by Insfran-Rivarola, et. al (2020) that concluded food safety training has a significantly positive impact on knowledge, attitudes, and practices of food handlers towards food safety and hygiene. These findings highlight that food handler training, and knowledge is critical in reducing risks of contamination and preventing the incidence of foodborne illness.

Food handler training and certification is offered through Ontario public health units or providers that is recognized by the Ontario Ministry of Health. To ensure food handler training programs are readily available and affordable for local food premises, the Windsor-Essex County Health Unit currently offers a free online Food Handler course in English and French, as well as Spanish, Chinese and Arabic to meet the needs of our diverse community. In addition, there is a Food Handler manual providing course material to help food premises staff and operators to prepare for the certification exam. Numerous in-person food handler certification exams are made available in multiple languages throughout Windsor and Essex County (WEC) for a \$10 fee.

Compliance to food handler certification is monitored and enforced by Public Health Inspectors (PHIs). In 2024, routine inspections of high- and moderate-risk food premises within WEC found that 1312 out of 1349 facilities were in compliance with food handler certification requirements, representing a compliance rate of 97%. As of October 2025, compliance improved to approximately 99.8% with 632 out of 633 facilities meeting the certification requirements. If food premises owners and operators are not in compliance with the food handler certification requirement, PHIs can take enforcement actions resulting in a monetary fine of \$385. In WEC, there was a positive trend of compliance observed with 37 tickets issued in 2024, down to one ticket issued in 2025 suggesting progressive enforcement can help improve compliance.

Although the provincial requirement is to have a minimum of one certified food handler on-site at all times, the total number of certified staff is left to the operator's discretion. PHIs may also recommend additional certified staff based on the type of food premises and the type of foods prepared. Evidence suggests that food premises with more certified food handlers onsite at any given time demonstrate higher compliance with food safety regulations. In a study by Barros et al., 2020, it was shown that increasing the number of certified food handlers can enhance overall compliance and improve premise

food safety. Maintaining multiple certified food handlers on-site throughout all operating hours also ensures that knowledge of food safety practices is consistently applied, even during peak hours, staff absences, or turnover. Local municipalities can further strengthen existing food safety practices by enacting bylaws that mandate a higher number of certified food handlers in food premises. This proactive approach ensures continuous oversight, enhances operational efficiency, and promotes best practices in food handling.

## **PROPOSED MOTION**

**Whereas**, food premises owners/operators are required to have at least one certified food handler on-site during all operating hours as set out in the O. Reg. 493/17

**Whereas**, safe food handling practices is necessary to prevent foodborne illnesses and protect the health of the public; and

**Whereas**, it is recognized that food handler training, and certification increases food safety knowledge and promotes improved food handling practices; and

**Whereas**, local data indicates that enforcement of O. Reg. 493/17 in food premises within WEC has resulted in increased compliance with certified food handler requirements; and

**Now therefore be it resolved** that the Windsor-Essex County Board of Health recommends that all WEC municipalities consider developing or updating by-law requirements for the licensing of food premise operators to include a requirement for the ongoing maintenance of 10% (at minimum) staff food handling certification rate during all hours of operation.



## Windsor-Essex County Health Unit Board of Health

### RECOMMENDATION/RESOLUTION REPORT –

#### Premise Licensing for WEC Municipalities

2026-02-05

#### BACKGROUND

The food and personal service industries are significant contributors to the Windsor-Essex County's (WEC) economy. These businesses are regulated under the [Health Protection and Promotion Act \(HPPA\)](#) and must comply with [Ontario Regulation 493/17 for Food Premises](#) and [Ontario Regulation 136/18 for Personal Service Settings](#) respectively. Similarly, retailers that sell tobacco and vapour products are regulated under the [Smoke-Free Ontario Act \(SFOA\)](#), 2017 and must comply with [Ontario Regulation 268/18](#). Together, these regulatory frameworks establish minimum standards for food safety, infection prevention and control, and youth access restrictions for age-restricted products. The Windsor-Essex County Health Unit (WECHU) conducts inspections to ensure these types of businesses are compliant with these regulations to help prevent foodborne illnesses, bloodborne infections, other infectious diseases, and unlawful sales of tobacco/vapour products to youth. In accordance with provincial requirements, owners and operators must notify the WECHU prior to opening a new business to request an inspection.

Food premises have been linked to outbreaks when pathogens enter and grow in food through improper food handling, preparation, and storage practices.<sup>1</sup> According to Public Health Ontario, pathogens such as campylobacter, *Listeria monocytogenes*, salmonella, *E. coli*, Norovirus and Yersinia are the most common causes of foodborne illness in Ontario, that can lead to severe gastrointestinal disease, hospitalization, and even death.<sup>2</sup> Currently, the WECHU inspects 3,058 fixed food premises annually, including institutional facilities, restaurants, home-based, and rental kitchens. Uninspected home-based food businesses continue to present a public health concern as many operate without notifying the local health unit. In the absence of such notification, the WECHU cannot verify compliance with regulatory requirements and may pose a risk to the public.

Personal service settings (PSS) such as nail salons and tattoo studios have been associated with the transmission of bloodborne infections such as hepatitis B, hepatitis C, and HIV, as well as other infectious organisms including *Staphylococcus aureus* when adequate infection prevention and control measures are not practiced.<sup>3</sup> The PSS that offer procedures that are invasive (breaking the skin or touching mucous membranes) poses an increased risk of infection when contaminated equipment or hands touch non-intact skin. The WECHU inspects 589 PSS, which includes 50 home-based premises. Some home-based businesses may remain uninspected when the WECHU does not receive notification which could potentially increase the risk of infection transmission within the community.

Youth access to tobacco and vapour products also represents a significant and growing public health concern. In 2023, 17.1% of local students in Grades 7–12 who participated in the Ontario Student Drug Use and Health Survey (OSDUHS) reported vaping in the past 12 months. Despite restrictions prohibiting the

sale of vapour products to individuals under 19, 25.6% of youth who vaped indicated that they purchased products from a store, and 43.4% reported obtaining them from a friend (OSDUHS, 2023). Locally, 886 youth access inspections for tobacco and vapour products were conducted in 2025, resulting in 19 charges for selling vapour products to a person under 19 and 12 charges for selling tobacco products to a person under 19. While Canada caps nicotine at 20 mg/mL, the WECHU seized 1,148 vapour products in 2025 that were above the limit. Nicotine exposure during adolescence impairs brain development and can worsen anxiety and depression.<sup>4,5,6</sup> These trends underscore the need for strong local licensing controls to support compliance among local tobacco and vape product vendors.

Although inspections are mandated through provincial regulation, a key challenge in WEC is maintaining an accurate inventory of the total number of food premises and PSS that are open and operating, that require inspections. Several municipalities in Ontario, including the City of Windsor, have a formal licensing framework through enacted by-laws, in which food premises, PSS, and tobacconist must obtain a business licence before operating. However, this licensing framework is not consistently utilized across the WEC. In municipalities without licensing, the WECHU must rely on indirect methods such as complaints from the public, and incidental observations by Public Health Inspectors to identify new establishments. Over the past three years, the WECHU received 111 complaints about food premises operating without inspection in our region, consisting of 28 fixed and 83 home-based facilities. During the same period, complaints also identified 33 personal service settings consisting of 23 fixed and 10 home-based operations that were similarly operating without inspection. These complaints have been critical in identifying uninspected premises and in minimizing potential public health risks. However, relying on complaints as the primary response for inspections is not sufficient. There needs to be a more proactive, systematic approach to ensure that new premises operating within the WEC jurisdiction are identified and inspected in a timely and consistent manner.

Introducing municipal licensing throughout WEC for all food premises, personal service settings that offer invasive services, and tobacco vapour product retailers would strengthen this approach by establishing a consistent and structured framework in WEC. Licensing would ensure that the WECHU is notified whenever a new business applies to operate, allowing inspections to occur prior to opening. This early engagement provides an opportunity to educate operators, confirm that food safety and infection prevention and control practices are in place, and verify that facilities are following the regulations. It would also help maintain a complete inventory of facilities operating within WEC.

## PROPOSED MOTION

**Whereas**, the WECHU has a mandate under the [Ontario Regulation 493/17 for Food Premises](#), [Ontario Regulation 136/18 for Personal Service Settings](#), and [Ontario Regulation 268/18](#) for Smoke-Free Ontario to inspect these premises; and

**Whereas**, improper food handling, preparation, and storage practices at food premises are among the most common contributing factors to foodborne illness caused by pathogens such as *Salmonella*, *E. coli*, *Listeria monocytogenes*, and Norovirus; and

**Whereas**, personal service settings offering invasive procedures can present risks of infection and transmission of bloodborne pathogens when proper infection prevention and control practices are not consistently followed; and

**Whereas**, nicotine poses a significant threat to the physical and mental health of youth by interfering with brain development and worsening symptoms of anxiety and depression; and

**Whereas**, indirect inventory collection methods such as complaints from the public and incidental observations to identify new premises in WEC is not a comprehensive strategy to ensure inspections are timely and complete.

**Now therefore be it resolved** that the Windsor-Essex County Board of Health recommends local municipalities adopt licensing frameworks that require inspections to be conducted at food premises, personal service settings, and tobacco and vapour retailers prior to operation.

#### References:

1. Centre for Disease Control (CDC). (n.d). [Preventable causes of outbreaks](#)
2. [Public Health Ontario \(2025\). Food Safety.](#)
3. Public Health Ontario (2019). Guide to Infection Prevention and Control in Personal Service Settings
4. Government of Canada. (2025, November 21). *Consider the consequences of vaping*. Retrieved from <https://www.canada.ca/en/services/health/campaigns/vaping.html>
5. Lechner, W. V., Janssen, T., Kahler, C. W., Audrain-McGovern, J., & Leventhal, A. M. (2017, March). Bi-directional associations of electronic and combustible cigarette use onset patterns with depressive symptoms in adolescents. *Preventive Medicine, 96*, 73-78. <https://pmc.ncbi.nlm.nih.gov/articles/PMC5510594/>
6. Vermeer, J., Leatherdale, S., & Patte, K. (2025). *COMPASS Windsor-Essex County Health Unit Report*. University of Waterloo.

# InfoBreak

*ALPHA's members' portal*



Mar-Apr 2026



## Key Highlights

- Thank you for your strong participation at the February Winter Symposium—your engagement keeps ALPHA connected to what matters most across Ontario.
- Planning is underway for our 2026 AGM & Conference (in-person, June 8–10, 2026) at the Radisson Blu Toronto Downtown on the Harbourfront.
- We are also preparing for the AMO Conference in August as an important opportunity to influence municipal and provincial leaders.
- Spring is provincial budget season; ALPHA Staff are monitoring developments closely and will keep members updated.
- We expect to hear next steps soon on the provincial public health funding review.

## Thank you: Winter Symposium (February 11–13)

Thank you to everyone who participated in February's Winter Symposium. The strong turnout and thoughtful questions reinforced the value of coming together to hear the latest updates on major issues affecting local public health.

I also want to recognize ALPHA Staff, speakers, and partners for the quality of the program and the practical insights shared. Your contributions help ensure members have timely information to support local planning, decision-making, and actions.

## Looking ahead: 2026 ALPHA Annual General Meeting (AGM) & Conference (June 8–10, 2026, Toronto)

Preparations are already underway for our annual in-person AGM & Conference this June at the Radisson Blu Toronto Downtown, located along the Harbourfront. Registration for the event will launch in mid-April.

This conference is a key opportunity to strengthen relationships across the sector, learn from peers and partners and advance a shared narrative about the measurable value of local public health in Ontario. More program and registration details will be shared as these are finalized.

### **Next advocacy window: Association of Municipalities of Ontario (AMO) Conference (August 2026)**

AMO is planning its conference in August, which is another important opportunity for ALPHA to engage municipal and provincial leaders. These conversations remain essential to reinforcing that local public health is not only an essential part of the health system, but also a key contributor to community well-being and economic resilience in all 444 municipalities across Ontario.

### **Provincial budget season: Monitoring and Member updates**

Spring budget deliberations are a critical decision window. ALPHA Staff will monitor budget announcements and related policy signals closely and will keep the Membership informed of relevant updates and implications for local public health.

### **Strategic focus: Demonstrating measurable impact**

Strategically, ALPHA continues to focus on demonstrating public health's measurable impacts on population health—impacts that also support Ontario's economic strength, particularly in a period of economic uncertainty and increasing risk. This means continuing to communicate in the language the government consistently looks for: outcomes and performance; return on investment and avoided costs; and practical examples of collaboration that improve impact and efficiency.

### **Public health funding review: Expected engagement**

On the public health funding review, we expect to hear more shortly. The Ministry has indicated planned engagement with local public health agencies this year on: public health sustainability, oversight, and performance.

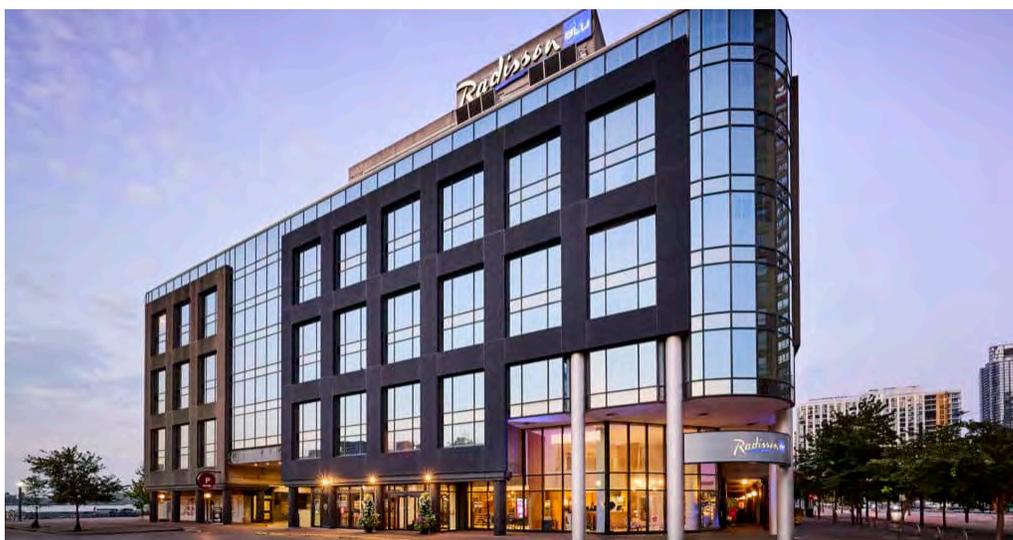
### **Thank you**

Thank you for your continued leadership and for the work you and your teams deliver every day for communities across Ontario. It is because of your efforts that ALPHA can credibly demonstrate the essential role of local public health in protecting health and supporting long-term economic resiliency.

Dr. Hsiu-Li Wang

Chair, ALPHA Board of Directors

# Hold the date: 2026 ALPHA Annual General Meeting and Conference



Don't forget to save the date for the ALPHA Annual General Meeting and Conference, taking place in-person at the Radisson Blu Toronto Downtown, from June 8–10.

Our room block at the Radisson Blu—and two extensions—has officially sold out. We have secured additional rooms at the Radisson Blu at a higher rate. While above the original conference rate, these remain substantially more affordable than the hotel's standard room price. ALPHA has also secured a room block at the Union Hotel, which is priced similarly to the original room block at Radisson Blu. Booking is simple. Please see the email from January 15 for more information. We strongly encourage you to book your accommodations as soon as possible as hotel rooms in Toronto are expected to be limited during the time of the conference. Lastly, registration for the conference will commence at the usual time (this spring).

In the meantime, here is an overview of the timeline for events:

- **June 8: Mobile Workshop 2 p.m. to 4 p.m. EDT**
- **Opening Reception 5 p.m. to 7 p.m. EDT**
- **June 9: AGM & Conference 8:15 a.m. to 4:30 p.m. EDT**
- **June 10: BOH Section & COMOH Section Meetings 9 a.m. to 12 p.m. EDT**



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# Thank you

## 2026 ALPHA AGM and Conference sponsors!

ALPHA would like to thank Northwestern Health Unit for co-hosting the 2026 AGM and Conference. We are pleased to announce there is already strong interest from previous sponsors. Additional sponsors are welcome. Please contact Lynne Russell, Coordinator, Member Services, for more information. Our current sponsors include:

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



Platinum level sponsors:



Bronze level sponsor:





# Recap of the 2026 alPHA Winter Symposium



Thank you to all the alPHA Members who attended, spoke at and/or moderated this year's Winter Symposium! We had a strong turnout, and we were glad so many of you could join us. alPHA would also like to thank Dr. Hsiu-Li Wang, alPHA Chair, for chairing the event.

Thank you to the alPHA staff, Loretta Ryan, Chief Executive Officer, Melanie Dziengo, Communications Coordinator, Lynne Russell, Coordinator, Member Services, and Gordon Fleming, Manager, Public Health Issues, for all of their work to make the Symposium, workshops, Section meetings, and Board meeting a success.

alPHA would like to acknowledge and thank Region of Waterloo Public Health for being the co-host for the alPHA Winter Symposium. Their support made these events possible. A huge shoutout goes to Obadiah George from the Dalla Lana School of Public Health and Andy Morrisson from the Eastern Ontario Health Unit for their generous event and technical support. It would not have been possible without them!

Presentations from this year's Winter Symposium are now available. Please note, you will need to log in to the Members' side of the website to view the presentations. You can do so [here](#).

Lastly, we would like to announce the winner of the in-person gift card, Dr. Joanna Oda. The after-event survey winner is Ryan Janssen. Congratulations!



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# Thank you, Executive Assistants/Administrative Assistants!



Thank you to all of the Executive Assistants/Administrative Assistants who took part in the ALPHA 2026 Executive Assistant/Administrative Assistant Winter Workshop. It was a success and it's all thanks to your enthusiastic participation!

The virtual workshop, which was led by Christy Bloemendal from Leaders for Leaders, helped attendees reframe sustainability away from “doing less” and towards making intentional choices over time—helping them protect their energy, set boundaries, and continue making a difference without burning out.

ALPHA would like to thank Region of Waterloo Public Health for being this year's workshop co-host. A shoutout also goes to the Dalla Lana School of Public Health and the Eastern Ontario Health Unit for their event support.

Thank you to all those attendees who completed their after-event surveys. The winner of the gift card is Manon Tessier. Congratulations!

# ALPHA 2026 Boards of Health (BOH) Section Election Meeting



BOH Section Member Representatives who are in good standing are invited to attend a meeting via Zoom on May 5, 2026, at 2 p.m. EDT for the sole purpose of electing Boards of Health Regional Representatives to the ALPHA Board of Directors.

The package for the Annual General Meeting (AGM) was recently sent out to the Members and the information in it regarding the BOH Section nominations can be found [here](#).

BOH Section Members attending the meeting are entitled to vote for all Regional Representatives, not just those from their own region. All BOH Section Members who wish to vote must be in attendance at the May 5 meeting. A form has been sent to the executive and administrative assistants who serve as the ALPHA contact to fill out the registration form for all BOH Section attendees.

Please note, only one submission form per public health unit is allowed.

# Middlesex-London Health Unit Strategic Plan 2026-2030

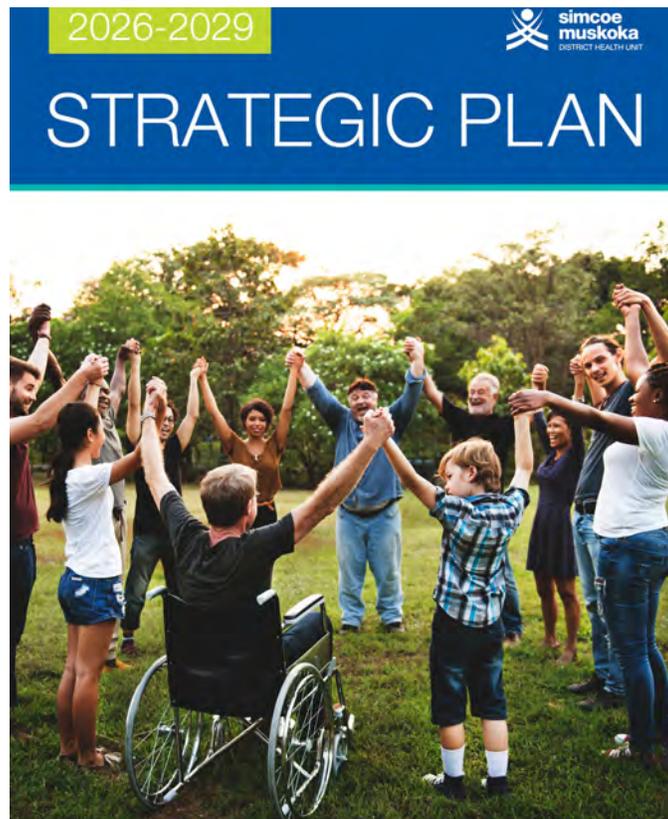


The Middlesex-London Health Unit has launched a new, five-year strategic plan. The plan is designed to address the public health needs of a community that has changed significantly over the past decade due to a global pandemic, population growth, and increasingly complex social and natural environments.

The plan, which will guide the agency's work from 2026 until 2030, introduces new organizational values, a new vision statement, "Healthy People. Thriving Community," and three strategic priorities: Serve Our Community, Support Our People, and Strengthen Our Performance." It outlines goals such as strengthening organizational capacity to respond to public health threats and emergencies, advancing anti-racism and inclusion in the community and in the workplace, and adopting technological solutions to help us serve our community better.

The Middlesex-London Health Unit's 2026-30 Strategic Plan can be found on the organization's new website at [www.healthunit.com/about-us/strategic-plan/](http://www.healthunit.com/about-us/strategic-plan/).

# Simcoe Muskoka District Health Unit Strategic Plan 2026-2029



The Simcoe Muskoka District Health Unit's 2026–2029 Strategic Plan provides a clear roadmap to guide our shared areas of focus over the next four years. Grounded in the health unit's mandate, it refreshes our guiding foundations and positions our organization to meet evolving public health needs while continually enhancing our work with communities.

Developed with input from employees, the Board of Health, and community partners, the plan is guided by four interconnected strategic directions: Community Engagement, Equity-Driven Action, Quality and Innovation, and a Skilled and Connected Workforce. Together, these directions shape how the organization will strengthen relationships, reduce health inequities, deliver high-quality, evidence-informed programs and services across Simcoe Muskoka, and support a resilient public health workforce.

This plan positions the health unit to maximize its impact and advance its vision of: Healthy communities. Healthy people.

# Public Health Matters: A STRONG ECONOMY SUPPORTED BY HEALTHY COMMUNITIES

## PUBLIC HEALTH MATTERS



A STRONG ECONOMY SUPPORTED BY HEALTHY COMMUNITIES

### LOCAL PUBLIC HEALTH'S ROLE

Protecting local public health is essential to supporting Ontario's economy. A healthy population is more productive, reduces health-care costs, and drives long-term prosperity. Through community-based strategies and strong partnerships, local public health improves health outcomes, increases efficiency, and strengthens local economies across Ontario. The positive impact of local public health in Ontario is illustrated in the examples below.

**OUR ASK:**  
We are asking provincial and municipal decision makers to sustain and strengthen funding for Ontario's local public health system so that communities stay healthy, services remain stable, and the economy stays strong.

**PREVENTING DISEASE: IMMUNIZATION**  
Immunization keeps children healthy and parents in the workforce — while reducing costly hospital care.

- 25% fewer hospitalizations among children aged 0–4 during the 2024–25 RSV season after expanded infant immunization
- 186,000+ Hepatitis B doses and 233,000+ HPV doses delivered to students in 2024
- Childhood immunization reduces ER visits, hospital stays, and long-term health costs

**PROTECTING THE POPULATION: OUTBREAK PREVENTION & EMERGENCY MANAGEMENT**  
Public health detects and contains outbreaks early, protecting workplaces, care settings, and essential services.

- 5,000+ respiratory outbreak responses in congregate settings (2024–25)
- 1,800+ follow-ups by public health units in response to Infection Prevention and Control complaints in 2024
- Emergency response support for First Nations communities during floods and wildfires in 2025

www.alphaweb.org

**PROTECTING THE POPULATION: INSPECTIONS**  
Public health inspections prevent illness by enforcing safety standards in everyday settings.

- 42,000+ food premises inspected in 2024
- 6,800+ pools and spas inspected in 2024
- 8,600+ personal service settings inspected in 2024

**PROTECTING THE POPULATION: INVESTIGATIONS**  
Investigations stop health threats before they spread, protecting communities and the health system.

- 14,000+ food safety investigations in 2024
- 106,000+ disease notifications managed in 2024
- 28,000+ rabies exposures investigations in 2024

**PROMOTING HEALTH AND WELL-BEING: CHRONIC DISEASE PREVENTION**  
Preventive public health programs reduce chronic disease and long-term health-care costs.

- 556,000+ students screened for dental needs in 2024
- 526,000+ children and youth supported through Healthy Smiles Ontario as of March 2025
- 109,700+ seniors enrolled in the Ontario Seniors Dental Care Program as of March 2025
- 99,450+ postpartum Healthy Babies Healthy Children screens completed April 2024-March 2025



Be the unified voice and a trusted advisor on public health



Advance the work of local public health through strategic partnerships and collaborations



Support the sustainability of Ontario's local public health system



Deliver member services to local public health leaders

The Association of Local Public Health Agencies (ALPHA)  
Convening the Leadership of Local Public Health Agencies



ALPHA is pleased with the positive response from key stakeholders to the latest *Public Health Matters* infographic (a screenshot is above). This is the fifth in the series and focuses on the connection between healthy communities and a strong economy. The infographics are designed to help decision-makers understand the role, value, and impact of local public health in a clear and accessible way. These materials are intended to support conversations with municipal and provincial decision-makers and ALPHA Members are encouraged to use these resources. To read more, click [here](#).

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# ***Canadian Health Measures Survey is now underway in Scarborough-North***



Statistics  
Canada

Statistique  
Canada

Statistics Canada is currently conducting the Canadian Health Measures Survey (CHMS) in Scarborough-North. The data from this survey are used by researchers to further understand the relationship between disease risk factors and risk conditions such as obesity, hypertension, cardiovascular disease and more. It also sheds light on illnesses and enables health professionals to be better prepared for public health challenges.

The CHMS has been an ongoing partnership with the Public Health Agency of Canada and Health Canada since 2007. From April 2025 to April 2027, they will visit 16 sites across the provinces.

Confidentiality and security are their top priorities. Statistics Canada takes the privacy of Canadians very seriously. All personal information they collect is strictly protected. All information is anonymized; it's never possible to connect data that is made public to any person or household.

Some facts about their operations in Scarborough-North:

- Approximately 850 households have been selected to participate.
- Survey participation is voluntary.
- The temporary examination centre (TEC) is located in the parking lot of the Frank McKechnie Community Centre (310 Bristol Road East).
  - o Check out their [video](#) for a virtual tour of the facility.
- The TEC will be in operation at this location from March 11 to April 15, 2026.
- Those who complete both the in-person interview and visit to the TEC will be reimbursed \$150 for the costs of transportation or childcare-related expenses. Participants will receive a report detailing the results of specific physical and laboratory tests, which they can access online through the new MyResults Portal or by mail.



# Ontario Association of Public Health Dentistry (OAPHD) update

OAPHD has released its finalized Strategic Plan 2026–2030, outlining a clear, evidence informed roadmap to strengthen public health dentistry during a period of significant system transformation. The plan positions OAPHD as **a provincial standard setter, trusted partner, and policy voice**, with a strong focus on integrating oral health into the broader health and social system.

It emphasizes system integration, practice standards, prevention, and equity, responding directly to CDCP implementation, workforce pressures, data and practice consistency, and widening oral health inequities, while supporting Medical Officers of Health and public health units to advance prevention focused, equitable oral health across Ontario.



## OAPHD Strategic Plan 2026–2030

Strengthening Public Health Dentistry in Ontario

System Integration & Policy Influence	Practice Standards & Quality Improvement	Prevention & Upstream Action
<ul style="list-style-type: none"> <li>Coordinated advocacy</li> <li>Oral health leadership</li> <li>Partner relationships</li> </ul>	<ul style="list-style-type: none"> <li>Shared guidelines</li> <li>Core indicators</li> <li>Workforce capacity</li> </ul>	<ul style="list-style-type: none"> <li>School-based prevention</li> <li>Equity focus</li> <li>OPHS alignment</li> </ul>

**Why this matters for MOHs / PHUs**

Provides a province-wide roadmap to strengthen prevention and equity, advance consistent practice standards and indicators, and support system integration—including during CDCP implementation and ongoing workforce pressures.

Ontario Association of Public Health Dentistry (OAPHD) | Strategic Plan 2026–2030

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# 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 Submission - 2026 Ontario Budget - Jan. 15, 2026](#)



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# Board of Health Shared Resources

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

Resources available on the ALPHA website include:

- [Orientation Manual for Boards of Health \(Revised Jan. 2024\)](#)
- [Review of Board of Health Liability, 2018, \(PowerPoint presentation, Feb. 24, 2023\)](#)
- [Legal Matters: Updates for Boards of Health \(Video, June 8, 2021\)](#)
- [Obligations of a Board of Health under the Municipal Act, 2001 \(Revised 2021\)](#)
- [Governance Toolkit \(Revised 2022\)](#)
- [Risk Management for Health Units](#)
- [Healthy Rural Communities Toolkit](#)
- [The Canadian Centre on Substance Use and Addiction](#)
- [The Ontario Public Health Standards](#)
- [Public Appointee Role and Governance Overview \(for Provincial Appointees to BOH\)](#)
- [Ontario Boards of Health by Region](#)
- [List of Units sorted by Municipality](#)
- [List of Municipalities sorted by Health Unit](#)
- [Map: Boards of Health Types NCCHP Report: Profile of Ontario's Public Health System \(2021\)](#)
- [The Municipal Role of Public Health \(2022 U of T Report\)](#)
- [Boards of Health and Ontario Not-For-Profit Corporations Act](#)
- [Core Competencies for Public Health in Canada](#)
- [BOH Training Courses](#)



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The logo for Public Health Ontario, featuring the words "Public Health Ontario" in a green and blue color scheme.The logo for Santé publique Ontario, featuring the words "Santé publique Ontario" in a green and blue color scheme.

### **OPHC 2026: Register Now**

Registration is now open for TOPHC 2026, taking place on March 25, 2026. This year's event is a free, half-day virtual convention designed to bring together public health leaders and professionals from across Ontario and beyond. With expert panels, dynamic discussions, and networking opportunities, TOPHC 2026 will be a unique opportunity to stay ahead of emerging trends, connect with colleagues, and explore innovative solutions in public health.

[Register now](#) and be part of the conversations shaping the future of public health. Visit their website to [explore the full program](#) and [meet this year's speakers](#).

### **IPAC for Health Care Workers Guide**

PHO's new Infection Prevention and Control (IPAC) for Health Care Workers [Resources for Trainers](#) is now available. These new resources, which complement to PHO's interactive IPAC for Health Care Workers online course released in August 2025, are intended to support trainers/facilitators in conducting face-to-face IPAC training for health care workers. These resources provide a ready-to-use package for instructor-led or group-based IPAC training and can be used across hospitals, long-term care, primary care, dental clinics, home care and other health care settings. Because these resources align with the structure and content of online course, organizations can deliver consistent, standardized IPAC training across multiple formats—whether online, in the classroom, or during workplace onboarding.

### **Immunization Data Tool**

In January, PHO updated their [Immunization Data Tool](#), which provides comprehensive immunization program surveillance data in Ontario. This interactive tool has been updated with the most recent year's data for immunization coverage estimates for routine childhood and school-based immunizations and vaccine safety surveillance data collected from reports of Adverse Events Following Immunization (AEFI). They have also added new information on COVID-19 immunization coverage and AEFI reports associated with COVID-19 vaccines.

Also available are updated [technical notes](#) and [user guide](#), as well as an accompanying [infographic](#) that provides a summary of AEFIs reported in Ontario following vaccines administered in 2024.



## Respiratory Resources

- [Ontario Respiratory Virus Tool](#)
- [Integrated Respiratory Virus Risk Indicators for Ontario](#)
- [SARS-CoV-2 Genomic Surveillance in Ontario](#)

## Infectious Disease Surveillance Reports

- [iGAS in Ontario](#)
- [Measles in Ontario](#)
- [Diseases of Public Health Significance Cases](#)
- [Hepatitis C in Ontario: Focus on 2024](#)

## Recent Presentations

- [PHO Learning Exchange: Managing iGAS Outbreaks in Congregate Living Settings](#)
- [Talk About Doxy PEP STIs](#)
- [Efficiency Using AI Scribe](#)
- [Public Health Data to Support Trans and Non-binary Health](#)
- [PHO Webinar: Smoking Cessation and Concurrent Alcohol and/or Substance Use](#)
- [PHO Rounds: A Model of Collaboration: Initiatives of the Black, African, and Caribbean Community Health and Wellness Collaborative in Peel](#)
- [PHO Rounds: Improving Immunization Coverage and Processes in Ontario](#)
- [PHO Webinar: Substance Use and Gender-based Violence: Strategies and Resources](#)
- [PHO Rounds: Black Public Health: Promising Practices Series](#)

## PHO Rounds: Assessing Quality Improvement Maturity Across Ontario PHUs

Continuous quality improvement (CQI) frameworks provide a potentially fruitful approach for enhancing public health practice. Ontario's public health units (PHUs) vary widely in their understanding and implementation of CQI. Building on earlier work from 2016, the research presented in this PHO Rounds supports a coordinated provincial approach by assessing PHUs' CQI maturity. The objectives were to describe the current state of CQI in Ontario PHUs using a validated, Ontario adapted Quality Improvement Maturity Tool. Twenty-five PHUs completed the modified survey. The results of the survey will be presented and discussed in terms of what this means for Ontario PHUs readiness for QI implementation.

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Intended audience: Public health professionals, MOHs/AMOHs, Public health leadership, Ministry of Health staff with interest in quality improvement. By the end of this session, participants will be able to: Describe the variation in CQI understanding and implementation across Ontario PHUs; Interpret provincial averages of CQI maturity scores, identify what the results indicate for system readiness, and reflect on your own organization's CQI practices. To learn more, click [here](#).

**Dalla Lana**  
School of Public Health

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

- ["Immigrants' Mental Health Dilemma"](#) with Hui Zheng (Mar. 17)
- [Care Economies in Context Speaker Series: Immigrants' Mental Health Dilemma](#) (Mar. 17)
- ["What is Contemplative Science?"](#) With Dr. Mark Miller (Mar. 18)
- [META:PHI Virtual Conference 2026](#) (Apr. 17-18)



## ***Ontario Public Health Directory: March 2026 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 **March 9, 2026**. To view the file, log into the ALPHA website.

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



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<sup>1</sup>Internal statistics of The Personal. Approximate number of policyholders that belong to groups of healthcare professionals across all Canadian provinces, February 2025.

This email is being sent by the Association of Local Public Health Agencies, on behalf of The Personal, located at 3 Robert Speck Pkwy, Mississauga, Ontario, L4Z 3Z9, 1-888-476-8737.

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



# NEWS

## News Releases

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



## ALPHA's mailing address

Please note our mailing address is:

PO Box 73510, RPO Wychwood  
Toronto, ON M6C 4A7

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



Atikokan - [Photo Credit](#)

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# THIS SPRING, TAKE THE ACTIVE ROUTE



## Simple Ways to Add Movement to Your Day This Spring

**Active transportation benefits both your health and the environment. Regular walking or cycling can reduce the risk of heart disease, while transportation is a major source of Canada's greenhouse gas emissions.**

### What is Active Transportation?

Active transportation is using your own power to get from one place to another. This includes:

- Walking
- Biking
- Skateboarding
- Jogging and running
- Non-mechanized wheel chairing



### Why Active Transportation Matters

Regular active transportation can:

- Improve heart health
- Boost mood and mental and social well-being
- Reduce stress and fatigue
- Enhance focus and productivity
- Support a cleaner environment



### Working From Home? Try This

- Take a short walk before starting your workday
- Walk to grab lunch or coffee/tea/beverage break
- Try walking meetings when possible
- Use a bike for short errands

## Even 10–15 minutes of walking or biking can make a difference

### Spring Is the Perfect Time

With longer days and warmer weather, spring is a great opportunity to:

- Restart outdoor routines
- Explore local trails or parks
- Build healthy daily habits
- Try new outdoor activities



### Quick Tips

- Start small
- Wear comfortable shoes
- Use safe walking/biking routes
- Make it part of your daily routine
- Walking to public transit
- Park a little farther to add extra steps

**Small steps—like walking or biking—can make a big difference for your health and the environment. For more resources on physical, mental, and nutritional health, visit the Workplace Wellness and Health section on alpha's website [here](#).**