



Algoma
PUBLIC HEALTH
Santé publique Algoma

June 24, 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 of Health Meeting

AGENDA

Wednesday, June 24, 2026 - 5:00 pm
SSM Algoma Community Room | Videoconference

BOARD MEMBERS

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

APH MEMBERS

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

GUESTS: **Healthy Growth & Development:** Sandra Dereski, Program Manager; Taylor Labadie, Health Promotion Specialist
School Health & Community Wellness: Hilary Gordon, Program Manager; Stephanie Morin, Public Health Nurse; Temeara Barrett, Health Promotion Specialist

REGRETS:

- 1.0 Meeting Called to Order S. Trivers
 - a. Land Acknowledgment
 - b. Roll Call
 - c. Declaration of Conflict of Interest
- 2.0 Adoption of Agenda S. Trivers

RESOLUTION

Moved:
 THAT the Board of Health agenda dated June 24, 2026, be approved as presented.
- 3.0 Delegations / Presentations
 - a. Comprehensive Health Promotion in Action:

S. Dereski
T. Labadie
H. Gordon
S. Morin
T. Barrett

 - Nurturing Algoma
 - Planet Youth
- 4.0 Adoption of Minutes of Previous Meeting S. Trivers

RESOLUTION

 THAT the Board of Health meeting minutes dated May 27, 2026, be approved as presented.
- 5.0 Reports to the Board
 - a. Medical Officer of Health and Chief Executive Officer Reports Dr. Loo
 - i. MOH Report - June 2026
 - 2025 Report to the Community / Rapport à la communauté 2025:
Protecting health. Supporting communities. Public Health in Algoma
Protéger la santé. Soutenir les communautés. La santé publique à Algoma

RESOLUTION

 THAT the report of the Medical Officer of Health and CEO for June 2026, be accepted as presented.
 - ii. Briefing Note: Constance Lake First Nation Inquest Recommendation Response Dr. Tuinema

RESOLUTION

 That the Board of Health receive this briefing note for information and endorse the responses to the inquest recommendations as presented.

b. Finance and Audit

J. Wildman

i. Finance and Audit Committee Chair Report (to be added as an addendum in advance of meeting)

RESOLUTION

Moved:

THAT the June 3, 2026, report of the Finance and Audit Committee Chair be accepted as presented.

ii. Briefing Note: Planet Youth Algoma

RESOLUTION

THAT the Board of Health accept the Planet Youth briefing note as presented and endorse signing the contract with the Planet Youth consultancy.

iii. Unaudited Financial Statements ending April 30, 2026.

RESOLUTION

THAT the Board of Health accepts the Unaudited Financial Statements for the period ending April 30, 2026, as presented.

6.0 Correspondence - for information

S. Trivers

- a. Recommendation/Resolution Report from Windsor-Essex County Health Unit Board of Health, regarding *Waterpipe Smoking Restrictions*, dated May 14, 2026
- b. Recommendation/Resolution Report from Windsor-Essex County Health Unit Board of Health, regarding *Enhancing Municipal Readiness for Ontario's Bring-Your-Own-Beverage (BYOB) Legislation* through Public Health Engagement, dated May 14, 2026
- c. Recommendation/Resolution Report from Windsor-Essex County Health Unit Board of Health, regarding *Global Conflict, Health Equity, and Community Preparedness*, dated May 14, 2026
- d. Letter from Thunder Bay District Health Unit, regarding *Addressing Household Food Insecurity in Ontario*, dated June 19, 2026
- e. Letter from Thunder Bay District Health Unit, regarding *Request for Review of Pneumococcal Vaccine Eligibility*, dated June 19, 2026

7.0 Addendum

S. Trivers

8.0 In-Camera

S. Trivers

For discussion of labour relations and employee negotiations, matters about identifiable individuals, adoption of in camera minutes, security of the property of the board, litigation or potential litigation, information supplied in confidence to the Board of Health by the Province / Ministry of Health.

RESOLUTION

THAT the Board of Health go in-camera.

9.0 Open Meeting

S. Trivers

Resolutions resulting from in-camera meeting.

10.0 Meeting Evaluation: Biannual BOH Meeting Evaluation

S. Trivers

11.0 Announcements / Next Committee Meetings:

S. Trivers

Governance Committee Meeting

Tuesday, **September 15, 2026** @ 2:00 pm
SSM Algoma Community Room | Video Conference

Finance and Audit Committee Meeting

Wednesday, **September 16, 2026** @ 5:00 pm
SSM Algoma Community Room | Video Conference

Board of Health Meeting

Wednesday, **September 23, 2026** @ 5:00 pm

SSM Algoma Community Room | Video Conference

Finance and Audit Committee Meeting

Wednesday, **October 14, 2026** @ 5:00 pm

SSM Algoma Community Room | Video Conference

12.0 Adjournment

S. Trivers

RESOLUTION

THAT the Board of Health meeting adjourns.

Comprehensive Health Promotion in Action

Healthy Growth & Development

Sandra Dereski, Program Manager

Taylor Labadie, Health Promotion Specialist

School Health & Community Wellness

Hilary Gordon, Program Manager

Stephanie Morin, Public Health Nurse

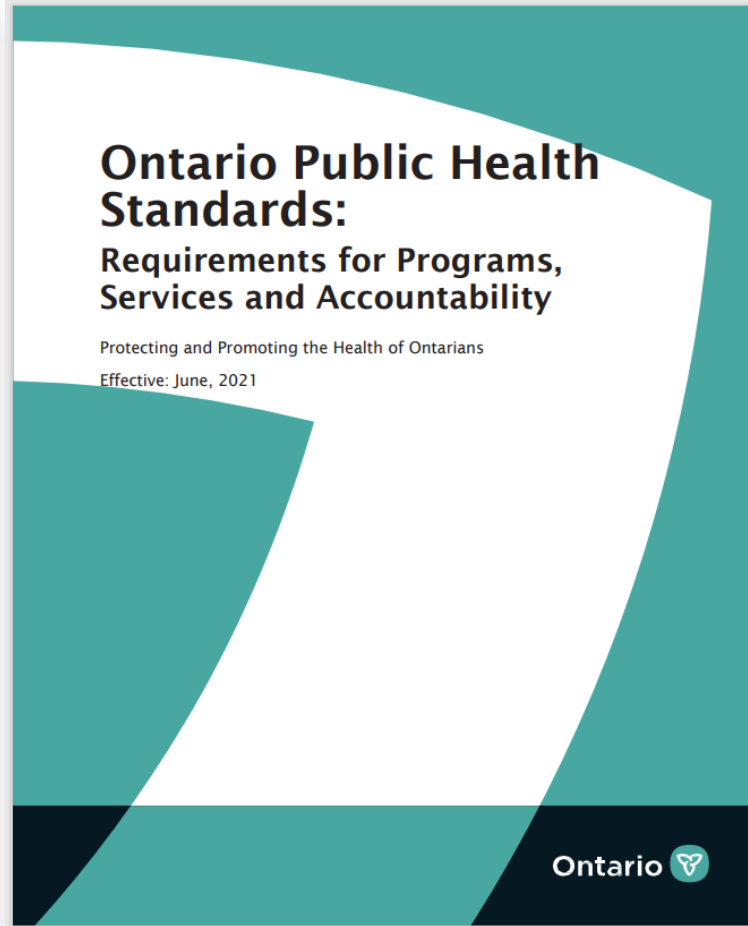
Temeara Barrett, Health Promotion Specialist

June 24, 2026

Overview

- Introduction
- Comprehensive Health Promotion
- Community Health in Algoma
- Nurturing Algoma
- Planet Youth
- Next Steps

Ontario Public Health Standards



Healthy Growth and Development

Goal: To achieve optimal preconception, pregnancy, newborn, child, youth, parental, and family health.

School Health

Goal: To achieve optimal health of school-aged children and youth through partnership and collaboration with school boards and schools.

Chronic Disease Prevention and Well-Being

Goal: To reduce the burden of chronic diseases of public health importance and improve well-being.

Substance Use and Injury Prevention

Goal: To reduce the burden of preventable injuries and substance use.

Strategic Plan Directions

Vision: Health for all. Together.

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



OUR COMMUNITY:

Creating Meaningful Connection

We will strengthen our trusted presence and increase our recognition across Algoma communities through relationship building, community engagement, and collaborative action.



OUR PRACTICE:

Strengthening our Performance, Measuring Impact, Sharing Stories

We will focus on core public health functions to have the greatest positive impact on community health and health inequities; we will show this through measurement and sharing stories.



OUR TEAM:

Fostering a Foundation for Success

We will invest in our workforce as the foundation for delivering our mission, creating a culture of effective collaboration, excellence, and continuous learning that enhances our capacity and resilience.



OUR APPROACH:

Focusing on Upstream Pathways

We will advance upstream approaches to population health through a health equity lens that strives to improve systemic and social conditions for better health outcomes across Algoma.

Comprehensive Health Promotion: *Interdisciplinary teams in action*

- Work at the population level to support Algoma communities across the life course, from early childhood through to adolescence and beyond
- PHNs, HPS's, RD's, & Administrative Support



Comprehensive Health Promotion



Ottawa Charter for Health Promotion, 1986

Community Health in Algoma



Infant and Child Health in Algoma

45.2% vs. **67.6%**

Algoma

Ontario

Eligible children receiving any
18-month well-child visit

13.6% vs. **3.6%**

Algoma

Ontario

Children born into a family with
child protection involvement

1 in 4

Algoma children
experience food
insecurity

44.9% vs. **19.1%**

Algoma

Ontario

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

9.3% vs. **3.7%**

Algoma

Ontario

Infants born into a family with
concerns about money

Youth Health in Algoma

1 in 4

Algoma youth aged 12-18
report alcohol use

14

Average age for
starting substance use
in Algoma

19.2% vs. **13.1%**

Algoma

Ontario

Youth aged 12-17 years perceived
their mental health as fair or poor

36.9%

Ontario youth aged 15-
19 report cannabis use

1 in 4

Algoma youth report feeling anxious,
nervous, or worried almost daily, leading
to stopping their regular activities.

Nurturing Algoma



A community-wide partnership between the Sault Ste. Marie & Algoma Child and Family Network (CFN) and agencies dedicated to supporting families and promoting early childhood development



Shared vision of embedding the science of infant and early mental health across systems



Strengthening networks of care to support Algoma children and expansion of developmental screening across the district



Integrates the five action areas of the Ottawa Charter

Community Engagement



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Shine On  Sault Ste. Marie



superior children's centre
centre supérieur d'enfants



Algoma District Services Administration Board
Conseil d'administration des services du district d'Algoma

 **Algoma Family Services**
SERVICES AUX FAMILLES D'ALGOMA


The Orchard
Children's Centre

THRIVE



Early ON
Child and Family Centre
ON y va
Centre pour l'enfant et la famille

 **child care
algoma**
"We Care for What Really Matters"

 **SAULT COMMUNITY
CAREER CENTRE**

40
ELLIOT LAKE
CHILD AND FAMILY CENTRE

 **Children's Aid Society of Algoma**
Société de l'aide à l'enfance d'Algoma

 **All Star**
CHILDREN SERVICES INC

 **Sault Ste. Marie
Public Library**
www.ssmpl.ca
"One stop....endless possibilities"



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The Growing Impact



Our sample is represented by **every postal code** across the Algoma District, which spans more than 48,000 km²



The number of trained **frontline providers** has increased from **30 to 140**



The **number of sites** offering ASQ screening for families across the district has increased from **16 to 46**



Close to **1000 ASQ screens** have been collected and entered into the database toward creating national data surveillance



514 unique children across Algoma received one or both ASQ screens



Nurturing Algoma has mobilized **18 partners** across the district

Nurturing Algoma – what we have learned so far...

114 out of 466 children **(24.5%)** were identified as at-risk in at least 1 developmental domain screened by the ASQ®-3.

Number of Children at Risk for Developmental Delay by Developmental Domain						
Baseline Screening	Communication	Gross Motor	Fine Motor	Problem Solving	Personal-Social	Social-Emotional
	58	48	37	39	45	49
Percentage of Children at Risk	12.4%	10.3%	7.9%	8.4%	9.7%	13.6%

(ASQ®-3: N=466; ASQ®:SE-2: N=361)

Systems Impact



1 Operationalizing the ASQs



2 Knowledge Mobilization



3 Evidence-based program planning



4 Prioritizing early years investment



5 Building healthy public policy

Nurturing Algoma Next Steps

- ✓ Nurturing Algoma Community of Practice
- ✓ Infant & Early Mental Health Care Pathway
- ✓ Co-creating with Caregivers
- ✓ Enhanced Data Analysis



Planet Youth[®] Algoma



Collaboration between Algoma Public Health and community partners invested in system-level change and community action to address youth substance use



Understand neighbourhood-level root causes through local survey data

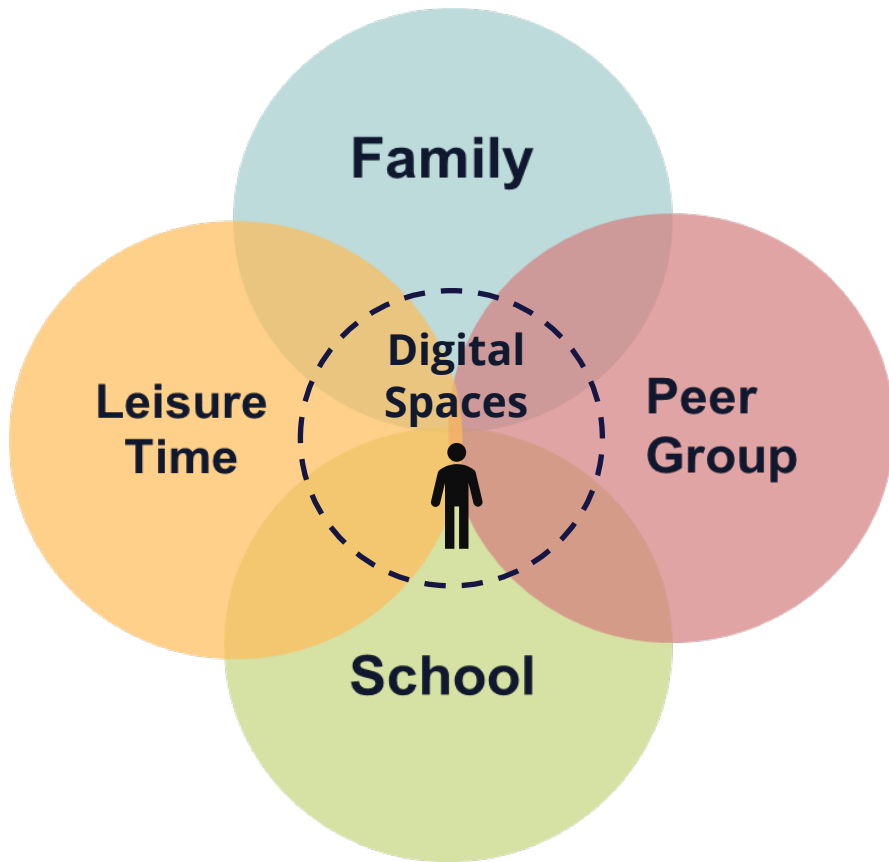


Focuses on long-term, sustainable, upstream prevention; rooted in the Icelandic Prevention Model



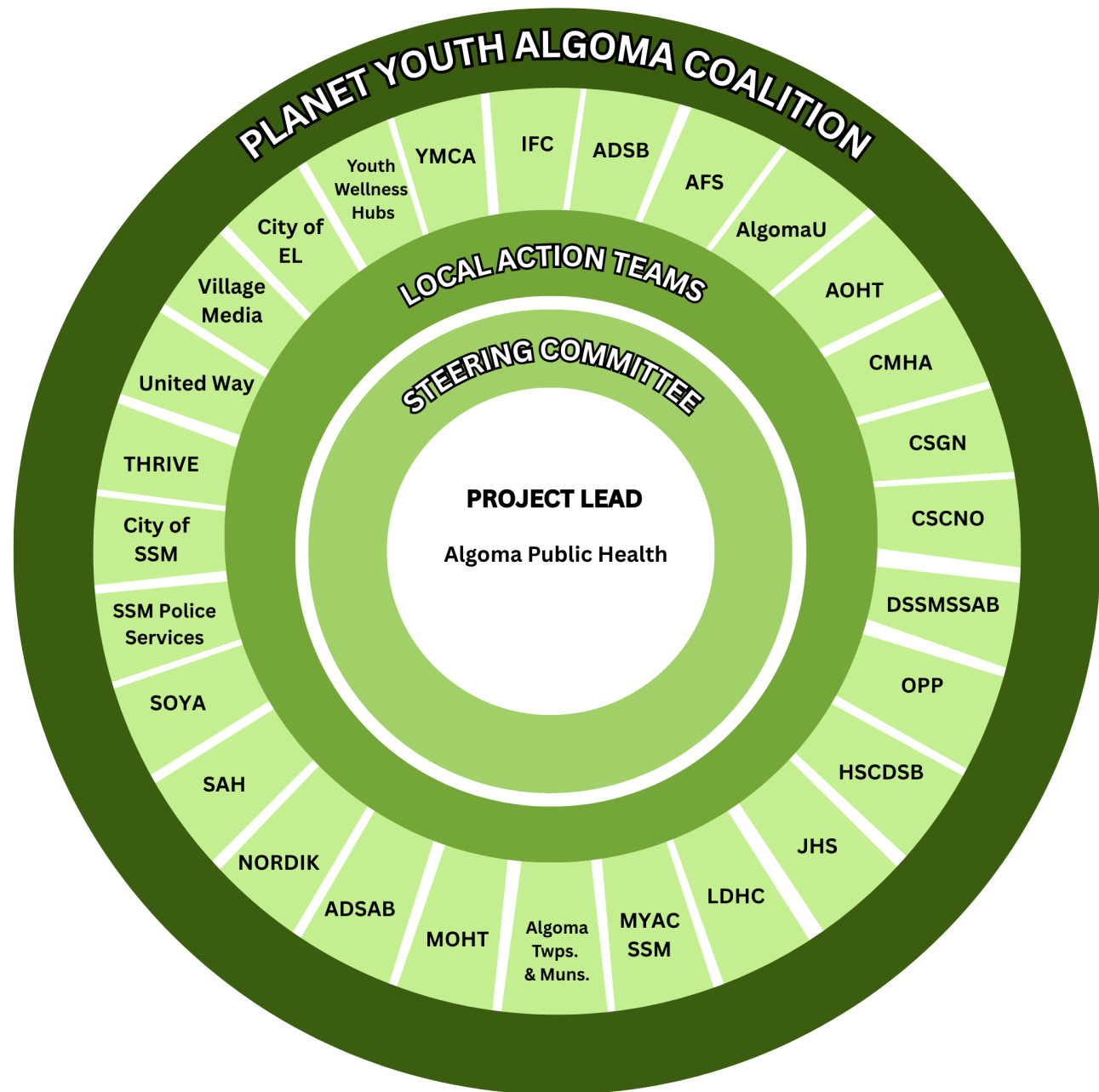
Integrates the five action areas of the Ottawa Charter

Community-Level Impact



- Experiences within the key domains look different from one community to another
- Interventions extend beyond those surveyed
- Specific risk & protective factors targeted

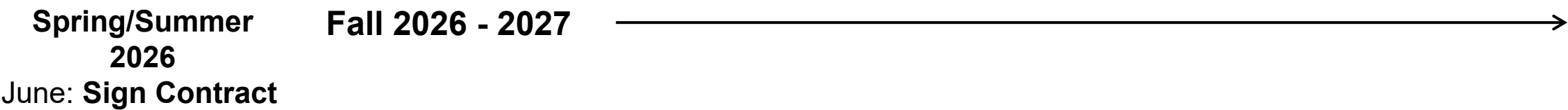
Planet Youth Algoma: Building the community coalition



Local Progress & Next Steps



STEP 1 – 3	STEP 4	STEP 5	STEP 6-7	STEP 8	STEP 9	STEP 10
Build capacity, secure funding & pre-data collection planning	Data collection	Community engagement	Share findings & set goals	Policy and practice alignment	Bring youth into changed environments	Reflect & repeat

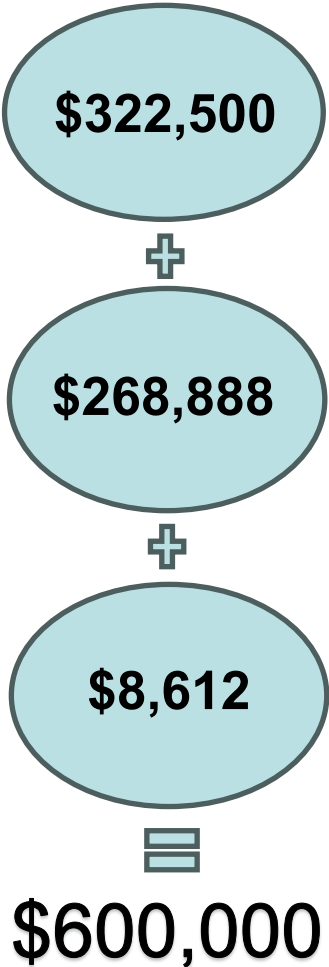


Funding Update

Algoma District public sector/
non-profit organizations
*\$100,000 contingent on renewal

Algoma Municipalities

APH + other potential
funding partners



Year	Cost	
2026	€ 70,050	\$112,445
2027	€ 72,152	\$115,818
2028	€ 74,316	\$119,292
2029	€ 76,546	\$122,872
2030	€ 78,842	\$126,557
~ \$600,000 CAD over 5-years		

algomayouth.ca



Conclusion

Comprehensive, upstream health promotion is a strategic investment that delivers strong returns for public dollars.

Public health programs and policies:

- Reduce illness and premature death
- Lower long-term healthcare system costs
- Strengthen population and economic well-being



Questions?

Chi-Miigwech. Merci. Thank You.

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June 24, 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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2025 Report to the Community / Rapport à la communauté 2025: Protecting health. Supporting communities. Public Health in Algoma Protéger la santé. Soutenir les communautés. La santé publique à Algoma	Attached
Briefing Note: Constance Lake First Nation Inquest Recommendation Response	Attached

APH AT-A-GLANCE

At APH's Employee Appreciation Day on May 29, diverse sessions included a guest speaker on the ethical use of artificial intelligence in public health as well as a presentation on the agency's new strategic plan. As part of the day's evaluation, employees were asked to summarize in one word how they felt about the direction APH is moving into next year. Of the 87 responses received, 80% were clearly positive, with the top five responses being "excited," "confident," "good," "optimistic," and "hopeful." This positive outlook aligns well with the work that APH teams have recently completed to celebrate the previous year's accomplishments through the [2025 annual report](#), and through the [refreshed strategic plan](#) look ahead to renewed areas of focus in the coming three to five years.

During the month of June, APH teams also reaffirmed our commitment to Truth and Reconciliation as we, alongside a number of Indigenous guests and partners, honoured National Indigenous History Month and National Indigenous Peoples Day with a flag raising ceremony. At this event, APH employees also had the opportunity to reflect on the significance of the recent installation of the Maamwesying Ontario Health Team's [Relative, Family, and Caregiver Declaration of Values](#) at our facility, which was done at the invitation of the MOHT as part of our collaborative partnership agreement. By striving to bring these teachings to life with care and intention, APH teams aim to help create spaces where Indigenous relatives feel more welcomed, respected, and comfortable accessing our programs and services—while strengthening our collective capacity to learn, grow, and carry out our public health work in meaningful alignment with our strategic goals.

On the corporate services front this past month, APH has added a fifth vehicle to its fleet with the lease of a hybrid vehicle, which will be assigned to the Elliot Lake office. The Agency's fleet now consists of four leased vehicles—two hybrids and two fully electric vehicles—as well as one Agency-owned 2017 internal combustion engine truck. A review of mileage reimbursement patterns demonstrated that leasing Agency vehicles results in a small but meaningful cost savings compared to reimbursing personal vehicle use. Staff have also noted the benefit of not using their own vehicles for Agency business. The addition of a branded vehicle further strengthens APH's visibility across the district and reinforces our commitment to being present and engaged in the communities we serve.



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Protecting health. Supporting communities.

Public Health in Algoma
2025 Report to the Community



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Message from the Board of Health Chair / Medical Officer of Health & CEO

In 2025, Algoma Public Health (APH) continued to serve our clients and work with community partners toward our shared vision: **Health for all. Together.** We're pleased to share APH's 2025 Annual Report with you to highlight our work this past year.

Some of APH's services are easily visible and familiar – whether you were one of the 628 new moms we called after the birth of a new baby, one of 4,510 kids who got screened by our oral health team, one of 11,483 students who accessed fruits and veggies as part of the Northern Ontario Fruits and Vegetables Program, or someone who got one of the 66,758 doses of publicly funded vaccines we distributed to health care providers across the district.

Other APH work is done with partners, often behind the scenes, to find ways to make our local environments, policies, and communities healthier. Expanding Nurturing Algoma developmental screening to 47 partner sites district-wide and sharing key findings and next steps from the Toxic Drugs in Algoma report with 48 municipal leaders and service providers are two examples of how APH worked collaboratively in 2025 to reorient local systems toward better opportunities for health.

Even if you have never visited an APH office or spoken with one of our team members, chances are, you have benefited from the work of your local public health team at APH this past year. From the peace of mind that comes from our routine inspections of all restaurants, pools, and hair

and nail salons, to staying informed via exposure advisories in the media when an outbreak of measles infected 151 Algoma residents, the APH team is here to protect the health of our communities and all Algoma residents.

With a multidisciplinary team of 163 employees based at APH offices across Wawa, Sault Ste. Marie, Blind River, and Elliot Lake, we are a part of the Algoma communities we serve, and we are committed to our organizational values of excellence, respect, collaboration, and accountability & transparency. APH's work is funded through provincial and municipal tax dollars – all of which come from the same citizens. In 2025, all of APH's programs and services cost Algoma residents 51 cents a day or \$187 per year per person. On average, Algoma municipalities contribute about 1% of their revenues toward funding APH.

Local public health services are not expensive, and they are critical and foundational to community health and wellbeing. In fact, much of our upstream and preventive work can be both life-saving and cost-saving. On behalf of the APH team and Board of Health, we thank all Algoma residents for investing in local public health, and we extend our gratitude to our many community partners with whom we have the privilege of working.

We look forward to continuing our work, in partnership, to realize our vision of health for all. Together.



Suzanne Trivers
Chair, Board of Health



Dr. Jennifer Loo
Medical Officer of Health/CEO

2025 Board of Health

Member	Approved By
Sally Hagman	Township of Blind River, Township of Spanish, Township of North Shore
Julila Hemphill	The Municipality of Wawa, Township of White River, Township of Dubreuville
Don McConnell (2nd Vice-Chair /Chair of the Governance Committee)	Province of Ontario
Luc Morrissette	The City of Elliot Lake
Sonny Spina	The City of Sault Ste. Marie
Sonia Tassone	The City of Sault Ste. Marie
Suzanne Trivers (Chair)	Town of Thessalon, Municipality of Huron Shores
Jody Wildman (1st Vice-Chair)	Town of Bruce Mines, Village of Hilton Beach & Townships of Hilton, Jocelyn, Johnson, Laird, Macdonald, Meredith & Aberdeen Additional, Plummer Additional, Prince, St. Joseph, Tarbutt Township
Natalie Zagordo	The City of Sault Ste. Marie



Healthy Growth and Development

GOAL

To achieve optimal preconception, pregnancy, newborn, child, youth, parental, and family health in Algoma.

The birth rate in Algoma was 6.75 live births per 1,000 people in 2025, representing a total of 877 births.

Of the 877 babies born, 79.3% of women said they planned to breastfeed only.

We increased local knowledge and understanding of the needs of Algoma families with infants and children by focusing on adverse childhood experiences (ACEs) and infant and early mental health (IEMH).

Across the program we have public health nurses, family support workers, a health promotion specialist, a research assistant, a registered dietitian and administrative support.

628



calls to new moms within 48 hours of new baby being born:

Blind River: 27

Elliot Lake: 46

Sault Ste. Marie: 532

Wawa: 27

59



people were trained at one of four sessions as part of Nurturing Algoma to build local capacity and support developmental screening for children across the region.

24



partner organizations supported service delivery for Nurturing Algoma across 47 sites throughout Algoma.

North Algoma: 3 partners

Central Algoma: 3 partners

East Algoma: 4 partners

Sault Ste. Marie: 14 partners

In 2025, six new Nurturing Algoma Data Sharing Agreements were signed to support this growing network.

Nurturing Algoma expands access to developmental screening

In 2025, the Healthy Growth and Development Program expanded access to developmental screening across Algoma through the Nurturing Algoma Project. This work was supported through partnerships with the Sault Ste. Marie and Algoma Child and Family Network and new community partners across the district, including the Sault Ste. Marie Community Career Centre, helping improve access to supports for immigrant families.

Nurturing Algoma was also featured at provincial and national conferences, including the 2025 Infant and Early Mental Health Expanding Horizons Conference and the 2025 Ontario Canada Prenatal Nutrition Program Conference, highlighting Algoma's collaborative approach to supporting infant and early childhood development.



In 2025, the Nurturing Algoma project included the completion of 765 developmental screens with children and families.

“

[Participating in Nurturing Algoma] makes us able to see that we're really helping [the families] because it's not just that we're doing a survey and that's it. We're looking beyond that and we're trying to help find solutions while they're waiting or give them information to help them while they're waiting.

– Participant in Nurturing Algoma

”



School Health

GOAL

To achieve optimal health of school-aged children and youth through partnership and collaboration with school boards and schools in Algoma.

21% of youth aged 5 to 17 reported feeling anxious, nervous, or worried weekly.

91% of youth 12-19 years-old ate less than 5 servings of fruit and vegetables per day.

The School Health program uses an integrated approach by working with school boards, schools, parents, and students to address health related priorities. Public health nurses are aligned with all school boards and schools in Algoma to help provide school communities with policy development, curriculum support, classroom presentations, assistance with school health events, and participation on school committees.

Across the program, we have public health nurses, a dietitian, public health inspectors, a health promotion specialist, dental educators, dental hygienists and administrative support.

23



presentations were delivered to Grade 7 students across Algoma to promote the CARD (comfort, ask, relax, distract) system, helping reduce stress about needles and build confidence in vaccines.

25



council and committee meetings were attended at school communities across Algoma.

23



classroom presentations were delivered on a variety of topics including vaping, hand washing, effects of smoking through pig lung demonstrations and more.

Northern Fruit and Vegetable Program (NFVP)



11,483 elementary and intermediate students across Algoma received fruits and vegetables through the NFVP.

“

Students surveyed showed they are much more at ease about vaccination and the public health nurses' presentation definitely covered many of the questions students tend to ask teachers and school staff. Public health nurses should definitely continue to deliver this presentation each year.

– Mark Hindermeier
Grade 7/8 Teacher - Grand View Public School

”

22 Welcome to Kindergarten events:

we attended these events to support a healthy start to school.

14 school events and fairs attended

to support conversations with students about mental health, wellbeing, and other health priorities.





Oral Health

GOAL

To achieve optimal oral health in school-aged children and seniors and reduce the burden of chronic disease related to oral health in Algoma.

Approximately 1 in 4 children entering school in Algoma had current or a history of tooth decay.

Only 3 in 10 senior residents in Algoma reported having dental insurance coverage.

Expanded capacity to help community members access oral health information and dental services in the community.

Across the program, we have registered dental hygienists, dental health educators, administrative support, and contracted dentists.

4,510



children had oral health screening in 54 schools across Algoma.

159



children were enrolled in Healthy Smiles Ontario (HSO) through school screenings. HSO provides oral health coverage for eligible children in need.

1,407



community members were supported with oral health information and system navigation.

9



oral health providers were contracted to provide oral health services to eligible community members across Algoma.

100%



All of oral health team staff completed evidence-based education on health inequities and the social determinants of health to better support diverse communities across Algoma.

“

*“Our family is so grateful for this program being accessible ...
Miigwech for being so gentle and caring”*

- Jena Rose Heise

”

Improving access to dental care for children

We began providing in-house treatment services through Healthy Smiles Ontario for eligible children, reducing barriers to access.

From September to December, 41 children completed comprehensive oral health treatment.





Immunization

GOAL

To reduce or eliminate the burden of vaccine preventable diseases through immunization in Algoma.

In Fall 2024, letters were sent to 3,755 families of students that APH was missing vaccine records for. Follow-up enforcement efforts were focused on students in grades 9 to 11, and a total of 549 suspension orders were issued to students in those grades. About 75% of their immunization records were updated in time, which avoided them from being suspended from school.

By the end of the 2024-2025 school year, vaccine coverage in Algoma ranged from 71% to 87% for the various immunizations required under the ISPA. Furthermore, 59.7% and 63.3% of 12 year olds were fully immunized against HPV and Hepatitis B respectively. These vaccines are not mandatory for school, but highly recommended, and typically given in grade 7 as a series of two doses.

Across the program, we have public health nurses, a registered practical nurse, and administrative support.

6,638



calls to our vaccine phone line that connects health care providers and the public to our immunization team.

66,758



publicly funded vaccine doses were distributed to healthcare providers and used at APH clinics across Algoma, helping ensure a reliable vaccine supply for the community.

95



vaccine fridge inspections completed. Public health nurses visited health care providers across Algoma to ensure vaccines were stored safely and remained effective.

3,635



vaccinations administered in the school settings.
Human Papillomavirus (HPV): 1,449 doses
Hepatitis B: 1,356 doses
Meningococcal: 830 doses
At school clinics, HPV-9 and hepatitis B are given as a series of 2 doses. Meningococcal vaccine requires just one dose.

154



doses of measles-containing vaccine were given during a measles outbreak in the spring and summer. The outbreak occurred in a community with lower vaccination rates. Nurses from the Immunization Team conducted 15 community outreach clinics to offer vaccines and help protect residents from measles.

Total number of immunization clinics offered across the Algoma district

Location	Total clinics*	ISPA Catch-up Clinics
Blind River	55	4
Elliot Lake	49	2
Sault Ste. Marie	337	65
Wawa	61	7
All of Algoma	502	78

*"Total Clinics" includes all clinic types that were offered in 2025: routine publicly funded vaccines, travel vaccines, outreach (newcomer support, food banks, shelters, etc.) ISPA catch-up, vaccine clinics taking place in a school setting, measles outreach and respiratory (flu/COVID-19/RSV) clinics.

Protecting against tetanus, diphtheria and whooping cough (Tdap)

High school students need a booster dose of Tetanus-Diphtheria-Pertussis (Tdap) vaccine. This is due 10 years after they received their previous dose, which is typically given between 4–6 years of age. This vaccine can be given at school by APH with parental consent. In 2025, public health nurses gave 386 Tdap shots in high schools. Students may also get this vaccine from their doctor or at an APH clinic. By the end of the 2024–2025 school year, 83.6% of 17 year olds were up to date with their Tdap vaccine.



Chronic Disease Prevention and Well-Being

GOAL

To reduce the burden of chronic diseases of public health importance and improve well-being in Algoma.

74.5% of people in Algoma report feeling a strong sense of belonging to their local community.

68% of residents in Algoma report having very good or excellent mental health, while 72% of adults and 80% of youth (ages 12-17 years old) report usually being happy and interested in life.

From 2016–2021, the rate of eating disorders in Algoma went up 85% (from 15.4 to 28.5 per 10,000 people).

We promote mental health by building resiliency, creating supportive environments, and strengthening protective factors to prevent mental illness and promote mental wellness.

Across the program, we have public health nurses, a registered dietitian, health promotion specialists, and administrative support.

19



community partners working with families and youth from Algoma participated in “Body-Inclusive Practice: Knowledge to Action” training to support eating disorder prevention work.

10



staff completed two full days of community engagement training; a total of 22 staff have received this training since 2024.

22 committees advancing health and well-being

Through participation in local, regional, provincial, and national committees, we help shape policies, share local insights, and strengthen partnerships that support healthier communities.

8 local committees in Algoma
1 regional (Northern Ontario)
12 provincial
1 national

12



presentations were delivered to all teams and the Board of Health to launch APH’s Mental Health Promotion Framework.

3



letters of support were provided to community partners working towards improving built & social environments.

11



partners from communities between the North Shore and Wawa joined a new Eating Disorders Algoma Prevention community coalition led by registered dietitians to support eating disorder prevention efforts across Algoma.

“

“As a psychologist and researcher working in Northern Ontario, I see firsthand the importance of upstream, community-driven prevention. Planet Youth offers a structured, data-informed approach that empowers communities to take ownership of youth wellbeing. I believe this initiative can strengthen protective factors, enhance community connectedness, and create lasting improvements in mental health across the Algoma region.”

– Teryn Bruni PhD
Assistant Professor,
Department of Psychology,
Algoma University

”



Substance Use and Injury Prevention

GOAL

To reduce the burden of preventable injuries and substance use in Algoma.

The North continues to experience this crisis differently from the rest of the province. In 2025, the rate of drug-related deaths in Algoma was 2.25 times higher than the province (37.09 per 100 000 vs. 16.43 per 100 000, respectively).

Almost 80% of 2025 drug-related deaths in Algoma occurred in private residences. This highlights the importance of providing harm reduction messaging, such as the risks of using drugs alone, and addressing stigma to help reduce barriers to accessing services.

Drug-related deaths in Algoma also occurred in hospitals (10%), in vehicles (4%), in hotels/motels (4%), and outdoors (4%).

We continuously monitor substance-related harms and trends in Algoma and work collaboratively across sectors to plan interventions that are meaningful to our communities.

Across the program, we have public health nurses, a health promotion specialist and administrative support.

597



people trained to administer naloxone throughout Algoma, and 12,338 doses of naloxone distributed.

732



views of the Toxic Drugs in Algoma webpage.

78%



of APH teams trained on structural stigma.

37



community partners receive local drug warnings to inform community action.

17



committees were broadly engaged at the local, regional, provincial, and national levels.

Local: 4
Regional: 5
Provincial: 6
National: 2

48



municipal leaders and service providers attended three presentations in Wawa, Elliot Lake, and at the Algoma District Mayors Meeting to learn about findings from the Toxic Drugs in Algoma report and discuss next steps.

3



media stories and one information session generated accurate and informed reporting on toxic drugs in the community.

Toxic drug report: Next steps and partner work

In 2025, we took action on recommendations from the Toxic Drugs in Algoma report:

- Trained staff to better understand and reduce stigma, helping make services more welcoming
- Shared information about the National Overdose Response Service (NORS), which helps keep people safe if using drugs alone
- Worked with partners on projects, including relocating the Needle Exchange Program with the Group Health Centre in Sault Ste. Marie
- Supported Village Media's Turning the Tides initiative

Strong partnerships are key to reducing barriers, connecting people to services, and saving lives.

“

“Through collaboration between Group Health Centre, Algoma Public Health and Drug Strategy partners, we work together to reduce harms related to toxic drug use in Sault Ste. Marie by prioritizing safety, improving access to care, and actively reducing stigma through informed, community-driven responses.”

– Kim Roth
Hep Care Program
Group Health Centre

”



Infectious Diseases

GOAL

APH supports infection prevention and control through disease monitoring, case and contact management, testing and treatment for priority populations, facility inspections, and helping community partners to prevent infections and outbreaks in Algoma.

In 2025, the rate of syphilis in Algoma was much higher than in Ontario (61.5 compared to 25.0 per 100,000 people).

In 2025, the rate of invasive streptococcus pneumoniae in Algoma was more than twice the rate in Ontario (24.6 compared to 11.6 per 100,000 people).

Across the program, we have public health nurses, public health inspectors, a nurse practitioner, a registered practical nurse, health promotion specialists, an environmental assistant, an infection prevention and control practitioner and administrative support.

1,436



cases of reportable disease managed, 25.1% (361) were sexually transmitted infections (STI).

151



cases of measles were managed, including 148 confirmed and 3 probable cases.

Containing a measles outbreak in Algoma

From April to August 2025, we managed an outbreak of 151 measles cases. We worked in collaboration with local health care providers and community agencies. Public Health Nurses visited the homes of those who had measles to provide health teaching, establish early case identification, and coordinate access to treatment when necessary. We worked with communities to promote awareness of the symptoms of measles, promote immunization, and prevent further transmission. The outbreak was successfully contained.

1,305



visits to the Nurse Practitioner for sexual health services (which include treatment and testing for sexually transmitted infections, cervical cancer screening, contraception) focusing on clients without access to primary care.

265



individuals who work in congregate living settings and community agencies were trained on Infection Prevention and Control practices.



HIV education for health care providers

We partnered with Sault Area Hospital and the HIV & AIDS Resource Program (GHC-HARP) to hold two HIV education sessions for local health care professionals. About 30 people attended each session, including physicians, nurses, and community partners. Participants valued the local information and the focus on reducing stigma.



Infectious Diseases

Over the past 10 years, the rate of Lyme disease in Algoma was 0.66 cases per 100,000 people.

Over the past 10 years, the rate of West Nile virus in Algoma was 0.25 cases per 100,000 people.

85



inspections of licensed daycares were completed.

142



inspections of personal service settings were completed.

277



rabies investigations were completed. Investigations include exposure assessments and treatment.

315



ticks were identified in the Algoma Region. 40 were classified as the species carrying a risk of Lyme disease.

Building healthy careers together: partnering with Sault Area Hospital ID

We joined Sault Area Hospital Infectious Disease rounds to teach them about ticks and the illnesses they can spread. This teamwork helped care providers learn more about the connection between the work done.

Keeping communities informed and prepared

A public health inspector worked with the EarlyON Centre in the Algoma District to teach people about diseases spread by bugs like mosquitoes or ticks. This growing partnership helps keep communities safe and prepared.



During the summer, 14 mosquito traps were set across Algoma biweekly for 5 weeks. After mosquitos were caught, they were sent to be tested for West Nile Virus.



Food Safety

GOAL

To prevent or reduce the burden of food-borne illness in Algoma.

Over the past five years, there were about 20 cases of food-borne illness per 100,000 people in Algoma.

We respond effectively to mitigate local and emerging risks of food-borne illness and reduce incidence of food-borne illness

Across the program, we have public health inspectors, a health promotion specialist, an environmental assistant and administrative support.

265



people completed our Food Safety Handler course:
Sault Ste. Marie: 178
Elliot Lake: 38
Blind River: 17
Wawa: 38

177



special event food permits were issued to help ensure food served at community events is safe.
Sault Ste. Marie: 80
Elliot Lake: 43
Wawa: 28

118



food safety complaints were responded to. Food safety complaints are reviewed by a Public Health Inspector within 24 hours.

Food safety inspections

To help protect the health of residents across Algoma, public health inspectors completed 1,402 food safety inspections:

Blind River: 163
Elliot Lake: 125
Sault Ste. Marie: 972
Wawa: 142

Supporting students with essential food safety skills

Public health inspectors taught the safe food handler course to high school students in Elliot Lake and Blind River. The goal is to help students learn about food safety and prepare them for future jobs in food service. This partnership gives students important skills they can use daily.



Food safety in remote communities

Three public health inspectors completed 7 food safety inspections in remote parts of North Algoma. These areas could only be reached by boat or float plane. These inspections help make sure food is handled safely, even if the location is hard to get to.





Safe Water

GOAL

To prevent or reduce the burden of water-borne illness related to drinking and recreational water in Algoma.

Over the past five years, there were about 201 cases of water-borne illness per 100,000 people in Algoma.

APH helps protect the public from water-borne illnesses by monitoring water quality, supporting drinking water system operators, and promoting safe water practices across Algoma.

Across the program, we have public health inspectors, a health promotion specialist, an environmental assistant, administrative support and environmental health summer students.

27



water quality incidents were responded to.

11



drinking water inspections were completed in remote parts of North Algoma. These places could only be reached by a boat or float plane. These inspections help to make sure the public has safe drinking water.

40



pools and spas were inspected across the Algoma District. These inspections help to make sure safe recreational water is available to the public.

2



public health inspectors completed training to support the 248 Small Drinking Water Systems (SDWS) across the Algoma District.

190

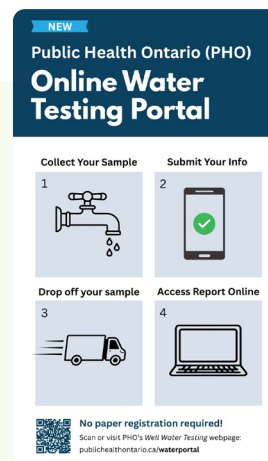
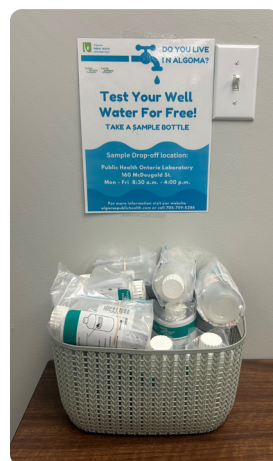


information requests for private water systems were completed.

7,191



views of our online beach map. The map shows active beach warnings across Algoma and helps residents know when water quality may be unsafe and extra caution should be used.



A simpler way to access water test results

We worked with the Public Health Ontario Laboratory to help residents use the new online water testing portal. Residents can now submit water samples and view test results online, and our staff are available to answer questions about the results.



Healthy Environments

GOAL

To reduce exposure to health hazards and promote the development of healthy built and natural environments that support health and mitigate existing and emerging risks, including the impacts of a changing climate in Algoma.

Between May and October 2024, the rate of heat related emergency department visits in Algoma was 28.8 per 100,000 people, including visits like heat exhaustion, heat edema and sunburns.

Between December 2024 and February 2025, the rate of cold related emergency department visits was 45.9 per 100,000 people, including visits related to hypothermia, frostbite, and other cold weather injuries.

APH addresses health risks, monitors climate change data to guide public health action and reduces health hazards through health promotion.

Across the program, we have public health inspectors, a health promotion specialist, an environmental assistant and administrative support.

133



health hazard complaints were investigated by a public health inspector.

77



current contacts engaged in our pre-season heat outreach messaging.

4



employees took part in training about equity and climate change. The training explained how local buildings and services work, and the impacts of climate change. Employees also learned how to use climate data to find changes over time and effectively plan.

Air quality monitoring across Algoma



Through 2025, PurpleAir sensors remain active in Algoma. These sensors give extra information about air quality in different areas across the district and help guide public health programs. You can visit the [Air Quality Page](#) to learn more and look at the [UNBC air quality map](#) to see if your area has a sensor.



Using data to prepare for extreme heat

We developed a heat dashboard that collects information from across the district each year. The dashboard helps track trends over time, supports planning for extreme heat, and helps emergency management teams respond during heat events and guide local emergency planning.



Foundational Standards

GOAL

To protect and promote health across Algoma by identifying and putting our peoples' health needs first; to make a difference by using best available evidence and improving the impact of our programs; to prepare, respond to and recover from emergencies that impact public health in Algoma.

The Foundational Standards include population health assessment, effective public health practice, health equity and emergency management; these standards guide all public health work at APH.

The Foundations and Strategic Support Team (FASST) and the Communications Team at APH support the agency in integrating the foundational standards into all programs, and carry out agency-wide projects.

Across these teams, there are planning and evaluation specialists, a research and policy advisor, an Indigenous engagement facilitator, a data analyst, an epidemiologist, a manager of emergency and preparedness response, a health equity nurse, a communications coordinator, and a multimedia coordinator.

210



agency requests for FASST support completed; from literature reviews to ethics, evaluation to community engagement, report writing to data collection and analysis, FASST was here for it!

278



agency requests for communications support, including graphic design, media relations, social media, website content, and strategic communications.

100+



media requests responded to, helping to share important public health information with our communities.

Building FASST capacity to support public health

In 2025, FASST strengthened our knowledge and skills in areas including community engagement, Indigenous data sovereignty, Black health, grant writing, continuous quality improvement, trauma informed practices, and equity focused emergency preparedness and climate change adaptation, so that we can better support our public health teams.

We also worked with Public Health Ontario, Ottawa Public Health, and Public Health Sudbury and Districts to identify ways to measure and support progress in healthy public policy. Healthy public policy helps create healthier communities by considering health in decisions related to housing, education, employment, transportation, and the environment.

Building community understanding through local media

We hosted a Toxic Drug Information Session for local media to support accurate and evidence based reporting on the opioid crisis. The session brought together reporters from Village Media who are covering the Turning the Tide initiative, which explores local responses to the toxic drug crisis and shares the experiences of people affected.

Reporters learned about local trends, factors contributing to the crisis, and the range of responses available, including harm reduction, treatment, and prevention. By building relationships with local media and providing clear, accessible information, we helped support informed and compassionate reporting on complex public health issues.



Foundational Standards

154



employees and learners participated in 7 guided Truth Walks around the Shingwauk Indian Residential School site and buildings, concluding with a reflective sharing circle. Our learning and reflection were supported by Serena Hill, a community engagement specialist with the Shingwauk Residential Schools Centre and local Knowledge Carriers Elizabeth Edgar-Webkamigad and Makayala Webkamigad. Miigwech!



Honouring stories, teachings, and community

Guided by the principles of respect, commitment, trust, and self determination, our Truth and Reconciliation Committee supported learning, reflection, and relationship building throughout the year. Staff participated in activities that honoured Indigenous languages, stories, medicines, and teachings, including learning opportunities led by Indigenous Knowledge Carriers and Elders, a book club featuring Indigenous authors, and participation in the Shingwauk Residential Schools Truth Walk. We also collaborated with Indigenous health partners to support the development of a Truth and Reconciliation Strategy and co created an art piece with local Anishinaabekwe artist Lucia Laford reflecting the organization's ongoing journey toward Truth and Reconciliation.



17



municipal emergency planning meetings attended.
SSM & Area: 3
Central and East Algoma: 10
Elliot Lake & Area: 2
North Algoma: 2

280



calls to the APH after-hours on-call system responded to.



In 2025, we activated our emergency response plan to support a coordinated response to measles in Algoma. Clear roles, regular meetings, and timely information sharing helped support communication and decision making throughout the outbreak.

We worked closely with hospitals, health care providers, daycares, summer camps, and First Nations and Métis partners to support the community and reduce the spread of measles. Teams across the organization coordinated outbreak reporting, information management, public communications, health care provider updates, and media responses. During the outbreak, we:

- Held 16 information sessions with partners,
- Shared 4 updates with health care providers, and
- Issued 6 news releases

After the outbreak ended, feedback was gathered from staff and community partners to identify strengths, challenges, and opportunities to improve future emergency responses.



Our Workforce

GOAL

To support the continued strength of our organization and the sustainability of public health services across Algoma through workforce planning, recruitment, retention, and professional development.

Our workforce is at the heart of public health in Algoma. Our human resources (HR) team is committed to maintaining a skilled, sustainable, and responsive workforce to meet the evolving needs of the diverse, rural, and northern communities we serve.

Across this team, we have HR coordinators and a payroll and benefits assistant.

163



employees across four office locations in Algoma. Approximately 90% are permanent full-time staff, helping support stable programs, services, and long-term continuity across the organization. Located in:
Sault Ste. Marie: 141
Elliot Lake: 8
Blind River: 7
Wawa: 7

In 2025, we successfully piloted the use of electric and hybrid vehicles across Algoma. During the pilot, staff travelled nearly 50,000 kilometres, helping reduce program costs, paperwork, and wear on employees' personal vehicles. The pilot also supported our efforts to reduce greenhouse gas emissions and operate more sustainably.



20+



opportunities for employees to participate in workplace mental health, diversity, equity and inclusivity training.

Investing in our people

Employees are supported in their personal and professional growth through training, wellness initiatives, and activities focused on diversity, equity, and inclusion. These opportunities help support employee well being, strengthen teamwork, and create a more welcoming and inclusive workplace.

In 2025, staff participated in:

- Mental health training through the Canadian Mental Health Association,
- Virtual tours of the Josiah Henson Museum of African-Canadian History,
- Local tours of the Métis Heritage Centre,
- LGBTQI+ inclusion workshops through Blooming Workspaces, and
- Employee wellness and engagement opportunities including Town Halls, Conversation Cafés, and access to a dedicated Wellness Room.





2025 Funding of Local Public Health

Municipal Levies (District of Algoma)	\$ 4,840,220
Public Health Funding <i>Ministry of Health</i>	\$ 14,233,569
Community Health Funding <i>Ministry of Children, Community & Social Services, Ontario</i> <i>Health NE, Public Health Agency of Canada</i>	\$ 1,491,459
Fees, Other Grants & Recoveries	\$ 545,046
Total for 2025	\$ 21,110,294

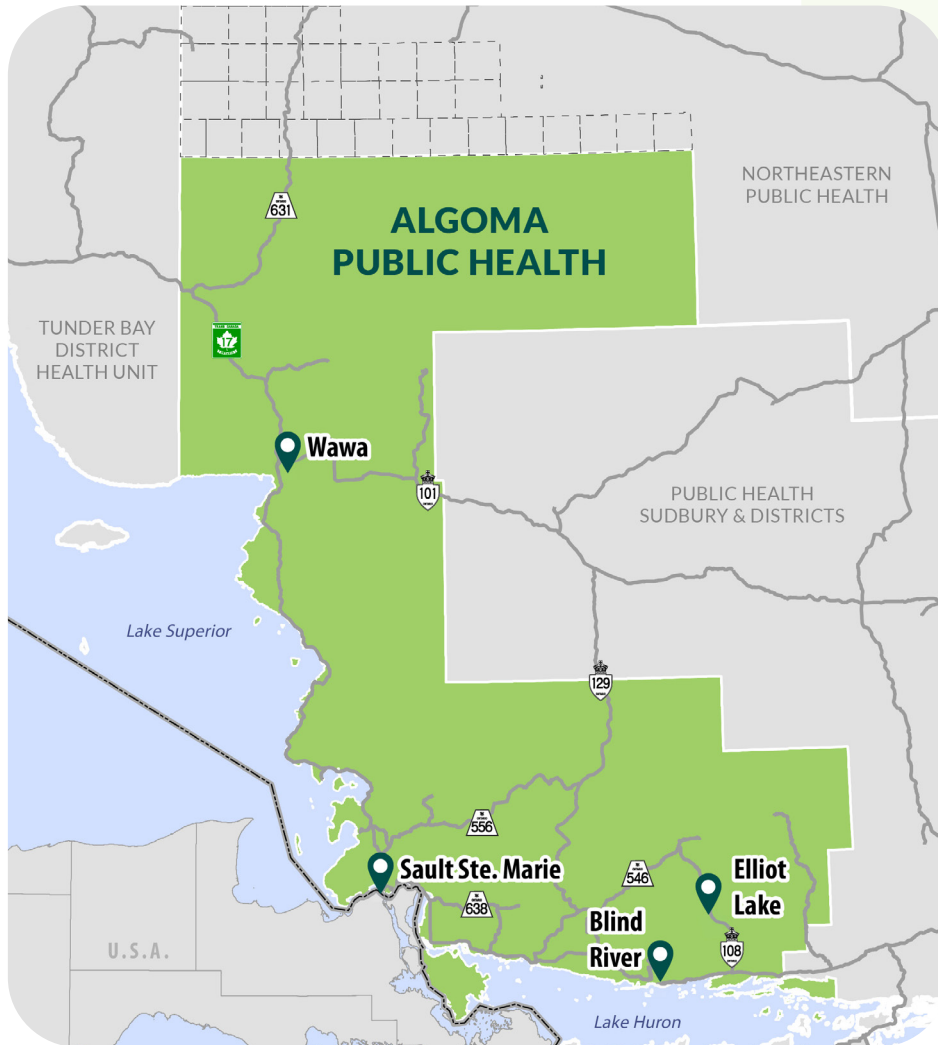
Financial fact! Did you know...

Local public health is funded by provincial and municipal taxpayer dollars. These dollars come from the same taxpayers.

In 2025, public health programs and services cost Algoma residents **\$187/person** for the year, or **51 cents/person/day**, based on a **112,764** census population estimate of 2021 for the District of Algoma Health Unit.



Connect with Public Health



17,752



phone calls responded to across
APH switchboards in 2025:

Sault Ste. Marie: 9,771

Blind River: 4,493

Elliot Lake: 1,908

Wawa: 1,580

Join the Conversation



@algomahealth

Phone



Blind River: 705-356-2551 or 888-356-2551

Elliot Lake: 705-848-2314 or 877-748-2314

Sault Ste. Marie: 705-942-4646 or 866-892-0172

Wawa: 705-856-7208 or 888-211-8074

Email



contact@algomapublichealth.com

Website



www.algomapublichealth.com

References

Healthy Growth and Development:

- Population health data for Healthy Growth and Development is from the source(s) noted below, while all other program data is from internal program monitoring and evaluation at APH over 2025.
- BORN Information System: 2025 [database]. Ottawa, ON: BORN Ontario [date extracted: Feb 2026].

School Health:

- Population health data for School Health is from the source(s) noted below, while all other program data is from internal program monitoring and evaluation at APH over 2025.
- Statistics Canada. Canadian Health Survey on Children and Youth (CHSCY): 2023 [data file]. Ottawa, ON: Government of Canada [producer]; Toronto, ON: Ontario Ministry of Health [distributor].
- Ontario Agency for Health Protection and Promotion (Public Health Ontario). Snapshots: nutrition and healthy weights snapshot: self-reported prevalence of consumption of vegetables and fruits [internet]. Toronto, ON: King's Printer for Ontario; 2019-2020 [cited Feb 2026]. Available from: <https://www.publichealthontario.ca/en/Data-and-Analysis/Health-Behaviours/Nutrition-and-HealthyWeights>

Oral Health:

- Population health data for Oral Health is from the source(s) noted below, while all other program data is from internal program monitoring and evaluation at APH over 2025.
- Oral Health Information Support System (OHISS): 2024-2025 school years [database]. Ontario Ministry of Health [date extracted: Feb 2026].
- Ontario Agency for Health Protection and Promotion (Public Health Ontario). Snapshots: oral health. Toronto, ON: King's Printer for Ontario [cited Feb 2026]. Available from: <https://www.publichealthontario.ca/en/Data-and-Analysis/Health-Behaviours/Oral-Health>

Immunization:

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- Ontario Agency for Health Protection and Promotion (Public Health Ontario). Immunization data tool: Immunization coverage for measles among 7-year olds and 17 year olds by public health unit, 2024-25 school year [internet]. Toronto, ON: King's Printer for Ontario
- [cited Feb 2026]. Available from: <https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/Immunization-Tool>

Chronic Disease Prevention & Well-being:

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- Statistics Canada. Canadian Community Health Survey (CCHS), Ontario Share File 2019-2020 [data file]. Ottawa, ON: Government of Canada [producer]; Toronto, ON: Ontario Ministry of Health [distributor].

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Substance Use & Injury Prevention:

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Infectious Disease:

- Population health data for Infectious Diseases is from the source(s) noted below, while all other program data is from internal program monitoring and evaluation at APH over 2025.
- Integrated Public Health Information System (iPHIS): 2016-2025 [database]. Ontario Ministry of Health [date extracted: Feb 2026].

Food Safety:

- Population health data for Food Safety is from the source(s) noted below, while all other program data is from internal program monitoring and evaluation at APH over 2025.
- Integrated Public Health Information System (iPHIS): 2016-2025 [database]. Ontario Ministry of Health [date extracted: Feb 2026].

Safe Water:

- Population health data for Safe Water is from the source(s) noted below, while all other program data is from internal program monitoring and evaluation at APH over 2025.
- Integrated Public Health Information System (iPHIS): 2016-2025 [database]. Ontario Ministry of Health [date extracted: Feb 2026].

Healthy Environments:

- Population health data for Healthy Environments is from the source(s) noted below, while all other program data is from internal program monitoring and evaluation at APH over 2025.
- National Ambulatory Care Reporting System (NACRS): 2024 [database]. Ontario Ministry of Health: IntelliHealth Ontario [date extracted: Feb 2026].
- Acute Care Enhanced Surveillance (ACES): 2024-2025 [database]. Kingston, Frontenac, and Lennox & Addington Public Health [date extracted: Feb 2026].

Foundational Standards & HR:

- All program data is from internal program monitoring and evaluation at APH over 2025.



Algoma
PUBLIC HEALTH
Santé publique Algoma

Protéger la santé. Soutenir les communautés.

La santé publique à Algoma
Rapport à la communauté 2025



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Message de la présidente du Conseil de santé, de la médecin-hygiéniste et de la directrice générale

En 2025, Santé publique Algoma (SPA) a continué de servir sa clientèle et de collaborer avec des partenaires communautaires pour réaliser une vision commune : **Health for all. Together (Ensemble, pour la santé de tout le monde)**. Nous nous réjouissons de vous présenter le rapport annuel 2025 de SPA. Il souligne le travail accompli pendant l'année écoulée.

Certains des services de SPA sont bien connus. Par exemple, nous avons téléphoné à 628 nouvelles mamans après la naissance de leur enfant; notre équipe de santé buccodentaire a examiné 4 510 enfants; 11 483 élèves ont reçu des fruits et des légumes dans le cadre du Programme de distribution de fruits et de légumes dans le Nord de l'Ontario; et 66 758 doses de vaccins financés par le secteur public ont été distribuées aux fournisseurs de soins de santé du district.

Par ailleurs, SPA prend d'autres mesures avec ses partenaires, souvent dans les coulisses, afin de trouver des façons de rendre les politiques, les communautés et les milieux locaux plus sains. L'élargissement du projet de surveillance du développement Nurturing Algoma en vue de l'offrir dans 47 bureaux de partenaires à la grandeur du district et la présentation des principales conclusions et des prochaines étapes décrites dans le rapport sur la consommation de drogues toxiques à Algoma à 48 dirigeants municipaux et fournisseurs de services sont deux exemples des initiatives de collaboration mises en œuvre par SPA en 2025 afin de réorienter les systèmes locaux dans le but d'offrir de meilleures possibilités de favoriser la bonne santé.

Même si vous n'avez jamais visité un bureau de SPA ou parlé à un membre de notre équipe, vous avez probablement bénéficié du travail de l'équipe locale de santé publique de SPA au cours de la dernière année. Que ce

soit en vous procurant une tranquillité d'esprit grâce à ses inspections de tous les restaurants, piscines, salons de coiffure et salons de manucure ou en vous informant, par l'entremise des médias, d'une éclosion de rougeole ayant infecté 151 résidents d'Algoma et des risques d'exposition, l'équipe de SPA est là pour protéger la santé de nos communautés et des résidents de la région.

Les 163 employés de SPA, répartis au sein d'équipes multidisciplinaires à Wawa, Sault Ste. Marie, Blind River et Elliot Lake, font partie intégrante des communautés d'Algoma que nous servons. De plus, nous sommes engagés à respecter nos valeurs organisationnelles que sont l'excellence, le respect, la collaboration, la reddition de comptes et la transparence. Les activités de SPA sont financées grâce aux impôts provinciaux et municipaux, qui proviennent tous des mêmes citoyens. En 2025, les programmes et services de SPA ont coûté 51 cents par jour aux résidents d'Algoma, soit 187 \$ par année par personne. En moyenne, les municipalités d'Algoma contribuent environ 1 % de leurs revenus au financement de SPA.

Les services de santé publique locaux sont peu coûteux et jouent un rôle essentiel dans la santé et le bien-être des communautés. En fait, une grande partie du travail que nous réalisons en amont et de nos initiatives de prévention permettent de sauver des vies et de faire des économies. Au nom de l'équipe de SPA et du Conseil de santé, nous remercions tous les résidents d'Algoma d'investir dans la santé publique dans la région. Nous remercions également nos nombreux partenaires communautaires avec lesquels nous avons le privilège de travailler.

Nous sommes heureux de poursuivre notre travail avec nos partenaires afin de concrétiser notre vision: une bonne santé pour tous, ensemble.



Suzanne Trivers
Présidente, Conseil de santé



Dr. Jennifer Loo
Médecin-hygiéniste et
directrice générale

Conseil de santé 2025

Membre	Approuvé par
Sally Hagman	Canton de Blind River, canton de Spanish et canton de North Shore
Julila Hemphill	Municipalité de Wawa, canton de White River et canton de Dubreuilville
Don McConnell (2nd Vice-Chair /Chair of the Governance Committee)	Province de l'Ontario
Luc Morrissette	Ville d'Elliot Lake
Sonny Spina	Ville de Sault Ste. Marie
Sonia Tassone	Ville de Sault Ste. Marie
Suzanne Trivers (Chair)	Ville de Thessalon, municipalité de Huron Shores
Jody Wildman (1st Vice-Chair)	Ville de Bruce Mines, village de Hilton Beach et cantons de Hilton, Jocelyn, Johnson, Laird, Macdonald, Meredith and Aberdeen Additional, Plummer Additional, Prince, St. Joseph et Tarbutt
Natalie Zagordo	Ville de Sault Ste. Marie



Croissance et développement sains

OBJECTIF

Optimiser la santé avant et pendant la grossesse, ainsi que la santé des nouveau-nés, des enfants, des jeunes, des parents et des familles à Algoma.

Le taux de natalité à Algoma a été de 6,75 naissances vivantes par tranche de 1 000 personnes en 2025, ce qui représente un total de 877 naissances.

Pour les 877 enfants nés, 79,3 % des femmes ont déclaré qu'elles préoyaient avoir recours exclusivement à l'allaitement.

À l'échelle locale, SPA a enrichi les connaissances et la compréhension des besoins des familles d'Algoma ayant des nourrissons et des enfants en accordant la priorité aux expériences négatives de l'enfance et aux soins de santé mentale pour les nourrissons et les jeunes enfants.

Le programme peut compter sur le soutien d'infirmières de la santé publique, de préposées aux services de soutien à la famille, d'une ou d'un spécialiste de la promotion de la santé, d'une adjointe ou d'un adjoint de recherche, d'une diététiste et du personnel de soutien administratif.

628



628 nouvelles mamans ont reçu un appel téléphonique dans les 48 heures suivant la naissance de leur enfant:
Blind River : 27
Elliot Lake : 46
Sault Ste. Marie : 532
Wawa : 27

59



personnes ont assisté à une des quatre séances de formation offertes dans le cadre du projet Nurturing Algoma qui ont pour but de renforcer les capacités locales et de soutenir le dépistage pour le développement des enfants de la région.

24



Vingt-quatre organismes partenaires ont appuyé les services du projet Nurturing Algoma, qui ont été offerts à 47 endroits dans la région d'Algoma.
Algoma Nord : 3 partenaires
Algoma Centre : 3 partenaires
Algoma Est : 4 partenaires
Sault Ste. Marie : 14 partenaires
En 2025, six nouvelles ententes de partage de données ont été signées dans le cadre du projet Nurturing Algoma afin d'appuyer ce réseau de plus en plus vaste.

Nurturing Algoma améliore l'accès à la surveillance du développement

En 2025, le projet Nurturing Algoma a permis d'améliorer l'accès à la surveillance du développement afin d'assurer une croissance et un développement sains des enfants dans la région d'Algoma. Cette initiative, qui contribue à améliorer l'accès des familles immigrantes aux services de soutien, est le fruit de partenariats avec le Sault Ste. Marie and Algoma Child and Family Network et de nouveaux partenaires communautaires du district, y compris le Sault Ste. Marie Community Career Centre.

Par ailleurs, Nurturing Algoma a fait l'objet de discussions lors de conférences provinciales et nationales, y compris la conférence Expanding Horizons sur les soins de santé mentale pour les nourrissons et les jeunes enfants de 2025 et la conférence Ontario Canada sur le programme de nutrition prénatale de 2025, au cours desquelles on a souligné l'approche axée sur la collaboration ayant pour but de favoriser le développement des nourrissons et des jeunes enfants.



Toujours en 2025, 386 enfants uniques étaient inscrits dans la base de données de Nurturing Algoma, qui a permis de faire passer 765 questionnaires sur les étapes du développement.

“

Nous constatons que nous aidons vraiment les familles. Ce ne sont pas simplement les résultats d'un sondage. Nous nous efforçons de trouver des solutions ou de leur donner des renseignements utiles pendant qu'elles attendent.

– Participante du projet Nurturing Algoma

”



Santé dans les écoles

OBJECTIF

Optimiser la santé des enfants et des jeunes d'âge scolaire grâce à un partenariat et à la collaboration avec les écoles et les conseils scolaires d'Algoma.

21 % des jeunes de 5 à 17 ans seraient anxieux, nerveux ou inquiets chaque semaine.

91 % des jeunes de 12 à 19 ans mangent moins de cinq portions de fruits et de légumes par jour.

Le programme de santé dans les écoles fait appel à une approche intégrée axée sur la collaboration avec les conseils scolaires, les écoles, les parents et les élèves afin de donner suite aux priorités en matière de santé. Les membres du personnel infirmier de la santé publique travaillent avec toutes les écoles et tous les conseils scolaires d'Algoma afin de les aider à élaborer des politiques, soutiennent le curriculum, font des présentations en classe, participent à des activités scolaires sur la santé et siègent à des comités scolaires.

Le programme peut compter sur le soutien de membres du personnel infirmier de la santé publique, d'une diététiste, d'inspecteurs de la santé publique, d'une ou d'un spécialiste de la promotion de la santé, d'éducateurs en hygiène dentaire, d'hygiénistes dentaires et du personnel de soutien administratif.

23



présentations ont été faites devant des élèves de la 7e année dans le district d'Algoma afin de promouvoir le système CARD (confort, aide, relaxation, distraction), d'aider à réduire le stress lié aux injections et d'accroître la confiance envers les vaccins.

25



Nous avons assisté à 25 réunions de conseils et de comités scolaires dans le district d'Algoma.

23



présentations ont été faites en classe sur divers sujets, dont le vapotage, le lavage des mains et les effets du tabagisme (en montrant un poumon de porc aux élèves).

Programme de distribution de fruits et de légumes dans le Nord de l'Ontario (PDFLNO)



11,483 élèves d'écoles élémentaires et intermédiaires du district d'Algoma ont reçu des fruits et des légumes dans le cadre du PDFLNO.

“

Les élèves ont déclaré qu'ils étaient beaucoup plus à l'aise à l'idée de se faire vacciner. Lors de leur présentation, les membres du personnel infirmier de la santé publique ont répondu à un grand nombre des questions que les élèves posent à leurs enseignants et au personnel de l'école. Les membres du personnel infirmier devraient faire cette présentation tous les ans.

– **Mark Hindermeier** | Enseignant de 7e et 8e année
École publique Grand View

”

Nous avons assisté à 22 activités

d'accueil à la maternelle et au jardin d'enfants afin de favoriser le bon départ des enfants.



Nous avons également assisté à 14 activités et foires scolaires

afin de parler avec les élèves de la santé mentale, du bien-être et d'autres priorités en matière de santé.





Santé buccodentaire

OBJECTIF

Optimiser la santé buccodentaire des enfants d'âge scolaire et des aînés, et alléger le fardeau des maladies chroniques lié à la santé buccodentaire à Algoma.

Environ un enfant sur quatre qui commence l'école a ou a eu des caries dentaires.

À Algoma, seuls trois aînés sur dix ont déclaré avoir une assurance dentaire.

Optimiser la santé buccodentaire des enfants d'âge scolaire et des aînés, et alléger le fardeau des maladies chroniques lié à la santé buccodentaire à Algoma.

Renforcer les capacités d'aider les membres de la communauté à recevoir des renseignements sur la santé buccodentaire et des services dentaires dans la communauté.

Le programme peut compter sur le soutien d'hygiénistes dentaires autorisées, d'éducateurs en hygiène dentaire, du personnel de soutien administratif et de dentistes contractuels.

4 510



enfants répartis dans 54 écoles d'Algoma ont passé un examen de santé buccodentaire.

159



enfants ont été inscrits au programme Beaux sourires Ontario à la suite d'un examen effectué à l'école. Ce programme offre des services de santé buccodentaire aux enfants dans le besoin.

“

Notre famille est si heureuse de pouvoir bénéficier de ce programme... Miigwech. Les soins sont prodigués avec douceur et bienveillance.

- Jena Rose Heise

”

1 407



membres de la communauté ont reçu des renseignements sur la santé buccodentaire et de l'aide pour s'y retrouver au sein du système.

9



avons retenu les services de neuf fournisseurs chargés de prodiguer des soins buccodentaires aux membres de la communauté admissibles à Algoma.

100%



Tous les membres de l'équipe de soins buccodentaires ont suivi une formation fondée sur des données probantes portant sur les iniquités en santé et les déterminants sociaux de la santé afin de mieux soutenir les communautés variées d'Algoma.

Améliorer l'accès des enfants aux soins dentaires

Nous avons commencé à offrir des soins aux enfants admissibles dans le cadre du programme Beaux sourires Ontario, ce qui améliore l'accès à ces soins.

De septembre à décembre, 41 enfants ont reçu des services de santé buccodentaire complets.





Vaccination

OBJECTIF

Réduire ou éliminer le fardeau des maladies évitables par la vaccination à Algoma.

3 755 familles d'élèves de 4 à 17 ans ont reçu un avis en vertu de la Loi sur l'immunisation des élèves (LIE) et 549 élèves de la 9^e à la 11^e année ont fait l'objet d'un ordre de suspension. Environ 75 % des élèves ont mis à jour leur dossier d'immunisation à temps pour éviter une suspension, et la plupart des autres élèves l'ont fait au début de la période de suspension, ce qui leur a permis de retourner en classe.

Pour aider les familles à mettre à jour le dossier d'immunisation de leurs enfants, nous avons organisé 78 séances de vaccination à la grandeur du district permettant aux enfants de recevoir les vaccins exigés en vertu de la LIE. Ces séances s'adressaient aux familles d'élèves ayant reçu un avis leur demandant de mettre à jour leur dossier d'immunisation.

SPA s'assure que les vaccins administrés dans le district d'Algoma sont sécuritaires, efficaces et accessibles, notamment pour les populations particulièrement touchées par les maladies évitables par la vaccination.

Le programme peut compter sur le soutien de membres du personnel infirmier de la santé publique, d'une infirmière auxiliaire autorisée et du personnel de soutien administratif.

6 638



Notre ligne téléphonique sur la vaccination permet aux fournisseurs de soins de santé et au public de communiquer avec notre équipe de vaccination afin d'obtenir des renseignements fiables et opportuns. La plupart des utilisateurs de cette ligne souhaitaient obtenir plus de renseignements sur la Loi sur l'immunisation des élèves ou des renseignements généraux sur les vaccins.

66 758



Nous avons distribué des vaccins financés par le secteur public à des fournisseurs de soins de santé et soutenu des séances de vaccination à la grandeur du district d'Algoma, ce qui a contribué à un approvisionnement fiable en vaccins dans la communauté.

95



inspections de réfrigérateurs de vaccins ont été réalisées. Des membres du personnel infirmier de la santé publique se sont rendus dans les bureaux de fournisseurs de soins de santé d'Algoma pour s'assurer que les vaccins étaient entreposés en toute sécurité et demeuraient efficaces.

154



Au printemps et à l'été, il y a eu une éclosion de rougeole dans une communauté affichant un taux de vaccination inférieur. Des membres du personnel infirmier de l'équipe de vaccination se sont rendus dans la communauté à quinze reprises pour offrir le vaccin contre la rougeole aux résidents. Au total, 154 doses d'un vaccin contenant le virus de la rougeole ont été administrées.

3 635



Vaccins administrés en milieu scolaire
Virus du papillome humain (VPH) : 1 449 doses
Hépatite B : 1 356 doses
Méningococcie : 830 doses

Lors des séances en milieu scolaire, nous administrons les vaccins contre le VPH-9 et l'hépatite B en série de deux doses. Le vaccin contre la méningococcie ne nécessite qu'une seule dose.



Vaccination

Séances de vaccination organisées dans le district d'Algoma

Endroit	Nombre total de séances	Séances d'administration des vaccins exigés en vertu de la LIE
Blind River	55	4
Elliot Lake	49	2
Sault Ste. Marie	337	65
Wawa	61	7
Tout le district d'Algoma	502	78

Le nombre total de séances comprend toutes les séances qui ont eu lieu en 2025 : administration courante des vaccins financés par le secteur public, administration de vaccins aux voyageurs et activités de sensibilisation (soutien des nouveaux arrivants, banques alimentaires, refuges, etc.). Les séances d'administration des vaccins exigés en vertu de la LIE ont eu lieu dans les écoles et comprenaient la sensibilisation à la rougeole et l'administration de vaccins contre les maladies respiratoires (grippe, COVID-19 et virus respiratoire syncytial).

Protection contre le tétanos, la diphtérie et la coqueluche (dcaT)

Les élèves du secondaire ont besoin d'une dose de rappel du vaccin contre le tétanos, la diphtérie et la coqueluche (dcaT). Cette dose s'administre 10 ans après la précédente, laquelle se donne généralement entre 4 et 6 ans. SPA peut effectuer l'injection à l'école avec le consentement des parents. En 2025, des membres du personnel infirmier-hygiéniste ont administré 386 doses de dcaT dans les écoles secondaires. Les élèves pouvaient aussi recevoir le vaccin au cabinet de leur médecin ou dans une clinique de SPA. À la fin de l'année scolaire 2024-2025, 83,6 % des jeunes de 17 ans avaient complété leur vaccination.



Prévention des maladies chroniques et bien-être

OBJECTIF

Alléger le fardeau des maladies chroniques ayant une importance pour la santé publique et améliorer le bien-être des résidents d'Algoma.

74,5 % des résidents d'Algoma disent avoir un fort sentiment d'appartenance à leur communauté.

68 % des résidents d'Algoma qualifient leur santé mentale de très bonne ou d'excellente, tandis que 72 % des adultes et 80 % des jeunes de 12 à 17 ans se disent généralement heureux et intéressés par la vie.

De 2016 à 2021, le taux de troubles alimentaires à Algoma a augmenté de 85 %, passant de 15,4 à 28,5 par tranche de 10 000 personnes.

Nous misons sur l'accroissement de la résilience, la création d'environnements offrant du soutien et le renforcement des facteurs de protection pour promouvoir la santé mentale et le bien-être mental et prévenir les maladies mentales.

Le programme peut compter sur le soutien de membres du personnel infirmier de la santé publique, d'une diététiste, d'une ou d'un spécialiste de la promotion de la santé et du personnel de soutien administratif.

19



partenaires communautaires travaillant avec des familles et des jeunes d'Algoma ont suivi une formation sur les pratiques d'inclusivité corporelle afin d'aider à prévenir les troubles alimentaires.

10



membres du personnel ont suivi une formation de deux jours sur la mobilisation de la communauté. Au total, 22 membres du personnel ont suivi cette formation depuis 2024.

22 comités de santé et de bien-être

Nous siégeons à des comités locaux et provinciaux, à un comité régional et à un comité national afin d'influencer l'élaboration de politiques, de faire part des données locales et de renforcer les partenariats qui favorisent la bonne santé des communautés.

8 comités locaux à Algoma
1 comité régional (Nord de l'Ontario)
12 comités provinciaux
1 comité national

12



présentations ont été faites à toutes les équipes et au Conseil de santé dans le cadre de la mise en œuvre du cadre de promotion de la santé mentale de SPA.

3



Les membres du personnel infirmier de la santé publique ont envoyé trois lettres à des partenaires communautaires dans le but d'améliorer les environnements bâtis et sociaux.

Promotion de la santé mentale et bien-être des jeunes

En 2025, nous avons lancé un cadre pour orienter la promotion de la santé mentale dans les programmes et services. Ce cadre renforce le rôle que joue la santé mentale comme élément essentiel dans l'état global de santé et de bien-être.

Nous avons également continué à soutenir les enfants et les jeunes par le projet de recherche Nurturing Algoma et la planification de Planète Jeunesse Algoma. Cette initiative de district vise surtout à promouvoir la santé mentale positive, à prévenir la consommation de substances chez les jeunes et à favoriser le développement sain.

11



partenaires de communautés situées entre The North Shore et Wawa se sont joints à une nouvelle coalition communautaire pour la prévention des troubles alimentaires dirigée par des diététistes à Algoma.

“

En tant que psychologue et chercheuse œuvrant dans le nord de l'Ontario, je peux constater directement l'importance de la prévention en amont, axée sur la communauté. Planète Jeunesse propose une approche structurée et fondée sur les données qui permet aux communautés de prendre en charge le bien-être des jeunes. Je crois que cette initiative peut renforcer les facteurs de protection, accroître l'appartenance à la collectivité et améliorer la santé mentale de façon durable dans toute la région d'Algoma.

– Teryn Bruni, Ph. D.
*Professeure adjointe,
Département de psychologie,
Université d'Algoma*

”



Usage de substances et prévention des blessures

OBJECTIF

Alléger le fardeau des blessures évitables et de l'usage de substances à Algoma.

La crise qui sévit dans le Nord demeure différente de celle observée dans le reste de la province. En 2025, le taux de décès liés aux drogues à Algoma était de 2,25 fois supérieur au taux provincial (37,09 par tranche de 100 000 personnes et 16,43 par tranche de 100 000 personnes respectivement).

Près de 80 % des décès liés aux drogues à Algoma se sont produits dans des résidences privées, ce qui témoigne de l'importance de sensibiliser la population à la réduction des méfaits, comme les risques de consommer de la drogue seul, et de s'attaquer aux préjugés afin de faciliter l'accès aux services.

Dans le district d'Algoma, des décès liés aux drogues sont également survenus dans des hôpitaux (10 %), dans des véhicules (4 %), dans des hôtels et des motels (4 %) ainsi qu'en plein air (4 %).

Nous surveillons constamment les méfaits liés aux substances et les tendances dans le district d'Algoma et collaborons avec les partenaires de plusieurs secteurs afin de planifier des interventions qui répondent aux besoins de nos communautés.

Le programme peut compter sur le soutien de membres du personnel infirmier de la santé publique, d'une ou d'un spécialiste de la promotion de la santé et du personnel de soutien administratif.

597



personnes ont suivi une formation sur l'utilisation de la naloxone et 12 338 doses de naloxone ont été distribuées.

3



Trois reportages dans les médias et une séance d'information ont permis de fournir des renseignements exacts et pertinents sur la présence de drogues toxiques dans la communauté.

37



partenaires communautaires ont été informés de l'usage de drogues dans leur localité afin de les aider à élaborer des interventions communautaires.

78%



des employés ont suivi une formation sur les préjugés structurels.

17



comités ont apporté leur concours à l'échelle locale, régionale, provinciale et nationale.

Comités locaux : 4

Comités régionaux : 5

Comités provinciaux : 6

Comités nationaux : 2

732



Visionnements de la page *Toxic Drugs in Algoma*

48



dirigeants municipaux et fournisseurs de services ont assisté à l'une des trois présentations qui ont eu lieu à Wawa, à Elliot Lake et lors de la réunion virtuelle des maires du district afin de prendre connaissance des conclusions du rapport sur les drogues toxiques à Algoma et de discuter des prochaines étapes.



Usage de substances et prévention des blessures

Rapport sur les drogues toxiques : Prochaines étapes et travail des partenaires

En 2025, nous avons donné suite aux recommandations du rapport sur les drogues toxiques à Algoma en prenant les mesures suivantes :

- Le personnel a suivi une formation afin de mieux comprendre et de réduire les préjugés dans le but de contribuer à rendre les services plus accueillants.
- Nous avons organisé des séances d'information sur le Service national d'intervention en cas de surdose (NORS), qui aide les personnes qui prennent de la drogue seules à rester en sécurité.
- Nous avons collaboré avec nos partenaires afin de mener à terme divers projets, notamment en transférant le programme d'échange de seringues au Partenariat de services de santé de Sault Ste. Marie.
- Nous avons soutenu l'initiative Turning the Tides de Village Media.
- Nous avons coprésidé des comités sur la Stratégie antidrogue à Sault Ste. Marie et Elliot Lake.

Les partenariats solides sont essentiels pour réduire les obstacles, faciliter l'accès aux services et sauver des vies.

“

Nous avons collaboré avec le Partenariat de services de santé, Santé publique Algoma et les partenaires de la Stratégie antidrogue afin de réduire les méfaits associés à l'usage de drogues toxiques à Sault Ste. Marie en accordant la priorité à la sécurité, en améliorant l'accès aux soins et en réduisant activement les préjugés grâce à des interventions communautaires éclairées.

– Kim Roth

Programme de soins pour les personnes atteintes de l'hépatite, Partenariat de services de santé

”



Maladies infectieuses

OBJECTIF

SPA soutient la prévention et le contrôle des infections par la surveillance des maladies, la gestion des cas et des contacts, le dépistage et le traitement des populations prioritaires, l'inspection des installations et les mesures visant à aider les partenaires communautaires à prévenir les infections et les éclosions à Algoma.

En 2025, le taux de syphilis à Algoma était nettement plus élevé que celui de l'Ontario soit de 61,5 comparativement à 25,0 par tranche de 100 000 personnes.

En 2025, les taux de *Streptococcus pneumoniae* invasive à Algoma était de 112 % plus élevé que le taux de l'Ontario, soit de 24,6 comparativement à 11,6 par tranche de 100 000 personnes.

SPA soutient la prévention et le contrôle des infections dans le district d'Algoma en surveillant les maladies à déclaration obligatoire, en gérant les cas et les contacts, en donnant accès à des services de dépistage et à des traitements pour les populations prioritaires, en effectuant des inspections et en collaborant avec les partenaires communautaires afin d'aider à prévenir les infections et les éclosions.

Le programme peut compter sur le soutien de membres du personnel infirmier de la santé publique, d'une infirmière praticienne, d'infirmières auxiliaires autorisées, d'une ou d'un spécialiste de la promotion de la santé et du personnel de soutien administratif.

1,436



Nous avons géré 1 436 cas de maladies à déclaration obligatoire; 25,1 % de ces cas, soit 361, étaient des infections transmissibles sexuellement (ITS).

151



cas de rougeole ont été pris en charge (148 cas confirmés et 3 cas probables).

265



personnes qui travaillent dans un lieu d'hébergement collectif ou au sein d'un organisme communautaire ont suivi une formation sur les pratiques de prévention et de contrôle des infections.

1,305



consultations auprès de l'infirmière praticienne de SPA pour recevoir des services en lien avec la santé sexuelle, y compris des traitements, des tests de dépistage des infections transmissibles sexuellement, le dépistage du cancer du col de l'utérus (tests Pap) et des services de contraception. Nous avons mis l'accent sur les clients n'ayant pas accès à des soins primaires.

Contenir une éclosion de rougeole à Algoma

D'avril à août 2025, nous avons géré une éclosion de rougeole et coordonné la prestation des soins en collaboration avec les fournisseurs de soins de santé et les organismes communautaires de la région. Des membres du personnel infirmier de la santé publique se sont rendus au domicile des personnes ayant contracté la rougeole pour leur fournir des renseignements, confirmer le cas et coordonner l'accès au traitement si nécessaire. Nous avons collaboré avec les communautés pour mieux faire connaître les symptômes de la rougeole, encourager la vaccination et prévenir toute autre transmission. L'éclosion a été contenue dans une communauté du district d'Algoma.

Formation sur le VIH pour les fournisseurs de soins de santé

Nous nous sommes associés à l'Hôpital de Sault-Sainte-Marie et au programme des ressources pour la lutte contre le VIH et le sida (GHC-HARP) pour offrir deux séances de formation sur le VIH aux fournisseurs de soins de santé de la région. Une trentaine de personnes y ont assisté, y compris des médecins, des membres du personnel infirmier et des partenaires communautaires. Les participants ont déclaré qu'ils avaient aimé le contenu local des séances et l'importance accordée à la réduction des préjugés.





Maladies infectieuses

Au cours des dix dernières années, le taux de maladie de Lyme à Algoma était de 0,66 cas par tranche de 100 000 personnes.

Au cours des dix dernières années, le taux d'infection par le virus du Nil occidental était de 0,25 cas par tranche de 100 000 personnes.

85



inspections de centres de garde d'enfants titulaires d'un permis ont été effectuées.

142



inspections d'établissements de soins personnels ont été réalisées.

277



enquêtes sur la rage ont été effectuées afin d'évaluer le risque d'exposition et de déterminer les traitements requis.

315



Tiques identifiées dans la région d'Algoma, dont 40 classées parmi les espèces susceptibles de transmettre la maladie de Lyme.

Séance d'information sur les maladies transmises par les tiques

En collaboration avec l'Hôpital de Sault-Sainte-Marie, nous avons organisé des séances d'information pour les fournisseurs de soins de santé sur les tiques et les maladies qu'elles propagent, ainsi que sur les mesures prises par SPA et l'hôpital pour lutter contre ces maladies.

Information et préparation des communautés

Un inspecteur de la santé publique a fait une présentation au Centre ON du district d'Algoma sur les maladies propagées par les insectes comme les moustiques et les tiques. Ces activités réalisées en partenariat sont de plus en plus nombreuses et aident les communautés à se préparer à ce genre de maladies et à rester en sécurité.



Au cours de l'été, 14 pièges à moustiques ont été mis en place deux fois par semaine pendant cinq semaines à Algoma afin de détecter la présence du virus du Nil occidental.



Salubrité des aliments

OBJECTIF

Éviter ou réduire le fardeau des maladies d'origine alimentaire à Algoma.

Il y a eu une vingtaine de cas de maladies d'origine alimentaire par tranche de 100 000 personnes à Algoma au cours des cinq dernières années.

Nous prenons des mesures efficaces pour atténuer les risques locaux et émergents de maladies d'origine alimentaire et pour réduire l'incidence de ces maladies.

Le programme peut compter sur le soutien d'inspecteurs de la santé publique, du personnel de bureau, d'une ou d'un spécialiste de la promotion de la santé, d'une adjointe ou d'un adjoint en services environnementaux et du personnel de soutien administratif.

265



personnes ont suivi notre cours sur la manipulation sécuritaire des aliments :
178 personnes ont suivi ce cours à Sault Ste. Marie
38, à Wawa
32, à Elliot Lake
17, à Blind River

Inspections pour la salubrité des aliments

Pour contribuer à protéger la santé des gens d'Algoma, les inspecteurs et inspectrices de la santé publique ont effectué 1 402 contrôles pour la salubrité des aliments :

Blind River : 163
Elliot Lake : 125
Sault-Ste-Marie : 972
Wawa : 142

177



permis ont été délivrés pour veiller à ce que les aliments servis lors d'événements communautaires soient salubres :
80 permis ont été délivrés à Sault Ste. Marie
43, à Elliot Lake
28, à Wawa

118



Nous avons donné suite à 118 plaintes concernant la salubrité des aliments. Une inspectrice ou un inspecteur de la santé publique revoit ce genre de plainte dans un délai de 24 heures.

Aider les élèves à acquérir des habiletés essentielles en matière de salubrité des aliments

Des inspecteurs de la santé publique ont donné le cours sur la manipulation sécuritaire des aliments à des élèves du secondaire à Elliot Lake et à Blind River. Ce cours a pour but de sensibiliser les élèves à la salubrité des aliments, de les aider à se préparer à un emploi dans le secteur de la restauration et de les aider à développer des habiletés qu'ils pourront utiliser tous les jours.



La salubrité des aliments dans les communautés éloignées

Trois inspecteurs de la santé publique ont effectué sept inspections de la salubrité des aliments dans des communautés éloignées d'Algoma Nord accessibles uniquement en bateau ou en hydravion. Ces inspections ont pour but d'assurer la manipulation sécuritaire des aliments, même dans les communautés difficilement accessibles.





Salubrité de l'eau

OBJECTIF

Éviter ou réduire le fardeau des maladies liées à l'eau potable et aux eaux récréatives à Algoma.

Il y a eu environ 201 cas de maladies liées à l'eau par tranche de 100 000 personnes à Algoma au cours des cinq dernières années.

SPA contribue aux efforts de protection du public contre les maladies liées à l'eau en surveillant la qualité de l'eau, en offrant son soutien aux exploitants de réseaux d'eau potable et en faisant la promotion de la salubrité de l'eau dans le district d'Algoma.

Le programme peut compter sur le soutien d'inspecteurs de la santé publique, d'une ou d'un spécialiste de la promotion de la santé, d'une adjointe ou d'un adjoint en services environnementaux, du personnel de soutien administratif et de stagiaires d'été en santé environnementale.

27



Nous avons donné suite à 27 incidents concernant la qualité de l'eau, qui peuvent donner lieu à la délivrance d'avis de non-consommation de l'eau.

11



Nous avons inspecté 11 réseaux d'alimentation en eau potable dans des communautés d'Algoma Nord accessibles uniquement en bateau ou en hydravion. Ces inspections contribuent à assurer la salubrité de l'eau consommée par le public.

40



Nous avons inspecté 40 piscines et spas dans le district d'Algoma.

2



inspecteurs de la santé publique ont suivi une formation pour venir en aide aux 248 petits réseaux d'eau potable du district d'Algoma. Les inspections de ces réseaux contribuent à assurer la salubrité de l'eau consommée par le public.

190

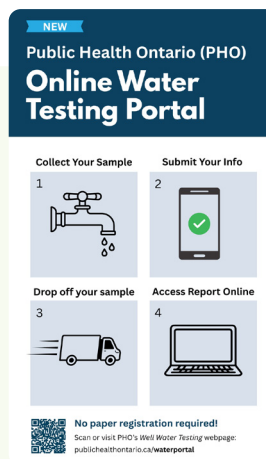
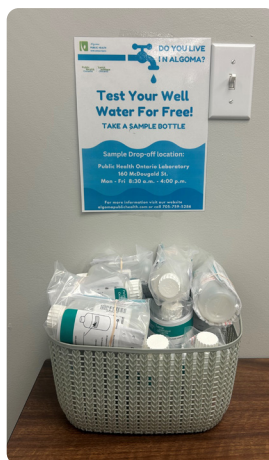


Nous avons donné suite à 190 demandes de renseignements sur des réseaux d'alimentation en eau privés.

7,191



Notre carte des plages a été consultée à 7 191 reprises. Cette carte en ligne indique les plages pour lesquelles un avertissement a été émis et permet aux résidents de savoir si l'eau est insalubre et s'ils doivent prendre des précautions supplémentaires.



Un accès plus simple aux résultats d'analyses de l'eau

Nous avons collaboré avec le laboratoire de Santé publique Ontario pour présenter son nouveau portail en ligne pour les analyses d'eau, qui permet de soumettre une demande d'analyse et d'accéder au rapport d'analyse en ligne. Nous pouvons répondre aux questions concernant les résultats de ces rapports.



Environnements sains

OBJECTIF

Réduire l'exposition aux risques pour la santé et promouvoir la création d'environnements naturels et bâtis sains qui favorisent la bonne santé et atténuent les risques existants et émergents, y compris ceux liés à l'impact des changements climatiques à Algoma.

Entre mai et octobre 2024, le taux de visites aux services des urgences liées à la chaleur à Algoma, y compris celles attribuables à l'épuisement par la chaleur, aux œdèmes de chaleur et aux coups de soleil, était de 28,8 par tranche de 100 000 personnes.

Entre décembre 2024 et février 2025, le taux de visites aux services des urgences liées au froid, y compris celles liées à l'hypothermie, aux engelures et à d'autres blessures causées par le temps froid, était de 45,9 par tranche de 100 000 personnes.

SPA s'efforce d'atténuer les risques pour la santé, surveille les données sur les changements climatiques afin d'orienter les mesures de santé publique et mise sur la promotion de la santé pour réduire les dangers pour la santé.

Le programme peut compter sur le soutien d'inspecteurs de la santé publique, du personnel de bureau, d'une ou d'un spécialiste de la promotion de la santé, d'une adjointe ou d'un adjoint en services environnementaux et du personnel de soutien administratif.

133



Une inspectrice ou un inspecteur de la santé publique a examiné 133 plaintes portant sur un risque pour la santé.

77



Intervenants nous ont aidés à transmettre le message de sensibilisation à la chaleur avant le début de la période estivale.

4



employés ont suivi une formation sur l'équité et les changements climatiques. Cette formation porte sur le fonctionnement des édifices et des services locaux et les impacts des changements climatiques.



Surveillance de la qualité de l'air dans le district d'Algoma

Nous avons continué d'utiliser les capteurs PurpleAir dans le district d'Algoma en 2025. Ces capteurs fournissent des renseignements supplémentaires sur la qualité de l'air dans diverses régions du district et aident à orienter les programmes de santé publique. Pour plus de renseignements à ce sujet, consultez la [page Web sur la qualité de l'air](#). Pour savoir s'il y a un capteur dans votre région, consultez la [carte de la qualité de l'air de UNBC](#).



Utiliser les données pour se préparer aux canicules

Nous avons conçu un tableau de bord qui permet de recueillir chaque année des données dans l'ensemble du district. Grâce à cet outil, nous pouvons cerner les tendances, planifier les mesures à prendre lors de canicules, aider les équipes de gestion des situations d'urgence à intervenir lors de canicules et orienter la planification des mesures d'urgence à l'échelle locale.



Normes fondamentales

OBJECTIF

Protéger et promouvoir la santé dans le district d'Algoma en cernant et en priorisant les besoins de santé des membres de nos communauté, apporter des changements concrets en utilisant les meilleures données probantes disponibles, accroître l'incidence de nos programmes, nous préparer aux situations d'urgence en matière de santé publique à Algoma, intervenir comme il se doit et rétablir la situation.

Les normes fondamentales regroupent l'évaluation de la santé de la population, les pratiques de santé publique efficaces, l'équité en santé et la gestion des situations d'urgence. Elles orientent toutes les initiatives de santé publique de SPA.

L'équipe des normes fondamentales et du soutien stratégique (ENFSS) et l'équipe des communications aident l'organisme à intégrer ces normes à tous ses programmes et à réaliser ses projets.

Ces équipes peuvent compter sur le soutien de spécialistes de la planification et de l'évaluation, d'une conseillère ou d'un conseiller en recherche et en politiques, d'une ou d'un responsable de la participation des Autochtones, d'une ou d'un analyste des données, d'une ou d'un épidémiologiste, d'une ou d'un gestionnaire de la préparation aux situations d'urgence et de la protection civile, d'un membre du personnel infirmier chargé de l'équité en santé, d'une coordonnatrice ou d'un coordonnateur des communications et d'une coordonnatrice ou d'un coordonnateur des services multimédias.

210



Nous avons donné suite à 210 demandes visant à obtenir le soutien de l'ENFSS. Ces demandes portaient sur des sujets aussi variés que la revue de la littérature, l'éthique, l'évaluation, la mobilisation de la communauté, la rédaction de rapports et la collecte et l'analyse de données.

Renforcer les capacités de l'ENFSS de soutenir la santé publique

En 2025, l'ENFSS a enrichi nos connaissances et amélioré nos compétences dans les domaines de la mobilisation communautaire, de la souveraineté des données des Autochtones, de la santé des personnes noires, de la préparation de demandes de subvention, de l'amélioration continue de la qualité, des pratiques sensibles aux traumatismes, des préparatifs aux situations d'urgence axés sur l'équité et de l'adaptation aux changements climatiques afin que nous puissions mieux soutenir nos équipes de santé publique. Par ailleurs, nous avons collaboré avec Santé publique Ontario, Santé publique Ottawa et Santé publique Sudbury et districts afin de trouver des façons d'évaluer et de favoriser l'avancement des politiques de santé publique, qui contribuent à créer des communautés plus saines en veillant à ce que l'on tienne compte de la santé lors de la prise de décisions concernant le logement, l'éducation, l'emploi, les transports et l'environnement.

278



Nous avons reçu 278 demandes d'aide pour les communications, notamment en ce qui concerne le graphisme, les relations avec les médias, les médias sociaux, le contenu du site Web et les communications stratégiques.

Renforcer la compréhension de la communauté grâce aux médias locaux

Nous avons organisé une séance d'information sur les drogues toxiques et y avons convié les médias locaux afin de les aider à faire des reportages exacts fondés sur des données probantes au sujet de la crise des opioïdes. Des reporters de Village Media qui couvrent l'initiative Turning the Tide y ont assisté. Cette initiative porte sur les mesures prises à l'échelle locale en réponse à la crise des drogues toxiques et permet de partager les expériences vécues par les personnes touchées.

Les reporters ont pu se renseigner sur les tendances locales, les facteurs qui contribuent à la crise et les diverses interventions possibles, y compris la réduction des méfaits, les traitements et la prévention. En tissant des liens avec les médias locaux et en leur fournissant des renseignements clairs et accessibles, nous avons contribué à la publication de reportages éclairés axés sur la compassion portant sur des enjeux de santé publique complexes.

100+



Nous avons répondu à plus d'une centaine de demandes de renseignements de la part des médias, ce qui nous a permis de transmettre aux communautés des renseignements importants au sujet de la santé publique.



Normes fondamentales

154



employés et apprenants ont participé à l'une des sept marches de la vérité guidées qui ont eu lieu à l'emplacement du pensionnat autochtone Shingwauk et qui ont pris fin avec un cercle de partage et de réflexion. Serena Hill, spécialiste de la mobilisation communautaire au Shingwauk Residential Schools Centre, ainsi que Elizabeth Edgar-Webkamigad et Makayala Webkamigad, gardiennes du savoir, nous ont accompagnés dans notre apprentissage et notre réflexion. Miigwech!



Honorer les histoires, les enseignements et la communauté

Conformément aux principes de respect, d'engagement, de confiance et d'autodétermination, le comité de vérité et réconciliation de SPA a appuyé diverses initiatives axées sur l'apprentissage, la réflexion et la création de liens tout au long de l'année. Le personnel a participé à des activités honorant les langues, les histoires, les remèdes et les enseignements autochtones, y compris des activités d'apprentissage animées par des gardiens du savoir et des aînés autochtones, un club de lecture d'œuvres autochtones et la marche de la vérité organisée par le Shingwauk Residential Schools Centre. De plus, SPA a collaboré avec ses partenaires en matière de santé pour les Autochtones afin d'appuyer l'élaboration d'une stratégie de vérité et réconciliation et a participé à la création d'une œuvre d'art avec l'artiste locale anishinaabe-kwe Lucia Laford. Cette œuvre illustre le cheminement de l'organisme vers la vérité et la réconciliation.



17



Nous avons assisté à 17 réunions sur la planification des mesures d'urgence.

SSM et environs : 3

Algoma Centre et Est : 10

Elliot Lake et environs : 2

Algoma Nord : 2

280



Nous avons répondu à 280 appels faits après les heures de bureau grâce à notre système d'intervention sur appel.



En 2025, nous avons activé notre plan d'intervention d'urgence afin de coordonner les mesures prises en réponse à une éclosion de rougeole à Algoma. Les rôles clairement définis, la tenue de réunions à intervalles réguliers et le partage d'information en temps opportun ont facilité les communications et la prise de décisions pendant l'éclosion.

Nous avons collaboré étroitement avec les hôpitaux, les fournisseurs de soins de santé, les centres de garde d'enfants, les camps d'été et nos partenaires métis et des Premières Nations afin de soutenir la communauté et de réduire la propagation de la rougeole. Nos équipes ont coordonné les messages transmis au sujet de l'éclosion, la gestion de l'information, ainsi que les communications avec le public, les fournisseurs de soins de santé et les médias. Au cours de l'éclosion, nous avons :

- tenu 16 séances d'information en collaboration avec nos partenaires;
- communiqué à quatre reprises avec les fournisseurs de soins de santé pour les tenir au courant de la situation;
- publié six communiqués.

Une fois l'éclosion terminée, nous avons consulté le personnel et les partenaires communautaires afin de cerner les points forts, les défis qu'il a fallu relever et les possibilités d'améliorer les futures interventions d'urgence.



Notre personnel

OBJECTIF

Soutenir la vigueur de notre organisme et la viabilité des services de santé publique dans le district d'Algoma en misant sur la planification, le recrutement, le maintien en poste et le perfectionnement professionnel des effectifs.

Le personnel est au cœur des services de santé publique offerts à Algoma. Notre équipe des ressources humaines (RH) s'est engagée à maintenir une main-d'œuvre compétente et viable pouvant s'adapter à l'évolution des besoins des diverses communautés rurales et du Nord que nous servons.

Cette équipe peut compter sur le soutien des coordonnateurs des RH et d'une adjointe ou d'un adjoint chargé de la paie et des avantages sociaux.

163



Il y a 163 employés répartis dans quatre bureaux à Algoma. Environ 90 % du personnel est constitué d'employés permanents à temps plein qui aident à offrir des programmes et des services stables et à assurer la continuité à long terme des activités de l'organisme. Répartition du personnel :

Sault Ste. Marie : 141 employés

Blind River : 7 employés

Elliot Lake : 8 employés

Wawa : 7 employés

En 2025, nous avons réalisé avec succès un projet pilote d'utilisation de véhicules électriques et hybrides à Algoma. Dans le cadre de ce projet, les employés ont parcouru près de 50 000 kilomètres et ont aidé à réduire les coûts des programmes, les formalités administratives et l'usure de leur véhicule personnel. De plus, ce projet a renforcé les efforts que nous déployons afin de réduire nos émissions de gaz à effet de serre et de rendre nos activités plus viables.



20+



En 2025, une vingtaine de séances de formation sur la santé mentale, la diversité, l'équité et l'inclusivité au travail ont été offertes au personnel.

Investir dans le personnel

Nous favorisons la croissance et l'épanouissement de nos employés en leur offrant des séances de formation, des initiatives de bien-être et des activités axées sur la diversité, l'équité et l'inclusion qui améliorent leur bien-être, renforcent le travail d'équipe et créent un milieu de travail inclusif et plus accueillant.

En 2025, les employés ont participé à :

- des séances de formation sur la santé mentale offertes par l'Association canadienne pour la santé mentale;
- des visites virtuelles du Musée Josiah Henson de l'histoire des Afro-Canadiens;
- des visites du Métis Heritage Centre;
- des ateliers sur l'inclusion des personnes LGBTQI+ organisés par Blooming Workspaces;
- des activités de mobilisation et de bien-être du personnel, y compris des séances de discussion ouverte et des ateliers de conversation, en plus d'avoir accès à une salle de bien-être.





Financement des services de santé publique locaux en 2025

Impôts municipaux (District d'Algoma)	4 840 220 \$
Financement des services de santé publique <i>Ministère de la Santé</i>	14 233 569 \$
Financement des services de santé communautaire <i>Ministère des Services à l'enfance et des Services sociaux et communautaires de l'Ontario, Santé NE, Agence de la santé publique du Canada</i>	1 491 459 \$
Droits, autres subventions et montants recouvrés	545 046 \$
Total pour 2025	21 110 294 \$

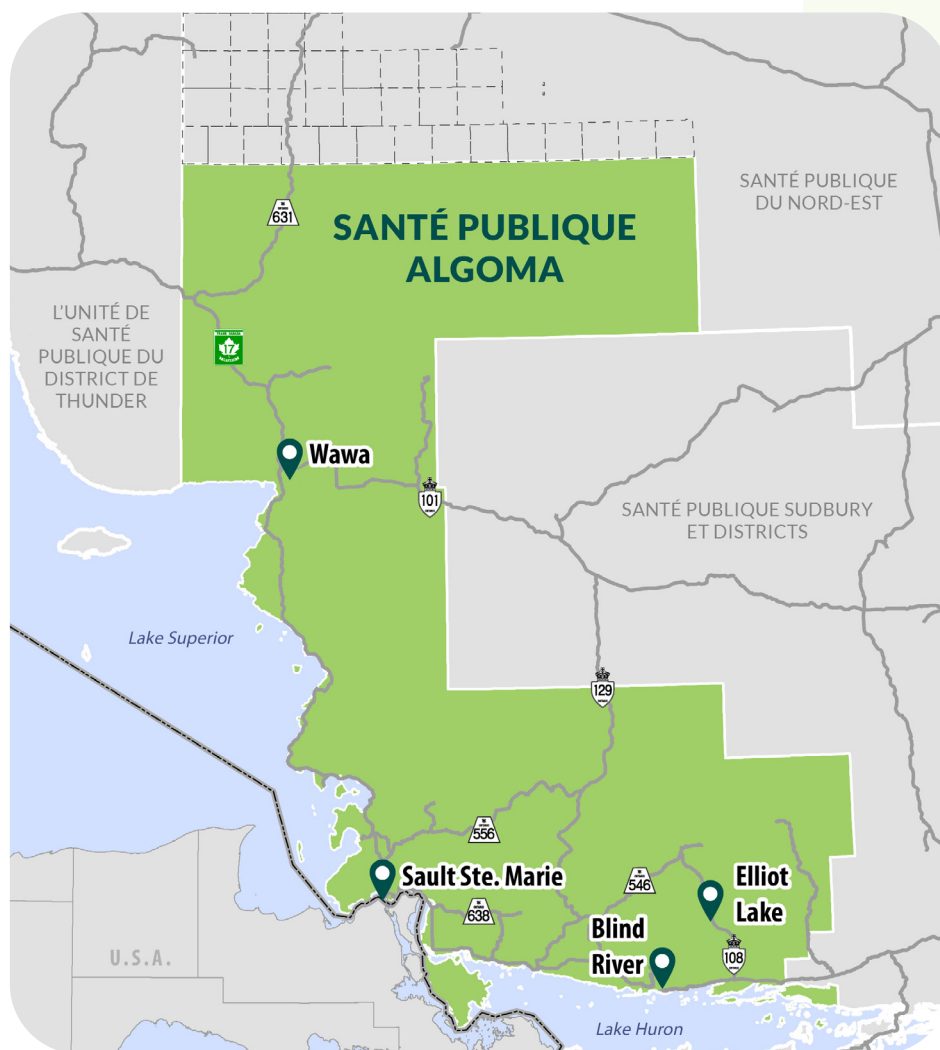
Données financières – Le saviez-vous?

Les services de santé publique locaux sont financés par les impôts des contribuables municipaux et provinciaux.

En 2025, les programmes et services de santé publique ont coûté aux résidents d'Algoma **187 \$ par personne** pour l'année, soit **51 cents par personne par jour** selon une estimation de **112 764** habitants dans le territoire desservi par le Bureau de santé du district d'Algoma issue du recensement de 2021.



Coordonnées de Santé publique Algoma



17,752



Les standards téléphoniques de SPA
ont répondu à 17 752 appels en 2025 :

Sault Ste. Marie : 9 771 appels

Blind River : 4 493 appels

Elliot Lake : 1 908 appels

Wawa : 1 580 appels

Joignez-vous à la conversation _____



@algomahealth

Téléphone _____



Blind River : 705 356-2551 ou 888 356-2551

Elliot Lake : 705 848-2314 ou 877 748-2314

Sault Ste. Marie : 705 942-4646 ou 866 892-0172

Wawa : 705 856-7208 ou 888 211-8074

Courriel _____



contact@algomapublichealth.com

Site Web _____



www.algomapublichealth.com

Références

Healthy Growth and Development:

- Population health data for Healthy Growth and Development is from the source(s) noted below, while all other program data is from internal program monitoring and evaluation at APH over 2025.
- BORN Information System: 2025 [database]. Ottawa, ON: BORN Ontario [date extracted: Feb 2026].

School Health:

- Population health data for School Health is from the source(s) noted below, while all other program data is from internal program monitoring and evaluation at APH over 2025.
- Statistics Canada. Canadian Health Survey on Children and Youth (CHSCY): 2023 [data file]. Ottawa, ON: Government of Canada [producer]; Toronto, ON: Ontario Ministry of Health [distributor].
- Ontario Agency for Health Protection and Promotion (Public Health Ontario). Snapshots: nutrition and healthy weights snapshot: self-reported prevalence of consumption of vegetables and fruits [internet]. Toronto, ON: King's Printer for Ontario; 2019-2020 [cited Feb 2026]. Available from: <https://www.publichealthontario.ca/en/Data-and-Analysis/Health-Behaviours/Nutrition-and-HealthyWeights>

Oral Health:

- Population health data for Oral Health is from the source(s) noted below, while all other program data is from internal program monitoring and evaluation at APH over 2025.
- Oral Health Information Support System (OHISS): 2024-2025 school years [database]. Ontario Ministry of Health [date extracted: Feb 2026].
- Ontario Agency for Health Protection and Promotion (Public Health Ontario). Snapshots: oral health. Toronto, ON: King's Printer for Ontario [cited Feb 2026]. Available from: <https://www.publichealthontario.ca/en/Data-and-Analysis/Health-Behaviours/Oral-Health>

Immunization:

- Population health data for Immunization is from the source(s) noted below, while all other program data is from internal program monitoring and evaluation at APH over 2025.
- Ontario Agency for Health Protection and Promotion (Public Health Ontario). Immunization data tool: Immunization coverage for measles among 7-year olds and 17 year olds by public health unit, 2024-25 school year [internet]. Toronto, ON: King's Printer for Ontario
- [cited Feb 2026]. Available from: <https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/Immunization-Tool>

Chronic Disease Prevention & Well-being:

- Population health data for Chronic Disease Prevention & Well-being is from the source(s) noted below, while all other program data is from internal program monitoring and evaluation at APH over 2025.
- Statistics Canada. Canadian Community Health Survey (CCHS), Ontario Share File 2019-2020 [data file]. Ottawa, ON: Government of Canada [producer]; Toronto, ON: Ontario Ministry of Health [distributor].

Références

Substance Use & Injury Prevention:

- Population health data for Substance Use & Injury Prevention is from the source(s) noted below, while all other program data is from internal program monitoring and evaluation at APH over 2025.
- Office of the Chief Coroner for Ontario: 2025 [datafile]. Ontario Substance-related Death Database. Toronto, ON: Office of the Chief Coroner for Ontario/Ontario Forensic Pathology Service (OCC/OFPS) [distributor].

Infectious Disease:

- Population health data for Infectious Diseases is from the source(s) noted below, while all other program data is from internal program monitoring and evaluation at APH over 2025.
- Integrated Public Health Information System (iPHIS): 2016-2025 [database]. Ontario Ministry of Health [date extracted: Feb 2026].

Food Safety:

- Population health data for Food Safety is from the source(s) noted below, while all other program data is from internal program monitoring and evaluation at APH over 2025.
- Integrated Public Health Information System (iPHIS): 2016-2025 [database]. Ontario Ministry of Health [date extracted: Feb 2026].

Safe Water:

- Population health data for Safe Water is from the source(s) noted below, while all other program data is from internal program monitoring and evaluation at APH over 2025.
- Integrated Public Health Information System (iPHIS): 2016-2025 [database]. Ontario Ministry of Health [date extracted: Feb 2026].

Healthy Environments:

- Population health data for Healthy Environments is from the source(s) noted below, while all other program data is from internal program monitoring and evaluation at APH over 2025.
- National Ambulatory Care Reporting System (NACRS): 2024 [database]. Ontario Ministry of Health: IntelliHealth Ontario [date extracted: Feb 2026].
- Acute Care Enhanced Surveillance (ACES): 2024-2025 [database]. Kingston, Frontenac, and Lennox & Addington Public Health [date extracted: Feb 2026].

Foundational Standards & HR:

- All program data is from internal program monitoring and evaluation at APH over 2025.

Briefing Note

To: The Board of Health for the District of Algoma Health Unit

From: Dr. John Tuinema, Associate Medical Officer of Health and Director of Health Protection;
Environmental Health Team

Date: 6/24/2026

Re: Constance Lake First Nation Inquest Recommendation Response

☒ For Information

☐ For Discussion

☒ For a Decision

PURPOSE

The jury for the coroner's inquest into the unfortunate deaths of Luke Moore, Lorraine Shaganash, Lizzie Sutherland, Mark Ferris, and Douglas Taylor from blastomycosis has made recommendations, some of which Algoma Public Health is in a position to implement. APH, alongside Ontario Boards of Health and other organizations, have been invited by the Office of the Chief Coroner to respond to the inquest recommendations and all responses will be publicly posted.

RECOMMENDED ACTIONS

That the Board of Health receive this briefing note for information and endorse the responses to the inquest recommendations as presented.

BACKGROUND

Blastomycosis Disease

Blastomycosis is a rare fungal disease that typically presents as a mild pneumonia but can sometimes lead to serious complications, including death, if it is not accurately diagnosed and treated. The disease-causing fungus is found in moist soil in many Northern Ontario areas, including Algoma, particularly in wooded areas along waterways and in undisturbed places like underneath porches or sheds. People can acquire the disease by inhaling fungal spores from the environment. Blastomycosis is not transmitted person to person.

Role of APH: Disease Surveillance and Timely Knowledge Mobilization for Health Care Partners

As with all reportable Diseases of Public Health Significance, APH closely monitors the incidence of blastomycosis. Given that early detection and appropriate treatment of blastomycosis infection can prevent serious outcomes, on an annual basis APH sends blastomycosis information and updates to Algoma healthcare providers, timed with the beginning of expected seasonal blastomycosis cases in our region.

Response to Inquest Recommendations

A blastomycosis outbreak occurred in Constance Lake First Nation beginning in 2021 resulting in the deaths of five people. This outbreak highlights the importance of continued vigilance and the subsequent coroner's inquest has resulted in [jury recommendations](#), some of which are applicable to local public health.

In addition to the recommendations APH has been asked to respond to, much work has been completed related to other inquest recommendations by assisting other agencies and as part of our routine work in infectious disease control. APH's commitment to Truth and Reconciliation is also a key component of our new strategic plan, and ongoing work in Indigenous Engagement has been recently described in a [briefing note to the BOH](#) (p. 48 of 110) at its May 2026 meeting.

Inquest Recommendation Responses:

The Office of the Chief Coroner has asked for a response from Algoma Public Health for inquest recommendations 27, 28, 33, 48, & 52:

27 – The Ministry of Health, local Boards of Health, and Indigenous Services Canada (ISC), to explore opportunities for relationship building among public health units and ISC with a focus on responding to future public health emergencies in First Nation communities.

28 – The Ministry of Health, local Boards of Health, applicable Tribal Councils, and ISC should meet to develop and establish clear roles and responsibilities, in response to future public health emergencies and outbreaks.

Algoma Public Health is committed to the emergency management best practice that relationships and roles should be established before an emergency occurs when possible. Substantial work has been completed in this area, particularly in response to the global pandemic. Communication with and among local partners has been established and is ongoing. Vital to this are ongoing relationship-building efforts with local Indigenous partners and continuous organizational learning and training related to Truth and Reconciliation. Algoma Public Health looks forward to continuing to work with local Indigenous communities and provincial and federal partners to further improve responses and role clarity as it relates to public health emergencies and outbreaks.

33 – To support equitable, informed, and culturally respectful public health interventions and responses, the Ministry of Health should consider requiring local Boards of Health to collect race, ethnicity, and Indigenous identity data (where appropriate) for all diseases of public health significance, including blastomycosis. Data on Indigenous identity should be collected in partnership with Indigenous communities and aligned with OCAP (ownership, control, access, and possession) data principles.

Algoma Public Health is undertaking significant work to improve the collection of data as it relates to health equity including the appropriate collection of race, ethnicity, and Indigenous identity information. APH supports the appropriate collection of race, ethnicity, and Indigenous identity data where such collection is guided by provincial direction and standards and undertaken in partnership with Indigenous communities. Any collection and use of Indigenous identity data

should align with OCAP® principles, respect Indigenous data governance, and support Indigenous data sovereignty.

48 – To the extent that they are not already provided, Public Health Ontario (PHO), the Ministry of Health, ISC, and local Boards of Health should, as appropriate to their mandates, provide education and resources to health care providers and public health professionals regarding diagnosis and treatment for blastomycosis, including, where appropriate, when to consider blastomycosis, aligned with current evidence, public health data, and clinical guidance.

Algoma Public Health is committed to providing education and resources where appropriate and draws on regional and provincial public health coordination processes, tools, and knowledge products to accomplish this. APH has been sending out blastomycosis information to healthcare providers for many years and has recently routinized this process so that annual reminders will be sent out timed with when we typically begin to see seasonal cases of blastomycosis in our local jurisdiction.

52 – The Ministry of Health to engage with the Ontario Ministry of Agriculture, Food and Agribusiness, and the Office of the Chief Veterinarian for Ontario and/or the Ontario Veterinary College to explore opportunities to review and analyze data on confirmed and clinical canid cases (e.g., in dogs) of blastomycosis in Ontario. Findings should be shared with PHO, local Boards of Health, ISC, and First Nation Tribal Councils as they may enable early warning for human cases.

Implementation falls within the scope of the province. Algoma Public Health will receive the data as it becomes available and act on it accordingly based on the evidence and best practices as these are developed.

ONTARIO PUBLIC HEALTH STANDARDS (OPHS)

- OPHS (2021) Population Health Assessment Standard – Requirement 1: The board of health shall conduct surveillance, including the ongoing collection, collation, analysis, and periodic reporting of population health information, as required by the Health Protection and Promotion Act and in accordance with the Population Health Assessment and Surveillance Protocol, 2018 (or as current).
- OPHS (2021), Health Equity Standard – Requirement 3: The board of health shall engage in multi-sectoral collaboration with municipalities and other relevant stakeholders in decreasing health inequities in accordance with the Health Equity Guideline, 2018 (or as current). Engagement with Indigenous communities and organizations, as well as with First Nation communities striving to reconcile jurisdictional issues, shall include the fostering and creation of meaningful relationships, starting with engagement through to collaborative partnerships, in accordance with the Relationship with Indigenous Communities Guideline, 2018 (or as current).
- OPHS (2021), Emergency Management Standard – Requirement 1: The board of health shall collect and analyze relevant data to monitor trends over time, emerging trends, priorities, and health inequities related to chronic diseases and report and disseminate the data and

information in accordance with the Population Health Assessment and Surveillance Protocol, 2018 (or as current).

- OPHS (2021), Infectious Diseases Standard – Requirement 5: The board of health shall communicate, in a timely and comprehensive manner, with all relevant health care providers and other partners about urgent and emerging infectious diseases issues.

STRATEGIC PILLARS

- **OUR COMMUNITY: Creating Meaningful Connection**
APH is always working to strengthen our trusted presence and increase our recognition across Algoma communities through relation building, community engagement, and collaborative action.
- **OUR TEAM: Fostering a Foundation for Success**
We will invest in our workforce as the foundation for delivering our mission, creating a culture of effective collaboration, excellence, and continuous learning that enhances our capacity and resilience.
- **OUR PRACTICE: Strengthening our Performance, Measuring Impact, Sharing Stories**
We will focus on core public health functions to have the greatest positive impact on community health and health inequities; we will show this through measurement and sharing stories.
- **OUR APPROACH: Focusing on Upstream Pathways**
We will advance upstream approaches to population health through a health equity lens that strives to improve systemic and social conditions for better health outcomes across Algoma.

REFERENCES

Algoma Public Health Strategic Plan (May 2026 Board Package) Algoma Public Health.

Algoma Public Health 2026 Strategic Plan: Our 3–5 Year Strategic Direction. Sault Ste. Marie (ON): Algoma Public Health; 2026 May 27.

Ontario Public Health Standards

Ontario Ministry of Health. Ontario Public Health Standards: Requirements for Programs, Services and Accountability. 2021. [Cited 2026 Jun 10]. Available from: <https://files.ontario.ca/moh-ontario-public-health-standards-en-2021.pdf>

Report of the Medical Officer of Health and Chief Executive Officer (May 2026 Board Package)

Algoma Public Health. Report of the Medical Officer of Health and Chief Executive Officer. Sault Ste. Marie (ON): Algoma Public Health; 2026 May 27.

Verdict of Inquest Jury: Blastomycosis Deaths

Office of the Chief Coroner for Ontario. Verdict of Inquest Jury: Inquest into the Deaths of Luke Moore, Lorraine Shaganash, Lizzie Sutherland, Mark Ferris, and Douglas Taylor. Toronto (ON): Ministry of the Solicitor General, Office of the Chief Coroner; 2025 Nov 19.

Briefing Note

To: The Board of Health for the District of Algoma Health Unit

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

Date: 6/18/2026

Re: Planet Youth Algoma – summary of funding commitments and request to endorse signing the Planet Youth Guidance Program contract

☐ For Information

☐ For Discussion

☒ For a Decision

PURPOSE

To seek Board of Health (BOH) endorsement to sign the five-year Planet Youth Guidance Program contract.

KEY MESSAGES

- Strong school, municipal, and multi-sector support have been secured for a Planet Youth Algoma initiative, which, as previously reported to the BOH, is an evidence-based youth substance use prevention initiative based on the Icelandic Prevention Model.
- \$591,388 or 98.6% of the estimated \$600,000 CAD of the five-year Planet Youth Guidance Program contract cost is secured and anticipated from funding commitments by Algoma public sector, non-profit, and municipal partners.
- A minimal remaining funding gap of \$8,612 over five years (approximately \$1,722 annually) is anticipated to be covered through Algoma Public Health and/or additional partners currently considering contributions.
- By signing the Planet Youth contract, APH would commit to leading and coordinating the implementation of Planet Youth with Algoma's coalition of partners, with the support of the Planet Youth consultancy.

RECOMMENDED ACTIONS

That the Board of Health endorse signing the contract with the Planet Youth consultancy.

BACKGROUND

Planet Youth supports communities in working together to address the underlying causes of early substance use. Through the Planet Youth approach, communities across Algoma can gain meaningful

insights into the health and wellbeing of young people, implement effective interventions targeted at local risk and protective factors in the social environment, and monitor change over time.

Planet Youth Guidance Program

The cost of the program is **€70,050** for the first year, with an annual increase of 3% each year, for a total cost of €371,906, or an estimated **\$600,00 CAD**.

Year	2026	2027	2028	2029	2030
Cost	€ 70,050	€ 72,152	€ 74,316	€ 76,546	€ 78,842

Financial Commitments & Remaining Balance

The 5-year Planet Youth Guidance Program will be financed through contributions from partners across Algoma:

- **\$322,500** in contributions from Algoma public sector/non-profit organizations.
 - Of the above, \$100,000 is contingent on the renewal of a funding partner agreement on a multi-year basis.
 - Funding partners include United Way Sault Ste. Marie & Algoma District, Algoma District School Board, Huron Superior Catholic District School Board, Canadian Mental Health Association, and District of Sault Ste. Marie Social Services Administration Board.
- **\$268,888** in contributions from Algoma municipalities.
 - Funding partners include City of Sault Ste. Marie, Macdonald, Meredith & Aberdeen Additional, Municipality of Wawa, Township of Laird, Township of the North Shore, Township of Prince, Township of St. Joseph, and Township of Tarbutt.

Expected external contributions total **\$591,388**.

The remaining \$8,612 (approx. \$1,722/year), is expected to be covered through contributions by Algoma Public Health, and potentially other funding partners, as additional municipal councils and/or public sector boards may consider making a funding commitment. In addition to financing any remaining contract costs, Algoma Public Health would be committing in-kind FTE and resources to lead and coordinate the implementation of the Planet Youth Algoma initiative.

Planet Youth Contract Funding Commitments, as of June 17, 2026				
Sector	Funding Committed	Pending Successful Renewal	Total	Remaining
Sault Ste. Marie Community Development Fund	\$ 250,000.00	-	\$ 250,000.00	
Algoma Municipalities	\$ 18,888.00	-	\$ 18,888.00	
Algoma Public Sector/Non Profit Organizations	\$ 222,500.00	\$ 100,000.00	\$ 322,500.00	
	\$ 491,388.00	\$ 100,000.00	\$ 591,388.00	\$ 8,612.00

ASSESSMENT OF RISKS AND MITIGATION

The risk includes failure to secure subsequent annual funding renewals. Mitigation approaches include:

- Continuing to engage partners and secure other funding sources
- Incorporating contingency funding via the APH budget

If the required funding isn't obtained, there is the option to terminate the Planet Youth contract prematurely.

OPHS STANDARDS

Ontario Public Health Standard Requirements addressed in this report:

- **Substance Use & Injury Prevention**

Requirement 2. The Board of Health shall develop and implement a program of public health interventions using a comprehensive health promotion approach that addresses risk and protective factors to reduce the burden of preventable injuries and substance use in the health unit population.

STRATEGIC DIRECTIONS

2026-2030 Strategic Goals addressed in this report:

OUR COMMUNITY: Creating Meaningful Community Connection

- We will strengthen collaborative relationships with all municipalities and Indigenous communities to advance shared priorities and upstream public health opportunities

OUR APPROACH: Focusing on Upstream Pathways

- We will build our capacity to strengthen community action, create supportive environments, and promote local healthy public policy with community partners

Algoma Public Health

Statement of Operations

April 2026

(Unaudited)

Public Health Programs (Calendar)

Description	Current YTD	Current YTD Budget	YTD Budget Variance	Annual Budget	Variance % Act to Bud	Variance YTD Act to Bud
Public Health Funding, Total	4,348,578	4,214,297	-134,280	12,642,892	3%	103%
Other Funding, Total	0	0	0	0		
Levies, Total	2,637,921	2,637,921	0	5,275,840	0%	100%
Fees & Recoveries, Total	111,421	127,471	16,051	549,410	-13%	87%
Other Revenue, Total	6,250	0	-6,250	0		
TOTAL REVENUE	7,104,169	6,979,689	-124,480	18,468,142	2%	102%
Salaries & Wages, Total	3,576,242	3,779,928	203,687	11,360,154	-5%	95%
Benefits, Total	1,012,514	1,059,111	46,597	2,978,820	-4%	96%
Office Expenses, Total	11,834	16,667	4,833	50,000	-29%	71%
Program Expenses, Total	385,942	367,016	-18,925	1,052,003	5%	105%
Professional Development, Total	19,970	24,344	4,374	73,033	-18%	82%
Travel Expenses, Total	46,487	52,242	5,755	156,726	-11%	89%
Fees & Insurance, Total	129,419	134,436	5,017	353,310	-4%	96%
Telecommunications, Total	79,451	80,561	1,110	241,684	-1%	99%
Program Promotion, Total	10,660	6,233	-4,427	18,700	71%	171%
Debt Management & Amortization, Total	152,474	152,474	0	467,000	0%	100%
Computer/IT Services, Total	262,393	265,282	2,889	795,846	-1%	99%
Facilities Expenses, Total	345,682	306,955	-38,727	920,866	13%	113%
TOTAL EXPENSES	6,033,067	6,245,251	212,183	18,468,142	-3%	97%
SURPLUS/DEFICIT	1,071,102	734,439	-336,663	0		

Healthy Babies Healthy Children (Fiscal)

Description	Current YTD	Current YTD Budget	YTD Budget Variance	Annual Budget		
TOTAL REVENUE (MCCSS)	95,062	95,063	1	1,140,750	0%	100%
TOTAL EXPENSES	83,981	94,792	10,810	1,140,750	-11%	89%
SURPLUS/DEFICIT	11,081	271	-10,809	0		

Fiscal Programs (Non-Public Health)

Description	Current YTD	Current YTD Budget	YTD Budget Variance	Annual Budget		
PROVINCIAL GRANTS	13,896	13,896	0	166,753	0%	100%
OTHER FUNDING	38,723	38,724	1	177,447	0%	100%
TOTAL REVENUE	52,619	52,620	1	344,200	0%	100%
CAPC	6,216	6,454	238	77,447	-4%	96%
Nurse Practitioner	14,507	13,896	-611	166,753	4%	104%
Stay on Your Feet	10,369	8,333	-2,036	100,000	24%	124%
TOTAL EXPENSES	31,092	28,683	-2,409	344,200	8%	108%
SURPLUS/DEFICIT	21,527	23,937	2,410	0		

Fiscal Programs (Public Health)

PROVINCIAL GRANTS	52,704	52,688	-17	632,250	0%	100%
TOTAL EXPENSES	52,965	51,839	-1,126	632,250	2%	102%
SURPLUS/DEFICIT	-261	849	1,109	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

April 2026

(Unaudited)

Description	Current YTD	Current YTD Budget	YTD Budget Variance	Annual Budget	Variance % Act to Bud	Variance YTD Act to Bud
MOH Program Funding - Public Health	3,373,544	3,407,269	33,725	10,221,806	-1%	99%
MOH Program Funding - 100%	772,616	787,495	14,879	2,362,484	-2%	98%
MOH Program Funding - One Time	202,418	19,534	-182,884	58,602	936%	1036%
Public Health Funding, Total	4,348,578	4,214,298	-134,280	12,642,892	3%	103%
Levies - Sault Ste. Marie	1,834,709	1,834,709	0	3,669,417	0%	100%
Levies - District	803,212	803,212	0	1,606,423	0%	100%
Levies, Total	2,637,921	2,637,921	0	5,275,840	0%	100%
Program Fees	18,435	11,666	-6,769	35,000	58%	158%
Land Control Fees	28,480	27,000	-1,480	210,000	5%	105%
Immunization Recoveries	16,575	26,667	10,092	126,000	-38%	62%
Recoveries from Programs	14,402	14,970	568	36,910	-4%	96%
Interest Revenue	33,530	47,168	13,638	141,500	-29%	71%
Other Revenue	6,250	0	-6,250	0	#DIV/0!	#DIV/0!
Fees & Recoveries, Total	117,672	127,471	9,799	549,410	-8%	92%
TOTAL REVENUE	7,104,171	6,979,690	-124,481	18,468,142	2%	102%

Variance

2

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Algoma Public Health

Comparative Balance Sheet

April 2026

(Unaudited)

	Current Balance	December 31, 2025
Cash and Investments, Total	5,410,605	3,655,860
Accounts Receivable, Total	347,037	663,904
Other Assets, Total	170,804	371,829
Fixed Assets, Total	16,806,250	16,806,250
TOTAL ASSETS	22,734,696	21,497,842
Accounts Payable - Province, Total	1,463,861	314,954
Accounts Payable, Total	1,209,662	1,174,880
Accrued Liabilities, Total	3,232,335	3,496,032
Long-term Liabilities, Total	2,498,653	2,498,653
Other Liabilities, Total	297,340	315,622
TOTAL LIABILITIES	8,701,851	7,800,141
TOTAL ACCUMULATED SURPLUS	14,032,845	13,697,700
TOTAL LIABILITIES AND EQUITIES	22,734,696	21,497,841

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



Windsor-Essex County Health Unit Board of Health

RECOMMENDATION/RESOLUTION REPORT – Waterpipe Smoking Restrictions

2026-05-14

ISSUE

The *Smoke-Free Ontario Act, 2017* (SFOA) prohibits the use of tobacco and vapour products in all enclosed public spaces and workplaces in Ontario. Since its introduction in 2006, the SFOA has contributed to a significant reduction in smoking in public places and exposure to second-hand smoke (Ontario Tobacco Research Unit, 2009). However, the smoking of non-tobacco products such as herbal shisha using waterpipes (e.g. hookahs) remains permitted under the Act, resulting a regulatory gap in provincial smoking legislation. The permissibility of waterpipe use for non-tobacco products creates mixed messages for the public about the safety of waterpipe smoking and diminishes its many potential health risks (Public Health Ontario, 2021). Therefore, municipal governments have the opportunity to address this legislative loophole by implementing or enforcing by-laws that are more restrictive than the SFOA that prohibit the use of waterpipes for non-tobacco products (Canadian Public Health Association, 2021; *Smoke-Free Ontario Act, 2017*).

BACKGROUND

Non-tobacco shisha that is smoked through a waterpipe is sometimes perceived as healthier than smoking or vaping because of the absence of tobacco as well as the use of water to pass smoke through. Although the smoke passes through water before being inhaled, waterpipes do not filter out toxins as they can still produce high levels of carbon monoxide and expose the person smoking to heavy metals and carcinogenic chemicals (Ottawa Public Health, 2025; Mayo Clinic, 2025). Furthermore, non-tobacco shisha products come in a variety of flavours, contributing to an image of safety and accessibility as well as youth appeal (Chappell, 2021).

Waterpipe smoking creates a plethora of health risks. The use of a hookah to smoke both tobacco and non-tobacco shisha contributes to a significantly greater risk of respiratory diseases such as lung cancer, chronic obstructive pulmonary disease (COPD), and chronic bronchitis. (Public Health Ontario, 2025; Ottawa Public Health, 2025). Waterpipe smoking is also associated with adverse cardiovascular effects including elevated heart rate, increased blood pressure, reduced exercise capacity, and coronary artery disease (Public Health Ontario, 2025; UCLA Health, 2018). Waterpipe smoking during pregnancy is associated with low birth weight, sudden infant death syndrome, and childhood respiratory, learning, and behavioural problems (Public Health Ontario, 2021; Ottawa Public Health, 2025; My Health Alberta, 2024). Furthermore, the sharing of hookah mouthpieces as well as bacteria within the pipe can contribute to infectious diseases such as hepatitis, tuberculosis, influenza, herpes, and COVID-19 (Public Health Ontario, 2021; Ottawa Public Health, 2025; My Health Alberta, 2025).

Waterpipe use also has negative health effects for those exposed to second-hand waterpipe smoke. Even when tobacco is not present, herbal shisha can worsen air quality by producing carbon monoxide and particulate matter (Public Health Ontario, 2025; Zhou et al., 2015). Because of the typically long duration of waterpipe smoking sessions (approximately one hour), individuals are exposed to greater levels of carbon monoxide and heavy metals (e.g. nickel and arsenic) using a waterpipe compared to tobacco cigarettes (Mayo Clinic, 2025; Chappell, 2021), further exacerbating health concerns for those who smoke as well as others exposed to second-hand smoke. Research from the University of Alberta finds that some hookah bars can have air quality that is similar to “being downwind from a forest fire” (University of Alberta, 2013), highlighting the importance of restricting indoor waterpipe smoking to protect the health of patrons as well as employees.

Although establishments may advertise their shisha as free of tobacco, tobacco has been found in shisha samples in Windsor and across Ontario (Chappell, 2021). Since 2024, five charges have been laid at hookah lounges in Windsor where tobacco has been found in shisha samples, representing a 50% non-compliance rate based on ten inspections conducted. Prohibiting indoor hookah use would eliminate the possibility of tobacco use indoors that persists despite current smoking legislation. Several cities throughout Ontario have banned waterpipe use within enclosed public spaces and workplaces such as Ottawa, Peterborough, Barrie, Niagara, Orillia, Toronto, and Hamilton (Public Health Ontario, 2025). Furthermore, the Canadian Public Health Association recommends that municipalities establish by-laws prohibiting hookah use in public places, as stated within their position statement *The Winnable Battle: Ending Tobacco Use in Canada* (2021).

PROPOSED MOTION

Whereas, waterpipe smoking is associated with negative health outcomes including lung cancer, chronic obstructive pulmonary disease (COPD), low birth weight, communicable diseases, and cardiovascular conditions such as high blood pressure and coronary artery disease; and

Whereas, non-tobacco smoking products (e.g. shisha) contain heavy metals, carcinogens, and carbon monoxide which are hazardous to the health of those who smoke as well as those subject to second-hand smoke; and

Whereas, the *Smoke Free Ontario Act, 2017* does not restrict the smoking of non-tobacco products indoors, providing an opportunity for municipalities to implement local by-laws which include the prohibition of waterpipe use for non-tobacco products in enclosed public spaces and workplaces;

Now therefore be it resolved the Windsor-Essex County Board of Health endorses the Windsor-Essex County Health Unit working collaboratively with area municipalities to develop, update, and enforce by-laws that restrict the use of waterpipes, including non-tobacco products, in enclosed public spaces and workplaces.

Further that, the Windsor-Essex County Board of Health supports efforts to educate the public, business owners, and municipal partners on the health risks associated with waterpipe smoking, including non-tobacco products, and the importance of protecting workers and the public from exposure to second-hand emissions in enclosed public spaces and workplaces.

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Canadian Public Health Association. (2021). *Tobacco and vaping use in Canada: moving forward*. Retrieved from <https://www.cpha.ca/tobacco-and-vaping-use-canada-moving-forward>

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Windsor-Essex County Health Unit Board of Health

RECOMMENDATION/RESOLUTION REPORT – Enhancing Municipal Readiness for Ontario’s Bring-Your-Own-Beverage (BYOB) Legislation Through Public Health Engagement

2026-05-14

ISSUE

The Province of Ontario has introduced a legislative framework permitting residents aged nineteen years and older to bring their own alcoholic beverages to municipally designated outdoor cultural and community events, effective April 30, 2026. Municipalities must pass enabling bylaws and establish local eligibility processes prior to the policy taking effect. Given the significant and well-documented burden of alcohol-related harms in Windsor-Essex, formal engagement with the Windsor-Essex County Health Unit (WECHU) is essential to ensure that any municipal implementation of the Bring-Your-Own-Beverage (BYOB) policy prioritizes public health and community safety.

BACKGROUND

The Province of Ontario will, effective April 30, 2026, expand existing alcohol permissions to allow residents aged nineteen and older to bring their own alcoholic beverages to municipally designated outdoor cultural and community events. Municipalities must first enact enabling bylaws authorizing alcohol consumption in public spaces and establish local processes to determine event eligibility prior to the issuance of permits through the Alcohol and Gaming Commission of Ontario (AGCO).

While the policy aims to support tourism, reduce event-related costs, and strengthen local economic activity, Health Canada (2024) indicates that increased visibility and normalization of alcohol at public or family-oriented events contributes to more permissive attitudes toward drinking among youth and young adults, with research among Ontarians aged 19–24 showing that alcohol is commonly perceived as an expected feature of festivals and community celebrations and associated risks are often underestimated.

In Windsor-Essex, 62% of residents report regular alcohol use, and in 2024, more than 2,000 emergency department (ED) visits were attributable to alcohol, substantially exceeding all other substance -related ED visits. Annual rates include 416.13 alcohol-related ED visits per 100,000 residents and 260 hospitalizations per 100,000 residents, both surpassing provincial averages.

Alcohol remains a predominant driver of preventable death, illness and injury locally. Increased access to alcohol has been consistently associated with higher rates of impaired driving and motor vehicle injury. Ontario and national evidence demonstrate that policy changes which increase alcohol availability are linked to increases in alcohol-related collisions, injuries, and fatalities (Callaghan et al., 2023).

Alcohol-related emergency department presentations contribute to broader system pressures in Windsor-Essex, including emergency department crowding, ambulance offload delays, and periods of reduced ambulance availability (Code Black), underscoring the region's limited surge capacity and the importance of precautionary, public-health informed approaches when considering policies that may increase acute alcohol-related demand (Public Health Ontario, 2023; Myran et al., 2024; Wan et al., 2026).

As such, any expansion of public alcohol consumption through municipal implementation of the BYOB framework should incorporate public-health-informed safeguards appropriate to the local context, including event screening, designated consumption areas, and risk-mitigation planning, to support community safety and well-being and minimize unintended health and system impacts.

PROPOSED MOTION

Whereas, the Province of Ontario will, effective April 30, 2026, authorize adults nineteen years of age and older to bring their own alcoholic beverages to municipally designated outdoor cultural and community events, contingent upon the passage of municipal bylaws permitting alcohol consumption in public spaces and the establishment of local criteria to determine event eligibility for BYOB permits;

Whereas, the implementation of the BYOB alcohol policy is not automatic and may only proceed within a municipality once the municipality has passed an enabling bylaw and developed an appropriate local approval process;

Whereas, annual local alcohol-related harms include 416.13 emergency room visits per 100,000 residents and 260 hospitalizations per 100,000 residents, exceeding provincial averages;

Whereas, an expansion of public alcohol consumption through BYOB events has the potential to exacerbate existing alcohol-related harms without robust safeguards and public health-informed oversight.

Therefore, be it resolved that, the Board of Health of the Windsor-Essex County Health Unit strongly advises municipalities within Windsor-Essex that formal consultation with the WECHU is essential prior to drafting, revising, or adopting any municipal bylaw pertaining to Ontario's BYOB alcohol policy, ensuring that public health considerations are fully integrated into local decision-making processes.

FURTHER THAT, WECHU commit to providing evidence-informed guidance and policy supports to municipal councils, including local alcohol-related harm statistics, recommendations for designated consumption areas, risk-mitigation strategies, enforcement considerations, and public-facing harm-reduction messaging.

FURTHER THAT, this resolution be circulated to all municipal councils in Windsor-Essex, the Association of Municipalities of Ontario (AMO), and the Ontario Public Health Association (OPHA) to support coordinated and health-informed implementation of the BYOB framework.

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Windsor-Essex County Health Unit Board of Health

RECOMMENDATION/RESOLUTION REPORT – Global Conflict, Health Equity, and Community Preparedness

2026-05-14

ISSUE

Global armed conflict can affect population health, health equity, and health systems in Canada and Windsor-Essex. Recent military conflict in the Middle East has resulted in civilian harm, disrupted global energy markets and environmental damage. These impacts can be felt locally through higher living costs, food insecurity, increased stress, and added pressure on health and social services.

BACKGROUND

Global conflicts increasingly cause health impacts that extend far beyond national borders. The current conflict in the Middle East has disrupted global energy supplies, leading to higher fuel prices and unstable supply chains. In Canada, rising fuel costs disproportionately affect low-income households, single parents, rural and remote communities, and people living with chronic illnesses who rely on transportation to access care. Increased fuel and fertilizer costs are also drivers of higher food prices, exacerbating food insecurity at a time when approximately one quarter of people in Windsor-Essex and nationally already live in food-insecure households (including 2.5 million children in Canada), and food banks are operating beyond capacity. Food insecurity is a well-established determinant of poor physical and mental health. Rising costs of living deepen poverty-related stress, worsen chronic disease outcomes, and increase demand for health and social services.

The mental health impacts of armed conflict are profound and well-documented. Children directly exposed to violence experience high rates of post-traumatic stress disorder, depression, and long-term developmental impacts. Adults experience chronic anxiety, depression, and increased substance use. Importantly, these effects are not limited to those living in conflict zones. Diaspora communities in Canada are experiencing complex and prolonged grief, fear, and uncertainty as they monitor events impacting loved ones abroad. Similar patterns were observed following the war in Ukraine, resulting in increased demand for trauma-informed mental health services within Canadian health systems.

Armed conflict also undermines global public health security. Damage to health infrastructure, disruption of disease surveillance, and constrained access to medicines increase the risk of infectious disease outbreaks, including disruptions to tuberculosis and HIV care documented in prior conflicts. Iran's role as a host country to millions of refugees, coupled with regional instability, raises the likelihood of further displacement and humanitarian need.

Environmental health risks are also escalating. Bombardment of oil refineries and industrial sites releases toxic pollutants that increase long-term risks of cancer and respiratory disease and contribute to global

environmental degradation and climate change. Conflict near sensitive nuclear facilities can create a low-probability but high-impact risk of radiological contamination.

Taken together, these developments underscore that Canada's health is inseparable from global stability. Preparedness for the health consequences of global conflict is a matter of local health protection, health promotion, and health equity.

PROPOSED MOTION

WHEREAS armed conflict and global instability are recognized drivers of adverse population health outcomes, including food insecurity, mental illness, infectious disease risk, and environmental harm; and

WHEREAS rising fuel and food costs disproportionately harm low-income households, children, older adults, people with chronic illness, and rural and remote communities, deepening existing health inequities; and

WHEREAS war-related trauma affects people both in conflict zones and in diaspora communities in Canada, increasing the need for trauma-informed mental health and community-based supports; and

WHEREAS disruptions to global health infrastructure and surveillance during conflict increase the risk of infectious disease outbreaks with downstream impacts on Canadian health systems; and

WHEREAS resilient food systems, social protections, and accessible health care are essential components of public health preparedness and community resilience;

NOW THEREFORE BE IT RESOLVED THAT the Windsor-Essex County Board of Health:

1. Affirm by passing this resolution that global conflict and global inequity are critical public health issues with direct implications for the health and well-being of Windsor-Essex residents;
2. Calls on all levels of government to strengthen policies and investments that protect population health in the face of global instability, including:
 - Investments in food security and income supports
 - Measures to mitigate the health impacts of rising fuel and transportation costs, including advocating for more active transportation
 - Expansion of trauma-informed mental health services, with particular attention to children, youth, and diaspora communities
 - School-based mental health and well-being support programs
 - Health care access models proven effective in humanitarian and refugee-receiving contexts
3. Urge the Government of Canada to ensure preparedness for increased humanitarian migration by supporting continuity of care, culturally and linguistically appropriate mental health services, and rapid access to primary and preventive care; and
4. Encourage federal leadership in advancing peace, global equity, and protection of civilian populations as essential strategies for safeguarding health at home



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June 19, 2026

The Honourable Francois-Philippe Champagne, Minister of Finance and National Revenue

Delivered via email: francois-philippe.champagne@parl.gc.ca

National Finance Committee

Delivered via email: nffn@sen.parl.gc.ca

Dear Minister of Finance and National Finance Committee,

Re: Addressing Household Food Insecurity in Ontario

On January 21, 2026, at a regular meeting of the Board of Health for the Thunder Bay District Health Unit, the Board recognized Household Food Insecurity as an income-driven problem that requires income-based solutions.

This letter is to urge your support of Bill S-206, an Act to develop a national framework for a guaranteed livable basic income, currently being considered by the National Finance Committee of the Senate, and soon proceeding to second reading in the House of Commons. The Thunder Bay District Health Unit aligns with the Ontario Dietitians in Public Health (ODPH) in its support for the concept of a Guaranteed Livable Basic Income as an effective policy lever for reducing the pervasive problem of household food insecurity in Canada.

We support and endorse the attached letter by the ODPH, who strongly support the concept of a Guaranteed Livable Basic Income as an effective policy lever for reducing the pervasive problem of household food insecurity in Canada.

In 2024, the rate of household food insecurity in Canada reached an all-time high since its measurement in Canada began nearly two decades ago. The percentage of households in Canada's ten provinces experiencing household food insecurity increased significantly to 25.5% in 2024 from 15.9% in 2021. This represents 9.9 million people, including 1 in 3 children. These estimates do not include people living on First Nations or the territories where rates of household food insecurity are typically higher.

Households struggling to put food on the table also struggle to afford other basic needs. Household food insecurity, originally perceived as a "food problem," is now understood to be a potent marker of material deprivation, rooted in inadequate and unstable incomes that have not kept pace with the costs of living.

Research on federal and provincial income policies, including public pensions for seniors, social assistance, child benefits, and minimum wage, has documented reductions in food insecurity when these interventions improve the incomes of low-income households. Research on the impact of Canada's public pension system for seniors provides the strongest parallel to a Guaranteed Livable Basic Income.

.../2

Reaching the age of eligibility for collecting public pensions has been shown to reduce the risk of food insecurity for low-income, unattached seniors by almost 50%.

The only interventions proven to reduce household food insecurity are those that improve the incomes of vulnerable households. Thank you for reviewing this information. We appreciate your attention to this significant matter.

Sincerely,



James McPherson
Chair, Board of Health
Thunder Bay District Health Unit

Cc:

Marcus Powlowski, MP – Thunder Bay – Rainy River
Patty Hajdu, MP – Thunder Bay- Superior North
Association of Local Public Health Agencies (aLPHA)
Association of Municipalities of Ontario (AMO)
Federation of Canadian Municipalities (FCM)
Ontario Public Health Association (OPHA)
Ontario Dietitians in Public Health (ODPH)
Ontario Boards of Health
Health Unit Member Municipalities

National Finance Committee:

Senator Claude Carignan, Chair, National Finance

Committee Claude.Carignan@sen.parl.gc.ca

Senator Éric Forest, Deputy Chair, National Finance Committee Eric.Forest@sen.parl.gc.ca

The Honourable Senator Clément Gignac, National Finance Committee

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Sara Gajic, Clerk, National Finance Committee Sara.Gajic@sen.parl.gc.ca

January 7, 2026

The Honourable Claude Carignan, Senator, and Chair, National Finance Committee
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National Finance Committee NFFN@SEN.PARL.GC.CA

Dear Chair, Deputy Chair, Members, and Clerk of the National Finance Committee of the Senate of Canada:

[Ontario Dietitians in Public Health](#) (ODPH), the professional association of Registered Dietitians working in Ontario's public health system, is writing to urge your support of [Bill S-206](#), an Act to develop a national framework for a guaranteed livable basic income, currently being considered by the National Finance Committee of the Senate. Since 2015, ODPH has strongly supported the concept of a basic income guarantee as an effective policy lever for reducing the pervasive problem of household food insecurity in Canada.¹

[Food Insecurity Policy Research \(PROOF\)](#) defines household food insecurity (HFI) as “the inadequate or insecure access to food due to financial constraints,” and further states it is a serious public health problem, a marker of pervasive material deprivation, and a matter of public policy.² The experience of HFI can range from concerns or problems of food access (marginal HFI), to the inability to afford a balanced diet and/or missing meals (moderate HFI), to extreme cases of not eating for days (severe HFI).

In 2024, HFI in Canada reached its highest level since national monitoring began nearly 20 years ago. One in four Canadians (25.5%) living in the ten provinces experienced HFI, representing approximately 9.9 million people, including 2.5 million children – 75% of these children lived in households facing moderate or severe HFI.³ These estimates do not include First Nations communities or the territories, where rates are typically even higher, particularly in Nunavut. Provincial rates varied significantly, ranging from 19.8% in Quebec to 30.9% in Alberta, highlighting the need for a coordinated national response.³

HFI is fundamentally an income issue, not just a “food problem.” In 2023, 70% of households with social assistance as their main source of income in Canada reported experiencing HFI.³ However, employment is not necessarily protective – 58.6% of households experiencing HFI report employment as their main income source, with this group showing the largest increase in HFI from 2021 to 2022.³ A recent survey by Food Banks Canada found that low wages and insufficient hours were among the top reasons people turned to food banks.⁴ Research also highlights a growing trend of precarious jobs with unstable hours, and a lack of essential benefits, creating significant challenges for today’s workforce.⁵ HFI is a critical indicator of a household’s financial situation, as households unable to afford food also struggle to meet other basic needs. Incomes have not kept pace with the cost of living - since 2021, the Consumer Price Index has increased by 26% for shelter, 25% for food and 20% for transportation.⁴

Extensive Canadian evidence demonstrates HFI is tightly linked to adverse physical and mental health outcomes above and beyond the influence of other social determinants of health. Research linking HFI data from population health surveys with administrative health records, has provided strong evidence that people experiencing HFI are more likely to be hospitalized for a wide range of conditions, stay in hospital longer, and die prematurely (before the age of 83) from all causes except cancer.⁶ A particularly strong relationship exists between HFI and poor mental health. The risk of experiencing depression, anxiety disorders, mood disorders, or suicidal thoughts increases with the severity of HFI for both adults and youth.⁶ The health consequences of HFI are extremely costly to Canada’s publicly funded healthcare system.⁷ Policies designed with the aim of reducing HFI have the potential to offset considerable public expenditures on healthcare for federal, provincial and territorial governments. These savings must be considered in the proposed national framework for a guaranteed livable basic income.

For more than three decades, food banks have been the primary response to HFI in Canada. Despite massive investments in a secondary food system for people who cannot afford to obtain food in the most socially dignified manner (i.e., buying from food retailers), food banks are struggling more than ever to meet demands. In March 2025, there were more than 2 million visits to food banks across Canada, representing a 5% increase compared to March 2024, and a 99.4% increase compared to March 2019.⁴ While food banks can provide temporary food relief, they do not address the root cause of HFI – inadequate and unstable income.¹ In fact, only about one-quarter of households experiencing HFI use food banks, and for those who do, the problem persists.⁸

Over the past 12 months, several Ontario municipalities declared food insecurity emergencies, including [Mississauga](#), November 2024; [Toronto](#), December 2024; [Kingston](#), January 2025; [Brantford](#), February 2025; [Brockville](#), June 2025 and [Orillia](#), August 2025. These declarations clearly demonstrate HFI has reached crisis levels across Ontario, resulting in an unsustainable demand on the charitable food system, and requiring municipal governments and community organizations to call on Federal and Provincial governments to step in with long-term policy solutions.

The only interventions proven to reduce household food insecurity are those that improve the incomes of vulnerable households.⁹ Research on federal and provincial income policies, including public pensions for seniors, social assistance, child benefits, and minimum wage, has documented reductions in food insecurity when these interventions improve the incomes of low-income households.⁸ Research on the impact of Canada's public pension system for seniors provides the strongest parallel to a basic income guarantee. Reaching the age of eligibility for collecting public pensions has been shown to reduce the risk of food insecurity for low-income, unattached adults by almost 50%.¹⁰

Establishing an income floor for working-aged Canadians and their families (similar to the support seniors receive through public pension programs) would reduce vulnerability among households that rely on employment incomes but are still unable to make ends meet, while also ensuring adequate income for those not in the workforce to cover basic needs. According to a recent report by the Parliamentary Budget Officer, a national guaranteed basic income would significantly reduce poverty in Canada by 2025 – by 34% for households defined as nuclear families and by 40% for those defined as economic families, based on the Market Basket Measure.¹¹

Given the magnitude of HFI and its profound health impacts and economic costs, Canada urgently needs income-based policy solutions that directly address this issue. The 2025 Report of the National Advisory Council on Poverty has included consideration of a targeted basic income to ensure everyone reaches at least Canada's Official Poverty Line through wages and/or government benefits.¹² Supporting Bill S-206 is a critical step toward this vision, laying the foundation for a basic income framework that can reduce poverty and improve health outcomes in Canada. ODPH respectfully urges the National Finance Committee to support Bill S-206 and help build a stronger, healthier, and more equitable Canada. Thank you for your consideration.

Sincerely,



Luisa Magalhaes, MHSc, RD
Chair, ODPH



Karina Kwong, MPH, RD
Co-Chair, Food Insecurity Workgroup

cc. The Honourable Kim Pate, Senator

Loretta Ryan, Executive Director, Association of Local Public Health Agencies (Ontario)

References

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- ² Food Insecurity Policy Research (PROOF). Understanding Household Food Insecurity [webpage online]. Available at: <https://proof.utoronto.ca/food-insecurity/>
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- ¹² Government of Canada. (2025). 2025 Report of the National Advisory Council on Poverty. Available at: <https://www.canada.ca/en/employment-social-development/programs/poverty-reduction/national-advisory-council/reports/2025-annual.html>



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June 19, 2026

The Honourable Sylvia Jones
Minister of Health
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Dr. Kieran Moore
Chief Medical Officer of Health
Office of the Chief Medical Officer of Health, Public Health
Box 12
Toronto, ON M7A 1N3

SENT VIA EMAIL

RE: Request for Review of Pneumococcal Vaccine Eligibility

Dear Minister Jones and Dr. Moore,

Please see the attached resolution passed by the Board of Health at its February meeting.

The Board is requesting a review of the eligibility for publicly funded pneumococcal vaccine in adults as rates of invasive pneumococcal disease have increased in recent years and has resulted in increased severe disease and hospitalizations in the health unit area. An expansion of eligibility of publicly funded vaccine would be beneficial in mitigating this.

Thank you for your consideration.

Sincerely,

James McPherson
Chair, Board of Health
Thunder Bay District Health Unit

cc. Honourable Kevin Holland (Thunder Bay-Atikokan)
Lise Vaugeois (Thunder Bay-Superior North)
Northern Ontario Boards of Health



Board of Health Resolution

MOVED BY: L. Belanger

SECONDED BY: J. Moffat

(Regular Meeting)
SOURCE: TBDHU Board of Health

DATE: February 18, 2026 **Page 1 of 2**

RESOLUTION NO.: 25-2026



CARRIED



AMENDED



LOST



DEFERRED/
REFERRED

ITEM NO.: 9.1

J. McPherson

CHAIR

**RE: Report 06-2026 (Medical Officer of Health)
Advocacy Related to Pneumococcal Vaccine Eligibility**

WHEREAS invasive pneumococcal disease (IPD) is a serious and potentially life-threatening vaccine-preventable illness that can result in hospitalization, intensive care admission, long-term complications, and death; and

WHEREAS Thunder Bay District Health Unit has observed an increase in reported cases of IPD in recent years, with a significant proportion of cases requiring hospitalization and intensive care; and

WHEREAS local surveillance data indicate that individuals experiencing social and behavioural risk factors are disproportionately affected; and

WHEREAS current publicly funded pneumococcal vaccine eligibility criteria set by the Ontario Ministry of Health are primarily based on age and medical risk, and do not explicitly include certain social and behavioural risk factors associated with increased risk of invasive disease; and

WHEREAS expanding eligibility criteria may reduce morbidity and mortality, decrease health system pressures, and address health inequities among vulnerable populations;

THEREFORE BE IT RESOLVED THAT the Board of Health for the Thunder Bay District Health Unit formally request that the Minister of Health and Chief Medical Officer of Health review, in an expeditious manner, the current eligibility criteria for publicly funded pneumococcal vaccination for adults;

AND THAT the review considers the inclusion of individuals with social and behavioural risk factors associated with increased risk of invasive pneumococcal disease;

AND THAT a copy of this resolution be provided to the Minister of Health, the Chief Medical Officer of Health, local Members of Provincial Parliament, and Northern Ontario Boards of Health.

FOR OFFICE USE ONLY --- RESOLUTION DISTRIBUTION

	<i>To:</i>	<i>INSTRUCTIONS:</i>	<i>To:</i>	<i>INSTRUCTIONS:</i>
1	Dr. J. DeMille			
2	L. Dennis			
3			L. McNeice	
4				
5				
6				File Copy