

Board of Health Meeting

Agenda Package

Wednesday, November 26, 2025
10:00 a.m.
221 Portsmouth Avenue, Kingston

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Meeting ID: 270 664 466 335 5
Passcode: pY3GD2f2

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To ensure a quorum we ask that you please RSVP to kathleen.thompson@southeastph.ca or call 613-549-1232, ext. 1147.

Board of Health Agenda

Wednesday, November 26, 2025
10:00 a.m.
221 Portsmouth Avenue, Kingston

1. **Call to order**

2. **Land acknowledgement**

Southeast Public Health is located on the traditional territory of Indigenous peoples dating back countless generations. We would like to show our respect for their contributions and recognize the role and treaty making in what is now Ontario. Hundreds of years after the first treaties were signed, they are still relevant today.

3. **Roll call**

4. **Approval of the agenda**

MOTION: THAT the Board of Health approve the agenda for November 26, 2025, as circulated.

5. **Approval of previous meeting minutes**

[Schedule 5](#)

MOTION: THAT the Board of Health approve the minutes of the meeting held on October 22, 2025, as circulated.

6. **Disclosure of pecuniary interest and/or conflict of interest, and the general nature thereof when the item arises**

7. **Committee reports**

7.1. **Finance Committee Update** (Councillor A. Koiner)

[Schedule 7.1](#)

MOTION: THAT the Board of Health approve that, going forward, oversight of the Dental Treatment Assistance Fund and the Charitable Organization Trust Fund be provided by the Finance Committee and agency officers, and that both Finance Committee members and agency officers be appointed as Trustees.

7.2. **Governance Committee Update** (Mayor R. Jones)

[Schedule 7.2](#)

7.2.1. BOH Deputation Request Policy & Form

[Schedule 7.2.1](#)

7.2.2. MOH Evaluation Policy

[Schedule 7.2.2](#)

MOTION: that the Board of Health approve the BOH Deputation Request Policy and Form and the MOH Evaluation Policy.

7.2.3. ALIGN Interviews

[Schedule 7.2.3](#)

8. New business

8.1. Cloyne Branch Office

[Schedule 8.1](#)

MOTION: THAT the Board of Health supports the staff recommendation regarding the property sale of Southeast Public Health's branch office located at 14209 Highway 41 in Cloyne, Ontario;

AND THAT the Board of Health declare the property as surplus;

AND FURTHER THAT the Board of Health obtain the consent to sell the property from councils of municipalities represented on the Board of Health.

8.2. Merger Updates

[Schedule 8.2](#)

MOTION: THAT the Board of Health receive the merger update report, as circulated.

8.3. 2026 Meeting Schedule

[Schedule 8.4](#)

Note: The proposed 2026 meeting schedule is informed by, and closely aligns with, the pattern that proved effective in 2025.

MOTION: THAT the Board of Health approved the 2026 meeting schedule, as circulated.

9. Information items

9.1. Leased Office Locations – Briefing Note

[Schedule 9.1](#)

9.2. GBV Prevention – Equity-Focused Approach

[Schedule 9.2](#)

9.3. Resolution – 2025 Drinking Water Report

[Schedule 9.3](#)

9.4. Resolution – Coordination of Dental Programs

[Schedule 9.4](#)

9.5. aPHa InfoBreak

[Schedule 9.5](#)

9.6. aPHa Summary – 2025 Fall Economic Statement

[Schedule 9.6](#)

MOTION: THAT the Board of Health receive the information items, as circulated.

10. Adjournment

MOTION: THAT this Board of Health meeting be adjourned.

Board of Health Minutes

Open Session

Date: Wednesday, October 22, 2025

Time: 10:00 a.m.

Location: Kingston Office and via MS Teams

In-person: Mr. Stephen Bird, Councillor Conny Glenn, Councillor Judy Greenwood-Speers, Mayor Robin Jones, Councillor Sean Kelly, Councillor Anne-Marie Koiner, Councillor Peter McKenna, Councillor Jeff McLaren, Mayor Jan O'Neill, Dr. David Pattenden, Councillor Bill Roberts.

Virtual: Dr. Jeffrey Allin, Reeve Richard Kidd, Councillor Michael Kotsovos, Ms. Melanie Paradis, Ms. Barbara Proctor, Councillor Nathan Townend.

Regrets: Mr. Chris Seeley

Officers: Dr. Piotr Oglaza

Guest: Ms. Katie Mahon, Partner, KPMG in Canada

1. **Call to order**

The meeting was called to order by Chair J. O'Neill at 10:05 a.m.

2. **Land acknowledgement**

Spoken by Chair J. O'Neill.

3. **Roll call**

Conducted by Recorder, K. Thompson

4. **Approval of the agenda**

MOTION: It was MOVED by Councillor P. McKenna and SECONDED by Councillor B. Roberts THAT the Board of Health approve the agenda for October 22, 2025, as circulated.

CARRIED

5. **Approval of previous meeting minutes**

MOTION: It was MOVED by Councillor S. Kelly and SECONDED by Councillor A. Koiner THAT the Board of Health approve the minutes of the meeting held on September 24, 2025, as circulated.

CARRIED

6. **Disclosure of pecuniary interest and/or conflict of interest, and the general nature thereof when the item arises**

There were no pecuniary interest and/or conflict of interest declared.

7. **Committee reports**

7.1. **Finance Committee Update**

7.1.1. **2024 Draft Financial Statements (HPEPH, KFLAPH, LGLDHU)**

Councillor A. Koiner, Finance Committee Chair, reported that the Committee reviewed the 2024 draft financial statements for completeness and found them reasonable and consistent with expectations. The Committee noted an anticipated deficit for legacy Leeds, Grenville and Lanark District Health Unit (LGLDHU) and surpluses for the legacy Hastings Prince Edward Public Health (HPEPH) and Kingston, Frontenac and Lennox & Addington (KFLAPH).

Ms. K. Mahan, Partner, KPMG in Canada, presented the 2024 audit findings for the three legacy agencies. She advised that all audits were completed successfully, with clean audit opinions and no material issues identified. Minor process improvements were noted, and prior concerns at one agency showed significant progress. The adoption of new accounting standards had no material impact, and the merger of the legacy agencies was noted as a subsequent event. Ms. K. Mahan confirmed auditor independence and advised that a new presentation standard, effective for 2027, will be implemented in due course. She also noted that future audits will proceed under the merged organization. The Board expressed appreciation for the work of the auditor and finance staff in completing the audits.

MOTION: It was MOVED by Councillor A. Koiner and SECONDED by Councillor P. McKenna THAT the Board of Health approve the 2024 Draft Financial Statements for Hastings Prince Edward Public Health (HPEPH), Kingston, Frontenac and Lennox & Addington Public Health (KFLAPH), and the Leeds, Grenville and Lanark District Health Unit (LGLDHU), as presented and as recommended by the Finance Committee;

AND THAT the Board of Health authorize staff to work with the Board Chair and the Finance Committee Chair to apply any immaterial changes necessary to finalize the statements.

CARRIED

7.1.2. **2024 Draft Pro Forma Statement of Financial Position (SEPH)**

Councillor A. Koiner, Finance Committee Chair, advised that the Committee reviewed the 2024 Draft Pro Forma Statement Position

for SEPH and found it reasonable and consistent with expectations.

MOTION: It was MOVED by Councilor A. Koiner and SECONDED by Mayor R. Jones THAT the Board of Health receive the 2024 Draft Pro Forma Statement for Southeast Public Health, as circulated.

CARRIED

7.1.3. **2025 Southeast Public Health Financial Results (January - August 2025)**

The Board reviewed the preliminary 2025 Southeast Public Health financial results as part of the Finance Committee's preparation for the 2026 budget. The results were consistent with expectations, with no material variances noted that would impact the proposed 2026 budget or cost-sharing arrangements.

MOTION: It was MOVED by Councilor S. Kelly and SECONDED by Councilor A. Koiner THAT the Board of Health receive the financial results for the period January 1 to August 31, 2025, as circulated.

CARRIED

7.1.4. **2026 Budget**

Prior to consideration of the 2026 cost-shared and related budgets, several Board members requested additional context regarding the allocation of the municipal levy before proceeding with budget approval. The Medical Officer of Health/CEO clarified that, while the Board's prior decisions had already established the total levy requirements reflected in the proposed 2026 budget, members preferred to defer detailed consideration until after the municipal levy discussion to ensure informed deliberation.

MOTION: It was MOVED by Councilor J. Greenwood-Speers and SECONDED by Reeve R. Kidd THAT consideration of Item 7.1.4, 2026 Budget be deferred to the end of the open agenda, following Item 9, Information Items.

CARRIED

7.2. **Governance Committee Update**

7.2.1. **Skills Inventory Form**

The Governance Committee developed a Skills Inventory Form to identify the specific skills, expertise, and diversity required by Board members. Mayor R. Jones noted that the Committee added a rating system as requested at the previous meeting, with no other substantive changes. The Committee is recommending approval by the Board of Health.

7.2.2. Board of Health Orientation Policy

A minor revision was made to state that all board members are invited to attend orientation; however, members who have previously completed the orientation may attend optionally. Approval by the Board of Health is recommended.

7.2.3. Reserve Fund Policy

The policy was revised to clarify that the MOH/CEO may access up to \$250,000 annually within their Executive Spending Limit, and the Board must be informed of any withdrawals within 30 days.

MOTION: It was MOVED by Mayor R. Jones and SECONDED by Councillor B. Roberts THAT the Board of Health approve the Skills Inventory Form, Board of Health Orientation Policy, and Reserve Fund Policy, as circulated.

CARRIED

7.2.4. Governance Training Project

The Governance Committee provided an update on the Ministry-led Governance Training Project. This 18-month initiative is designed to support newly merged boards and enhance collaborative governance and leadership. Components of the project include a needs assessment, skill-building workshops, resources, and optional one-on-one coaching. An upcoming session on October 29 will serve as an orientation to the program and is open to all interested board members; it will be recorded for those unable to attend. It was noted that centralized ministry support provides access to governance expertise and ensures consistency in training, rather than requiring boards to source consultants independently. The Governance Committee recommends that the Board receive this update for information.

MOTION: It was MOVED by Mayor R. Jones and SECONDED by Councillor C. Glenn THAT the Board of Health receive the update on the Ministry's Governance Training Project, as circulated.

CARRIED

8. New business

8.1. Appointment of Auditor

The Board is required by legislation to appoint an external auditor to oversee its financial statements and transactions. KPMG LLP has previously provided auditing services to the legacy public health agencies and municipalities represented on the Board, ensuring continuity and

efficiency during the first full fiscal year of the merged organization.

MOTION: It was MOVED by Councillor S. Kelly and SECONDED by Councillor J. Greenwood-Speers THAT the Board of Health appoint KPMG LLP as the auditors for the purposes of auditing all financial statements prepared during and for the year 2025.

CARRIED

8.2. Municipal Levy Allocation

The Board of Health discussed the allocation of \$4.3 million in municipal harmonization funding from the Ministry of Health to support municipalities in adjusting to harmonized levy contributions following the creation of Southeast Public Health (SEPH). Members noted that historical contributions varied by legacy health unit and emphasized the importance of using the funds to mitigate financial impacts on under-contributing municipalities without affecting service delivery. The Health Protection and Promotion Act (HPPA) guidance on population-based cost allocation informed the discussion. It was clarified that the funds act as a cost-reduction mechanism and that merger-related mortgage buyouts further reduce future costs. The Board recognized that municipalities have discretion in applying the funds to achieve harmonized contributions over time, supporting a smooth transition to a fully integrated SEPH agency.

MOTION: It was MOVED by Councillor P. McKenna and SECONDED by Councillor B. Roberts:

WHEREAS the apportionment of costs to obligated municipalities according to population size reflects the spirit of the Health Protection and Promotion Act (HPPA);

AND WHEREAS on September 24, 2025, the Board of Health of Southeast Public Health (SEPH) passed a motion to harmonize municipal levies across all obligated municipalities of SEPH;

AND WHEREAS on September 24, 2025, the Board of Health of SEPH passed a motion to gradually harmonize municipal levies according to the phased scenario, with the end goal of a 67.5/32.5 percent split, beginning in 2025 with a 70/30 percent funding split;

AND WHEREAS through harmonization of municipal levies for 2025, all obligated municipalities are now contributing to the SEPH budget proportionally to the population;

AND WHEREAS the selected harmonization scenario resulted in some municipalities under contributing for the 2025 fiscal year;

AND WHEREAS issuing revised levy invoices to recover the 2025 shortfall from municipalities would not be practical;

AND WHEREAS the \$4.3 million available for levy harmonization represents a cost reduction to obligated municipalities of SEPH to achieve

the target harmonized levy;

THEREFORE BE IT RESOLVED THAT the Board of Health for SEPH endorse Option #4 – “2025 Needs-Based Approach and Remaining Hastings Prince Edward and Leeds, Grenville Lanark” for the allocation of \$4.3 million for municipal levy harmonization;

AND THAT these funds be used first to offset the negative impacts arising from rebalancing and harmonization of the 2025 municipal levies (approximately \$1.3 million);

AND THAT the remaining \$3 million be allocated proportionately across the Hastings Prince Edward and Leeds, Grenville and Lanark municipalities only, as outlined in Appendix 4;

AND THAT any over-contributions made by the legacy Kingston, Frontenac and Lennox & Addington municipalities in 2025 be recognized as excess contributions to be applied against future levy obligations, with no portion of the levy harmonization funding allocated to these municipalities.

Recorded Vote – Motion to endorse Option #4

“2025 Needs-Based Approach and Remaining Hastings Prince Edward and Leeds, Grenville Lanark for the allocation of \$4.3 million for municipal levy harmonization.”

Recorded Vote Requested By: Chair J. O’Neill.

Member	Municipality	Vote
Dr. J. Allin	Provincial Representative - Belleville	In Favour
Mr. S. Bird	Provincial Representative - Perth	In Favour
Councillor C. Glenn	City of Kingston	In Favour
Councillor J. Greenwood-Speers	County of Frontenac	In Favour
Mayor R. Jones	Village of Westport	In Favour
Councillor S. Kelly	City of Belleville	In Favour
Reeve R. Kidd	Township of Beckwith	In Favour
Councillor A. Koiner	Town of Gananoque	In Favour
Councillor M. Kotsovos	City of Quinte West	In Favour
Councillor P. McKenna	Town of Smiths Falls	In Favour
Councillor J. McLaren	City of Kingston	In Favour
Mayor J. O’Neill	Hastings County & Marmora and Lake	In Favour
Ms. M. Paradis	Provincial Representative - Belleville	In Favour
Dr. D. Pattenden	City of Kingston	In Favour
Ms. B. Proctor	Provincial Representative - Wellington	In Favour
Councillor B. Roberts	Prince Edward County	In Favour
Mr. C. Seeley	Provincial Representative - Napanee	Absent
Warden N. Townend	County of Lennox & Addington	In Favour

CARRIED

8.3. Merger Updates

The Board of Health received the circulated merger update report for

discussion. As of October 27, all staff are reporting to their designated managers, supported by transition tools and webinars to ensure continuity. The Board noted the launch of SEPH's new name, logo, colours, website, and social media accounts. Updates were provided on change management, including the quarterly Change Readiness Assessment, the Change Management Advisory Group, and upcoming "Coffee & Conversation" events. Staff will also gather for the first All Staff Day on December 2. Operational updates included the selection of Dayforce for HR/payroll and Sparkrock for accounting, completion of the Microsoft 365 tenant migration, planning for unified file architecture and ticketing systems, review of a single EMR, and harmonization of medical directives. Program harmonization continues through structured assessments and implementation planning. The Board recognized these initiatives as significant milestones in SEPH's transition to a fully integrated agency.

MOTION: It was MOVED by Councillor B. Roberts and SECONDED by Councillor J. Greenwood-Speers THAT the Board of Health receive the merger update report, as circulated.

CARRIED

9. **Information items**

The Board of Health received the information items as circulated. Councillor J. Greenwood-Speers requested to be registered for the 2025 ALPHA Fall Symposium and Workshops.

MOTION: It was MOVED by Councillor C. Glenn and SECONDED by Councillor A. Koiner THAT the Board of Health receive the information items, as circulated.

CARRIED

10. **Closed session**

MOTION: It was MOVED by Councillor S. Kelly and SECONDED by Dr. J. Allin THAT the Board of Health convene in closed session for the purposes of a discussion as it relates to Section 239(2) of the Municipal Act, and more specifically: (a) the security of the property of the Board or the Agency.

CARRIED

11. **Rising and reporting of closed session**

MOTION: It was MOVED by Mr. S. Bird and SECONDED by Councillor B. Roberts THAT the Board of Health endorse the actions approved in the closed session and direct staff to take appropriate action.

CARRIED

12. **Adjournment**

MOTION: It was MOVED by Councillor A. Koiner and SECONDED by Dr. D. Pattenden THAT the Board of Health meeting be adjourned at 1:05 p.m.

CARRIED

Memo

To: Board of Health Members
From: Dr. Piotr Oglaza, Medical Officer of Health/CEO
Reviewed by: Finance Committee
Date: November 26, 2025
Re: Finance Committee Update for Board of Health

Issue:

The Finance Committee met on November 19, 2025 to review the legacy KFL&A Public Health charitable funds and consider recommendations for future oversight and trustee appointments.

Background:

Southeast Public Health assumes responsibility for two legacy charitable funds from legacy KFL&A Public Health: the Dental Treatment Assistance Fund (DTAF) and the Charitable Organization Trust Fund. As part of the annual reporting requirements, the Finance Committee reviewed the 2024 financial statements and returns for both funds and considered oversight moving forward.

Current Status:**Receipt of Legacy KFL&A Public Health Minutes**

The Finance Committee received the amended minutes from the June 26, 2024 meeting of the legacy KFL&A Public Health Charitable Organization Trust Fund.

Dental Treatment Assistance Fund (DTAF)

The Committee received an update from S. Donnelly, legacy DTAF Manager, on 2024 activity. The program supported 279 clients and responded to 431 inquiries – representing a roughly 20% increase in disbursements from 2023. The fund continues to provide low-barrier access to urgent dental care for adults without coverage in the KFL&A region. Opportunities to expand the program across the Southeast Public Health region are being explored while maintaining existing grant funding.

Charitable Organization Trust Fund

It was noted that this fund had minimal activity in 2024, with only one donation received. Staff will review the purpose and potential use of the fund.

Financial Statements and Returns

The Finance Committee received the 2024 financial statements and returns for both charitable funds for information.

Oversight and Trustees

The Committee discussed future oversight of both charitable funds and endorsed that oversight be provided through the Finance Committee and agency officers. A motion was passed recommending this model to the Board of Health.

Recommendation:

THAT the Board of Health approve that, going forward, oversight of the Dental Treatment Assistance Fund and the Charitable Organization Trust Fund be provided by the Finance Committee and agency officers, and that both Finance Committee members and agency officers be appointed as Trustees.

Next Steps:

Pending Board approval, staff will implement the revised oversight and trustee structure and ensure appropriate governance documentation is updated.

Memo

To: Board of Health Members
From: Dr. Piotr Oglaza, Medical Officer of Health/CEO
Reviewed by: Governance Committee Chair
Date: November 26, 2025
Re: Governance Committee Update for the Board of Health

Issue:

The Governance Committee has reviewed the BOH Deputation Request Policy and Form (Appendix #1), and the MOH Evaluation Policy (Appendix #2) and is recommending approval by the Board of Health.

More information about upcoming ALIGN training is attached (Appendix #3) and board members are asked to provide their availability for this training the week of December 1-5, 2025.

Background:

As outlined in the Governance Committee's terms of reference, the Committee's responsibilities include:

- Review of Board policies, by-laws and Committee terms of reference every two years to ensure appropriate structures and procedures are in place and make recommendations to the Board for approval.
- Conduct a performance evaluation of the Medical Officer of Health/CEO at a minimum every two years.
- Organize orientation, continuing education and training for Board members as necessary to enable the Board to fulfill its mandate effectively.

Current Status:

The Governance Committee met on November 18, 2025 to continue its review of Board of Health policies and discuss upcoming training for the ALIGN Governance Training Project.

Rationale:

- Board policy development guarantees accountability, transparency and efficiency and helps achieve the organization's goals.
- The Medical Officer of Health/CEO performance evaluation reviews leadership competencies and assesses job performance in relation to established criteria and organizational objectives.
- Ongoing training provides evidence-informed governance resources which are crucial for effective decision making.

Supporting Documents:

Attached for review and approval are:

Appendix #1 BOH Deputation Request Policy and Form

Appendix #2 MOH Evaluation Policy

For information and follow up:

Appendix #3 – ALIGN Governance Training Project

Recommendation:

THAT the Board of Health approve the BOH Deputation Request Policy and Form and the MOH Evaluation Policy.



Board of Health Deputation Request Form

First Name:		Last Name:	
Street Address:			
City/Town:		Postal Code:	
Phone:		Alternate Phone:	
Email:			
Municipality you live in			
Date you wish to present: (Check the website for dates)	Click or tap to enter a date.		
Brief statement of the subject matter you wish to discuss Text goes here			
What action are you requesting of the Board Text goes here			
Overview of your delegation (names of speakers and individuals attending the meeting, name of organization, etc.) Text goes here			
Signature (by entering your full name below, this will serve as your signature)			

See below for more information regarding speaking at and attending Board meetings.

General Expectations for Deputations

1. Please keep in mind you are attending a business meeting of the Southeast Public Health Board of Health and procedural rules are used to guide conduct.
2. Except in cases where timing is important, the Board will not consider a motion regarding a delegation the same day as it is presented unless it is associated with another item on the agenda.
3. The meeting begins when the Chair calls the meeting to order.
4. Deputations from the public are heard near the beginning of each meeting.
5. Board meetings begin at the start time posted on the website and are held in person unless otherwise noted at 221 Portsmouth Avenue in Kingston.
6. You will be asked to sign in at the reception desk upon your arrival.
7. The agenda package will be available on our website the Friday before the date of the meeting for reference.
8. If there is a Closed session¹ the day of your deputation, you will be asked to wait in the main waiting room until that session ends. You will then be invited into the meeting room.
9. Once in the meeting room, you and members of your party will take a seat and will be required to remain quiet until your name is called to speak. You will then make your way to the front of the meeting room.
10. You will have ten minutes to make your deputation.
11. Start your deputation by introducing yourself and members of your delegation with your full names. A single spokesperson must be designated to speak on behalf of the group.
12. The Board has the information you submitted regarding your deputation. You can refer to the document but please do not read it.
13. Explain why you are making the deputation and what action you are requesting from the Board.
14. If you are using a PowerPoint presentation, it will be operated by the Executive Assistant.
15. After making your deputation, you may be asked questions by members of the Board. Address your answers/comments to the whole Board and provide answers that directly respond to the question. You will not be permitted to debate with Board members, nor are you permitted to ask questions of Board members.
16. Be respectful of other meeting participants. Offensive and disrespectful language will not be tolerated. If your conduct is deemed to be disrespectful, you will be asked to leave the meeting at the discretion of the Chair.
17. Following questions, the Chair will advise when your deputation is over. You may be seated and continue to attend the meeting or you and your delegation may leave the meeting.

¹ A closed session is a meeting consisting of Board members only and may include certain executives. The subject of a closed session is governed by [Section 239 of the Municipal Act](#). Such subject matter is usually of a confidential nature and is not considered for public consumption.

General Expectations of Observers

1. Please keep in mind you are attending a business meeting of the Southeast Public Health Board of Health and procedural rules are used to guide conduct.
2. You will be expected to sign in as a visitor at the front reception upon your arrival to the Health Unit letting the receptionist know you will be attending the Board meeting. You can then wait in the waiting room until you are called to attend the meeting.
3. Once you are invited into the meeting room you will take a seat in the outer circle of chairs or as directed and will be required to remain quiet while the business of the Board is conducted.
4. You are not permitted to ask questions or make any comments during the meeting. Refrain from speaking to anyone next to you.
5. No behaviour is permitted that interrupts the conduct of a meeting.
6. No one may use disrespectful language, gestures or offensive words.
7. Taking photos and/or making recordings of any kind are not permitted unless prior permission has been given.

SOUTHEAST PUBLIC HEALTH
BOARD OF HEALTH POLICIES AND PROCEDURES

Schedule 7.2.2

POLICY: MOH Evaluation Policy

Original Date: November 26, 2025

NUMBER: BOH-2025-08

Revised Date: November 26, 2025

PURPOSE:

1. To establish a comprehensive, fair, and transparent process for the annual performance evaluation of the Medical Officer of Health (MOH). This policy aims to ensure the MOH's leadership aligns with the strategic objectives of Southeast Public Health (SEPH), fulfills statutory duties, and fosters a culture of accountability and service.

POLICY:

1. The Board of Health affirms that a regular and robust performance review is a critical component of effective governance, leadership development, and organizational accountability.
2. The performance of the MOH shall be reviewed and evaluated against a multi-faceted framework that includes: the goals and directions specified in the SEPH's Strategic Plan; performance indicators and standards set by the Ministry of Health; adherence to the Board of Health's approved policies; and specific annual goals established collaboratively between the MOH and the Board of Health.
3. The principles of fairness, transparency, and continuous improvement shall guide the entire evaluation process. It is intended to be a constructive dialogue that supports the MOH's professional development while ensuring accountability to the Board of Health and the public.
4. Review to be completed by, whenever possible, October 1st of each year.

PROCEDURE:

1. The Board of Health will conduct a formal performance appraisal of the MOH on an annual basis. In addition, the Board Chair will provide interim guidance and feedback as needed throughout the year between formal reviews.
2. The Chair, Vice-Chair and the Chairs of any Standing Committee of the Board in place at the time each performance appraisal process is undertaken are delegated the responsibility for arranging, coordinating, and conducting the performance appraisal process on behalf of the Board of Health.
3. The performance appraisal will be conducted using a comprehensive and appropriate tool that is mutually agreed upon by the Board of Health and the MOH. This may include, but is not limited to, tools and resources designed or endorsed by the Association of Local Public Health Agencies (aLPHa).
4. The performance appraisal process will incorporate multi-source feedback. This may include input from a confidential and mutually agreed-upon list of respondents, which can include but is not limited to external colleagues and partners, members of the Board of Health, and members of the SEPH's Executive and Management teams.

5. After all feedback has been collected from respondents and collated by the Chair, Vice-Chair, and Standing Committee Chairs, a formal performance review meeting will take place with the Chair, Vice-Chair, Standing Committee Chairs and MOH to discuss the findings, achievements, and areas for development.
6. Following the meeting with the MOH, the Chair, Vice-Chair and Standing Committee Chairs will report the outcomes of the review to the Board of Health. This discussion will occur in a closed session, in accordance with the provisions of the *Municipal Act 2001*. The MOH and all staff members will be excused from this portion of the meeting.
7. The Chair shall ensure a record of the proceedings of the closed meeting is kept in accordance with the Board of Health's established procedures for closed sessions.
8. Following the closed Board of Health discussion and deliberation, the MOH will be provided with a final, written version of the performance appraisal. A copy of the signed review will be placed in the MOH's confidential personnel file.

Schedule 7.2.3

From: Angela Freeman

Sent: Wednesday, November 5, 2025 4:01 PM

Subject: Next steps with ALIGN - Interviews

Hi everyone,

It was nice to meet many of you last week for the introduction to the ALIGN-PHU Program. Michelle Nelson and I are looking forward to working with you during this time of transition for your PHUs.

As a next step we would like to set up conversational interviews with yourselves, other designates, or small groups from each of your boards. Please feel free to invite colleagues to the discussion.

The purpose of these one-to-ones is to grow our understanding of your journey to date – who you are, where your board is at, how the process is going, and what support/curriculum modules would be most beneficial to advance your governance work.

These discussions will inform our curriculum plan that we hope will help build a solid foundation for leadership and governance across the amalgamating PHUs but also support you within your unique contexts.

Ideally these interviews would take place soon, and before mid-December. Our team has availability on November 14th, November 17th, and the first week of December (Dec 1st -5th).

For each PHU, please reply to me with the following:

- who will be attending (name(s) and email addresses) of all participants
- your preferred date(s) with **2-3** 60 min time slots

After your interview is confirmed, I will send out a meeting invite with a zoom link. Interviews will be recorded to support our learning and analysis but will not be shared outside of our team. A rough interview guide will be shared ahead of our conversation as available.

Thank you again for this opportunity to learn from and work with you.

Sincerely

Angela Freeman, RM, MSc (she/her)

Associate, ALIGN Program
(Advancing Leadership and Integrated Governance Networks)
Institute of Health Policy, Management and Evaluation, University of Toronto
E: ar.freeman@utoronto.ca

P.S. Thank you in advance EAs for your assistance making this happen!

Memo

To: Board of Health Members
From: Dr. Piotr Oglaza, Medical Officer of Health and CEO
Date: November 26, 2025
Re: **Cloyne Branch Office**

Issue:

As a result of a comprehensive review, the Southeast Public Health branch office in Cloyne has been determined to be underutilized and the agency will close this branch office in March 2026. The closure of the Cloyne branch office will not affect public health operations and the delivery of programs and services in the area.

Background:

The provision of services at this branch office have significantly changed since the pandemic and the transfer of the Part 8 Program under the Ontario Building Code back to our municipalities. The community needs have significantly changed and how we deliver programs and services has also changed. Now, clients increasingly receive public health information and education digitally and virtually, embracing advances in technology. Examples include, the agency's website and social media channels, virtual clinic consultations, and online education modules and resources. There have also been advances in innovative service delivery options including mobile clinics, virtual testing options and community partnerships for the delivery of services. This shift in program and service delivery gives clients more convenient, faster access to care and education and empowers them to have more control over their own health. In recent years there has also been low demand for certain types of clinical services such as immunizations due to relatively high attachment to primary care in the area.

Due to the configuration of the Cloyne office, formerly a residential home, there are no public health clinics delivered from this location. The closure of the Cloyne branch office will not affect public health operations and the delivery of programs and services in the area. The agency has developed strong relationships in the Cloyne community to assist in offering our programs and services. We currently offer public health programs and services in the community in various partner locations, at events, and in client homes.

- Healthy Babies, Healthy Children and Nurse Family Partnership home visiting programs.
- Online and in-person prenatal classes and parenting program.

- Immunization clinics in school-based settings including vaccination opportunities for Hepatitis B, HPV and Meningococcal disease for all grade 7 students.
- Virtual testing for sexual health services.
- Dental health services including screening of students in school-based settings.
- Mobile immunization and dental clinics – travel to areas where there is increased population needs and risks and access partner locations free of charge such as local schools.
- School health supports for educators, including visits to the schools, health education resources, and correspondence through email and telephone.
- Public health inspector services and other environmental health activities (i.e., inspect restaurants, public pools/spas, recreational camps, small drinking water systems, and personal service settings; offer self serve well water kits at partner locations; investigate potential rabies exposures and health hazards including adverse water quality incidents and foodborne illness reports, and conduct active surveillance related to tick-borne diseases and public beach water quality).
- Communicable disease case and contact management in partnership with local healthcare partners.
- Harm reduction resources and kits available from partner locations throughout our communities.
- Health protection and health promotion communications, resources, and tools on our agency's website and social media channels.

We will continue to use data driven methods and predictive models, to implement effective programs and services to our rural populations.

All permanent staff in the Cloyne branch office will be reassigned to the Kingston office. This branch office closure will save annual building operational and maintenance costs of approximately \$15,500 per year on the property.

We recommend selling the property.

Recommendation:

THAT the Board of Health supports the staff recommendation regarding the property sale of Southeast Public Health's branch office located at 14209 Highway 41 in Cloyne, Ontario;

AND THAT the Board of Health declare the property as surplus;

AND FURTHER THAT the Board of Health obtain the consent to sell the property from councils of municipalities represented on the Board of Health.

Memo

To: Board of Health Members
From: Susan Stewart, Director, Merger Office
Date: November 26, 2025
Re: **Merger Updates**

Organization Transition

On October 27th, all staff officially moved into their new teams in our new Southeast Public Health (SEPH) structure. This is a significant milestone in our organizational transformation. A transition plan with tools and communications was developed for all staff and managers to prepare for and assist with this change. For all staff, in addition to a recorded webinar explaining the process and the tools, a webinar called “Navigating the New Team Landscape” was made available.

Branding and Marketing

A project team is continuing to work on the new SEPH website. A minimally viable website was launched at the end of September to align with the new brand launch. Work with the vendor selected for website project is continuing with a focus on building the fully functional website and adding more harmonized program/service content and functionality. The website is live at www.southeastph.ca - watch for updates to the visual look. The Communications Team is also regularly sharing content on Southeast Public Health Facebook, Instagram, LinkedIn and YouTube channels. Updates to office signage are continuing.

Change Management

Change Readiness Assessment

As part of our commitment to a successful public health merger, SEPH has adopted a Change Readiness Assessment tool to identify key areas of support and concern related to change management. The Change Readiness Assessment tool measures five key dimensions critical to successful change in a public health merger: commitment, clarity, culture, capacity, and sustainment. Our third quarter change readiness assessment is complete, and quantitative results are shared below. The response rate was 38 percent (n=180 staff) which is an increase of over 10 percent from the last survey. The Change Readiness Assessment will be completed each quarter and will allow leadership to monitor readiness scores and trends, and to identify where more change management support is required.

Change Readiness Assessment

Dimension	Description	Average Score (out of 5)		
		Mar 31, 2025	June 30, 2025	Oct 31, 2025
Overall		2.7	2.4	2.6
Commitment	visibly committed senior leaders, a clear vision	2.9	2.6	2.9
Clarity	clear reasons for merging, process for decision-making, accessible communication channels	2.7	2.3	2.7
Culture	well-defined principles for the merger, staff feel accountable to contribute to successful merger, SEHU will provide improved public health services to communities	2.6	2.2	2.5
Capacity	staff can acquire competencies for effective merged operations, access to appropriate infrastructure, feeling of being appropriately supported	3.1	2.9	2.9
Sustainment	policies and protocols in place, follow-up to address any shortfall, clear plan to track merger's impact	2.1	1.9	2.2

As similar in the Q2 assessment, the Q3 assessment was launched during a period of high organizational stress and change due to the Microsoft 365 tenancy migration and the organizational transition into new teams. Qualitative results are being assessed to identify actions which can be taken to address challenges.

To assist with change management, the Change Management Advisory Group (CMAG), which is comprised of ten staff from across SEPH, have been engaging with staff and management to help identify quick wins for projects to help us all manage changes which are happening due to the merger.

Coffee & Conversation

Results from the Change Readiness Assessments showed that staff were looking for more face-to-face opportunities to meet with the Executive Team. Coffee and Conversation events were held in October and were well attended. Further culture building events will be determined for 2026.

All Staff Day

Plans are almost complete for this SEPH inaugural All Staff Day December 2nd. Staff from across SEPH will come together for the first time and will be joined by several BOH members. Our agenda includes celebrating colleagues with long service awards in the morning and building relationships with new teams in the afternoon. Several volunteers are working to create an enjoyable day for their colleagues. We are looking forward to celebrating SEPH together and building our new SEPH culture.

Finance

Enterprise Resource Planning System

Dayforce has been selected as the system for harmonizing payroll and human resource services. Sparkrock is the system that has been selected for accounting and training for finance staff on this system is in progress.

Banking Transition

Our banking transition is in progress. Payroll schedule harmonization has started with communications to staff with transition beginning in February 2026.

Information Technology (IT)

All staff at SEPH are on the same Microsoft tenant and have new email addresses that end in @southeastph.ca. The IT team continues to work through technical issues as a result of this complex project to ensure that all staff in SEPH have the same functionality and experience.

As part of our ongoing integration work, we will be initiating IT Infrastructure and Network Topology Projects. An IT network topology is essentially a map of how all of our technology components connect and communicate with each other. It shows how our computers, servers, applications, databases, phones, and networks link together across different locations. This project will begin with a business analysis to ensure we clearly understand the operational needs across all programs and sites before recommending any technical changes.

The IT team is working on an initial file architecture project. File architecture refers to the way an organization organizes its electronic files and folders – how information is structured, where it is stored, and how staff access it. The IT team is currently working with managers to understand their operational needs for document storage and collaboration. The end goal of this project is to have a unified system that will support information sharing and security.

Electronic Medical Record (EMR) System

Southeast Public Health is looking at having one electronic medical record. We are in the process of confirming the number of type of users to secure accurate pricing and to determine an implementation team.

Policy and Procedure Harmonization

A policy review process has been established and our first cycle harmonizing over twenty-five policies is almost complete. Cycle Two is set for January - March.

Medical Directives

Medical Directives are formal documents that outline specific tasks, procedures and clinical activities that healthcare professionals are authorized to perform without the need for direct physician assessment at the time of implementation. The Office of the Chief Nursing Officer (OCNO) is working on harmonizing medical directives. To date, fourteen medical directives have been harmonized and shared with staff, including key

Medical Directives for the fall respiratory season such as Medical Directive to Administer Immunizations.

This memo is for the information of the Board.

2026 Board & Committee Meeting Schedule

Board of Health Meetings

Board meetings will be held on the **fourth Wednesday of each month**, commencing at **10:00 a.m.**, virtually or at the Kingston office.

Please **RSVP** your attendance (or non-attendance) to:

Kathleen Thompson at kathleen.thompson@southeastph.ca or 613-549-1232, ext. 1147.

January 28	February 25	March 25
April 22	May 27	June 24
July 22*	August 26*	September 23
October 28	November 25	December 16*

Finance Committee Meetings

Finance Committee meetings will be scheduled based on required reporting and submission deadlines, generally on the **third Wednesday of the month**, commencing at **1:00 p.m.**, virtually or at the Kingston office.

Please **RSVP** your attendance (or non-attendance) to:

Kathleen Thompson at kathleen.thompson@southeastph.ca or 613-549-1232, ext. 1147.

February 18	April 15	June 17
August 19*	September 16	October 21
November 18		

Governance Committee Meetings

Governance Committee meetings will be scheduled as needed, generally on the **second Tuesday of the month**, commencing at **1:00 p.m.**, virtually or at the Kingston office.

Please **RSVP** your attendance (or non-attendance) to:

Heather Bruce at heather.bruce@southeastph.ca or 613-345-5685, ext. 2248.

February 10	March 10	April 14
May 12	June 9	July 14*
August 11*	September 8	October 13
November 10	December 8*	

* **At the call of the Chair.**

As at November 17, 2025

Memo

To: Board of Health Members
From: Dr. Piotr Oglaza, Medical Officer of Health and CEO
Date: November 26, 2025
Re: **Leased Office Locations**

Issue:

To provide the Board of Health with further context for recent operational decisions regarding leased office locations.

Background:

As requested by the Board of Health, Southeast Public Health (SEPH) has been engaged in a region-wide review of operations as part of the merger process and the transition to a unified agency. This work includes merging teams, harmonizing programming, and assessing how to continue delivering core, mandated public health services across the southeast region.

The decision to close most branch offices reflects the agency's need to respond to challenging financial projections while ensuring long-term sustainability and continued delivery of core public health programs. These decisions were made with careful consideration and are grounded in evidence gathered through the operational review.

Key Objectives

Leadership identified the following goals and priorities to guide decision-making:

- Preserve core public health services, to the extent possible.
- Ensure the long-term sustainability of the agency.
- Invest in staff rather than overhead such as bricks-and-mortar facilities.
- Focus limited resources on core programs and services in the revised Ontario Public Health Standards (OPHS), limiting activities that fall out of scope.
- Maximize population health impact by leveraging innovation and technology.
- Avoid duplication of services available through other providers.
- Position SEPH within a coordinated health-care system by fulfilling its prevention and protection mandate.

Assessment of Office Locations

A comprehensive assessment of SEPH's office locations examined:

- Service usage and clinic volumes
- Occupancy costs

- Community needs
- Evolution of service delivery models
- Workforce preservation

This assessment revealed significant underutilization at several locations, including:

- Low clinic volume, often fewer than one client per hour
- Full-year leases for locations open only one to three days per week
- Leasing larger office areas than required
- Leasing space for staff who do not require on-site workspaces

Based on these findings, SEPH identified opportunities to reinvest savings from office closures into more effective service delivery models. This reinvestment supports the agency's commitment to maintaining core services while managing financial pressures.

Rural Service Delivery Strategy

With staff now aware of these changes, managers and directors will work with their teams to develop program-specific rural service strategies. These strategies will:

- Leverage existing community strengths and resources
- Focus on connectivity and integration of programs and services
- Employ evidence-based approaches to service delivery

Examples of future rural service delivery models include:

- Mobile clinics
- Virtual testing options
- Collaboration with community partners

SEPH remains fully committed to the health and well-being of rural communities. Rural service delivery has been a foundational component of the merger since the original business case, and SEPH will continue to honour this commitment by adopting innovative approaches.

Next Steps

Staff will begin developing detailed rural service strategies over the coming months. SEPH will report back to the Board with finalized approaches and timelines as this work progresses.

Conclusion

SEPH's decisions regarding leased office locations reflect careful consideration of financial realities, service utilization patterns, and opportunities to modernize service delivery across the southeast region. By reinvesting resources and redesigning rural service models, SEPH is positioning itself to continue delivering core public health services effectively and sustainably.

This memo is for the information of the Board.

Memo

To: Board of Health Members

From: Shelly Brown, Director, Population Health Planning & Promotion
Lia De Pauw, Mental Health Promotion Specialist, Comprehensive Health Promotion Across the Lifespan

Date: November 26, 2025

Re: **An Equity-Focused Population Health Approach to Gender-Based Violence Prevention**

Issue:

Through Public Health Ontario's Locally Driven Collaborative Projects (LDCP) program, Southeast Public Health (SEPH), in collaboration with Thunder Bay District Public Health Unit (TBDHU), and Lakehead University, has developed and released a new Equity-Focused Population Health Framework for Gender-Based Violence Prevention. The framework is designed to strengthen and guide local public health efforts in the prevention of gender-based violence (GBV) and the promotion of health equity.

Background:

Violence prevention was added to the Ontario Public Health Standards in 2018. Since that time, gender-based violence has been identified as a priority issue by communities across Ontario. Over one hundred local governments in Ontario have declared intimate partner violence an epidemic in response to Recommendation #1 from the Culleton, Kuzyk, and Warmerdam (CKW) Inquest. This declaration was first made by Lanark County Council in December 2022.

Collaboration on this LDCP began in August 2024, following legacy KFL&A Board of Health endorsement of the councils of City of Kingston and the Township of Stone Mills' declarations of GBV as an epidemic.

The Framework is intended as an initial step towards defining and supporting the increased involvement of Ontario's local public health agencies (LPHA) in GBV prevention. The Framework can help communities to apply a public health approach to preventing GBV, including integrating GBV prevention into their Community Safety and Well-being Plans. Implementing actions to prevent GBV will help communities promote overall well-being and prevent other forms of violence and health concerns.

Current Status:

The research phase of the LDCP has been completed. The LDCP team is now working to raise awareness of the framework amongst Ontario's LPHAs and other partners. Activities to raise awareness include:

- Featuring the Framework at [Public Health Ontario's Grand Rounds](#) on December 2, 2025.
- Distributing information about the Framework via email to local public health professionals, municipal employees, and committees/organizations/individuals.
- TBDHU will issue a media release about the Framework on the International Day for the Elimination of Violence Against Women and Girls (November 24, 2025).
- Sharing the framework with elected officials and municipal staff.
- Virtual presentation to community partners across SEPH region.

Appendix:

[Poster – An Equity Focused Population Health Approach to Gender Based Violence Prevention](#)

[Full Report – Gender Based Violence Prevention Framework at tbdhu.com/GBVFramework](http://tbdhu.com/GBVFramework)

This memo is for the information of the Board.



Public Health
Santé publique
SUDBURY & DISTRICTS

Schedule 9.3

November 18, 2025

VIA ELECTRONIC MAIL

Honourable Sylvia Jones
Minister of Health of Ontario
Ministry of Health
5th Floor, 777 Bay Street
Toronto, ON M5G 2C8

Dear Honourable Minister Jones:

Re: Endorsing Canadian Institute of Public Health Inspectors and Association of Supervisors of Public Health Inspectors of Ontario joint statement: Supporting the Implementation of Recommendations from the Auditor General's 2025 Report on Non-Municipal Drinking Water Safety, 2025

At its meeting on September 18, 2025, the Board of Health for Public Health Sudbury & Districts carried the following resolution #38-25:

WHEREAS the Health Protection & Promotion Act mandates the Board of Health to prevent water-borne illness related to drinking water, including non-municipal drinking water;

AND WHEREAS the Auditor General's 2025 performance audit on non-municipal drinking water safety made 17 recommendations, including 10 to the Ministry of Health for improvement;

AND WHEREAS the Canadian Institute of Public Health Inspectors (CIPHI) and the Association of Supervisors of Public Health Inspectors of Ontario (ASPPIO) have endorsed these recommendations and offered their support the Ministry of Health to implement the recommendations;

AND WHEREAS the recommendations of the Auditor General, CIPHI, and ASPPIO align strongly with addressing challenges observed and experienced by Public Health Sudbury & Districts;

Sudbury

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Sudbury ON P3E 3A3
t: 705.522.9200
f: 705.522.5182

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10 rue Elm Street
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f: 705.677.9611

Sudbury East / Sudbury-Est

1 rue King Street
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f: 705.867.0474

Espanola

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Île Manitoulin Island

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phsd.ca

@PublicHealthSD
@SantePubliqueSD

THEREFORE, BE IT RESOLVED THAT this Board of Health endorses and supports the "Joint Statement from CIPHI and ASPHIO: Supporting the Implementation of Recommendations from the Auditor General's 2025 Report on Non-Municipal Drinking Water Safety, 2025".

Public Health Sudbury & Districts responded to 589 adverse private drinking water samples in 2024. We currently provide response to 33 Regulation 170 non-municipal systems and oversight for 301 small drinking water systems and unregulated drinking water supplies through risk assessments and inspections conducted by local public health inspectors.

This challenging work would be helped by the strategies recommended in the joint statement. This includes training and workforce development to equip public health inspectors with strong technical skills and knowledge, standardized inspection protocols and risk assessment tools to ensure consistency in approach and enforcement, modern data systems to more efficiently track and monitor operations, development of standardized provincial performance indicators to evaluate program outcomes, and public education materials to address low testing rates among private well owners and improve awareness of drinking water safety. To secure readiness for future public health emergencies, we recommend investment in public health inspector surge capacity, cross-training, emergency preparedness planning, and refinement of emergency response protocols.

Implementing the recommended strategies is an investment in the safety of Ontario's drinking water. By enhancing public health inspector capacity and public health service quality and efficiency, we can ensure community well-being.

Leveraging the expertise of CIPHI, ASPHIO, as well as the knowledge and experience of its members can assist with the successful implementation of the Auditor's recommendations. Public Health Sudbury & Districts would be pleased to offer our help for implementation alongside CIPHI and ASPHIO, or separately as you see fit.

These investments will lead to healthier living conditions and improved health outcomes. Thank you for your attention to this important issue.

Sincerely,



Mark Signoretti
Chair, Board of Health

cc: Dr. M. M. Hirji, Acting Medical Officer of Health and Chief Executive Officer
Dr. Kieran Moore, Chief Medical Officer of Health for Ontario
Dr. Tamara Wallington, Chief and VP, Population Health, Public Health Ontario
Viviane Lapointe, Local Member of Parliament, Sudbury
Jim Belanger, Local Member of Parliament, Sudbury East, Manitoulin and Nickel Belt
France Gélinas, Local Member of Provincial Parliament, Nickel Belt
Jamie West, Local Member of Provincial Parliament, Sudbury
Bill Rosenberg, Local Member of Provincial Parliament, Algoma–Manitoulin
Dominique Bremner, Chair, Association of Supervisors of Public Health Inspectors of Ontario
Ken Diplock, President, Canadian Institute of Public Health Inspectors
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Ontario Boards of Health

November 14, 2025

Hon. Marjorie Michel
Minister of Health
Health Canada
hcmminister.ministresc@hc-sc.gc.ca

Hon. Sylvia Jones
Minister of Health
Government of Ontario
sylvia.jones@ontario.ca

Dear Honourable Ministers:

Re: Letter of Endorsement - Strengthening Coordination of Provincial and Federal Dental Programs

Access to oral health care continues to be a significant factor in overall health and quality of life, particularly for individuals with low or fixed incomes. The Board of Health for Lakelands Public Health (LPH) fully endorses the resolution titled “Strengthening Coordination of Provincial and Federal Dental Programs” originally passed by the Windsor-Essex County Health Unit Board on September 18, 2025.

Our Board shares similar concerns that the current coordination between the Canadian Dental Care Plan (CDCP) and existing provincial programs such as Healthy Smiles Ontario (HSO), Ontario Works (OW), and the Ontario Disability Support Program (ODSP) can unintentionally create barriers for those most in need of timely dental care.

We support the call for all levels of government to strengthen communication, streamline administrative processes, and ensure that individuals awaiting enrollment or facing systemic barriers such as homelessness or challenges with filing taxes do not experience unnecessary delays in accessing oral health services.

Furthermore, we endorse the recommendation that consideration be given to a time-limited exemption permitting emergency dental treatment under provincial programs while CDCP enrollment is pending. Such an approach aligns with our shared commitment to advancing equitable, accessible, and timely oral health care for all Ontarians.



The LPH Board of Health recognizes oral health as an essential part of overall health and well-being. We commend the leadership demonstrated by the Board of Health for Windsor-Essex County Health Unit in bringing this issue forward and echo the importance of collaborative, coordinated action across all levels of government to ensure seamless access to care.

Sincerely,

Original signed by

Deputy Mayor Ron Black
Chair, Board of Health

/ag

Encl.: WECHU Resolution, September 2025

cc: Local MPs and MPPs
Ontario Boards of Health
Association of Local Public Health Agencies



Windsor-Essex County Health Unit Board of Health

RECOMMENDATION/RESOLUTION REPORT – Strengthening Coordination of Provincial and Federal Dental Programs

2025-09-18

BACKGROUND

The Province of Ontario has long supported the oral health needs of those who meet high priority income or age-related thresholds. Through the delivery of the provincial *Healthy Smiles Ontario (HSO)* program the WECHU has connected thousands of children to barrier and cost-free oral health treatment and has set the course for healthier overall growth and development into adulthood. In addition, provincial social service programs like *Ontario Works (OW)* and *Ontario Disability Support Program (ODSP)* which are managed through Ontario municipalities have provided certain basic services or emergency treatment for those who qualify.

The *Canadian Dental Care Plan (CDCP)* is a federal program launched in late 2023 to improve access to dental care for eligible Canadians who do not have private dental insurance and meet income-based eligibility criteria. With the introduction of the CDCP, service providers began working with clients to coordinate the application of the new federal program with the existing provincial programs and the Province of Ontario has released resources to support the complex nature of coordination. Accordingly, the province requires that in any situation involving concurrent eligibility of provincial programs and the federal (CDCP) program, the CDCP will serve as the **primary payer** and that any provincial program will serve as the **secondary payer**.

While the pathways and interactions have been communicated to service providers and the public, there are opportunities to further improve coordination and communication to reduce access barriers.

Resulting from the direction around primary and secondary payer private dental offices have reported to social service providers and public health that they are unable to see clients under the provincial programs (i.e., HSO, OW, ODSP) until such time that the client is enrolled in CDCP. This presents a challenge to those who have yet to be enrolled in CDCP and require urgent oral health treatment. This specifically impacts:

- those who have applied to CDCP and have yet to be approved
- those who are unable to apply as they have not filed a tax return in the previous year, including those who are unhoused or underhoused
- those who have just learned about CDCP but have not yet enrolled
- those who are asylum seekers or have recently moved to Canada

Under these circumstances, it is likely that those most in need (e.g., new Canadians, individuals who are underemployed or underhoused) will continue to lack access to urgent oral health treatment, and in some cases, have less timely access than they would have prior to the implementation of the CDCP.

PROPOSED MOTION

Whereas, oral health is a critical component of overall health and well-being, and access to dental care remains a significant barrier for many low-income individuals and families in Windsor-Essex and across Ontario; and

Whereas, the Government of Canada has launched the Canadian Dental Care Plan (CDCP) to expand access to dental services for uninsured Canadians with low and middle incomes; and

Whereas, the Province of Ontario administers several dental and social assistance programs, including Healthy Smiles Ontario (HSO), the Ontario Disability Support Program (ODSP), and Ontario Works (OW), which also provide dental benefits to eligible populations; and

Whereas, the current coordination of benefits between the CDCP and Ontario's programs is evolving, and clear, consistent, and integrated processes are essential to avoid duplication, ensure continuity of care, and reduce confusion for clients and providers; and

Whereas, local public health units, including the Windsor-Essex County Health Unit, play a vital role in delivering oral health services and supporting vulnerable populations;

Now therefore be it resolved that the Board of Health for the Windsor-Essex County Health Unit urges all levels of government to continue to improve the coordination between CDCP and Ontario's dental and social assistance programs to ensure seamless access to oral health treatment when needed; and

FURTHER THAT, the Province of Ontario provide clear guidance and streamlined administrative processes to social service organizations, oral health providers, and other healthcare providers to support navigation of the available support programs and eliminates delays in accessing oral health care; and

FURTHER THAT, the Province of Ontario provide a time-limited exemption which temporally waives the requirement to utilize CDCP as the primary payer for emergency dental treatment for those who are not currently enrolled in the program until such time that enrollment can occur; and

FURTHER THAT, the Government of Canada and Province of Ontario provide additional support to social services to ensure those experiencing homelessness or who may have experienced challenges in filing tax returns are able to do so and in so doing become eligible for oral health services and a multitude of other social supports.

InfoBreak

alPHA's members' portal



Schedule 9.5

Key Highlights

- Strong Fall Symposium participation; programming shaped by member feedback.
- Strategic advocacy continues (next *Public Health Matters* infographic: *A strong economy supported by healthy communities*).
- Partnerships advancing our impact (OMA, AMO, ROMA).
- Governance updates: Indigenous membership recommendation; ONCA compliance; Late Resolution policy change (details at the 2026 Winter Symposium).
- Save the dates: 2026 Winter Symposium (online, February 11–13) and 2026 AGM & Conference (in person, June 8–10, Radisson Blu Toronto Downtown).

Celebrating a Successful Fall Symposium

- Thank you to everyone who joined us. Strong attendance and engagement underscored the value of sessions shaped by member feedback.
- I'd like to express my deep appreciation to those who made it possible:
 - o alPHA Staff for their outstanding planning and execution;
 - o Speakers, moderators, and facilitators for the high-quality content and discussion;
 - o Our co-host, Southwestern Public Health; and
 - o The Dalla Lana School of Public Health and the Eastern Ontario Health Unit for their support.
- Please save the dates:
 - o 2026 alPHA Winter Symposium (online): February 11–13.
 - o 2026 alPHA Annual General Meeting and Conference (in person): June 8–10, Radisson Blu Toronto Downtown.
- Toronto hotel capacity will be tight—please book accommodations early.
- Registration opens in spring 2026 (as usual).

Advancing Strategic Priorities

- Advocacy that resonates with government:
 - o Continued emphasis on outcomes, value, and practical system impact of local public health.
 - o Next *Public Health Matters* infographic in development: *How Public Health supports a strong Ontario economy*.
- Strategic relationships that amplify our impact:
 - o Following a meeting between alPHA's Executive Committee and the OMA's leadership, we were pleased to see the OMA advocate for strengthening local public health and a provincial vaccine registry during their Queen's Park advocacy day.

- o Ongoing collaboration with AMO, including participation on its Health Transformation Task Force.
- o ALPHA is working on securing a session on the importance of local public health at the Rural Ontario Municipal Association (ROMA) Conference, January 2026.

- What's next:

- o Continued engagement with partners to align messages and advance shared priorities ahead of key government decision windows.

Serving Members on Common Priorities

- Updating regarding Resolution A25-02 that was referred to the ALPHA Board of Directors for a decision:
 - o The board reached consensus to support the intent of the original proposed Resolution, while also considering member feedback.

- o ALPHA wrote to the Minister recommending:

- Indigenous membership on Boards of Health, aligned with the Truth and Reconciliation Commission Calls to Action, the United Nations Declaration on the Rights of Indigenous Peoples Act (UNDRIP), and the province's new Indigenous engagement guide; and that Indigenous participation should uphold self-determination, respect local governance structures and jurisdictional realities, and be developed collaboratively with Indigenous communities and partners.

- o Correspondence is posted on our website.

- ONCA compliance and governance updates:

- o To ensure ALPHA's compliance with the Ontario Not-for-Profit Corporations Act (ONCA), ALPHA is working with the chairs of working groups and communities of practice that require updates to Terms of Reference.

- o Late Resolutions:

- Legal counsel has advised that late resolutions are not compliant with ONCA.

- The Resolutions Policy will be updated accordingly.

- Further information will be shared with Members at the 2026 Winter Symposium.

Season's Greetings

- On behalf of the ALPHA Board of Directors and Staff, wishing you a safe, restful, and happy holiday season. Thank you for everything you do for local public health across Ontario!



2025 alPHA Fall Symposium: Recap

alPHA 2025 Fall Symposium and Workshops November 5-7, 2025

Thank you to all of the alPHA Members who attended this year's Fall Symposium. We were glad to see so many of you engaged in discussions and dialogue on key public health issues with the new all-day format. A special thanks goes to alPHA Chair, Dr. Hsiu-Li Wang, for chairing the event and to [Southwestern Public Health](#) for being this year's Fall Symposium co-host.

A huge shoutout goes to the alPHA staff: Loretta Ryan, Chief Executive Officer, Melanie Dziengo, Communications Coordinator, Lynne Russell, Coordinator, Member Services, and Gordon Fleming, Manager, Public Health Issues for their outstanding work on this important Membership event. Many thanks to Obadiah George from the Dalla Lana School of Public Health and Andy Morrisson from the Eastern Ontario Health Unit for their generous event and technical support.

Presentations from this year's Fall Symposium are now available. You will need to log in to the members' side of the website to view these. You can do so [here](#). Please note, we are continuing to receive the presentations, so check back often.

If you have not yet filled out the after-event survey, there is still time to do so. You can be entered into a draw for a gift card. The link to the survey is [here](#), and the final date to fill it out is Friday, November 21.

Thank you

Save the date



2026 alPHa Winter Symposium

Feb. 11-13

Continuing the important conversation on Ontario's local public health system



Co-Hosted by Region of Waterloo Public Health

2026 ALPHA Annual General Meeting and Conference



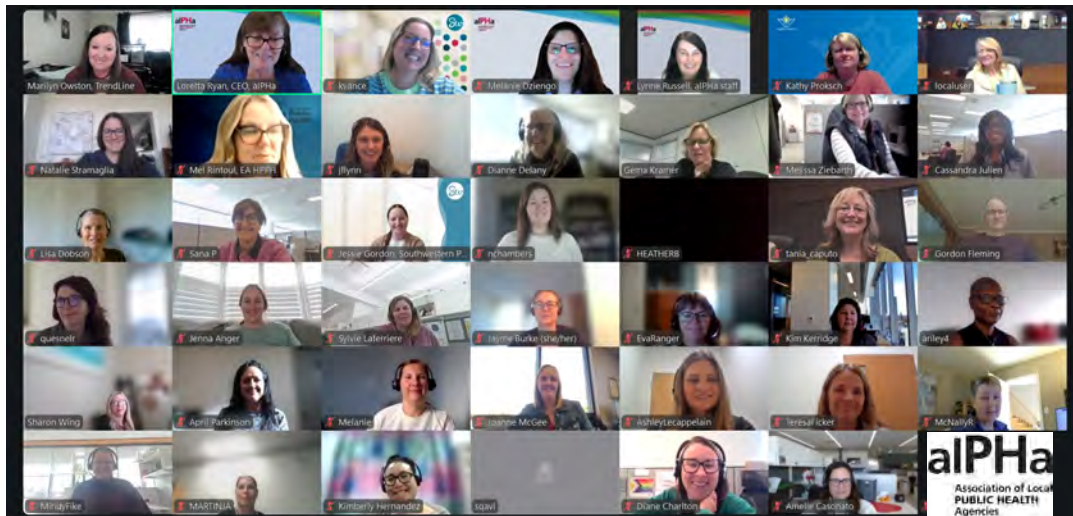
In advance of the ALPHA Annual General Meeting and Conference, that is taking place in-person at Radisson Blu Toronto Downtown, June 8-10, 2026, and in anticipation of the impact of the FIFA World Cup, we are sharing the conference hotel room code with the ALPHA Membership earlier than usual.

We were able to secure pricing similar to what was offered in 2025 at the new waterfront location. The reservation code is available in an e-mail sent on October 21. Should you need any assistance, please contact the hotel directly (kertricia@radissonblutoronto.com).

We strongly encourage you to book your accommodations as soon as possible as hotel rooms in Toronto are expected to be limited during that time. Please note, registration for the conference will commence at the usual time (in spring 2026).



2025 Fall EA/AA Workshop recap!



Thank you to all those who attended the Executive Assistant/Administrative Assistant (EA/AA) Fall Workshop. It was a huge success and it's all thanks to you and your participation! On Tuesday, November 4, EAs/AAs from across Ontario gathered together to take part in the *Working with Others: Understanding Communication Styles* workshop that was led by Marilyn Owston from Trendline. We hope you were all able to take some time for yourselves and that you will take what you've learned from the workshop and apply it both inside and outside the workplace. We also hope you will be able to deal more effectively with people whether they are colleagues, clients, members of the public, or representatives of other groups or organizations.

A huge thanks goes to the ALPHA staff: Loretta Ryan, Chief Executive Officer, Melanie Dziengo, Communications Coordinator, and Lynne Russell, Coordinator, Member Services, for their leadership and planning on this workshop.

Your support for ALPHA Member Representatives does not go unnoticed. Thank you for all that you do! Please do not forget to fill out your [after-event survey](#). The final date to complete it is Friday, November 21.

ALPHA would like to acknowledge and thank Southwestern Public Health for being the workshop's co-host.

THANK YOU

SWPH's New Strategic Plan: Five Years, Three Priorities, One Vision



**Population
Health**



**Service
Excellence**



**Organizational
Resilience**

Southwestern Public Health (SWPH) recently launched its 2025-2029 strategic plan, reaffirming its commitment to advancing public health in Oxford County, Elgin County, and the City of St. Thomas. In consultation with Platinum Leadership, the plan was informed by staff, partners, and residents to ensure SWPH remains responsive to evolving health challenges in the region.

SWPH's leadership and Board of Health established five organizational values: We are accountable, collaborative, equitable, evidence-informed, and strategic.

The strategic plan centres on three areas of focus that build on the vision of healthy people in vibrant communities:

- **Population Health:** Focused on improving health outcomes through equity-driven approaches, addressing infectious disease risks, and preventing substance use and mental health concerns.
- **Service Excellence:** Emphasizes strong partnerships and innovation to enhance data quality, client experience, and program effectiveness.
- **Organizational Resilience:** Builds on lessons from COVID-19 to invest in a leaderful culture focused on workforce readiness.

Planning is underway with internal working groups formed to translate these priorities into actional steps for year-one. Progress will be tracked to ensure the work is measured. With this new strategic direction, SWPH aims to foster trust, transparency, and accountability in public health.

Affiliates

Association of Local Public
Health Agencies



Ontario Dietitians in Public Health
Diététistes en santé publique de l'Ontario

Ontario Dietitians in Public Health updates

Ontario Dietitians in Public Health (ODPH) have launched a new website. Visit www.odph.ca to learn more about the work and collaboration amongst dietitians in Ontario's public health agencies to improve population health and health equity. The [2024-25 Annual Report](#) provides an overview of the past year's accomplishments, provincial activities, and projects led by ODPH's members.

ODPH launched a [strategic plan](#) for 2025-2029 with a renewed vision, mission and goals. The strategic planning process was an opportunity to ensure the organization continues to advance public health nutrition and its members as leaders. ODPH's work is member driven and member engaged, foundational to health, evidence informed, health equity focused and is committed to Indigenous engagement.



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Climate Change and Public Health and AI and Public Health reports



Two new reports for [Climate Change and Public Health](#) and [Artificial Intelligence and Public Health](#) will be available soon. In the meantime, check out the resources that are currently available (linked above).



Government of Ontario releases Fall Economic Statement

The provincial government's Fall Economic Statement, titled *2025 Ontario Economic Outlook and Fiscal Review: A Plan to Protect Ontario*, was released earlier this month. It "continues to protect Ontario and support a more competitive, resilient and self-reliant economy by cutting red tape, investing in infrastructure, supporting workers, improving services and making life more affordable." To read ALPHA's summary, click [here](#).



GenWell: Talk to a Stranger Week - Nov. 24-30

Did you know? According to research, a simple chat with a stranger can: improve your well-being, make us happier, increase a sense of connection, and improve levels of trust.

Talk To a Stranger Week is an opportunity to build a sense of connection and community that many need in a post-pandemic world. It is seizing the opportunity that many of us have each day to make a difference in our own lives and the lives of others by simply saying hello, smiling or striking up a conversation with a stranger. This campaign intends to educate, empower, and catalyze Canadians about the many benefits of talking to strangers. To learn more, click [here](#).

talk to a stranger week.
genwell

TALK TO A STRANGER WEEK
NOV. 24-30, 2025

genwell
Give TODAY for a more connected TOMORROW

genwell
HUMAN CONNECTION MOVEMENT

Media Partner
CBC

Scan to visit our website

Join us November 24-30, 2025

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www.TalkToAStrangerWeek.org @GenWellProject

THE BENEFITS:

Connecting with strangers can enhance our happiness, optimism, empathy, and sense of belonging, grounding us in the world.

Additionally, several long-term benefits arise from these connections, including:

- Increased well-being
- Greater happiness and optimism
- Stronger empathy and compassion for others
- Better cognitive performance
- Heightened sense of connection
- Higher trust levels
- Decreased feelings of social isolation, disconnection, and loneliness

TIPS TO CONNECT:

- Say hello
- Compliment someone
- Make eye contact and smile
- Celebrate or complain about the weather
- Strike up a conversation in a line-up
- Speak about a current event
- Ask for advice
- Tell a joke or make light of a situation



“A stranger today can be a friend tomorrow.”

Proud health partners:

Canadian Public Health Association | **ALPHA** | Public Health Ontario | Toronto Public Health

Make a donation directly to GenWell
Help us scale our impact and bring social health to the forefront across Canada. Scan the QR to access our donations page for more details.

genwell

alPHA Correspondence

Through policy analysis, collaboration, and advocacy, alPHA's Members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities. A complete online library of submissions is available [here](#). These documents are publicly available and can be shared widely.

- [alPHA Letter - Indigenous BOH Membership](#) - November 12, 2025



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Board of Health Shared Resources

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

Resources available on the ALPHA website include:

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





Ontario Public Health Directory: October 2025 update

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



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Respiratory Virus Season

PHO has updated two key resources for the 2025-26 respiratory virus season, to improve the user experience and provide more comprehensive data on respiratory virus activity in Ontario. These resources are intended to support public health units during the 2025/26 respiratory season.

Ontario Respiratory Virus Tool (ORVT)

Provides comprehensive epidemiological information on respiratory virus activity in Ontario, including COVID-19, influenza, and RSV. Key enhancements include:

- New weekly key highlights
- All lab testing data (2020–present) now sourced from OLIS for consistency; replaces previous sources. COVID-19 data previously labeled as episodes will now be referred to as cases.
- Expanded indicators:
 - o ICU bed occupancy for influenza and RSV
 - o Hospital admissions for COVID-19, influenza and RSV.
 - o Combined bed occupancy view for COVID-19, influenza and RSV.

For a detailed description of the enhancements, please visit our [news post](#).

Integrated Respiratory Virus Risk Indicators Report (IRVRI)

Provides short-term projections of COVID-19, influenza, and respiratory syncytial virus (RSV) activity, and risk of hospitalization for across pediatric, adult and senior age groups. Updates include:

- Projections for activity now use OLIS data for all viruses, replacing PHO laboratory data for influenza and RSV.
- Graphs have been updated to show hospitalization risk by age group: pediatric (<18), adults (18–64), and seniors (65+).
- Risk levels simplified from five to four (low, medium, high, very high) with standardized thresholds.

These tools are updated weekly on Fridays.

Public Health Ontario

Additional respiratory virus resources:

- o [Timing of Antiviral Susceptibility Testing During Influenza Outbreaks](#)
- o [Respiratory Season 2025-26 Part 1: Surveillance & Testing](#)
- o [Respiratory Season 2025-26 Part 2: Overview of Seasonal Respiratory Virus Immunizations](#)
- o [SARS-CoV-2 Genomic Surveillance in Ontario](#)

Recent Knowledge Products

- [Mpox in Ontario](#)
- [Legionellosis in Ontario](#)
- [Tuberculosis in Ontario](#)
- [Invasive Group A Streptococcal \(iGAS\) Disease in Ontario](#)
- [Measles in Ontario](#)
- [Canadian Dental Care Plan](#)
- [Rocky Mountain Spotted Fever](#)
- [Infection Prevention and Control Recommendations for Halo Head Spas](#)
- [Public Health Approaches for Women and Pregnant People with Syphilis](#)

Events

- 18 Nov – PHO Rounds: [Taking the Bite Out of Tooth Pain: Using Antibiotics Wisely in Dentistry](#)
- 19 Nov – PHO Rounds: [Toxigenic C. Diphtheriae in a Donkey: Implications for Zoonotic Disease Transmission and One Health Approach](#)
- 20 Nov – PHO Rounds: [Understanding and Communicating Health Risks from Radon Gas](#)
- 25 Nov - PHO Rounds: [Public Health Neighbourhood Nursing: A Mobile Equity Mode](#)
- 26 Nov – PHO Rounds: [Peel Regions Heat Vulnerability Index](#)

Recent Presentations

- [“All in her Head”: The Health Impacts of Intimate Partner Violence and Evidence Based Strategies to Promote Women’s Health](#)
- [The Ontario Early Adversity and Resilience Framework: From Research to Action](#)

Dalla Lana

School of Public Health

Upcoming DLSPH Events and Webinars

Health Security Unbound: Navigating Power, Surveillance, and Ethics (Nov. 24)

2025 Solutions for Healthy Cities Symposium (Nov. 25)

Hazel McCallion Lecture in Shaping Healthier Communities (Nov. 25)

Climate Change and the Developing and Aging Brain (Dec. 2)

CPE Speaker Series: Strategic Placement and Accessibility of Naloxone Kits in Canadian Communities (Dec. 4)

Catalyst Seminar Series: Artificial Intelligence and data (Dec. 9)

Catalyst Seminar Series: Supporting vulnerable populations (Jan. 13, 2026)



Do I need additional insurance for valuable items?

In partnership with ALPHA, BrokerLink is proud to offer preferred home and auto insurance rates for members, get a quote today. Did you know that your home insurance may not adequately cover your collectibles and valuable assets? Here's how to make sure you're protected by insurance.



Simplify Training, Communication, and Engagement with Vocalmeet

Juggling staff development, compliance, stakeholder engagement, and event delivery (often with limited resources!) can be tough. Thankfully, proudly Canadian Vocalmeet is here to help with our easy, all-in-one platform.

Key Benefits for Public Health Units:

1. Integrated Learning Management

Vocalmeet's learning management system (LMS) lets you deliver onboarding, compliance, and ongoing professional development (online and in-person, live and on-demand). Assign courses to specific groups (staff, management, or volunteers), track progress automatically, and generate downloadable certificates on completion.

And, with full mobile access and multilingual support, your team can access essential training anytime, anywhere. Additional features include discussion forums, live polls, and automated notifications to keep everyone engaged and on track.

2. Effortless Event and Meeting Management

Run public health conferences, internal training, or community workshops with ease. Vocalmeet manages registrations, tracks attendance and compliance, and integrates directly with your Zoom for seamless virtual or hybrid delivery. Set your required minimum number of attended minutes and automatically issue completion certificates—no manual tracking required.

3. Automated, Targeted Communications

Create and schedule important updates, reminders, or community bulletins with a simple drag-and-drop editor. Separate users into custom groups (cohorts) to target your messaging, and automate reminders for training deadlines, event dates, or compliance renewals.

Vocalmeet's platform reduces manual workload and ensures nothing slips through the cracks.

4. Centralized Contact and Unit Management

Vocalmeet's secure database allows you to manage all staff, volunteer, and stakeholder information in one place. Group contacts by role, location, or project and enable self-service access so users can update their profiles and retrieve documents themselves.

Plus, you can easily generate real-time reports on engagement, event participation, or training completion for compliance and strategic planning.

Why Choose Vocalmeet?

- We're natively all-in-one: Our platform is built as a single, integrated system—that means learning, events, communications, and contact management are connected from day one.
- We're modular: Select only the features your unit needs and add more as you grow. Pay only for what you use.
- We're secure: we offer built-in privacy and compliance controls, with all your data hosted on our own Canadian servers (preserving your data sovereignty).
- We're with you every step of the way: We provide continuous support by assigning a dedicated project manager to guide you from planning through implementation and beyond.

Ready to streamline your unit's operations, strengthen compliance, and boost efficiency? Contact [Vocalmeet](#) today to learn how we can help you operate more efficiently, improve your offerings, and achieve more with less.



Inviting all Public Health Organizations to submit a project to our AI4PH Internship Program!

Do you belong to a public health organization looking to explore the abilities of AI to address pressing public health challenges? Do you have data and a vision for transformative change?

AI4PH can help you bring that vision to life. They are inviting organizations to collaborate with them in developing 3-6 month AI for Public Health internship projects. The projects are designed to build AI talent, skills, and capacity and help you leverage AI for your organizational needs. Just bring your project idea, and we'll work with you to formulate it, match you with the right talent, and explore funding opportunities to support your interns. It's that simple!

Register your interest here: [Partner Registration Form](#) by November 28, 2025.

Check out their website and learn how they can support you in making giant leaps in the field of AI and Public Health: <https://ai4ph-hrtp.ca/partners/>



NEWS

News Releases

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



ALPHA's mailing address

Please note our mailing address is:

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

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



Algonquin Provincial Park

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ALPHA Summary 2025 Ontario Economic Outlook and Fiscal Review *A Plan to Protect Ontario*

The 2025 Economic Outlook and Fiscal Review, entitled “A Plan to Protect Ontario”, was released on November 6, 2025. This announcement, often referred to as the fall economic statement (FES), is akin to a mid-term report between provincial budgets and includes updates on Ontario's debt, the cost of various government programs, and details of the economic outlook. It also includes more formal announcements of new budget priorities.

Platform related priorities such as infrastructure continue to be emphasized with the framing changed to reflect the volatile economic climate brought on by the current unpredictability of American economic policy. The focus has changed from “building” to “protecting”, with an emphasis on industries and workers most directly affected by tariffs and economic uncertainty.

There is no direct mention in the report of public health. Nearly all mentions of “health” are related to the primary / acute care system, including investments in specific facilities, training health care workers, and biomedical research.

Of interest to public health leaders working in substances and addictions, there is reference to expansion of the Homelessness and Addiction Recovery Treatment (HART) Hubs (p.112). ALPHA will continue to monitor developments in this area, especially as it relates to the new 2026 Substance Use Prevention Standard and Comprehensive Strategies and Systems to Address Substance Use Protocol which the field is awaiting.

ALPHA will be looking out for the launch of the 2026 pre-budget consultations. ALPHA intends to make a submission and notify members of the opportunity to provide their own input.

Links to the 2025 FES documents:

- 2025 Ontario Economic Outlook and Fiscal Review is [here](#).
- Full statement can be read online and downloaded [here](#).
- Highlights of the Report are provided [here](#).
- News Release is [here](#).

We hope you find this information useful.