



Algoma
PUBLIC HEALTH
Santé publique Algoma

January 28, 2026

BOARD OF HEALTH MEETING

SSM Algoma Community Room

294 Willow Avenue

Sault Ste. Marie

www.algomapublichealth.com

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APH Land Acknowledgement

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

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

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

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

BOARD MEMBERS

Sally Hagman
Julila Hemphill
Donald McConnell
Luc Morrissette
Sonny Spina
Sonia Tassone
Suzanne Trivers
Jody Wildman
Natalie Zagordo

APH MEMBERS

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

GUESTS: Carla Breton - Manager of Human Resources, Erin Franko and Tanya Storozuk - Human Resources Coordinators

- 1.0 Meeting Called to Order** *Dr. J. Loo*
- a. Land Acknowledgment
 - b. Roll Call
 - c. Declaration of conflict of interest
- 2.0 Election of Officers**
- a. Appointment of Board of Health Chair for the year 2026. *Dr. J. Loo*
 - b. Appointment of Board of Health First Vice-Chair and Chair of the Finance and Audit Committee for the year 2026. *Chair*
 - c. Appointment of Board of Health Second Vice-Chair and Chair of the Governance Committee for the year 2026. *Chair*
 - d. Call for Committee Members for the Finance & Audit Committee and Governance Committee for the year 2026. *Chair*
 - i. Finance and Audit Committee call for members :
 - ii. Governance Committee call for members:
 - e. Slate of officers and committee members. *Chair*

RESOLUTION

Be it resolved that the following is the Board of Health slate of officers and committee members for the year 2026.

Board of Health Chair:	
First Vice-Chair & Chair of the Finance and Audit Committee:	
Second Vice-Chair & Chair of the Governance Committee:	
Finance and Audit Committee members:	
Governance Committee members:	

- 3.0 Signing Authority** *Chair*
- RESOLUTION**
- THAT By-Law 95-2 identifies that signing authorities for all accounts shall be restricted to:
- i) the Chair of the Board of Health
 - ii) one other **Board member, designated by Resolution**
 - iii) the Medical Officer of Health/Chief Executive Officer
 - iv) the Director of Corporate Services
- SO BE IT RESOLVED that signing authority is provided to _____ as the one other **Board member, designated by resolution** until the next election of officers.
-
- 4.0 Adoption of Agenda** *Chair*
- RESOLUTION**
- THAT the Board of Health agenda dated January 28, 2026, be approved as presented.
-
- 5.0 Delegations / Presentations** *C. Breton,
T. Storozuk,
E. Franko*
- Human Resources Update
-
- 6.0 Adoption of Minutes of Previous Meeting** *Chair*
- RESOLUTION**
- THAT the Board of Health minutes dated November 26, 2025 be approved as presented.
-
- 7.0 Business Arising from Minutes**
-
- 8.0 Reports to the Board**
- a. Medical Officer of Health and Chief Executive Officer Reports** *Dr. J. Loo*
- i. MOH Report - January 2026
- RESOLUTION**
- THAT the report of the Medical Officer of Health and CEO for January 2026 be accepted as presented.
- b. Finance and Audit**
- i. **Financial Statements** *L. Dunseath*
- RESOLUTION**
- THAT the Board of Health approves the Unaudited Financial Statements for the period ending November 30, 2025, as presented.
-
- 9.0 New Business/General Business** *Chair*
- a. Briefing Note - LED and BAS Project *R. Webb*
-
- 10.0 Correspondence for Information** *Chair*
- a. alPHa Information Break - Winter 2026
 - b. alPHa Pre-Budget Submission
 - c. The Windsor-Essex County Board of Health passed and circulated a Resolution related to **Adverse Childhood Experiences (ACEs) Local Policy Advancement**, dated November 20, 2025.

- d. The Windsor-Essex County Board of Health passed and circulated a Resolution related to **Prevention and Response to Radon Exposures in Windsor-Essex County**, dated November 20, 2025.
- e. The Middlesex-London Board of Health passed and circulated a Resolution and infographic related to **Monitoring Food Affordability and Implications for Public Policy and Action**, dated December 11, 2025.
- f. The Middlesex-London Board of Health passed and circulated a board report regarding **Alcohol Labelling Policy Position**, dated January 22, 2026

11.0 Correspondence for Action *Chair*

12.0 Addendum *Chair*

13.0 In-Camera *Chair*

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

RESOLUTION

THAT the Board of Health go in-camera.

14.0 Open Meeting *Chair*

Resolutions resulting from in-camera meeting.

15.0 Announcements / Next Committee Meetings: *Chair*

Finance & Audit Committee

Wednesday, February 11, 2026 @ 5:00 pm
Video Conference | SSM Algoma Community Room

Public Health Champion Awards Reception

Wednesday, February 25, 2026 @ 4:00 pm
In-person | APH Front Lobby - 294 Willow Ave

Board of Health Meeting

Wednesday, February 25, 2026 @ 5:00 pm
Video Conference | SSM Algoma Community Room

Governance Committee

Wednesday, March 18, 2026 @ 5:00 pm
Video Conference | SSM Algoma Community Room

16.0 Evaluation *Chair*

17.0 Adjournment *Chair*

RESOLUTION

THAT the Board of Health meeting adjourns.

Human Resources Updates

Presenters: Carla Breton, Tanya Storozuk

Date: January 28, 2026

Overview

Workforce Overview

Recruitment Statistics

2025 Initiatives

Workforce Survey Results

Employee Engagement and Wellness

Key Takeaways

Vision and Mission Statements

Vision

Health for all. Together.

Mission

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

Strategic Directions



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



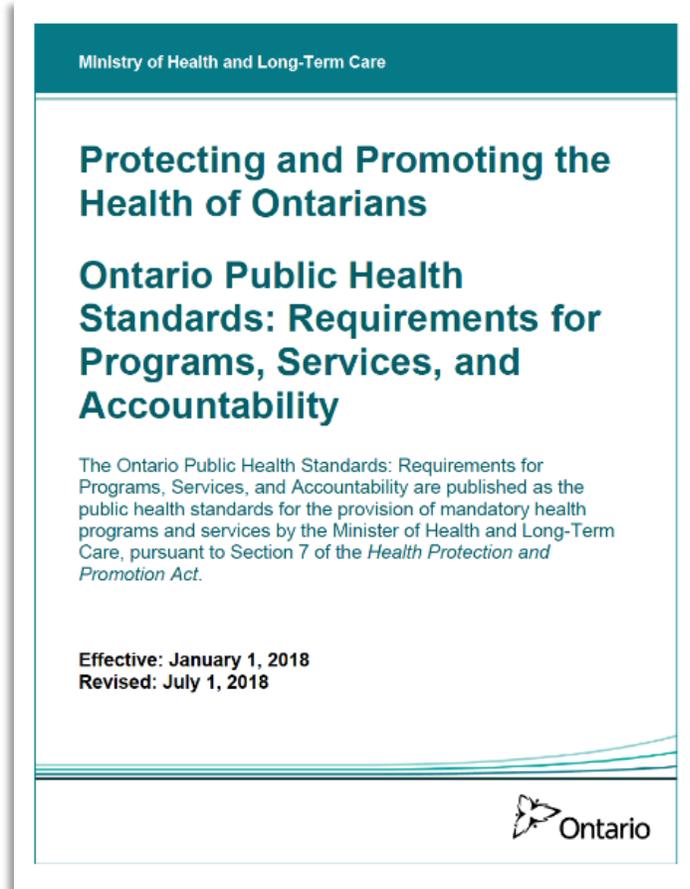
Improve the impact and effectiveness of Algoma Public Health programs.



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

PUBLIC HEALTH

Ontario Public Health Standards

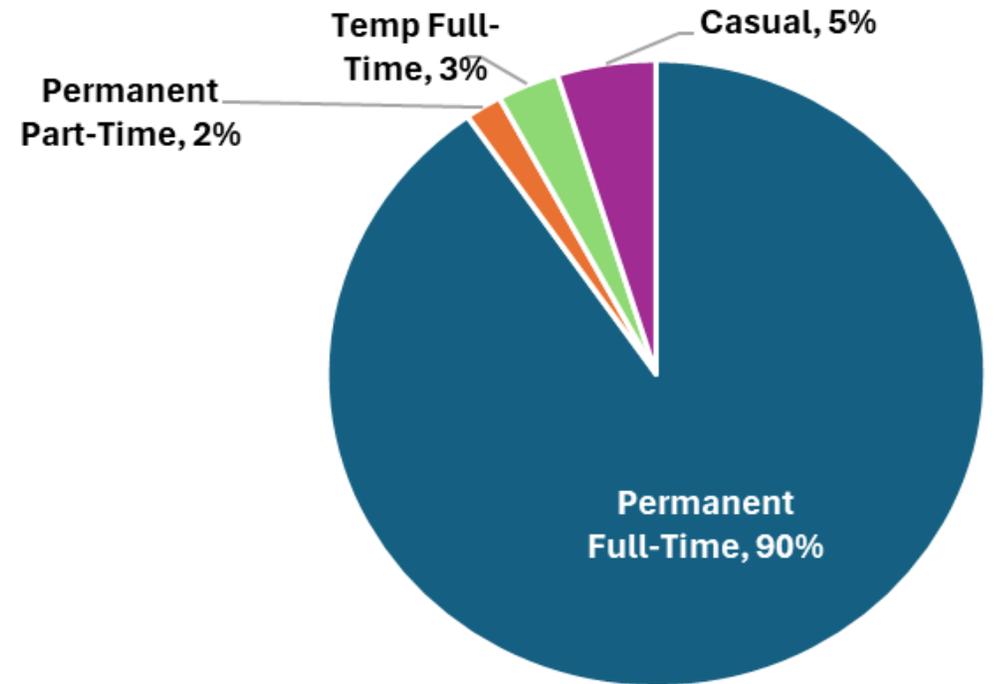


7. The board of health shall ensure that the administration establishes a human resources strategy, which considers the competencies, composition and size of the workforce, as well as community composition, and includes initiatives for the recruitment, retention, professional development, and leadership development of the public health unit workforce.

Our Workforce

163 employees as of December 31, 2025
(approximately 148 FTE - excluding casual positions)

- 147 Permanent Full-Time
- 3 Permanent Part-Time
- 5 Temporary Full-Time
- 8 Casual



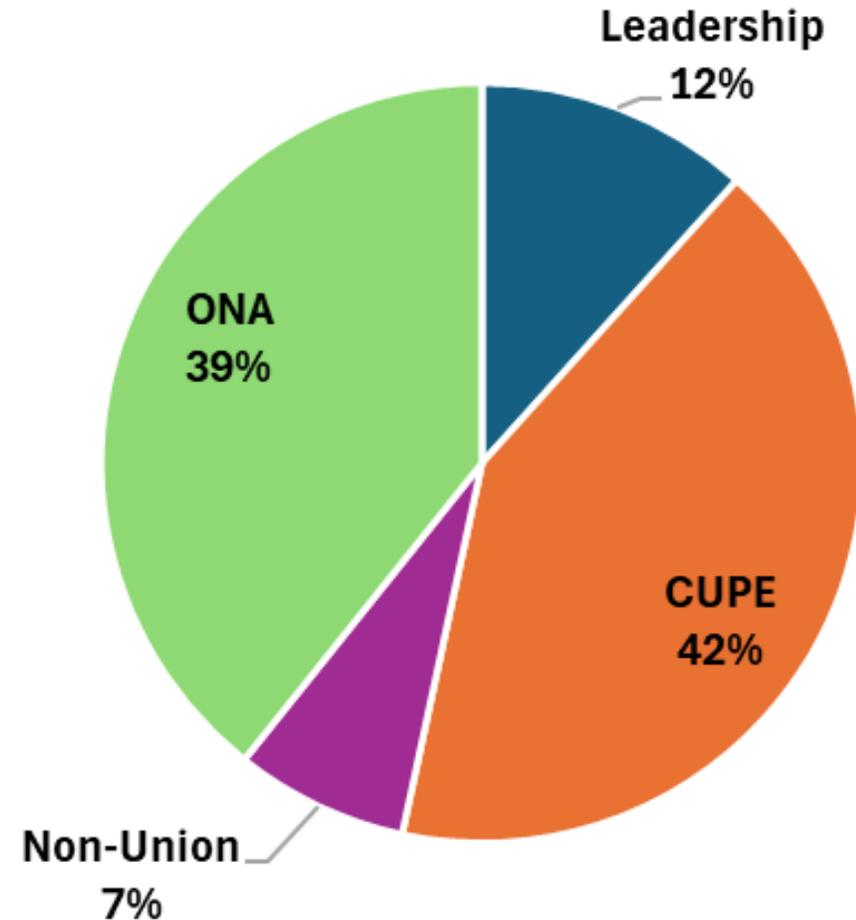
Employees by Office Distribution - 141 SSM, 7 Blind River, 8 Elliot Lake, and 7 Wawa

Employee Groups

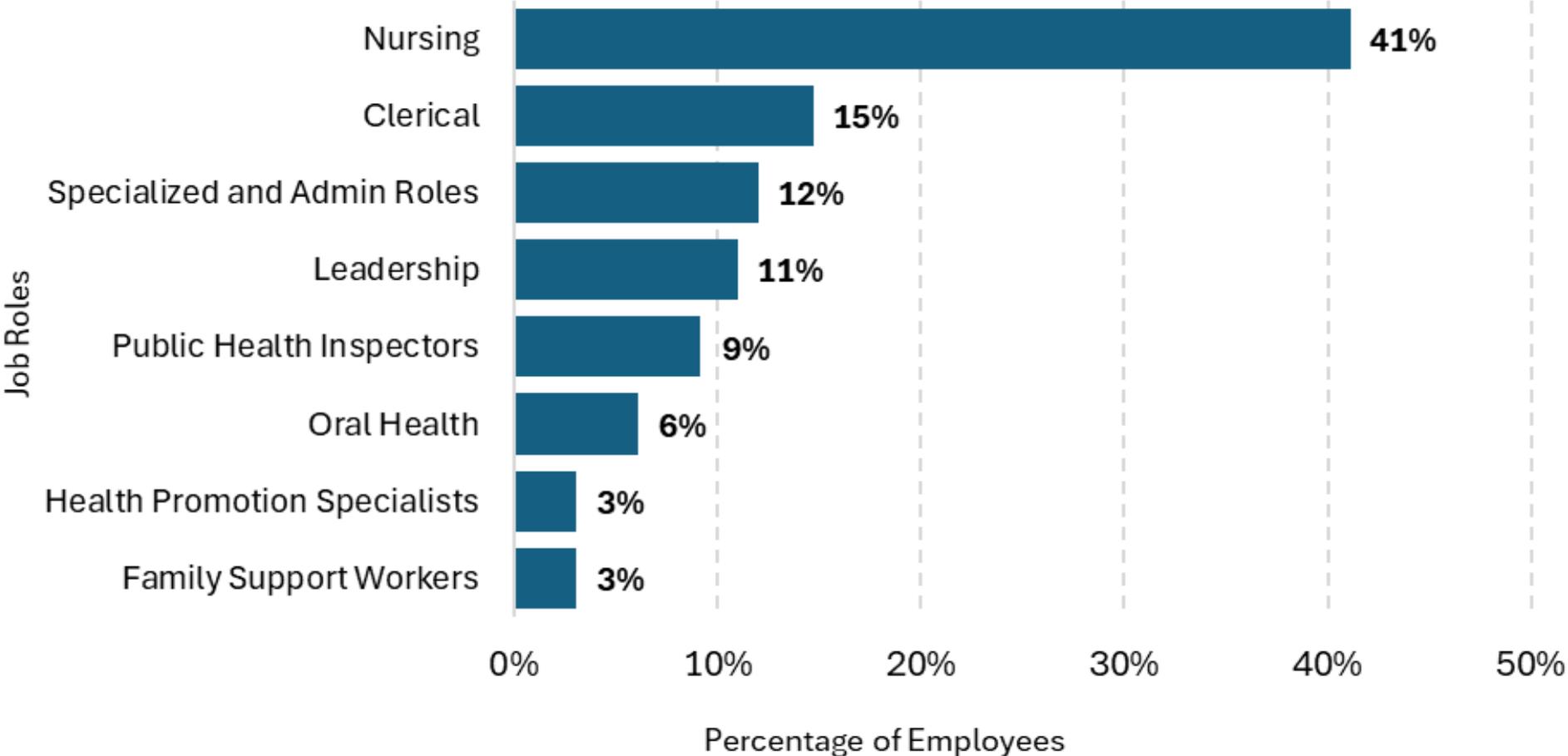
Our employee groups consist of:

- CUPE – Canadian Union Public Employees
- ONA – Ontario Nurses Association
- Leadership
- Non-Union

NOTE: support from 4 dedicated MicroAge employees



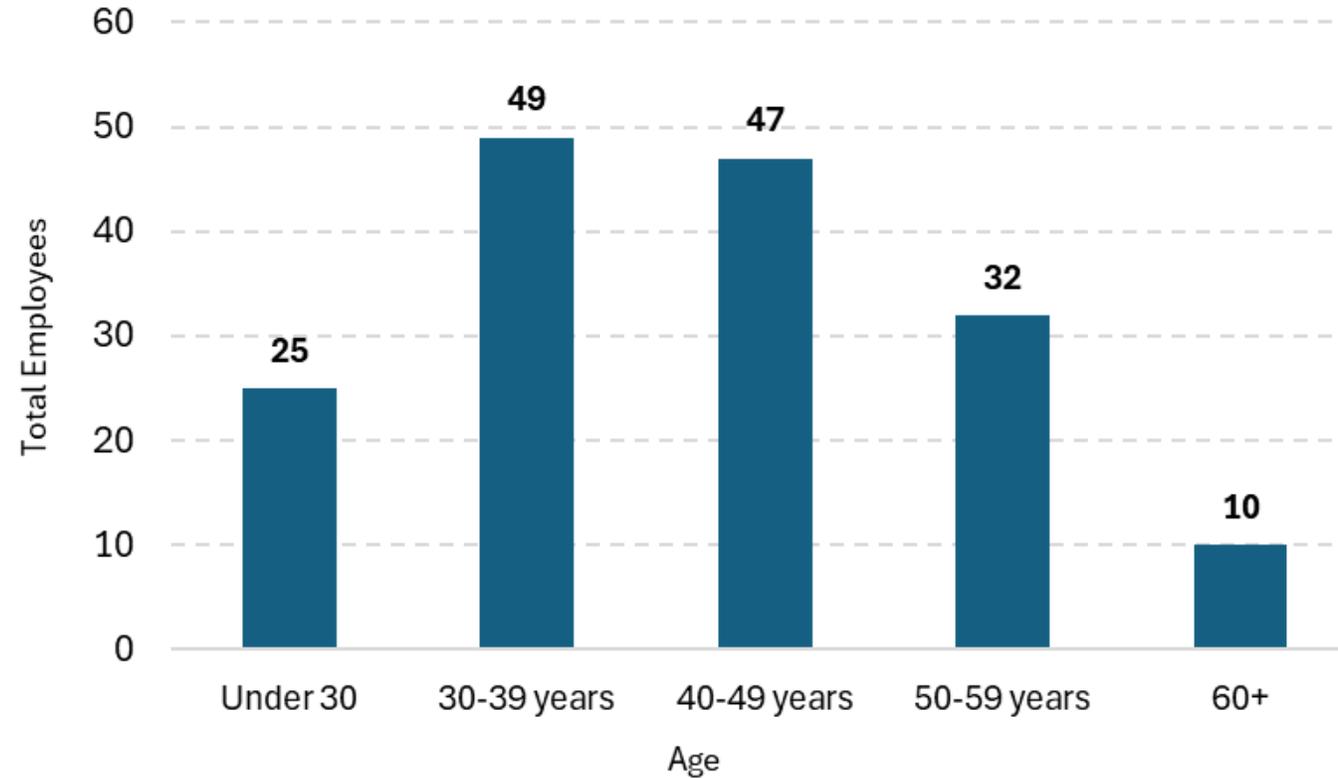
Positions Across the Health Unit



Employee Age Distribution

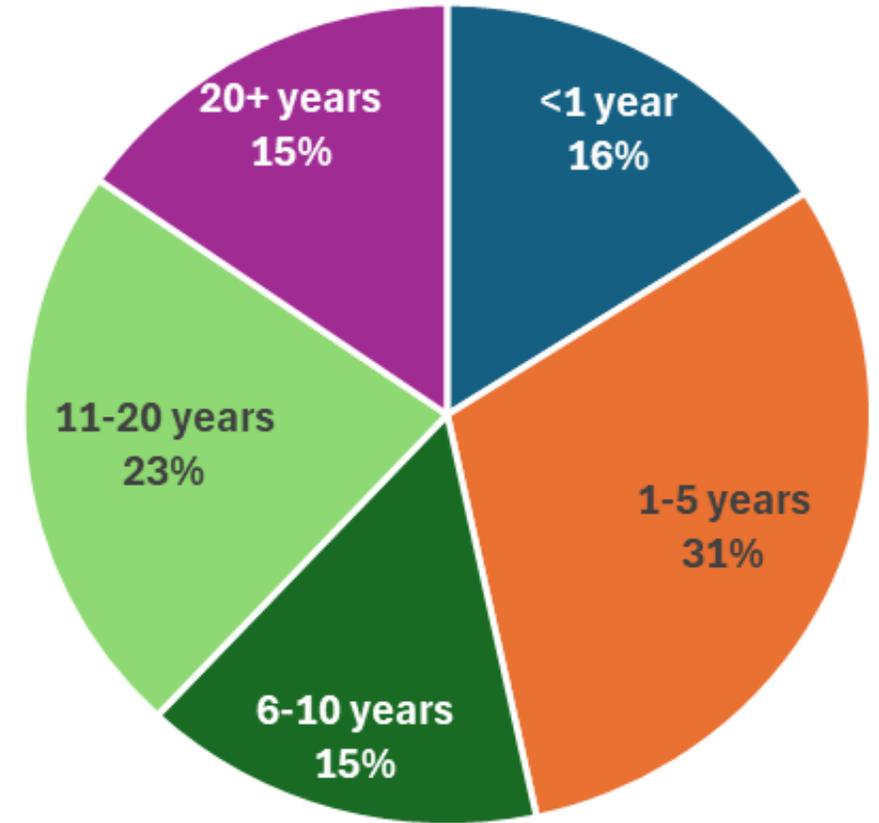
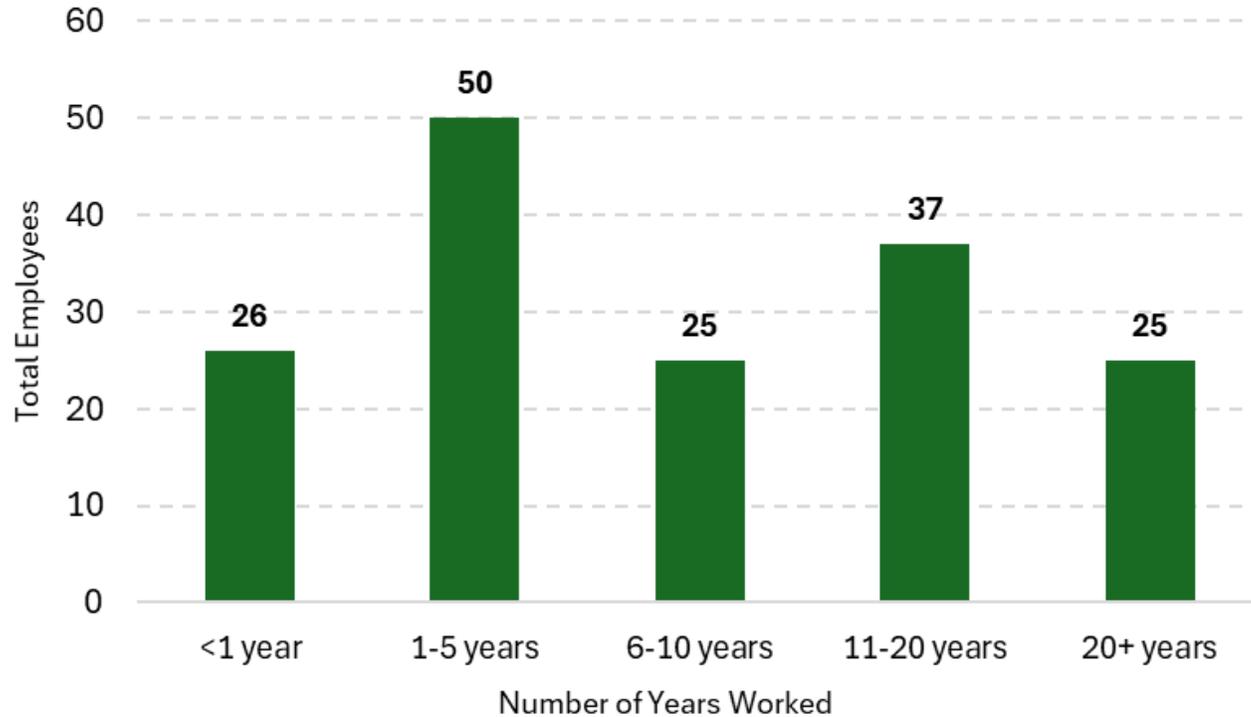
The average age of employees is 41.5 years

Note the median age of the population in our region is 50 years old



Employee Tenure Distribution

Average tenure is 9.3 years



New Positions Introduced (2024-2025)

- Stores and Maintenance Technician
- Infection Prevention and Control Practitioner
- Environmental Health Supervisor
- Public Health Nurse - Professional Practice
- Payroll and Benefits Assistant
- Multimedia designer
- Research Assistant

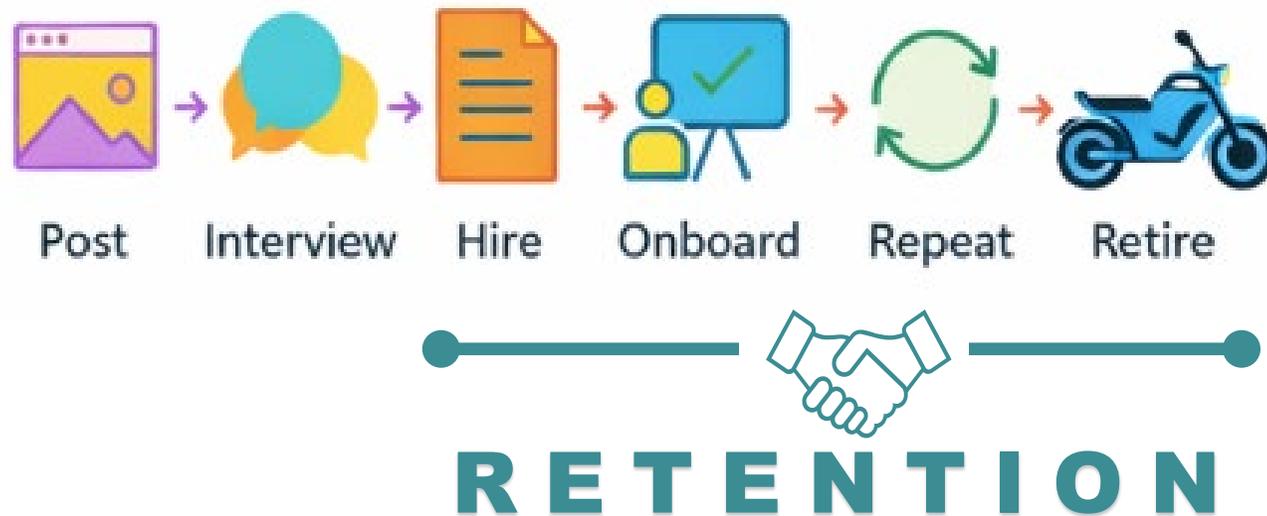
Recruitment Stats

2024

- 21 full-time vacancies filled
- 15 temporary vacancies filled
- 5 casual vacancies filled
- 2 retirements

2025

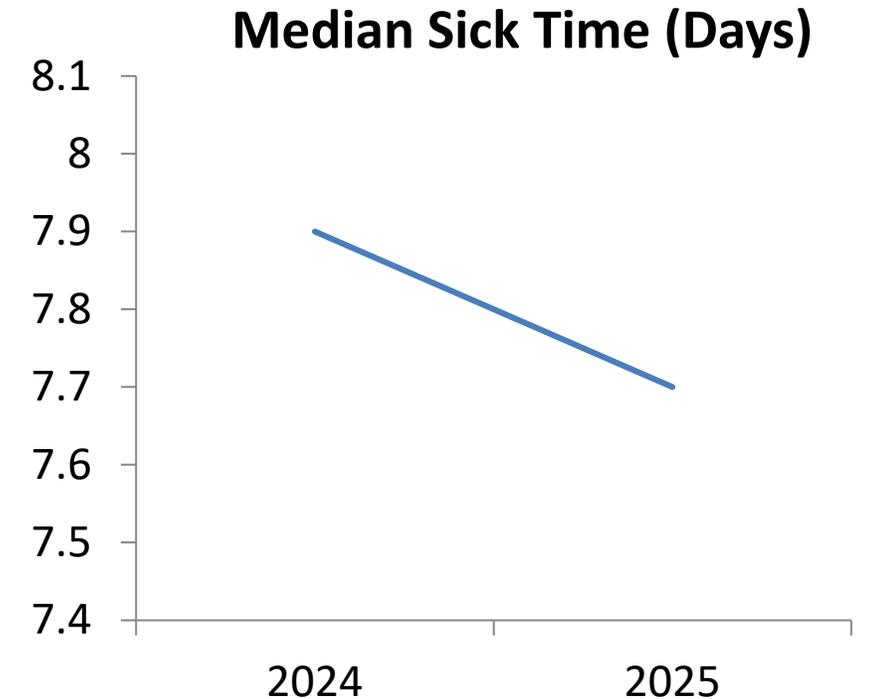
- 23 full-time vacancies filled
- 16 temporary vacancies filled
- 6 casual vacancies filled
- 2 retirements



2025 Workforce Initiatives

Attendance Support Program

- Supports early, proactive conversations around attendance
- Provides a clear and consistent framework
- Offers supportive guidance and a collaborative approach



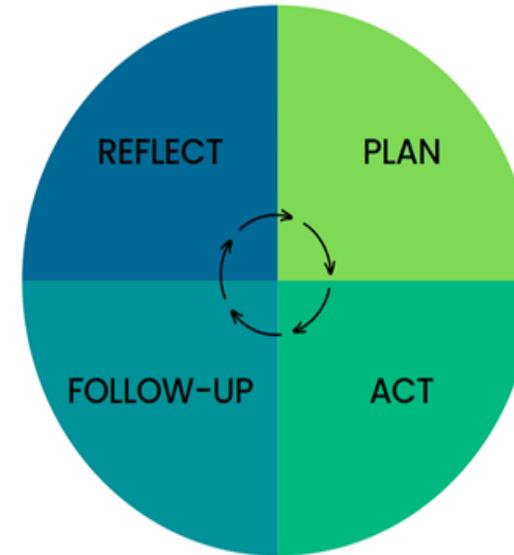
Median values used to reduce the influence of outliers

2025 Initiatives Continued

Performance Development Plan (PDP)

- Promotes reflection and continuous learning
- Supports employee growth and development
- Encourages meaningful goal setting
- Supports alignment between role expectations and performance

4-Step Process



- **Reflect**
Think about your successes and future learning opportunities
- **Plan**
Develop goals and think of the activities required to achieve them.
- **Act**
Take action, connect informally and continuously update your plan.
- **Follow-Up**
Meet with your manager to review your plan semiannually and review regularly at your 1:1 meetings.

APH Workforce Survey

How we will use the findings:

- **Review existing policies and programs**—including flexible work arrangements, caregiving support, disability accommodations, and keep up-to-date on legislative leaves —to ensure they continue to meet the diverse needs of our workforce.
- **Enhance and expand training and development**, with a focus on diversity, equity, inclusion, neurodiversity, trauma-informed practices, and cultural competency.
- **Improve employee engagement and wellbeing** by identifying barriers, increasing accessibility, and fostering a culture of safety, respect, and belonging.
- **Support informed workforce planning and organizational initiatives**, ensuring that decisions reflect and respect the identities, experiences, and needs of employees.

Employee Engagement and Wellness Overview

Employee Training Overview – Building a Healthy, Inclusive and Trauma-Informed Workplace

- **Purpose:** Strengthen workplace culture and promote care for one another.
- **Focus Areas:**
 - Psychological Health and Safety
 - Trauma-Informed and Inclusive Practices
 - Wellbeing, Stress and Resilience



Fun Prizes

Trivia Challenge

Gather your team! Test your knowledge

FRIDAY NOV. 14 | SSM STAPH LOUNGE OR VIRTUAL
 HOSTED BY: DR. JOHN TUINEMA

TRIVIA STARTS AT : 12:05 PM

Trust us - you do **NOT** want to be the one hearing about this epic trivia battle later!

Join Employee Engagement and Wellness for a

Sourdough Lunch & Learn

Date: Wednesday, June 18
 Time: 12:00 pm to 1:00 pm
 Location: SSM Rooms A & B or virtual option

Please use the link in your email to register by noon on June 16 and let us know if you would like to leave with your very own sourdough starter.



SEWING LUNCH & LEARNS

Absolute Beginner Sewing

Host: Kim Aslett

Time
 12:00PM - 1:00 PM

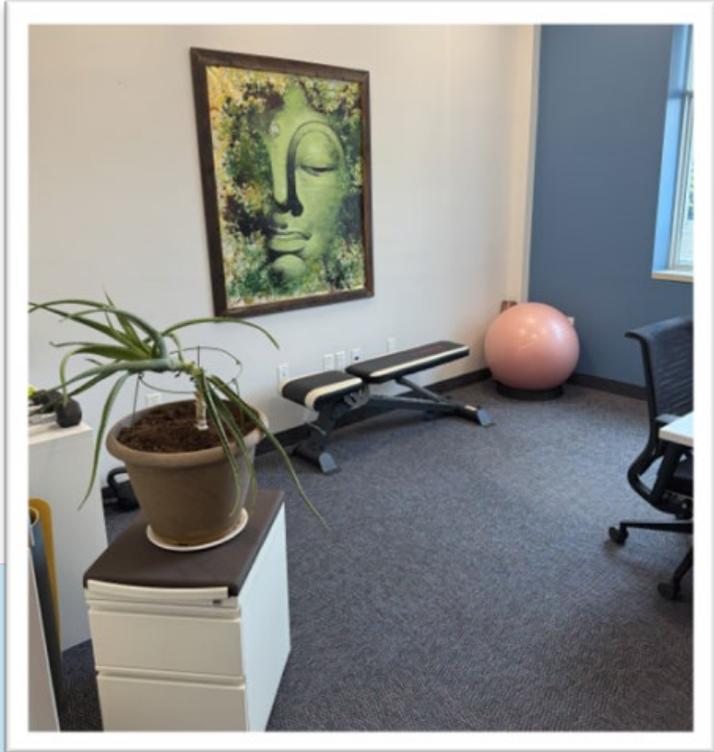
Location
 SSM Blind River Rooms A & B

Class 1:
19-November-2025
 Hand sewing - learn to hem/fix a fallen hem, sew on buttons, mend seams/holes. Leave with practice, mini-sewing kit & a guide.

Class 2:
26-November-2025
 Machine sewing - learn the basics of patterns, sewing machines & how to sew a simple seam. Leave with practice, an ornament for your home & a guide.



Wellness Rooms



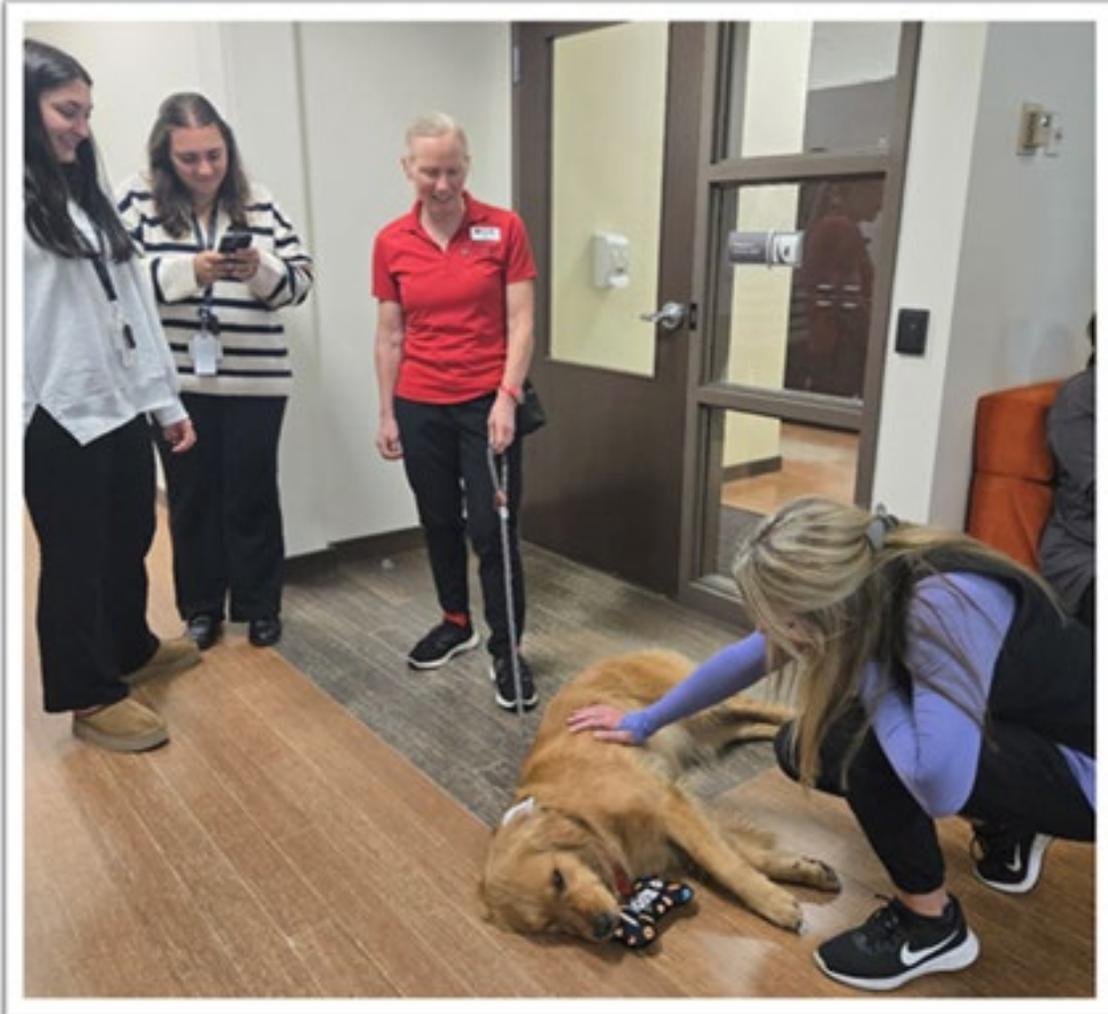


Employee Engagement and Wellness Overview

Highlights of Engagement, Wellness and Inclusion Initiatives

- **Purpose:** Building Connection, Well-Being and a Positive Workplace Culture
- **Focus Areas:**
 - Social and Celebratory Events
 - Wellness and Mental Health Initiatives
 - Inclusion and Awareness Events






Mr. Dave Mornix

Dave A. Mornix was born in Trinidad and grew up in St. Vincent and the Grenadines. Dave immigrated to Canada in 1996, lived in Toronto for a while, and now calls Sault Ste Marie home. Dave is a proud graduate of Sault College (Graphic Designer Diploma) and Algoma University (Sociology Degree). He is a Personality Dimension Facilitator and a qualified Toastmaster (AC). Dave is one of the founding members of ACCANO. He is very active member of the Sault Ste. Marie Community. Dave's life experiences have taught him that "No matter what your life challenges, condition, or circumstances are, you never lose the power to choose".



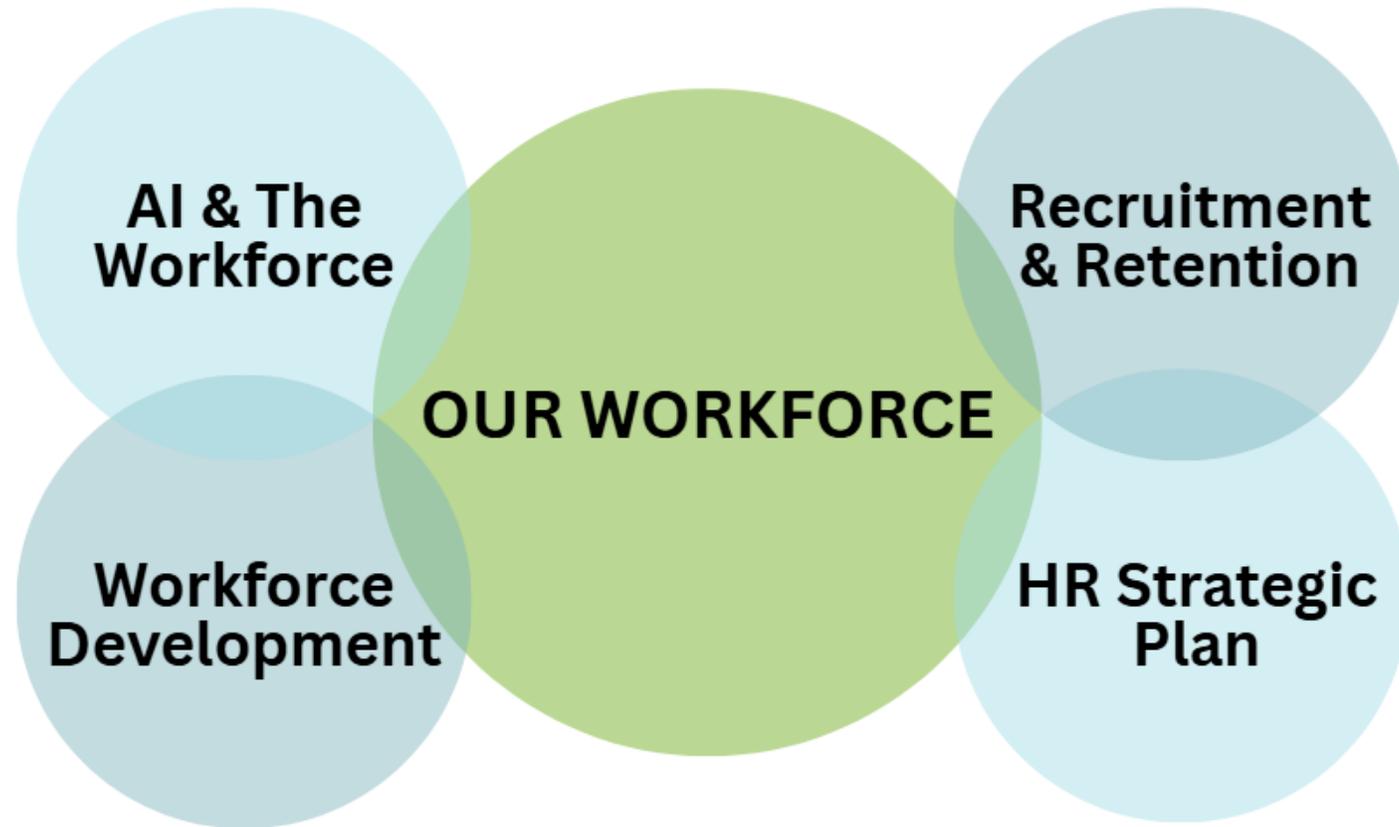

Algoma Public Health

Dr. Deb Woodman
Algoma University
School of Social Work





Looking Ahead: Challenges and Opportunities





Questions?

Chi-Miigwech. Merci. Thank You.

PUBLIC HEALTH



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January 28, 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 APH heads into 2026 and the ongoing respiratory season, we continue to support our communities with outbreak management in our long term care and health facilities, as well as ongoing immunization clinics for influenza, COVID-19, and RSV. Early this season, APH also provided planning and implementation support to the Community Paramedicine Program in the development and launch of their community respiratory clinics. These clinics were offered at various community locations to enhance accessibility for people experiencing mobility, transportation, or primary care challenges. To date, community paramedics have administered 1760 vaccines across Algoma, including 804 RSV, 597 influenza, and 359 COVID-19 doses. APH is proud to have been able to support a key community partner in improving equitable access to preventive seasonal immunizations.

APH's Strategic Planning Steering Committee has also been working with our external consultants to finalize survey tools and plan for engagement activities in the coming months. This week, in-person engagements have been underway, via internal employee drop-in discussions and Board of Health and external focus groups. Next week in early February, APH will also launch virtual engagement opportunities for staff, as well as online surveys for APH partners, and importantly, Algoma community members of all ages. Surveys will seek perspectives on what is working well, what is not working well, what priority community health needs are, and what APH should focus on to improve health in Algoma communities. Overall, the broad objectives of the engagement plan for strategic plan development are to identify organizational strengths and value, understand evolving community needs and system changes, increase awareness of challenges, and explore potential strategic areas of focus. Results will inform APH's refreshed strategic directions, which are intended to be presented for Board of Health approval at the May or June meeting.

Algoma Public Health

Statement of Operations

November 2025

(Unaudited)

Public Health Programs (Calendar)

Description	Current YTD	Current YTD Budget	YTD Budget Variance	Annual Budget	Variance %	Variance
					Act to Bud	YTD Act to Bud
Public Health Funding, Total	11,421,087	11,394,594	-26,493	12,430,466	0%	100%
Other Funding, Total	0	0	0	0		
Levies, Total	4,840,220	4,840,220	0	4,840,220	0%	100%
Fees & Recoveries, Total	500,547	530,175	29,628	595,100	-6%	94%
Other Revenue, Total	0	0	0	0		
TOTAL REVENUE	16,761,853	16,764,989	3,135	17,865,786	0%	100%
Salaries & Wages, Total	9,592,022	10,023,416	431,394	10,934,636	-4%	96%
Benefits, Total	2,427,441	2,631,224	203,784	2,837,798	-8%	92%
Office Expenses, Total	39,587	57,200	17,613	62,400	-31%	69%
Program Expenses, Total	1,009,655	820,907	-188,748	922,034	23%	123%
Professional Development, Total	101,547	68,342	-33,205	74,555	49%	149%
Travel Expenses, Total	149,287	156,338	7,050	170,550	-5%	95%
Fees & Insurance, Total	350,448	394,592	44,143	427,100	-11%	89%
Telecommunications, Total	234,000	208,956	-25,043	227,952	12%	112%
Program Promotion, Total	19,037	21,725	2,688	23,700	-12%	88%
Debt Management & Amortization, Total	419,302	419,303	0	457,421	0%	100%
Computer/IT Services, Total	797,316	769,628	-27,688	837,912	4%	104%
Facilities Expenses, Total	1,448,723	815,583	-633,140	889,727	78%	178%
TOTAL EXPENSES	16,588,366	16,387,214	-201,152	17,865,786	1%	101%
SURPLUS/DEFICIT	173,487	377,775	204,288	0		

Healthy Babies Healthy Children (Fiscal)

Description	Current YTD	Current YTD Budget	YTD Budget Variance	Annual Budget	Variance %	Variance
TOTAL REVENUE (MCCSS)	760,502	760,500	-2	1,140,750	0%	100%
TOTAL EXPENSES	749,877	761,583	11,707	1,140,750	-2%	98%
SURPLUS/DEFICIT	10,625	-1,083	-11,709	0		

Fiscal Programs (Non-Public Health)

Description	Current YTD	Current YTD Budget	YTD Budget Variance	Annual Budget	Variance %	Variance
PROVINCIAL GRANTS	111,168	111,168	0	166,753	0%	100%
OTHER FUNDING	127,447	127,447	0	177,447	0%	100%
TOTAL REVENUE	238,615	238,615	0	344,200	0%	100%
CAPC	51,258	51,631	373	77,447	-1%	99%
Nurse Practitioner	107,914	111,169	3,254	166,753	-3%	97%
Stay on Your Feet	61,255	66,667	5,412	100,000	-8%	92%
TOTAL EXPENSES	220,427	229,467	9,039	344,200	-4%	96%
SURPLUS/DEFICIT	18,188	9,148	-9,039	0		

Fiscal Programs (Public Health)

PROVINCIAL GRANTS	210,374	420,109	209,735	632,250	-50%	50%
TOTAL EXPENSES	386,044	419,046	33,002	632,250	-8%	92%
SURPLUS/DEFICIT	-175,670	1,063	176,733	0		

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

Algoma Public Health

Statement of Revenue

November 2025

(Unaudited)

Description	Current YTD	Current YTD Budget	YTD Budget Variance	Annual Budget	Variance %	Variance
					Act to Bud	YTD Act to Bud
MOH Program Funding - Public Health	9,277,233	9,277,128	-105	10,120,503	0%	100%
MOH Program Funding - 100%	2,124,658	2,117,466	-7,192	2,309,963	0%	100%
MOH Program Funding - One Time	19,196		-19,196		#DIV/0!	#DIV/0!
Public Health Funding, Total	11,421,087	11,394,594	-26,493	12,430,466	0%	100%
Levies - Sault Ste. Marie	3,366,437	3,366,437	0	3,366,437	0%	100%
Levies - District	1,473,783	1,473,783	0	1,473,783	0%	100%
Levies, Total	4,840,220	4,840,220	0	4,840,220	0%	100%
Program Fees	26,330	36,667	10,337	40,000	-28%	72%
Land Control Fees	206,882	208,000	1,118	215,000	-1%	99%
Immunization Recoveries	93,364	74,583	-18,780	110,000	25%	125%
Recoveries from Programs	35,602	27,592	-8,011	30,100	29%	129%
Interest Revenue	138,369	183,333	44,965	200,000	-25%	75%
Fees & Recoveries, Total	500,547	530,175	29,629	595,100	-6%	94%
TOTAL REVENUE	16,761,854	16,764,989	3,136	17,865,786	0%	100%

Notes to Financial Statements – November 2025

Note: Please note that the financial formatting of the statements has been updated as requested at the November 2025 meeting of the Board of Health.

Reporting Period

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

Statement of Operations

Summary – Public Health and Non-Public Health Programs

APH has received the 2025 Amending Agreement from the province identifying the approved funding allocations for public health programs. Change from 2024 includes 1% increase to base funding for mandatory cost-shared programs only, as committed to by the Ministry. The annual budget for public health programs has been updated to reflect the Board approved budget as presented at the November 2024 Board of Health Meeting. APH expects to receive a revised version of the 2025 amending agreement with any further funding changes/additions in the near future.

As of November 30, 2025, Public Health calendar programs are reporting a \$204K negative variance – which is driven by a \$3K negative variance in revenues and a \$201K negative variance in expenditures.

Public Health Revenue

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

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

In March 2024, the Ministry confirmed that IPAC Hub funding would continue in the 2024-25 fiscal year and in the years following, with ongoing formal planning and funding meetings to continue. This funding has been provided to hubs across the province in order to enhance IPAC practices in identified congregate care settings. Formal funding approvals for this initiative were received in early December 2024, which included \$316K in committed base funding through to the 2028/29 fiscal year and the anticipation that any additional program expenditures will be funded via one-time, reasonable funding requests. The 2025/26 IPAC hub budget has been

updated to reflect APH's submitted budget for the hub totaling \$630K. Formal approvals for 2025/26 funding are expected in the near future, at which time APH would receive a catch-up payment for any funding approved above and beyond the committed base funding portion noted above.

Public Health Expenses

Salaries & Benefits

There is a \$635K positive variance associated with ongoing position vacancies that are actively being recruited for. With several planned leaves having returned to work/expected to return to work and APH having been successful in recruiting to fill several vacant positions in late summer/early fall, this variance is anticipated to slow in the remaining months of the year. APH also received two unplanned WSIB rebates totaling \$153K in 2025, related to 2024 and 2023 operating years.

Office Expenses

There is a \$18K positive variance associated with office expenses based on continued efficiencies and savings related to migration to Microsoft 365 and other digital platforms.

Program Expenses

There is a negative variance of \$189K associated with program expenses. \$94K of this identified pressure is driven by demand for our Ontario Senior Dental program (externally sourced professional services for maintenance, preventative and denture services). Once again for 2025, APH submitted a request for increased base funding for this program alongside the 2025 Annual Service plan which was due to the Ministry on March 31st. We continue to service our communities based on demand considering conversations with the Ministry where APH has been instructed to continue programming as planned, with funding opportunities to continually be made available to address ongoing pressures. The remainder can be attributed to purchased services and material/supplies related to minor & major capital projects (e.g. engineering & architectural services, AMOH coverage for planned leave).

Professional Development

There is a \$33K negative variance associated with professional development based on ongoing workforce development and training completed by staff in 2025 with available dollars.

Fees and Insurance

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

Telecommunications

There is a \$25K negative variance associated with telecommunications due to ongoing billing discrepancies with APH's service provider. A service credit has been issued prior to year end.

Facilities Expenses

There is a \$633K negative variance associated with facilities expenses which is driven by unplanned, significant snow removal in the months of January & February and ongoing capital projects (boiler replacement, building envelope repair and 2nd floor office renovations at 294 Willow, SSM). It is to be noted that included in this variance is \$529K in expenses related to the boiler replacement and building envelope repair project for which APH has requested one-time capital funding from the Ministry. We anticipate a response to this request in the near future.

Financial Position - Balance Sheet

APH's liquidity position continues to be stable and the bank has been reconciled as of November 30, 2025. Cash includes \$2.3M in reserve funds.

Long-term debt of \$2.9 million is held by TD Bank @ 1.80% for a 60-month term (amortization period of 120 months) and matures on September 1, 2026. \$170K of the loan relates to the financing of the Elliot

Lake office renovations, which occurred in 2015 with the balance, related to the financing of the 294 Willow Avenue facility located in Sault Ste. Marie. There are no material accounts receivable collection concerns.

Algoma Public Health

Comparative Balance Sheet

November 2025

(Unaudited)

	Current Balance	December 31, 2024
Cash and Investments, Total	5,008,436	4,702,136
Accounts Receivable, Total	307,842	1,729,409
Other Assets, Total	169,447	365,259
Fixed Assets, Total	16,559,921	16,559,921
TOTAL ASSETS	22,045,645	23,356,724
Accounts Payable - Province, Total	1,795,769	2,750,849
Accounts Payable, Total	813,257	743,138
Accrued Liabilities, Total	3,210,118	3,681,471
Long-term Liabilities, Total	2,907,234	2,907,234
Other Liabilities, Total	281,586	277,755
TOTAL LIABILITIES	9,007,965	10,360,445
TOTAL ACCUMULATED SURPLUS	13,037,681	12,996,279
TOTAL LIABILITIES AND EQUITIES	22,045,646	23,356,724

Glossary

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

Briefing Note

To: The Board of Health
From: Rick Webb, Director, Corporate Services
Date: 1/6/2026
Re: Energy Efficiency Projects – LED Lighting & Building Automated System (BAS) Modernization

For Information

For Discussion

For a Decision

PURPOSE

Staff are seeking Board of Health approval and a decision on financing of two priority energy-efficiency capital upgrade projects, which are described in this briefing note.

KEY MESSAGES

- Algoma Public Health (APH) has identified two priority energy-efficiency capital upgrade projects that will significantly reduce utility consumption and greenhouse gas emissions, improve building performance, and lower long-term operating costs.
 1. **LED Lighting Upgrade**
 2. **Building Automation System (BAS) Modernization**
- Total estimated project costs are \$582,000. A time-limited rebate opportunity may reduce the project cost to \$518,000.
- Completion of both projects would result in operational utility savings of about \$40,000 per year.
- Project financing options include use of reserves (recommended) or loan financing.

BACKGROUND

Over the past year, APH has undertaken a series of energy audits and infrastructure assessments, the results of which were previously presented to the Board of Health. These assessments identified outdated lighting systems and an aging BAS as major contributors to unnecessary energy consumption and higher operating costs.

To support this work, APH engaged Blackstone Energy Services, an Ontario Education Collaborative Marketplace (OECM) Supplier of Record, to:

- Facilitate the initial energy audits and infrastructure assessments
- Provide technical expertise
- Assist with project scoping and costing

In March, APH presented a broad suite of potential energy initiatives to the Board of Health (BOH) for information, including an LED lighting upgrade, building automated system (BAS) modernization, and a rooftop solar with a financing partnership. A subsequent structural review has confirmed that the existing roof cannot support a solar installation, and therefore, it is not recommended to proceed with that component at this time. The LED and BAS upgrades remain viable, high-impact projects that can proceed independently.

A new independent solar project review will be conducted at a later date. New grant incentives and new technologies have potentially created opportunities for ground-mount or carport solar projects. APH, in conjunction with an Energy Consultant from Blackstone, will review all available options and provide any further recommendations to the BOH.

PROJECT DETAILS

Scope

- Replace existing fluorescent and aging lighting fixtures with high-efficiency LED fixtures throughout the Sault Ste. Marie owned facility
- Modernize the BAS to a current platform with improved controls, integration, and energy optimization capabilities

Benefits

- Significant reductions in electricity and HVAC energy consumption
- Operational utility savings of approximately \$40,000 per year
- Improved building comfort, reliability, and operational control
- Reduced greenhouse gas emissions
- Lower maintenance costs due to longer-life LED fixtures and modern BAS components (e.g. LED lighting can last between 10-15 years)

FINANCIAL IMPLICATIONS

Estimated Project Cost

- **LED Lighting Upgrade:** \$443,000
- **BAS Modernization:** \$139,000
- **Total:** \$582,000

Rebate Opportunity

Blackstone has identified a potential government rebate of up to \$64,000 for lighting equipment if installation is completed by end of Q1 2026. It is important to note that such a rebate is not guaranteed.

If fully realized, the rebate would reduce the total project cost to:

- **\$518,000**

FINANCING STRATEGY

Option 1 – Use APH Reserves

Fund the project directly from reserves (Recommended)

Rationale:

- Energy savings immediately realized in annual operating budget (estimated \$40k per year)
- Opportunity to apply for one-time Ministry funding if the project is paid in full
- Cost of borrowing is greater than the interest of current investments - 3.75% borrowing costs versus 2.5% interest earnings on investments

Option 2– Loan Financing

Finance the project through a 10-year loan at approximately 3.75% interest, repaid using annual energy savings, with any shortfall covered by our operating budget.

10-Year Loan Repayment Chart (3.75% Interest)

Scenario	Amount Financed	Annual Payment (10 yrs @ 3.75%)	Notes
Base Case	\$582,000	\$70,000	No rebate applied
With \$64K Rebate	\$518,000	\$62,000	Lighting rebate applied

Interpretation

- Annual loan payments of \$70,000 per year would be largely offset by energy savings, which are estimated at approximately \$40K per year.
- Rebate scenarios shorten the payback period by approximately 18 months.
- Compared to the status quo, APH would redirect funds currently spent on utilities toward a capital improvement that reduces long-term operating costs.

Rationale

- Aligns repayment with savings generated
- Preserves APH cash flow and reserves
- Interest rates remain relatively low
- Enables timely implementation to secure the rebate

Option 3– Status Quo (Do Nothing)

Continue operating existing lighting and BAS systems.

Implications:

- Continue paying approximately **\$40,000 annually** in avoidable utility costs
- Ongoing maintenance and eventual replacement costs remain unavoidable
- Lost opportunity of current rebate and long-term savings
- Increased moderate risk of unplanned failures (e.g. replacement of individual lighting units and ongoing bulb replacement)

RECOMMENDATION

That the Board of Health:

1. Approve proceeding with both the LED Lighting Upgrade and BAS Modernization
2. Authorize APH administration to finance project using reserve funds for the total project cost - \$582,000
3. Authorize APH to proceed with installation by Q1 2026 to maximize rebate eligibility

InfoBreak

alPHA's members' portal

alPHA

Association of Local
PUBLIC HEALTH
Agencies

Winter 2026



Key Highlights

- Delegation to Minister of Finance on January 14: protecting and investing in local public health to strengthen Ontario's economy.
- Rural Ontario Municipal Association (ROMA) 2026 concurrent session (January 19): Why municipal investment in local public health matters; leadership meetings with AMO and OMA.
- Save the date: alPHA Winter Symposium (online), Feb. 11–13, 2026
- Governance: A Resolutions process update at the AGM (preview at the Winter Symposium).
- Thank you for your continued leadership and impact across Ontario's 444 municipalities.

Advancing Strategic Priorities

- Delegation to Ontario's 2026 Budget Consultation (January 14, 2026)
 - I presented alPHA's case that:
 - Public health is a key driver of economic strength and resilience.
 - Local public health continues to step up amid growing and complex demands.
 - Sustained, sufficient investment protects Ontarians and reduces downstream system costs.
 - We appreciated the opportunity to appear before the Minister of Finance, Hon. Peter Bethlenfalvy, as not all stakeholders receive a delegation slot when requested.
- ROMA Conference: Making the municipal case for public health (January 18–20, 2026)
 - Concurrent session: *Public Health Matters: A Strong Economy Supported by Healthy Communities*. How investing in local public health strengthens communities and economies.
 - Date/time: Sunday, January 19, 1:15–2:30 p.m. (EST)
 - Location: Sheraton Centre Toronto

o ALPHA leadership will also meet with AMO and OMA leadership while at ROMA to continue advancing joint priorities.

Winter Symposium: February 11–13, 2026 (online)

- With anticipated updates on the new *Ontario Public Health Standards* and the province's review of public health funding, this will be an important touchpoint for timely updates from provincial and system partners.
- Registration has launched.

Governance and Compliance

- Resolutions process: ALPHA will bring forward required updates at the next Annual General Meeting. An overview of proposed changes will be presented at the Winter Symposium.

Thank You

On behalf of the ALPHA Board and Staff, thank you for the vital work you and your teams do every day. Your leadership enables ALPHA to demonstrate how essential local public health is to the health of our communities and Ontario's economic resiliency.

— Hsiu-Li Wang

Chair, ALPHA Board of Directors



LEADERSHIP

Register for the 2026 alPHA Winter Symposium

2026 alPHA Winter Symposium

Feb. 11-13

In case you missed it, registration for this year's Winter Symposium is now open! These events will be taking place from February 11-13 and will discuss a variety of issues of key importance to public health leaders, and you won't want to miss out. Registration is for alPHA Members only, and the cost is \$399+HST. We want to thank those who have already registered for supporting alPHA. We are pleased to see strong enthusiasm for these events.

The symposium will feature an engaging lineup of speakers and topics, including:

- *Risk Communication Essentials: Top 10 Tips for Public Health Professionals* - Ron Brecher and Trevor Smith Diggins, Risk Partners
- *Update from Public Health Ontario (PHO)* - Dr. Samir Patel, Vice President and Chief, Microbiology and Laboratory Services, PHO; Dr. JinHee Kim, Physician Lead, Environmental and Occupational Health, PHO, and Catharine Chambers, Applied Public Health Science Specialist, Communicable Disease Control, PHO
- *alPHA Update* - Dr. Hsiu-Li Wang, Chair, Board of Directors, alPHA
- *On the Front Lines with the Affiliates* - Carolyn Doris, Ontario Dietitians in Public Health; Paul Sharma, Ontario Association of Public Health Dentistry; Caitlyn Paget, Association of Public Health Epidemiologists in Ontario, and Shannon Robinson, Health Promotion Ontario
- *Legally Speaking: alPHA's Legal Counsel in Conversation with Members* - James LeNoury, Principal, LeNoury Law and Legal Counsel, alPHA
- *Association of Municipalities of Ontario (AMO) Update*- Karen Nesbitt, Director, Policy and Government Relations, AMO; Alicia Neufeld, Senior Manager, Policy, AMO, and Daniela Spagnuolo, Policy Advisor, AMO

alPHA would like to acknowledge and thank Region of Waterloo Public Health for being the co-host for the alPHA Winter Symposium. Their support has made these events possible. A shoutout goes to the Dalla Lana School of Public Health and the Eastern Ontario Health Unit for their generous event and technical support.

alPHA 2026 Winter Symposium and Workshops: Pre-Symposium Lineup - Back by Popular Demand!



Sabine Matheson

Sleepless in Ontario - StrategyCorp

Weds., Feb. 11 - 12 p.m. to 1:30 p.m.

With 2026 municipal elections ahead, the political environment for public health is can change quickly. Get a forward look at the policy climate and the key issues affecting agencies and boards of health—so you can prepare with confidence.



Dr. Alexander Caudarella

Actioning Community Data Across Sectors

Canadian Centre on Substance Use and Addiction (CCSA)

Weds., Feb. 11 - 2 p.m. to 4 p.m.

Learn how CCSA is working with communities are shaping the response to substance use and addiction. This session features insights from the Canadian Community Epidemiology Network on Drug Use, along with work with First Nations, Inuit and Métis partners, and innovative approaches to local data and action.



Claudia Valle

The Secret to Sustainability - Leaders for Leaders

Thurs. Feb. 11 - 2 p.m. to 4 p.m.

Sustainability isn't about doing less — it's about choosing what matters over time. Leave with practical strategies to protect your energy, set boundaries, and sustain your impact without burnout. Participants will learn how to rethink balance and self-care as practical and achievable.



You must be an alPHA Member to register. You will be automatically registered for the Pre-Symposium workshops when you register for the Winter Symposium.

This event is co-hosted by alPHA and Waterloo Public Health



With generous support from:



Register for the 2026 EA/AA Winter Workshop!

ALPHA 2026 EA/AA Winter Workshop Online: February 10

In this 2-hour workshop, Christy Bloemendal from Leaders to Leaders, reframes sustainability away from “doing less” and toward making intentional choices over time — helping leaders protect their energy, set boundaries, and keep making a difference without burning out!

This event is co-hosted by ALPHA and Waterloo Public Health



With generous support from:



ALPHA is pleased to invite you to the [ALPHA 2026 Executive Assistant/Administrative Assistant Winter Workshop](#).

This online two-hour virtual workshop will be led by Christy Bloemendal from Leaders for Leaders. This session reframes sustainability away from “doing less” and toward making intentional choices over time—helping leaders protect their energy, set boundaries, and continue making a difference without burning out. Participants will be encouraged to rethink balance and self-care as practical, seasonal, and achievable, so they can continue to lead well without sacrificing themselves in the process.

Registration details: The cost to attend is \$149 + HST and the registration deadline: is Friday, February 6, 2026. Please note, only Executive Assistants and Administrative Assistants working at a public health unit are eligible to attend. One registration equals one participant; badge sharing is not permitted. You do not need to create an account on the ALPHA website to register.

ALPHA would like to thank [Region of Waterloo Public Health](#) for being this year’s Winter Symposium co-host. A shoutout also goes to the [Dalla Lana School of Public Health](#) and the [Eastern Ontario Health Unit](#) for their event support.



2026 Budget Consultations

Last month, ALPHA sent an e-mail to the Membership in regards to the provincial government seeking input on the 2026 budget. There is still time for you to submit your feedback, and it can be done via a survey, written submission, or mail/e-mail. ALPHA has provided a written submission and invites its Members to also do so. Details can be found below and here.

1. Online survey (3 -5 mins, multiple choice, no open-ended questions).

Take the survey

2. Written submission

Submit your "Top Three" suggestions for the 2026 Budget and/or upload a document.

Submit your proposal

3. Mail / e-mail (ALPHA recommends uploading written documents via the portal as well). More information is available here.

In-Person Consultation

Email: MOFconsultations@ontario.ca for more information on consultations in your area.



Rural Ontario Municipal Association (ROMA) Conference



In mid-January, many ALPHA Members, particularly those from the Boards of Health Section, will be attending the [ROMA Conference](#). It will take place January 18-20 in Toronto. Whether you're attending the conference, or are participating in a delegation, here are key ALPHA resources for Members to use:

- [2026 Pre-Budget Consultations - ALPHA Deputation and Submission](#)
- [ALPHA Correspondence](#)
- [ALPHA's Resolutions from the 2025 AGM](#)
- [Public Health Matters Infographic – #5: A Strong Economy Supported By Healthy Communities](#)
- [“What is Public Health?”](#)

Looking for more information? Visit our [Boards of Health Resources webpage](#) for documents to help you prepare for this event.

How to prepare for delegation meetings:

Preparing for Ministerial Delegation Meetings: AMO has developed a guide to support members in requesting, preparing and participating in delegation meetings. You can access the guide [here](#). To make the most of your delegation meetings:

1. Have a clear objective to help keep your conversation on track
2. Share supporting materials in advance to help ministry officials develop appropriate briefing materials
3. Keep your opening pitch short and focussed so that the majority of your meeting can be spent hearing from the Minister and pressing them on answers to your concerns
4. Connect your issue to government priorities to make it easier for them to see why they should help you
5. Show any documentation from previous ministry staff conversations and be specific about where the Minister can help you to overcome a barrier.
6. Make your delegation meeting the start of a conversation and ask for contact information to follow up afterwards and continue the conversation about your issue.

Public Health Matters: A STRONG ECONOMY SUPPORTED BY HEALTHY COMMUNITIES

PUBLIC HEALTH MATTERS

alPHA
Association of Local
PUBLIC HEALTH
Agencies
January 2026

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



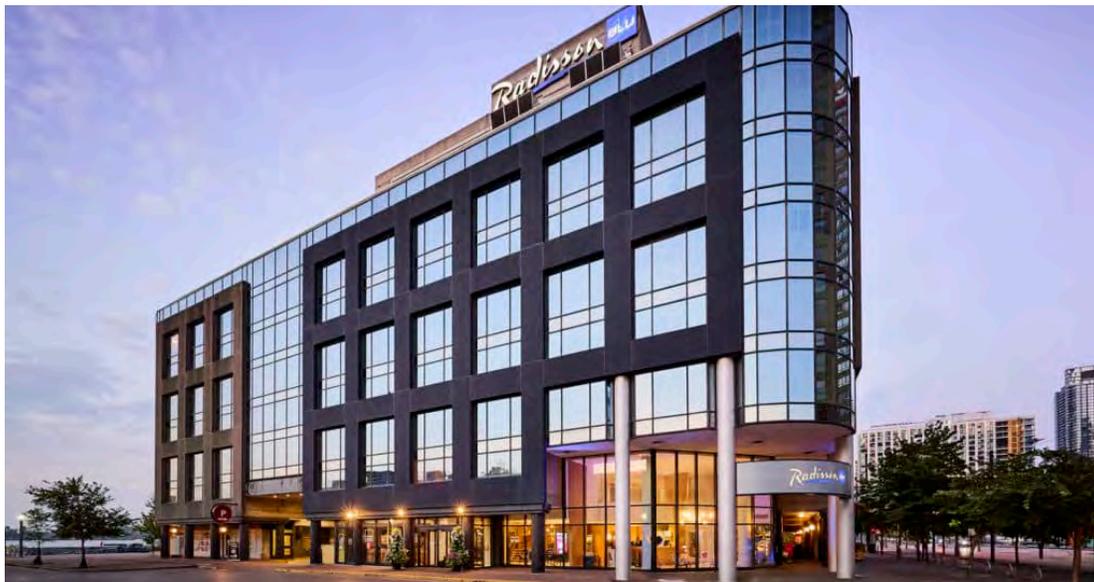
Deliver member services to local public health leaders

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



A screenshot of the latest *Public Health Matters* infographic 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. To read more, click [here](http://www.alphaweb.org).

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 these are above the original conference rate, these are still more affordable than the standard room price at the hotel.

ALPHA has also secured a room block at the Union Hotel. Booking is simple. Please see the e-mail 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).

ALPHA would like to thank Northwestern Health Unit for co-hosting this event. ALPHA is pleased to announce there is already strong interest from previous sponsors. If you know of any additional sponsors, please contact Lynne Russell, Coordinator, Member Services.





Health Promotion Ontario update

Health Promotion Ontario (HPO) held its AGM on December 10, 2025, and heard a keynote address from Dr. Claire Betker, Scientific Director for the National Collaborating Centre for Determinants of Health on the Core Competencies for Public Health as they relate to the field of health promotion. The AGM also highlighted the Health Promotion Ontario updated website: www.healthpromotionontario.ca and we are continuing to build content that adds value for members. The HPO new membership year begins April 1. Membership connects you with a vibrant community dedicated to advancing the field of health promotion. Visit the website to learn more about membership classes, qualifications and fees. We will soon be sharing information related to the call for nominations for the Lori Chow Memorial Awards, acknowledging individuals and projects that contribute to the work of health promotion. We are also recruiting for the Executive Committee. If you are interested in learning more, please email healthpromotionontario@gmail.com.



OPHNL update

With new *Ontario Public Health Standards*, public health nursing competencies, community health nursing standards of practice, and continued expanded scope of practice for nursing, it is important public health nursing leaders are supported to lead through change. The Ontario Association for Public Health Nursing Leaders (OPHNL) is working to support our members through a redesign of our website to integrate technology that supports members to network, collaborate, and share resources. Furthermore, OPHNL is building on the success and momentum of our Spring 2025 Workshop and is planning a workshop in April 2026 to provide members with networking and professional development opportunities.

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](#)



Board of Health Shared Resources

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

Resources available on the ALPHA website include:

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





Respiratory Resources

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

Recent Resources

- [Strengthening Workforce Capacity in Emergency Management](#)
- [Ontario Tobacco, Vaping & Cannabis By-law Summary - 2025 \(updated\)](#)
- [Measles: Information for Health Care Provider \(updated\)](#)

Infectious Disease Surveillance Reports

- [iGAS in Ontario](#)
- [Measles in Ontario](#)
- [Legionellosis in Ontario](#)
- [Diseases of Public Health Significance Cases](#)

Upcoming Events

Jan. 22: [PHO Webinar: Smoking Cessation and Concurrent Alcohol and/or Substance Use](#)

Recent Presentations

- [Toxigenic *C. diphtheriae* in a donkey: Implications for zoonotic disease transmission and One Health Approach](#)
- [Understanding and Communicating Health Risks from Radon Gas](#)
- [Peel Regions Heat Vulnerability Index](#)
- [Building a National Health Data System for a Perinatal Opioid Exposure: A Collaborative Approach](#)
- [Measles and Rubella Outbreaks: Experiences from the Netherlands](#)
- [COVID-19 Vaccination in Canada: A Health Economic Lens](#)
- [Scales, Tails and Salmonella: A Comparative Analysis of Human and Reptile Isolates](#)
- [Public Health Surveillance Vision 2030: Moving Data to Public Health Action](#)
- [Pediatric Nutrition Guidelines – Birth to Six Years](#)

Dalla Lana

School of Public Health

Upcoming DLSPH Events and Webinars

- Psychiatric Ethics in an Authoritarian State: Bearing Witness & Respecting Persons (Jan. 19)
- Queering Ethics: Navigating Dual/Overlapping Relationships From an Ethics of Care (2S/LGBTQ+ Health Hub lecture) (Jan. 21)
- The Sustainability Challenge of Modern Computational Science: The Climate Crisis and AI for Health (Jan. 28)
- Health Inc Seminar Series: Mapping industry influence (Jan. 29)
- Health Case for a Fossil Fuel Advertising Ban (Feb. 5)



Ontario Public Health Directory: October 2025 update

The Ontario Public Health Directory has been updated and is available on the ALPHA website. Please ensure you have the latest version, which has been dated as of **October 28, 2025**. To view the file, log into the ALPHA website.



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.



Waterloo - Photo credit to [CBC](#)

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.

alPHa's members are
the public health
units in Ontario.

alPHa Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

January 15, 2026

The Honourable Peter Bethlenfalvy
Minister of Finance
Frost Building North, 3rd floor.
95 Grosvenor Street
Toronto ON M7A 1Z1

Dear Minister Bethlenfalvy,

Re: 2026 Ontario Budget Consultation: Public Health Programs and Services

On behalf of the Association of Local Public Health Agencies (alPHa), including its Boards of Health Section, the Council of Ontario Medical Officers of Health Section, and our Affiliate Organizations, we are pleased to provide input into the 2026 Ontario Budget consultation regarding the funding required to ensure a stable, locally based public health system.

A healthy economy is not possible without healthy people. Public health is a foundational component of Ontario's health-care system and is a critical driver of economic strength. By preventing illness, protecting communities, and promoting long-term health, public health contributes to higher productivity, reduced health-care costs, and sustained economic prosperity. For these reasons, public health must be supported in the 2026 Budget through sufficient, predictable, and sustained funding to ensure its long-term stability.

We appreciate the Government of Ontario's commitment to the Ministry of Health's *Strengthening Public Health* initiative announced in 2023. This initiative, which aims to optimize the capacity, stability, and sustainability of Ontario's public health system through reorganization, programming, and funding reforms, represents an important step forward.

Progress to date has been encouraging. Four mergers amongst nine former public health units have been successfully completed with ministry support. The Ontario Public Health Standards (OPHS), which are the blueprint for mandatory public health programs and services in all health units, are under active revision, with early drafts suggesting these are being strengthened. A review of the public health funding model is forthcoming, and we anticipate this will be an important opportunity to consider strategies to guarantee the long-term stability and capacity of local public health throughout the province. While we remain enthusiastic about and engaged in this important initiative, we need to restate local public health is still facing substantial and mounting budget pressures that need to be addressed immediately.

The programs and services local public health delivers are requirements under Ontario's Health Protection and Promotion Act (HPPA) and outlined in detail in the OPHS. The funding envelope for public health units has been insufficient to meet these requirements for some time, and modest annual funding increases have not matched costs related to inflation, population growth, collective bargaining, capital, and technology. Our capacity has therefore been steadily eroding for years which does not allow public health to deliver on its mandate.

According to the Bank of Canada, inflation has averaged nearly 4 per cent over the past five years. During this same period, public health funding increases of approximately 1 per cent annually have effectively amounted to year-over-year funding cuts, compounding other unavoidable cost pressures.

Despite these challenges, investments in public health deliver significant returns. Ministry of Health [2025–26 expenditure estimates](#) indicate that transfers to Ontario’s local public health agencies totaled approximately \$916.7-million — about 1 per cent of the ministry’s total operating budget. This modest share underscores the strong return on investment public health provides and demonstrates the funding increases required to stabilize the system would be relatively small in fiscal terms.

To further illustrate this value, aPHa has produced a series of [Public Health Matters infographics](#) highlighting the economic and health returns of public health investments. The latest is attached and showcases activities such as immunization, inspections and investigations, chronic disease prevention, outbreak management, and emergency response — each of which plays a vital role in protecting Ontarians and supporting economic resilience.

Our mandate is designed to keep Ontarians as healthy as possible for as long as possible, which makes public health a foundation of economic strength: a healthy population is more productive, incurs lower health-care costs, and contributes to long-term economic resilience and prosperity. In short, local public health must be seen as a cornerstone of the provincial government’s commitment to protect Ontario by building a more competitive, resilient, and self-reliant economy through stronger, safer communities and investments in health.

We look forward to working with you and welcome this opportunity to make the case for a sustainable and resilient public health system. Please have your staff contact Loretta Ryan, Chief Executive Officer, aPHa, at loretta@alphaweb.org or 416-595-0006 x 222 for any follow-up.

Sincerely,



Dr. Hsiu-Li Wang
aPHa Chair

Copy: Hon. Sylvia Jones, Minister of Health
Dr. Kieran Moore, Chief Medical Officer of Health, Ontario

Encl.

The Association of Local Public Health Agencies (aPHa) is a not-for-profit organization that provides leadership to the boards of health and public health units in Ontario. aPHa advises and lends expertise to members on the governance, administration, and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, aPHa’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 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

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



Windsor-Essex County Health Unit Board of Health

RECOMMENDATION/RESOLUTION REPORT – Adverse Childhood Experiences (ACEs) Local Policy Advancement

2025-11-20

ISSUE

Early adversities or Adverse Childhood Experiences (ACEs) are stressful or traumatic events occurring before the age of 18 that can trigger extreme or prolonged stress response, potentially leading to serious health issues later in life. These experiences may include physical, sexual, or emotional abuse; physical and emotional neglect; and household dysfunction such as parental separation, exposure to domestic violence, or substance use issues.

Locally, rising indications of youth mental health challenges, family stress, and community violence point to ongoing exposure to adversity among children and youth in Windsor and Essex County (WEC). Despite the well documented health and social costs of ACEs, prevention and trauma informed response are not yet fully integrated across community systems such as education, housing, health care and social services.

The issue is compounded by other broader systematic and individual traumas, including colonialism, racism, housing instability, children from low-income households, newcomers, and Indigenous communities. These individuals face a greater likelihood of exposure to ACEs with few accessible protective supports. Without coordinated, upstream policy action, ACEs will continue to drive intergenerational cycles of trauma, health inequity and system strain.

Preventing ACEs is increasingly recognized as an upstream public health strategy to reduce substance use, prevent chronic diseases and mental health issues, improve overall health, and address health inequities faced by families. A trauma-informed care approach is a foundational strategy in addressing ACEs. A trauma-informed approach acknowledges the widespread nature of trauma especially among children, youth and families and its effects on health. It involves adapting organizational policies and to foster resilience, prevent re-traumatization and promote safe, supportive environments for both clients and staff.

BACKGROUND

In May 2025, [the WECHU presented a board information report](#) outlining the significance of ACEs in our region. The presentation focused on what ACEs are, their health implications, populations most at risk, protective factors and key WECHU activities planned for 2025 which included:

- **Staff Capacity Building** – The WECHU has developed e-learning training modules on ACEs and trauma-informed care for all staff. Completion of this training will be mandatory throughout the organization and integrated into staff orientation, and annual refresher courses. In addition, the WECHU will share the e-learning modules with other community organizations and health care providers, encouraging the adoption of training within their own organization to build capacity and understanding of ACEs with their employees.
- **Policy Development/Implementation** – A corporate policy has been developed to guide implementation and integration of trauma-informed principles into daily WECHU operations. This policy ensures consistent application of training across WECHU programs and services. The WECHU will share this policy with other

community partners and health care providers to encourage adoption of similar policies to develop consistent, community wide application of ACEs and trauma informed care principles with clients.

- **Community Collaboration** – As a key priority, the WECHU is working with key community organizations to establish a working committee to address ACEs and trauma from a regional perspective. An initial meeting was held in June 2025 with interest from several local groups to work and collaborate on future initiatives focused on ACEs and trauma informed care.
- **Regional Communication Strategy-** The WECHU is developing communication messages about ACES including tips for parents and families to create positive experiences, and targeted messaging for priority populations introducing the concept of positive and adverse childhood experiences (PACES). Rollout of messaging is planned for early December 2025.

PROPOSED MOTION

WHEREAS Adverse Childhood Experiences (ACEs) are linked to a range of negative health and social outcomes across the lifespan, including chronic disease, mental illness, substance use disorders, and premature mortality; and

WHEREAS Adverse Childhood Experiences (ACEs) contribute to significant health inequities that disproportionately affect children and families facing poverty, racism, housing/food instability, and other systemic barriers; and

WHEREAS national data indicates that 61.6% of the population has experienced at least one Adverse Childhood Experiences (ACEs) in their lifetime and locally 19.3% of respondents had experienced at least one childhood maltreatment incident in Windsor-Essex County (Dawdy et. al., 2025)

WHEREAS the Windsor-Essex County Board of Health can endorse comprehensive policy recommendations that will help to address various health sectors in the region by focusing on the prevention and mitigation of Adverse Childhood Experiences (ACEs) and trauma; and

WHEREAS public health has a legislative mandate to promote health equity, prevent illness, and address the social determinants of health through multi-sectoral collaboration and policy advocacy.

NOW THEREFORE BE IT RESOLVED that the Windsor-Essex County Board of Health supports engaging local community partners to co-develop strategies that reduce exposure to Adverse Childhood Experiences (ACEs) and trauma and strengthen protective factors across the region by encouraging adoption of WECHU's training resources and policy within partner organizations;

AND FURTHER THAT the Windsor-Essex County Board of Health will support local collaboration with health care providers through the sharing of resources, research/data, best practices and recommends health care providers adopt WECHU's training resources and policies on Adverse Childhood Experiences (ACEs) and trauma informed principles within their own professional development and practices;

AND FURTHER THAT the Windsor-Essex County Board of Health calls on municipal, provincial, and federal partners to implement policies and funding that prevent ACEs by addressing poverty, housing insecurity, food access, and family supports;

AND FURTHER THAT, that the Windsor-Essex County Health Unit calls on the provincial government to ensure sustained provincial investment (i.e., funding, training and enhancement of programs and services focused on ACEs) in upstream initiatives that support at risk children, youth and families and help prevent or mitigate adverse childhood experiences, trauma and associated health issues and behaviours.

Key References:

Center for Health Care Strategies (2018). Brief: Laying the Groundwork for Trauma-Informed Care. Retrieved from https://www.chcs.org/media/Laying-the-Groundwork-for-TIC_012418.pdf

Dawdy, J., Dunford, K. and Magalhaes Boateng, K. (2025). Ontario Early Adversity and Resilience Framework. Public Health Ontario Adverse Childhood Experiences and Resilience Community of Practice

Madigan, S., (2023). Adverse childhood experiences: a meta-analysis of prevalence and moderators among half a million adults in 206 studies. *World Psychiatry* 2023; 22:463–471



Windsor-Essex County Health Unit Board of Health

RECOMMENDATION/RESOLUTION REPORT – Prevention and Response to Radon Exposures in WEC

2025-11-20

BACKGROUND

Radon is an invisible, odorless, and tasteless radioactive gas that results from the natural decay of uranium in soil and rock. It can enter homes and buildings through cracks, or openings in the foundation, and when the gas accumulates in enclosed spaces, it can become a health risk. As radon decays, it releases radioactive particles that can attach to dust and other substances, which can damage the cells lining the lungs when inhaled. Prolonged exposure to radon can increase the risk of lung cancer. For non-smokers, radon exposure is the primary cause of lung cancer and for people who smoke the risk of is even higher. In fact, the Government of Canada (2025) estimates that radon exposure is responsible for 16% of lung cancers in Canada, resulting in more than 3,000 deaths each year¹. Exposure to radon poses significant health risks, especially to vulnerable populations like children, seniors, and individuals with pre-existing lung conditions. Children are particularly susceptible, as early exposure increases their lifetime risk of lung cancer.

Health Canada has set the Canadian guideline for indoor radon levels in the home at 200 Becquerels per cubic metre (Bq/m³). A recent 2024 [Cross-Canada Survey of Radon Exposure in the Residential Buildings of Urban and Rural Communities](#) was published and found that the central region (Ontario and Quebec) of Canada has approximately 1 in 6 residential homes with an average radon level at or exceeding 200 Bq/m³. The only way to know what the radon level is in a home or building, is to test for it. Corrective actions should be taken within one year if radon level results are at or greater than 200 Bq/m³. Effective techniques to reduce indoor radon levels include sealing cracks or gaps in the house or the building foundation, sealing sump-pump holes, and increasing ventilation. However, if these techniques do not reduce radon levels below 200 Bq/m³, a more extensive radon mitigation system must be installed by a certified radon professional. According to Health Canada, the expense of radon mitigation typically ranges from \$2000 to \$4000 which can present a significant financial burden for low-income households.

In [February 2019](#), the WECHU Board of Health passed a resolution that outlined a number of progressive public health initiatives aimed at lowering community risks and exposures related to radon. The key actions included promoting municipal and public policy updates on testing and mitigation, along with strengthening provincial building code requirements for new constructions of homes. Since this resolution, WEC municipalities have adopted a radon rough-in requirement for all new residential construction through by-laws (2020). The Ontario Building Code further strengthened these measures by mandating a rough-in for a subfloor depressurization system in all new homes and buildings in January 2025.

The WECHU continues to promote radon awareness through educational campaigns to the community, every November during Radon Action Month, to encourage residents to test their homes.

In 2022, the WECHU provided consultation to the Essex County Library, and its branches, to implement a Radon Monitor Lending Program that offers Essex County residents the opportunity for short term borrowing of radon devices to test their homes. The program was initially funded by a grant and launched with 20 short-term radon testing devices for library cardholders. The program has continued and expanded to 54 devices. From 2022 to 2024, the devices were circulated 4,094 times. While the Essex County Library has successfully added this resource to their services, other community serving organizations throughout the community hold important opportunities to offer similar types of free access to testing devices for the public. Free access to testing is of particular benefit to low-income households in high priority neighbourhoods. A more comprehensive, community based, barrier free access approach could expand reach and access.

Municipalities are in a unique position to take a leadership role in helping communities take action to prevent and identify radon concerns by developing and implementing radon policy frameworks. Many WEC residents live and work in spaces that lack modern radon mitigation systems, and the high cost of remediation is a major barrier for residents in low-income households. By implementing testing and mitigation policies in public spaces, municipal housing, and subsidized living facilities, municipalities can not only reduce exposure but also encourage other local organizations and businesses to adopt their own comprehensive radon policies.

PROPOSED MOTION

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

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

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

Whereas, radon mitigation can present a significant financial challenge for many low-income homeowners in the WEC region, and

Now therefore be it resolved that the Windsor-Essex County Board of Health recommends local municipalities adopt radon policy frameworks that includes radon testing in municipally owned indoor spaces, including municipally supported congregate living sites, and implement mitigation strategies when high radon levels are detected; and

FURTHER THAT, the Windsor-Essex County Board of Health recommend local municipalities adopt a free and accessible short-term radon monitoring device lending program, in a variety of public spaces, for residents to test their homes for radon barrier free; and

FURTHER THAT, the Windsor-Essex County Board of Health continues to recommend that local municipalities explore opportunities for subsidy programs, specifically for those living in high priority neighbourhoods and low-income households, to reduce the cost of radon remediation in homes where radon is detected.

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 83-25

TO: Chair and Members of the Board of Health
FROM: Dr. Alexander Summers, Medical Officer of Health
Emily Williams, Chief Executive Officer
DATE: 2025 December 11

**MONITORING FOOD AFFORDABILITY AND
IMPLICATIONS FOR PUBLIC POLICY AND ACTION (2025)**

Recommendation

It is recommended that the Board of Health:

- 1) *Receive Report No. 83-25 re: “Monitoring Food Affordability and Implications for Public Policy and Action (2025)” for information;*
 - 2) *Direct staff to draft a resolution for the 2026 Association of Local Public Health Associations (alPHa) Annual General Meeting recommending the Government of Ontario increase the Ontario Works earned income exemption to match the Ontario Disability Support Program earned income exemption; and*
 - 3) *Direct staff to forward Report No. 83-25 re: “Monitoring Food Affordability and Implications for Public Policy and Action (2025)” to Ontario Boards of Health, the City of London, Middlesex County, and appropriate community agencies.*
-

Report Highlights

- In 2024, 1 in 3 households in Middlesex-London were food insecure. This is a statistically significant increase from 2023.
- Local food affordability monitoring is a requirement of the [Ontario Public Health Standards](#).
- The 2025 Ontario Nutritious Food Basket results demonstrate decreased food affordability and inadequate incomes to afford basic needs for many Middlesex-London residents.
- Food insecurity has a pervasive impact on health; and there is a need for income-based solutions.

Background

Food insecurity, defined as inadequate or insecure access to food due to financial constraints, is a key social determinant of health¹. For children and adults, food insecurity is a strong predictor of poor health and is associated with an increased risk of a wide range of physical and mental health challenges, including chronic conditions, non-communicable diseases, infections, depression, anxiety, and stress¹⁻³. Poor diet quality costs Ontario an estimated \$5.6 billion

annually in direct healthcare and indirect costs (e.g., lost productively due to disability and premature mortality)⁴.

As a result of systemic and structural inequities, racism, and colonization, food insecurity disproportionately affects certain populations^{1,3,5}. Higher rates of food insecurity are found among Indigenous People, Black people, recent immigrants, female lone parent led households, low-income households, and other marginalized populations¹. Although households whose main income is from social assistance have the highest rate of food insecurity, 58.6% of food insecure households in Ontario rely on wages, salaries, or self-employment as their main income¹.

Routine monitoring of food affordability helps generate evidence-based recommendations for collective public health action to address food insecurity which is often tied to income inadequacy. The [Ontario Public Health Standards](#) require monitoring local food affordability as mandated in the [Population Health Assessment and Surveillance Protocol, 2018](#).

The Ontario Nutritious Food Basket (ONFB) is a survey tool that measures the cost of eating as represented by current national nutrition recommendations and average food purchasing patterns. The Ontario Dietitians in Public Health (ODPH), in collaboration with Public Health Ontario (PHO), develop, test, and update tools for monitoring food affordability for Ontario public health units. The costing tool uses a hybrid model of in-store and online data collection.

Local Food Insecurity

The rate of food insecurity in Middlesex-London has significantly increased in recent years ([Appendix B](#)). In 2024, 1 in 3 households (31.3%) in Middlesex-London were food insecure⁶. This is a statistically significant increase from 2023 (1 in 4 households, 25.1%) and 2022 (1 in 6 households, 17.5%)⁶. Middlesex-London Health Unit is the only Ontario public health unit with a statistically significant higher food insecurity rate in 2024 than Ontario.

In 2024, an estimated 194,000 residents lived in food insecure households in Middlesex-London^{6,7}. This is an increase of approximately 54,000 residents from 2023 (estimated 140,000 residents)^{6,7}. However, food insecurity data are not available below the health unit level, limiting the ability to stratify prevalence estimates between the City of London and Middlesex County.

The prevalence of food insecurity across Canada suggest that food insecurity may be lower in rural areas (i.e., Middlesex County) than urban areas (i.e., City of London)⁸. However, food insecurity is still a concern for Middlesex County as evidenced by the number of meal programs and food banks in Middlesex County⁹. In addition, food bank usage underrepresents the actual rate of food insecurity, as many people who are food insecure do not access food banks¹⁰.

Food insecurity is measured by the Household Food Security Survey Module (HFSSM) and classified as food secure, marginally food insecure, moderately food insecure, or severely food insecure ([Appendix C](#)). In recent years, moderate and severe food insecurity have increased disproportionately compared to marginal food insecurity ([Appendix C](#))⁶. Ontario data provides an estimate for the increases at the local level, as Middlesex-London data is only available as the dichotomous variable of food secure or food insecure.

Local Food Affordability

Local food and average rental costs from May 2025 are compared to a variety of household and income scenarios, including households receiving social assistance, minimum wage earners, and median incomes ([Appendix D](#), [Appendix E](#)). The scenarios include food and rent only and

are not inclusive of other needs (i.e., utilities, Internet, phone, transportation, household operations and supplies, personal care items, clothing, etc.). The household scenarios highlight that incomes and social assistance rates are not keeping pace with the increased cost of living. Comparing the monthly funds remaining after rent and food costs in 2025 to 2024 for various household scenarios illustrates that specific scenarios are falling further behind each year and provides evidence for the impact of income-based policy changes on food affordability (e.g., Ontario Disability Support program rate increases are indexed to inflation, while Ontario Works rate increases are not indexed to inflation).

A key indicator of food insecurity is the average monthly cost of a nutritious diet as a proportion of household income. Households with low incomes spend up to 47% of their after-tax income on food, whereas households with adequate incomes (family of 4) only spend approximately 12% of their after-tax income.

Monitoring food affordability data and methodology details, including other cost adjustments required to compare the 2024 and 2025 scenarios, are included in [Appendix D](#).

Public Health Action

Annually, the Health Unit monitors and reports on local food affordability, the impact of health inequities due to food insecurity, effective strategies to reduce these inequities, and shares this information with the municipalities, the public, and community partners.

Ontario's [Poverty Reduction Act, 2009](#) requires the provincial government to develop a new poverty reduction strategy every five years. The current strategy, [Building a Strong Foundation for Success: Reducing Poverty in Ontario \(2020-2025\)](#), is soon to expire. MLHU submitted a response to the recent Ontario Poverty Reduction Strategy (OPRS) consultation including recommendations from the [food insecurity municipal primer \(Appendix F\)](#).

The food insecurity municipal primer includes a recommendation to work with the provincial government to advance income-based policies and income support programs (e.g., increase the amount of income exempt from reduction of Ontario Works (OW) benefits to better support those working toward leaving the OW program) (Report No. 48-25). The current OW earned income exemption of \$200 per month, with benefits reduced by 50 cents for every additional dollar earned, has not increased since 2013¹¹. In 2023, the provincial government increased the Ontario Disability Support Program (ODSP) earned income exemption from \$200 to \$1,000 per month, with benefits reduced by 75 cents for every additional dollar earned¹².

Earlier this year, the Board of Health received a [verbal delegation](#) from the London Food Bank (LFB) about their partnership with the Health Unit and the current state of food insecurity in Middlesex-London. [Feed Ontario](#), of which LFB is a member, advocates for solutions to end food insecurity and poverty in Ontario, including increasing the OW income exemption to align with the ODSP income exemption¹³.

It is recommended that the Board of Health direct staff to draft a resolution for the 2026 Association of Local Public Health Agencies (aLPHa) Annual General Meeting recommending the Government of Ontario increase the OW earned income exemption to match the ODSP earned income exemption (i.e., increase from \$200 to \$1000 per month, with benefits reduced by 75 cents for every additional dollar earned).

Living wages help to protect individuals against food insecurity. A living wage is the hourly wage a full-time worker needs to earn to afford basic expenses and participate in community life. In

Middlesex-London, the 2025 living wage is \$21.05 per hour¹⁴ as compared to the Ontario minimum wage of \$17.60. Local food costs, as estimated using the ONFB, are shared with the Ontario Living Wage Network and used to calculate our regional living wage. The Health Unit re-certified as a living wage employer in 2025.

Next Steps

Continued work is needed to address food insecurity and its significant health and well-being implications. MLHU will continue to highlight the need for upstream income-based solutions and programs that address both food affordability and access.

Affordable housing is critical to ensuring households can afford other necessities, such as food. Policy recommendations and actions that can be taken by municipalities and housing providers are included in “The Built, Natural, and Social Environments Framework: Housing” ([Report No. 82-25](#)).

This report was written by the Municipal and Community Health Promotion Team of the Family and Community Health Division and the Population Health Assessment and Surveillance Team of the Public Health Foundations Division.

References are affixed as [Appendix A](#).




Alexander Summers, MD, MPH, CCFP, FRCPC
Medical Officer of Health

Emily Williams, BScN, RN, MBA, CHE
Chief Executive Officer

This report refers to the following principle(s) set out in Policy G-490, Appendix A:

- The Population Health Assessment and Surveillance Protocol, 2018; and the Chronic Disease Prevention and Well-Being and Healthy Growth and Development standards, as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).
- The following goal or direction from the [Middlesex-London Health Unit's Strategic Plan](#):
 - Our public health programs are effective, grounded in evidence and equity

This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's [Anti-Black Racism Plan](#) and [Taking Action for Reconciliation](#), specifically recommendations:

Anti-Black Racism Plan Recommendation #37: Lead and/or actively participate in healthy public policy initiatives focused on mitigating and addressing, at an upstream level, the negative and inequitable impacts of the social determinants of health which are priority for local ACB communities and ensure the policy approaches take an anti-Black racism lens.

Taking Action for Reconciliation Supportive Environments: Establish and implement policies to sustain a supportive environment, as required, related to the identified recommendations.

FOOD INSECURITY

MIDDLESEX-LONDON 2025



Food insecurity negatively impacts physical, mental, and social health ¹

Food insecurity is the inadequate or insecure access to food due to a lack of money ¹



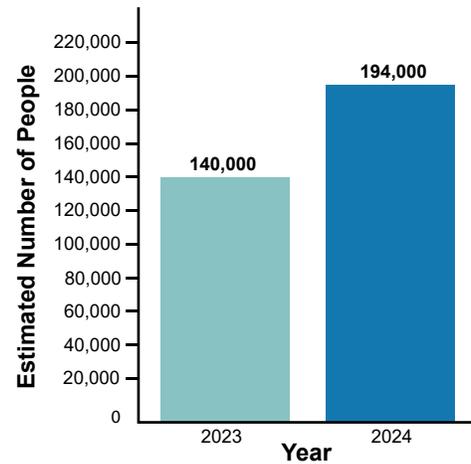
2024

1 in 3 Middlesex-London households were food insecure ²

2023

1 in 4 Middlesex-London households were food insecure ²

Middlesex-London Residents Living in a Food Insecure Household ^{2, 3}



How much money is left each month after paying for food and rent? ⁴



Income Source	Single Person		Family of 4		
	OW ^a	ODSP ^b	OW ^a	Minimum Wage ^c	Median Income ^d
Food (% of Monthly Income Needed)	47%	27%	40%	23%	12%
Rent (% of Monthly Income Needed)	116%	67%	63%	37%	19%
What's Left?	-\$558	\$84	-\$79	\$2,020	\$6,792

^a Ontario Works ^b Ontario Disability Support Program ^c As of May 2025 ^d Statistics Canada, 2025.

Households still need to pay for all other expenses, including childcare, utilities, Internet, phone, tenant insurance, transportation, personal care, clothing, school supplies, gifts, recreation, out of pocket medical and dental costs, education, and savings.

Solutions are needed that help people afford the costs of living



- Adequate social assistance benefits
- Jobs that pay a living wage
- A basic income guarantee
- Affordable housing, public transit, and childcare
- Reduced income tax for low-income households
- Free tax filing support

References
 1. Tarasuk V, Li T, Fafard St-Germain AA. (2022). Household food insecurity in Canada, 2021. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from <https://proof.utoronto.ca/>
 2. Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2025). Snapshots Data File for Household Food Insecurity (2019 to 2023 (annual, 2-year combined, 3-year combined)). Retrieved from <https://www.publichealthontario.ca/en/Data-and-Analysis/Health-Equity/Household-Food-Insecurity>
 3. Ministry of Finance (MOF). (2024). Ontario population projections, 2023-2051. Toronto ON: MOF.
 4. Middlesex-London Health Unit (December 2025). Monitoring food affordability and implications for public policy and action (2025).

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 05-26

TO: Chair and Members of the Board of Health
FROM: Dr. Alexander Summers, Medical Officer of Health
Emily Williams, Chief Executive Officer
DATE: 2026 January 22

ALCOHOL LABELLING POLICY POSITION

Recommendation

It is recommended that the Board of Health:

- 1) Receive Report No. 05-26 re: “Alcohol Labelling Policy Position” for information;
 - 2) Endorse [Appendix C](#) re: Middlesex-London Health Unit Policy Position on Alcohol Labelling;
 - 3) Endorse [Appendix D](#) re: Statement from Provincial/Territorial Chief Medical Officers of Health on Labelling of Alcohol Products; and
 - 4) Direct the Clerk to forward Report No. 05-26 and Appendices [C](#) and [D](#) to all members of the Standing Senate Committee on Social Affairs, Science, and Technology, copied to all Ontario Boards of Health and local Members of Parliament.
-

Report Highlights

- The Middlesex-London Health Unit (MLHU) was a witness at a session of the Standing Senate Committee on Social Affairs, Science and Technology regarding its examination of [Bill S-202, An Act to amend the Food and Drugs Act \(warning label on alcoholic beverages\)](#).
- The Middlesex-London Board of Health has a history of supporting public health policy measures intended to mitigate the health harms associated with alcohol, including the need for alcohol labelling.
- The Provincial/Territorial Chief Medical Officers of Health have endorsed a position statement on alcohol warning labels, strongly encouraging the federal government to mandate health label requirements on alcohol containers for sale in Canada.
- It is the position of the Middlesex-London Health Unit that all alcohol manufactured or sold in Canada should have mandatory, regulated labels including health warnings, Canada’s Guidance on Alcohol and Health, and standard drink size information.

Background

In late October, the Standing Senate Committee on Social Affairs, Science, and Technology (SOCl) invited a representative from the Middlesex-London Health Unit (MLHU) to appear as a

witness on October 29, 2025, as part of its examination of [Bill S-202, An Act to amend the Food and Drugs Act \(warning label on alcoholic beverages\)](#). As requested by the committee, an opening statement and briefing was submitted prior to the meeting, attached as [Appendix A](#) and [Appendix B](#). Linda Stobo, Manager of Comprehensive Health Promotion B, represented MLHU, presenting opening remarks and speaking to questions posed by Committee members, along with Medical Health Officers from Toronto Public Health and Vancouver Coastal Health.

Previous Board of Health Support for Alcohol Labelling

At the April 20, 2023 meeting, the Board of Health moved to endorse a correspondence item in support of ‘*BILL S-254 An Act to amend the Food and Drugs Act (warning label on alcoholic beverages)*’ from Ann-Marie Kungl, Board of Health Chair, Simcoe Muskoka District Health Unit. Bill S-254 died on the Order Paper due to Parliamentary Prorogation in January 2025. Bill S-202 was reintroduced to Senate on May 28, 2025 proposing the amendment of the *Food and Drugs Act* to regulate health warning labels on alcohol beverages.

MLHU Policy Position

All alcohol manufactured or sold in Canada should have mandatory, regulated labels including health warnings, Canada’s Guidance on Alcohol and Health, and standard drink size information.

The MLHU Policy Position statement, attached as [Appendix C](#), situates alcohol consumption in Middlesex-London, quantifies the population health burden, and identifies the lack of public awareness regarding alcohol and its harms; health warning labels are proven to be effective at helping consumers make informed choices. The MLHU policy position aligns with the Provincial and Territorial Chief Medical Officers of Health’s (PTCMOH) statement on alcohol warning labels released in December 2025, linked as [Appendix D](#).

Next Steps

At the time of drafting this report, Bill S-202 is at the end of Committee stage but has not yet passed approval for debate at third reading. If passed by Senate at third reading, the Bill will then go to the House of Commons for first, second, committee, and third readings. If passed by both chambers, the bill will receive royal assent and become law.

It is recommended that the Board of Health endorse MLHU’s Policy Position ([Appendix C](#)) and PTCMOH’s Statement ([Appendix D](#)) on alcohol warning labels. Further, it is recommended that this report and Appendices [C](#) and [D](#) be sent to all members of the Standing Senate Committee on Social Affairs, Science, and Technology, copied to all Ontario Boards of Health and local Members of Parliament, to contribute to a unified public health voice regarding alcohol labelling.

This report was written by the Comprehensive Health Promotion B Team.



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Chief Executive Officer

This report refers to the following principle(s) set out in Policy G-490, Appendix A:

- The Chronic Disease Prevention and Well-Being and the Substance Use and Injury Prevention standards as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).
- The following goal or direction from the [Middlesex-London Health Unit's Strategic Plan](#):
 - Our public health programs are effective, grounded in evidence and equity

This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's [Anti-Black Racism Plan](#) and [Taking Action for Reconciliation](#), specifically recommendation "Create Supportive Environments – ensure the use of culturally-respectful terminology".

Middlesex-London Health Unit Policy Position on Alcohol Labelling

Middlesex-London Health Unit Policy Position

All alcohol manufactured or sold in Canada should have mandatory, regulated labels including health warnings, Canada's Guidance on Alcohol and Health, and standard drink size information.

Policy Position Summary

Whereas 80% of Middlesex-London adults 19 years of age and older self-report alcohol use in the past 12 months and 29% report drinking alcohol weekly at more than a low-risk level (Middlesex-London Health Unit, 2025); AND

Whereas alcohol is classified as a Group 1 carcinogen with a causal link to cancer (IARC 2012; Runggay, 2021); AND

Whereas many Canadians are unaware of:

- alcohol's relationship to cancer risk, especially at low levels of consumption,
- what a standard drink of alcohol contains, and
- guidance to reduce their alcohol risk (Government of Canada, 2024); AND

Whereas alcohol is a legal product with associated health harms (Babor, 2023; Paradis, 2023); AND

Whereas alcohol containers in Canada lack comprehensive health warning labels to inform consumers of the risks or ways to reduce the risks; AND

Whereas labels are an effective tool to help consumers understand product risk (CCS, 2023; Hobin, 2022; Noar, 2016).

Therefore, the Middlesex-London Health Unit, and its Board, recommend alcohol labelling for all alcohol manufactured or sold in Canada with:

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

Background

Alcohol – No Ordinary Commodity

In Ontario and across Canada, alcohol availability has increased significantly over the past decade, while health protective regulations have not kept pace. Alcohol is normalized in our society as an ordinary consumer good used to celebrate, commiserate, and has even been seen as a rite of passage; however, alcohol is anything but an ordinary commodity. It is a leading risk factor for disease and injury, responsible for over 17,000 deaths and nearly 120,000 hospitalizations every year in Canada (CISUR/CCSA, 2023). Alcohol contributes to over 200 health conditions, including cancers, liver disease, cardiovascular conditions, mental health concerns, and fetal alcohol spectrum disorder (Babor, 2023; Paradis, 2023). In addition to these significant health harms, the economic and social implications of alcohol are substantial, costing Canadians \$19.7 billion/year (CISUR/CCSA, 2023) which is more than the societal costs of tobacco and opioids combined.

Locally, 80% of Middlesex-London residents, aged 19 years and older, identify themselves as current drinkers and 29% report drinking above what is considered a low-risk level based on the [Canadian Guidance on Alcohol and Health](#) (Middlesex-London Health Unit, 2025). These consumption levels account for 4.1% of deaths, 2.4% of hospitalizations, and 3.8% of emergency department visits each year in Middlesex-London (Public Health Ontario, 2023). The population health burden from alcohol exceeds available capacity on already overstretched healthcare and policing systems. Furthermore, alcohol can have profound secondary harms to communities through impaired driving, intimate partner violence, and public disturbances.

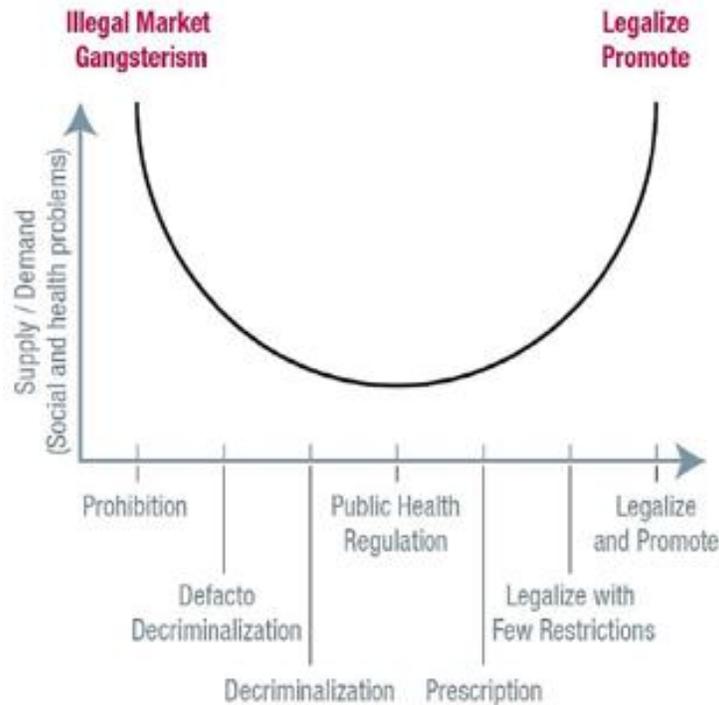
Public Health Approach to Preventing Harms from Alcohol

From a public health perspective, preventing harms from alcohol consumption requires a comprehensive, organized, and multi-sectoral approach that provides controlled access to a strictly regulated product, while removing the commercial and/or industry influence. A public health approach is anchored in social justice, human rights, equity, and the application of evidence-informed policy and practice (CPHA, 2017).

Since 2024, there have been significant changes to the alcohol retail market, expanding sales to many different retail settings in Ontario, including convenience stores and grocery stores. In a cross-sectional study from Ontario, alcohol outlet density was associated with higher alcohol-attributable emergency department visits; an association that had a larger impact in low compared to high socioeconomic status neighbourhoods (Forbes, 2024).

Figure 1, pictured below, shows the population health benefit to reducing health and social harms when there is a balance between alcohol availability and the enactment of measures to protect public health and safety. Through the implementation of strict public health regulations, including simple, evidence-based health warning labels on alcohol containers sold in Canada, the consumer would be informed about the health risks associated with alcohol, as well as better understand how much alcohol they are consuming, allowing for a more informed decision.

Figure 1. The Paradox of Prohibition – Adapted from Marks U-Shaped Curve (Health Officers Council of BC, 2005)

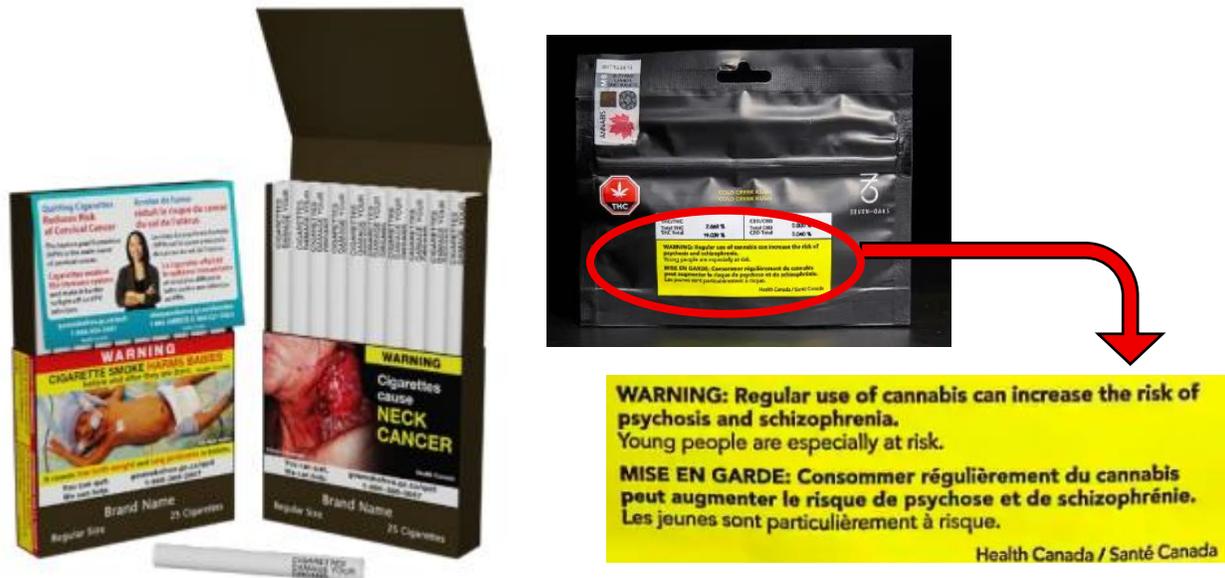


Rationale

Alcohol Labelling Supports Informed Choice by Consumers

In Canada, other legalized substances like commercial tobacco products and non-medical cannabis are required to display standardized labels that include health warnings and product information to inform consumers about associated health risks and have standardized packaging designed to reduce product promotion and appeal (Government of Canada, 2023; Government of Canada, 2025). While tobacco’s labelling evolution took significant public health efforts to move from small text warnings in the 1970s to graphic health warnings and the plain packaging requirements that we see in Canada today, evidence confirms that these warning labels have increased awareness of health risks, reduced product appeal, and contributed to declines in smoking rates (Noar, 2016; CCS, 2023). The benefits of these tobacco warning labels were significant enough to influence Canada’s approach to packaging and labelling legalized, non-medical cannabis products in 2018, pictured below in Figure 2. Alcohol remains the outlier, as the only legalized substance that currently does not have a warning label.

Figure 2. Examples of tobacco and cannabis warning labels mandated by the government of Canada (CCS, 2023; Israel, 2019)



Evidence indicates that alcohol warning labels impact individuals' knowledge, awareness, behavioural intentions, and perceptual judgements (Babor, 2023; CAPE, 2022; Correia, 2024; Hobin, 2020; WHO, 2022). Labels can reach all consumers regardless of education, income, or whether living in large urban centres or remote rural communities (Hammond, 2011), and exposure to labels is highest among those consuming the highest volume of alcohol as messaging is at point of pour.

Canadians have the right to informed decision making, including the risks associated with alcohol consumption, accurate standard drink sizing descriptions, and up-to-date guidance to help reduce their risk. The “duty to warn” obligation under product liability law could reasonably be applied to the alcohol industry since “the basic underlying rationale for the duty to warn is that consumers rely on manufacturers to provide accurate information about the risks inherent in the use of their products” (Shelly, 2021, p.268). Drawing upon lessons learned from the regulation of commercial tobacco products, warning labels are an evidence-informed policy tool that have been proven to help educate the public about the health risks associated with smoking, and instrumental in building public support for strengthening tobacco control policies, including bans on marketing and tobacco tax increases (Hammond, 2011; Noar, 2016; PHO, 2017)

Canadians Are Unaware of Health Harms from Alcohol

Alcohol is a known carcinogen and has been classified by the International Agency for Research on Cancer (IARC, 1988) as a Group 1 carcinogen for over 35 years causing at least 7 kinds of cancers and was linked to nearly 7,000 new cancer cases in Canada in 2020 (Rumgay et al., 2021). Unfortunately, most Canadians are unaware of alcohol's relationship to cancer, especially at low levels of consumption. The Government of Canada's [2023 Public Awareness of Alcohol-related](#)

[Harms Survey](#) confirmed that less than one-third of Canadians believe that alcohol increases the risk for breast, throat, or mouth cancers. Additionally, only one-third of Canadians were familiar with the concept of a “[standard drink](#)” and just over half of respondents were aware of [Canada’s Guidance on Alcohol and Health](#), despite widespread promotion (Government of Canada, 2024).

The majority of Canadians agree that alcohol products should display or provide:

- the number of standard drinks;
- guidance to reduce health risks; and,
- health warnings.

Furthermore, most believe that health labelling of alcohol products would help them

- track their alcohol consumption;
- think more readily about alcohol-related harms; and,
- think about cutting back on drinking or talking to others about cutting back (Government of Canada, 2024).

Alcohol Labelling and Youth Prevention

Between 2015 and 2020, expansion of alcohol sales to approximately 450 grocery stores licensed to sell beer, wine, and cider led to increased alcohol product promotion and exposure to children and youth (Friesen, 2022). Drawing upon the lessons learned from comprehensive tobacco control, tobacco warning labels are especially effective in preventing youth initiation (Hammond, 2011; Francis, 2019). With the increased visibility of alcohol products in stores accessible to children and youth, alcohol labelling has the potential to reach them with messages that will counter industry-based advertising. The health warnings are visible to all consumers, including children and youth, on store shelves in their local convenience or grocery store. The labels also provide an opportunity for meaningful conversations between parents and their children regarding the health harms associated with alcohol.

Summary

To address complex societal problems with significant public health burden, cooperation and collaboration between local, municipal, provincial, and federal partners are required. Impacts of alcohol consumption remain a substantial population health burden, and one that exceeds social and health care system capacity. The Middlesex-London Health Unit and its Board of Health support mandatory and regulated alcohol labelling including health warnings, Canada’s Guidance on Alcohol and Health, and standard drink size on all containers of alcohol manufactured and sold in Canada. It is a modest and evidence-informed policy that ensures that consumers are aware of the health harms associated with alcohol and is in alignment with Canada’s approach to commercial tobacco products and the legalization of non-medical cannabis.

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