Southeast Public Health

Board of Health Meeting

Agenda Package

Wednesday, May 27, 2026
10:00 a.m.
221 Portsmouth Avenue, Kingston

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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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Southeast Public Health

Board of Health Agenda

Wednesday, May 27, 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 open agenda for May 27, 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 March 25, 2026, as circulated.

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

7. **Committee Reports**

   7.1. **Governance Committee Update**

   7.1.1. **2026 Board & Committee Meeting Schedule** Schedule 7.1.1

   MOTION: THAT the Board of Health approve the revised 2026 SEPH Board of Health meeting schedule.

   7.1.2. **Board of Health Skills Inventory** Schedule 7.1.2

   MOTION: THAT Board of Health members complete the BOH Competency/Skills Inventory Form.

   7.1.3. **MOH Remuneration Policy** Schedule 7.1.3

   MOTION: THAT the Board of Health approve the MOH Remuneration Policy.

7.2. **Finance Committee Update** Schedule 7.2

MOTIONS:

1. THAT the Board of Health approve that legacy general and capital reserves will be held in a general operating reserve in accordance with the Health Protection and Promotion Act.
2. THAT the Board of Health receive the Finance Committee update, as circulated.

8. New Business

8.1. **Risk Management Report** Schedule 8.1

MOTION: THAT the Board of Health receive the risk management report, as circulated.

8.2. **alPHa Resolutions for Consideration** Schedule 8.2

MOTION: THAT the Board of Health review the four resolutions submitted for consideration at the 2026 alPHa Annual General Meeting and provide direction regarding Southeast Public Health's voting position and proxy vote assignments.

8.3. **Merger Updates** Schedule 8.3

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

9. Information Items Schedule 9.0

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.

Southeast Public Health

Schedule 5.0

Board of Health Minutes

Open Session

Date: Wednesday, March 25, 2026
Time: 10:00 a.m.
Location: 221 Portsmouth Avenue, Kingston, Ontario and via Microsoft Teams

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

Virtual: Warden Richard Kidd, Councillor Michael Kotsovos

Regrets: Councillor Conny Glenn, Councillor Peter McKenna

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 J. McLaren and SECONDED by Mayor R. Jones THAT the Board of Health approve the open agenda for March 25, 2026, as circulated.

   CARRIED

5. **Approval of Previous Meeting Minutes**

   MOTION: It was MOVED by Councillor A. Koiner and SECONDED by Ms. B. Proctor THAT the Board of Health approve the open minutes of the meeting held on February 25, 2026, as circulated.

   CARRIED

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

   There were no declarations of pecuniary interest or conflict of interest.

7. Closed Session

MOTION: It was MOVED by Councillor S Kelly and SECONDED by Mayor J. O'Neill 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.

CARRIED

8. Rising and Reporting of Closed Session

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

CARRIED

9. Staff Presentations

9.1. Financial Projections Update

Dr. P Oglaza provided a financial projections update at the request of the Board to outline the organization's current and projected financial position. Total expected spending for 2026 is approximately $58.2 million, including $49.7 million for mandatory cost-shared programs, with the balance comprised of 100% provincially funded programs.

The Board was advised that one-time voluntary merger funding through to March 31, 2027 has significantly strengthened the organization's financial position and supported key investments, including mortgage repayment, technology, and workforce capacity. It was emphasized that this funding is temporary and provides a short-term offset to ongoing financial pressures.

Projections are based on key assumptions, including 1% annual growth in provincial funding and 4% growth in expenditures, resulting in expenses continuing to outpace revenues. As a result, the organization is facing a structural annual shortfall of approximately $1.3 million (just over 2% of the budget). If unaddressed, this could result in a projected deficit of $7.2 million to $10.1 million by 2030; however, the organization is required to balance its budget annually.

Dr. P Oglaza emphasized the need for proactive and disciplined action to address the structural gap, including continued efficiency measures, innovation in service delivery, and a focus on mandated public health services.

The Board discussed the financial outlook, funding pressures, and the need for future strategic decision-making.

MOTION: It was MOVED by Councillor A. Koiner and SECONDED by Ms. B. Proctor THAT the Board of Health receive the Financial Projections Update for information.

CARRIED

10. New Business

10.1. Merger Updates

Discussion included progress toward implementation of an electronic medical record system, with attention to cost considerations, interoperability, and alignment with broader provincial developments. Staff outlined current approaches to information sharing and noted the importance of selecting a cost-effective solution while maintaining service quality.

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

CARRIED

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

MOTION: It was MOVED by Councillor J. McLaren and SECONDED by Mayor J. O'Neill 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.

CARRIED

11. Information Items

Discussion included clarification of public health roles in oral health programming, including provincially funded dental programs and partnerships with community providers. The Board also discussed immunization practices, specifically hepatitis B programming, and noted alignment with provincial standards and regional risk profiles. Additional updates included upcoming alPHa events and regional health initiatives.

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

CARRIED

12. Announcements

There were no announcements.

13. Adjournment

MOTION: It was MOVED by Councillor A. Koiner and SECONDED by Councillor S. Kelly THAT this Board of Health meeting be adjourned at 12:32 p.m.

CARRIED

Board Chair
South East Health Unit

Southeast Public Health

Schedule 7.1.1

Memo

To: Board of Health Members
From: Dr. Piotr Oglaza, Medical Officer of Health/CEO
Reviewed by: Governance Committee Chair
Date: May 27, 2026

Re: 2026 Board & Committee Meeting Schedule

Issue:

At the Governance Committee meeting held on April 14, 2026 the frequency of Governance Committee meetings was discussed and bi-monthly meetings were recommended.

Discussion also took place regarding Lanark County Council meetings and the fact that they conflict with the SEPH Board of Health meetings held on the fourth Wednesday of the month.

Current Status:

Governance Committee members are recommending that the frequency of their meetings be changed to every other month. Given the alPHa Conference takes place from June 8-10, the June 9 meeting will be cancelled and members will meet on July 14 and September 8.

Regarding the SEPH Board of Health meetings, the Governance Committee is recommending that the Board of Health consider rescheduling SEPH BOH meetings.

Supporting Documents:

Appendix #1: Revised 2026 BOH Meeting Schedule

Recommendation:

THAT the Board of Health approve the revised 2026 SEPH Board of Health meeting schedule.

Southeast Public Health

2026 Board & Committee Meeting Schedule

Board of Health Meetings

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

Please **RSVP** your attendance (or non-attendance) to:
Kathleen Thompson at kathleen.thompson@southeastph.ca or 613-549-1232, ext. 1147.

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

Finance Committee Meetings

Finance Committee meetings will be scheduled based on required reporting and submission deadlines, generally on the **third Wednesday of the month,** commencing at 10:00 a.m., virtually or at the Kingston office.

Please **RSVP** your attendance (or non-attendance) to:
Kathleen Thompson at kathleen.thompson@southeastph.ca or 613-549-1232, ext. 1147.

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

At the Call of the Chair: March 6, 2026 and May 20, 2026.

Governance Committee Meetings

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

Please **RSVP** your attendance (or non-attendance) to:
Heather Bruce at heather.bruce@southeastph.ca or 613-345-5685, ext. 2248.

February 10		April 14
		July 14*****
	September 8	October 13
	December 8*****	

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

Updated at the BOH meeting of April-22-2026

alPHa AGM and Conference – June 8-10, 2026 – Radisson Blu Toronto Downtown
AMO – August 16-19, 2026 - Ottawa

Memo

To: Board of Health Members
From: Dr. Piotr Oglaza, Medical Officer of Health/CEO
Reviewed by: Governance Committee Chair
Date: May 27, 2026

Re: Board of Health Skills Inventory

Issue:

At the April 14, 2026 Governance Committee meeting members reviewed the Skills Inventory Form that was approved by the Board on October 22, 2025.

Background:

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

- Identify the appropriate composition, mix of skill sets, qualifications, expertise and diversity required by the Board and its Committees and prepare an inventory of Board member knowledge and skills related to Board functions.

Current Status:

The Governance Committee is recommending that the BOH Competency/Skills Inventory Form be circulated to board members for completion.

Rationale:

- A BOH skills inventory ensures that board members have the necessary mix of expertise, experience, and diversity to oversee an organization effectively.

Supporting Documents:

Appendix #1 Board of Health Competency/Skills Inventory Form

Recommendation:

THAT Board of Health members complete the BOH Competency/Skills Inventory Form.

Southeast Public Health

Board of Health Competency / Skills Inventory

A skills inventory is being developed to identify the knowledge, skills, abilities, and interests of Board members. This inventory will assist the Board in utilizing the skills of its members effectively and will ensure that members with experience can contribute their knowledge in key areas. It also assists in developing the membership on Board sub-committees and supports effective Board functioning.

Please complete the inventory of skills table below indicating your associated skills and experience and return completed form to the Chair of the Governance Committee:

Name: _____ Date: _____

Competency / Skills Description	Associated Skills and Experience	Experience Rating (Please check one)
Relevant Professional Experience		
Financial Management/Accounting experience: Has experience or knowledge in accounting or financial management. This may include analysing and interpreting financial statements, evaluating organizations budgets and understanding financial reporting.		1. Beginner ☐ 2. Novice ☐ 3. Moderate ☐ 4. Advanced ☐ 5. **Expert ☐
Business / Management experience: Has experience with or knowledge in sound management and operational business processes and practices in the private or public sector. This may include an understanding of topics such as managing complex projects, leveraging information technology, planning and measuring performance, and allocating resources to achieve outcomes.		1. Beginner ☐ 2. Novice ☐ 3. Moderate ☐ 4. Advanced ☐ 5. Expert ☐
Governance/Board Development/Board experience: Has experience or knowledge of board governance in the public and/or non-profit sector. Has a clear understanding of the distinction between the role of the Board versus the role of Management. Governance experience could be acquired through prior board or committee service or reporting to or working with a board as an employee.		1. Beginner ☐ 2. Novice ☐ 3. Moderate ☐ 4. Advanced ☐ 5. Expert ☐

Human Resources/Labour Relations experience: Has experience or knowledge in strategic human resource management. This may include workforce planning, employee engagement, succession planning, organizational capacity, compensation, and professional development.		1. Beginner ☐ 2. Novice ☐ 3. Moderate ☐ 4. Advanced ☐ 5. Expert ☐
Legal / Regulatory experience: Has experience with or knowledge of legal principles, processes, and systems. This may include the understanding of government legislation / legislative process, or an understanding of the legal dimensions of organizational issues.		1. Beginner ☐ 2. Novice ☐ 3. Moderate ☐ 4. Advanced ☐ 5. Expert ☐
Public Relations / Communications experience: Has experience or knowledge of communications, public relations or interacting with the media. This may include knowledge of effective advocacy and public engagement strategies, developing key messages, crisis communications or social media and viral marketing.		1. Beginner ☐ 2. Novice ☐ 3. Moderate ☐ 4. Advanced ☐ 5. Expert ☐
Risk Management experience: Has experience or knowledge of enterprise risk management. This may include identifying potential risks, recommending and implementing preventive measures and devising plans to minimize the impact of risks. This may also include knowledge of auditing practices, organizational controls, and compliance measures.		1. Beginner ☐ 2. Novice ☐ 3. Moderate ☐ 4. Advanced ☐ 5. Expert ☐
Capital Project Design/Construction experience: Has experience in overseeing large-scale projects from initial concept through completion. This involves managing budgets, timelines, and various stakeholders while ensuring the project aligns with the vision and objectives.		1. Beginner ☐ 2. Novice ☐ 3. Moderate ☐ 4. Advanced ☐ 5. Expert ☐
Information Technology experience: Has experience managing, processing, and distributing information involving hardware and software maintenance and network administration to ensure efficient and secure flow of information.		1. Beginner ☐ 2. Novice ☐ 3. Moderate ☐ 4. Advanced ☐ 5. Expert ☐
Specialized Environmental Knowledge		
Community / Stakeholder Engagement knowledge: Has experience or knowledge of the broader public policy context affecting public health; ability to adapt policy for local stakeholders and community.		1. Beginner ☐ 2. Novice ☐ 3. Moderate ☐ 4. Advanced ☐ 5. Expert ☐
Industry / Sector knowledge:		1. Beginner ☐

Has experience with or knowledge of public health. This may include an understanding of particular trends, challenges and opportunities, or unique dynamics within the sector that are relevant to public health.		2. Novice ☐ 3. Moderate ☐ 4. Advanced ☐ 5. Expert ☐
Personal Effectiveness Skills		
Critical Thinking / Problem Solving skills: Demonstrates ability to apply critical thinking to creatively assess situations and to generate novel or innovative solutions to challenges facing the Board of Health.		1. Beginner ☐ 2. Novice ☐ 3. Moderate ☐ 4. Advanced ☐ 5. Expert ☐
Leadership / Teamwork skills: Demonstrates an ability to inspire, motivate and offer direction and leadership to others. Demonstrates an understanding of the importance of teamwork to the success of the Board. This may include an ability to recognize and value the contributions of board members, staff, and stakeholders.		1. Beginner ☐ 2. Novice ☐ 3. Moderate ☐ 4. Advanced ☐ 5. Expert ☐
Strategic Thinking / Planning skills: Demonstrates an ability to think strategically about the opportunities and challenges facing public health and to engage in short, medium and long-range planning to provide high-level guidance and direction for public health.		1. Beginner ☐ 2. Novice ☐ 3. Moderate ☐ 4. Advanced ☐ 5. Expert ☐
Ethics experience: Demonstrates a system of moral principles with the ability to navigate situations with a sense of right and wrong, just and unjust which influences decisions and contributes to professional development.		1. Beginner ☐ 2. Novice ☐ 3. Moderate ☐ 4. Advanced ☐ 5. Expert ☐
Other, please advise:		

** Expert Rating Definition – Has extensive background and is recognized as an authority in their field with a professional designation when applicable.

Southeast Public Health

Schedule 7.1.3

Memo

To: Board of Health Members
From: Dr. Piotr Oglaza, Medical Officer of Health/CEO
Reviewed by: Governance Committee Chair
Date: May 27, 2026

Re: MOH Remuneration Policy

Issue:

At the Governance Committee meeting held on April 14, 2026 the MOH Remuneration policy was reviewed and the Governance Committee recommended that it be presented to the Board of Health for approval.

Background:

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

- Review of Board policies, by-laws and Committee terms of reference every two years to ensure appropriate structures and procedures are in place and make recommendations to the Board for approval.

Rationale:

- Board policy development guarantees accountability, transparency and efficiency and helps achieve the organization's goals.

Supporting Documents:

Appendix #1: MOH Remuneration Policy

Recommendation:

THAT the Board of Health approve the MOH Remuneration Policy.

Southeast Public Health

SOUTHEAST PUBLIC HEALTH

BOARD OF HEALTH POLICIES AND PROCEDURES

POLICY:	MOH Remuneration Policy	Original Date:	April 22, 2026
NUMBER:	BOH-2025-09	Revised Date:	April 22, 2028

PURPOSE:

1. This policy outlines the principles and processes governing the determination, approval, and administration of remuneration for the Medical Officer of Health (MOH), Deputy Medical Officer of Health (DMOH), and any Associate Medical Officer of Health (AMOH) employed by Southeast Public Health (SEPH).

POLICY:

1. The remuneration for the MOH, DMOH and AMOH shall be consistent with the current Ministry of Health policy framework for MOH/AMOH appointments, reporting, and compensation. This framework, developed in agreement with the Ontario Medical Association, provides a salary grid, stipends, and performance expectations for these roles. The remuneration shall also include any funds accessed through the Compensation Initiative. Remuneration of any DMOH shall be contingent upon the availability of funding.
2. The Board of Health is responsible for determining an appropriate base salary for the MOH and any DMOHs or AMOHs.
3. The Board Chair, Vice-Chair, Finance Committee Chair and Governance Committee Chair are delegated the responsibility of overseeing the total compensation package for the MOH, DMOH and AMOH, including salary, benefits, and any proposed changes to their employment terms and conditions. Final approval of the overall compensation package and employment contracts resides with the Board of Health.
4. The process to be completed, whenever possible, by October 1 each year.

PROCEDURE:

1. The Director of Corporate Services shall work with the Board to develop and maintain a comprehensive remuneration plan for the MOH, DMOH and AMOH. This plan must be consistent with the Ministry's policy framework. The Director will periodically, and at the direction of the Board of Health, conduct reviews of the compensation package to ensure it remains competitive and compliant with all applicable policies and legislation.
2. The Director of Corporate Services is responsible for the timely preparation and submission of all necessary documentation to the Ministry of Health to secure funding through the MOH/AMOH Compensation Initiative.
3. The Corporate Services Department will administer all aspects of MOH, DMOH and AMOH payroll and benefits. The department will also ensure that all necessary reporting requirements are met, including annual public disclosure in accordance with the Public Sector Salary Disclosure Act.

Schedule 7.2

Memo

To: Board of Health Members
From: Suzette Taggart, Director, Corporate Services
Reviewed by: Finance Committee
Date: May 27, 2026

Re: Finance Committee Update for Board of Health

The Finance Committee met on April 15, 2026 and May 20, 2026.

At the April meeting, the Committee received a presentation from external auditors regarding the 2025 Audit Planning Report for the year ending December 31, 2025. This audit represents the first year-end audit following the merger and includes separate audits of the three legacy public health units, as well as a consolidated audit of Southeast Public Health.

Due to the complexity of the merged entity, a dual-partner audit approach will be undertaken. The auditors identified two significant risk areas: the determination of the government reporting entity and the application of transitional provisions, including the aggregation of financial data.

Group materiality has been established at $1,000,000 (1.8 percent of total expenses), with higher thresholds applied at the component (legacy entity) level. No new accounting standards are expected to materially impact the 2025 audit, with the primary focus remaining on transitional accounting and post-merger financial reporting considerations.

Audit fieldwork is expected to occur in June 2026. Draft financial statements may be submitted to the Ministry in advance of the final audited statements, which are anticipated in the fall. Additional guidance and recommendations may emerge following completion of the audit. The importance of continued enhancements to reporting and forward work planning to support effective oversight was also noted.

Committee members discussed governance considerations associated with legacy reserve funds and concluded in accordance with the Health Protection and Promotion Act, that legacy reserve funds are owned by the new Board of Health and is at the board's discretion to determine use (i.e., restricted or communal). Committee members discussed the importance of maintaining a unified financial approach following the merger and expressed concerns that treating reserves separately by legacy municipality would be inconsistent with the intent of amalgamation. Members emphasized that all

municipalities would continue to benefit from reserves through the delivery of public health services across the region, though not on an exclusive basis.

At the May meeting, the Committee reviewed the proposed Non-Union Compensation Policy and deferred the matter for further revision and clarification to the Governance Committee for additional consideration.

The Committee also received the Q1 Cost-Shared Programs Report and Q4 Merger - Year 2 Report, which included updates regarding merger funding, labour harmonization pressures, levy collection status, and reconciliation of merger-related expenditures. Staff noted that current financial variances and some merger-related savings are temporary in nature and may not continue beyond the merger transition period.

The Committee received verbal updates regarding development of the 2027 cost-shared budget and the status of the KPMG audit process, including ongoing accounting advisory work related to transitional and post-merger financial reporting. The Committee also approved a change to the regular Finance Committee meeting time to Wednesdays at 10:00 a.m. for the remainder of the current term.

Recommendation:

MOTIONS:

1. THAT the Board of Health approve in principle that legacy general and capital reserves will be held in a general operating reserve in accordance with the Health Protection and Promotion Act.
2. THAT the Board of Health receive the Finance Committee update, as circulated.

Southeast Public Health

Schedule 8.1

Memo

To: Board of Health Members
From: Dr. Piotr Oglaza, Medical Officer of Health/CEO
Date: May 27, 2026

Re: Risk Management Framework Report

Issue:

Risk Management is a systematic approach to setting the best course of action under uncertainty by identifying, assessing, understanding, acting on, and communicating risk issues.

Background:

In accordance with the agency's Risk Intelligence policy and the Ministry of Health's Public Health Accountability Framework, the board of health shall review at least annually our agency's risk management framework that identifies, assesses, and addresses risks.

The Southeast Board of Health directed management to update the consolidated legacy risk management framework that was presented in September 2025 and to provide a risk report update every six months.

A risk management working group was formed in October 2025 consisting of management staff from across the agency. The working group reviewed and updated the consolidated legacy risk management framework.

Current Status:

The Risk Management Framework which includes the risk category, risk statement, risk owner, risk trend, action plan, and action status is attached in Schedule 1.

The Risk Management Framework provides a structured view of the updates made since September 2025 to Southeast Public Health's (SEPH) risks. This includes the identification of a new risk, the risks that have remained high, and the risk that has changed from high to moderate.

The risk identified as a new high-risk is under the governance/organization risk category. It is a result of managing multiple collective agreements and pending program direction from the new OPHS and strategic plan.

Southeast Public Health

- **Governance/ Organization**: The current organizational structure may not fully reflect operational needs or future strategic direction which could lead to role ambiguity, workload imbalance, and inefficiencies across teams.

The risks that remain high risks:

- **Financial**: Insufficient funding prevents SEPH from fulfilling the full extent of our mandate under the OPHS and meeting financial commitments.
- **Legal/ Compliance**: There is the potential for disruptions in labour relations, as a result of managing multiple collective agreements (CA), Public Sector Labour Relations Transition Act (PSLRTA) timelines, challenges to bargaining unit structure, and the complexity of integrating multiple collective agreements.
- **Strategic/ Policy**: SEPH lacks a strategic plan and prioritization framework to guide long-term planning, decision making, and overall performance.
- **Governance/ Organization**: SEPH does not have all administrative, program, and board policies revised and in place to provide sufficient, timely, and appropriate oversight and direction to our agency.
- **Operational or Service Delivery**: SEPH is unable to deliver all mandated programs and services because of competing demands that exceed capacity such as emerging and urgent public health issues and changing population health needs.
- **Technology**: IT infrastructure and practices are unable to sustainably support the service and business needs of SEPH.
- **Security**: There is an increased threat of cyberattack due to the inherent complexities of combining IT systems, data integration challenges, etc.
- **Equity**: SEPH does not have a plan to address health inequities across the region.
- **HR/People**: SEPH unable to attract, develop and retain talent resulting in inadequate support to deliver programs and services as mandated by the OPHS.

The risk that changed from high to moderate risk:

- **Information/Knowledge**: SEPH does not have an integrated information management framework to guide the agency wide information assets.

Rationale:

The Southeast Board of Health consideration of the Risk Management Framework is a critical governance process that communicates potential threats and opportunities to ensure informed decision-making and organizational resilience.

Summary:

The Southeast Board of Health shares risk ownership with Strategic Operations Committee for the following high risks:

- **Financial**: Insufficient funding prevents SEPH from fulfilling the full extent of our mandate under the OPHS and meeting financial commitments.
- **Legal/ Compliance**: There is the potential for disruptions in labour relations, as a result of managing multiple collective agreements (CA), Public Sector Labour Relations Transition Act (PSLRTA) timelines, challenges to bargaining unit structure, and the complexity of integrating multiple collective agreements.
- **Strategic/ Policy**: SEPH lacks a strategic plan and prioritization framework to guide long-term planning, decision making, and overall performance.
- **Governance/ Organization**: SEPH does not have all administrative, program, and board policies revised and in place to provide sufficient, timely, and appropriate oversight and direction to our agency.
- **Equity**: SEPH does not have a plan to address health inequities across the region.

Recommendation:

THAT the Board of Health receive the risk management report, as circulated.

Schedule 1: **Southeast Public Health Risk Management Framework**

Risk Owner defined:
Southeast Board of Health (BOH)
Strategic Operations Committee (SOC)
Management Team (MT)

Risk Category	Risk	Risk Owner	Risk Trend[1] ⬆ ⬇ ➡	Action Plan	Action RAG Status
Financial	Insufficient funding prevents SEPH from fulfilling the full extent of our mandate under the OPHS and meeting financial commitments.	BOH SOC	➡	• Advocate for the completion of the provincial funding model review. • During the annual municipal budget presentations include importance of public health (value for money). • Implement an evidence-based budget process for 2026 cost shared budget. • Use year 3 merger funding to support consolidating and streamlining operations. • Continue to explore innovative service delivery models and strategies. • Review administration fees and adherence to contracts for all non-mandated services. • Develop an HR strategy - enhance employee engagement and retention, optimize HR costs and resources to ensure agency resilience. • In the future, explore alternate funding opportunities.	High
Legal/ Compliance	There is the potential for disruptions in labour relations, as a result of managing multiple collective agreements (CA), Public Sector	BOH SOC	➡	• Participate in PSLRTA process to support timely bargaining and CA alignment. • Hold regular labour relations meetings. • Use experienced counsel to ensure compliance with PSLRTA and ON Labour Relations Board requirements and BOH directives. • Operate in current CA boundaries.	High

	Labour Relations Transition Act (PSLRTA) timelines, challenges to bargaining unit structure, and the complexity of integrating multiple collective agreements.			• Encourage unions to keep members informed to reduce misinformation. • Train and coach management team on complex labour relations requirements. • Provide tools, guidance and centralized repository for consistent interpretation of CAs. • Share HR and labour relations emerging issues with leadership and BOH when appropriate. • Consult with BOH on strategy especially financial and non-financial bargaining proposals and outcomes. • Monitor workloads and provide employee health and wellness supports.	
Strategic/ Policy	SEPH lacks a strategic plan and prioritization framework to guide long-term planning, decision making, and overall performance.	BOH SOC		• Establish merger transition vision and values (compiled from legacy agencies and reflect staff input and implement in planning, staff and leadership development, decision making and communication practices). • Establish interim priority setting and decision-making processes to support consistent leadership oversight (e.g., SOC approval process for program harmonization projects). • Regular updates to staff on organizational direction, expectations and progress (e.g., merger memos, MOH updates, Town halls). • Strengthen management and leadership capacity through skill building and training (e.g., leadership learning and development plan). • Prepare for the development of the strategic plan in 2026, including a comprehensive plan to engage with key leaders and our communities.	High

				• Use the Ministry's voluntary merger scorecard or other monitoring tools to track progress, if applicable. • Regular resource reviews (e.g., staffing, budget) to support priority work. • Clear and consistent communication to partners about organizational direction, PH mandate, and merger milestones (e.g., public relations strategy, partner engagement strategy).	
Governance/ Organization	SEPH does not have all administrative, program, and board policies harmonized and in place to provide sufficient, timely, and appropriate oversight and direction to our agency.	BOH SOC MT		• Organization structure in place that advances clear roles, responsibilities and decision pathways. • Coordinated approach to harmonize and implement program and corporate policy, standard operating procedures, medical directions, guidelines etc. to ensure compliance with regulations and internal standards. • Harmonized board of health bylaws, policies and procedures in place. • Support employees through change management by fostering a supportive environment that addresses employee wellbeing and concerns. • Support performance and operational readiness for policy framework through consultation, communication and education and training related to the consistent implementation of current or harmonized policies. • Mechanisms for staff feedback and for monitoring policy harmonization implementation, (e.g., merger office, townhalls, regular team meetings, etc.). • Support BOH implement bylaws, policies and procedures.	High

				• Monitor policy harmonization through reporting to senior leadership, management and BOH. • Monitor Ministry expectations by tracking progress against merger related requirements, scorecard, and accountability framework.	
Operational or Service Delivery	SEPH is unable to deliver all mandated programs and services because of competing demands that exceed capacity such as expectations to continue individual client services outside of the OPHS, emerging and urgent public health issues, and changing population health needs.	SOC MT		• Develop program operational plans as program/teams harmonize in the fall. These plans will be informed by population health needs and the revised OPHS. • Review and prioritize key activities in the revised OPHS to align capacity with program areas. • Update the agency's emergency response and business continuity plans based on recommendations from the Ministry of Health. • Participate in tabletop emergency preparedness workshops with community partners and internal staff. • Ensure regional surveillance is in place for emergency public health issues. • Ensure transparency, advance planning, communication and a clear transition vision for the future state.	High
Technology	IT infrastructure and practices are unable to sustainably support the service and business needs of the merged agency.	SOC MT		• Substantially different IT infrastructure/network across the agency requiring additional planning to prepare and implement a harmonized IT network/infrastructure for SEPH. • Complete computer environment survey to determine future state. • Complete IT policies and procedures. • Provide IT staff with training and development opportunities. • Conduct privacy impact and threat risk assessments prior to adopting new software, technology, etc. • Ensure schedule for routine replacement of devices.	High

				• Ensure reliable connection for all staff at all sites. • Have proactive discussion between program planning and IT during operational planning process.	
Security	There is an increased threat of cyberattack due to the inherent complexities of combining IT systems, data integration challenges, etc.	SOC MT		• Complete IT network topology project (e.g., future state planning, cybersecurity analysis and planning; VPN process flow, etc.). • Review third party support for cybersecurity 24/7. • Complete critical IT updates in timely manner. • Enhance IT training to prevent cyberattacks (e.g., phishing awareness, strong passwords, secure hardware transportation, encryption etc.). • Written documentation (in plain language) for processes. • Training for leadership on the risks. • Use encryption protocols for sensitive data. • Regular backup systems. • Co-location of data servers at third party locations. • Role-based access to data. • Multifactor authentication.	High
Equity	SEHU does not have a plan to address health inequities across the region.	BOH SOC MT		• Strengthen and maintain partner relationships with groups representing people facing systemic health barriers, including Indigenous Peoples, racial and ethnic minorities, low-income populations, rural and remote communities, and people experiencing homelessness. • Identify lead agency Indigenous partner contact for the Indigenous and intergovernmental unit at the Ministry of Health. • Consolidate legacy agency's equity, diversity and inclusion strategies for corporate and program operational planning.	High

				• Support health equity as a key component in the development of the SEPH strategic plan. • Support health equity as a key component in the development of administrative policies and procedures.	
HR/People	SEPH unable to attract, develop and retain talent resulting in inadequate support to deliver programs and services as mandated by the OPHS.	SOC MT		• Develop a comprehensive HR strategy that addresses position/compensation evaluation, capacity, succession planning, onboarding and transition plans, etc. • Use OPHS requirements and ongoing public health surveillance to inform operational plans, program prioritization. staff assignment and training and development. • Maintain the training and development plan that supports program and organizational needs. • Maintain change management, culture building, and other staff engagement activities. • Review and enhance current staff recognition activities. • Maintain regular processes to assess and improve staff engagement.	High
Governance/ Organization	The current organizational structure may not fully reflect operational needs or future strategic direction which could lead to role ambiguity, workload imbalance, and inefficiencies across teams.	SOC		• Regular review of organizational structure to assess alignment with operational needs, strategic priorities, and merger requirements. • Establish mechanisms to monitor workload distribution and role clarity. • Consult with change management committee and unions and other feedback mechanisms (e.g., merger office, town hall, portfolio and team meetings) to identify structural and operational gaps and communicate strategy to address them.	High

				• Support staff and management implementation of Improving and Driving Excellence Across Sectors (IDEAs) framework. • Implement LEADS framework management training. • Create leadership forums to reinforce culture alignment, share practices and address cultural frictions points (e.g., SOC, MT). • Change management training for leaders.	
Information/ Knowledge	SEPH does not have an integrated information management framework to guide the agency wide information assets.	SOC	⬇	• Harmonize the records management policy and the privacy/information access policies, define parameters of which records and intellectual property are included in the policy (e.g., sharing copies of medical directives with partners). • Complete file/information architecture for SEPH to support IT tenant transition (i.e., working group – assigned roles and responsibilities). • Continue to harmonize programs and make decisions to select systems, tools and processes to eliminate risk (i.e., through consistent documentation practices). • Implementing new or updated systems (e.g., an EMR, payroll and accounting systems, Env Health system, SharePoint, etc.).	Moderate

Memo

To: Board of Health Members
Date: May 27, 2026

Re: alPHa Resolutions for Consideration

Issue:

Listed below are four (4) draft resolutions submitted for the Board's consideration that have been reviewed by the alPHa Executive Committee and are being recommended for debate by the alPHa Membership at the Resolution Session following the 2026 Annual General Meeting (AGM) on June 9, 2026:

1. A26-01 - Strengthening Hepatitis B Prevention in Ontario Through Vaccination in the First Year of Life
2. A26-02 - Strengthening Certified Public Health Inspector Capacity to Support Delivery of the Ontario Public Health Standards
3. A26- 03 - Mandatory and Regulated Alcohol Labelling on Alcohol Manufactured or Sold in Canada
4. A26-04 - Enhancing the Ontario Works Benefit

Background:

Southeast Public Health has been allocated seven (7) votes based on a population over 400,000. Each eligible voting delegate registered to attend the AGM may carry one vote and, if designated, one proxy vote, provided the total number of votes does not exceed the allocation for the health unit.

The following representatives are currently registered to attend:

1. Dr. Linna Li
2. Mayor Janet O'Neill
3. Councillor Sean Kelly
4. Councillor Bill Roberts
5. Councillor Conny Glenn

Two attendees may be designated as proxy holders to carry the remaining votes. The voting registration form must be submitted to alPHa by 4:30 p.m. on May 29, 2026.

Current Status:

The resolutions package and supporting background materials have been circulated by alPHa for review in advance of the AGM. Administration is seeking direction from the

Board regarding Southeast Public Health's voting position on each resolution and the designation of proxy votes.

Following Board direction, Administration will complete and submit the alPHa voting registration form, including proxy vote assignments, by the deadline.

Rationale:

The Board's consideration is requested to ensure Southeast Public Health's voting delegates are aligned on the Board's position regarding each proposed resolution. Each delegate will be voting on behalf of their Board of Health.

Supporting Documents:

- alPHa Resolutions for Consideration – 2026
- Resolutions Voting Registration Form
- Allocation of Votes: alPHa Resolutions Revised 2025

Recommendation:

THAT the Board of Health review the four resolutions submitted for consideration at the 2026 alPHa Annual General Meeting and provide direction regarding Southeast Public Health's voting position and proxy vote assignments.

To:	Chairs and Members of Boards of Health Medical Officers of Health and Associate Medical Officers of Health Presidents of Affiliate Organizations
From:	Loretta Ryan, Chief Executive Officer
Subject:	alPHa Resolutions for Consideration at the June 9, 2026 Annual General Meeting
Date:	April 27, 2026

Please find enclosed a package of the resolutions to be considered at the Resolutions Session taking place following the 2026 Annual General Meeting (AGM) and important information on voting procedures.

Four (4) Resolutions were submitted for consideration. These have been reviewed by the alPHa Executive Committee and recommended for debate by the alPHa Membership at the Resolutions Session.

IMPORTANT NOTE FOR VOTING DELEGATES:

Members must register to vote at the Resolutions Session by filling out the attached registration form, wherein member Health Units must indicate who they are designating as voting delegates and which delegates will require a proxy vote.

Eligible voting delegates include Medical Officers of Health, Associate Medical Officers of Health, Acting Medical Officers of Health, members of a Board of Health and senior members in any of alPHa's Affiliate Member Organizations. Each delegate will be voting on behalf of their health unit and only one proxy vote is allowed per person, up to the maximum total allocated per health unit. (Please see the attached voter registration document that is in word format).

The completed registration form must be received by Melanie Dziengo (communications@alphaweb.org) no later than 4:30 pm on May 29, 2026.

If you have any questions on the above, please contact Loretta Ryan, Chief Executive Officer, loretta@alphaweb.org / 416-595-0006, x 222.

Enclosures:
Resolutions Voting Registration Form
Number of Resolutions Votes Allocated per Health Unit
2026 Resolutions for Consideration

PO Box 73510, RPO Wychwood
Toronto, Ontario M6C 4A7
E-mail: info@alphaweb.org

2026 alPHa Annual General Meeting
Resolutions Session
REGISTRATION FORM FOR VOTING

Health Unit _____

Contact Person & Title _____

Phone Number & E-mail _____

Name(s) of Voting Delegate(s):

Name and email address	**Proxy*** (Check this box if the person requires a proxy voting card. Only one proxy is allowed per delegate.)	**Is this person registered to attend the alPHa Annual Conference? (Y/N)**
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

* Each voting delegate may carry their own vote plus one proxy vote for an absent delegate. For any health unit, the total number of regular plus proxy votes cannot exceed the total number of voting delegates allotted to that health unit.

Please email this form to Melanie Dziengo (communications@alphaweb.org) by 4:30 pm on Friday, May 29, 2026.

Allocation of Votes: alPHa Resolutions Revised 2025		
Health Unit	**Population**	**Voting Delegates**
TORONTO*	2,794,356	**20**
POPULATION 1,000,000 and OVER **		**8**
Ottawa	1,017,449	
Peel	1,451,022	
York	1,173,334	
POPULATION OVER 400,000		**7**
Durham	696,992	
Halton	596,637	
Hamilton	569,353	
Middlesex-London	500,563	
Niagara	477,941	
Simcoe-Muskoka	599,843	
South East	558,292	
Waterloo	587,165	
Windsor Essex	422,860	
POPULATION 300,001 – 400,000		**6**
Lakelands	336,864	
Wellington-Dufferin-Guelph	307,283	
POPULATION 200,000 – 300,000		**5**
Eastern Ontario	210,276	
Grand Erie	261,643	
Southwestern	216,533	
Sudbury	202,431	
POPULATION UNDER 200,000		**4**
Algoma	112,764	
Chatham-Kent	104,316	
Grey Bruce	174,301	
Huron Perth	142,931	
Lambton	128,154	
North Bay-Parry Sound	129,362	
Northeastern	113,582	
Northwestern	77,338	
Renfrew	107,522	
Thunder Bay	152,885	

* total number of votes for Toronto endorsed by membership at 1998 Annual Conference

**new allocation category of population >1M endorsed by membership at 2023 Annual Conference

Health Unit population statistics taken from: Statistics Canada – 2021 Census Profiles – Sorted by Health Region

Resolutions for Consideration
2026

Resolutions Session
2026 Annual General Meeting
Tuesday, June 9, 2026

Resolution #	Title	Sponsor	Page
A26-01	**Strengthening Hepatitis B Prevention in Ontario Through Vaccination in the First Year of Life**	**The Board of Health for the District of Algoma Health Unit (Algoma Public Health); The Board of Health for the Simcoe Muskoka District Health Unit (Simcoe Muskoka District Health Unit)**	**5**

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) writes to the Ontario Minister of Health recommending a review in consultation with the Ontario Immunization Advisory Committee and/or the National Advisory Committee on Immunization regarding shifting universal HBV vaccination from Grade 7 to the first year of life, based on existing epidemiologic and economic evidence and programmatic considerations, in order to strengthen early protection against HBV, reduce preventable chronic infections, and advance health equity for children and families across Ontario;

AND FURTHER that alPHa recommends that the Minister of Health specifically considers the adoption of the combined DTaP-HB-IPV-Hib vaccine given at 2, 4, and 6 months of age as the preferred option for Ontario given its ability to seamlessly integrate into the existing vaccination schedule;

alPHa's long-standing position is that all vaccines licensed in Canada should be publicly funded and made available through Boards of Health for administration to the categories of individuals as recommended by the National Advisory Committee on Immunization (NACI). NACI has concluded that HBV vaccination in the first year of life provides long-lasting protection and that acceptable schedule options in the first year of life include either vaccination at birth or later in infancy

Staff Recommendation: Key Strategic Direction; include in package as submitted.

A26-02	**Strengthening Certified Public Health Inspector Capacity to Support Delivery of the Ontario Public Health Standards**	**ASPHIO**	**10**

THEREFORE BE IT RESOLVED THAT the Association of Local Public Health Agencies of Ontario (alPHa) respectfully request that the Province of Ontario, through the Ministry of Health:

1. Provide sustained, base funding to local public health agencies to support the hiring of up to 150 additional certified Public Health Inspectors across Ontario, to strengthen PHI staffing capacity and support consistent delivery of OPHS requirements. This estimate reflects anticipated provincial workforce gaps, emerging workload pressures, and replacement-rate forecasting for attrition and retirements; and
2. Undertake a provincial PHI workforce assessment and forecasting approach, aligned with the Ministry-led PHI Workforce Capacity Working Group, to identify current and projected workforce needs and to inform evidence-informed and equitable distribution of PHI resources; and
3. Continue to advance education, recruitment, and practicum capacity initiatives—including mentorship supports and standardized practicum approaches—in partnership with accredited

institutions, Boards of Health, ASPHIO, and the Canadian Institute of Public Health Inspectors (Ontario Branch); and

4. Support retention and professional sustainability strategies, including targeted approaches for northern and rural communities, and investments in professional development and mentorship to support early-career PHIs and succession planning; and
5. Recognize PHI capacity as essential health and economic system infrastructure requiring stable and predictable investment to support OPHS compliance, emergency readiness, and ongoing protection of Ontarians.

One of alPHa's central purposes is to ensure boards of health can deliver their basic mandated programs under the OPHS through government commitments to sustained and adequate resources (financial, human and supportive).

Staff Recommendation: Key Strategic Direction; include in package as submitted.

A26-03	**Mandatory and Regulated Alcohol Labelling on Alcohol Manufactured or Sold in Canada**	**Middlesex-London Health Unit (MLHU) and Toronto Public Health (TPH)**	**15**

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies call on the Federal Government to amend the *Food and Drugs Act* to mandate alcohol labelling including:

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

AND FURTHER that the Association of Local Public Health Agencies endorse the Statement from Provincial/Territorial Chief Medical Officers of Health on Labelling of Alcohol Products.
AND FURTHER that the Association of Local Public Health Agencies recommend Health Canada update their website to reflect Canada's current Guidance on Alcohol and Health.
AND FURTHER that the Association of Local Public Health Agencies advise all Ontario Boards of Health to recommend their local Members of Parliament to advocate that all alcohol manufactured or sold in Canada have mandatory, regulated labels including health warnings, Canada's Guidance on Alcohol and Health, and standard drink size information.

alPHa's stated position is that Public Health has an important mandate in key areas related to the use of alcohol and other drugs, including activities in chronic disease prevention, injury prevention, substance abuse prevention and harm reduction. Comprehensive strategies to address the potential harms of substance use can only succeed through a combination of interventions: education, prevention, harm reduction, treatment and enforcement.

Staff Recommendation: Key Strategic Direction; include in package as submitted.

A26-04	**Enhancing the Ontario Works Benefit**	**Middlesex-London Health Unit (MLHU), Huron Perth Public Health Unit (HPPH), Windsor-Essex County Health Unit (WECHU) and Oxford-Elgin-St. Thomas Public Health Unit (also known as**	**24**

		Southwestern Public Health Unit, SWPH)	

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies call on the Government of Ontario to increase the OW earned income exemption to align with ODSP exemption increases, and adjust the OW benefit reduction rate to align with ODSP reduction rates;

AND FURTHER that the Government of Ontario eliminate the three-month waiting period for the OW earned income exemption to ensure that exemptions apply immediately upon entry to assistance;

AND FURTHER that the Association of Local Public Health Agencies reaffirm and advance its previously adopted position in Resolution A23-05, *Monitoring Food Affordability in Ontario and Inadequacy of Social Assistance Rates,* calling for increases to Ontario Works base benefit rates and the indexation of those rates to inflation, and urge the Government of Ontario to implement these measures as foundational components of a sustained approach to income adequacy;

AND FURTHER that the Government of Ontario conduct periodic reviews of the OW earned income exemption to maintain alignment with labor market conditions and cost-of-living trends;

AND FURTHER that a copy of this resolution be sent to the Premier of Ontario, the Minister of Children, Community and Social Services, and local Members of Provincial Parliament.

alPHa has continually expressed clear positions on income-related determinants of health and this resolution builds upon these.

Staff recommendation: Key Strategic Direction; include in package as submitted.

DRAFT RESOLUTION A26-01

TITLE: **Strengthening Hepatitis B Prevention in Ontario Through Vaccination in the First Year of Life**

SPONSOR: **The Board of Health for the District of Algoma Health Unit (Algoma Public Health)**
The Board of Health for the Simcoe Muskoka District Health Unit (Simcoe Muskoka District Health Unit)

WHEREAS hepatitis B virus (HBV) infection causes a substantial burden of disease globally, with chronic infection leading to cirrhosis, liver failure, and liver cancer(1), noting that in 2021 alone, 3524 cases of HBV were reported in Canada(2); and

WHEREAS chronic HBV infection results in high lifetime healthcare utilization and substantial costs, with increased costs related to disease severity and for patients requiring liver transplantation(3); and

WHEREAS infants and young children who become infected with HBV are at the highest risk of developing chronic infection, with up to 90% of infected infants becoming chronic carriers compared with fewer than 5% of infected adults(4); and

WHEREAS Ontario currently administers HBV vaccine routinely in Grade 7, which leaves children susceptible to infection during their first 12 years of life when they are most vulnerable to developing chronic HBV infection(5); and

WHEREAS surveillance data from Public Health Ontario indicate that HBV infections continue to occur among children in Ontario prior to adolescence, including Canadian-born children (139 cases before age 12 between 2003 and 2013)(1), often due to missed prenatal screening for HBV, incomplete post-exposure prophylaxis, household exposure to undiagnosed carriers, travel, or immigration from regions of higher HBV prevalence(6); and

WHEREAS the National Advisory Committee on Immunization (NACI) has concluded that HBV vaccination in the first year of life provides long-lasting protection(4,6,7) and that acceptable schedule options in the first year of life include either vaccination at birth or later in infancy; and

WHEREAS birth dose HBV vaccination is safe and highly effective(3), and jurisdictions that implemented it decades ago now show lower adult HBV prevalence and reduced long-term disease burden, supporting the population-level benefits of early immunization(8); and

WHEREAS infant HBV vaccination at 2, 4, and 6 months of age is a well-studied safe and effective alternative to birth vaccination which has also been implemented in many jurisdictions in Canada and globally(9); and

WHEREAS a recent analysis modelling potential HBV immunization strategies for Ontario showed that providing 3 doses of the DTaP-HB-IPV-Hib vaccine (combination vaccine against 6 diseases) in infancy would lead to cost-savings compared to the current practice of

administering the DTaP-IPV-Hib vaccines (combination vaccine against 5 diseases) in infancy plus the HBV vaccines in grade 7, due to reduced costs related to averted visits to healthcare providers, treatment costs, and complication costs, and noting this is also more favorable from a cost perspective than introducing birth dose HBV vaccination(10); and

WHEREAS several other Canadian jurisdictions already provide universal HBV vaccination in infancy, including British Columbia, Quebec, PEI, and Yukon; and

WHEREAS altogether, considering cost, safety, effectiveness, feasibility to integrate into the current vaccination schedule, and likelihood of acceptability to parents and health care providers, adopting HBV vaccination in infancy (at 2, 4 and 6 months of age) may be preferred for Ontario over birth vaccination, with the benefits of this immunization strategy over the Grade 7 program sufficiently justifying the required catch-up efforts;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies (alPHa) writes to the Ontario Minister of Health recommending a review in consultation with the Ontario Immunization Advisory Committee and/or the National Advisory Committee on Immunization regarding shifting universal HBV vaccination from Grade 7 to the first year of life, based on existing epidemiologic and economic evidence and programmatic considerations, in order to strengthen early protection against HBV, reduce preventable chronic infections, and advance health equity for children and families across Ontario;

AND FURTHER that alPHa recommends that the Minister of Health specifically considers the adoption of the combined DTaP-HB-IPV-Hib vaccine given at 2, 4, and 6 months of age as the preferred option for Ontario given its ability to seamlessly integrate into the existing vaccination schedule;

AND FURTHER that the Chief Medical Officer of Health be so advised.

Background

Hepatitis B is a liver disease that can lead to complications such as cirrhosis, liver failure, liver cancer, disability, and premature death, especially when acquired at an early age. Hepatitis B virus is very infectious; the virus can survive on surfaces for up to 7 days. Globally, the highest risk of transmission in childhood occurs in infants exposed during birth to their mothers who are carriers of Hepatitis B, many of them being immigrants from hepatitis B endemic areas such as Africa and Asia(4)(11); in such cases, 70% of infected pregnant women will transmit the virus to their baby.(12)

Transmission in childhood is also possible via close household contact with infected individuals (horizontal transmission), the risk being as high as 54%(13). Although rare, horizontal transmission in daycare settings is also possible (14). One of the challenges with childhood transmission is that Hepatitis B infection at an early age is mostly asymptomatic, therefore, not all cases are identified. Despite the absence of symptoms, 90% of infants infected will develop Chronic hepatitis B, and one out of four individuals with Chronic HB will die prematurely of cirrhosis or hepatocellular carcinoma.(12)
There are various Hepatitis B-containing vaccines available in Canada, alone or in combination with other vaccines that are already part of the current vaccination schedule[1].

Canada's vaccination strategy varies by province, under the principle that circulation of hepatitis B in the country is low (less than 5% of Canadians have markers of past infection, and less than 0.5% are carriers).(4) However, between 2003 and 2013, there were six cases per every 1000 Canada-born children under age 12 (time at which they usually receive the vaccine in Ontario).(1) Infections in childhood may be more likely to be occur among racialized children.(15)

Currently, the National Advisory Committee on Immunizations (NACI) does not give a specific recommendation regarding the best age for Hepatitis B vaccination. Instead, they leave it up to the provinces to make updates based on local epidemiology and specific programmatic considerations.(7) Currently in Ontario, the Hepatitis B vaccine is routinely offered in Grade 7 (12 years of age) through the school immunization program, and a high-risk program is offered for younger age of vaccination for those most at risk. Immunization nurses visit schools twice a year to administer two doses at least 6 months apart.(5) With the current approach, most children remain unprotected from hepatitis B for the first 12 years of life.

There are two other approaches to Hepatitis B vaccination in Canada: vaccination at birth and vaccination in infancy.(11) Research shows that vaccinating children early in life is effective and safe.(4,16) Vaccination at birth[2] is done in New Brunswick, Northwestern Territories and Nunavut. WHO recommends universal vaccination at birth based on the evidence that mother to child transmission is the highest risk factor for Hepatitis B in childhood.(11) Vaccination in infancy[3] is routinely done in British Columbia, Yukon, PEI and Quebec. Countries in Europe and the Americas have too successfully included Hepatitis B vaccine into their immunization programs in infancy.(9)

Hepatitis B vaccine is safe. There is no information suggesting that administering the vaccine at an earlier age is associated with safety concerns, the only exception being an increased risk of side effects among premature babies under 1500 g birth weight.(4) Moreover, there is no evidence that hepatitis B interferes with the immune response to any other vaccine or vice versa.(11) Likewise, there are no clinically

[1] ENGERIX-B-Pediatric, INFARIX hexa (DTaP-HB-IPV-Hib), RECOMBIVAX HB-Pediatric and TWINRIX Junior.
[2] At birth, at 1 month of age and at 6 months.
[3] This can be achieved by giving a hepatitis B vaccine in addition to the current combination vaccine against five diseases (pentavalent vaccine + Hep B vaccine) or by giving one vaccine protecting against six diseases, including hepatitis B (hexavalent vaccine).

meaningful differences in the safety profile of combination vaccines with and without the hepatitis B component.(9)

Records from Public Health Ontario indicate that vaccination coverage achieved in infancy through the routine infant vaccination schedule is higher than what is achieved in adolescence through school-based programs. Immunization coverage in the first year is above 80%, higher than the 70% coverage of Hepatitis B vaccination offered in adolescence.(17) Shifting to vaccination in infancy would likely translate into a higher number of children protected from the infection.

An Irish study found universal vaccination in infancy using a combination vaccine cost effective when compared to selective vaccination to newborns at high risk.(18) In the Ontario case, switching from the current practice of vaccination in grade seven to vaccination at birth or in infancy would prevent 37-38% of acute hepatitis B cases and 30-31% of chronic hepatitis B cases. Furthermore, birth vaccination would be cost-effective and infant immunization -involving vaccinating with a combined vaccine at 2, 4 and 6 months of age- would be cost saving.(10) This study considered costs of each vaccination modality, healthcare costs of hepatitis B disease and complications, and costs of years lost due to premature death and due to disability resulting from complications of hepatitis B infection.
In conclusion, hepatitis B and its complications are preventable with vaccination. Giving the vaccine earlier in life is safe and effective. A shift to a schedule that includes starting hepatitis B vaccination in the first year of life in Ontario would protect our children earlier and provide long-term cost-savings.

A representative from both Algoma Public Health and Simcoe Muskoka District Health Unit will be present at the meeting to introduce, move, and answer questions about the resolution being presented and commits to undertaking actions as requested by alPHa for carrying out the strategy should the resolution pass.

References

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DRAFT RESOLUTION A26-02

Title: **Strengthening Certified Public Health Inspector Capacity to Support Delivery of the Ontario Public Health Standards**

Sponsor: **Association of Supervisors of Public Health Inspectors of Ontario (ASPHIO (Affiliate Member Organization)**

WHEREAS Certified Public Health Inspectors (PHIs) are essential to the delivery of mandatory programs and services under the Ontario Public Health Standards (OPHS), including, but not limited to: Food Safety; Safe Water; Health Hazard Prevention and Management; Infection Prevention and Control; Rabies Prevention and Control; Recreational Water; and Emergency Preparedness and Response; and

WHEREAS Certified PHIs have specialized training and regulatory authority under the Health Protection and Promotion Act (HPPA) and its regulations to conduct risk-based inspections, lead outbreak investigations, and make regulatory decisions that safeguard public health; and

WHEREAS local public health agencies are required under the HPPA to ensure the provision of these programs and services in accordance with the OPHS; and

WHEREAS PHI responsibilities have increased in scope and complexity in response to population growth, evolving regulatory requirements, emerging infectious diseases, climate-related health risks, and heightened expectations for infection prevention and control and timely response; and

WHEREAS The COVID-19 pandemic increased workload demands and exposed workforce vulnerabilities, contributing to recruitment and retention challenges and to service backlogs in routine OPHS programming; and

WHEREAS Strengthening public health inspection capacity is a prevention-focused approach that can help avoid outbreaks and infrastructure failures, reduce emergency health-care utilization, and mitigate workplace disruptions and business closures, thereby supporting fiscal sustainability and economic productivity; and

WHEREAS The Canadian Institute of Public Health Inspectors (CIPHI) Ontario Branch and the Association of Supervisors of Public Health Inspectors of Ontario (ASPHIO) are actively collaborating to enhance recruitment pathways, including outreach to CIPHI-accredited post-secondary academic institutions, internationally educated professionals, and newcomers; and

WHEREAS The Ministry of Health has demonstrated leadership through the Ministry-led Public Health Inspector Workforce Capacity Working Group, established under the Office of the Chief Medical Officer of Health, to inform strategies that build PHI workforce capacity across recruitment, education pathways, practicums, mentorship, and retention;

THEREFORE BE IT RESOLVED THAT the Association of Local Public Health Agencies of Ontario (alPHa) respectfully request that the Province of Ontario, through the Ministry of Health:

1. Provide sustained, base funding to local public health agencies to support the hiring of up to 150 additional certified Public Health Inspectors across Ontario, to strengthen PHI staffing capacity and support consistent delivery of OPHS requirements. This estimate reflects anticipated provincial workforce gaps, emerging workload pressures, and replacement-rate forecasting for attrition and retirements; and
2. Undertake a provincial PHI workforce assessment and forecasting approach, aligned with the Ministry-led PHI Workforce Capacity Working Group, to identify current and projected workforce needs and to inform evidence-informed and equitable distribution of PHI resources; and
3. mentorship supports and standardized practicum approaches—in partnership with accredited institutions, Boards of Health, ASPHIO, and the Canadian Institute of Public Health Inspectors (Ontario Branch); and
4. Support retention and professional sustainability strategies, including targeted approaches for northern and rural communities, and investments in professional development and mentorship to support early-career PHIs and succession planning; and
5. Recognize PHI capacity as essential health and economic system infrastructure requiring stable and predictable investment to support OPHS compliance, emergency readiness, and ongoing protection of Ontarians.

AND FURTHER that alPHa circulate this resolution to the Minister of Health, the Chief Medical Officer of Health, the Association of Municipalities of Ontario (AMO), Ontario Boards of Health, the Canadian Institute of Public Health Inspectors (CIPHI), Canadian Institute of Public Health Inspectors (Ontario Branch), and CIPHI-accredited post-secondary academic institutions.

BACKGROUNDER: STRENGTHENING CERTIFIED PUBLIC HEALTH INSPECTOR CAPACITY TO SUPPORT ONTARIO'S PUBLIC HEALTH SYSTEM

Prepared by: Association of Supervisors of Public Health Inspectors of Ontario (ASPHIO)
Dominique Bremner (ASPHIO Chair)
Heidi Pitfield (alPHa Affiliate Member Representative)
Peter Heywood (ASPHIO Member)
For: alPHa Annual General Meeting & Resolutions Session
Date: June 9, 2026

Purpose

This document provides background context to support an alPHa resolution requesting strengthened certified Public Health Inspector (PHI) staffing capacity in Ontario. It is intended to complement ongoing collaborative work led by the Ontario Ministry of Health to build capacity in the PHI workforce.

Background

1. Public Health Inspectors as essential public health system infrastructure

Certified Public Health Inspectors (PHIs) play a central role in delivering mandatory programs and services under the Ontario Public Health Standards (OPHS) and supporting Boards of Health in meeting requirements under the Health Protection and Promotion Act (HPPA). PHIs protect communities by preventing, identifying, and mitigating health hazards across multiple settings, including food premises, recreational water facilities, small drinking water systems, child care and congregate living settings, and other environments where preventable risks can have significant health and economic impacts.
Certified PHIs have specialized education, practicum training, and national certification, with competencies in risk assessment, infection prevention and control (IPAC), outbreak management, environmental health sciences, regulatory interpretation and enforcement, and effective public communication. This specialized training and regulatory authority supports consistent, high-quality inspection services and timely, evidence-informed decision-making.

2. Growing and evolving service demands

In recent years, PHI responsibilities have expanded in scope and complexity due to population growth, evolving regulatory requirements, emerging and novel infectious diseases, climate-related health risks, heightened IPAC expectations, and increased public expectations for transparency and timely response. PHIs are also routinely called upon to respond to urgent and emergencies, consistent with OPHS requirements for 24/7 readiness.
3. Lessons from the COVID-19 response and the need to strengthen capacity
The ASPHIO White Paper (June 2023) documents the critical contributions of PHIs to Ontario's COVID-19 response, including outbreak management in long-term care and other congregate settings; IPAC assessments and guidance; support for enforcement and Section 22 orders; and surge support for

evolving public health priorities. At the same time, routine OPHS programming experienced service disruption and backlogs as PHIs were redeployed to pandemic response activities.
The White Paper also highlights workforce impacts that challenge sustainability, including burnout and mental distress, increased resignations, leaves of absence, and retirements, and reported incidents of harassment directed at PHIs. These pressures have compounded long-standing recruitment and retention challenges, particularly in northern and rural communities, and have reduced the availability of experienced staff to mentor and train new PHIs.

4. Value of prevention and the case for sustained investment

Preventive inspection and hazard prevention programs reduce the likelihood and severity of foodborne illness outbreaks, water contamination events, and IPAC lapses, and support continuity of operations for businesses and institutions. Strengthening PHI capacity helps Boards of Health deliver OPHS requirements, clear backlogs, address emerging local priorities, and maintain readiness for future public health emergencies.
Local public health agencies are currently facing challenges in meeting the required inspection frequencies outlined in the Ontario Public Health Standards (OPHS). This is primarily due to constraints in the staffing capacity of Public Health Inspectors (PHIs), which increases organizational risk for the Boards of Health that are responsible for statutory oversight. This situation highlights the critical need to address PHI staffing levels to improve compliance and support the Boards of Health in fulfilling their essential oversight responsibilities.
Further, strengthening public health inspection capacity is a prevention-focused approach that can help avoid outbreaks and infrastructure failures, reduce emergency health-care utilization, and mitigate workplace disruptions and business closures, thereby supporting fiscal sustainability and economic productivity.

5. Building on Ministry of Health leadership and collaboration

ASPHIO recognizes and appreciates the Ontario Ministry of Health's leadership in convening the Ministry-led Public Health Inspector Workforce Capacity Working Group. The Working Group—established under the Office of the Chief Medical Officer of Health—provides a collaborative forum to identify, assess, and prioritize PHI workforce capacity issues and opportunities, and to make recommendations to the Public Health Leadership Team.
The Working Group's Terms of Reference identify practical, professional pipeline (education – practicum - workforce) focused objectives, including: increasing enrolment in Ontario's accredited environmental health programs; exploring fast-track pathways; strengthening practicum quality and mentorship supports; partnering to attract internationally educated public health professionals; and considering targeted retention supports for northern and rural communities. This resolution is intended to complement this work by supporting timely, sustained staffing investments in PHI capacity.

6. Implementation considerations (for context)

As part of Ontario's 2026 budget consultation, the Canadian Institute of Public Health Inspectors (CIPHI), Ontario Branch, recommended a targeted provincial investment of $20 million to support the recruitment of 150 certified PHIs across Ontario, with a proposed cost-sharing approach in subsequent years (75% provincial / 25% municipal). This estimate reflects projected workforce gaps in the province identified through sector consultations, increasing inspection and compliance workloads, and forecasts of replacement rates due to attrition and anticipated retirements within the current PHI workforce.
The same submission recommended maintaining an annual investment of $435,000 to enhance the PHI practicum pipeline through local public health agencies and support future workforce development.

These figures are provided for background context only. The resolution below focuses on the core policy outcomes of sustained, base funding and coordinated workforce planning to support delivery of the OPHS province-wide. Any proposed increase in PHI capacity must adopt an evidence-informed and equitable distribution strategy. This strategy should take into account population growth trends, geographic size and remoteness, community risk profiles, and the practical challenges of serving diverse urban, suburban, rural, and northern populations.

Key message

A well-resourced certified public health inspector workforce is crucial for a strong public health system. Ongoing base funding to enhance PHI staffing capacity, combined with coordinated workforce assessments, education, and supply initiatives, will ensure equitable resource distribution. This approach will enable consistent delivery of Ontario's public health services and programs, improve emergency preparedness, and reduce organizational and compliance risks for Boards of Health tasked with fulfilling mandated public health responsibilities.

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DRAFT RESOLUTION A26-03

TITLE: **Mandatory and Regulated Alcohol Labelling on Alcohol Manufactured or Sold in Canada**

SPONSORS: **Middlesex-London Health Unit (MLHU) and Toronto Public Health (TPH)**

WHEREAS alcohol is a legal product with associated health harms and classified as a Group 1 carcinogen with a causal link to cancer (Babor, 2023; IARC, 1988; IARC, 2012; Paradis, 2023; Rumgay, 2021); and

WHEREAS alcohol caused an estimated 4,330 deaths, 22,009 hospitalizations, and 194,693 emergency department visits each year in people aged 15 and older in Ontario (Ontario Health and Ontario Agency for Health Protection and Promotion, 2023); and

WHEREAS 77% of Ontarians self-report alcohol use in the past 12 months and 33% report drinking alcohol at more than a low-risk level as per the *Canadian Guidance on Alcohol and Health* in the past week (Ontario Health and Ontario Agency for Health Protection and Promotion, 2023); and

WHEREAS the harms due to alcohol are disproportionally carried by individuals from lower socioeconomic groups, compared to those from higher socioeconomic groups, despite often drinking less alcohol; described as the alcohol harm paradox (Bloomfield, 2020; CIHI, 2017); 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 containers in Canada lack comprehensive health warning labels to inform consumers of the risks or ways to reduce risks; and

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

WHEREAS the membership previously carried alPHa RESOLUTION A24-03: A Proposal for a Comprehensive Provincial Alcohol Strategy: Enhancing Public Health through Prevention, Education, Regulation and Treatment.

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies call on the Federal Government to amend the *Food and Drugs Act* to mandate alcohol labelling including:
Health Warnings: prominent, rotating warnings on all alcohol containers.
Canada's Guidance on Alcohol and Health: providing guidance for preventing or reducing consumption-related health risks.
Standard Drink Size: static standard drink information per container and per serving.

AND FURTHER that the Association of Local Public Health Agencies endorse the Statement from Provincial/Territorial Chief Medical Officers of Health on Labelling of Alcohol Products.

AND FURTHER that the Association of Local Public Health Agencies recommend Health Canada update their website to reflect Canada's current Guidance on Alcohol and Health.

AND FURTHER that the Association of Local Public Health Agencies advise all Ontario Boards of Health to recommend their local Members of Parliament to advocate that all alcohol manufactured or sold in Canada have mandatory, regulated labels including health warnings, Canada's Guidance on Alcohol and Health, and standard drink size information.

AND FURTHER that a copy of this resolution be sent to the Chief Medical Officer of Health of Ontario.

Statement of Sponsor Commitment
Dr. Alexander Summers and Dr. Michelle Murti, Medical Officers of Health for the Middlesex-London Health Unit and Toronto Public Health respectively, will be present at the 2026 Annual General Meeting to introduce, move, and answer questions about the resolution being presented and commit to undertaking actions as requested by the Association of Local Public Health Agencies should the resolution pass.

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.

In Ontario, 77% of residents identify themselves as current drinkers and 33% report drinking above what is considered a low-risk level based on the Canadian Guidance on Alcohol and Health (Ontario Health and Ontario Agency for Health Protection and Promotion, 2023). Since it is well established that individuals chronically underreport the amount of alcohol consumed, these percentages are likely to be even higher (Stockwell, 2023; Stockwell 2018). Current consumption levels account for 4.3% of deaths, 2.1% of hospitalizations, and 3.7% of emergency department visits each year in Ontario (Ontario Health and Ontario Agency for Health Protection and Promotion, 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.

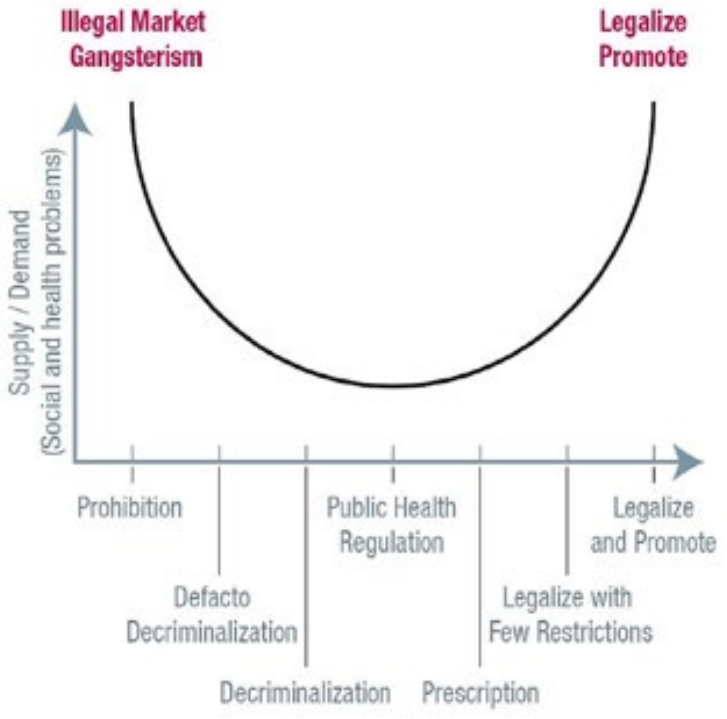
Public Health Approach to Preventing Harms from Alcohol

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 British Columbia, 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; IARC, 2012) 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 Toronto Public 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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DRAFT RESOLUTION A26-04

TITLE **Enhancing the Ontario Works Benefit**

SPONSORS **Middlesex-London Health Unit (MLHU), Huron Perth Public Health Unit (HPPH), Windsor-Essex County Health Unit (WECHU) and Oxford-Elgin-St. Thomas Public Health Unit (also known as Southwestern Public Health Unit, SWPH)**

WHEREAS household food insecurity (HFI), the inadequate or insecure access to food due to financial constraints, is a critical indicator of a household's financial situation, their ability to afford basic needs, and a highly sensitive measure of material deprivation;

WHEREAS HFI is an important social determinant of health, a strong predictor of poor health, and is associated with an increased risk of a wide range of physical and mental health challenges, including chronic conditions, non-communicable diseases, infections, depression, anxiety, and stress;

WHEREAS poor diet quality costs Ontario an estimated $5.6 billion annually in direct healthcare costs and indirect costs (e.g., lost productively due to disability and premature mortality), with higher costs associated with more severe food insecurity;

WHEREAS from 2020 to 2024, Ontario's food insecurity rates have significantly increased from 1 in 6 households (17.1%) to 1 in 4 households (25.3%);

WHEREAS Ontario Works (OW) rates are inadequate for households to afford basic needs;

WHEREAS 67.2% of Ontario households reliant on OW or Ontario Disability Support Program (ODSP) were food insecure in 2021;

WHEREAS OW income plus all eligible family and tax benefit entitlements is $11,500-$23,500 below Canada's Official Poverty Line and $4,000-$11,500 below the Deep Income Poverty threshold for various household scenarios (e.g., single person household, single parent with one child, and couple with two children);

WHEREAS based on average provincial rent and food costs, Ontario households (e.g., single person, family of 4) receiving OW and all eligible family and tax benefit entitlements need an additional $333-$817 per month to afford rent and food, plus funds for all additional expenses, and a single parent with 2 children has only $447 remaining to pay for all additional expenses;

WHEREAS the OW earned income exemption of $200 per month after a 3-month waiting period, with benefits reduced by 50 cents for every additional dollar earned, was established to encourage workforce participation;

WHEREAS the OW earned income exemption has not increased since 2013 while minimum wage and the cost of living have greatly increased;

WHEREAS greater than 11.5 hours of minimum wage work per month results in a reduction in OW benefits, impacting the ability to afford the cost of living and creating a deterrent to workforce participation;

WHEREAS an increased OW earned income exemption would help households afford the cost of living and help support people working toward leaving the OW program;

WHEREAS the ODSP earned income exemption increased from $200 to $1,000 per month in 2023, with benefits reduced by 75 cents for every additional dollar earned and no waiting period;

WHEREAS ODSP rates are increased annually based on inflation, with the first inflation-based increase in 2025;

WHEREAS OW rate increases indexed to inflation are needed as part of OW enhancements and were previously supported by alPHa (A23-05);

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies call on the Government of Ontario to increase the OW earned income exemption to align with ODSP exemption increases, and adjust the OW benefit reduction rate to align with ODSP reduction rates;

AND FURTHER that the Government of Ontario eliminate the three-month waiting period for the OW earned income exemption to ensure that exemptions apply immediately upon entry to assistance;

AND FURTHER that the Association of Local Public Health Agencies reaffirm and advance its previously adopted position in Resolution A23-05, *Monitoring Food Affordability in Ontario and Inadequacy of Social Assistance Rates,* calling for increases to Ontario Works base benefit rates and the indexation of those rates to inflation, and urge the Government of Ontario to implement these measures as foundational components of a sustained approach to income adequacy;

AND FURTHER that the Government of Ontario conduct periodic reviews of the OW earned income exemption to maintain alignment with labor market conditions and cost-of-living trends;

AND FURTHER that a copy of this resolution be sent to the Premier of Ontario, the Minister of Children, Community and Social Services, and local Members of Provincial Parliament.

Statement of Sponsor Commitment
Drs. Alexander Summers, Miriam Klassen, Mehdi Aloosh and Ninh Tran, Medical Officers of Health for the endorsing health units, will be present at the 2026 Annual General Meeting to introduce, move, and answer questions about the resolution being presented and commit to undertaking actions as requested by the Association of Local Public Health Agencies should the resolution pass.

Background

alPHa previously endorsed various resolutions in support of social assistance reform and income-based solutions to household food insecurity including:

- A24-05: Early Childhood Food Insecurity: An Emerging Public Health Problem Requiring Urgent Action
- A23-05: Monitoring Food Affordability in Ontario and Inadequacy of Social Assistance Rates
- A18-02: Public Health Support for a Minimum Wage that is a Living Wage
- A18-04: Extending the Ontario Pregnancy and Breastfeeding Nutritional Allowance to 24 Months
- A15-04: Public Health Support for a Basic Income Guarantee
- A05-18: Adequate Nutrition for Ontario Works and Ontario Disability Support Program Participants and Low Wage Earners

Food Insecurity in Ontario

Household food insecurity (HFI) is the inadequate or insecure access to food due to financial constraints[1]. HFI is a critical indicator of a household's financial situation and their ability to afford basic needs, and a highly sensitive measure of material deprivation[1].

HFI is an important social determinant of health, a strong predictor of poor health, and is associated with an increased risk of a wide range of physical and mental health challenges, including chronic conditions, non-communicable diseases, infections, depression, anxiety, and stress[1,2,3].

Poor diet quality costs Ontario an estimated $5.6 billion annually in direct healthcare and indirect costs (e.g., lost productively due to disability and premature mortality)[4], with higher costs associated with more severe food insecurity[5].

<u>Current Situation</u>

- From 2020 to 2024, Ontario's food insecurity rates significantly increased from 17.1% (1 in 6 households) to 25.3% (1 in 4 households)[6].
- In 2024, 4,055,000 people lived in a food insecure household in Ontario, including 33.3% of children under 18[7].
- From 2022 to 2024, Middlesex-London's food insecurity rates significantly increased from 17.5% (1 in 6 households) to 31.3% (1 in 3 households)[6].

Inadequacy of Ontario Works

Ontario Works (OW) rates are inadequate for households to afford basic needs and haven't increased since 2018.

- In 2021, 67.2% of Ontario households reliant on social assistance were food insecure[1].
- In 2024, Ontario Works income plus all eligible family and tax benefit entitlements was $11,504-$23,498 below Canada's Official Poverty Line (i.e., Market Basket Measure) and $4,171-$11,452 below the Deep Income Poverty threshold (i.e., Market Basket Measure – Deep Income Poverty) for various household scenarios (e.g., single person household, single parent with one child, and couple with two children)[8].
- Based on average provincial rent and food costs, Ontario households (e.g., single person, family of 4) receiving Ontario Works and all eligible family and tax benefit entitlements (e.g., Ontario Trillium Benefit, Canada Child Benefit) need an additional $333-$817 per month to afford rent and food, plus funds for all additional expenses, and a single parent with 2 children has only $447 remaining to pay for all additional expenses[2].

- Middlesex-London households receiving Ontario Works (e.g., single person, single parent with 2 children, family of 4) and all eligible family and tax benefit entitlements (e.g., Ontario Trillium Benefit, Canada Child Benefit) need an additional $7-$558 per month to afford rent and food, plus funds for all additional expenses[9].

Ontario Works Earned Income Exemption

Under current OW rules, the first $200 per month of (net) earned income is exempt from OW clawbacks, with benefits reduced by 50 cents for every additional dollar earned. The earned income exemption amount starts after a 3-month waiting period, meaning all earned income reduces benefits by 50 cents for every dollar earned in the first 3 months receiving assistance.

The earned income exemption was established in 2013 to encourage workforce participation[10]. However, the exemption has not increased since it started[11], while minimum wage in Ontario has increased from $10.25 to $17.60 per hour and cost of living, as measured by the Consumer Price Index in Ontario, has increased by 36.9% (121.3 to 166.1)[12].

In 2013, greater than 19.5 hours of minimum wage work per month resulted in a reduction in OW benefits ($10.25 x 19.5 = $199.88). In 2026, greater than 11.5 hours of minimum wage work per month results in a reduction in OW benefits ($17.60 x 11.5 = $202.40). Benefit reductions at the current level impact the ability to afford the cost of living and create a deterrent to workforce participation[13]. An increased earned income exemption would help households afford the cost of living and help support people working toward leaving the OW program.

The 3-month waiting period for the earned income exemption limits income at entry to assistance, where financial need is often greatest, and reduces the effectiveness of earned income exemptions as a work incentive. Removing the three-month waiting period would allow exemptions to apply immediately, improving income stability during the point of greatest vulnerability.

Comparison to Ontario Disability Support Program (ODSP)

Aligning select OW rules with ODSP rules would provide short-term and long-term improvements to the adequacy of OW rates.

- ODSP rates are increased annually based on inflation, with the first inflation-based increase in 2025[14].
- ODSP earned income exemption increased from $200 to $1,000 per month in 2023, with benefits reduced by 75 cents for every additional dollar earned[15]. There is no waiting period for the ODSP earned income exemption.
- Aligning OW earned income rules with those of ODSP would improve income adequacy and reduce inequities between social assistance programs.
- While the OW benefit reduction rate (50%) appears lower than ODSP's reduction rate (75%), the much lower OW earned income exemption ($200 vs. $1,000) means that OW recipients begin to lose benefits at far lower levels of earned income.
- As shown in Table 1, an individual receiving OW would need to earn approximately $2,600 per month before experiencing the same $1,200 reduction in benefits as an individual receiving ODSP. This level of earned income is unrealistic for most OW recipients, given that individuals typically qualify for OW due to significant barriers to employment, including unstable work, caregiving responsibilities, health challenges, or recent job loss.
- In practice, the current OW structure results in earlier and steeper benefit reductions, discouraging workforce participation and undermining income stability. Aligning OW earned

income exemptions and reduction rates with ODSP would allow individuals to increase earnings without immediate loss of essential income supports.

Table 1. Ontario Works and ODSP Earned Income Exemption Comparison

Earned Income (Monthly, Net)	Ontario Works $200 Exemption 50% Clawback		ODSP $1,000 Exemption 75% Clawback	
	$ Above Exemption	Reduction	$ Above Exemption	Reduction
$200	$0	$0	$0	$0
$500	$300	$150	$0	$0
$1,000	$800	$400	$0	$0
$1,500	$1,300	$650	$500	$375
$2,000	$1,800	$900	$1,000	$750
$2,600	$2,400	$1,200	$1,600	$1,200
$3,000	$2,800	$1,400	$2,000	$1,500

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Southeast Public Health

Schedule 8.3

Memo

To: Board of Health Members
Date: May 27, 2026

Re: Merger Update

Staff Engagement

An All-Staff Day is being planned for Fall 2026. This event will bring together staff from across all SEPH offices for one day to celebrate and encourage organizational cohesion.

Our 6th SEPH "Real Talk" Town Hall was held May 13 with a focus on IT projects.

Your Health Space provided two virtual sessions of "Stress at Work" in May to discuss stressors and explore practical strategies for addressing workplace stress.

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 team in the Office of the Chief Nursing Officer is continuing to refine the medical directives by incorporating feedback received from staff. This team is also continuing to harmonize our clinical service policies.

Training and Organizational Development

Investing in leadership development is a critical enabler of a successful health unit merger, as leaders play a central role in setting direction, supporting staff through change, and fostering a cohesive organizational culture. SEPH managers and directors have participated in the following trainings in May:

- "When Cultures Meet"- provided background for leaders about how to navigate challenges and maximize opportunities when more than two cultures come together.
- Completion of LEADS in a Caring Environment leadership framework series

In a period of transition, strong leadership helps to reduce uncertainty, maintain service quality, and ensure alignment with the new organization's vision and priorities.

Southeast Public Health

Investing in training for frontline staff is essential to building a strong foundation for day-to-day operations, particularly during a merger where new processes, expectations, and ways of working are being introduced. Staff trainings have included:

- Project Management for Staff – this training has staff complete modules and then attend facilitated peer learning circles to strengthen their learning. This is the second session offered for staff in 2026.
- Tiny Habits – a session that focuses on helping participants design small, sustainable behaviour changes by anchoring them to daily routines.
- IT Training – virtual and in-person sessions to support staff to utilise new IT software to support their individual and collaborative work.

Information Technology (IT)

Electronic Medical Record (EMR): SEPH is making good progress in establishing a unified Electronic Medical Records (EMR) system. An EMR system has been selected for SEPH, and a Project Team has been formed and is meeting to oversee implementation. The EMR will support data reporting, secure storage of personal health information (PHI), ministry reporting, and an integrated solution for clinical data across programs. Implementation will proceed in two phases based on program readiness, with a target go-live for the first group of programs in summer 2026. A training plan is being developed, with a vendor-provided allocation of training hours to be distributed across both implementation phases. The project team is also working through how legacy data from prior systems will be retained and accessed going forward and is evaluating options that comply with personal health information requirements.

Network Topology: This project is to build a unified network so staff can work across offices seamlessly. IT is continuing to work on unifying office networks across all SEPH locations. The network design phase has been completed and approved, and physical equipment work is expected to begin in May, starting with select offices.

File Architecture: File architecture is the way files are organized, structured, stored, and accessed. IT is working toward a unified and consistent approach to file management across the organization. A Records Management Working Group has been established to align how documents are retained and organized consistently across SEPH. The group held its inaugural meeting in late April and is developing a Proof of Concept for a target-state approach based on Ontario public sector records management best practices (TOMRMS). Key workstreams include retention schedule harmonization, staff engagement, and team training.

Merger Implementation Gantt Chart

The Merger Office has developed a comprehensive Gantt chart that outlines all merger-related projects, key milestones, and timelines. This tool will provide the Board of Health 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 Voluntary Merger Balanced Scorecard: 1) Corporate Services, 2) Governance, 3) Organizational and Programs, and 4) Change/Project Management. Milestones that correspond to the Ministry Scorecard are highlighted in blue, with Ministry-assigned timelines indicated by a bold blue border within the timeline.

The Gantt Chart is updated every quarter with the last update being for January to March 2026 – Year 2, fourth quarter. Progress changes for projects and milestones have been noted in red font so that the Board can easily see updates and project advancement. In some instances, the timelines for projects and milestones have been extended. As implementation of the merger progresses, some timelines have been adjusted to reflect a more complete understanding of the work required. Initial planning timelines were developed based on early assumptions; however, as work has advanced, the organization has gained greater insight into the complexity of integrating systems, harmonizing programs and policies, and supporting staff through change. These adjustments are being made to ensure that changes are implemented thoughtfully, sustainably, and in a manner that maintains continuity and quality of services for the communities we serve.

Merger Office Transition to the Project Management Office

With the retirement of the current Director of the Merger Office, this Office has transitioned to the Project Management Office (PMO). This structure will allow for a continued centralized point of accountability for major organizational initiatives. As we develop and mature as an organization and respond to changes in the provincial and local landscape, we anticipate that large, cross-organizational initiatives will continue to be an important part of our work. The PMO will support the planning, coordination, oversight, and execution of major organizational projects and initiatives.

This new structure will begin as a two-year pilot, providing time to evaluate the value of a centralized project management function and assess how this infrastructure supports strategy implementation across the organization.

SEPH Merger Implementation Gantt Chart

Legend:

Projects/Milestones highlighted in blue are included in the Ministry's Scorecard for Voluntary Mergers
Timelines with a bolded blue border are the milestone timelines in the Ministry's Scorecard
Progress noted in red font is a change from the last quarterly report
Timelines noted in pink are a change from the last quarterly report

	Progress	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
CORPORATE SERVICES																									
FINANCE																									
IT HR and operational data transfer and Upgradges (ERP HR/Payroll/Accounting)	**In progress**																								
System requirements determined	Completed																								
Demonstrations from vendors	Completed																								
Evaluation matrix	Completed																								
Business case	Completed																								
System selection	Completed																								
Dayforce (Payroll)	**In progress**																								
Contract Negoitations	Completed																								
Implementation Partner Selection	Completed																								
Kick Off/Project Scoping/Data Templates	Completed																								
System Build	In progress																								
Data Migration and Testing	In progress																								
Staff Training	Not started																								
Go Live	Not started																								
Sparkrock (Accounting)	**In progress**																								
Contract Negotiations	Completed																								
Kick Off/Project Scoping	Completed																								
System Build	Completed																								
Data Migration #1 KFLA	Completed																								
User Acceptance Testing	In progress																								
Finance Staff Training	In progress																								
Data Migration #2 KFLA	In progress																								
Go Live	Not started																								
Data Migration #1 LGLD	In progress																								
Data Migration #1 HPE	In progress																								
General Staff Training	Not started																								
Dayforce (HR)	**In progress**																								
Implementation Partner Selection	Completed																								
Kick Off/Project Scoping/Data Templates	Completed																								
Module Recruitment and Onboarding	Not started																								
Module Compensation	Not started																								
Module Performance Management	Not started																								
Module Learning	Not started																								

	Progress	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Banking Transition	**In progress**																								
Select Financial Institution	Completed																								
Create New Bank Accounts	Completed																								
Maintenance Mode of Old Bank Accounts	Not started																								
Payroll Schedule Harmonization	Completed																								
Procurement duplications identified and eliminated	In progress																								
FACILITIES																									
Capital/facilities space/needs assessment completed	Completed																								
Comprehensive situational assessment of leased and owned property	Completed																								
Capital business case completed (as needed)	Not applicable																								
Building assessment	**Completed**																								
Belleville Office Building	Completed																								
Kingston Office Building	Completed																								
Brockville Office building	Completed																								
Smith Falls Office building	Completed																								
LEGAL																									
Legal support	As needed																								
Migration of contracts, MOUs, agreements completed	In progress																								
HR																									
Non-unionized staff contracts harmonized	**In progress**																								
Wage harmonization	***In progress***																								
Hire consultants	Completed																								
Conduct market anaylsis	Completed																								
Conduct job evaluation	Completed																								
Create harmonized salary bands	Completed																								
Conduct pay equity analysis and create pay equity plan	Completed																								
Harmonize non-union position descriptions	In progress																								
Benefit harmonization	***Completed***																								
Select benefit broker	Completed																								
Conduct market survey of insurers and select SEHU insurance company	Completed																								
Select harmonized non-union benefits plan	Completed																								
Confirm change over date	Completed																								
Notify ALL (union and non-union) employees of change over date and process	Completed																								
Terms and Conditions of Employment	***In progress***																								
Review terms and conditions from legacy organizations	Completed																								
Harmonize terms and conditions for SEHU	Completed																								
Prepare into one “terms of reference’ document	Completed																								
Approval of non-union total compensation package	In progress																								
Communication to non-union employees	Not started																								

	Progress	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Organizational design	***Completed***																								
Management	***Completed***																								
CEOs/MOHs finalize Director-level staff assignment	Completed																								
Review of Director Functions	Completed																								
Revise director functions	Completed																								
Approval of process	Completed																								
Determine Managerial Roles and Services (Corporate Services)	Completed																								
Design new org structure at the management level	Completed																								
Review org structure design with management level staff	Completed																								
Finalize new org structure at the Manager level	Completed																								
Meet with Managers to communicate on org structure decisions (role assignment when possible)	Completed																								
Determine Managerial Functions and Roles (Programs)	Completed																								
Staff	***Completed***																								
Directors assign positions to future teams	Completed																								
Managers review the assignments	Completed																								
Staff complete survey indicating top three preferred team	Completed																								
Staff matched to teams	Completed																								
Directors and managers review staff assignments	Completed																								
Transition date chosen & communicated	Completed																								
Transtion tools developed and communicated	Completed																								
Managers meet with staff regarding their new teams	Completed																								
Transition to new Teams Oct 27	Completed																								
Consolidated Collective Agreements	**In progress**																								
PSLRTA initiated	Completed																								
PSLRTA completed	In progress																								
Collective bargaining	Not started																								
New Collective Agreements	Not started																								
Performance Management System	**Not started**																								
Assess current state in each legacy organization	Not started																								
Design the performance management framework	Not started																								
Integrate technology and tools	Not started																								
Training for staff and managers	Not started																								
Harmonized recruitment and selection of staff	**In progress**																								
Assess current state in each legacy organization	Completed																								
Determine the tools, forms, methodologies and process for posting	Completed																								
Determine the tools, forms, methodologies and process for screening candidates	Completed																								
Determine the tools, forms, methodologies and process for assessment/interviews	Completed																								
Determine the tools, forms, methodologies and process for on-boarding new staff	Completed																								
Recruitment application and tracking system	Not started																								
Organizational training and development plan	**In progress**																								
Conduct a training needs assessment	Completed																								
Create a training and development plan	Completed																								
Phase 1 (Stabilize-Orient-Support)	In progress																								
Phase 2 (Reflect & Refresh)	Not started																								
Phase 3 (Build Capacity)	Not started																								
Pension transition	Completed																								

	Progress	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
HR assessments completed including review of collective agreements	Completed																								
Occupational Health and Safety	**In progress**																								
Joint Healthy & Safety Committee	In progress																								
Health and Safety Policy Harmonization	In progress																								
Leadership CS Org Structure Staffing transition to support merger	Completed																								
Leadership CS Org Structure Backfill accounting and IT, Acting Director CS	Completed																								
IT																									
Tenancy Migration	**Completed**																								
RFP released	Completed																								
Vendor presentation	Completed																								
Evaluation matrix completed	Completed																								
Successful vendor notified	Completed																								
Communication plan developed	Completed																								
Change management plan developed	Completed																								
On single tenancy	Completed																								
New agency emails in use	Completed																								
Network topology	**In progress**																								
Future State Recommendations	Completed																								
Vendor SOW, BOM'sc, network diagrams, etc. presented	In progress																								
Switching Design & Implementation	Not started																								
Communication plan developed - cutover dates to stakeholders	Not started																								
Testing, validation, sign off on configs. & cutover date(s)	Not started																								
Cutover to new topology (may be phased or "big bang")	Not started																								
Post cut over incident response and resolution	Not started																								
New topology - vendor/SEPH IT knowledge transfer	Not started																								
Infrastructure Harmonization	**In progress**																								
Future State Recommendations	Completed																								
Hardware purchases (Infrastructure nodes, if required for future state)	Not started																								
Infrastructure Clusters consolidation	Not started																								
Communication plan developed - cutover dates to stakeholders	Not started																								
Guest workload moves and test (swing gear most likely)	Not started																								
Guest workload migration testing, validation and sign off	Not started																								
Post cut over incident response and resolution	Not started																								
Vendor and contract harmonization	**In progress**																								
Vendor selection criteria developed	Completed																								
Key vendors shortlisting for future	Completed																								
Contract duration finalization - 2 years contract to be only done with any vendor	Completed																								
Contracts harmonization process discussion - All contracts of each location start and end at the same time	In progress																								
Completion of selection all vendors and harmonized contract for SEHU - hardware and software	In progress																								
Hedgehog	**In progress**																								
Hedgehog harmonization initiated	Completed																								
Migration of Legacy HPEPH to Hedgehog	Completed																								
Hedgehog data base merger	In progress																								
EMR	**In progress**																								
Determine which programs will use the EMR	Not started																								

	Progress	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Evaluate the EMR that best fits SEPH needs and evaluate the cost	Not started																								
Discovery with Kingston	Not started																								
Discovery with Brockville	In progress																								
Discovery with Belleville	Not started																								
Formalize discovery sessions into a requirements document for vendor	Not started																								
Determine on-going costs of EMRs	Completed																								
Develop and execute an implementation plan	Not started																								
Develop a communication plan	Not started																								
Corporate Services Desk	**Not started**																								
Implement interim solution for Kingston	Not started																								
Do requirements gathering for IT, Facilities and Communications	Not started																								
Select a system and do basic configuration	Not started																								
Populate hardware management	Not started																								
Phone System	**In progress**																								
Demos of vendor systems	In progress																								
Team break out and review of requirements	In progress																								
Vendor selection	Not started																								
Training / Comms documentation	Not started																								
Implementation	Not started																								
Fax system harmonization	**In progress**																								
Determine current fax line use	Completed																								
Determine future fax lines and volume	In progress																								
Create a communication plan for decommissioning current and establishing new fax lines	Not started																								
Migrate to new fax lines	Not started																								
Harmonize to a single fax system	Not started																								
File Architecture	**In progress**																								
Basic M365 tenancy policies in place	In progress																								
Design interim solution	Not started																								
Implement interim solution	Not started																								
Implement complete solution	Not started																								
Develop communication plan and training for staff	Not started																								
Work with staff on migrating to new structure	Not started																								
Applications / Misc	**In progress**																								
Survey form tool	Completed																								
Password solution software - Passbolt selected and agency wise roll out	In progress																								
SEHU IT vendor contract harmonization	In progress																								
Network consultancy, gaps analysis, and configuration for KFLA - kingston location	In progress																								
Harmonize firewall systems and configuration	Completed																								
Harmonize IT contracts for IT infrastructure	In progress																								
Harm reduction inventory system (already completed and impl by Daphne?)	Completed																								
Secure file sharing tool for external clients -- Filr across the agency (where needed)	In Pilot																								
Transition from VDI Environment to non-VDI environment in HPE & LGL regions	Not started																								
OTHER																									
Consolidated finance and HR procedures	In progress																								
Additional travel for management/staff	On going																								

	Progress	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
GOVERNANCE	**Progress**	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Board meetings (MOH/CEO travel, legal, board honorariums)	On going																								
Board meetings (travel 18 Board members)	On going																								
Board development	**In progress**																								
Skill matrix for BOH members developed, mapped to current board composition	In progress																								
Skill matrix used to inform Year 3 training needs	In progress																								
Communication and involvement (travel management/Merger Office)	In progress																								
Board of Health Sub Committees, TOR completed	***Completed***																								
Formation of Governance Committee	Completed																								
Formation of Finance Committee	Completed																								
Board of Health Training	**In progress**																								
Board training needs assessment completed	In progress																								
Board training/education plan developed	In progress																								
Board education/team building activities underway	In progress																								
Board bylaws and policies reviewed	In progress																								
Strategic planning	In progress																								
Interim strategic plan in place (mission, vision, values)	Completed																								
Strategic planning process underway for new entity	In progress																								
Ensure Risk Management program is in place and reviewed regularly	Completed																								
Client service standards in place	In progress																								
Self evaluation process completed	Completed																								

ORGANIZATIONAL AND PROGRAMS	**Progress**	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Program assessment/alignment reviews and integration plans completed	**In progress**																								
Pilot harmonization (e.g. 1-2 programs)	Completed																								
Program Harmonization Planner developed	Completed																								
Program harmonization initiated	Completed																								
Harmonization of remaining programs/services plan completed	In progress																								
Partnership work/network meetings integrated (e.g. attendance, consolidation of duplicate meetings)	Not started																								
Program expansion/new programs/services identified	In progress																								
New programs initiated, harmonization of other programs completed as collective agreements allow	In progress																								
Program harmonization completed	In progress																								
Program consultation with external stakeholders (FNIM, Francophone, other locally determined groups)	In progress																								
Policy review cycle	**In progress**																								
Policy review initiated	Completed																								
Policy review cycle and process determined	Completed																								
Priority policies for initial cycles identified	Completed																								
Policy review and harmonization completed	In progress																								
Shared service opportunities identified	In progress																								
External stakeholder consultations plan developed	Not started																								
Harmonized medical directives, standard operating procedures completed	In progress																								

	Progress	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Harmonized clinical services policies	In progress																								
Back office/management restructuring completed	In progress																								

CHANGE MANAGEMENT & COMMUNICATIONS	**Progress**	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Project and change management training	**Completed**																								
Project management executive and director training	Completed																								
Project management for project leads training	Completed																								
Change management for executive and directors	Completed																								
Change management for managers and program leads	Completed																								
Staff training initiated	Completed																								
Employee wellness activities initiated	Completed																								
Harmonized staff communication tools in place	**In progess**																								
Internal newsletter for all staff	In progess																								
Internal staff website	In progess																								
Additional internal communications harmonization across SEPH	Completed																								
Merger communication tools in place	**Completed**																								
Platform for staff to submit questions	Completed																								
Merger newsletter	Completed																								
Town Halls initiated	Completed																								
Merger staff website developed	Completed																								
New branding developed and in use (social media, signage, resources)	**In progess**																								
RFP process to select vendor	Completed																								
Consultation with senior leaders and staff on brand themes	Completed																								
Selection of final brand identity	Completed																								
Development of brand assets, Brand Guidelines and Clear Writing Guidelines	Completed																								
Public launch of new brand	Completed																								
Public launch of new social media accounts	Completed																								
Rebranding office spaces	In progess																								
Rebranding program materials (this will be on-going as programs harmonize)	**In progess**																								
New website developed	In progess																								
RFP process to select vendor	Completed																								
Identification of requried and preferred website features	Completed																								
Development of minimally viable product website	Completed																								
Launch of minimally viable product website	Completed																								
Planning for fully functional websites, including required and preferred features	Completed																								
Development of content for fully functional website	Completed																								
Updates to website in phased approach	In progress																								
Launch of fully functional website	In progress																								
Culture - Building Events Completed	Completed																								
Shared values and desired culture developed	Completed																								
Shared values and desired culture facilitated session for executive and directors	Completed																								
Values shared with managers for feedback	Completed																								
Values shared with staff for feedback	Completed																								
Final values communicated to staff	Completed																								
All SEPH leadership meeting	Completed																								

	Progress	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Legacy agency events - executive introductions	Completed																								
Executive visits to offices for "Coffee & Conversation" initiated	Completed																								
All-Staff event completed	Completed																								
External partner(s) communication tools/materials updated	In progess																								
Evaluation plan developed	**In progress**																								
Process evaluation	***In progress***																								
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	***In progress***																								
Determine indicators	In progress																								
Determine methodology	In progress																								
Draft evaluation report	Not started																								

Southeast Public Health

Schedule 9.0

Information Items

Board of Health Meeting – May 27, 2026

1. Algoma Public Health Resolution: In Support of Alcohol Labelling Policy (Bill S-202), dated May 15, 2026.

2. alPHa InfoBreak, May & June 2026 Edition, dated May 15, 2026.

3. Public Health Sudbury & Districts, Endorsement of Algoma Public Health Position Statement on Infant Hepatitis B Vaccination, dated April 24, 2026.

4. alPHa Welcome Correspondence, Dr. Joss Reimer, on her appointment as Canada's Chief Public Health Officer, dated April 1, 2026.

5. Windsor-Essex County Board of Health Resolution: Advancing Bill C-63 (Online Harms Act) to Protect Children and Youth, dated March 31, 2026.

6. Windsor-Essex County Board of Health Resolution: Provincial Action to Protect Children and Youth from Online Harms, dated March 31, 2026.

7. Public Health Sudbury & Districts Board of Health Resolution: Healthy Smiles Ontario (HSO) Fee Schedule and Access to Dental Care for Children & Youth, dated March 31, 2026.

8. Public Health Sudbury & Districts 2026-2028 Risk Management Plan. Correspondence to the Hon. Sylivia Jones, Deputy Premier and Minister of Health, dated March 31, 2026.

9. alPHa Congratulations Correspondence, Dr. Kieran Moore, on his reappointment as Ontario's Chief Medical Officer of Health, dated March 27, 2026.

10. Belleville City Council Resolution: Southeast Health Unit Budget Amendment, dated March 26, 2026.

11. Windsor-Essex County Board of Health Resolution: Endorsement of Middlesex-London Health Unit Policy Position on Alcohol Labelling, dated March 12, 2026.

Algoma PUBLIC HEALTH
Santé publique Algoma
www.algomapublichealth.com

Schedule 9.1

15 May 2026

Via Email

Senator Rosemary Moodie
Chair, Standing Senate Committee on Social Affairs, Science, and Technology

Dear Senator Moodie:

In Support of Alcohol Labelling Policy (Bill S-202)

On behalf of the Board of Health of Algoma Public Health (APH), please accept this correspondence informing the Standing Senate Committee on Social Affairs, Science, and Technology of the Board's support for mandatory alcohol container health warning labels on all alcohol containers sold in Canada, endorsing communications from Middlesex-London Health Unit (MLHU) re: Bill S-202.

Alcohol continues to be a leading risk factor for disease and injury in Canada, responsible for over 17,000 deaths and nearly 120,000 hospitalizations annually[1]. The social and economic implications of alcohol are also substantial, costing Canadians $19.7 billion/year[1], more than the societal costs of tobacco and opioids combined. Tobacco and non-medical cannabis products in Canada are required to display standardized labels that include health warnings and product information designed to inform consumers about associated health risks; labels support health equity in that they can reach all consumers regardless of education, income, or geographical location[2].

Many Canadians are unaware of the causal relationship between alcohol consumption, even at low levels, and cancer risk[3]. Many Canadians are also unaware of the information contained in Canada's Guidance on Alcohol and Health regarding reducing alcohol risk, which involves awareness of standard alcoholic drink measurements.

Alcohol health warning labels are an effective tool to help consumers understand product risk[1, 2]. Bill S-202 proposes an amendment to the *Food and Drugs Act*, mandating alcohol warning labels that indicate the volume constituting a standard drink, detail the number of standard drinks in the beverage container, and display health messages regarding the relationship between the number of standard drinks consumed and health outcomes[4].

The last decade has seen the expansion of alcohol sales to grocery and convenience stores in Ontario. This has increased the exposure of alcohol product promotion to children and youth[5]. Alcohol labelling has the potential to reach children and youth with messages that will counter

industry-based advertising, and to provide an opportunity for meaningful conversations between parents and their children regarding alcohol-related health harms.

The Board of Health for APH has historically supported public health policy measures intended to mitigate alcohol-related health harms, including supporting Bill S-254 in April 2023. Alcohol-related harms in Algoma exceed provincial averages and health guidelines; more than half of Algoma adults aged 19 or older exceed drinking guidelines, and the prevalence of heavy drinkers in Algoma is 6% higher than the provincial prevalence (21.2% and 16%, respectively[6]). Alcohol labelling is an effective tool to target those exceeding drinking guidelines, as messaging is available at point of pour.

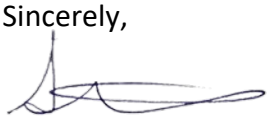
At its meeting on April 22, 2026, the Algoma Board of Health passed the following motion:

Be it resolved that the Board of Health for the District of Algoma Health Unit endorse MLHU's report and associated content (included in this summary report), recommending 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.**

Algoma Public Health remains committed to preventing and reducing alcohol-related harms and will continue communicating with the communities we serve to increase awareness for the health risks associated with alcohol consumption.

Sincerely,



Suzanne Trivers
Chair, Board of Health,
District of Algoma Health Unit

cc: All Ontario Boards of Health
MP Terry Sheehan, Sault Ste. Marie-Algoma

References

1. Canadian Centre on Substance Use and Addiction, Canadian Institute for Substance Use Research. Canadian Substance Use Costs and Harms. 2026.
2. Hobin E, Bains A, Poon T, Forbes S, Hammond D, Naimi T, et al. Testing Alcohol Container Warning Labels Among Alcohol Consumers in the Field Over a 4-Week Period: A Protocol for a Randomized Field Trial. J Stud Alcohol Drugs. 2025;86(4):571–81.
3. Government of Canada. Public Awareness of Alcohol-related Harms Survey. 2023.
4. Opening Remarks by Ian Culbert, Executive Director, Canadian Public Health Association, to the Standing Senate Committee on Social Affairs, Science and Technology regarding Bill S-202 – An Act to amend the Food and Drugs Act (warning labels on alcoholic beverages) [press release]. Ottawa: Canadian Public Health Association, October 22 2025.
5. Friesen EL, Staykov E, Myran DT. Understanding the association between neighbourhood socioeconomic status and grocery store alcohol sales following market liberalization in Ontario, Canada. Can J Public Health. 2023;114(2):254–63.
6. Algoma Public Health. Algoma's Community Health Profile. 2024 September 18.

InfoBreak

alPHa's members' portal

alPHa Association of Local PUBLIC HEALTH Agencies

May-Jun. 2026

Key Highlights

- Record response to the 2026 alPHa AGM & Conference: the event is now sold out.
- This year's program reflects key issues for local public health, including leadership, funding, and Ontario's changing policy environment.
- We continue to await further updates from the Ministry regarding the public health funding review and the finalized 2026 Ontario Public Health Standards.
- Building our sector's ability to demonstrate measurable impact and value remains an important priority.
- As this is my final Chair's update, I want to extend my sincere thanks to the membership and all those supporting local public health across Ontario.

Looking Ahead to Our June Conference

I am delighted by the exceptional response to this year's alPHa AGM & Conference. We have reached the highest number of registrants in alPHa conference history, and the conference is now sold out.

This strong response reflects the value members place on gathering in person to learn, connect, and discuss the issues shaping the future of local public health in Ontario.

A Timely Opportunity for Sector Dialogue

This year's conference theme, Strengthening Public Health Leadership in a Changing Landscape, is especially timely. Taken together, the program reflects both the breadth of issues facing local public health and the importance of strong leadership across our sector.

We continue to await further updates from the Ministry regarding the public health funding review and the finalized 2026 Ontario Public Health Standards.

The conference therefore comes at an important time. I know members will welcome the opportunity to hear directly from Dr. Moore on current priorities and key provincial issues affecting local public health agencies.

Continuing to Strengthen Our Sector

As a sector, we must continue building our ability to demonstrate impact clearly and credibly. Public health improves health outcomes, but it also contributes to stronger, more resilient communities and supports economic stability.

In a period of fiscal pressure and uncertainty, our ability to show evidence, outcomes, avoided costs, and practical value will continue to matter.

A Final Thank You

As this will be my final newsletter article as Chair of the Board of Directors, I want to close with heartfelt thanks.

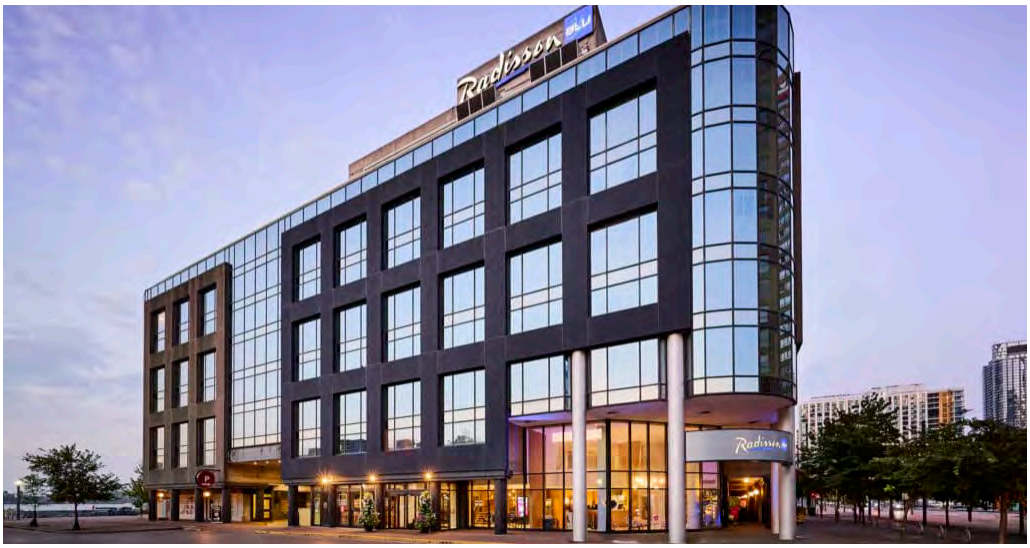
Thank you to staff across local public health agencies, to leadership teams, Boards of Health, Associate and Medical Officers of Health, and all those working every day to protect and improve health in communities across Ontario. Your work strengthens not only population health, but also the resilience of our communities.

I also want to express my sincere gratitude to alPHa Staff, and to my colleagues on the Executive Committee and Board of Directors, who have generously volunteered their time and expertise to advance the goals of our sector. It has been a privilege to work alongside such dedicated leaders.

Serving as Chair has been a true honour. Thank you for the opportunity to contribute to alPHa's work and to support such an important sector.

Dr. Hsiu-Li Wang
Chair, alPHa Board of Directors

The 2026 alPHa Annual General Meeting and Conference is sold out



We're incredibly grateful for the strong interest in this year's alPHa Conference and AGM. Thanks to our engaged and enthusiastic members, the event has officially sold out!

Your ongoing support and interest mean a great deal to us, and we're already looking at ways to expand access in the future.

If you are registered to attend the conference, be sure to check out the conference page for additional information and regular updates. Please note, due to Premier Doug Ford's schedule, the schedule has been slightly revised. Here is an overview of the timeline for events and their locations:

- **June 8: Mobile Workshop: 2 p.m. to 4 p.m. EDT - Please note, only those registered for the mobile workshop may partake. The meeting point is the lobby of the Radisson Blu.**
- **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 Meeting: 9 a.m. to 12 p.m. EDT**
- **June 10: COMOH Section Meeting: 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. Our current sponsors include:

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

alPHa Association of Local PUBLIC HEALTH Agencies

Northwestern Health Unit www.nwhu.on.ca

Platinum level sponsors:

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Bronze level sponsor:

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There will also be various opportunities to win prizes, including a door prize, from GenWell for a complimentary online webinar for a local public health unit.

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.

2026 alPHa Workplace Health and Wellness Month

This year's alPHa Workplace Health and Wellness Month is already off to a great start, with not only the lunch and learn session with GenWell, but with strong support from you, including Renfrew County and District Health Unit! They have shared the first two weeks of their activities with the alPHa Membership (below). We want to thank them for their active participation!

We can't wait to see what you do for your mental, physical, and social well-being this May. And, in order to get ideas, head to the alPHa Workplace Health and Wellness landing page to view our infographics!

GenWell Lunch and Learn Session - Recap

Thank you to everyone who joined us for the GenWell Lunch-and-Learn session to kick off alPHa's Workplace Health and Wellness Month on May 1.

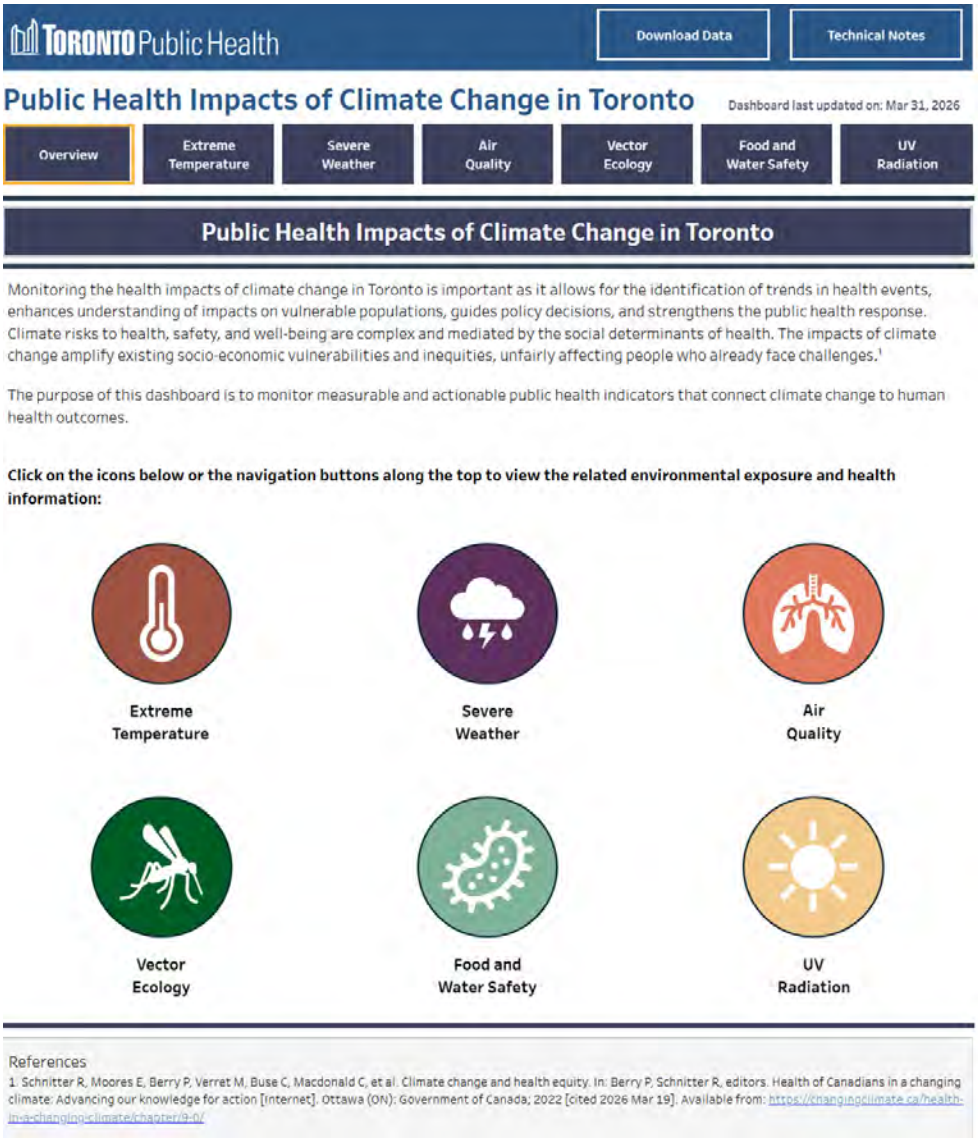
For those who attended, and those who were unable to join, we are pleased to share the presentation slides. This engaging session highlighted the critical role of social health in our workplaces and communities. As discussed during the webinar, social connection is a powerful (and often overlooked) driver of well-being, resilience, and organizational success.

A few key takeaways from the session:
• Social health is as important as physical and mental health, yet many people are unaware of its impact
• Disconnection and loneliness continue to affect a significant portion of Canadians, with real implications for health and well-being
• Even small, intentional actions, such as connecting with colleagues, neighbours, and community members, can have a meaningful impact
• More connected workplaces can improve employee well-being, engagement, and productivity

We are also pleased to share that GenWell's Founder, Pete Bombaci, will be joining us at the Opening Reception on June 8. Pete will be facilitating opportunities to connect and reconnect with colleagues and special guests, bringing the principles of social connection to life in a meaningful and engaging way.

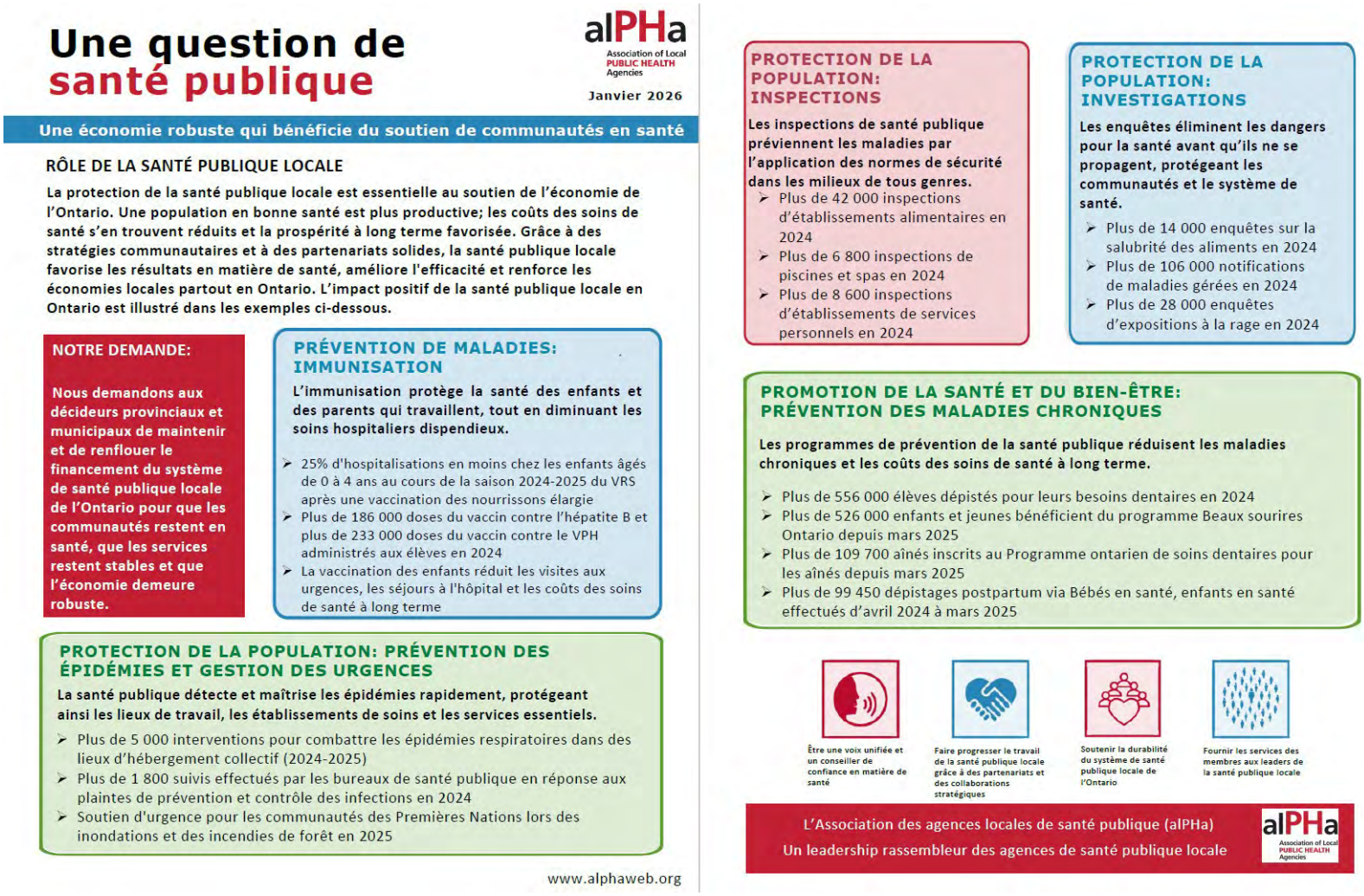
As we move through Workplace Health and Wellness Month, we encourage you to reflect on how you, your teams, and your organizations can foster stronger connections, both within the workplace and in the communities you serve.

Toronto Public Health: Public Health Impacts of Climate Change in Toronto dashboard



Toronto Public Health's Epidemiology and Data Analytics Unit has developed its inaugural Public Health Impacts of Climate Change in Toronto dashboard. It was developed in response to a Board of Health recommendation to develop a dedicated surveillance framework for systematic and routine monitoring of climate change-related health impacts in Toronto. This is the resulting work from a consultation with several other Health Units attended, in response to a call for interest to provide feedback on the proposed framework, back in April 2025. To view the dashboard, click here.

Public Health Matters: Une économie robuste qui bénéficie du soutien de communautés en santé



alPHa is pleased to announce the French language version of the latest *Public Health Matters* infographic, *Une économie robuste qui bénéficie du soutien de communautés en santé,* is now available. 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 the French language version here and the English language version here.

OPHNL
Leading the Way for Public Health Nursing

Ontario Association of Public Health Nursing Leaders (OPHNL) update

The Ontario Association for Public Health Nursing Leaders (OPHNL) continues to advance the priorities of the 2024-2027 Ontario Association for Public Health Nursing Leaders Strategic Plan. On April 16, 2026, OPHNL hosted a spring workshop where Dr. Moore provided an update on the current landscape of public health. Guest speakers from Wellington Dufferin Guelph and Simcoe Muskoka District Health Unit discussed the evolving role of Artificial Intelligence within local public health agencies (see photo below). On May 11, 2026, OPHNL will host a virtual nursing week event for all nurses in public health. The first of its kind! Dr. Velji will provide an update on emerging nursing issues across the health system and Claire Betker from the National Collaborating Centre for Determinants of Health will discuss the Core Competencies for Public Health in Canada and its application for nurses in Public Health.

Health Promotion Ontario (HPO) update

HPO met in person in Toronto on April 28, 2026 to conduct strategic planning. At the meeting, we confirmed our goals to represent the voice of health promotion in Ontario, offer professional development and learning opportunities, and engage members.

We developed strategies and actions to be phased over the next few years, including a renewed focus on supporting students and new professionals.

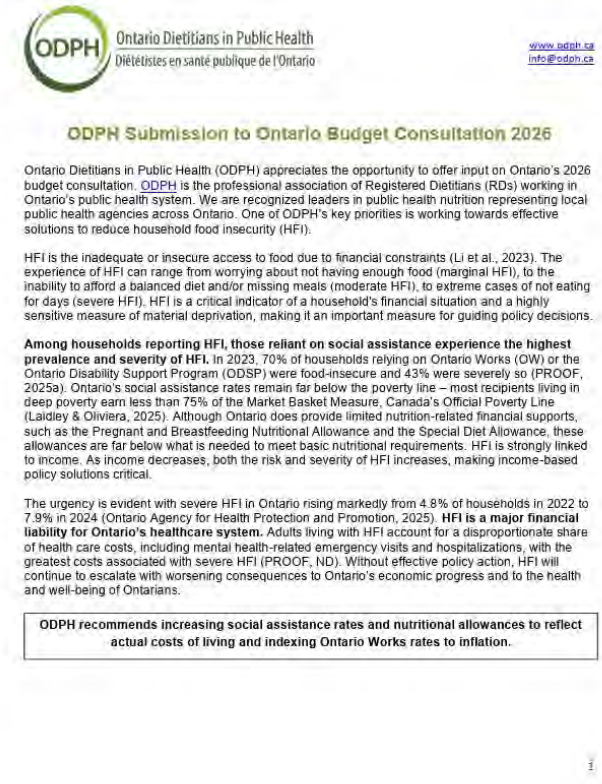
This work sets a foundation to guide priorities, strengthen connections and improve communication across the province. A strategic plan infographic will be shared when it is complete.

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

Ontario Dietitians in Public Health (ODPH) update

ODPH made a submission to the Ontario Budget Consultation 2026 calling for social assistance rates and nutritional allowances to better reflect actual costs of living, and for Ontario Works rates to be indexed to inflation. These recommendations align with ODPH's priority to reduce household food insecurity.

ODPH also contributed to the proposed amendments to Ontario Food Premises Regulation (O. Reg.493), emphasizing the importance of policy options that support Indigenous engagement and access to traditional foods while maintaining food safety standards. Traditional foods are essential to cultural identity, community connection, and intergenerational knowledge sharing.



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

www.odph.ca
info@odph.ca

ODPH Submission to Ontario Budget Consultation 2026

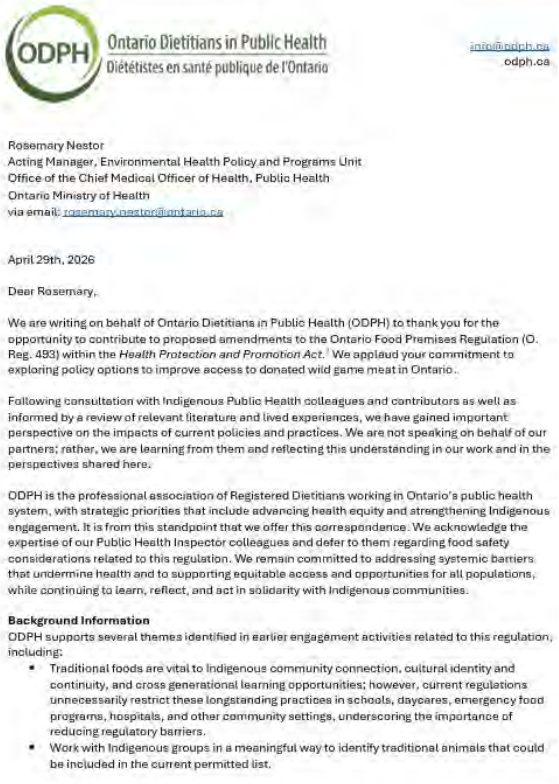
Ontario Dietitians in Public Health (ODPH) appreciates the opportunity to offer input on Ontario's 2026 budget consultation. ODPH is the professional association of Registered Dietitians (RDs) working in Ontario's public health system. We are recognized leaders in public health nutrition representing local public health agencies across Ontario. One of ODPH's key priorities is working towards effective solutions to reduce household food insecurity (HFI).

HFI is the inadequate or insecure access to food due to financial constraints (Li et al., 2023). The experience of HFI can range from worrying about not having enough food (marginal HFI), to the inability to afford a balanced diet and/or missing meals (moderate HFI), to extreme cases of not eating for days (severe HFI). HFI is a critical indicator of a household's financial situation and a highly sensitive measure of material deprivation, making it an important measure for guiding policy decisions.

Among households reporting HFI, those reliant on social assistance experience the highest prevalence and severity of HFI. In 2023, 70% of households relying on Ontario Works (OW) or the Ontario Disability Support Program (ODSP) were food-insecure and 43% were severely so (PROOF, 2025a). Ontario's social assistance rates remain far below the poverty line – most recipients living in deep poverty earn less than 75% of the Market Basket Measure, Canada's Official Poverty Line (Laidley & Oliviera, 2025). Although Ontario does provide limited nutrition-related financial supports, such as the Pregnant and Breastfeeding Nutritional Allowance and the Special Diet Allowance, these allowances are far below what is needed to meet basic nutritional requirements. HFI is strongly linked to income. As income decreases, both the risk and severity of HFI increases, making income-based policy solutions critical.

The urgency is evident with severe HFI in Ontario rising markedly from 4.8% of households in 2022 to 7.9% in 2024 (Ontario Agency for Health Protection and Promotion, 2025). **HFI is a major financial liability for Ontario's healthcare system.** Adults living with HFI account for a disproportionate share of health care costs, including mental health-related emergency visits and hospitalizations, with the greatest costs associated with severe HFI (PROOF, ND). Without effective policy action, HFI will continue to escalate with worsening consequences to Ontario's economic progress and to the health and well-being of Ontarians.

ODPH recommends increasing social assistance rates and nutritional allowances to reflect actual costs of living and indexing Ontario Works rates to inflation.



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

info@odph.ca
odph.ca

Rosemary Nestor
Acting Manager, Environmental Health Policy and Programs Unit
Office of the Chief Medical Officer of Health, Public Health
Ontario Ministry of Health
via email: rosemary.nestor@ontario.ca

April 29th, 2026

Dear Rosemary,

We are writing on behalf of Ontario Dietitians in Public Health (ODPH) to thank you for the opportunity to contribute to proposed amendments to the Ontario Food Premises Regulation (O. Reg. 493) within the *Health Protection and Promotion Act*.[1] We applaud your commitment to exploring policy options to improve access to donated wild game meat in Ontario.

Following consultation with Indigenous Public Health colleagues and contributors as well as informed by a review of relevant literature and lived experiences, we have gained important perspective on the impacts of current policies and practices. We are not speaking on behalf of our partners; rather, we are learning from them and reflecting this understanding in our work and in the perspectives shared here.

ODPH is the professional association of Registered Dietitians working in Ontario's public health system, with strategic priorities that include advancing health equity and strengthening Indigenous engagement. It is from this standpoint that we offer this correspondence. We acknowledge the expertise of our Public Health Inspector colleagues and defer to them regarding food safety considerations related to this regulation. We remain committed to addressing systemic barriers that undermine health and to supporting equitable access and opportunities for all populations, while continuing to learn, reflect, and act in solidarity with Indigenous communities.

Background Information
ODPH supports several themes identified in earlier engagement activities related to this regulation, including:

- Traditional foods are vital to Indigenous community connection, cultural identity and continuity, and cross generational learning opportunities; however, current regulations unnecessarily restrict these longstanding practices in schools, daycares, emergency food programs, hospitals, and other community settings, underscoring the importance of reducing regulatory barriers.
- Work with Indigenous groups in a meaningful way to identify traditional animals that could be included in the current permitted list.

alPHa Correspondence

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

- alPHa Letter - Chief Public Health Officer - Apr. 1, 2026
- alPHa Letter - CMOH Reappointment- Mar. 27, 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

Public Health Ontario | Santé publique Ontario

Hantavirus

PHO is supporting Ontario's response to the evolving situation involving hantavirus (Andes virus) by providing guidance for public health management, infection prevention and control (IPAC), and testing, as well as scientific and technical expertise.

New resources and updates are available:

• Infection Prevention and Control Precautions for Hantavirus (Andes Virus)

IPAC guidance for healthcare providers and public health units caring for patients with suspected or confirmed Andes virus infection.

A resource providing public health guidance on the identification, assessment and management of suspected, probable and confirmed Andes virus cases, as well as their contacts.

• Hantaviruses – Serology and PCR

Updated laboratory testing information to include specific details for Andes virus.

For more information, visit PHO's Hantaviruses webpage.

Vector-Borne Diseases

Updated – Ontario Vector-Borne Disease Tool

PHO has updated the Vector-Borne Disease Tool for the 2026 season. This resource provides comprehensive surveillance data on vector-borne diseases (VBDs) in Ontario and allows users to explore trends in human cases for anaplasmosis, babesiosis, Lyme disease, Powassan virus infection, and West Nile virus illness, as well as surveillance data for mosquitoes and ticks, and blacklegged tick established risk areas. Updates to the tool include:

• New Ticks Tab

o A new tab showing passive tick submissions from health care providers and the public, represented by Aggregate Dissemination Area census boundaries, using data from PHO's Laboratory Information Management System (LIMS) and supplemented with eTick data.

Public Health Ontario | Santé publique Ontario

• 2026 Blacklegged Tick Risk Area Map
o Reflecting newly identified or expanded tick risk areas based on 2025 data

• 2025 Season Updates
o Updated with new data released since the last surveillance season, including finalized 2025 human case and vector data

• New 2026 Data and In-Season Reporting
o New 2026 layers to support weekly updates as data become available during the upcoming season

Ontario Blacklegged Tick Established Risk Areas
In 2026, eight new risk areas were identified across five different public health units: Eastern Ontario Health Unit (2) and Renfrew County and District Health Unit (2), Hamilton Public Health (1), Lakelands Public Health (1), Middlesex-London Health Unit (1), and Southwestern Public Health (1).

Explore the tool to learn more about this season's updates.

Ticks of Ontario
Our new Synthesis brings together the current knowledge of the province's ticks and provides an account of each tick's population status, hosts and public veterinary health significance. The scientific literature on the ticks of Ontario, while relatively strong, is scattered and not available as a single resource. The purpose of this document is to bring together the literature and surveillance information on the ticks of Ontario.

Refreshed Interactive Data Tools
Infectious Disease Trends in Ontario Interactive Tool

Public Health Ontario | Santé publique Ontario

Recently Published Resources

Infection Prevention and Control Checklist for Animal Presence in Health Care Settings
Children and Youth Concussion Incidence in Ontario
Ontario Respiratory Virus Tool
SARS-CoV-2 Genomic Surveillance in Ontario
Nipah Virus Infection
Mumps in Ontario
Varicella in Ontario
Measles in Ontario

Upcoming Events

May 28: TOPHC 2026 Regional Convention
June 2: PHO & FFIGS Presents: A Tough Nut to Crack: Challenges in Outbreak Investigation of Low-Moisture Food
June 3: PHO Rounds: Linking Public Health Funding to Population Health and Health Equity during a Pandemic: Evidence on COVID-19 outcomes and vaccination from the OPHID study
June 10: PHO Webinar: Gambling, Gaming, and Youth Mental Health

Recent Presentations

- Assessing Quality Improvement Maturity Across PHUs
- Guiding Families Through Early Allergen Introduction
- PHO Rounds: Model of Care to Address the Impact of HIV on African, Caribbean & Black (ACB) Communities

Public Health Ontario (PHO) is hosting this year's TOPHC 2026 Regional Workshops, taking place on May 28, 2026, at Fanshawe College in London, Ontario. These workshops bring together public health professionals from across Ontario to support learning, collaboration, and knowledge sharing on priority public health topics. alPHa is pleased to be a promotional sponsor for this event.

Workshop 3 - From Intention to Co-creation: Centering Black and Indigenous Communities in Public Health Practice. Discover how to move decolonial theory into meaningful action. This engaging workshop invites public health professionals to explore practical, community centered ways to embed decolonial approaches within their organizations. The workshop places a particular emphasis on engaging Black and Indigenous communities and centering public health practices that address anti-Black and anti-Indigenous racism. Through co-creation, critical reflexivity, and hands on learning, participants will deepen their understanding of decolonial practice while building practical strategies that can be applied in their work. Join us to reflect, reimagine, and reshape public health practice in partnership with the communities we serve.

Dalla Lana School of Public Health

Upcoming DLSPH Events and Webinars

2026 SORA-TABA Annual Workshop (May 22)
Supporting Newcomers Through Pharmacy: Improving Health System Navigation and Safe, Sustainable Medication Use (May 27)
Bioethics and the Rules-Based International Order: A Conversation on the Future of Bioethics in a Time of Rupture (Jun. 1)

Ontario Public Health Directory - May 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 **May 13, 2026**. To view the file, log into the alPHa website.

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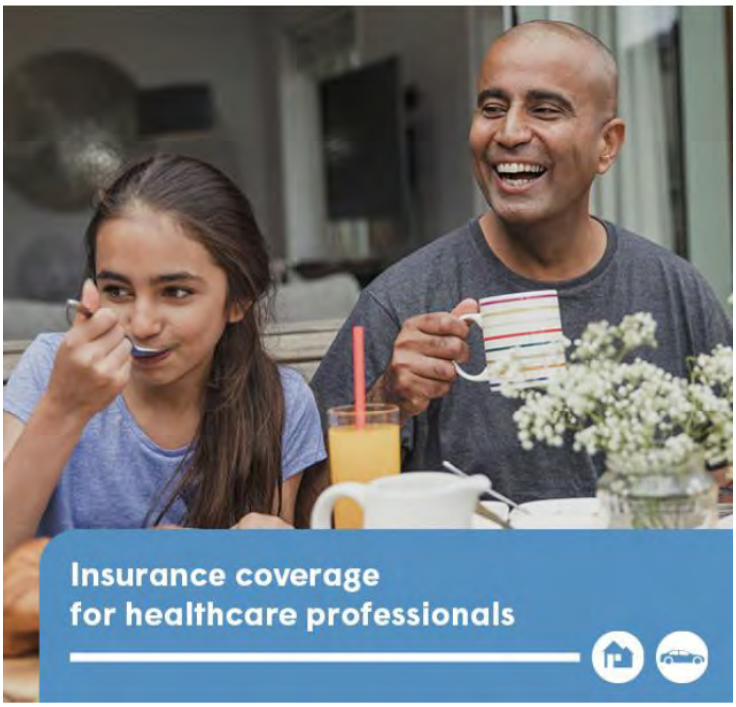

Being a healthcare professional in 2026 requires care and dedication. At The Personal, we believe it's our job to support you. That's why we've partnered with the **Association of Local Public Health Agencies** to help you:

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[1]Internal 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.

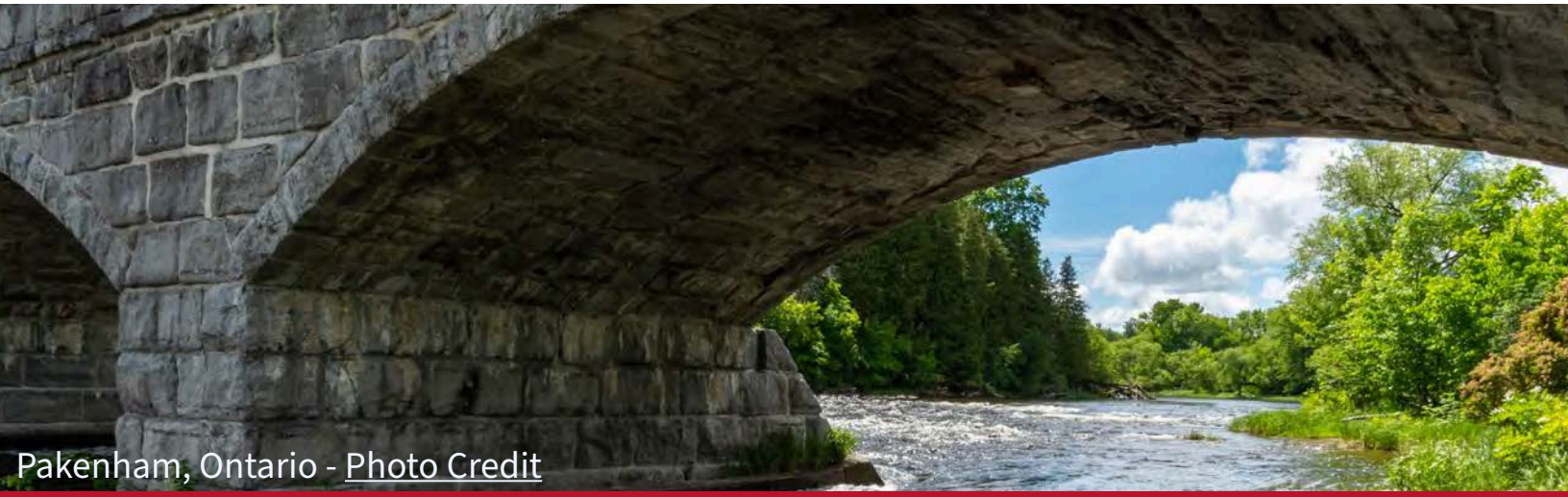
News Releases

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.



Pakenham, Ontario - Photo Credit

Schedule 9.3

Public Health
Santé publique
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f: 705.522.5182

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f: 705.677.9611

Sudbury East / Sudbury-Est
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Box / Boîte 58
St.-Charles ON P0M 2W0
t: 705.222.9201
f: 705.867.0474

Espanola
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Unit / Bureau 100 C
Espanola ON P5E 1J3
t: 705.222.9202
f: 705.869.5583

Île Manitoulin Island
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Mindemoya ON P0P 1S0
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f: 705.377.5580

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Chapleau ON P0M 1K0
t: 705.860.9200
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1.866.522.9200

phsd.ca

@PublicHealthSD
@SantePubliqueSD

April 24, 2026

VIA ELECTRONIC MAIL

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

Dear Honourable Minister Jones:

Re: Endorsement of Algoma Public Health Position Statement on Infant Hepatitis B Vaccination

On behalf of the Board of Health for Public Health Sudbury & Districts, we thank your government for its continued leadership in protecting children's health through publicly funded immunization programs, including the recent introduction of infant RSV immunization which is keeping children healthy and out of hospitals.

We write to advise you of our Board's recent endorsement of Algoma Public Health's call for hepatitis B vaccination to be moved from Grade 7 to infancy, through introduction of the combined DTaP-HB-IPV-Hib vaccine into Ontario's publicly funded immunization schedule (see enclosed).

In Ontario, hepatitis B is responsible for the fourth highest burden of years of life lost among infectious diseases.[1] The current Grade 7 hepatitis B vaccination program delivered by local public health prevents over 90% of hepatitis B infections in older ages, which means less chronic illness and fewer liver cancers. Economic modelling[2] shows that the current vaccination program is cost-saving by preventing chronic hepatitis B, liver cancer, and related deaths that would otherwise require lifelong treatment and hospitalization.

Prior to grade 7 vaccination, however, children are not immune to hepatitis B. And the risk of chronic illness, liver cancer, and death is much greater for children infected with hepatitis B than adults. Moving to vaccination of newborns rather than at Grade 7 would further reduce the illness and health care burden caused by hepatitis B.

Ontario research[3] shows that a newborn vaccination program could prevent much of the current remaining burden of disease:

- 16.1% of hepatitis B infections
- 43.2% of chronic hepatitis B illness
- 48.2% of liver cancers
- 51.9% of hepatitis-B related deaths.

In addition to relieving the suffering of children and families, such a program would save millions of dollars in health care costs, simplify the complexity of vaccination schedules for families, and align Ontario with other Canadian jurisdictions at the forefront of vaccination.
This evidence-informed change aligns with Ontario's priorities in prevention, supporting children, and reducing health care costs. We respectfully encourage the Ministry of Health to update the immunization schedule and to engage public health partners in implementation planning.

---

[1] Kwong JC, Ratnasingham S, Campitelli MA, et al. The Impact of Infection on Population Health: Results of the Ontario Burden of Infectious Diseases Study. PLOS ONE. 2012;7(9):e44103. doi:10.1371/journal.pone.0044103
[2] Biondi MJ, Estes C, Razavi-Shearer D, et al. Cost-effectiveness modelling of birth and infant dose vaccination against hepatitis B virus in Ontario from 2020 to 2050. *CMAJ Open*. 2023;11(1):E24-E32. doi:10.9778/cmajo.20210284
[3] Kim JJ, Alsabbagh W, Wong WWL. Cost Effectiveness of Implementing a Universal Birth Hepatitis B Vaccination Program in Ontario. Pharmacoeconomics. 2023;41(4):413-425. doi:10.1007/s40273-022-01236-5

We would welcome the opportunity for our staff to support this change in any way helpful, including sharing local operational insights and considerations to support a smooth and effective transition.

Sincerely,

Mark Signoretti
Chair, Board of Health

cc: Dr. Kieran Moore, Chief Medical Officer of Health, Ministry of Health
Dr. Kate Bingham & Dr. Daniel Warshafsky, Associate Chief Medical Officer of Health, Ministry of Health
Dr. M. M. Hirji, Medical Officer of Health and Chief Executive Officer
Ontario Immunization Advisory Committee
All Board of Health

Encl:
Board of Health for Public Health Sudbury & Districts
Resolution #19-26 | April 16, 2026:

Combined DTAP-HB-IPV-HIB VaccineBoard of Health for Public Health Sudbury & Districts
Resolution #19-26 | April 16, 2026

Combined DTAP-HB-IPV-HIB Vaccine

WHEREAS Algoma Public Health has advocated for the transition to a combined DTaP-HB-IPV-Hib vaccine in Ontario's publicly funded immunization schedule to strengthen early protection against hepatitis B; and

WHEREAS delivering hepatitis B immunization in early childhood through a combination vaccine provides earlier protection, improves equitable access, increases vaccine coverage, and represents a cost effective, evidence informed approach aligned with other Canadian jurisdictions ; and

WHEREAS a combination vaccine offers long term cost savings by reducing healthcare visits and in school delivery, while continued school based hepatitis B programs unnecessarily divert public health resources and create avoidable operational and financial pressures.

THEREFORE BE IT RESOLVED THAT the Board of Health endorses Algoma Public Health's position statement advocating for the incorporation of the combined DTaP HB IPV Hib vaccine into Ontario's publicly funded immunization schedule as a measure to advance health equity and support cost effective immunization delivery;

AND FURTHER THAT this endorsement be communicated to the Ontario Minister of Health, the Chief Medical Officer of Health, and other relevant stakeholders.

Schedule 9.4

PO Box 73510, RPO Wychwood
Toronto, Ontario M6C 4A7
E-mail: info@alphaweb.org

alPHa
Association of Local PUBLIC HEALTH Agencies

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

April 1, 2026

Dr. Joss Reimer,
Chief Public Health Officer
Health Canada

Dear Dr. Reimer,

Re: Welcome from alPHa

On behalf of the Association of Local Public Health Agencies (alPHa) and its Boards of Health Section, Council of Ontario Medical Officers of Health Section, and Affiliate organizations, I am writing to welcome you in your new role as Canada's new Chief Public Health Officer.

We are excited to have someone with your breadth of experience in so many aspects of health care and see great opportunities for advancing the aims of public health at the federal level. Your roles as past President of the Canadian Medical Association and Chief Medical Officer for the Winnipeg Regional Health Authority have no doubt contributed to a keen understanding of the vital relationship between health care and public health while also recognizing their different aims.

Your expertise in health and risk communication will also be a tremendous asset, and we share your belief that success in educating and informing the public is predicated on building and maintaining trust, with consistent, evidence-based messaging, with alliances with decision makers and partners at all levels as a cornerstone.

We also appreciate your understanding that public health is complex and multifaceted, whether it is carrying out its routine health protection and promotion activities or responding to a public health emergency.

Your experience at the provincial level will surely translate well to the federal one, and as representatives of Ontario's local public health agencies, we look forward to a fruitful relationship as we implement strategies to address all aspects of health protection and promotion, including specific issues such as the resurgence of vaccine-preventable diseases, emerging threats such as avian influenza A, and perennial issues such as HIV, tuberculosis, and the drug toxicity crisis.

We look forward to working with you to strengthen public health in Canada and ensure the country is well-equipped to respond to public health threats, outbreaks, and emergencies.

The alPHa leadership would be very pleased to have an introductory meeting you when you are able. To schedule a meeting, please have your staff contact Loretta Ryan, Chief Executive Officer, alPHa, at loretta@alphaweb.org.

Sincerely,

Dr. Hsiu-Li Wang,
Chair, alPHa

Copy: Dr. Kieran Moore, Chief Medical Officer of Health, Ontario
Hon. Marjorie Michel, Minister, Health Canada

The **Association of Local Public Health Agencies (alPHa)** is a not-for-profit organization that provides leadership to Ontario's boards of health, medical officers and associate medical officers of health, and senior public health managers across the public health disciplines — including nursing, inspections, nutrition, dentistry, health promotion, epidemiology, and business administration. As public health leaders, alPHa advises and provides expertise to members on the governance, administration, and management of local public health units. The Association also collaborates with governments and other health organizations to foster a strong, effective, and efficient public health system across the province. Through policy analysis, discussion, and collaboration, alPHa's members and staff promote public health policies that support the improvement of health promotion and protection, and disease prevention in communities across Ontario.

WINDSOR-ESSEX COUNTY HEALTH UNIT
Bureau de santé de Windsor-comté d'Essex

519-258-2146 | wechu.org |

1005 Ouellette Avenue, Windsor, ON N9A 4J8 | 33 Princess Street, Leamington, ON N8H 5C5

March 31, 2026

The Honourable Marc Miller
Minister of Canadian Heritage
House of Commons
Ottawa, ON K1A 0A6

The Honourable Sean Fraser
Minister of Justice and Attorney General of Canada
House of Commons
Ottawa, ON K1A 0A6

Re: Advancing Bill C-63 (Online Harms Act) to Protect Children and Youth

Dear Ministers,

On behalf of the Windsor-Essex County Board of Health, I am writing to express our strong support for the advancement and strengthening of Bill C-63, the Online Harms Act, and to urge the federal government to implement comprehensive protections that prioritize the safety and well-being of children and youth in Canada.

Across the country, families, educators, and healthcare providers are observing growing challenges faced by children and youth due to digital dependence, harmful online content, cyberbullying, sleep disruption, and mental-health impacts associated with unregulated social media environments. Locally, Windsor-Essex is seeing similar patterns, with increasing concerns about excessive screen use, exposure to inappropriate content, and the effects of social media on emotional regulation, sleep, physical activity, and healthy development.

In February 2026, the Windsor-Essex County Board of Health supported a resolution calling for action to support healthy technology habits among pre-school and school-aged children. This includes policies to support delayed use of technology, consistent protective messaging, early identification and enhanced support for families to support problematic technology use. Building on this, in March 2026, the Board passed a second resolution focused specifically on children and youth social media use, urging federal and provincial governments to implement stronger regulatory measures protect children and youth online, including advancing Bill C-63, the Online Harms Act.

We urge the federal government to move forward swiftly and strengthen Bill C-63 to ensure meaningful protections, clear enforcement, and accountability for platforms.

The Windsor-Essex County Board of Health is committed to supporting this work through local education, data sharing, and community engagement, and would welcome the opportunity to provide further insights.

Sincerely,

Joe Bachetti, Board Chair
Windsor-Essex County Health Unit

WINDSOR-ESSEX COUNTY HEALTH UNIT
Bureau de santé de Windsor-comté d'Essex

519-258-2146 | wechu.org |

1005 Ouellette Avenue, Windsor, ON N9A 4J8 | 33 Princess Street, Leamington, ON N8H 5C5

March 31, 2026

The Honourable Sylvia Jones
Deputy Premier and Minister of Health
Ministry of Health
College Park 5th Floor
777 Bay Street
Toronto, ON M7A 2J3

The Honourable Paul Calandra
Minister of Education
Ministry of Education
315 Front Street West
Toronto, ON M7A 0B8

Re: Provincial Action to Protect Children and Youth from Online Harms

Dear Ministers,

The Windsor-Essex County Board of Health urges the Province of Ontario to strengthen protections that support healthy technology and social media use among young people. Our Board's resolutions in February and March 2026 reflect growing evidence that excessive screen time, harmful online content, and unregulated platform design are contributing to mental-health concerns, sleep disruption, and developmental impacts across Ontario, including in Windsor-Essex.

Ontario has taken steps through PPM 128 to address digital safety in schools, but broader provincial action is needed to protect children and youth across all digital platforms.

Across Ontario, families, educators, and healthcare providers are observing growing challenges experienced by children and youth, including excessive screen use, exposure to inappropriate content, cyberbullying, sleep disruption, and mental-health impacts. Locally, Windsor-Essex is experiencing similar trends, with increasing concerns about the effects of social media on emotional regulation, sleep, physical activity, and healthy development.

We recommend that Ontario:

- Establish minimum age limits for social media use.
- Mandate age-appropriate design standards that prioritize safety and privacy.
- Strengthen age-verification requirements.
- Increase platform accountability for harmful content and addictive design.

These actions would complement federal initiatives such as Bill C-63 and ensure a coordinated approach to online safety. The Windsor-Essex County Board of Health is committed to supporting this work through education, partnerships, and data.

These actions would complement federal initiatives such as Bill C-63 and ensure a coordinated approach to online safety. The Windsor-Essex County Board of Health is committed to supporting this work through education, partnerships, and data.

Thank you for your leadership in protecting Ontario's young people.

Sincerely,

Joe Bachetti, Board Chair
Windsor-Essex County Health Unit

Public Health
Santé publique
SUDBURY & DISTRICTS

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f: 705.522.5182

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f: 705.677.9611

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St.-Charles ON P0M 2W0
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f: 705.867.0474

Espanola
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Île Manitoulin Island
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f: 705.377.5580

Chapleau
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Box / Boîte 485
Chapleau ON P0M 1K0
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f: 705.864.0820

toll-free / sans frais
1.866.522.9200

phsd.ca

March 31, 2026

VIA ELECTRONIC MAIL

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

Dear Honourable Minister Jones:

Re: Healthy Smiles Ontario fee schedule and access to dental care for children and youth

Our Board thanks your government for its ongoing leadership in expanding access to dental care, particularly through the Ontario Seniors Dental Care Program.

At its meeting on February 19, 2026, the Board of Health for Public Health Sudbury & Districts passed resolution #15-26 requesting that the Ministry of Health update the Healthy Smiles Ontario (HSO) Schedule of Dental Services and Fees to improve provider participation and access to dental care for children and youth. The full resolution is attached as an appendix.

Untreated dental disease in children contributes to pain, disrupted eating and sleep, ultimately impacting school performance and the long-term success of children. Complications of untreated dental disease are the leading cause of surgery in children, and among the most common reasons for pediatric day surgery requiring general anesthesia.

The HSO program, by preventing and treating dental disease early, reduces more severe impacts on children and relieves the health care system of the burden of treating complications.

At approximately 40 cents on the dollar as compared with the Ontario Dental Association Suggested Fee Guide, the current HSO reimbursement structure deters provider participation and has created a province-wide access challenge, leaving many families struggling to obtain timely dental treatment. While some families who are eligible for the Canadian Dental Care Plan (CDCP) can use it as a co-benefit mitigating this cost barrier, many families are not eligible for the CDCP.

Preventive oral health care for children reduces avoidable emergency department visits, limits progression to more complex and costly treatment, and supports school attendance and parental workforce participation. These upstream investments reduce downstream pressures on both the health and social service systems.

We respectfully request that the Ministry update the HSO Schedule of Dental Services and Fees to ensure appropriate funding, increased provider capacity, and equitable access to dental care for children and youth across Ontario.

This request builds on the government's strong leadership in improving access to dental care for seniors, now extending it to children. It also aligns with the Government of Ontario's stated priority of improving outcomes for children through prevention and early intervention, and with its commitment to ensuring children have the supports they need to succeed and thrive.

We would welcome the opportunity for our staff to support this work in any way helpful, including by sharing local insights on access challenges and opportunities for effective implementation.

Sincerely,

Mark Signoretti
Chair, Board of Health

cc: Dr. M. M. Hirji, Medical Officer of Health and Chief Executive Officer
Dr, Kieran Moore, Chief Medical Officer of Health for Ontario
Dr. David A. Brown, Chair, Board of Directors and President, Ontario Dental Association
Ontario Boards of Health

Board of Health for Public Health Sudbury & Districts
Resolution #15-26 | February 19, 2026

Healthy Smiles Ontario Fee Schedule and Access to Dental Care for Children and Youth

WHEREAS children and youth in Ontario face significant barriers in accessing dental care through the Healthy Smiles Ontario (HSO) program due to a fee schedule that results in reduced provider participation; and

WHEREAS acceptance of the Healthy Smiles Ontario program is at the discretion of individual dental providers, and many dental offices choose not to participate because reimbursement rates under the HSO Schedule of Dental Services and Fees are substantially lower than those outlined in the 2025 Ontario Dental Association (ODA) Suggested Fee Guide for General Practitioners; and

WHEREAS delayed or untreated dental issues can lead to pain, impaired concentration and school performance, disrupted eating and sleeping patterns, permanent tooth damage, the need for surgery under general anesthesia, and, in the most severe cases, life-threatening conditions; and

WHEREAS early prevention and timely detection of oral health issues significantly improve health outcomes and reduce strain on the health care system;

THEREFORE BE IT RESOLVED THAT the Board of Health requests the Ministry of Health increase reimbursement rates outlined in the Healthy Smiles Ontario Schedule of Dental Services and Fees for dental providers so that they align with the 2026 Ontario Dental Association Suggested Fee Guide for General Practitioners, in order to encourage provider participation and improve access to dental care for children and youth; and

BE IT FURTHER RESOLVED THAT the Board directs the Acting Medical Officer of Health to engage in cross-agency collaboration with other local public health agencies and undertake agency-level advocacy to strengthen the case for improved Healthy Smiles Ontario fee scheduling.

Public Health
Santé publique
SUDBURY & DISTRICTS

Schedule 9.8

March 31, 2026

VIA ELECTRONIC MAIL

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

Dear Minister Jones:

Re: Public Health Sudbury & Districts 2026–2028 Risk Management Plan

On behalf of the Board of Health for Public Health Sudbury & Districts, thank you for your consistent engagement and support of public health.

The Board of Health recently adopted a Risk Management Plan for 2026–2028. We take seriously this exercise as critical to protecting public dollars as well as enuring our agency is positioned to enhance the public's health.

I am writing to share several system-level risks that go beyond the ability of a local agency to address, and to respectfully request the Province's engagement and collaboration on these matters.

These risks remain rated as high despite the implementation of all feasible controls within the authority of a local public health agency. They reflect structural and system-level challenges that affect public health and health system performance across Ontario and extend beyond the influence of any one local agency.

- **Public trust and misinformation**
  The erosion of trust in public institutions and the scale of misinformation circulating in the current information environment pose ongoing risks to effective public health action. While local public health agencies continue to adapt communication strategies and strengthen

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community engagement, these challenges are fundamentally national and global in nature and would benefit from coordinated provincial and intergovernmental approaches.

- **Service continuity and access to care**
  Persistent gaps in service delivery—particularly where public health mandates intersect with primary care—continue to affect continuity of care and health outcomes for vulnerable populations. These challenges reflect broader health system capacity, governance, and accountability pressures, rather than local program design.
- **Jurisdictional complexity and equity for First Nations communities**
  Ongoing ambiguity between federal, provincial, and First Nations roles in service delivery continues to create inequities and operational uncertainty. Despite sustained local engagement and advocacy, progress remains limited, and meaningful resolution requires clearer policy direction, leadership and coordination at higher levels of government.
- **Economic and geopolitical pressures affecting population health**
  External forces, including tariffs and broader economic pressures, are contributing to increased costs and reduced access to essential goods such as nutritious food. These pressures disproportionately affect populations already experiencing vulnerability and are well beyond the scope of influence of local public health agencies. We are please that this is already a priority for your government, and we hope we collaborate to do even more to address them.
- **Persistent systemic inequities**
  Structural racism and long-standing societal barriers continue to harm health outcomes and trust in public systems. While local public health agencies are strengthening equity-focused practices, the underlying drivers of these risks require sustained, cross-sector and system-wide policy attention and collaboration.

While financial sustainability is an underlying consideration in any risk environment, the Board's primary purpose in writing is to underscore that many of the most significant risks facing public health are shared, province-wide challenges that require coordinated system-level engagement and provincial leadership to meaningfully address.

The Board of Health would welcome the opportunity to meet with the Ministry to discuss these risks in greater detail and to share insights from local experience that may support provincial policy and planning efforts. Public Health Sudbury & Districts remains committed to working collaboratively with the Province to strengthen public trust, improve equity, and support resilient and effective public health and health systems across Ontario.

Thank you for your consideration of these important issues.

Sincerely,

Mark Signoretti
Chair, Board of Health

cc: Dr. M.M. Hirji, Medical Officer of Health and Chief Executive Officer
Dr. Kieran Moore, Chief Medical Officer of Health
Dr. Kate Bingham, Associate Chief Medical Officer of Health
France Gélinas, Member of Provincial Parliament, Nickel Belt
Jamie West, Member of Provincial Parliament, Sudbury
Bill Rosenberg, Member of Provincial Parliament, Algoma – Manitoulin
Association of Local Public Health Agencies
Local Municipalities
Ontario Boards of Health

Schedule 9.9

PO Box 73510, RPO Wychwood
Toronto, Ontario M6C 4A7
E-mail: info@alphaweb.org

March 27, 2026

Dr. Kieran Moore
Chief Medical Officer of Health
P. O. Box 12
Toronto, Ontario M7A 1N3

Dear Dr. Moore,

Re. Congratulations from alPHa

On behalf of the Association of Local Public Health Agencies (alPHa), including its Boards of Health (BOH) Section, Council of Ontario Medical Officers of Health (COMOH) Section, and Affiliate organizations, I am pleased to congratulate you on your reappointment as Chief Medical Officer of Health (CMOH) for the Province of Ontario.

Your contributions to Ontario's public health system over the past five years have been substantial. You brought an invaluable local perspective to the role at a pivotal time, as the province responded to the COVID-19 pandemic, arguably the most significant public health emergency in Ontario's history.

You have strengthened the Office of the Chief Medical Officer of Health and have fostered more meaningful engagement. This work has laid a solid foundation for continued system improvement and has advanced a shared vision for health protection, health promotion, and disease prevention across Ontario. We are pleased the government has recognized both the importance of the CMOH role and the leadership you bring to it.

As the collective voice of Ontario's locally based public health agencies, we value your ongoing willingness to engage with us in a substantive and collaborative manner. This includes regular meetings with alPHa's Board of Directors and Executive Committee, as well as the COMOH Section and BOH Section, and our Affiliate organizations.
We look forward to continuing to build on this important relationship and to supporting you in the opportunities and challenges ahead. Our Members are committed to working with you towards a robust, responsive, and sustainable local public health system that enables all Ontarians to achieve optimal health.

Once again, congratulations. We look forward to continued collaboration as we work together toward making Ontario the healthiest province in Canada.

Yours truly,

Dr. Hsiu-Li Wang
Chair
alPHa

Loretta Ryan
Chief Executive Officer
alPHa

Copy: Hon. Doug Ford, Premier of Ontario
Hon. Sylvia Jones, Deputy Premier and Minister of Health
Elizabeth Walker, Executive Lead, Office of Chief Medical Officer of Health

The **Association of Local Public Health Agencies (alPHa)** is a not-for-profit organization that provides leadership to Ontario's boards of health, medical officers and associate medical officers of health, and senior public health managers across the public health disciplines — including nursing, inspections, nutrition, dentistry, health promotion, epidemiology, and business administration. As public health leaders, alPHa advises and provides expertise to Members on the governance, administration, and management of local public health units. The Association also collaborates with governments and other health organizations to foster a strong, effective, and efficient public health system across the province. Through policy analysis, discussion, and collaboration, alPHa's Members and staff promote public health policies that support the improvement of health promotion and protection, and disease prevention in communities across Ontario.

Schedule 9.10

City of Belleville

CORPORATE SERVICES DEPARTMENT
TELEPHONE 613-968-6481
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169 FRONT STREET
BELLEVILLE, ONTARIO
K8N 2Y8

March 26, 2026

Warden Nathan Townend, Chair
Southeast Public Health
Board of Health

Via email: warden@lennox-addington.on.ca

Dear Warden Townend:

RE: Southeast Health Unit Budget Amendment
Motions
11.2, Belleville City Council Meeting March 23, 2026

This is to advise you that at the Council meeting of March 23, 2026, the following resolution was approved.

> That a budget amendment for the Southeast Health Unit from a 3% increase to a 0% increase from last years budget request and that those funds be directed to the Tax Rate Stabilization reserve.

Yours truly,

Doug Irwin
City Clerk

DI/nh
Pc: Director of Finance/Treasurer
John Wickson, Manager, Finance|Corporate Services SEPHU john.wickson@southeastph.ca

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March 12th, 2026

The Honourable Rosemary Moodie, Senator
Chair, Standing Senate Committee on Social Affairs, Science and Technology
The Senate of Canada
Ottawa, Ontario K1A 0A4

Sent via email: Rosemary.Moodie@sen.parl.gc.ca

Dear Senator Moodie,

Re: Endorsement of Middlesex-London Health Unit Policy Position on Alcohol Labelling

On behalf of the Windsor-Essex County Health Unit (WECHU) Board of Health, we are writing to formally express our strong support for the Middlesex-London Health Unit's (MLHU) Policy Position on Alcohol Labelling and the recommendations outlined in Report No. 0526, including support for federal action through Bill S-202, *An Act to amend the Food and Drugs Act (warning label on alcoholic beverages)*.

We commend the Middlesex-London Board of Health and Health Unit staff for their leadership in promoting an evidence-informed policy position to address the substantial and preventable health harms associated with alcohol use. Alcohol continues to be a major contributor to chronic disease, injury, and premature mortality in Canada, and it remains the only legalized psychoactive substance that is not required to display comprehensive, regulated health warning labels.

Alcohol Harms in Windsor-Essex County

The concerns outlined by MLHU closely reflect the situation in Windsor-Essex. Alcohol-attributable harms place a significant and ongoing burden on our local health system, emergency services, and community wellbeing.

Local surveillance and provincial estimates further highlight the impact of alcohol in Windsor-Essex:

- 62% of residents report regular alcohol use.
- Over 2,000 emergency department visits in 2024 were attributable to alcohol, far exceeding opioid-related visits.
- Annual alcohol-related rates include:
    - 416.13 emergency room visits per 100,000 residents, and
    - 260 hospitalizations per 100,000 residents, which exceeds the provincial average.
- Public Health Ontario (2023) estimates alcohol contributes annually to:
    - 142 deaths,
    - 560 hospitalizations, and
    - 4,395 ER visits in Windsor-Essex.

These harms also contribute to pressures on local emergency response services, including potential impacts during Code Black periods linked to high call volumes and offload delays.

Together, these data reinforce that alcohol-related harm is a significant and persistent public health concern in our region and underscores the need for strengthened alcohol policy measures at the national level.

Rationale for Alcohol Labelling

We strongly support MLHU's position that mandatory, standardized alcohol labelling is a modest yet highly effective measure to improve consumer awareness and reduce harm. Evidence demonstrates that clear, well-designed labels:

- Increase awareness of cancer and chronic disease risks, even at low levels of consumption;
- Improve understanding of alcohol strength and standard drink size;
- Support informed decision-making at the point of purchase and consumption; and
- Complement Canada's Guidance on Alcohol and Health in a format accessible across socioeconomic groups.

Alcohol labelling is consistent with Canada's approach to other legalized substances, including tobacco and non-medical cannabis, which must display standardized health warnings and product details. Closing this policy gap for alcohol represents an important, evidence-based measure to help reduce preventable harm.

Endorsement and Call to Action

The Windsor-Essex County Health Unit Board of Health fully endorses:

- The Middlesex-London Health Unit Policy Position on Alcohol Labelling (Appendix C, Report No, 0526), and
- The Statement from Provincial and Territorial Chief Medical Officers of Health on Labelling of Alcohol Products.

Both of which call for mandatory alcohol labels that include:

1. Prominent, rotating health warning messages;
2. Canada's Guidance on Alcohol and Health; and
3. Clear standard drink information per container and per serving.

A coordinated national approach to alcohol labelling will help reduce preventable harms, strengthen health equity, and support Canadians in making informed choices.

Thank you for your leadership on this important public health issue. We look forward to continued collaboration to advance evidence-based policy that protects and promotes the health and wellbeing of Canadians.

Sincerely,

Joe Bachetti

Chair; Board of Health, Windsor-Essex County Health Unit

References

Public Health Ontario. (2023). *Burden of health conditions attributable to smoking and alcohol by public health unit in Ontario (Appendix A: Estimates).* https://www.publichealthontario.ca/en/Health-Topics/Health-Promotion/Tobacco/Smoking-Alcohol

Canadian Centre on Substance Use and Addiction. (2023). *Canada's guidance on alcohol and health: Final report*. https://www.ccsa.ca/sites/default/files/2023-01/CCSA_Canadas_Guidance_on_Alcohol_and_Health_Final_Report_en.pdf

Canadian Centre on Substance Use and Addiction. (2025, November 21). *Statement from the Provincial and Territorial Chief Medical Officers of Health on labelling of alcohol products*. Drink Less Live More. https://drinklesslivemore.ca/en/statement-provincial-territorial-chief-medical-officers-health-labelling

Windsor-Essex County Health Unit. (2025). *Alcohol/Smoking Dashboard* https://www.wechu.org/reports/alcoholsmoking-dashboard

CC:

Board of Health for the Middlesex-London Health Unit

Board of Health for the Northwestern Health Unit

The Honourable Flordeliz (Gigi) Osler, Senator

The Honourable Dawn Arnold, Senator

The Honourable Victor Boudreau, Senator

The Honourable Patrick Brazeau, Senator

The Honourable Sharon Burey, Senator

The Honourable Margo Greenwood, Senator

The Honourable Katherine Hay, Senator

The Honourable Marty Klyne, Senator

The Honourable Marilou McPhedran, Senator

The Honourable Tracy Muggli, Senator

The Honourable Chantal Petitclerc, Senator

The Honourable Paulette Senior, Senator

Harb Gill, Member of Parliament for Windsor West

Kathy Borrelli, Member of Parliament for Windsor- Tecumseh- Lakeshore

Chris Lewis, Member of Parliament for Essex

Dave Epp, Member of Parliament for Chatham-Kent-Leamington

Andrew Dowie, Member of Provincial Parliament for Windsor-Tecumseh

Lisa Gretzky, Member of Provincial Parliament for Windsor West

Anthony Leardi, Member of Provincial Parliament for Essex

Trevor Jones, Member of Provincial Parliament for Chatham -Kent- Leamington

City of Windsor

County of Essex

Ontario Boards of Health

Association of Local Public Health Agencies (alPHa)