

Board of Health Meeting

Agenda Package

Wednesday, March 25, 2026
10:00 a.m.
221 Portsmouth Avenue, Kingston

Please note there will be a Closed Session component to this meeting.

Open Session Link:

Microsoft Teams [Need help?](#)

[Join the meeting now](#)

Meeting ID: 283 495 545 530 65
Passcode: qa7FX29r

For organizers: [Meeting options](#)

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

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Kingston, Ontario K7M 1V5
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Brockville, Ontario K6V 7A3
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Board of Health Agenda

Wednesday, March 25, 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 of 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 open agenda for March 25, 2026, as circulated.

5. **Approval of Previous Meeting Minutes**

Schedule 5.0

MOTION: THAT the Board of Health approve the open minutes of the meeting held on February 25, 2026, as circulated.

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

7. **Closed Session**

MOTION: THAT the Board of Health convene in closed session for the purposes of a discussion as it relates to Section 239(2) of the Municipal Act, and more specifically: (b) personal matters about an identifiable individual, including Board employees; (f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose; and (h) information explicitly supplied in confidence to the Board or the Agency by Canada, a province or territory or a Crown agency of any of them.

8. **Rising and Reporting of Closed Session**

MOTION: THAT the Board of Health endorse the actions approved in the Closed Session and direct staff to take appropriate action.

9. **Staff Presentations**

9.1. **Financial Projections Update** Schedule 9.1

MOTION: THAT the Board of Health receive the Financial Projections Update for information.

10. **New Business**

10.1. **Merger Updates** Schedule 10.1

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

10.2. **Nomination of Councillor Conny Glenn to the BOH Section Executive Committee and Director of the alPHa Board** Schedule 10.2

MOTION: THAT Councillor Conny Glenn, a Member Representative of the Board of Health of Southeast Public Health (SEPH) be nominated as a candidate for election to the BOH Section Executive Committee and the alPHa Board of Directors for the East Region for a 2-year term.

11. **Information Items** Schedule 11.0

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

12. **Announcements**

13. **Adjournment**

MOTION: THAT this Board of Health meeting be adjourned.

Board of Health Minutes

Open Session

Date: Wednesday, February 25, 2026

Time: 10:00 a.m.

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

In-person: Councillor Conny Glenn, Councillor Judy Greenwood-Speers, Mayor Robin Jones, Councillor Anne-Marie Koiner, Councillor Michael Kotsovos, Councillor Peter McKenna, Councillor Jeff McLaren, Ms. Barbara Proctor, Councillor Bill Roberts, Warden Nathan Townend

Virtual: Mr. Stephen Bird, Warden Richard Kidd, Mayor Jan O'Neill

Regrets: Councillor Sean Kelly

Officer: Dr. Piotr Oglaza

1. **Call to Order**

The meeting was called to order by Chair N. Townend at 10:00 a.m.

2. **Land Acknowledgement**

Spoken by Chair N. Townend.

3. **Roll Call**

Conducted by Recorder K. Thompson.

4. **Approval of the Agenda**

MOTION: It was MOVED by Councillor B. Roberts and SECONDED by Councillor A. Koiner THAT the Board of Health approve the open agenda for February 25, 2026, as circulated.

CARRIED

5. **Approval of Previous Meeting Minutes**

5.1. **Minutes of the Meeting on January 28, 2026**

MOTION: It was MOVED by Mayor R. Jones and SECONDED by Councillor B. Roberts THAT the Board of Health approve the open minutes of the meeting held on January 28, 2026, as circulated.

CARRIED

5.2. **Minutes of the Meeting on February 10, 2026**

MOTION: It was MOVED by Councillor A. Koiner and SECONDED by Councillor C. Glenn THAT the Board of Health approve the open minutes of the special meeting held on February 10, 2026, as circulated.

CARRIED

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

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

7. **Closed Session**

MOTION: It was MOVED by Councillor J. McLaren and SECONDED by Councillor J. Greenwood-Speers THAT the Board of Health convene in closed session for the purposes of a discussion as it relates to Section 239(2) of the Municipal Act, and more specifically (b) personal matters about an identifiable individual, including Board employees.

CARRIED

8. **Rising and Reporting of Closed Session**

MOTION: It was MOVED by Councillor J. Greenwood-Speers and SECONDED by Ms. B. Proctor THAT the Board of Health endorse the actions approved in the Closed Session and direct staff to take appropriate action.

CARRIED

9. **Staff Presentations**

9.1. **Financial Projections Update**

Due to the length of the closed session, the Board agreed to defer this item to the next meeting to allow for full discussion.

MOTION: It was MOVED by Councillor P McKenna and SECONDED by Councillor B. Roberts THAT Item 9.1: Financial Projections Update be deferred to the next meeting.

CARRIED

10. **Committee Reports**

10.1. **Governance Committee Update**

At the Governance Committee meeting held on February 10, 2026, the Committee elected Mayor Robin Jones as Chair and Ms. Barbara Proctor as Vice Chair for 2026. Work continues on the review of Board policies, by-laws, and Committee terms of reference in accordance with the Governance Committee's mandate.

The Board discussed the reduction in membership from 18 to 14 members following the departure of four provincial appointees in December 2025. Members emphasized the importance of restoring a balanced Board composition and ensuring that vacancies are formally posted and filled in a timely manner.

An amendment was proposed to direct correspondence to the Minister of Health, with a copy to the Public Appointments Secretariat.

MOTION (as amended): It was MOVED by Councillor J. Greenwood-Speers and SECONDED by Councillor P. McKenna THAT correspondence be sent to the Minister of Health, with a copy to the Public

Appointments Secretariat informing them of the departure of four provincial appointments from the SEPH Board and requesting that these vacancies be filled.

CARRIED

10.2. Finance Committee Update

Councillor P. McKenna reported on the February 18, 2026 meeting. Councillor A. Koiner was elected Chair and Councillor P. McKenna Vice Chair.

Highlights included:

- The recently announced \$11.6M represents Year 2 merger funding, not new base funding.
- Draft 2025 unaudited results show a projected surplus of approximately \$3.6, subject to audit.

MOTION: It was MOVED by Councillor P. McKenna and SECONDED by Councillor B. Roberts THAT the Board of Health receive the Finance Committee Update, as circulated.

CARRIED

11. New Business

11.1. Merger Updates

Dr. P. Oglaza provided recent highlights on the merger implementation, including integration activities across programs, signage and branding updates, electronic medical records and information technology harmonization, payroll transition (target completion mid-March), staff engagement initiatives, and preservation of historical public health records for all legacy agencies.

Work continues on implementation of a secure Board portal, including clarification regarding search functionality.

Members acknowledged the scope of work and commended staff on continued progress.

MOTION: It was MOVED by Councillor C. Glenn and SECONDED by Warden R. Kidd THAT the Board of Health receive the merger update report, as circulated.

12. Information Items

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

CARRIED

13. Announcements

There were no announcements.

14. Adjournment

MOTION: It was MOVED by Councillor C. Glenn THAT this Board of Health meeting be adjourned at 12:52 a.m.

CARRIED

Board Chair
South East Health Unit



**Southeast
Public Health**

Schedule 9.1

Financial Projections Update

Dr. Piotr Oglaza, MD, CPHI (C), MPH, FRCPC

Medical Officer of Health/Chief Executive Officer

John Wickson, CPA, CMA, PCP, FPAP, FMVA

Manager, Finance

March 25, 2026

Major funding buckets

Expected 2026 spending = \$58.2M

\$49.7M

for mandatory programs
(cost-shared, 70/30 split
[provincial/
municipal])

\$3.3M

for Ontario
Seniors Dental
Care Program
(100% provincial)

\$3.7M

for Healthy Babies
Healthy Children
(100% provincial)

\$1.5M

for Preschool
Speech and
Language
(100% provincial)

Voluntary merger funding for 2026 = \$10.7M

- Approximately 21.5% of cost for mandatory programs annually
- This is one-time, 100% provincial funding started April 1, 2024 and ending March 31, 2027

Key advantages of merger funding



\$8.8M
to settle legacy
mortgages

- Reinvestment of \$1.3M for 2026, 2027, 2028, and of \$.5M for 2029+
- Further investments in stalled building projects and maintenance



\$2.5M
for technology
investments

- Electronic Medical Records (EMR)
- IT infrastructure and equipment



\$4.9M
for human
resources and
capacity building

- Wage harmonization
- Upgrading skills
- Enhanced tools



\$4.3M
for municipalities
to offset levy
harmonization
and potential
increases

Funding projections - November 2025

Based on the approved 2026 budget

Assumptions

1%
growth in
provincial
funding

1%
growth
in population

4%
growth in
expenses

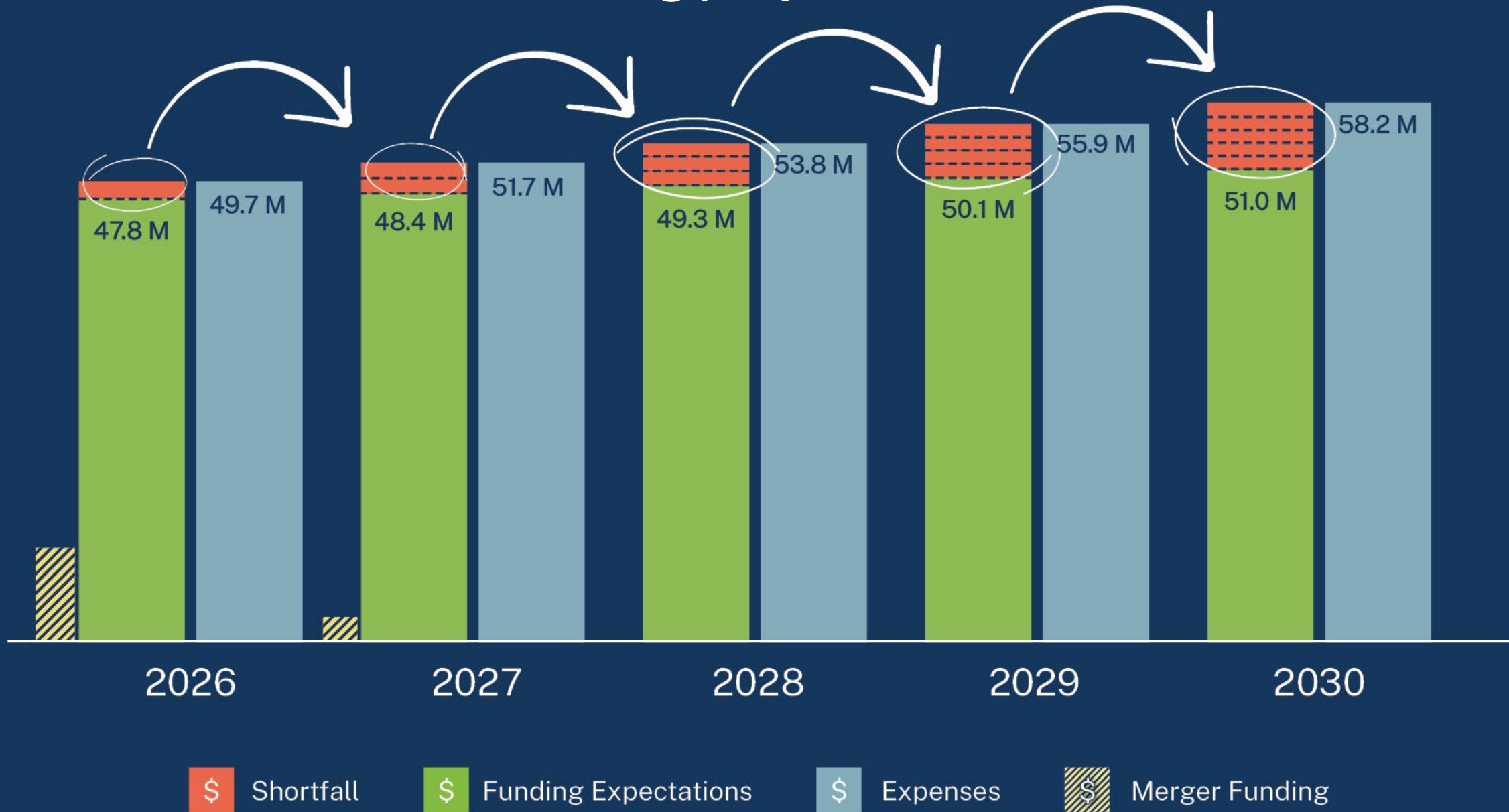
Updated
municipal
funding split

Annual
mortgages
paid off by
merger
funding



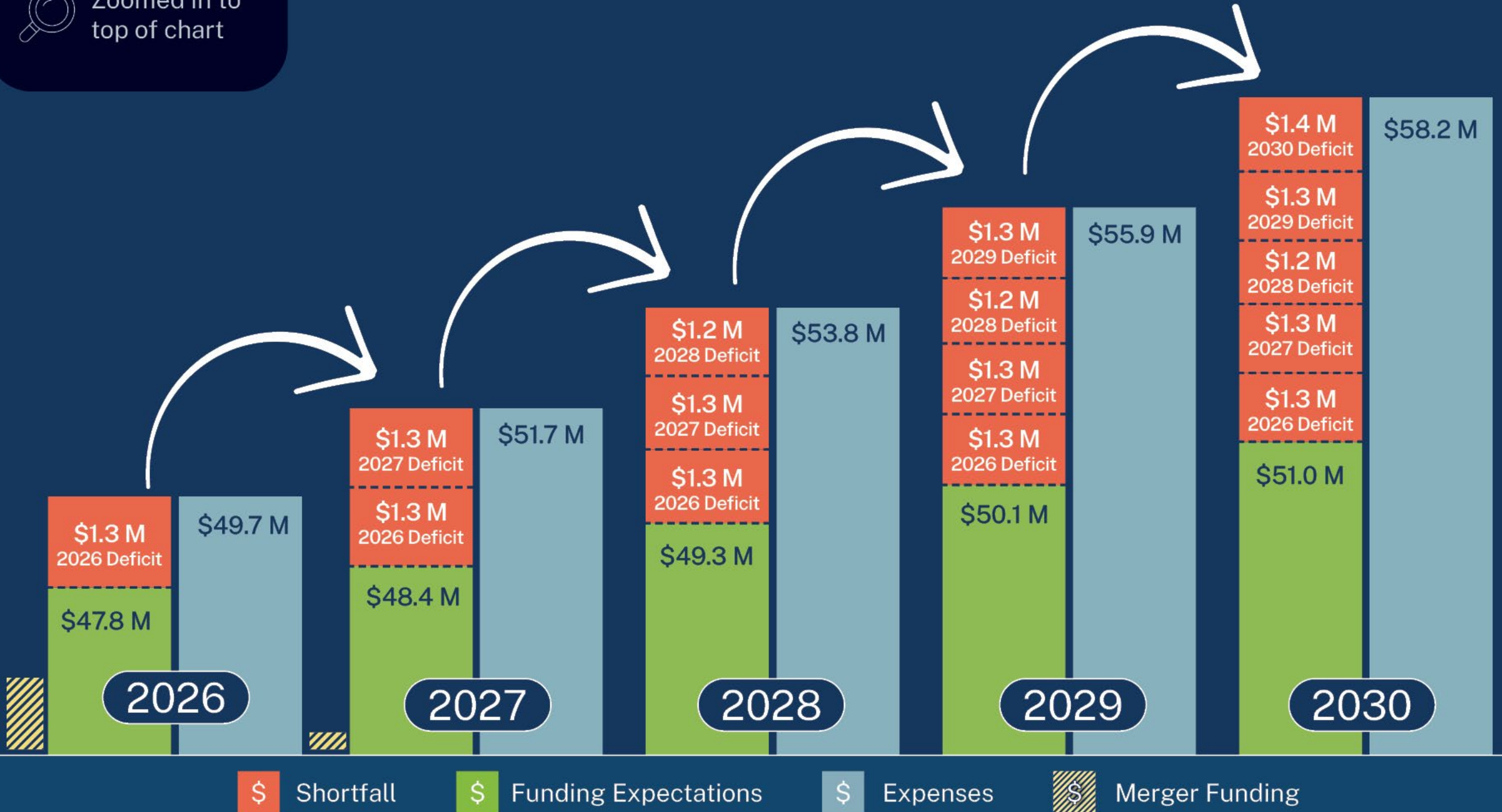
With no further actions, projected shortfall of **\$1.3M** annually

Funding projections





Zoomed in to top of chart



Action = Savings





“

We need to do things better
and do better things.

”

Dr. Kieran Moore, Chief Medical Officer of Health

November 2, 2025, Southeast Public Health All Staff Day

Questions?





Funding projections in September 2025

	2026	2027	2028	2029	2030
Assumptions					
Provincial Funding Increase	1%	1%	1%	1%	1%
Population Growth	1%	1%	1%	1%	1%
Expense Increase	4%	4%	4%	4%	4%
Funding Split Municipal Level	30.75%	31.00%	31.50%	32.00%	32.50%
Not Adjusted for Population Growth					
Provincial	\$ 33,091,943	\$ 33,422,862	\$ 33,757,091	\$ 34,094,662	\$ 34,435,609
Municipal	14,694,165	15,016,068	15,523,334	16,044,547	16,580,108
Total Funding	47,786,108	48,438,930	49,280,425	50,139,209	51,015,717
Expenses	(49,735,903)	(51,725,339)	(53,794,353)	(55,946,127)	(58,183,972)
Net Surplus (Deficit)	\$ (1,949,795)	\$ (3,286,409)	\$ (4,513,928)	\$ (5,806,918)	\$ (7,168,255)



Improvements

	2026	2027	2028	2029	2030
Improvements					
Increase in Municipal Levies	\$2,142,126	\$2,338,416	\$2,718,903	\$3,112,070	\$3,518,303
Operational Efficiencies (staff consolidations)	1,718,716	1,787,552	1,859,047	1,933,402	2,010,732
Realized	3,860,842	4,125,968	4,577,950	5,045,472	5,529,035
Operational Efficiencies after September 2025	681,284	708,535	736,876	766,351	797,005
Expected Improvements	\$4,542,126	\$4,834,503	\$5,314,826	\$5,811,823	\$6,326,040



Following the numbers

(in millions)	2026	2027	2028	2029	2030
Initial Projection [adjusted for population growth]	-5.8 [-6.3]	-7.4 [-8.4]	-9.1 [-10.7]	-10.9 [- 13.1]	-12.7 [-15.6]
Expected Increase in Municipal Levies	2.1	2.3	2.7	3.1	3.5
Operational Efficiencies up to September 2025	1.7	1.8	1.9	1.9	2.0
Budget Deficit [adjusted for population growth]	-1.9	-3.3	-4.5	-5.8	-7.2 [-10.1]
Operational Efficiencies after September 2025	0.6	0.7	0.7	0.8	0.8
Current Projected Deficit [adjusted for population growth]	-1.3	-2.6 [-3.6]	-3.8 [-5.4]	-5.0 [-7.2]	-6.4 [-9.3]

- Projections reflect a point in time, based on specific information and assumptions at that time. As updated information becomes available, or assumptions are updated, the projections will change.



Funding projections: Municipal levies

Based on BOH decision to harmonize levies in September 2025

Year	Municipal Funding Level	Total Municipal Levy	Total Change \$	Change %
2026	30.75%	\$ 14,694,165		
2027	31.00%	15,016,068	\$ 321,903	2.19%
2028	31.50%	15,523,334	507,266	3.38%
2029	32.00%	16,044,547	521,213	3.36%
2030	32.50%	16,580,108	535,561	3.34%

- These numbers do not reflect the impact of the projected deficit of \$1.3M annually on municipal levies. Under the Health Protection and Promotion Act, municipalities are obligated to pay for the delivery of local public health programs and services.

Southeast Public Health

Memo

To: Board of Health Members
 From: Susan Stewart, Director, Merger Office
 Date: March 25, 2026
 Re: **Merger Updates**

Change Readiness Survey

Change can be challenging. Effective change management ensures a smooth transition by identifying key areas of support and addressing organizational concerns. As part of our commitment to a successful public health merger, a Change Readiness Assessment is implemented at the end of each quarter.

The Change Readiness Assessment measures five key dimensions critical to successful change in a public health merger: commitment, clarity, culture, capacity, and sustainment. The results of this survey are used to assess how we, as an organization, can support everyone in the merger implementation journey.

A baseline assessment was completed in Q1 (March 2025), with subsequent assessments occurring in Q2 (June 2025), Q3 (October 2025) and this assessment in Q4 (February 2026). This survey launched February 6 and remained open until February 20, 2026. It was promoted in the Merger Memo on Feb 6, in legacy newsletters for two consecutive weeks on Feb 9 and Feb 17 and with posters throughout SEPH offices which contained QR code for easy access.

Overall readiness score for individual dimensions have remained similar or slightly increased across assessments and continue to be moderately low.

Measure	Q1 March 2025	Q2 June 2025	Q3 October 2025	Q4 February 2026
Response Rate	30%	24%	38%	33%
Dimension				
Overall	2.7	2.4	2.6	2.8
Commitment	2.9	2.6	2.9	2.8
Clarity	2.7	2.3	2.7	2.7
Culture	2.6	2.2	2.5	2.7
Capacity	3.1	2.9	2.9	3.2
Sustainment	2.1	1.9	2.2	2.5

The results of the Change Readiness Assessment have been shared with Southeast Public Health leadership and staff.

Staff Engagement

The “Living our Values” art was displayed at Kingston office on February 27, 2026 and will be displayed at Belleville office on March 27, 2026. A copy of the artwork has been posted at each main and branch office.

Branding and Marketing

The website is on track to launch publicly on March 31, 2026. Currently, communications staff are working with programs to update and prepare content. Final touches on navigation, functionality, and look of SoutheastPH.ca are being completed with the vendor.

In addition to the work to migrate content to the SoutheastPH.ca website, work is also happening to move online forms from the legacy websites to the new website. Online forms are used by programs throughout SEPH to support the delivery of programs and services such as reporting communicable diseases or animal bites from healthcare providers, ordering vaccine, or signing up for the Bump to Baby prenatal programs. Some forms can be harmonized into a single form for SEPH, while others will continue as separate forms until program harmonization is complete.

As rebranding work continues, we are happy to announce that reception area signage is being updated with Kingston and Belleville receiving their new look to date.

Medical Directives

Medical directives are written orders that authorize qualified health-care professionals to perform specific controlled acts and clinical activities for defined patient groups when predetermined conditions are met, without requiring a direct physician’s order at the time of care. The Office of the Chief Nursing Officer (OCNO) is working to harmonize medical directives across the organization. To date, twenty medical directives have been harmonized to support consistent, safe, and high-quality care. There are four legacy Medical Directives to be reviewed and assessed and then the OCNO will prioritize updating clinical service policies that have clinical importance.

Electronic Medical Record (EMR)

An EMR system for SEPH has been selected, and a Project Team has been formed to oversee implementation. The EMR will support data reporting, secure storage of PHI, and an integrated solution for client referrals and bookings. Implementation will proceed in two phases based on program readiness, with the first group of programs expected to go live in spring/early summer 2026, and a second group following in the fall.

Network Topology

Network topology is the physical or logical layout of how devices (computers, servers, printers, routers, switches, etc.) are connected and communicate within a network.

We are currently working towards the harmonization of SEPH's computing infrastructure and network topology. The network vendor kickoff has been completed, and the design phase is now underway.

File Architecture

File architecture is the way files are organized, structured, stored, and accessed. The system for SEPH will be based on The Ontario Municipal Records Management System (TOMRMS), a best-practice standard for organizing public sector records. IT has consulted with individual teams, and SharePoint site builds are now ready to begin. While the larger TOMRMS project continues, staff will have access to SharePoint for shared storage and team collaboration, with Microsoft 365 training planned for late March and April.

Southeast Public Health

Memo

To: Board of Health Members
From: Dr. Piotr Oglaza, Medical Officer of Health/CEO
Reviewed by: Warden Nathan Townend, Board Chair
Date: March 25, 2026
Re: Nominations for BOH Section Executive Committee/alpha Board of Directors

Issue:

The Association of Local Public Health Agencies (alpha) is accepting nominations for Board of Health Section (BOH) representatives to serve on its BOH Section Executive Committee and the alpha Board of Directors from each of the three regions. SEPH falls within the East Region and there is an opening for a BOH representative to serve a 2-year term from June 2026 to June 2028. Councillor Conny Glenn is interested in representing the East Region.

Background:

Interested Board of Health members that are active members of alpha are encouraged to put their name forward and submit a Form of Nomination and Consent along with a copy of the motion from their Board of Health supporting the nomination. An election to determine the representatives will be held at the alpha BOH Section Zoom meeting to elect regional representatives.

Current Status:

Councillor Conny Glenn is submitting her name for nomination and requires a Board resolution supporting her nomination, along with signatures on the Form of Nomination and Consent.

Rationale:

As leaders in local public health agencies, the alpha BOH Section is committed to representing the Boards of Health with the aim of improving the health of Ontarians and strengthening Ontario's public health system. This is achieved through alpha's leadership and coordination, in collaboration with the provincial government and other organizations, and through evidence-informed public policy positions.

Supporting Documents:

Appendix #1 Form of Nomination and Consent

Recommendation:

THAT Councillor Conny Glenn, a Member Representative of the Board of Health of Southeast Public Health (SEPH), be nominated as a candidate for election to the BOH Section Executive Committee and the alpha Board of Directors for the East Region for a 2-year term.



Association of Local
PUBLIC HEALTH
Agencies

FORM OF NOMINATION AND CONSENT

BOH Section Executive Committee and the alPHa Board of Directors 2026-2028

Councillor Conny Glenn, a Member Representative of the Board of Health
of
(Please print the nominee’s name)

Southeast Public Health (SEPH), is HEREBY NOMINATED.
(Please print the health unit’s name)

as a candidate for election to the BOH Section Executive Committee and the alPHa Board of Directors from:

- East Region (2-year term)**
- Central West Region (2-year term)**
- South West Region (2-year term)**

SPONSORED BY:

1) _____
(Signature of Member Representative from the nominating Board of Health)

2) _____
(Signature of Member Representative from the nominating Board of Health)

Date: March 25, 2026

I, _____, HEREBY CONSENT to my nomination.
(Signature of nominee) and agree to serve as a member of **the BOH Section Executive Committee and a Director of the alPHa Board** if appointed.

Date: _____

IMPORTANT:

1. Nominations close on **Friday, April 17, 2026**, at 4:30 p.m. EDT, and must be submitted to alPHa by then. **Only complete nomination packages will be considered.**
2. A **biography** of the nominee outlining their suitability for candidacy, as well as a **motion passed by the sponsoring Board of Health** (i.e. record of a motion from the Clerk/Secretary of the Board of Health) must also be submitted with this nomination form on separate pages by the deadline. **There is a 200-word limit for the biography. Links may be included in the biography but not attachments.**
3. **Email the completed form, biography, and copy of the Board of Health nominating motion, to Loretta Ryan, Chief Executive Officer, alPHa at loretta@alphaweb.org.**



Information Items

Board of Health Meeting – March 25, 2026

1. Lakelands Board of Health endorsing the alcohol labelling position of Middlesex London Health Unit, dated March 5, 2026.
2. Algoma Board of Health Resolution: Support for Transitioning to the Combined DTaP-HB-IPV-Hib Vaccine in Ontario's Publicly Funded Immunization Schedule to Strengthen Early Protection Against Hepatitis B, dated February 25, 2026.
3. United Way KFLA, 2026 Emergency Assistance Funding for the Dental Treatment Assistance Fund program, dated February 11, 2026.
4. Windsor-Essex County Board of Health Resolution: Food Handler Training and Windsor Essex County Food Premises, dated February 5, 2026.
5. Windsor-Essex County Board of Health Resolution: Digital Dependence Support and Prevention in Pre-School and School Aged Children, dated February 5, 2026.
6. Windsor-Essex County Board of Health Resolution: Premises Licensing for Windsor-Essex County Municipalities, dated February 5, 2026.
7. Letter addressed to the Honourable Sylvia Jones and the Public Appointments Secretariat regarding SEPH Public Appointments, dated March 6, 2026.
8. aPHa March/April 2026 Edition of Infobreak

March 5, 2026

Standing Senate Committee on Social Affairs, Science and Technology
The Senate of Canada
soci@sen.parl.gc.ca

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

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

Dear Committee Members and Honourable Ministers,

Re: Support for the Statement from Provincial/Territorial Chief Medical Officers of Health on Labelling of Alcohol Products and for Bill S-202, An Act to amend the *Food and Drugs Act* (warning label on alcoholic beverages).

On behalf of the Lakelands Public Health (LPH) Board of Health, we are writing to formally communicate our endorsement of the Middlesex-London Health Unit's policy recommendations (enclosed) regarding mandatory alcohol labelling in Canada from January 22, 2026, approved by the LPH Board of Health on February 18, 2026.

Alcohol consumption is widespread across Ontario and Canada and is associated with significant, well-documented health harms. Alcohol is classified as a Group 1 carcinogen and is linked to cancer, addiction, chronic disease, mental health impacts, and injury. Despite these risks, alcohol remains highly normalized and increasingly accessible, while consumer-facing health protections have not kept pace.

Unlike tobacco and medical cannabis products, alcohol containers in Canada are not required to carry comprehensive, standardized health warning labels. This regulatory gap limits consumers' ability to make fully informed decisions. Although approximately 75% of Canadians aged 15 and older report consuming alcohol, more than 40% are unaware that alcohol increases the risk of cancer. Clear, visible health warnings and standard drink information are essential to closing this knowledge gap.

The burden of alcohol-related harm is also evident locally. According to Public Health Ontario, in 2019-2020, 82.3% of Peterborough residents report having one or more drinks over the past 12 months. Between 2009 and 2022, Peterborough had the fourth highest rate of alcohol-attributable hospitalizations across Ontario. Haliburton, Kawartha, and Northumberland saw 4,573 alcohol-

overdose related emergency department visits between 2019-2023, and 19 alcohol-toxicity related deaths between 2018 and 2022. This data underscores the significant and ongoing impact of alcohol use within our communities and reinforce the need for stronger public health measures.

Established in 2025, LPH was formed by the merger of Peterborough Public Health (PPH) and the Haliburton, Kawartha, Pine Ridge District Health Unit. (HKPR) The LPH Board of Health continues the legacy of evidence-informed advocacy and remains committed to advancing policies that reduce alcohol-related harms and strengthen public health protections across our combined region.

Previous advocacy from the former boards of health includes:

- 2019: PPH urged the Government of Ontario to develop a comprehensive provincial alcohol strategy.
- 2023: HKPR called on the Government of Canada to require enhanced alcohol labelling under the *Food and Drugs Act*.
- 2023: Both former boards expressed support for Bill S-254 (Alcohol Warning Labels) and Motion M-61 (National Alcohol Warning Label Strategy).

LPH continues to recognize alcohol-related harms as a significant and growing burden on individuals, families, and communities. We support the Middlesex-London Health Unit's evidence-informed recommendations for mandatory, regulated health labelling on all alcohol containers manufactured and sold in Canada. This includes prominent health warnings, alignment with Canada's Guidance on Alcohol and Health, and standardized drink information.

Aligning alcohol labelling requirements with Canada's regulatory approach to commercial tobacco and non-medical cannabis would promote consistency, transparency, and consumer protection. Mandatory labels are a cost-effective, population-level measure that increases awareness, supports informed decision-making, and contributes to long-term harm reduction.

Sincerely,

Original signed by

Deputy Mayor Ron Black
Chair, Board of Health

/ag

Encl.: [MLHU Resolution, January 2026](#)

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

BOARD OF HEALTH

MOTION: 2026-19	Support For Transitioning To The Combined Dtap-HB-IPV-Hib Vaccine Into Ontario's Publicly Funded Immunization Schedule To Strengthen Early Protection against Hepatitis B
DATE:	February 25, 2026
MOTION MOVED BY:	D. McConnell
SECONDED BY:	S. Hagman

BACKGROUND

The publicly funded immunization schedule for Ontario currently recommends/funds immunization against Hepatitis B in grade 7 (12 years of age). These immunizations are delivered by Public Health Nurses in schools over two appointments at least 6 months apart. Drawbacks of this approach include high delivery costs within schools, multiple injections over the life course, and children are unprotected from hepatitis B for the first 12 years of life.

This is not the same approach in all provinces. British Columbia, Yukon, Northwest Territories, Nunavut, Quebec, New Brunswick, and PEI have hepatitis B programs that immunize children in infancy. For example, in British Columbia infants receive a combination vaccine protecting against 6 diseases including hepatitis B, where Ontario provides infants with a combination vaccine against 5 diseases with the hepatitis B vaccine given much later in grade 7. A shift to a similar program in Ontario would protect our children earlier and provide long-term cost-savings.

PROPOSED MOTION

WHEREAS hepatitis B (HB) infection acquired in infancy and early childhood carries the highest risk of chronic infection compared to other ages, with up to 95% of unvaccinated infants and approximately 50% of children infected before five years of age developing chronic HB, compared to 5–10% of those infected in adolescence or adulthood¹; and

WHEREAS chronic HB infection can result in serious long-term health consequences, including cirrhosis, liver failure, and liver cancer, leading to significant morbidity, mortality, and health-system costs; and

WHEREAS Ontario currently administers HB vaccine primarily in Grade 7, leaving children susceptible to infection during their first 12 years of life, when they are at most vulnerable to chronic HB infection²; and

WHEREAS surveillance data from Public Health Ontario indicate that HB infections continue to occur among children in Ontario prior to adolescence, including Canadian-born children, often due to missed prenatal screening, incomplete post-exposure prophylaxis, household exposure to undiagnosed carriers, travel, or immigration from regions of higher HB prevalence³; and

WHEREAS universal infant HB immunization at 2, 4, and 6 months of age would significantly reduce the period of vulnerability from approximately 12 years to the first six months of life and better

protect infants and children in higher-risk circumstances, including those living with chronic carriers, attending child care, or from families who have immigrated from other countries with higher prevalence of HB; and

WHEREAS the National Advisory Committee on Immunization (NACI) has concluded that HB vaccination in infancy provides long-lasting protection, with durable immune memory persisting even when antibody levels decline, and does not recommend routine booster doses for immunocompetent individuals who complete a full infant series^{1,3,4}; and

WHEREAS the cost of providing 3 doses of the DTaP-HB-IPV-Hib vaccine (combination vaccine against 6 diseases) in infancy is comparable or lower in cost than the currently utilized schedule of administering the DTaP-IPV-Hib vaccines (combination vaccine against 5 diseases) in infancy and HB vaccines in grade 7; and

WHEREAS a recent analysis modelling Ontario's HB immunization strategies found that introducing a universal infant HB vaccine program would prevent more acute and chronic pediatric HB infections in Ontario, and would save health care dollars, particularly when the vaccine is administered through the combination DTaP-HB-IPV-Hib vaccine⁵; and

WHEREAS long-term cost-savings will be realized through the administration of a combination vaccine which requires less visits to a healthcare provider over the life course and less in-school vaccine delivery; and

WHEREAS routine infant immunization programs tend to have higher coverage than school-based programs alone, so it can be anticipated that a combined DTaP-HB-IPV-Hib vaccine administered routinely at the 2, 4 and 6 month well-baby visits would have higher uptake than the grade 7 program⁵ resulting in increased herd immunity; and

WHEREAS this change would further align Ontario's HB vaccination schedule with that of other Canadian jurisdictions such as British Columbia, Yukon, Northwest Territories, Nunavut, Quebec, New Brunswick, and PEI, ensuring more infants and children are protected earlier against HB infection⁴; and

THEREFORE BE IT RESOLVED THAT The Board of Health for the District of Algoma Health Unit calls upon the Ontario Ministry of Health to amend the publicly funded immunization schedule to incorporate the DTaP-HB-IPV-Hib vaccine in order to strengthen early protection against HB, reduce preventable chronic infections, and advance health equity for children and families across Ontario; and

FURTHER THAT, the Minister of Health, the Office of the Chief Medical Officer of Health, and local MPPs be so advised; and

FURTHER THAT, The Board of Health sponsors a resolution to further promote this change to the publicly funded schedule at the ALPHA AGM.

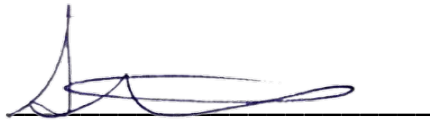
References:

1. National Advisory Committee on Immunization. Update on the recommended use of Hepatitis B (HB) vaccine, 2017, Available from: <https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/healthy-living/update-recommended-use-hepatitis-b-vaccine/update-recommended-use-hepatitis-b-vaccine-eng.pdf>
2. Publicly Funded Immunization Schedules for Ontario, current edition. 2022, Available from: <https://www.ontario.ca/files/2024-01/moh-publicly-funded-immunization-schedule-en-2024-01-23.pdf>

3. Public Health Ontario. Hepatitis B Immunization Technical Report. 2017, Available from: https://www.publichealthontario.ca/-/media/Documents/H/2017/hepb-technical-report.pdf?rev=441f1e45ffc74b878685409780228e98&sc_lang=en
4. Canadian Immunization Guide, Evergreen Edition. Hepatitis B Chapter, 2024, Available from: [Hepatitis B vaccines: Canadian Immunization Guide - Canada.ca](#)
5. Biondi MJ, Estes C, Razavi-Shearer D, Sahdra K, Lipton N, Shah H, Capraru C, Janssen HLA, Razavi H, Feld JJ. Cost-effectiveness modelling of birth and infant dose vaccination against hepatitis B virus in Ontario from 2020 to 2050. CMAJ Open. 2023 Jan 10;11(1):E24-E32. Available from: <https://www.cmajopen.ca/content/11/1/E24>

Suzanne Trivers

Board of Health Chair:



Carried Defeated

RECORDED VOTE:

Sally Hagaman	:	In Favour <input type="checkbox"/>	Opposed <input type="checkbox"/>
Julila Hemphill	:	In Favour <input type="checkbox"/>	Opposed <input type="checkbox"/>
Donald McConnell	:	In Favour <input type="checkbox"/>	Opposed <input type="checkbox"/>
Luc Morrissette	:	In Favour <input type="checkbox"/>	Opposed <input type="checkbox"/>
Sonny Spina	:	In Favour <input type="checkbox"/>	Opposed <input type="checkbox"/>
Sonia Tassone	:	In Favour <input type="checkbox"/>	Opposed <input type="checkbox"/>
Suzanne Trivers	:	In Favour <input type="checkbox"/>	Opposed <input type="checkbox"/>
Jody Wildman	:	In Favour <input type="checkbox"/>	Opposed <input type="checkbox"/>
Natalie Zagordo	:	In Favour <input type="checkbox"/>	Opposed <input type="checkbox"/>

February 11, 2026

Schedule 11.3



United Way
Kingston, Frontenac
Lennox and Addington

Ms. Kelly Palmateer
South East Health Unit
Dental Treatment Assistance Fund
221 Portsmouth Avenue
Kingston, ON K7M 1V5

Ref#: Em_26_04

Dear Ms. Palmateer:

On behalf of the United Way of KFL&A, we are pleased to inform you that funding in the amount of **\$25,000** has been approved through the 2026 **Emergency Assistance Fund**, to continue support of the **Dental Treatment Assistance Fund** program for residents of KFL&A. Please find a cheque enclosed for this amount.

This funding is intended to support direct fee-for-service payments made to dentists for treatment of up to \$400 per client, aged 18 years or older, who require emergency dental treatment for the relief of pain, infection and/or trauma, and have no dental insurance and declare a financial need.

Funding has been allocated by geography, and is based on need, as follows:

- \$16,250 – Kingston
- \$3,750 – Frontenac County
- \$5,000 – L&A County

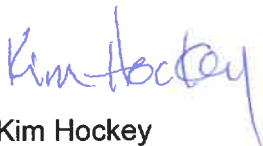
Please continue to provide regular update reports, due June 30th, September 31st, and December 31st, 2026. Each report should include the number of adults and youth that have been treated in each of KFLA geographic areas, as well as an account of grant funds utilized.

We would also appreciate that you let us know how you intend to recognize this grant and tag United Way KFLA on any social media. Our accounts include:

Twitter:	@unitedwaykfla
Facebook:	United Way of Kingston, Frontenac, Lennox & Addington
Instagram:	United Way KFLA
Youtube:	unitedwaykfla

Thank you for the work you do to address the issue of dental health and poverty in our community. If you require any further information or assistance, please feel free to contact me at 613-542-2674.

Sincerely,



Kim Hockey
Vice President, Community Impact

United Way Kingston, Frontenac, Lennox Addington
417 Bagot Street, Kingston ON K7K 3C1
613-542-2674 uway@unitedwaykfla.ca
Charitable Registration Number: 125978270RR0001

www.unitedwaykfla.ca



Windsor-Essex County Health Unit Board of Health

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

2026-02-05

BACKGROUND

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

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

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

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

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

PROPOSED MOTION

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

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

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

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

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



Windsor-Essex County Health Unit Board of Health

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

2026-02-05

BACKGROUND

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

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

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

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

PROPOSED MOTION

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

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

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

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

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

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

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

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

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

Key References

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



Windsor-Essex County Health Unit Board of Health

RECOMMENDATION/RESOLUTION REPORT –

Premise Licensing for WEC Municipalities

2026-02-05

BACKGROUND

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

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

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

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

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

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

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

PROPOSED MOTION

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

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

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

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

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

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

References:

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

March 6, 2026

VIA ELECTRONIC MAIL

Honourable Sylvia Jones
Minister of Health
Ministry of Health
5th Floor, 777 Bay St.
Toronto, ON M7A 2J3
Email: Sylvia.Jones@ontario.ca

Public Appointments Secretariat
99 Wellesley St. W.
Toronto, ON M7A
Email: PASInfo.mgs@ontario.ca

Subject: Southeast Public Health (SEPH) Public Appointments

At the February 25, 2026 SEPH Board of Health meeting a motion was passed by the Board of Health requesting that correspondence be sent to the Minister of Health and the Public Appointments Secretariat requesting additional public appointments to the SEPH Board.

When the SEPH Board of Health was formed on January 1, 2025 there were 18 members comprised of 12 municipal representatives and six provincial appointments. At the end of December 2025 four of the public appointment members left the Board leaving a complement of 14 members with only two of those being public appointments. In order to provide a balance in Board membership, the SEPH Board is requesting that these public appointment vacancies be filled.

For reference the four public appointments that left the SEPH Board are:

- Dr. Jeffrey Allin
- Melanie Paradis
- Dr. David Pattenden
- Chris Seeley



Given public appointments bring diverse perspectives and work alongside municipal representatives to provide strategic direction and fiscal oversight, it is vital that these positions be filled. They play an important role and are valued members of the Board.

I appreciate your consideration of this request and look forward to hearing from you around anticipated timelines for filling these vacant positions.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Nathan Townend", is positioned below the closing.

Warden Nathan Townend
Chair, SEPH Board of Health

cc: Pierre Casseus, Policy/Program Officer, Public Appointments, Agency Coordination and Corporate Initiatives Unit (PAACCIU) Email: pierre.casseus@ontario.ca
Dr. Kieran Moore, Chief Medical Officer of Health Email: Kieran.moore1@ontario.ca

InfoBreak

ALPHA's members' portal

ALPHA
Association of Local
PUBLIC HEALTH
Agencies

Mar-Apr 2026



Key Highlights

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

Thank you: Winter Symposium (February 11–13)

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

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

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

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

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

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

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

Provincial budget season: Monitoring and Member updates

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

Strategic focus: Demonstrating measurable impact

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

Public health funding review: Expected engagement

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

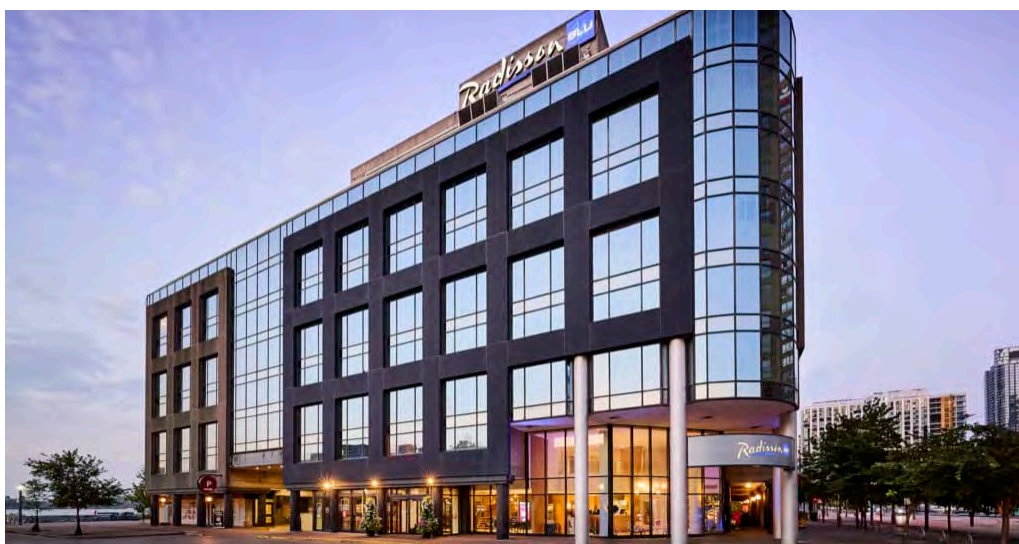
Thank you

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

Dr. Hsiu-Li Wang

Chair, alPHA Board of Directors

Hold the date: 2026 ALPHA Annual General Meeting and Conference



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

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

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

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



Thank you

2026 ALPHA AGM and Conference sponsors!

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

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

The logo for the Association of Local Public Health Agencies (ALPHA), featuring the word "ALPHA" in a bold, sans-serif font. The "A" is red, and the "LPHA" is black.

Association of Local
PUBLIC HEALTH
Agencies



Northwestern
Health Unit

www.nwhu.on.ca

Platinum level sponsors:



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The logo for genwell, featuring the word "genwell" in a blue, lowercase, sans-serif font with a small orange circle above the "l". Below it, the text "HUMAN CONNECTION MOVEMENT" is written in a smaller, blue, uppercase font.The logo for Leaders FOR Leaders, featuring a black infinity symbol on the left and the text "Leaders FOR Leaders" in a bold, black, sans-serif font. Below it, the tagline "Developing Leaders. Driving Success." is written in a smaller, black, sans-serif font.

Bronze level sponsor:



Mosey & Mosey

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Attention COMOH Section Members: 50th Anniversary of PHPMR in Canada!



The Public Health and Preventive Medicine Residency Program at the University of Toronto is celebrating 50 years of Public Health and Preventive Medicine in Canada. In collaboration with Public Health Physicians of Canada (PHPC) and the Association of Local Public Health Agencies (ALPHA), the University of Toronto will host a virtual series of inspiring and educational events on the themes of Hope (Thurs. May 21, 2–4 p.m.), Health (Thurs. May 28, 2–4 p.m.), and Happiness (Thurs. June 4, 2–4 p.m.). Further information, including how to submit presentations, can be found [here](#).

In addition, on Wednesday, June 10, from 5–9 p.m. in Toronto, there will be an in-person graduation and celebration. Join colleagues, alumni, and partners for an evening of reflection, connection, and inspiration, featuring the program graduation, opportunities to reconnect, and a provocative panel discussion. Stay tuned for details.

Please note: this event will take place following the conclusion of the ALPHA Annual General Meeting and Conference, which will be held at the Radisson Blu Toronto Downtown from June 8–10. If you require accommodations, ALPHA is pleased to advise that the room block has been extended to include the night of June 10.

Recap of the 2026 alPHA Winter Symposium



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

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

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

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

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



Thank you, Executive Assistants/Administrative Assistants!



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

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

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

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

ALPHA 2026 Boards of Health (BOH) Section Election Meeting



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

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

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

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

Middlesex-London Health Unit Strategic Plan 2026-2030



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

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

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

Simcoe Muskoka District Health Unit Strategic Plan 2026-2029



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

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

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

Public Health Matters: A STRONG ECONOMY SUPPORTED BY HEALTHY COMMUNITIES

PUBLIC HEALTH MATTERS



A STRONG ECONOMY SUPPORTED BY HEALTHY COMMUNITIES

LOCAL PUBLIC HEALTH'S ROLE

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

OUR ASK:

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

PREVENTING DISEASE: IMMUNIZATION

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

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

PROTECTING THE POPULATION: OUTBREAK PREVENTION & EMERGENCY MANAGEMENT

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

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

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PROTECTING THE POPULATION: INSPECTIONS

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

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

PROTECTING THE POPULATION: INVESTIGATIONS

Investigations stop health threats before they spread, protecting communities and the health system.

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

PROMOTING HEALTH AND WELL-BEING: CHRONIC DISEASE PREVENTION

Preventive public health programs reduce chronic disease and long-term health-care costs.

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



Be the unified voice and a trusted advisor on public health



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



Support the sustainability of Ontario's local public health system



Deliver member services to local public health leaders

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



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

Canadian Health Measures Survey is now underway in Scarborough-North



Statistics
Canada

Statistique
Canada

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

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

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

Some facts about their operations in Scarborough-North:

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



Ontario Association of Public Health Dentistry (OAPHD) update

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

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



OAPHD Strategic Plan 2026–2030

Strengthening Public Health Dentistry in Ontario

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

Why this matters for MOHs / PHUs

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

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

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](#)



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

OPHC 2026: Register Now

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

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

IPAC for Health Care Workers Guide

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

Immunization Data Tool

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

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



Respiratory Resources

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

Infectious Disease Surveillance Reports

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

Recent Presentations

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

PHO Rounds: Assessing Quality Improvement Maturity Across Ontario PHUs

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

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

Dalla Lana
School of Public Health

Upcoming DLSPH Events and Webinars

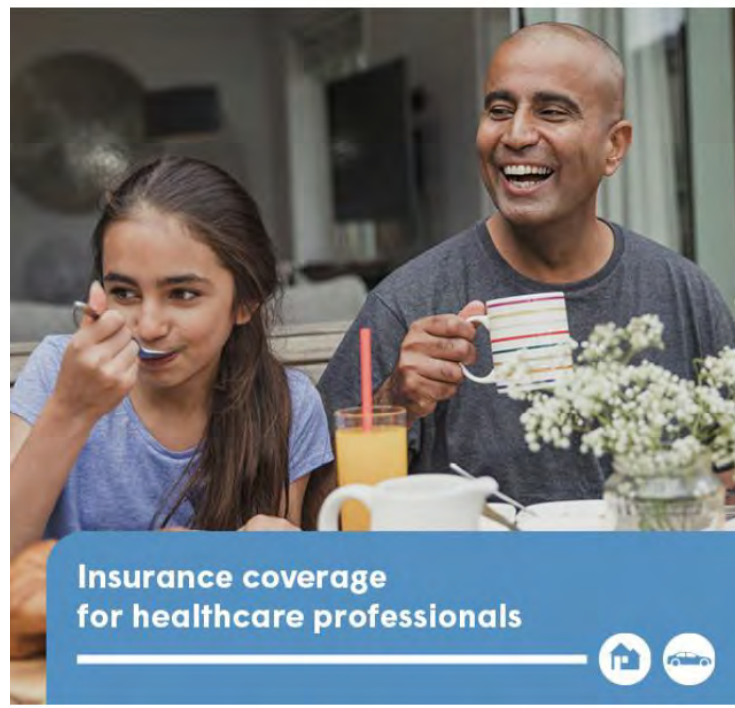
- ["Immigrants' Mental Health Dilemma"](#) with Hui Zheng (Mar. 17)
- [Care Economies in Context Speaker Series: Immigrants' Mental Health Dilemma](#) (Mar. 17)
- ["What is Contemplative Science?"](#) With Dr. Mark Miller (Mar. 18)
- [META:PHI Virtual Conference 2026](#) (Apr. 17-18)






Ontario Public Health Directory: March 2026 update

The [Ontario Public Health Directory](#) has been updated and is available on the ALPHA website. Please ensure you have the latest version, which has been dated as of **March 9, 2026**. To view the file, log into the ALPHA website.

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



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

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

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



NEWS

News Releases

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



ALPHA's mailing address

Please note our mailing address is:

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

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



Atikokan - [Photo Credit](#)

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