

Board of Health Meeting

Agenda Package

Wednesday, January 28, 2026
10:00 a.m.
221 Portsmouth Avenue, Kingston

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kathleen.thompson@southeastph.ca or call 613-549-1232, ext. 1147.

Board of Health Agenda

Wednesday, January 28, 2026
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 January 28, 2026, as circulated.
5. **Election of Officers**
 - 5.1. **Board Chair**
 - 5.2. **Board Vice Chair**
6. **Approval of Previous Meeting Minutes**
 - 6.1. **Addendum – Minutes of the Meeting on October 22, 2025** [Schedule 6.1](#)

MOTION: THAT the Board of Health receive the Addendum to the Minutes of the meeting held on October 22, 2025, as circulated.
 - 6.2. **Minutes of the Meeting on December 17, 2025** [Schedule 6.2](#)

MOTION: THAT the Board of Health approve the minutes of the meeting held on December 17, 2025, as circulated.
7. **Pecuniary Interest and/or Conflict of Interest, and the General Nature Thereof When the Item Arises**
8. **New Business**
 - 8.1. **Merger Scorecard & Implementation Plan** [Schedule 8.1](#)

MOTION: WHEREAS, significant organizational effort is required to execute the merger;

AND WHEREAS, there is a need to maintain focus and avoid mission drift for a successful merger;

AND WHEREAS, there are significant capacity limitations for SEPH to take on additional major initiatives while merger implementation is underway;

THEREFORE BE IT RESOLVED THAT the Board of Health acknowledges the Public Health Merger Implementation Plan Gantt Chart as the de facto interim strategic plan guiding the organization for the voluntary merger timeline of April 1, 2024 to March 31, 2027. The Board further acknowledges that this interim plan includes an embedded timeline for the development of the SEPH Strategic Plan, with strategic planning work to commence in 2026.

8.2. **Merger Updates**

[Schedule 8.2](#)

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

9. **Information Items**

[Schedule 9](#)

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

10. **Announcements**

11. **Adjournment**

MOTION: THAT this Board of Health meeting be adjourned.

Memo

Schedule 6.1

To: Board of Health Members
From: Dr. Piotr Oglaza, Medical Officer of Health/CEO
Date: January 28, 2026
Re: **Addendum – Minutes of the Meeting on October 22, 2025.**

Issue

At the meeting of the Board of Health held on October 22, 2025, a motion was carried and inadvertently omitted from the approved minutes. This addendum is provided to supplement the official record.

The approved minutes reflect a procedural motion to defer consideration of Item 7.1.4, 2026 Budget, to the end of the open agenda, following Item 9, Information Items. The meeting record further confirms that the Board subsequently considered the deferred item and carried a motion approving the 2026 Budget, as evidenced by the meeting transcript and recording. This motion was not captured in the minutes.

Omitted Motion

10. 2026 Budget

MOTION: It was MOVED by Councillor A. Koiner and SECONDED by Councillor C. Glenn THAT the Board of Health approve the 2026 budget for the cost-shared and related budgets for Southeast Public Health, as recommended by the Finance Committee.

CARRIED

Recommendation

THAT the Board of Health receive the Addendum to the Minutes of the meeting held on October 22, 2025, as circulated.

Supporting Document (page 2)

Appendix 1: Transcript excerpt of the Board of Health meeting held on October 22, 2025 (*excerpted from the official meeting recording, formatting and transcription edits only, with no substantive changes*).

Appendix 1: Transcript Excerpt *(excerpted from the official meeting recording, formatting and transcription edits only, with no substantive changes).*

Southeast Board of Health Meeting-20251022_100132- Meeting Recording 1

October 22, 2025, 2:10PM

3h 3m 54s

“Next, we go back to the deferred decision on the 2026 Budget, and I will re-read that motion.

That the Board of Health approve the 2026 budget for the cost-shared and related budgets for Southeast Public Health, as recommended by the Finance Committee.

It was moved by Councillor A. Koiner and seconded by Councillor C. Glenn.

Is there anything further on that motion?

Seeing none, all those in favour.

That’s carried.”

Board of Health Minutes

Open Session

Date: Wednesday, December 17, 2025

Time: 10:00 a.m.

Location: 221 Portsmouth Avenue, Kingston, Ontario and via Microsoft Teams

In-person: Mr. Stephen Bird, Councillor Conny Glenn, Councillor Judy Greenwood-Speers, Mayor Robin Jones, Councillor Sean Kelly, Councillor Anne-Marie Koiner, Councillor Michael Kotsovos, Councillor Peter McKenna, Councillor Jeff McLaren, Mayor Jan O'Neill, Ms. Barbara Proctor, Councillor Bill Roberts, Warden Nathan Townend

Virtual: Dr. Jeffrey Allin, Reeve Richard Kidd

Regrets: Ms. Melanie Paradis, Dr. David Pattenden, Mr. Chris Seeley

Officer: Dr. Piotr Oglaza

1. **Call to Order**

The meeting was called to order by Chair J. O'Neill at 10:00 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 Warden N. Townend and SECONDED by Councillor B. Roberts THAT the Board of Health approve the agenda for December 17, 2025, as amended, with:

1. Option One removed from the motion under Item 8.2, Branch Office Report; and
2. The following agenda revisions:
 - Deputation Requests be moved to immediately follow Approval of the Agenda (Item 5, with sub-items 5.1–5.4); and
 - The Rural Services Delivery Strategy Presentation and Branch Office Report be moved to immediately follow Disclosure of Pecuniary Interest and/or Conflict of Interest (Item 8, with sub-items 8.1–8.2).

CARRIED

5. Deputation Requests

The Board heard deputations from representatives of the United Counties of Leeds and Grenville, the Prince Edward Family Health Team, Prince Edward County, and Kemptville District Hospital.

On behalf of the United Counties of Leeds and Grenville, Warden Corinna Smith-Gatcke, joined by Mayor Nancy Peckford (Municipality of North Grenville), raised significant concerns regarding proposed satellite office closures, noting that five of the eight affected sites are located within the United Counties. They emphasized the importance of equitable access to public health services in large rural geographies with limited transportation options, particularly for youth, seniors, and low-income residents; noted the financial pressures associated with the merger, including implications for municipal levies and long-term system sustainability; and underscored the need for transparent, evidence-based planning, advance notice, and meaningful municipal consultation prior to any service changes.

Mr. Barinder Gill, Executive Director of the Prince Edward Family Health Team, highlighted the unique demographic profile of Prince Edward County, including an older population and ongoing youth sexual health needs, and emphasized that public health services are foundational to prevention, chronic disease management, and population health outcomes. He cautioned against any assumption that reductions in public health services could be absorbed by primary care and advised that strong public health capacity is essential to the success of broader primary care reform. Mr. Gill further advised that a partnership agreement had been executed to ensure Southeast Public Health maintains a visible and accessible presence in Prince Edward County through shared space at no cost.

Councillor Kate MacNaughton, speaking virtually as a community member from Prince Edward County, echoed concerns regarding the loss of predictable and locally accessible public health services in rural communities, particularly for vulnerable populations, and emphasized the value of public health as essential infrastructure rather than a discretionary service.

Mr. Frank Vassallo, President and CEO of Kemptville District Hospital, accompanied by Ms. Katie Hogue, Nurse Practitioner and Certified Health Executive, spoke to the interconnectedness of public health, primary care, and hospital services. They emphasized that reductions in community-based public health capacity would likely result in increased pressures on hospitals and primary care providers, and stressed the importance of collaboration, continuity of services, and maintaining a local public health presence to support prevention, early intervention, and system sustainability.

The Chair thanked all deputants for their thoughtful presentations and contributions.

6. Approval of Previous Meeting Minutes

The Board reviewed the minutes of the meeting held on November 26, 2025. Members noted that the wording of a motion under Item 7, *Leased Office Locations*, did not accurately reflect the motion as made and approved by the Board.

The Board confirmed that the motion approved on November 26, 2025, was as follows:

“That the Medical Officer of Health withdraw his recommendation to close the eight satellite offices.”

The Board further clarified that direction to staff to prepare and bring forward a report outlining the criteria used in assessing office closures, for discussion at the December 17, 2025 Board of Health meeting, was a direction for action and did not form part of the approved motion.

For clarity and reference:

MOTION: It was MOVED by Mayor R. Jones and SECONDED by Councillor B. Roberts THAT the Medical Officer of Health/Chief Executive Officer reconsider closing leased offices at this time;

AND THAT a staff report outlining the criteria used in assessing office closures, along with further discussion on this matter, be brought forward to the December 17, 2025, Board of Health meeting.

NOT CARRIED

AMENDED MOTION: It was MOVED by Mayor R. Jones and SECONDED by Councillor B. Roberts THAT the Medical Officer of Health/Chief Executive Officer withdraw his recommendation to close the eight satellite offices at this time.

CARRIED

ACTION / STAFF DIRECTION: The Board directed staff to bring forward a report outlining the criteria used in assessing office closures for discussion at the December 17, 2025, Board of Health meeting.

MOTION: It was MOVED by Councillor B. Roberts and SECONDED by Reeve R. Kidd THAT the Board of Health approve the minutes of the meeting held on November 26, 2025, as amended.

CARRIED

7. **Disclosure of Pecuniary Interest and/or Conflict of Interest, and the General Nature Thereof When the Item Arises**

No disclosures were declared.

8. **Staff Presentations/Reports**

8.1. **Rural Services Delivery Strategy Presentation**

Dr. P. Oglaza together with Mary Southall, Clinical Nursing Facilitator, Knowledge Management; Elizabeth Stewart-Shaver, Clinical Nursing Facilitator, Immunization – Schools; John Cunningham, Epidemiologist/Biostatistician, Corporate Services; and Rebecca Wickson, Public Health Nurse, Community Health Promotion, presented the Rural Services Delivery Strategy.

The presentation outlined the principles, objectives, and proposed approaches for delivering public health services in rural communities

following the merger. Presenters emphasized a shift from reliance on fixed office locations to a person-centred, evidence-informed model that meets clients where they are, prioritizes high-need and equity-deserving populations, and maximizes efficient use of resources.

Dr. P. Oglaza provided an overview of the strategy's guiding principles, including serving people rather than places, promoting health equity, applying evidence-based practices, and maximizing system impact. He noted that many public health services are already delivered through outreach and mobile models coordinated from core offices, with community presence defined by service reach rather than office location.

M. Southall highlighted the role of innovation, quality improvement, and staff support in enabling consistent and effective rural service delivery. She described initiatives such as cross-training and staff redeployment, standardized documentation tools, and continuous quality improvement methodologies to support flexible, outreach-based models.

E. Stewart-Shaver outlined school- and community-based immunization strategies, including catch-up clinics and outreach models designed to improve access and compliance in rural areas. She emphasized the use of data to identify optimal clinic locations and noted the success of outreach approaches in achieving high immunization coverage.

J. Cunningham presented the data and analytics underpinning the strategy, including geographic information systems (GIS), drive-time analysis, and site suitability modeling to identify optimal service locations. He highlighted population access data showing that the majority of residents live within reasonable travel times to proposed service hubs, supporting the shift toward mobile and outreach-focused delivery.

Dr. P. Oglaza and R. Wickson described community health promotion and outreach initiatives, including mobile immunization and STI testing programs, mobile dental services, harm reduction outreach, and home visiting programs such as Healthy Babies Healthy Children and the Nurse-Family Partnership. They emphasized sustained engagement with community partners, including local health teams, EarlyON centres, schools, and community organizations to provide space, improve reach, and reduce barriers to access.

Collectively, presenters underscored that the strategy aims to protect community health, address historic service gaps in rural areas, and ensure long-term sustainability by aligning services with community needs and available resources.

Board members highlighted the importance of rural service accessibility, meaningful community consultation, and ongoing Board oversight as the strategy is implemented.

For clarity and reference:

MOTION: THAT the Board of Health receive the Rural Strategy Presentation and endorse, in principle, the direction outlined therein.

NOT CARRIED

MOTION: It was MOVED by Ms. B. Proctor and SECONDED by Mr. S. Bird THAT the Board of Health receive the Rural Strategy Presentation and endorse, in principle, the direction outlined therein with the following three caveats:

1. No closures without the approval of the Board;
2. Meaningful consultation with stakeholders and partners, including municipalities, community health teams, hospitals and schools; and
3. An audit be conducted of available space in rural areas to accommodate mobile and pop-ups.

CARRIED

8.2. Branch Office Report

The Board of Health received the Branch Office Report, which provided detailed rationale for office closures and additional context regarding branch office operations and their relationship to the Rural Services Delivery Strategy. Discussion focused on continuity of services, timing and sequencing of changes, and alignment with the strategy's principles.

Members expressed support for Option 2 to maintain branch office operations. The proposed review date was amended to September 2026 to allow sufficient time for consultation and to account for the upcoming municipal election. Option 3 was discussed but not formally moved.

For clarity and reference:

MOTION: THAT the Board of Health receive the Branch Office Report and endorse Option ___ as outlined in the report, as follows:

Option 1 (*removed from consideration by the Board of Health during approval of the agenda*): Endorse staff recommendation to close branch office locations in Almonte, Cloyne, Gananoque, Napanee, Perth, Kemptville, and Trenton by March 1, 2026, provided that continued access to public health services is maintained. In June 2026, present the BOH with an evaluation report assessing the implemented change in the service delivery model.

Option 2: Continue to have branch offices and revisit the decision in June 2026 following a review of an updated report on the rural strategy implementation and use of the branch offices.

Option 3: Keep branch offices and find savings and efficiencies elsewhere to balance the 2027 budget and beyond.

NOT CARRIED

MOTION: It was MOVED by Councillor S. Kelly and SECONDED by Councillor J. Greenwood-Speers THAT the Board of Health receive the Branch Office Report and adopt Option 2, as amended, to revisit the decision in September 2026.

CARRIED

9. Committee Reports

9.1. Governance Committee Update

The Board received the Governance Committee update.

9.1.1. BOH Self-Evaluation Results Summary

9.1.2. Amendment Listing

9.1.3. By-Law No. 1

MOTION: It was MOVED by Mayor R. Jones and SECONDED by Councillor B. Roberts THAT the Board of Health approve the BOH Self-Evaluation Results Summary, Amendment Listing, and By-Law No. 1, as circulated.

CARRIED

10. New Business

10.1. Merger Updates

The Board received an update regarding merger-related matters.

MOTION: It was MOVED by Warden N. Townend and SECONDED by Councillor A. Koiner THAT the Board of Health receive the merger update report, as circulated.

CARRIED

11. Information Items

The Board received the Information Items as circulated.

MOTION: It was MOVED by Councillor A. Koiner and SECONDED by Ms. B. Proctor THAT the Board of Health receive the Information Items 11.1–11.8, as circulated.

CARRIED

12. Adjournment

MOTION: It was MOVED by Councillor B. Roberts THAT the Board of Health meeting be adjourned at 12:55 p.m.

CARRIED

Board Chair
South East Health Unit

Memo

Schedule 8.1

To: Board of Health Members
From: Dr. Piotr Oglaza, Medical Officer of Health and CEO
Susan Stewart, Director, Merger Office
Date: January 28, 2026
Re: **Merger Scorecard and Implementation Plan**

Purpose

The purpose of this report is to provide the Board of Health with an overview of the Voluntary Merger Balanced Scorecard, and a detailed merger implementation plan for Southeast Public Health (SEPH), including the strategic plan.

Voluntary Mergers: Milestone Progress Scorecard

The Ministry of Health has introduced a Voluntary Mergers: Milestone Progress Scorecard to monitor key merger activities across public health units. This Scorecard was developed by the Ministry using implementation plans submitted by public health units pursuing voluntary mergers.

The Scorecard is organized into four key areas: Corporate Services, Governance, Organizational and Programs, and Change/Project Management. Within each area, the Ministry has identified specific merger milestones and assigned Year 2 timelines (see Appendix A). While this provides a useful framework, some Ministry timelines do not fully align with the implementation plan for SEPH. Because the Scorecard is based on a consolidated view of multiple plans, individual organizations must adapt sequencing and priorities to reflect their own operational realities.

Merging three organizations introduces additional complexity, particularly in areas such as change management and program harmonization. To support a smooth transition, the Merger Office has invested in robust change management tools, processes, and supports. Now that many foundational components are in place, project execution is expected to proceed more efficiently.

While our timelines differ in some areas from those established by the Ministry of Health, we remain confident that Southeast Public Health has the right plan and sequencing to support an effective and successful merger implementation.

SEPH Merger Implementation Gantt Chart

The Merger Office has developed a comprehensive Gantt chart that outlines all merger-related projects, key milestones, and timelines. It will provide the Board with clear, high-

level visibility into the overall execution of the merger. By consolidating multiple complex and interdependent workstreams into a structured format, the chart will enable the Board to monitor progress against plan and maintain appropriate governance oversight while ensuring the integration remains on track.

To support alignment, the chart is organized according to the four key areas of the Ministry's Balanced Scorecard. Milestones that correspond to the Ministry Scorecard are highlighted in blue, with Ministry-assigned timelines indicated by a bold blue border within the timeline. We have made significant progress in many areas and staff continue to work diligently to advance the work of the merger while maintaining business operations and service commitments.

Strategic Plan

The purpose of a strategic plan is to establish clear priorities and direction that guide organizational decision-making and resource allocation. Its intent is to create alignment across the agency so that all activities contribute to achieving desired outcomes. At present, SEPH continues to focus its resources on a successful transformation. In essence, the merger serves as the organization's primary priority and direction until April 1, 2027, when merger-specific funding concludes. Given the level of time and resources dedicated to this work, the merger implementation plan is effectively functioning as SEPH's interim strategic plan.

The Gantt chart also identifies that formal strategic planning will begin in 2026. This timeline will allow the Board of Health to undertake a thorough and thoughtful process to determine SEPH's future vision and long-term direction. Importantly, by the time this planning is underway—and as SEPH completes or nears completion of major merger initiatives—the organization will have the capacity and energy needed to meaningfully engage in and implement the new strategic plan.

Recommendation:

WHEREAS, significant organizational effort is required to execute the merger;

AND WHEREAS, there is a need to maintain focus and avoid mission drift for a successful merger;

AND WHEREAS, there are significant capacity limitations for SEPH to take on additional major initiatives while merger implementation is underway;

THEREFORE BE IT RESOLVED THAT the Board of Health acknowledges the Public Health Merger Implementation Plan Gantt Chart as the de facto interim strategic plan guiding the organization for the voluntary merger timeline of April 1, 2024 to March 31, 2027. The Board further acknowledges that this interim plan includes an embedded timeline for the development of the SEPH Strategic Plan, with strategic planning work to commence in 2026.

Attachments:

- [Merger Milestone Scorecard](#)
- [Merger Implementation Gantt Chart](#)

Ministry of Health's Merger Milestone Scorecard



Year 2

Quarter	Corporate Services	Governance	Organizational and Programs	Change/Project Management
Q1	New agency e-mails in use	Board of Health sub-committees Terms of Reference completed	Program assessment/ alignment reviews & integration plans completed	Change management training for management completed
	Consolidated finance, human resources (HR) procedures	Board training needs assessment completed	Policy review initiated	Employee wellness activities initiated
	Banking transition completed	Board training/ education plan developed	Shared service opportunities identified	Unified staff communication tools in place, utilized
	PSLRTA initiated	Board by-laws & policies reviewed	External stakeholder consultation plans developed	TBD
Q2	Capital/facilities space/needs assessment completed	Board education/ training activities underway	Pilot harmonization (e.g., 1-2 programs)	New branding in use: website, social media, offices, signage
	Migration of contracts, Memoranda of Understanding, agreements completed	Skill matrix for BOH members developed, mapped to current board composition	Program consultation with external stakeholders (FNIM, Francophone other locally determined groups)	All-staff event completed
	HR assessments completed including review of collective agreements	Interim strategic plan in place (mission, vision, values)	Partnership work/ network meetings integrated (e.g., attendance, consolidation of duplicate meetings)	Staff training initiated
Q3	Capital business case completed (as needed)	Client service standards in place	Program expansion/ new programs/ services identified	New branding developed and in use
	Information technology, HR and operational data transfer and upgrades implemented	Self-evaluation process completed	Harmonization of remaining programs/ services completed	External partner communication tools/ materials updated
	Procurement duplications identified and eliminated	Skill matrix used to inform year three training needs	Harmonized medical directives, standard operating procedures completed	Evaluation plan developed
	Non-unionized staff contracts harmonized	TBD	Policy review and harmonization completed	
Q4	TBD	Strategic planning process underway for new entity	New programs initiated, harmonization of other programs completed as collective agreements allow	TBD
	TBD	TBD	Back/office/ management restructuring completed	TBD

Merger Implementation Plan April 1, 2025 to March 31, 2027 -- Year 2, Q3 Progress Report

MAJOR MILESTONES AND TASKS		YEAR 2 MERGER FUNDING -- APRIL 1, 2025 TO MARCH 31, 2026												YEAR 3 MERGER FUNDING -- APRIL 1, 2026 TO MARCH 31, 2027											
		Q1			Q2			Q3			Q4			Q1			Q2			Q3			Q4		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Process evaluation	<i>In progress</i>																								
Change Readiness Survey developed	Completed																								
Change Readiness Survey implemented	In progress																								
Change Management Advisory Group selected	Completed																								
Change Management Advisory Group trained and implemented	Completed																								
Outcome evaluation	<i>In progress</i>																								
Determine indicators	In progress																								
Determine methodology	Not started																								
Draft evaluation report	Not started																								

Agenda

Memo

Schedule 8.2

To: Board of Health Members
From: Susan Stewart, Director, Merger Office
Date: January 28, 2026
Re: **Merger Updates**

Public Sector Labour Relations Transition Act (PSLRTA) Update

The most recent Ontario Labour Relations Board hearing took place on October 16, 2025, at which time all parties presented their submissions orally to the Board. The timing of the decision is determined by the Vice-Chair and the Board's hearing schedule, and a decision has not yet been issued. Based on the Board's usual timelines, this is not considered an unusually lengthy delay.

All Staff Day 2025 Feedback

The inaugural Southeast Public Health (SEPH) All Staff Day was held Tuesday December 2, 2025. Following the event, staff were asked to complete a short survey to provide feedback, with a response rate of 38 percent. When asked about connections, 83 percent of respondents indicated they felt a sense of connection with colleagues throughout the day, and 77 percent reported that the day had a positive impact on how they work with their manager and team. Staff also provided suggestions for future events.

Overall, staff indicated that the All Staff Day met its goals of helping staff get to know one another, celebrating long service awards, and contributing to the development of a positive SEPH culture.

Living Our Values

As SEPH forms a new entity with a unified culture, staff across the organization were engaged to identify the values most important to them. This work resulted in the establishment of the following values:

- Service & Community Focus
- Trust & Integrity
- Consistency & Fairness
- Respect & Inclusion
- Collaboration & Partnership

At the All Staff Day, a visual artist created a piece of artwork reflecting the theme of “Living Our Values.” This beautiful piece of artwork will be displayed at each of the four main offices over the coming months. The values will be further refined through future strategic planning work.

Branding and Marketing

A project team continues to work on the new SEPH website. Navigation menus and content management procedures have been finalized, and SEPH managers have been asked to review which forms (e.g., clinic booking, animal bite reporting, etc.) will be posted to the site.

The website team is finalising the design with the vendor and procedures for ongoing content management are being developed. The project team and vendor are tracking towards a March 31, 2026 date for a final product.

Training

A comprehensive Training Needs Assessment was conducted from September to October 2025 with the leadership group to inform organizational development and training support recommendations. The recommendations are structured to support staff and leaders through merger-related changes in the current fiscal year, while also serving as strategic investments in longer-term organizational development.

An integrated set of targeted interventions, grouped into five strategic themes across three distinct time periods, is planned. The immediate focus is on the period from December 2025 to March 2026. The plan will be revisited in early 2026 to evaluate progress and plan the next phase.

The five intervention streams include:

1. **Culture Connection Stream:** Strengthening shared values, belonging and identity across the newly merged organization.
2. **Leadership Link Stream:** Supporting middle and senior managers in orienting, stabilizing and leading the organization and leading through change.
3. **Team Traction Stream:** Helping newly formed teams build cohesion, navigate change, and perform effectively.
4. **Learning Lift Stream:** Empowering individuals with resilience, learning and wellbeing strategies.
5. **Workwise Stream:** Enhancing operational efficiency through better tools, systems, and work processes.

Key frameworks to support these streams were adopted by the Strategic Operations Committee. Each framework will have a defined project structure and be championed by a member of the Committee.

Training opportunities during this first phase will be communicated to staff through their managers or calendar invitations sent directly to participants.

Policy and Procedure Harmonization

Work to harmonize policies and procedures across SEPH continues. Policies from each legacy organization are reviewed by the applicable manager, and a new harmonized, policy is developed based on this review.

The new draft policies are reviewed by the Policy Review Task Force to identify implementation opportunities and challenges. Once this feedback is incorporated, policies proceed through the approval process. The review process also includes training modules about each set of policies, which are available for managers and staff to review together to support consistent interpretation and application across the organization.

Information Technology (IT)

File architecture refers to how files are organized, structured, stored, and accessed. SEPH's system will be based on the Ontario Municipal Records Management System (TOMRMS).

In the coming weeks, IT will meet with individual teams to discuss future team SharePoint sites, which will inform the broader file architecture project.

Payroll Transition

Pay periods, payroll deposit dates, and payroll systems are being harmonized across SEPH. Each legacy organization currently follows a different schedule and pay date. A harmonized payroll date will support:

- accurate processing of changes in employee pays, and
- consistent and efficient payroll management services.

The transition will begin in February 2026 and will be completed by March 12, 2026. Communications outlining the transition plan for each legacy organization have been distributed to staff.

This memo is for the information of the Board.

Information Items

Board of Health Meeting – January 28, 2026

1. Simcoe Muskoka District Health Unit, [2026-2029 Strategic Plan](#), dated January 23, 2026.
2. Middlesex-London Health Unit, [Alcohol Labelling Policy Position](#), dated January 22, 2026.
3. [aPHa InfoBreak, Winter 2026](#), dated January 16, 2026.
4. City of Kingston, Council Resolution Number 2026-38: [Measles Vaccination Awareness](#), dated January 13, 2026.
5. [aPHa 2026 Pre-Budget Submission and & Infographic](#), dated January 15, 2026.
6. [aPHa 2026 Winter Symposium and Workshops](#), February 11-13, 2026, Zoom Webinar, registration deadline is February 6, 2026. **Board members who would like to register can contact K. Thompson.**
7. Kemptville District Hospital, News Release: [Interim Long-Term Care \(ILTC\) / Convalescent Care Programs \(CCP\) unit](#), targeting a closure date of June, 20, 2026, dated January 12, 2026.
8. Township of Front of Yonge, Council Resolution: [Concern regarding closure of eight \(8\) satellite offices](#), dated December 15, 2025.
9. City of Quinte West, Council Resolution: [Southeast Public Health 2026 Budget](#), dated December 11, 2025.

Kathleen Thompson

From: EA <ea-bounces@lists.alphaweb.org> on behalf of Welsby, Antoinette <Antoinette.Welsby@smdhu.org>
Sent: Friday, January 23, 2026 10:01 AM
To: 'All Health Units'; Loretta Ryan
Cc: EA LIST (ea@lists.alphaweb.org)
Subject: [EA] SMDHU's 2026–2029 Strategic Plan
Attachments: ATT00001.txt

Warning! This message was sent from outside SEPH and we were unable to verify the sender. This message may be unsafe!

Sent on behalf of Ann-Marie Kungl, Board of Health Chair, Simcoe Muskoka District Health Unit

Dear Partners,

I am excited to share the Simcoe Muskoka District Health Unit's [2026–2029 Strategic Plan](#).

Developed with input from our employees, Board of Health, and you, our valued community partners, this plan refreshes our guiding foundations and sets clear strategic directions for the next four years. It positions our organization to meet evolving public health needs and contexts, and to continually enhance our work with communities. The protection of health, prevention of disease, and promotion of well-being for everyone across Simcoe Muskoka remains core to our mandate and mission.

Our four strategic directions: community engagement, equity-driven action, quality and innovation, and a skilled and connected workforce, drive how we will work together to build strong relationships, reduce health inequities, and deliver high-quality, evidence-informed programs and services.

This plan is our roadmap for how the health unit will optimize our impact towards our vision of 'Healthy communities. Healthy people.' We look forward to continuing our collaboration with you as we bring this plan to life.

Thank you for your ongoing partnership and commitment to improving community health across Simcoe Muskoka.

Sincerely,

Dr. Lisa Simon

Medical Officer of Health (Acting) and CEO

Please share within your organization as appropriate

Antoinette Welsby (she/her)

Administrative Assistant to the Office of the Medical Officer of Health

t: 705-721-7520 **or** 1-877-721-7520 **x:** 7805

f: 705-725-0335

e: Antoinette.Welsby@smdhu.org

Kathleen Thompson

From: allhealthunits <allhealthunits-bounces@lists.alphaweb.org> on behalf of Board of Health <Board@mlhu.on.ca>
Sent: Friday, January 23, 2026 11:16 AM
To: 'All Health Units'
Subject: [allhealthunits] Middlesex-London Health Unit - Report No. 05-26 re: Alcohol Labelling Policy Position + Appendices C and D
Attachments: 05-26 - Alcohol Labelling Policy Position.pdf; 05-26 - Appendix C - Middlesex-London Health Unit Policy Position on Alcohol Labelling.pdf

Warning! This message was sent from outside SEPH and we were unable to verify the sender. This message may be unsafe!

Good morning Boards of Health,

On behalf of the Middlesex-London Board of Health, please see the attached board report and appendices (C is attached and D is [linked](#)) re: Report No. 05-26 re: Alcohol Labelling Policy Position from the January 22, 2026 Board of Health meeting.

Thank you and please reach out if you have any questions,
Stephanie

Middlesex-London Board of Health

Middlesex-London Health Unit
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www.healthunit.com | **New Social Media Accounts, Same Reliable Information**
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The Middlesex-London Health Unit is committed to reconciliation with Indigenous peoples and communities. We acknowledge our obligation to improve the health and wellness of Indigenous people in our region and are committed to taking action to bring about change. For the full statement on our commitment to reconciliation and our action plan, visit [Indigenous Reconciliation](#).

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MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 05-26

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

ALCOHOL LABELLING POLICY POSITION

Recommendation

It is recommended that the Board of Health:

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

Report Highlights

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

Background

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

Middlesex-London Health Unit Policy Position on Alcohol Labelling

Middlesex-London Health Unit Policy Position

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

Policy Position Summary

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

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

Whereas many Canadians are unaware of:

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

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

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

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

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

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

Background

Alcohol – No Ordinary Commodity

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

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

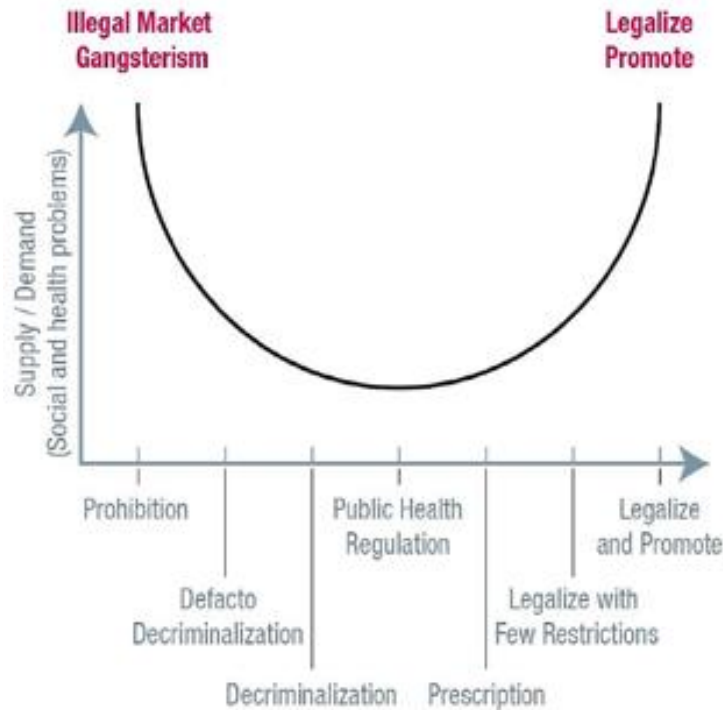
Public Health Approach to Preventing Harms from Alcohol

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

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

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

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

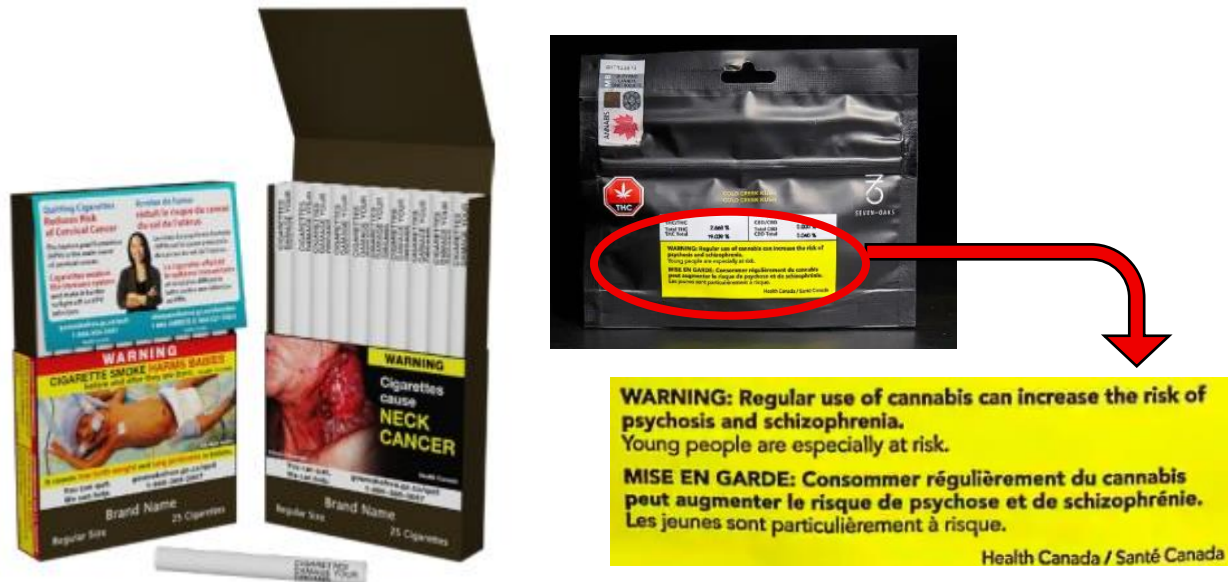


Rationale

Alcohol Labelling Supports Informed Choice by Consumers

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

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



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

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

Canadians Are Unaware of Health Harms from Alcohol

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

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

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

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

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

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

Alcohol Labelling and Youth Prevention

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

Summary

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

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

Previous Board of Health Support for Alcohol Labelling

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

MLHU Policy Position

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

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

Next Steps

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

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

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



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



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

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

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

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

InfoBreak

alPHA's members' portal

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Association of Local
PUBLIC HEALTH
Agencies

Winter 2026

Schedule 9.3

LEADERSHIP

Key Highlights

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

Advancing Strategic Priorities

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

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

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

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

Governance and Compliance

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

Thank You

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

— Hsiu-Li Wang

Chair, ALPHA Board of Directors



LEADERSHIP

Register for the 2026 alPHA Winter Symposium

2026 alPHA Winter Symposium

Feb. 11-13

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

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

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

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

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



Sabine Matheson

Sleepless in Ontario - StrategyCorp

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

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



Dr. Alexander Caudarella

Actioning Community Data Across Sectors

Canadian Centre on Substance Use and Addiction (CCSA)

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

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



Claudia Valle

The Secret to Sustainability - Leaders for Leaders

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

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



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

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



With generous support from:



Register for the 2026 EA/AA Winter Workshop!

ALPHA 2026 EA/AA Winter Workshop Online: February 10

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

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



With generous support from:



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

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

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

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



2026 Budget Consultations

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

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

Take the survey

2. Written submission

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

Submit your proposal

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

In-Person Consultation

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



Rural Ontario Municipal Association (ROMA) Conference



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

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

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

How to prepare for delegation meetings:

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

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

Public Health Matters: A STRONG ECONOMY SUPPORTED BY HEALTHY COMMUNITIES

PUBLIC HEALTH MATTERS

ALPHA
Association of Local
PUBLIC HEALTH
Agencies
January 2026

A STRONG ECONOMY SUPPORTED BY HEALTHY COMMUNITIES

LOCAL PUBLIC HEALTH'S ROLE

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

OUR ASK:

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

PREVENTING DISEASE: IMMUNIZATION

Immunization keeps children healthy and parents in the workforce — while reducing costly hospital care.

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

PROTECTING THE POPULATION: OUTBREAK PREVENTION & EMERGENCY MANAGEMENT

Public health detects and contains outbreaks early, protecting workplaces, care settings, and essential services.

- 5,000+ respiratory outbreak responses in congregate settings (2024–25)
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www.alphaweb.org

PROTECTING THE POPULATION: INSPECTIONS

Public health inspections prevent illness by enforcing safety standards in everyday settings.

- 42,000+ food premises inspected in 2024
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Investigations stop health threats before they spread, protecting communities and the health system.

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Be the unified voice and a trusted advisor on public health



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



Support the sustainability of Ontario's local public health system



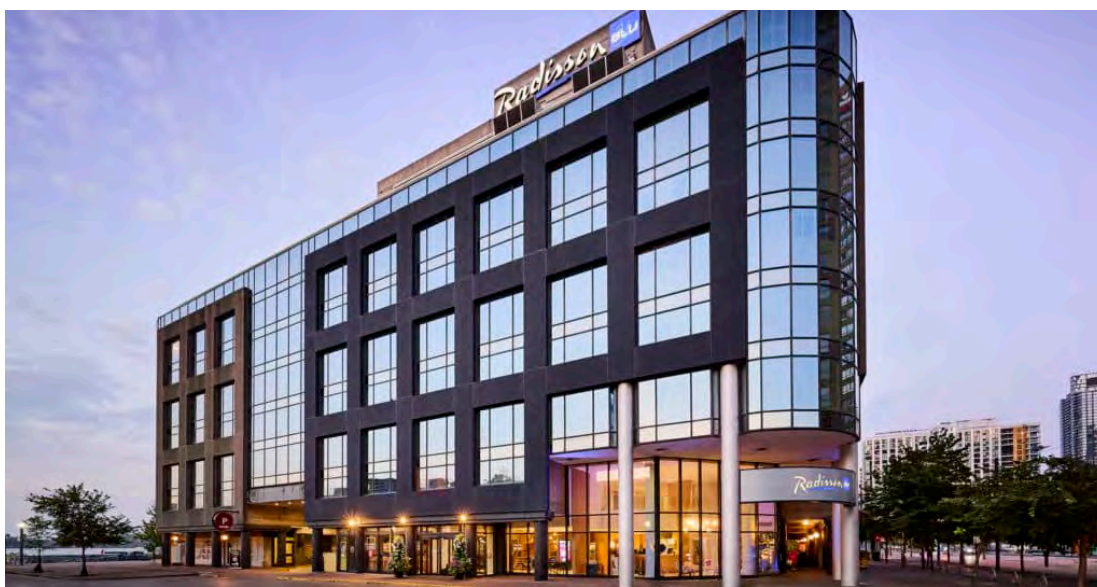
Deliver member services to local public health leaders

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



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

Hold the date: 2026 ALPHA Annual General Meeting and Conference



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

Our room block at the Radisson Blu—and two extensions—has officially sold out. We have secured additional rooms at the Radisson Blu at a higher rate. While these are above the original conference rate, these are still more affordable than the standard room price at the hotel.

ALPHA has also secured a room block at the Union Hotel. Booking is simple. Please see the e-mail from January 15 for more information.

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

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





Health Promotion Ontario update

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



OPHNL update

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

This update is a tool to keep alPHA's Members apprised of the latest news in public health including provincial announcements, legislation, alPHA activities, correspondence, and events. Visit us at alphaweb.org.

alPHA Correspondence

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

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



Board of Health Shared Resources

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

Resources available on the ALPHA website include:

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





Respiratory Resources

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

Recent Resources

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

Infectious Disease Surveillance Reports

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

Upcoming Events

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

Recent Presentations

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

Dalla Lana

School of Public Health

Upcoming DLSPH Events and Webinars

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



Ontario Public Health Directory: October 2025 update

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



NEWS

News Releases

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



ALPHA's mailing address

Please note our mailing address is:

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

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



Waterloo - Photo credit to [CBC](#)

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Schedule 9.4

Office of the City Clerk

January 15, 2026

Via email: piotr.oglaza@southeastph.ca

Dr. Piotr Oglaza, Medical Officer of Health/Chief Executive Officer
Southeast Public Health
221 Portsmouth Avenue
Kingston, ON K7M 1V5

Dear Dr. Oglaza:

Re: Kingston City Council Meeting, January 13, 2026 – Resolution Number 2026-38; Measles Vaccination Awareness

At the regular Council meeting on January 13, 2026, Council approved Resolution Number 2026-38 with respect to Measles Vaccination Awareness, as follows:

Whereas the Pan American Health Organization has notified the Public Health Agency of Canada that Canada has lost its measles elimination status due to sustained transmission over more than one year; and

Whereas measles is a dangerous but preventable disease for which an effective and safe vaccine is readily available, and more than 5,100 cases have been recorded across Canada in 2025, including 2,393 confirmed cases in Ontario as of November 1; and

Whereas local data from Southeast Public Health indicates that as of October 17 measles immunization coverage among the school-aged population is 95.9% in KFL&A, 94.1% in HPE, and 81.3% in Leeds, Grenville and Lanark, for an overall regional coverage of 90.7%, with adult vaccination status being more difficult to determine; and

Whereas declining vaccination rates, vaccine misinformation, and the disruption of routine immunizations during the COVID-19 pandemic have contributed to the re-emergence of measles in Canada; and

Whereas municipal leaders play a role in supporting family physicians, public health officials, and community agencies in communicating clear and evidence-based public health information;

Therefore Be It Resolved That Kingston City Council encourage all residents who are born after 1970, or who work in high-risk settings such as healthcare, early childhood education, or other environments where exposure risk is increased, to ensure that they have received two documented doses of a measles-containing vaccine; and

That Kingston City Council affirm the safety and effectiveness of the measles vaccine, encourage residents to verify their vaccination status with their healthcare provider or Southeast Public Health, and urge the public to rely on credible health information and avoid sources that promote vaccine misinformation; and

That staff be directed to post this messaging through the City's communication channels in coordination with Southeast Public Health's public information efforts; and

That a copy of this motion be sent to Southeast Public Health, the Ministry of Health, and Senator Leo Housakos for their awareness.

Yours sincerely,



Janet Jaynes
City Clerk
/nb

Kathleen Thompson

From: allhealthunits <allhealthunits-bounces@lists.alphaweb.org> on behalf of alPHa communications <communications@alphaweb.org>
Sent: Thursday, January 15, 2026 3:15 PM
To: 'All Health Units'
Cc: Board
Subject: [allhealthunits] alPHa Pre-Budget Submission and New Public Health Matters Infographic - A Strong Economy Supported By Healthy Communities
Attachments: alPHa_Submission_Budget_2026_Consultation_150126.pdf

This sender is trusted.

**ATTENTION ALL:
Boards of Health Section Members
Council of Ontario Medical Officers of Health Section Members
Affiliates (Senior Public Health Directors & Managers)**

Dear alPHa Members,

The Association of Local Public Health Agencies (alPHa) is pleased to share our latest Pre-Budget Submission, along with our latest infographic, [Public Health Matters – A Strong Economy Supported By Healthy Communities](#). This infographic is a communications tool that highlights how a healthy population is more productive, reduces health-care costs, and drives long-term prosperity. This resource is included in our budget submission, and we encourage Members to use it in meetings with local decision-makers, stakeholders, and community partners to ask for their support for the goals and objectives of public health.

alPHa's 2026 Pre-Budget Submission was submitted earlier today to the Minister of Finance, the Hon. Peter Bethlenfalvy. It has also been [posted on the alPHa website](#) and is attached for your reference. As a publicly accessible document, Members are encouraged to draw on it when preparing their submissions and for sharing with local decision-makers. The remarks delivered by alPHa's Chair, Dr. Hsiu-Li Wang, at the Ministry of Finance's Pre-Budget Consultations on Wednesday, January 14, are appended to this document. We would like to thank Dr. Wang for representing alPHa and for highlighting key local public health issues at this important session.

As local public health leaders, your engagement is vital. We encourage you to use and distribute these resources widely. We also encourage you to submit your ideas by visiting www.ontario.ca/budgetconsultations. Written submissions are being accepted until January 30, 2026. If you encounter any difficulties or have any questions, please contact the Ministry of Finance at MOFconsultations@ontario.ca.

Take Care,

Loretta

Loretta Ryan, CAE, RPP

Chief Executive Officer

Association of Local Public Health Agencies (alPHa)

PO Box 73510, RPO Wychwood

Toronto, ON M6C 4A7

Tel: 416-595-0006 x 222

Cell: 647-325-9594

loretta@alphaweb.org

www.alphaweb.org



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

alPHa Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

January 15, 2026

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

Dear Minister Bethlenfalvy,

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

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

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

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

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

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

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

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

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

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

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

Sincerely,



Dr. Hsiu-Li Wang
aPHa Chair

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

Encl.

The Association of Local Public Health Agencies (aPHa) is a not-for-profit organization that provides leadership to the boards of health and public health units in Ontario. aPHa advises and lends expertise to members on the governance, administration, and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, aPHa’s members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario’s communities.

A STRONG ECONOMY SUPPORTED BY HEALTHY COMMUNITIES

LOCAL PUBLIC HEALTH'S ROLE

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



Support the sustainability of Ontario's local public health system



Deliver member services to local public health leaders

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





**Association of Local Public Health Agencies (ALPHA)
2026 Budget Deputation to the Minister of Finance
Hilton Garden Inn Toronto/Mississauga
100 Traders Blvd. Mississauga, ON, L4Z 2H7
Wednesday, January 14, 2026**

Good morning, thank you for the opportunity to speak with you today. I'm Dr. Hsiu-Li Wang, a medical officer of health and Chair of the Association of Local Public Health Agencies, representing Ontario's 29 public health agencies anchored in local communities.

In our current economy where, more than ever, we need to ensure effectiveness, efficiency and value-for-money to strengthen Ontario's economic future, local public health is a steadfast partner. We deliver essential health services to residents, including those who require complex support. We collaborate with system partners for greater impact and reduced duplication, and we are responsive to local needs while also ensuring a set of fundamental public health services are available across all Ontario communities. Public Health programs reduce demand on hospitals, emergency departments, and long-term care.

Public health funding faces challenges in keeping pace with pressures like inflation, population growth, and needed infrastructure and technology investments. A consistent, equitable and forward-looking funding approach is needed. When public health capacity erodes, costs are not eliminated - they are shifted downstream. This increases strain on other parts of the healthcare system and drives higher, overall spending.

To optimize the funding we receive, which we greatly appreciate, Public Health is not standing still. We are actively pursuing strategies to address growing demands, such as through furthering partnerships for collective impact, prioritizing services based on local needs and provincial priorities, and advancing digital modernization and innovation.

In addition to sustainable funding, we need the government's help to invest in digital infrastructure for the public health system. Such advancements will propel public health agencies towards the next level of operational efficiency and client service. Furthermore, digital modernization can streamline processes and reduce friction across the entire health system, aligning with the government's objectives of cost savings and optimizing the use of its skilled healthcare workforce by prioritizing patient care over administrative duties.

In closing, investing in Public Health is a sound economic investment. A healthy population contributes to productivity, workforce participation, and reduced dependence on costly healthcare. Investment in public health is therefore an investment in Ontario's fiscal health, and long-term economic strength.

We look forward to providing a more detailed written submission and appreciate your consideration as you prepare the 2026 Budget. Thank you.

Kathleen Thompson

From: allhealthunits <allhealthunits-bounces@lists.alphaweb.org> on behalf of alPHa communications <communications@alphaweb.org>
Sent: Wednesday, January 14, 2026 12:08 PM
To: 'All Health Units'
Cc: Board
Subject: [allhealthunits] Registration Now Open: 2026 alPHa Winter Symposium & Workshop | February 11-13

This sender is trusted.

ATTENTION:
All Board of Health Members
All Medical Officers of Health and Associate Medical Officers of Health
All Senior Public Health Directors & Managers



Dear alPHa Members,

Registration is now open for the **online [Winter Symposium and Workshops](#)**, that are taking place February 11-13, 2026! This year's program will address a range of timely and critical issues for public health leadership, featuring expert speakers, practical insights, and opportunities for discussion and engagement.

Winter Symposium

Friday, February 13 | 8:30 a.m. – 4:30 p.m.

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

- **Risk Communication Essentials: Top 10 Tips for Public Health Professionals**
Ron Brecher and Trevor Smith Diggins, Risk Partners
- **Update from Public Health Ontario (PHO)**
Dr. Samir Patel, Vice President and Chief, Microbiology and Laboratory Services, PHO; Dr. JinHee Kim, Physician Lead, Environmental and Occupational Health, PHO, and Catharine Chambers, Applied Public Health Science Specialist, Communicable Disease Control, PHO

- **alPHa Update**
Dr. Hsiu-Li Wang, Chair, Board of Directors, alPHa
- **On the Front Lines with the Affiliates**
Carolyn Doris, Ontario Dietitians in Public Health; Paul Sharma, Ontario Association of Public Health Dentistry; Caitlyn Paget, Association of Public Health Epidemiologists in Ontario, and Shannon Robinson, Health Promotion Ontario
- **Legally Speaking: alPHa’s Legal Counsel in Conversation with Members**
James LeNoury, Principal, LeNoury Law and Legal Counsel, alPHa
- **Association of Municipalities of Ontario (AMO) Update**
Karen Nesbitt, Director, Policy and Government Relations, AMO; Alicia Neufeld, Senior Manager, Policy, AMO, and Daniela Spagnuolo, Policy Advisor, AMO

Additional speakers will be announced—please watch your inbox for [program](#) updates.

Workshops and Special Session

Wednesday, February 11 | 12:00 p.m. – 1:30 p.m.

Sleepless in Ontario

Speaker: Sabine Matheson, Principal, StrategyCorp

The political landscape for local public health continues to grow more complex and volatile, particularly as municipal elections approach in 2026. This session will explore the current public policy climate and key political issues impacting public health agencies and Boards of Health.

Participants may submit questions in advance or during the symposium.

Please send advance questions to communications@alphaweb.org by **February 6**.

Wednesday, February 11 | 2:00 p.m. – 4:00 p.m.

Workshop (Title to be Confirmed): Canadian Centre for Substance Use and Addiction (CCSA)

Speaker: Dr. Alexander Caudarella

Join CCSA for a dedicated workshop focused on improving the lives of people in Canada who use substances, while supporting safer communities for all. Additional details will be shared as they become available.

Thursday, February 12 | 2:00 p.m. – 4:00 p.m.

The Secret to Sustainability

Claudia Valle, Program Director and Lead Facilitator, Leaders for Leaders

This interactive workshop reframes sustainability away from “doing less” and toward making intentional choices over time. Participants will explore practical approaches to protecting their energy, setting boundaries, and continuing to lead effectively without burnout.

Registration information:

- **Registration is available to alPHa members only** and the cost is \$399+HST and is inclusive of the symposium and workshops. You only need to register once for the symposium to attend it and the workshops and special session.
- **As an important reminder, badge sharing is not permitted, and one registration equals one Member who can participate. This is a vital way to ensure all attendees have paid and are supporting alPHa in doing so. Participants found to be badge sharing will be removed from the session(s).**

- **Cancellations are subject to a \$50 processing fee and are permitted until February 6, 2026. No refunds will be issued after that date.**
- COMOH Section Emeritus and PHPMR registration rates are only for doctors who are retired from the workforce or for public health residents.
- You do not need to create an account on the alPHa website to register for the alPHa Winter Symposium and Workshops.
- Payment is via credit card or Electronic Fund Transfer. If it is not possible to pay via credit card or EFT, cheques may be sent to:

Association of Local Public Health Agencies
PO Box 73510, RPO Wychwood
Toronto, ON
M6C 4A7

If you have any questions regarding these events, please contact Melanie Dziengo at: info@alphaweb.org.

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

This event is co-hosted by



With



Take Care,

Loretta

Loretta Ryan, CAE, RPP
Chief Executive Officer
Association of Local Public Health Agencies (alPHa)
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Toronto, ON M6C 4A7
Tel: 416-595-0006 x 222
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Kathleen Thompson

From: Michael Laughton <milaughton@kdh.on.ca> on behalf of Frank Vassallo <fvassallo@kdh.on.ca>
Sent: Monday, January 12, 2026 11:07 AM
Cc: Jennifer Westendorp; Frank Vassallo
Subject: KDH closing Interim Long-Term Care/Convalescent Care Unit
Attachments: ILTC News Release (January 12 2026) - Final.pdf

Caution! This message was sent from outside SEPH. DO NOT click links or open attachments unless you recognize the sender!

Good morning,

As a valued partner of Kemptville District Hospital (KDH), I wanted to inform you that KDH has made the difficult decision to close its Interim Long-Term Care (ILTC)/Convalescent Care Programs (CCP) unit, targeting a closure date of June 30, 2026.

This decision was not made lightly, but it's time for KDH to recalibrate its services for the future. KDH is committed to supporting current residents of the unit to find alternate placements in LTC homes of their choice. The unit will continue to operate until all residents have found appropriate placements.

The 12-bed unit (4 ILTC and 8 CCP) was opened in 2006 to address a severe shortage of LTC beds in the community at that time. However, KDH's mandate has always been acute care and since then, over 250 new LTC beds have been established locally, and convalescent care options have increased.

KDH is committed to adjusting its services to meet the changing health care needs of North Grenville's rapidly growing population, and we're working with our partners to explore options to meet the community's evolving health care needs.

I will keep you informed as we continue to explore options. Thank you for your attention to this matter, and please let me know if you have any questions.

KDH is hosting a [public Town Hall Meeting](#) on Wednesday, January 14 at 7 pm. Anyone with questions or concerns is encouraged to attend the virtual session.

Warm regards,

Frank Vassallo

Frank J. Vassallo, MHSA, MCM (he/him) [Why I declare my pronouns](#)
President and CEO
Kemptville District Hospital
2675 Concession Rd, PO Box 2007 Kemptville, ON K0G 1J0
Tel: 613-258-6133 x132; Mobile: 343-630-6061
fvassallo@kdh.on.ca | www.kdh.on.ca

Executive Assistant: | Michael Laughton | milaughton@kdh.on.ca

Kemptville District Hospital closing Interim Long-Term Care/Convalescent Care Unit

KEMPTVILLE, ON, January 12, 2026 - Kemptville District Hospital (KDH) has made the difficult decision to close its Interim Long-Term Care (ILTC)/Convalescent Care Programs (CCP) unit, targeting a closure date of June 30, 2026.

The unit was opened in 2006 to address a severe shortage of LTC beds in the community at that time. However, KDH's mandate has always been acute care and since then, over 250 new LTC beds have been established locally, and convalescent care options have increased.

"This decision was not made lightly, but it's time for KDH to recalibrate its services for the future," said the hospital's President and CEO, Frank J. Vassallo. "KDH is committed to supporting current residents of the unit to find alternate placements in LTC homes of their choice. The unit will continue to operate until all residents have found appropriate placements."

The unit consists of 12 beds, including eight CCP beds that are occupied on a short-term basis for recovery following a significant hospital stay, and four ILTC beds that are designed to be occupied for six months or less, until a permanent LTC bed has been identified.

The unit was never intended to be permanent; the temporary ILTC license permitted KDH to fill a gap in response to a past shortfall of LTC beds, which has been alleviated by increased long-term care capacity in the community. The space that houses the unit is part of KDH's legacy side, dating back to 1960, and requires infrastructure upgrades and repairs.

KDH is committed to adjusting its services to meet the changing needs of North Grenville's growing population. KDH is working with its partners to explore options to meet the community's evolving health care needs, and - with the support of Ontario Health and Ontario Health atHome - will identify alternate LTC and convalescent programs.

KDH staff, physicians, volunteers and partners were notified of the closure earlier today and a [public Town Hall Meeting](#) is scheduled for Wednesday, January 14 at 7 pm. Anyone with questions or concerns is encouraged to attend the virtual session.

About Kemptville District Hospital

Kemptville District Hospital (KDH) is an integrated health services organization serving the health needs of North Grenville, the eastern regions of the United Counties of Leeds and Grenville, and South Ottawa in partnership with other healthcare and community organizations in our region. KDH is part of an approved Ontario Health Team – Ottawa West Four Rivers – comprised of many community services and primary care providers. KDH provides 24-hour emergency care, inpatient care, surgical programs including advanced orthopedic surgery, and outpatient clinics. KDH is committed to our mission of 'Building Healthier Communities' based on people-centered care and collaborative partnerships.

Media contact:

Jenn Westendorp, Communications Officer
Kemptville District Hospital
613.258.6133 x 225
Email: jwestendorp@kdh.on.ca



1514 County Road 2, P.O. Box 130, Mallorytown, ON K0E 1R0
T 613.923.2251 F 613.923.2421
www.Mallorytown.ca

January 5, 2026

via email info@southeastph.ca

Southeast Public Health
221 Portsmouth Avenue
Kingston, ON K7M 1V5

Re: Closure of Satellite Offices

To whom it may Concern:

Please be advised, at their regular meeting on the evening of December 15, 2025, the Council of the Township of Front of Yonge passed the following motion:

MOVED BY: Margaret Fancy

SECONDED BY: Richard Marcoux

“WHEREAS the Southeast Health Unit has announced the closure of eight (8) satellite offices within the region; and

WHEREAS these satellite offices have historically provided essential public health services, including immunization clinics, sexual health services, family health programming, environmental health inspections, and outreach to vulnerable populations; and

WHEREAS the closure of these offices may significantly reduce local access to public health services, particularly for seniors, low-income residents, and those without reliable transportation; and

WHEREAS Front of Yonge Township council recognizes the importance of maintaining accessible public health infrastructure to support community well-being and resilience; and

WHEREAS concerns have been raised by residents, municipal partners, and frontline service providers regarding the lack of timely, clear, and comprehensive communication from the Southeast Health Unit regarding the rationale for the closures, the decision-making process, and the future delivery model for affected services; and

WHEREAS municipalities rely on transparent and proactive communication from the Health Unit in order to plan for impacts on local services, coordinate community supports, and ensure residents are adequately informed of changes affecting their health and safety;

THEREFORE BE IT RESOLVED THAT:

1. The Council of the Township of Front of Yonge formally expresses its concern regarding the closure of the eight Southeast Health Unit satellite offices without municipal consultation or an assessment of the potential impact on the rural communities they serve.
2. Council urges the Southeast Health Unit to identify and undertake a rigorous process to ensure that any future decisions regarding service delivery are transparent, based on community needs and involve significant engagement and feedback from rural municipalities.
3. A copy of this resolution be forwarded to:
 - o the Board of the Southeast Health Unit;
 - o all municipalities served by the Health Unit;
 - o local Members of Provincial Parliament (MPPs); and
 - o the Minister of Health”

CARRIED

Yours truly,



for: Jennifer Ault
Clerk

cc:

- **The Board of the Southeast Health Unit;**
- **All municipalities served by the Health Unit;**
- **Local Members of Provincial Parliament (MPPs); and**
- **The Minister of Health**

CITY OF QUINTE WEST

Office of the Mayor
Jim Harrison



P.O. Box 490
Trenton, Ontario, K8V 5R6

TEL: (613) 392-2841
FAX: (613) 392-5608

December 15, 2025

The Honourable Sylvia Jones
Ministry of Health
5th Floor
777 Bay St.
Toronto, ON M7A 2J3

Dear Minister Jones:

This letter will serve to advise that Council for the City of Quinte West, at its Special Budget Meeting held on December 11, 2025 approved the following:

Motion No 25-408 – Southeast Public Health 2026 Budget
Moved by Councillor Card
Seconded by Councillor Boyce

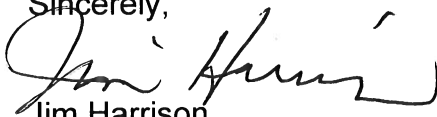
The Council request that the Southeast Public Health 2026 Budget and 5-Year Plan be referred back to the Board to provide a revised budget submission to review the cost-sharing model, accelerate the phase in of the financial benefits of the merger, including but not limited to, operational efficiencies and reduction of full time equivalent staff;

And that Council request that, as directed by Sylvia Jones, Minister of Health, any operational efficiencies including any anticipated efficiencies realized through a reduction of full-time equivalent staff positions be directed to frontline operations and direct service delivery programs for Southeast Public Health;

And that Council request that any savings be directed to front line services such that the Trenton Public Health location does not shutdown and continues to operate with current service levels in order to maintain barrier-free, equitable health service access for all Quinte West residents. **Carried**

We trust that you will give favourable consideration to this request.

Sincerely,


Jim Harrison
Mayor

cc: Dr. Oglaza, Southeast Public Health - Piotr.Oglaza@southeastph.ca
Mr. John Wickson, Manager, Finance, Southeast Public Health - john.wickson@southeastph.ca