Board of Health Meeting # 03-26

Public Health Sudbury & Districts

Thursday, April 16, 2026

1:30 p.m.

Boardroom

1300 Paris Street

Public Health
Santé publique
SUDBURY & DISTRICTS

AGENDA – THIRD MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
BOARDROOM, SECOND FLOOR
THURSDAY, APRIL 16, 2026 – 1:30 P.M.

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

4. DELEGATION/PRESENTATION

i) Infection Prevention and Control Hub Program

- Stephanie Zakrocki, Manager, IPAC Hub, Health Protection Division
- Halana Barbosa, IPAC Practitioner, Health Protection Division

5. CONSENT AGENDA

i) Minutes of Previous Meeting

a. Second Board of Health Meeting – February 19, 2026

ii) Business Arising From Minutes

iii) Report of Standing Committees

iv) Report of the Medical Officer of Health / Chief Executive Officer

a. MOH/CEO Report, April 2026

v) Correspondence

a. Alcohol Labelling

- Letter from Windsor-Essex County Board of Health to the Standing Senate Committee on Social Affairs, Science and Technology, The Senate of Canada, dated March 12, 2026

b. Protecting Workers from Growing Food Insecurity, Exacerbated by U.S. Tariffs

- Resolution passed by the Municipality of Killarney Council at their regular meeting held March 11, 2026
- Letter and Resolution from the Manitoulin-Sudbury District Services Board Chair dated February 24, 2026

c. Food Handler Training – Windsor Essex County Food Premises
- Resolution passed by the Windsor-Essex County Board of Health at their regular meeting held on February 5, 2026

d. Digital Dependence Support and Prevention in Pre-School and School Aged Children
- Resolution passed by Windsor-Essex County Board of Health at their regular meeting held on February 5, 2026

e. Canada's Chief Public Health Officer (effective April 1, 2026)
- Letter of welcome from the Association of Public Health Agencies to Dr. Joss Reimer, Chief Public Health Officer, dated April 1, 2026

f. Chief Medical Officer of Health for Ontario – Reappointment
- Letter from the Association of Public Health Agencies to Dr. Kieran Moore, Chief Medical Officer of Health, dated March 27, 2026

g. Protecting Children and Youth from Online Harms (Bill C-63)
- Letter from Windsor-Essex County Board of Health to the Minister of Canadian Heritage and the Minister of Justice and Attorney General of Canada, dated March 31, 2026
- Letter from Windsor-Essex County Board of Health to the Deputy Premier and Minister of Health and the Minister of Education, dated March 31, 2026

vi) Items of Information

a. alPHa's Workplace Health and Wellness Infographic *This Spring, Take the Active Route*

APPROVAL OF CONSENT AGENDA

MOTION:

THAT the Board of Health approve the consent agenda as distributed.

6. NEW BUSINESS

i) Strengthening Critical Infrastructure Resilience in Public Health: Seeking Federal Partnership on Airborne Biological and Cyber Risk

- Briefing note from the Medical Officer of Health and Chief Executive Officer dated April 9, 2026

STRENGTHENING CRITICAL INFRASTRUCTURE RESILIENCE IN PUBLIC HEALTH: SEEKING FEDERAL PARTNERSHIP ON AIRBORNE BIOLOGICAL AND CYBER RISK

MOTION:

WHEREAS the federal government is seeking credible, evidence-based investments within defence and security-related spending that advance national resilience objectives and align with NATO defence-adjacent accounting frameworks; and

WHEREAS Public Health Sudbury & Districts can assist the federal government in identifying opportunities for investments such as maintaining essential health services during emergencies, safeguarding large volumes of sensitive health data, and supporting pandemic preparedness, biosecurity, and cybersecurity; and

WHEREAS public health is not routinely positioned as part of Canada's critical infrastructure or resilience ecosystem within current federal funding frameworks, creating a risk that the protection of public health may be overlooked for relevant defence-adjacent and resilience-focused investments;

THEREFORE BE IT RESOLVED THAT the Board of Health write to the Minister of National Defense, Minister of Health, Minister of Public Safety, President of the Treasury Board, and the Chief Public Health Officer of Canada to highlight the opportunity to leverage local public health to advance national resilience and cybersecurity priorities under national security-related funding programs;

AND FURTHER THAT the Board directs the Medical Officer of Health to issue a positioning letter to senior officials at Public Safety Canada, Treasury Board of Canada Secretariat, Shared Services Canada, and the Canadian Centre for Cyber Security, to signal the role of local public health within national resilience and cybersecurity priorities.

ii) Support for Transitioning to the Combined Dtap-HB-IPV-Hib Vaccine into Ontario's Publicly Funded Immunization Schedule to Strengthen Early Protection against Hepatitis B

- Resolution passed by the Algoma Public Health Board of Health at their regular meeting held on February 25, 2026

COMBINED DTAP-HB-IPV-HIB VACCINE

MOTION:

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.

iii) Transition to a Departmental Model at NOSM University & Implications Resulting

- Briefing note from the Medical Officer of Health and Chief Executive Officer dated April 9, 2026

iv) Association of Local Public Health Agencies (alPHa)

a. alPHa's 2026 Conference and Annual General Meeting, June 8-10, 2026

- Pre-Notice to Members of 2026 Annual General Meeting
- Preliminary Conference Program
- BOH Section Meeting Agenda
- Call for Resolutions and for 2026 Distinguished Service Awards

7. ADDENDUM

ADDENDUM

MOTION:

THAT this Board of Health deals with the items on the Addendum.

8. IN CAMERA

IN CAMERA

MOTION:

THAT this Board of Health goes in camera to deal with labour relations or employee negotiations and to deal with information explicitly supplied in confidence to the municipality or local board by Canada, a province or territory or a Crown agency of any of them. Time: _____

9. RISE AND REPORT

RISE AND REPORT

MOTION:

THAT this Board of Health rises and reports. Time: _____

10. ANNOUNCEMENTS

11. ADJOURNMENT

ADJOURNMENT

MOTION:

THAT we do now adjourn. Time: ____

Public Health
Santé publique
SUDBURY & DISTRICTS

MINUTES – SECOND MEETING
BOARD OF HEALTH
PUBLIC HEALTH SUDBURY & DISTRICTS
BOARDROOM, LEVEL 3
THURSDAY, FEBRUARY 19, 2026 – 1:30 P.M.

BOARD MEMBERS PRESENT

Robert Barclay
Michel Brabant
Natalie Labbée
Abdullah Masood
Amy Mazey
Ken Noland
Michel Parent (joined at 2pm)
Mark Signoretti
Natalie Tessier
Tom Trainor

BOARD MEMBERS REGRET

Ryan Anderson
Renée Carrier
Angela Recollet

STAFF MEMBERS PRESENT

Kathy Dokis
Stacey Gilbeau
Renée Higgins
M. Mustafa Hirji
Stacey Laforest
Rachel Quesnel, Recorder
Renée St Onge
Chidubem Okechukwu (NOSMU Resident)

M. SIGNORETTI PRESIDING

1. CALL TO ORDER AND TERRITORIAL ACKNOWLEDGMENT

The meeting was called to order at 1:31 p.m.

- Lieutenant Governor appointment to the Board of Health for Public Health Sudbury & Districts, Tom Trainor, dated January 15, 2026

Tom Trainor, was welcomed at his first Board of Health meeting.

2. ROLL CALL

3. REVIEW OF AGENDA/DECLARATIONS OF CONFLICTS OF INTEREST

The agenda package was pre-circulated.

4. DELEGATION/PRESENTATION

i) 2025 Year-In Review

- Stacey Laforest, Director, Health Protection Division
- Kathy Dokis, Director, Indigenous Public Health
- Stacey Gilbeau, Director, Health Promotion and Vaccine Preventable Diseases Division and Chief Nursing Officer
- M. Mustafa Hirji, Medical Officer of Health and Chief Executive Officer

Dr. Hirji and Directors, Kathy Dokis, Stacey Gilbeau, and Stacey Laforest, presented a year in-review highlighting a few examples of Public Health Sudbury & Districts' impact through work undertaken during 2025 including the measles outbreak response, efforts to improve vaccine coverage, initiatives for safe and affordable housing, and internal anti-racism work. The team emphasized the importance of steady and consistent work over multiple years, trust-building, and platforming marginalized voices. The end-of-year report will be published and shared publicly via phsd.ca.

Questions and comments were entertained relating Public Health Sudbury & Districts higher than provincial average vaccination rates for seven-year-old students, and variances in uptake for individual measles, mumps and rubella vaccinations. The presenters were thanked for the information.

5. CONSENT AGENDA

i) Minutes of Previous Meeting

a. First Meeting – January 15, 2026

ii) Business Arising from Minutes

iii) Report of Standing Committees

iv) Report of the Medical Officer of Health/Chief Executive Officer

a. MOH/CEO Report, February 2026

v) Correspondence

a. Highway Safety in Northern Ontario

- Letter from Northeastern Public Health Board of Health Chair to the Prime Minister and Premier of Ontario, dated January 14, 2026

b. Ministry Appointments – Public Health Sudbury & Districts Medical Officer of Health and Associate Medical Officer of Health

- Letter from the Deputy Premier and Minister of Health to the Board of Health Chair for Public Health Sudbury & Districts Re: Appointment of Dr. Mustafa Hirji, Medical Officer of Health dated February 5, 2026
- Letter from the Deputy Premier and Minister of Health to the Board of Health Chair for Public Health Sudbury & Districts Re: appointment of Dr. Emily Groot, Associate Medical Officer of Health dated February 5, 2026

vi) Items of Information

a. None

The Board was pleased to hear that the Minister of Health has officially approved appointments of Dr. Hirji as Medical Officer of Health and Dr. Groot as Associate Medical Officer of Health for Public Health Sudbury & Districts. Congratulations were extended to both Dr. Hirji and Dr. Groot and that *Acting* can now be removed from their titles.

Given the alPHa Winter Symposium occurred after the February 19 Board agenda package was released, MM Hirji provided and overview of sessions from the Symposium and some key highlights for a session on government relations. R. Barclay who also attended the Symposium shared that the Symposium was worthwhile and included many compelling public health messages.

14-26 APPROVAL OF CONSENT AGENDA

MOVED BY NOLAND – LABBEE: THAT the Board of Health approve the consent agenda as distributed.

CARRIED

6. NEW BUSINESS

i) Follow-up to Inquiry on 2026–2028 Risk Management Plan Regarding High Risk Items with Minimal Mitigation from Controls

- Briefing Note from the Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated February 12, 2026

In follow-up to the Board's approval of the 2026-2028 Risk Management Plan at the January 15, 2026, Board meeting, an additional report was shared at the Board's request regarding the six areas of risks where both the initial inherent and the expected residual risk remained in the highest risk category. Board members wished to understand the details around the six risk areas.

The briefing note describes why these are risks are beyond our control and the challenges to further mitigate. M.M. Hirji reviewed each of the six risks, their inherent risk ratings and

residual risk ratings as well as the challenges to further mitigate each risk given these risks stem from large-scale systemic, structural, or external forces. These risks are documented within the Risk Management Plan to provide transparency on the risks that will affect the organization in the next three years.

Questions and comments were entertained, and Board members appreciated the explanations. Given that these challenges cannot be resolved through local operational controls alone, it was recommended that a letter be prepared to be sent to the provincial government from the Board Chair advocating for change.

ii) Healthy Smiles Ontario Fee Schedule and the Impacts on Access to Dental Care for Children and Youth

- Briefing Note from the Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated February 12, 2026

The Board received a briefing note regarding the Healthy Smiles Ontario (HSO) program and the impacts of the current provincial fee schedule on access to dental care for children and youth. M.M. Hirji shared that HSO is a provincial dental program that funds preventive and emergency dental services for children and youth 17 years old and under from Ontario households who qualify based on income eligibility requirements. Untreated dental disease in children contributes to pain, disrupted eating and sleeping, impacts school performance, and could have longer-term health consequences. Dental caries remain one of the leading causes of pediatric day surgery requiring general anesthesia, underscoring the importance of early prevention and timely treatment.

The Medical Officer of Health explained that dental care is almost entirely delivered through private providers, and their participation in public payment programs such as HSO is voluntary. The current HSO *Schedule of Dental Services and Fees* reimburses dental providers at rates significantly below the Ontario Dental Association (ODA) Suggested Fee Guide, estimated at approximately 40 cents on the dollar. As a result, dental offices are unable or unwilling to accept HSO clients, and the local public health referral list of dentists accepting HSO clients has declined to the point where no providers are routinely accepting new HSO-only patients. While the federal Canadian Dental Care Plan (CDCP) has improved access for some families, it does not cover all children, particularly newcomers, families who have not filed income taxes, or those with minimal private insurance. Even when CDCP coverage is available, out-of-pocket costs may still present barriers.

Board members were advised of the results of a comprehensive recent survey of local dental providers, which found that 25% would be willing accept HSO as the primary coverage without supplementation, with an additional proportion accepting HSO when coordinated with the CDCP. Some providers indicated they would be more willing to participate if HSO reimbursement rates were increased or supplemented. The Board discussed the importance of advocacy to address the growing gap between HSO fees and

the ODA Suggested Fee Guide, noting that inflation has further widened this gap over time. It was proposed that advocacy efforts include direct communication with the Ministry of Health, as well as collaboration with other public health agencies and provincial partners to strengthen a coordinated request for improved reimbursement rates.

Questions and comments were entertained. It was clarified that, on average, the CDCP reimburses at 80% of ODA guidelines.

15-26 HEALTHY SMILES ONTARIO FEE SCHEDULE AND THE IMPACTS IT HAS ON ACCESS TO DENTAL CARE FOR CHILDREN AND YOUTH

MOVED BY TESSIER - BARCLAY: 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 result in reduced provider participation; and

WHEREAS acceptance of HSO is at the discretion of individual dental providers, and many offices choose not to participate because reimbursement rates under the HSO Schedule of Dental Services and Fees are substantially lower than 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 anesthesia, and in the most severe cases, life-threatening conditions; and

WHEREAS early prevention and detection significantly improve health outcomes and reduce strain on the healthcare system;

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

FURTHER THAT the Board directs the Medical Officer of Health to engage in both cross-agency collaboration with other local public health agencies and agency-level advocacy to strengthen the case for improved HSO fee scheduling.

CARRIED UNANIMOUSLY

iii) Accountability Monitoring Plan Report

- 2025 Accountability Monitoring Plan Report

Accountability monitoring reports demonstrate how Public Health Sudbury & Districts has achieved provincial mandates and local commitments and demonstrates the alignment between work done under the Strategic Priorities and its Risk Management Plan. The results presented in the 2025 Accountability Monitoring Report illustrate continued progress on Public Health's requirements, with a particular focus on the operationalization of the agency's 2024–2028 Strategic Plan.

It was pointed out that some performance for the strategic priorities are reported as N/A for 2024 as criteria for qualifying submissions were created in 2025 and they are no longer comparable to the submissions and data in 2025. The new criteria place a stronger emphasis on demonstrating the outcome and impact of each initiative or activity, ensuring that submissions reflect not just what was done, but the meaningful results achieved

The 2025 Accountability Monitoring Plan Report was reviewed by the Joint Board Staff Accountability Working Group on February 2, 2026. Board membership on the Working Group include R. Carrier, R. Barclay and A. Mazey. Amy Mazey provided an update regarding the Working Group's review and input into the 2025 Accountability Monitoring Report. The Working Group feedback incorporated into the report presented today was summarized. Highlights which demonstrate progress across all four strategic priorities were provided.

iv) New format for MOH/CEO Report to the Board

- Briefing Note from the Medical Officer of Health and Chief Executive Officer to the Board of Health Chair dated February 12, 2026

In response to provincial funding not keeping pace with inflation and the need to limit cost impacts on municipalities by prioritizing higher-value work and reducing lower-value activities, it was noted that a new reporting approach is being recommended due to the high cost in staff time to prepare the current report, as well as an opportunity to evolve the report to better support strategic-level governance by the Board. The estimated cost to produce the current report is $28,000 per year across all Board of Health meetings.

The Board discussed the proposal to change the format of the MOH/CEO Report received at each Board of Health meeting, shifting away from a highly operational report with granular data toward a shorter, more strategic report. Some operational and performance data currently included in the report would instead be posted publicly on phsd.ca. Board members expressed appreciation for the quality and value of the current Board report and noted that the level of staff time invested in its development was unexpected. Members agreed the proposed approach would enhance transparency while avoiding duplication of

the detailed operational information and would better align reporting with the Board's strategic governance role.

The Board voiced its support to move to an outcomes-based report while maintaining some elements such as the *Words for Thought*. If the new format does not meet the needs of the Board, it can be revisited.

v) Constance Lake Inquest Jury Recommendations

- Letter and Verdict of Inquest Jury from the Office of the Chief Coroner, Ontario Forensic Pathology Service, Ministry of the Solicitor General, dated January 23, 2026

This correspondence is further to the presentation at the January 15, 2026, Board meeting titled *Inquest into the deaths of Luke Moore, Lorraine Shaganash, Lizzie Sutherland, Mark Ferris, and Douglas Taylor*, where Dr. Groot outlined recommendations from the coroner's inquest into the 2021 blastomycosis outbreak affecting Constance Lake First Nation. A summary document had also been shared outlining nine Coroner recommendations that applied to public health and what Public Health Sudbury & Districts is actioning locally relating to the recommendations.

It was shared for the Board's information that the Coroner's office is now requesting Boards of Health provide input on what they are doing that aligns with the Inquest report. Comments and questions were entertained relating to surveillance relating to pets as one of the recommendations. It was clarified that most recommendations don't relate or impact public health; however, we will prepare our response for the Coroner's office based on the information already compiled listing our local actions relating to the nine recommendations that are specific to public health.

7. ADDENDUM

There was no addendum.

8. ANNOUNCEMENTS

- February 19, 2026, Board of Health meeting evaluation

Board members were invited to complete the evaluation for today's Board meeting.

- Annual Requirements for Board of Health members

Board of Health members were reminded to review the Code of Conduct and Conflict of Interest Policies and Procedures and complete the Code of Conduct and Conflict of Interest declaration forms.

- Next Board of Health Meeting

There is no regular Board of Health meeting in March. The next regular Bord of Health meeting will be held on Thursday, April 16, 2026, at 1:30 p.m.

9. ADJOURNMENT

16-26 ADJOURNMENT
MOVED BY BRABANT – MAZEY: THAT we do now adjourn. Time: 2:46 p.m.

CARRIED

_____ _____

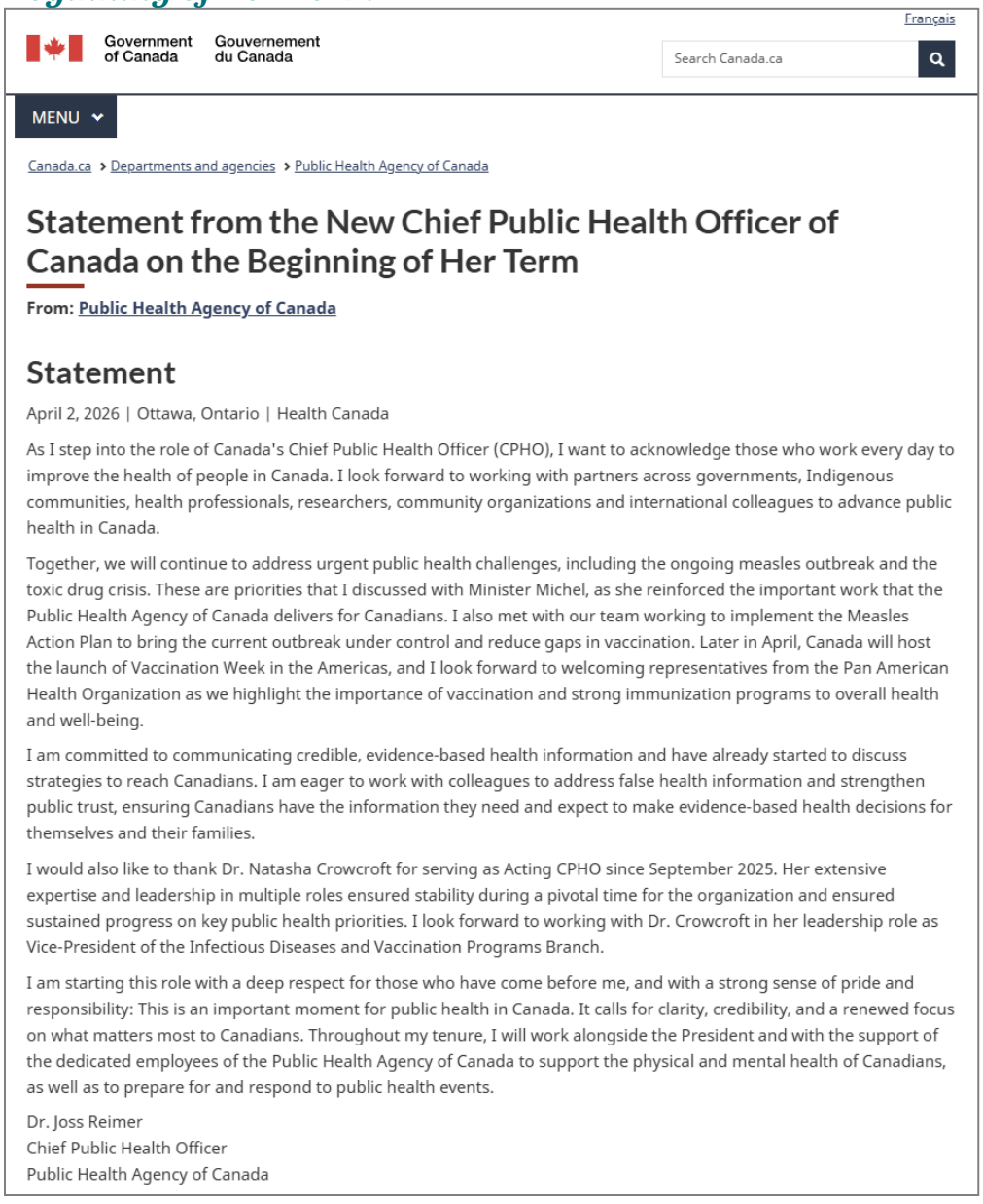
(Chair) (Secretary)

Public Health
Santé publique
SUDBURY & DISTRICTS

Medical Officer of Health/Chief Executive Officer Board of Health Report, April 2026

Words for thought

Statement from the New Chief Public Health Officer of Canada on the Beginning of Her Term



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Statement from the New Chief Public Health Officer of Canada on the Beginning of Her Term

From: Public Health Agency of Canada

Statement

April 2, 2026 | Ottawa, Ontario | Health Canada

As I step into the role of Canada's Chief Public Health Officer (CPHO), I want to acknowledge those who work every day to improve the health of people in Canada. I look forward to working with partners across governments, Indigenous communities, health professionals, researchers, community organizations and international colleagues to advance public health in Canada.

Together, we will continue to address urgent public health challenges, including the ongoing measles outbreak and the toxic drug crisis. These are priorities that I discussed with Minister Michel, as she reinforced the important work that the Public Health Agency of Canada delivers for Canadians. I also met with our team working to implement the Measles Action Plan to bring the current outbreak under control and reduce gaps in vaccination. Later in April, Canada will host the launch of Vaccination Week in the Americas, and I look forward to welcoming representatives from the Pan American Health Organization as we highlight the importance of vaccination and strong immunization programs to overall health and well-being.

I am committed to communicating credible, evidence-based health information and have already started to discuss strategies to reach Canadians. I am eager to work with colleagues to address false health information and strengthen public trust, ensuring Canadians have the information they need and expect to make evidence-based health decisions for themselves and their families.

I would also like to thank Dr. Natasha Crowcroft for serving as Acting CPHO since September 2025. Her extensive expertise and leadership in multiple roles ensured stability during a pivotal time for the organization and ensured sustained progress on key public health priorities. I look forward to working with Dr. Crowcroft in her leadership role as Vice-President of the Infectious Diseases and Vaccination Programs Branch.

I am starting this role with a deep respect for those who have come before me, and with a strong sense of pride and responsibility: This is an important moment for public health in Canada. It calls for clarity, credibility, and a renewed focus on what matters most to Canadians. Throughout my tenure, I will work alongside the President and with the support of the dedicated employees of the Public Health Agency of Canada to support the physical and mental health of Canadians, as well as to prepare for and respond to public health events.

Dr. Joss Reimer
Chief Public Health Officer
Public Health Agency of Canada

We welcome Dr. Joss Reimer as our new Chief Public Health Officer of Canada!

Dr. Reimer has been a health leader for over a decade in Canada. She is most distinguished as the past president of the Canadian Medical Association, as the provincial lead in Manitoba for the COVID-19 vaccination campaign, and for multiple roles she held at the Winnipeg Regional Health Authority. Significantly, this latter experience makes her the first of the past five Chief Public Health Officers to have local public health practice experience, and only the second Chief Public Health Officer ever to have such experience. We appreciate having someone in the role who understands public health on the front lines!

Based on past writings. Dr. Reimer has had particular interest in misinformation and public trust, immunization, and health equity. Misinformation has received particular emphasis from her, and indeed it gets a dedicated paragraph in her opening statement. As outlined in our 2026-2028 Risk Management Plan, misinformation is one of the most significant risks facing our agency, and we have advocated that there needs to be greater provincial and federal leadership on this topic. We are therefore pleased to see this focus by Dr. Reimer.

We look forward to working with Joss Reimer on misinformation, and the many pressing public health issues that face Canada and our communities.

Source: Statement from the New Chief Public Health Officer of Canada on the Beginning of Her Term - Canada.ca

Date: April 2, 2026

General Report

1. Board report

Following the briefing note that was tabled at the February 19, 2026, Board of Health meeting, the April Medical Officer of Health (MOH) Report to the Board has a new format, including a public-facing monthly indicators dashboard which is linked at the end of this report. The updated approach is intended to better align reporting with a strategic governance focus and includes the following:

- A shorter, strategic MOH Report brought forward at each Board meeting; and
- A monthly Public Health Activities and Performance Indicators Report, posted publicly on our website and updated each month.

The MOH Report retains a similar look and is more concise and focused on governance. It highlights strategic priorities, system impacts, and key successes, identifies significant trends, deviations, or issues requiring Board oversight; and demonstrates alignment with the 2024–2028 Strategic Priorities and medium-term operational priorities.

2. Planet Youth Sudbury & LaCloche announces federal funding

Public Health Sudbury & Districts provides back-bone support for Planet Youth Sudbury & LaCloche, a youth well-being project led by Shkagamik-Kwe Health Centre and Sudbury District Restorative Justice and involving 15 partners with signed commitments across the Sudbury and LaCloche communities. In February, Member of Parliament (MP) Viviane Lapointe announced $723,556 in federal funding over the next three years in support of this project to address root causes of substance use and bolster protective factors, well-being, and resiliency.

As a local champion for this project, MP Viviane Lapointe, together with other government representatives, school boards, health and mental health experts, Indigenous partners, and community and social services, is supporting efforts to collect local data and build supportive environments for youth. This work promotes equal opportunities for health by identifying systemic barriers that impact health for youth.

Using the data, partners will establish local priorities and goals to strengthen key areas that impact youth well-being, including peer relationships, family, leisure, and school. Data will be collected every two years to monitor changes over time, recognizing that upstream prevention requires sustained, long-term investment to achieve lasting change.

3. Immunization of School Pupils Act – 2026 Implementation and Operational Enhancements

Public Health Sudbury & Districts (Public Health), in collaboration with schools across its service area, completed activities under the *Immunization of School Pupils Act* (ISPA), which requires students attending school to have up-to-date immunization records or valid exemptions. The purpose of this *Act* is to prevent outbreaks of infectious diseases in schools, making the environment safe for the learning of all children, and ensuring children are healthy and able to attend school, rather than getting sick and being at home missing out on learning

To support families in meeting the requirements of the *Act*, Public Health issued 3,801 initial notices of overdue immunization status in December, followed by 2,947 suspension notices in January.

We are pleased to share that at the end of the implementation period, only 27 students remained without up-to-date immunizations or exemption documentation on file (many of these 27 students are not attending school despite continuing to be technically enrolled). Bringing the list of students without up-to-date documentation from 3,801 to 27 is an incredible achievement by our Vaccine Preventable Disease program. They were responsible for delivering hundreds of vaccines, and updating thousands of records.

The result of this work is that we have high vaccine coverage in schools.

Vaccine Preventable Disease	Vaccination Coverage in Schools (April 2026)	Philosophical Exemptions
Measles	95.2%	4.0%
Mumps	95.1%	4.0%
Rubella	95.7%	4.0%
Chickenpox	94.9%	4.0%
Meningococcal Meningitis	95.3%	4.0%
Diphtheria	93.7%	4.0%
Tetanus	93.7%	4.0%
Whooping Cough	93.7%	4.0%
Polio	95.0%	4.0%

Notwithstanding ongoing vaccine misinformation and vaccine hesitancy, only 4.0% of parents choose not to vaccinate their children for the required diseases. This is a testament to the individual counselling Public Health staff and our health care partners do with hesitant parents and children to support them in making the decision to get vaccinated.

This year, implementation of the ISPA was enhanced by an automated process which generated suspension letters and daily automated suspension lists for schools. This innovation reduced what was previously weeks of manual effort to minutes per day, saving tens of thousands of dollars, while improving the accuracy, consistency, and timeliness of communications.

4. Public Health launches guide for newcomers

On February 27, the organization launched *Public Health Services: A Guide for Newcomers*, a one-stop resource to help newcomers, and others understand and access local public health services, programs, and community resources. The Guide addresses an expressed need gleaned from engagement with the Black community in Sudbury and districts and aligns with organizational priorities to advance health equity by improving understanding of Public Health. Developed with community members and service providers, the Guide is available online in English and French, with ongoing promotion through community-facing activities and events.

5. Strengthening data governance to improve decision-making and reduce risk

As the agency works aggressively to digitize data and leverage more electronic systems, Public Health has established an Information Governance Committee to guide how data is used and shared across the organization. This responds to growing expectations for better coordination while protecting privacy and maintaining public trust. This work aims to improve data quality, consistency, and accountability, while reducing risks from inconsistent practices. Over time, this will support better planning, clearer decision-making, and more efficient services for the community.

6. Annual Service Plan and Budget Submissions

The *2026 Annual Service Plan and Budget Submission* was submitted to the Ministry of Health in March. This report is prepared each year to communicate the agency's planned work for foundational and program standards based on local needs as well as budget information at the program level. Requests for one-time funds are also made to support eligible projects.

7. Financial Report

As of February, cost-shared programs are slightly over budget.. Most of the reported shortfall ($254,377 or 77%) relates to planned investments in technology-driven enhancements that were approved and intended to funded from reserves. The true operating variance ($76,625 or 23%) is modest and was expected at this point in the year given elimination of many risk contingencies in the approved 2026 budget, as well as front-loading of many purchases. Financial performance will continue to be closely monitored and reported to the Board. Should ongoing variances arise, they will be managed with in-year adjustments.

8. Cybersecurity

Two local public health agencies (Lakelands Public Health and Middlesex-London Health Unit) experienced disabling cyberattacks in the past three months, underscoring the significant risk facing local public health agencies. The threat is only going to grow. Artificial intelligence tools are now being developed that enable finding vulnerabilities in systems much more easily, making all organizations potentially more vulnerable.

The 2026 operating budget includes several cybersecurity enhancements as we work to harden our defenses in a more dangerous digital world.

9. Electronic Medical Record & Artificial Intelligence Investments

The 2026 operating budget included significant investments in technology to improve service quality and efficiency while helping the agency manage a challenging fiscal environment. The two most significant investments were the implementation of an electronic medical record (EMR) system and the adoption of artificial intelligence (AI) tools.

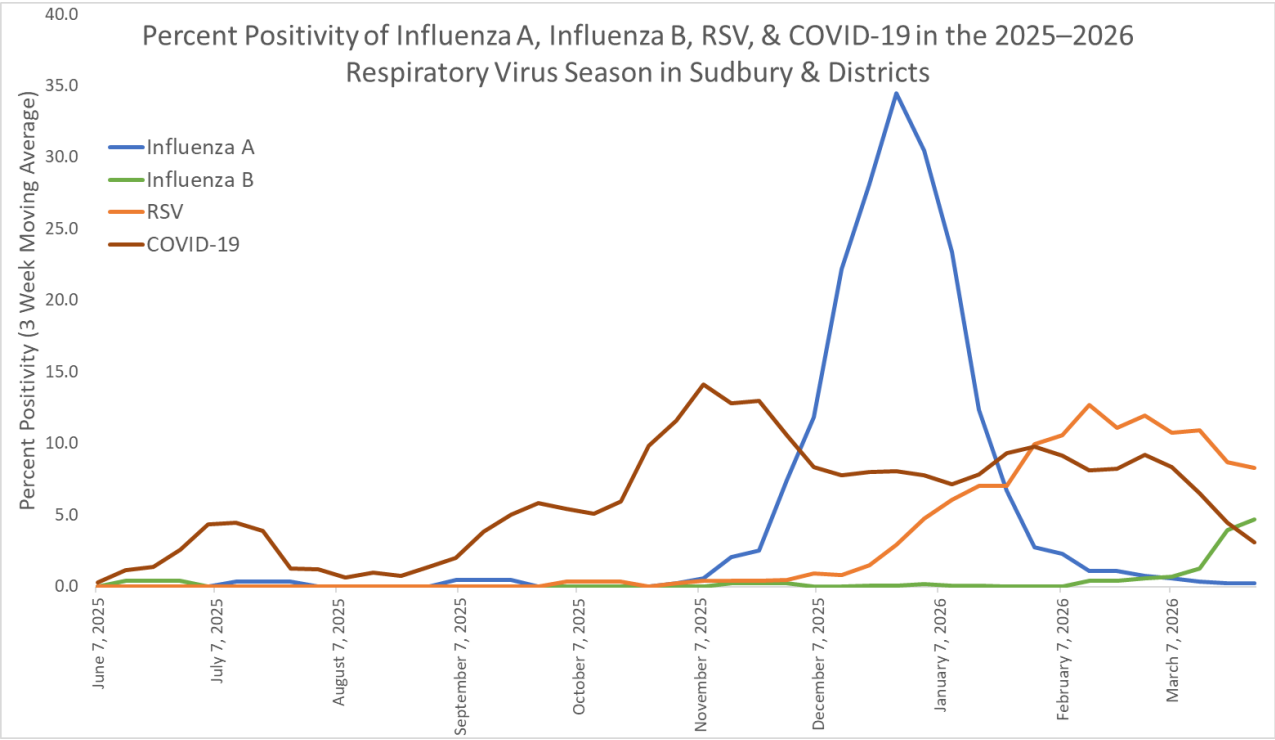
In February, the Healthy Babies Healthy Children team successfully transitioned from paper charting to EMR, and the Communicable Infectious Disease team is expected to be fully onboarded in April. While the project has a dedicated project manager, the scale and complexity of the EMR, alongside other major organizational initiatives, has required significant internal coordination and cross-functional effort.

This experience is consistent with a broader organizational risk identified in the 2026–2028 Risk Management Plan related to enterprise project management capacity when multiple large initiatives are undertaken concurrently. This risk continues to be monitored within existing budget constraints. Mitigation efforts focus on prioritizing a safe and sustainable EMR rollout, with an emphasis on clinically acceptable go-live and ongoing improvement over time. Future budgets will continue to consider options to strengthen this capacity, consistent with the Risk Management Plan.

Work on implementing artificial intelligence tools is progressing very well, with strong staff uptake and early evidence of efficiencies and service improvements. Efforts are ongoing to maximize adoption. In parallel, the Technology Governance Committee is prioritizing AI use cases and IT Review recommendations for 2026 that are expected to deliver the greatest organizational benefit, which will guide next steps in implementation.

10. Respiratory Virus Season Update

Viral activity for influenza A (blue line), RSV (orange line), and COVID-19 (red line) are all decreasing, pointing to the near end of this year's respiratory virus season. Influenza B (green line), however, remains on the downswing having likely only recently peaked. Fortunately influenza B generally causes less severe illness than influenza A. Data courtesy of Public Health Ontario as of March 28, 2026.



Activity Metrics for Public Health

Monthly and annually reported Activity Metrics for Public Health provide an overview of activities and showcase the breadth of the agency's work. The metrics highlight essential and routine efforts of Public Health that positively contribute to community well-being. Public Health's accountability monitoring and annual performance and financial reports provide additional information.

Respectfully submitted,

M. Mustafa Hirji, MD, MPH, FRCPC
Medical Officer of Health and Chief Executive Officer

Public Health Sudbury & Districts

STATEMENT OF REVENUE & EXPENDITURES

For The 2 Periods Ending February 28, 2026

Cost Shared Programs

	Adjusted BOH Approved Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over)/under	Balance Available
Revenue:					
MOH - General Program	18,910,969	3,151,828	3,120,632	31,196	15,790,337
MOH - Unorganized Territory	1,092,500	182,083	182,080	3	910,420
Municipal Levies	11,800,921	1,966,820	1,966,759	61	9,834,162
Interest Earned	225,000	37,500	37,068	432	187,932
Total Revenues:	$32,029,390	$5,338,232	$5,306,539	$31,693	$26,722,851
Expenditures:					
Corporate Services:					
Corporate Services	5,711,223	1,073,343	1,568,776	(495,432)	4,142,448
Office Admin.	104,350	17,392	5,189	12,202	99,161
Espanola	131,896	23,586	19,008	4,578	112,888
Manitoulin	136,962	24,467	21,383	3,084	115,579
Chapleau	139,335	24,826	22,058	2,768	117,277
Sudbury East	17,880	2,980	3,450	(470)	14,430
Intake	385,472	71,384	72,521	(1,137)	312,951
Facilities Management	792,033	132,005	109,528	22,478	682,505
Electronic Medical Records	149,907	27,761	158,919	(131,159)	(9,012)
Total Corporate Services:	$7,569,059	$1,397,744	$1,980,832	$(583,088)	$5,588,226
Health Protection:					
Environmental Health - General	1,341,750	237,757	263,883	(26,126)	1,077,867
Enviromental	2,915,324	544,979	452,931	92,048	2,462,393
Vector Borne Disease (VBD)	43,708	5,794	2,837	2,957	40,871
CID	1,688,503	312,518	331,715	(19,197)	1,356,788
Districts - Clinical	250,711	46,409	0	46,409	250,711
Risk Reduction	53,756	7,376	544	6,832	53,212
Sexual Health	1,580,939	292,306	292,803	(497)	1,288,135
SFO- Local Capacity Building: Prevention and Protec	274,327	47,542	43,776	3,766	230,551
Total Health Protection:	$8,149,017	$1,494,681	$1,388,488	$106,192	$6,760,529
Health Promotion and Vaccine Preventable Diseases:					
Health Promotion and VPD- General	2,575,752	482,804	470,963	11,841	2,104,789
Comprehensive Health Promotion	4,061,800	742,328	628,512	113,815	3,433,287
Infant Feeding Clinic	645,413	118,904	118,473	431	526,940
Oral Health	540,421	99,386	89,694	9,692	450,728
Healthy Smiles Ontario - HSO	620,744	111,834	127,449	(15,616)	493,295
SFO- Tobacco Control Area Network	280,705	31,417	22,118	9,299	258,587
MOH - Harm Reduction Program Enhancement	191,822	35,416	9,482	25,934	182,340
VPD	2,614,472	483,571	448,087	35,484	2,166,385
MOH - Influenza	0	134	(215)	349	215
MOH - Meningittis	0	250	(2,992)	3,242	2,992
MOH - HPV	0	530	(2,771)	3,301	2,771
MOH - Northern Fruit & Vegetable Program	176,100	23,259	32,899	(9,639)	143,201
Total Health Promotion:	$11,707,231	$2,129,832	$1,941,700	$188,132	$9,765,531
Knowledge and Strategic Services:					
Knowledge and Strategic Services	3,457,368	628,833	637,920	(9,086)	2,819,449
Workplace Capacity Development	44,457	0	1,384	(1,384)	43,073
Health Equity Office	11,720	1,903	2,687	(784)	9,033
MOH - Special Nursing Initiative	557,232	103,191	103,426	(236)	453,805
Indigenous Public Health	407,705	74,707	73,668	1,039	334,036
MOH Local Model for Indigenous Public Health	125,601	23,259	23,353	(93)	102,248
Total Knowledge and Strategic Services:	$4,604,083	$831,894	$842,439	$(10,545)	$3,761,644
Total Expenditures:	$32,029,390	$5,854,151	$6,153,460	$(299,309)	$25,875,930
Net Surplus/(Deficit)	$(0)	$(515,920)	$(846,921)	$(331,002)	

Public Health Sudbury & Districts

Cost Shared Programs
STATEMENT OF REVENUE & EXPENDITURES
Summary By Expenditure Category
For The 2 Periods Ending February 28, 2026

		Adjusted BOH Approved Budget	Budget YTD	Current Expenditures YTD	Variance YTD (over) /under	Budget Available
Revenues & Expenditure Recoveries:						
	MOH Funding	32,029,390	5,338,232	5,256,611	81,621	26,772,779
	Other Revenue/Transfers	493,475	82,246	236,453	(154,208)	257,021
	Total Revenues & Expenditure Recoveries:	32,522,865	5,420,477	5,493,064	(72,587)	27,029,801
Expenditures:						
	Salaries	19,814,870	3,671,338	3,981,630	(310,292)	15,833,240
	Benefits	7,675,019	1,421,157	1,334,516	86,641	6,340,503
	Travel	233,818	26,693	21,464	5,229	212,354
	Program Expenses	565,624	67,442	54,174	13,269	511,450
	Office Supplies	87,200	13,288	15,599	(2,311)	71,601
	Postage & Courier Services	90,100	15,017	4,607	10,409	85,493
	Photocopy Expenses	4,909	749	1,085	(336)	3,824
	Telephone Expenses	61,530	10,255	11,810	(1,555)	49,720
	Building Maintenance	562,416	93,736	76,788	16,948	485,628
	Utilities	190,447	31,741	30,113	1,628	160,334
	Rent	329,521	54,920	53,870	1,050	275,651
	Insurance	125,000	78,333	77,182	1,151	47,818
	Employee Assistance Program (EAP)	50,000	12,500	9,516	2,984	40,484
	Memberships	51,900	12,583	9,305	3,278	42,595
	Staff Development	158,203	11,785	8,006	3,779	150,197
	Books & Subscriptions	10,395	2,762	969	1,794	9,426
	Media & Advertising	55,214	5,036	2,368	2,668	52,846
	Professional Fees	697,194	116,199	161,078	(44,880)	536,115
	Translation	79,325	11,471	13,780	(2,309)	65,545
	Furniture & Equipment	19,267	2,572	0	2,572	19,267
	Information Technology	1,660,914	276,819	472,126	(195,307)	1,188,787
	Total Expenditures	32,522,865	5,936,397	6,339,985	(403,588)	26,182,880
	Net Surplus (Deficit)	(0)	(515,920)	(846,921)	(331,002)	

Sudbury & District Health Unit o/a Public Health Sudbury & Districts
SUMMARY OF REVENUE & EXPENDITURES
For the Period Ended February 28, 2026

Program	FTE	Annual Budget	Current YTD	Balance Available	% YTD	Program Year End	Expected % YTD
100% Funded Programs							
Indigenous Communities	703	90,400	23,353	67,047	25.8%	*Dec 31*	16.7%
LHIN - Falls Prevention Project & LHIN Screen	736	100,000	72,759	27,241	72.8%	***Mar 31/2026***	91.7%
Northern Fruit and Vegetable Program	743	176,100	32,899	143,201	18.7%	*Dec 31*	16.7%
Healthy Babies Healthy Children	778	1,725,944	1,610,535	115,409	93.3%	***Mar 31/2026***	91.7%
IPAC Congregate CCM	780	932,250	820,655	111,596	88.0%	***Mar 31/2026***	91.7%
Ontario Senior Dental Care Program	786	1,315,000	157,855	1,157,145	12.0%	*Dec 31*	16.7%
Anonymous Testing	788	64,293	61,314	2,979	95.4%	***Mar 31/2026***	91.7%
Total		4,403,987	2,779,369	1,624,618			

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 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)

The Corporation of the Municipality of Killarney
32 Commissioner Street
Killarney, Ontario
P0M 2A0

MOVED BY: Peggy Roque

SECONDED BY: Dave Froats

RESOLUTION NO. 26-093

BE IT RESOLVED THAT Council for the Municipality of Killarney supports Resolution No. 2026-23 passed by the Manitoulin-Sudbury District Services Board (MSDSB) on February 19, 2026, calling upon the Province to address the issue of food insecurity, which has been exacerbated by U.S. tariffs and economic uncertainty, by incorporating local food affordability data when determining adequacy of social assistance rates to reflect current costs of living;

FURTHER THAT Council calls upon the Province to:

- Index the Ontario Works rate to inflation;
- Establish a Social Assistance Research Commission to determine evidence-based social assistance rates in communities across the province based on local and regional costs of living;
- Consider solutions such as a national Basic Income Guarantee program; and
- Support Bill S-206 – An Act to develop a national framework for a guaranteed livable basic income;

AND FURTHER THAT this resolution be forwarded to all those noted in the resolution passed by the Manitoulin-Sudbury District Services Board (MSDSB).

Resolution Result	Recorded Vote		
	Council Members	YES	NO
■ CARRIED	Mary Bradbury		
☐ DEFEATED	Robert Campbell		
☐ TABLED	Dave Froats		
☐ RECORDED VOTE (SEE RIGHT)	Nikola Grubic		
☐ PECUNIARY INTEREST DECLARED	Michael Reider		
☐ WITHDRAWN	Peggy Roque		

.../2

I, Candy K. Beauvais, Clerk-Treasurer of the Municipality of Killarney do certify the foregoing to be a true copy of Resolution #26-093 passed in a Regular Council Meeting of The Corporation of the Municipality of Killarney on the 11th day of March 2026.

Candy K. Beauvais
Clerk-Treasurer

Conseil des Services du District de
Manitoulin-Sudbury
District Services Board

210 boul Mead Blvd
Espanola, ON P5E 1R9
Telephone/Téléphone: (705) 862-7850
Fax/Télécopieur: (705) 862-7805
http://www.msdsb.net

February 24, 2026

SENT VIA EMAIL: Sylvia.Jones@ontario.ca
MinisterMCCSS@ontario.ca

The Honourable Sylvia Jones
Minister of Health of Ontario

The Honourable Michael Parsa
Minister of Children, Community, and Social Services

Dear Honourable Minister Jones and Honourable Minister Parsa,

The purpose of this letter is to bring to your attention that, at its regular monthly meeting of February 19, 2026, the Manitoulin-Sudbury District Services Board (DSB) passed Resolution #26 -23 in support of Public Health Sudbury and Districts.

A duly authorized copy of the Manitoulin-Sudbury DSB Resolution #26-23 is attached. The Manitoulin-Sudbury District Services Board is calling upon the province to incorporate local food affordability findings in determining adequacy of social assistance rates to reflect the current costs of living, to increase the earning exemption to better support those working toward leaving the Ontario Works program, to index Ontario Works rates to inflation going forward, to establish a Social Assistance Research Commission to determine evidence-based social assistance rates in communities across the province based on local/regional costs of living, to consider solutions such as a national Basic Income Guarantee program, and to support Bill S-206 – An Act to develop a national framework for a guaranteed livable basic income.

The Manitoulin-Sudbury District Services Board also advocates that the province takes household food insecurity into account as one of the strongest predictors of poor health. Food insecurity is a serious public health problem that is strongly linked to adverse mental health conditions, increased risk of serval chronic diseases, and is associated with increased healthcare costs.

We look forward to working with the government in addressing this important issue.

Sincerely,

Kevin Burke

Kevin Burke
Chair of Manitoulin-Sudbury District Services Board

cc: Honourable Michael Parsa, Minister of Children, Community and Social Services
Honourable Sylvia Jones, Deputy Premier and Minister 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
Dr. M. M. Hirji, Acting Medical Officer of Health and Chief Executive Officer
Sue LeBeau, Executive Director, Équipe santé Sudbury Espanola Manitoulin Elliot Lake Ontario Health Team

Donna Stewart, Chief Administrative Officer, Manitoulin-Sudbury District Services Board
Member Municipalities

Conseil des Services du District de
Manitoulin-Sudbury
District Services Board

Agenda Number:	11.2.
Resolution 26-	23
Title:	Public Health Sudbury and Districts Letter
Date:	Thursday, February 19, 2026

Moved by:	Douglas Gervais
Seconded by:	Ryan Bignucolo

WHEREAS food insecurity means inadequate or insecure access to food because of financial constraints; and

WHEREAS U.S. tariffs are generating economic uncertainty, leading businesses, organizations, and food charities to predict increasing costs of living, including food prices, which will ultimately lead to increased household food insecurity; and

WHEREAS the Board of Health for Public Health Sudbury & Districts has identified household food insecurity as a serious public health problem that is strongly linked to adverse mental health conditions, increased risk of several chronic diseases, and is associated with increased healthcare costs; and

WHEREAS local monitoring food affordability data show that social assistance rates are not enough to cover the costs of living; and

WHEREAS evidence demonstrates that to effectively address the problem of household food insecurity policies that improve incomes are required.

THEREFORE BE IT RESOLVED that the Manitoulin-Sudbury DSB supports the call upon the provincial government to further protect workers with limited incomes from the impact of U.S. Tariffs and economic uncertainty; these include increasing the earning exemption to better support those working toward leaving the Ontario Works (OW) program, implementing revisions to social assistance such as increasing rates to reflect the real costs of living, indexing the OW rate to inflation, and establishing a Social Assistance Research Commission to determine evidence-based social assistance rates in communities across the province based on local/regional costs of living, including the cost of food informed by Ontario Nutritious Food Basket (ONFB) data collected by PHUs; and

FURTHER THAT the Manitoulin-Sudbury DSB supports the call upon the federal government to recognize the urgency of transformative income solutions such as a national Basic Income Guarantee program and support Bill S-206 – An Act to develop a national framework for a guaranteed livable basic income; and

FURTHER THAT a copy of this resolution be sent to the Minster of Health, the Minister of Children, Community and Social Services, to local members of parliament, to Public Health Sudbury and Districts and to the Sudbury Espanola Manitoulin Elliot Lake Ontario Health Team; and

FURTHER THAT a copy of this resolution be sent to the Manitoulin-Sudbury DSB member municipalities for endorsement and support via Council resolutions.

CARRIED

Kevin Burke

Board Chair

Windsor-Essex County Health Unit Board of Health

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

2026-02-05

BACKGROUND

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

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

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

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

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

PROPOSED MOTION

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

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

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

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

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

Windsor-Essex County Health Unit Board of Health

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

2026-02-05

BACKGROUND

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

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

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

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

PROPOSED MOTION

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

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

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

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

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

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

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

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

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

Key References

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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

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

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.

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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

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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

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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

alPHa
Association of Local PUBLIC HEALTH Agencies

THIS SPRING, TAKE THE ACTIVE ROUTE

Simple Ways to Add Movement to Your Day This Spring

Active transportation benefits both your health and the environment. Regular walking or cycling can reduce the risk of heart disease, while transportation is a major source of Canada's greenhouse gas emissions.

What is Active Transportation?

Active transportation is using your own power to get from one place to another. This includes:

- Walking
- Biking
- Skateboarding
- Jogging and running
- Non-mechanized wheel chairing

Why Active Transportation Matters

Regular active transportation can:

- Improve heart health
- Boost mood and mental and social well-being
- Reduce stress and fatigue
- Enhance focus and productivity
- Support a cleaner environment

Working From Home? Try This

- Take a short walk before starting your workday
- Walk to grab lunch or coffee/tea/beverage break
- Try walking meetings when possible
- Use a bike for short errands

Even 10–15 minutes of walking or biking can make a difference

Spring Is the Perfect Time

With longer days and warmer weather, spring is a great opportunity to:

- Restart outdoor routines
- Explore local trails or parks
- Build healthy daily habits
- Try new outdoor activities

Quick Tips

- Start small
- Wear comfortable shoes
- Use safe walking/biking routes
- Make it part of your daily routine
- Walking to public transit
- Park a little farther to add extra steps

Small steps—like walking or biking—can make a big difference for your health and the environment. For more resources on physical, mental, and nutritional health, visit the Workplace Wellness and Health section on alPHa's website here.

APPROVAL OF CONSENT AGENDA

MOTION: THAT the Board of Health approve the consent agenda as distributed.

Public Health
Santé publique
SUDBURY & DISTRICTS

Briefing Note

To: Board of Health for Public Health Sudbury & Districts

From: M.M. Hirji, Medical Officer of Health and Chief Executive Officer

Date: April 9, 2026

Re: Strengthening Critical Infrastructure Resilience in Public Health: Seeking Federal Partnership on Protecting Canadians from Biological and Cyber Risks

☐ For Information ☐ For Discussion ☒ For a Decision

Issue:

In alignment with allies in the North Atlantic Treaty Organization (NATO), the Government of Canada is significantly expanding investments under federal defense, national security, and resilience agendas; Public Health Sudbury & Districts has the opportunity to assist the government in meeting its objectives.

Canada, alongside NATO allies, has adopted the goal to increase core defense spending by 2035 to 3.5% of GDP, plus an additional 1.5% of GDP for defense- and security-related spending[1]. The latter category includes investments in cybersecurity for critical infrastructure, continuity of essential services, emergency preparedness, and the securing of supply chains and critical minerals. While these investments are not explicitly labelled as "public health funding," many of the stated federal priorities directly intersect with the mandate and operational realities of local public health agencies.

A central challenge for the federal government is identifying credible, evidence-based investments—especially within the defense and security-related spending envelope—that clearly advance national resilience objectives and withstand scrutiny. Public health agencies can help the federal government solve this challenge by presenting options for investment in biosecurity and pandemic preparedness, strengthening cybersecurity in critical public health infrastructure, and improving workforce resilience to biothreats that might disrupt critical civilian infrastructure, including access to critical minerals and supplies produced in the Greater Sudbury area.

At present, public health is not routinely positioned as part of Canada's resilience or critical infrastructure ecosystem in federal funding frameworks. This creates a risk that local public health agencies may be overlooked as a solution to the federal government's challenge, despite playing a foundational role in protecting population health, maintaining essential services during emergencies, and safeguarding sensitive data and systems.

[1] *Chapter 4: Protecting Canada's sovereignty and security - Budget 2025* (November 4, 2025). https://budget.canada.ca/2025/report-rapport/chap4-en.html

Recommended Action:

That the Board of Health

1. Write to the Minister of National Defense, Minister of Health, Minister of Public Safety, President of the Treasury Board, and the Chief Public Health Officer of Canada to highlight the opportunity to leverage local public health to advance national resilience and cybersecurity priorities.
2. *Direct* the Medical Officer of Health to issue a positioning letter to senior officials at Public Safety Canada, Treasury Board of Canada Secretariat, Shared Services Canada, and the Canadian Centre for Cyber Security, to signal the role of local public health within national resilience and cybersecurity priorities.

Alternative Actions:

The alternative is to take a passive approach and hope that federal funding might become available to local public health. This is not recommended.

Background:

Federal policy direction

Meeting the 5% GDP NATO-target for defense and defense-related spending poses a significant challenge for the federal government, not just to reprioritize spending, but also to identify credible, defensible investments—particularly within the 1.5% portion earmarked for defense and security-related spending. National security commentators have observed that traditional military procurement alone is unlikely to absorb the full increase, placing pressure on governments to identify dual-use, civilian infrastructure investments that clearly advance national resilience objectives and withstand scrutiny under NATO accounting rules.

Recent federal budgets, strategies, and policy statements have emphasized:

- Cybersecurity as a core national security concern, including protection of sensitive data and continuity of essential services;
- Critical infrastructure protection, extending beyond military assets to include civilian systems that support community safety and well-being;
- A whole of government approach to managing complex risks that cross traditional sectoral boundaries.

These would be the likely first options for new investment opportunities. Federal strategies explicitly call for collaboration with provinces, municipalities, and public sector institutions to advance these objectives. However, public health agencies are rarely named directly, despite holding high value personal health data, operating essential services, and playing a central role in emergency preparedness and response.

Why public health is critical infrastructure

Public health agencies:

- Maintain and protect large volumes of sensitive population health data;
- Deliver essential services that must remain operational during emergencies, cyber incidents, or infrastructure disruptions;
- Serve as a cornerstone of community resilience, particularly during infectious disease outbreaks, climate-related events, and other public health emergencies;
- Are increasingly dependent on digital infrastructure, making cybersecurity and system resilience core public health risks, not solely IT concerns.

These characteristics align closely with federal definitions of systems requiring enhanced protection under national resilience and security frameworks. Moreover, within NATO's 1.5% defense-related spending framework, Allies are expected to invest in protecting critical infrastructure, defending civilian networks, and ensuring civil preparedness and continuity of essential services. Public health investments in biothreat resilience and cybersecurity align directly with these priorities by strengthening societal resilience and reducing vulnerabilities to biological and cyber threats.

The COVID-19 pandemic demonstrated the risks of biological threats to the functioning of society, and the critical role public health plays to respond to those threats. A future biological threat could again disrupt society, and a disabled public health system would prevent infection mitigation and mass vaccination that might be needed to restore society's functioning.

Proposed Opportunity & Options

There is an opportunity for Public Health to help the federal government solve its challenge in finding credible defense and security-related investments by offering options for public health investments that strategically align with NATO's requirements of improving security and resilience. This approach would not replace or duplicate provincial funding responsibilities for public health.

Specific options to present to the federal government include:

- **Strengthening cybersecurity and digital resilience** of local public health. There have been several successful cybersecurity attacks against local public health in recent years[2,3,4]; this investment would reduce the likelihood of critical public health services being offline

[2] *Middlesex-London Health Unit Investigating Cybersecurity Incident* (March 6, 2026). https://www.healthunit.com/news/middlesex-london-health-unit-investigating-cybersecurity-incident/

[3] *Lakelands Public Health investigating cybersecurity incident that disrupted internal systems* (Feb 3, 2026). https://kawarthanow.com/2026/02/03/lakelands-public-health-investigating-cybersecurity-incident-that-disrupted-internal-systems/

[4] *KFL&A Public Health Target of Cyber Security Incident* (June 28, 2021). https://www.kflaph.ca/en/news/kfla-public-health-target-of-cyber-security-incident.aspx

- Building local public health **workforce dedicated to emergency preparedness**. This would enable more rigorous planning for a wider range of potential biothreats.
- **Enhancing surveillance and situational awareness** capacity for **early detection** of unusual, emerging, or largescale infectious disease signals. This would enable earlier and less intense response to threats, by positioning local public health as an intelligence node, and not just a downstream responder.
- **Enhancing preparedness** for complex, multi-hazard events that affect population health. This would expand the type of threats to which Canada is prepared to respond, thereby reducing a key vulnerability.
- **Mitigating societal vulnerability to respiratory pathogens**. Respiratory viruses are the major infectious vulnerability to Canadian society. These viruses remain the only infections in Canada's top causes of illness, and all recent pandemics have been respiratory in nature. National efforts to upgrade civilian infrastructure with improved indoor air handling would significantly reduce infection risk and increase societal resilience and productivity.

These investments in resilience, critical infrastructure, and community protection will support meeting Canada's NATO commitments, improve safety and security for all Canadians, and strengthen public health infrastructure in Canada.

Sudbury's Strategic Relevance

Sudbury and districts is home to the extraction, refinement, and advancement of critical minerals such as cobalt, copper, gold, and nickel, which are used in the manufacture of many defense products and new technologies[5]. Sudbury is also a key supplier of mining equipment for the world, and connected to key road and rail networks. Disruption to critical mineral production or transportation—whether caused by a widespread or localized emergency such as a pandemic, natural disaster, or deliberate CBRN event—poses a direct risk to economic resilience and national sovereignty.

In light of this, securing the resilience of public health in our service area is of particular strategic importance for Canada's national security and sovereignty.

Financial Implications:
The proposed action does not involve a funding request and has no immediate financial implications. The intent is to strategically position local public health investments to improve potential eligibility for future federal resilience and defense-adjacent funding streams, without replacing or duplicating provincial public health funding.

IT team and IT infrastructure implications:
This briefing highlights cybersecurity, digital resilience, data protection, and continuity of essential services as core public health risks. Any future initiatives or partnerships arising from federal

[5] *Sudbury's mine waste could strengthen national security - Sudbury Star* (March 9, 2026) https://www.thesudburystar.com/news/mine-waste-like-those-found-in-sudbury-could-strengthen-national-security

engagement would be assessed in collaboration with IT leadership to ensure alignment with Public Health's digital and IT strategies and enterprise risk management objectives.

Ontario Public Health Standard:
This initiative aligns with Ontario Public Health Standards related to emergency preparedness and response, population health assessment and surveillance, and effective stewardship of information, data, and systems necessary to protect community health and safety.

Strategic Priority:
This approach supports Public Health's IT Roadmap/Strategy, enterprise risk management objectives, and commitment to the sustainability and continuity of essential public health services, contributing to excellence in public health practice, impactful relationships, and a healthy and resilient workforce.

Authors:
Renée Higgins, Director, Corporate Services
Jane Mantyla, Health Promoter, Health Protection

STRENGTHENING CRITICAL INFRASTRUCTURE RESILIENCE IN PUBLIC HEALTH: SEEKING FEDERAL PARTNERSHIP ON AIRBORNE BIOLOGICAL AND CYBER RISK

MOTION:

WHEREAS the federal government is seeking credible, evidence-based investments within defence and security-related spending that advance national resilience objectives and align with NATO defence-adjacent accounting frameworks; and

WHEREAS Public Health Sudbury & Districts can assist the federal government in identifying opportunities for investments such as maintaining essential health services during emergencies, safeguarding large volumes of sensitive health data, and supporting pandemic preparedness, biosecurity, and cybersecurity; and

WHEREAS public health is not routinely positioned as part of Canada's critical infrastructure or resilience ecosystem within current federal funding frameworks, creating a risk that the protection of public health may be overlooked for relevant defence-adjacent and resilience-focused investments;

THEREFORE BE IT RESOLVED THAT the Board of Health write to the Minister of National Defense, Minister of Health, Minister of Public Safety, President of the Treasury Board, and the Chief Public Health Officer of Canada to highlight the opportunity to leverage local public health to advance national resilience and cybersecurity priorities under national security-related funding programs;

AND FURTHER THAT the Board directs the Medical Officer of Health to issue a positioning letter to senior officials at Public Safety Canada, Treasury Board of Canada Secretariat, Shared Services Canada, and the Canadian Centre for Cyber Security, to signal the role of local public health within national resilience and cybersecurity priorities.

Algoma PUBLIC HEALTH
Santé publique Algoma

BOARD OF HEALTH

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

BACKGROUND

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

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

PROPOSED MOTION

WHEREAS hepatitis B (HB) infection acquired in infancy and early childhood carries the highest risk of chronic infection compared to other ages, with up to 95% of unvaccinated infants and approximately 50% of children infected before five years of age developing chronic HB, compared to 5–10% of those infected in adolescence or adulthood[1]; and

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

WHEREAS Ontario currently administers HB vaccine primarily in Grade 7, leaving children susceptible to infection during their first 12 years of life, when they are at most vulnerable to chronic HB infection[2]; and

WHEREAS surveillance data from Public Health Ontario indicate that HB infections continue to occur among children in Ontario prior to adolescence, including Canadian-born children, often due to missed prenatal screening, incomplete post-exposure prophylaxis, household exposure to undiagnosed carriers, travel, or immigration from regions of higher HB prevalence[3]; and

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

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

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

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

WHEREAS a recent analysis modelling Ontario's HB immunization strategies found that introducing a universal infant HB vaccine program would prevent more acute and chronic pediatric HB infections in Ontario, and would save health care dollars, particularly when the vaccine is administered through the combination DTaP-HB-IPV-Hib vaccine[5]; and

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

WHEREAS routine infant immunization programs tend to have higher coverage than school-based programs alone, so it can be anticipated that a combined DTaP-HB-IPV-Hib vaccine administered routinely at the 2, 4 and 6 month well-baby visits would have higher uptake than the grade 7 program[5] resulting in increased herd immunity; and

WHEREAS this change would further align Ontario's HB vaccination schedule with that of other Canadian jurisdictions such as British Columbia, Yukon, Northwest Territories, Nunavut, Quebec, New Brunswick, and PEI, ensuring more infants and children are protected earlier against HB infection[4]; and

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

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

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

References:

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

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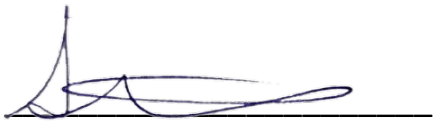
4. Canadian Immunization Guide, Evergreen Edition. Hepatitis B Chapter, 2024, Available from: Hepatitis B vaccines: Canadian Immunization Guide - Canada.ca
5. Biondi MJ, Estes C, Razavi-Shearer D, Sahdra K, Lipton N, Shah H, Capraru C, Janssen HLA, Razavi H, Feld JJ. Cost-effectiveness modelling of birth and infant dose vaccination against hepatitis B virus in Ontario from 2020 to 2050. CMAJ Open. 2023 Jan 10;11(1):E24-E32. Available from: https://www.cmajopen.ca/content/11/1/E24

Suzanne Trivers

Board of Health Chair:  Carried ☑ Defeated ☐

RECORDED VOTE:			
Sally Hagaman	:	In Favour ☐	Opposed ☐
Julila Hemphill	:	In Favour ☐	Opposed ☐
Donald McConnell	:	In Favour ☐	Opposed ☐
Luc Morrissette	:	In Favour ☐	Opposed ☐
Sonny Spina	:	In Favour ☐	Opposed ☐
Sonia Tassone	:	In Favour ☐	Opposed ☐
Suzanne Trivers	:	In Favour ☐	Opposed ☐
Jody Wildman	:	In Favour ☐	Opposed ☐
Natalie Zagordo	:	In Favour ☐	Opposed ☐

COMBINED DTAP-HB-IPV-HIB VACCINE

MOTION:

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.

Public Health
Santé publique
SUDBURY & DISTRICTS

Briefing Note

To: Board of Health for Public Health Sudbury & Districts

From: M. Mustafa Hirji, Medical Officer of Health & CEO

Date: April 9, 2026

Re: Transition to a Departmental Model at NOSM University & Implications Resulting

---

☐ For Information ☒ For Discussion ☐ For a Decision

Issue:

In March 2026, NOSM University released its 2026–2030 strategic plan, which includes a pillar focused on strengthening the university's foundations to enable growth. To advance this work, NOSM University intends to develop and implement a new departmental structure by 2028. At present, the university is organized into three divisions:

1. Medical Sciences (e.g., anatomists, physiologists),
2. Clinical Sciences (physicians), and
3. Human Sciences (e.g., medical historians, social scientists).

A departmental structure would introduce new academic units: at other medical schools these commonly include, for example, Departments of Family Medicine, Internal Medicine, and Psychiatry. Unlike other universities with medical schools, NOSM University does not currently have an academic unit that supports public health research and education. The move to a departmental structure may provide an opportunity to create a department that supports public health research and education.

Recommended Action:

As a long-standing partner of NOSM University, the Boad of Health discuss how it would like to be engaged in this transition.

Alternative Actions:

The Board could opt not to engage in this change. This is not recommended as it would mean forgoing an opportunity to shape a strategic venture of a key partner that will impact the Agency's success.

Background:

In medical schools with departmental structures, departments are typically resourced through a combination of academic medical association funds, research grants, clinical billing revenue, in-kind support, and university funding for undergraduate and postgraduate training.

Public health and medicine are two separate but related fields. To account for both ways of looking at health, at other universities with medical schools, public health professionals and researchers generally sit within one of: (1) a non-clinical public health academic unit affiliated with a medical academic unit; (2) a non-public health medical academic unit affiliated with a public health academic unit; or (3) a combined medical–public health academic unit. Table 1 summarizes the structures of public health research and education at other universities with medical schools in English-speaking Canada.

Table 1. Structures of public health research and education at medical schools in English-speaking Canada. Bold text indicates where the Public Health and Preventive Medicine Program Residency Programs are administered.

Institution	Model	Medicine	Public health
Dalhousie University	3	**Department of Community Health and Epidemiology**	
McMaster University	3	**Department of Health Research Methods, Evidence & Impact**	
Queen's University	2	**Department of Family Medicine**	Department of Public Health Sciences
University of Alberta	3	**Division of Preventive Medicine**	
University of British Columbia	3	**School of Population and Public Health**	
University of Calgary	3	**Department of Community Health Sciences**	
University of Manitoba	1	Faculty of Health Sciences	**College of Community and Global Health**
University of Ottawa	1	Faculty of Medicine	**School of Epidemiology and Public Health**
University of Saskatchewan	1	College of Medicine	**Division of Social Accountability**
University of Toronto	2	**Department of Family and Community Medicine**	Dalla Lana School of Public Health

Implications for Public Health Sudbury & Districts:

Public Health Sudbury & Districts has a longstanding affiliation with NOSM University. Public Health supports NOSM U medical student, resident, and dietetic practicum learners, from hands-on rotations to curriculum development to delivering lectures. At the same time, the current lack of an academic support structure for public health research and education at NOSM University limits Public Health's ability to participate in locally-relevant scholarly public health work; train, recruit, and retain public health professionals like Public Health and Preventive Medicine specialists, dieticians, public health inspectors, and others in the North; successfully apply for public health research grants; and build and

sustain a public health teaching unit. NOSM University's transition to a departmental model presents an opportunity to address the absence of an academic home for public health at the institution.

Financial Implications:

There are no direct financial implications of this report. However, depending on the public health infrastructure arising through a NOSM University departmental structure, it could support Public Health's recruitment and development of key talent, as well as support research and evidence to guide Public Health's work to improve local health outcomes. In that respect, NOSM University could effectively provide greater in-kind investment into the agency.

IT team and IT infrastructure implications:

There are no IT implications to the items discussed in this briefing note.

Ontario Public Health Standard:

This briefing note relates to the responsibilities under the Effective Public Health Practice Standard. Depending on what NOSM University decides for the departmental structure, it could enhance our achievement of this standard.

Strategic Priority:

This briefing note relates to engaging in Excellence in Public Health Practice, and leveraging Impactful Relationships to enhance our achievement of excellence under this strategic priority.

Author:

Emily Groot, Associate Medical Officer of Health

From: allhealthunits <allhealthunits-bounces@lists.alphaweb.org> **On Behalf Of** alPHa communications
Sent: April 7, 2026 11:53 AM
To: All Health Units <allhealthunits@lists.alphaweb.org>
Cc: Board <board@lists.alphaweb.org>
Subject: [allhealthunits] 2026 alPHa Annual General Meeting (AGM) and Conference Updates

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

Dear alPHa Members,

Thank you to all of the Members who have registered for the 2026 alPHa Annual General Meeting (AGM) and Conference that is taking place in-person in Toronto at the Radisson Blu Toronto Downtown from June 8–10! We are thrilled to see such strong registration numbers. **Please note, while we have many conference registrations still available, registration for the mobile workshop has sold out, with a wait list now in place.**

The AGM and Conference will not only launch the 40th Anniversary of alPHa, but also offers an excellent opportunity to connect and engage in discussions on key public health priorities. If you haven't registered yet, please do so as soon as possible. You don't want to miss out! alPHa would like to thank Northwestern Health Unit for co-hosting the event. We would also like to thank Platinum Sponsors The Personal,

NaloxONE, GenWell, and Leaders for Leaders, and sponsor Mosey & Mosey for their generous event support.

Important links:

Registration
Draft Conference Program
BOH Section Meeting Agenda
2026 AGM & Conference Notice and Calls Package (Individual documents are below)
Pre-Notice to Members of 2026 Annual General Meeting
Call for 2026 Resolutions – **Deadline: April 10** (No Late Resolutions allowed.)
Call for 2026 Distinguished Service Awards – **Deadline: April 10**
Call for BOH Nominations to alPHa Board of Directors – **Deadline: April 17**
Sponsorship Prospectus

Preliminary Program **highlights include:**

Welcoming remarks from: Hon. Doug Ford, Premier of Ontario (invited), Hon. Sylvia Jones, Deputy Premier and Minister of Health (invited), Dr. Rebecca Hicks, President, Ontario Medical Association, and Doug Lawrance, Chair, Northwestern Health Unit Board of Health.

The conference will be chaired by Dr. Hsiu-Li Wang, Chair, alPHa.

Conference session speakers include (in order of appearance): Margaret Froh, President, Métis Nation of Ontario; Adalsteinn Brown, Dean, Dalla Lana School of Public Health, University of Toronto, and **(new!)** Dr. Na-Koshie Lamptey, Medical and Scientific Support, Population Health, Public Health Ontario; Sabine Matheson, Principal, StrategyCorp; Cynthia St. John, Affiliate Representative, Board of Directors, alPHa, and Marilyn Herbacz, CEO, Northwestern Health Unit, and Dr. Kieran Moore, Chief Medical Officer of Health.

The AGM and Resolutions Session Chair and Parliamentarian is Dr. Robert Kyle, Commissioner and Medical Officer of Health, Durham Region Health Department.

Distinguished Service Awards and Board Recognition Luncheon Celebrating Leadership in Ontario Public Health.

Connection sessions with Claudia Valle from Leaders for Leaders.

Stay tuned for more information and confirmation of additional speakers.

MOBILE WORKSHOP SOLD OUT AS OF TUESDAY, APRIL 7, 2026

Mobile Workshop highlights:

Join us for an engaging mobile workshop along Toronto's iconic waterfront where participants will explore how the built environment shapes the health and well-being of our communities. Participants will

experience vibrant public spaces, innovative urban planning, and the evolving relationship between the City of Toronto and Lake Ontario. This interactive walking tour will feature HTO Park, the Music Garden, and Harbourfront, highlighting how these public spaces contribute to vibrant, inclusive, and resilient communities. Workshop Leaders: Hon Lu, Senior Project Manager, Toronto Region Conservation Authority, Dan Nicholson, Manager, Community Planning, City of Toronto, and Raconteur: Dr. Charles Gardner, COMOH Emeritus Member and longstanding built environment enthusiast! *Numbers are limited and all participants must be registered. Mobile workshop will take place rain or shine. The workshop will begin and end at the Radisson Blu.*

The BOH Section Meeting Agenda highlights include:

> *Setting the Stage: The Governance Moment Before Us*, Speaker: Loretta Ryan, Chief Executive Officer, alPHa
> *Appointments, Authorities & Accountability*, Presenters: James LeNoury, Principal, LeNoury Law/alPHa Legal Counsel in conversation with Adam Malek, Partner, Allen & Malek LLP
> *Walk the Talk: Embedding Health Promotion into Governance*, Facilitator: Shannon Robinson, alPHa Board of Directors, HPO Affiliate
> *Association of Municipalities of Ontario (AMO) Update*, Speaker: Alicia Neufeld, Associate Director, AMO
> *From Principle to Practice — Building High-Impact Skills-Based Boards*, Speakers: Jim Pine, MPA, Consultancy & Strategy and Dr. Eileen de Villa, Senior Fellow, Dalla Lana School of Public Health & Consultant in Public Health

alPHa would like to thank Northwestern Health Unit and the members of the board of directors who have generously taken on the moderator roles, including (in order of appearance): Dr. Kit Young Hoon, Medical Officer of Health, Northwestern Health Unit, Board of Directors, alPHa; Bernia Martin, Vice Chair, Board of Directors, alPHa, Dr. Pepi McTavish, COMOH Section Chair, Board of Directors, alPHa, and Trudy Sachowski, Board of Directors, alPHa.

Timeline and other key information:

June 8:

> Mobile Workshop - Toronto Waterfront - 2 p.m. to 4 p.m. EDT – **SOLD OUT AS OF APRIL 7, 2026**
> Opening Reception - 5 p.m. to 7 p.m. EDT

June 9:

> AGM & Conference - 8:15 a.m. to 4:30 p.m. EDT

June 10:

BOH Section & COMOH Section Meetings - 9 a.m. to 12 p.m. EDT
Leading Change Leadership Workshop with Tim Arnold from Leaders for Leaders – 1:30 p.m. to 4:30 p.m. EDT

Participation is limited to one senior leader per public health unit.
Details were shared in earlier/separate communication, and this workshop is not part of the conference registration process.

Accommodation and travel information:

Please note, the block of rooms at Radisson Blu is almost sold out. Once the block is full, accommodations may still be available at Radisson Blu at the regular rate or at Union Hotel. Attendees are encouraged to book sooner rather than later.
For a more budget-friendly option, attendees willing to walk (30+ minutes) or take the TTC may wish to consider George Brown Polytechnic's two-bedroom suites.
alPHa Members are encouraged to use public transit. From Union Station, take the 509 Harbourfront streetcar westbound. If you're not carrying luggage, it's a pleasant 15–20-minute walk from Union Station. If you are driving, there is parking available at and near Radisson Blu.

We look forward to seeing you at the AGM and Conference.

Take Care,

Loretta

_____

Loretta Ryan, CAE, RPP
Chief Executive Officer
Association of Local Public Health Agencies (alPHa)
PO Box 73510, RPO Wychwood
Toronto, ON M6C 4A7
Tel: 416-595-0006 x 222
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Providing leadership in public health management

PRE-NOTICE

2026 ANNUAL GENERAL MEETING

PRE-NOTICE is hereby given the 2026 Annual General Meeting of the ASSOCIATION OF LOCAL PUBLIC HEALTH AGENCIES (alPHa) will be held in Toronto on Tuesday, June 9, 2026, at 10:15 a.m. Eastern Daylight Time during the 2026 Annual Conference.

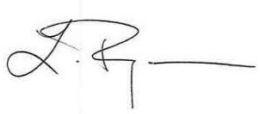
Member Representatives of the Association in good standing at the time of the meeting are entitled to vote.

The Annual General Meeting is being held for the following purposes:

1. To consider and approve the minutes of the 2025 Annual General Meeting;
2. To receive and adopt the annual reports from the Chair, Chief Executive Officer, Section Chairs, and others, as appropriate;
3. To consider and approve the Audited Financial Statements for the 2025–2026 fiscal year;
4. To appoint an auditor for the 2026–2027 fiscal year; and
5. To transact such other business as may properly be brought before the meeting.

DATED at Toronto, Ontario, Friday, March 6, 2026.

BY ORDER OF THE BOARD OF DIRECTORS.



Loretta Ryan
Chief Executive Officer

Strengthening Public Health Leadership in a Changing Landscape

Preliminary Program

Draft as of March 25, 2026

June 8: Mobile Workshop 2 p.m. to 4 p.m. EDT

Opening Reception 5 p.m. to 7 p.m. EDT

June 9: AGM & Conference 8:15 a.m. to 4:30 p.m. EDT

June 10: BOH Section & COMOH Section Meetings 9 a.m. to 12 p.m. EDT

Radisson Blu, Toronto Downtown
249 Queens Quay W, Toronto, ON M5J 2N5

June 8	
Mobile Workshop – Toronto Waterfront Discover Toronto's iconic waterfront through an engaging mobile workshop exploring this portion of the shoreline, including its history, design, and future. Participants will experience vibrant public spaces, innovative urban planning, and the evolving relationship between the City of Toronto and Lake Ontario. Workshop Leaders: Hon Lu, Senior Project Manager, Toronto Region Conservation Authority Dan Nicholson, Manager, Community Planning, City of Toronto Raconteur: Dr. Charles Gardner, COMOH Emeritus Member and longstanding built environment enthusiast! *Numbers are limited and all participants must be registered. Mobile workshop will take place rain or shine. The workshop will begin and end at the Radisson Blu Toronto Downtown.*	2:00 p.m. – 4:00 p.m.

Opening Reception You are cordially invited to join colleagues both familiar and new for a reception at the Radisson Blu Toronto Downtown, featuring spectacular views of the Toronto waterfront. The evening will include a cash bar and light refreshments. New for this year, GenWell's Founder, Pete Bombaci will be facilitating opportunities to connect and reconnect with colleagues and special guests.	5:00 p.m. – 7:00 p.m.
June 9	
Breakfast will be available from 7:30 a.m. to 8:15 a.m.	
Connection before Content We will start the day with Claudia Valle from Leaders for Leaders, and before we dive into the morning agenda, we will take a few minutes to connect and chat with each other — because the best conversations start with genuine connection.	8:00 a.m. – 8:15 a.m.
Call to Order, Remarks, and Land Acknowledgement Speakers: Dr. Hsiu-Li Wang, Chair, Board of Directors, alPHa **Welcoming Remarks** Hon. Doug Ford, Premier of Ontario *(invited)* Hon. Sylvia Jones, Deputy Premier and Minister of Health *(invited)* Dr. Rebecca Hicks, President, Ontario Medical Association Doug Lawrance, Chair, Northwestern Health Unit Board of Health The conference will open with a call to order, land acknowledgement, and welcoming remarks, setting the stage for the important conversations and collaboration ahead.	8:15 a.m. – 8:45 a.m.
Advancing Public Health Through Métis Leadership and Partnership in Ontario Speaker: Margaret Froh, President of the Métis Nation of Ontario (MNO) Margaret Froh will discuss the role of Métis leadership in advancing health equity and strengthening Ontario's local public health system. The session will highlight MNO's community-driven health initiatives, including the Chronic Disease Surveillance Program conducted with ICES, which has identified higher rates of chronic diseases among Métis people in Ontario. It will also explore opportunities for collaboration between the MNO and Ontario's public health system to support the health and well-being of Métis communities.	8:45 a.m. – 9:15 a.m.
Projected Patterns of Illness in Ontario Speaker: Adalsteinn Brown, Dean, Dalla Lana School of Public Health, University of Toronto Moderator: Dr. Kit Young Hoon, Medical Officer of Health, Northwestern Health Unit Conducted in collaboration with the Ontario Hospital Association (OHA), the Dalla Lana School of Public Health recently released a study on the *Projected Patterns of Illness in Ontario*. The study examines the future burden of illness across the province and its implications for the health system. Region-specific data highlights	9:15 a.m. – 10:00 a.m.

the growing impact of chronic disease and multimorbidity and underscores the importance of targeted prevention and chronic disease management. These findings provide an important lens for system planning over the next two decades, including the need for a sustainable local public health system.	
Morning Break Network, connect, reconnect, and engage with colleagues as you enjoy refreshments in the foyer.	10:00 a.m. – 10:15 a.m.
Combined alPHa Business Meeting and Resolutions Session Speakers: Dr. Hsiu-Li Wang, Chair, Board of Directors, alPHa, and Loretta Ryan, Chief Executive Officer, alPHa Resolutions Chair and Parliamentarian: Dr. Robert Kyle, Commissioner and Medical Officer of Health, Durham Region Health Department This session will include the Association's annual business meeting and consideration of Resolutions submitted by members. Resolutions provide a mechanism for boards of health and public health leaders to identify emerging issues, establish policy positions, and guide alPHa's public policy positions on matters affecting Ontario's public health system. Members will review and vote on submitted Resolutions, which help shape the association's priorities and inform alPHa's engagement with provincial and municipal partners and decision-makers. **Final Reflection Activity** At the end of the session, we will take a moment to reflect and re-set for the afternoon, with Claudia Valle from Leaders for Leaders.	10:15 a.m. – 12:15 p.m.
Distinguished Service Awards and Board Recognition Luncheon **Celebrating Leadership in Ontario Public Health** Speakers: Dr. Hsiu-Li Wang, Chair, Board of Directors, alPHa, and Loretta Ryan, Chief Executive Officer, alPHa The Distinguished Service Award (DSA) is given by alPHa to individuals in recognition of their outstanding contributions to public health in Ontario by board of health members, health unit staff, and public health professionals. The Award is given to those individuals who have demonstrated exceptional qualities of leadership in their own milieu, achieved tangible results through long service or distinctive acts, and shown exemplary devotion to public health. alPHa will also recognize members of the Board of Directors whose leadership and service have strengthened the association and Ontario's local public health system.	12:15 p.m. – 1:45 p.m.
Navigating Ontario's Political Landscape in Increasingly Challenging Times Speaker: Sabine Matheson, Principal, StrategyCorp Moderator: Bernia Martin, Vice Chair, Board of Directors, alPHa Back by popular demand! We live in an increasingly uncertain world. The political landscape continues to change. Hear about what to expect regarding the public	1:45 p.m. – 2:30 p.m.

policy climate and key political issues impacting public health agencies and their local boards of health.	
Public Health Funding: What's on the Horizon Speakers: Cynthia St. John, Affiliate Representative, Board of Directors, alPHa, and Marilyn Herbacz, CEO, Northwestern Health Unit As Ontario's public health system continues to evolve, the funding landscape is shifting in ways that will shape local capacity, partnerships, and long-term sustainability. This session offers a forward-looking exploration of what may be ahead, acknowledging both the challenges and the opportunities emerging on the horizon. Cynthia St. John and Marilyn Herbacz will share insights on navigating uncertainty with clarity and collaboration, inviting participants to reflect on how we prepare—collectively and strategically—for the future of public health funding.	2:30 p.m. – 3:00 p.m.
Afternoon Break **Enjoy refreshments while networking with colleagues and continuing the day's conversations.**	3:00 p.m. – 3:30 p.m.
Update from the Chief Medical Officer of Health Speaker: Dr. Kieran Moore, Chief Medical Officer of Health Moderator: Dr. Pepi McTavish, COMOH Section Chair, Board of Directors, alPHa Dr. Kieran Moore, Ontario's Chief Medical Officer of Health, will provide an update on current priorities, emerging public health issues, and key provincial initiatives impacting local public health agencies.	3:30 p.m. – 4:25 p.m.
Closing Remarks, Door Prize and Adjournment Speakers: Dr. Hsiu-Li Wang, Chair, Board of Directors, alPHa, and Loretta Ryan, Chief Executive Officer, alPHa	4:25 p.m. – 4:30 p.m.
June 10	
Breakfast will be available starting at 8:00 a.m. **Section Meetings:** *Members of the alPHa BOH Section and Affiliates and alPHa COMOH Section will meet in the morning. There are separate agendas for these meetings.*	9:00 a.m. – 12:00 p.m.

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

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With special thanks to:

DRYDEN FIBRE CANADA

Boards of Health Section Meeting Agenda

June 10, 2026, from 9 a.m. to 12 p.m. EDT

Radisson Blu, Toronto Downtown

249 Queens Quay W, Toronto, ON M5J 2N5

Draft as of April 1, 2026

Breakfast will be available starting at 8:00 a.m.	8:00 a.m. – 9:00 a.m.
Call to Order, Opening Remarks, and Land Acknowledgement, Section Business, and Approval of Minutes Speaker: Chair, alPHa BOH Section	9:00 a.m. – 9:05 a.m.
Setting the Stage: The Governance Moment Before Us Speaker: Loretta Ryan, alPHa Chief Executive Officer This opening session sets the foundation for the day by highlighting the governance moment before us and the opportunities created by upcoming municipal and board transitions. This session includes alPHa's new products, transition resources, and tools launching in Fall 2026 to support boards from orientation through to optimization. This session prepares participants for a program designed to deepen readiness, strengthen leadership and governance excellence across Ontario's public health system.	9:05 a.m. – 9:30 a.m.
Appointments, Authorities & Accountability Presenters: James LeNoury, Principal, LeNoury Law/alPHa Legal Counsel in conversation with Adam Malek, Partner, Allen & Malek LLP Reviewing legal frameworks for board appointments, authority, and accountability, with a focus on governance implications and risk mitigation.	9:30 a.m. – 10:00 a.m.

Walk the Talk: Embedding Health Promotion into Governance Facilitator: Shannon Robinson, alPHa Board of Directors, HPO Affiliate A practical demonstration of integrating health promotion principles into governance practice, including guided movement to illustrate how healthy meeting design supports focus, engagement, and leadership effectiveness.	10:00 a.m. – 10:10 a.m.
Networking Break Connect with colleagues and enjoy refreshments in the foyer.	10:10 a.m. – 10:30 a.m.
Association of Municipalities of Ontario (AMO) Update Speaker: Alicia Neufeld, Associate Director, AMO Moderator: Loretta Ryan, Chief Executive Officer, alPHa AMO works with Ontario's 444 municipalities to make municipal governments stronger and more effective. Participants will receive an update from AMO with a focus on their recent work.	10:30 a.m. – 11:00 a.m.
From Principle to Practice — Building High-Impact Skills-Based Boards Speakers: Jim Pine, MPA, Consultancy & Strategy and Dr. Eileen de Villa, Senior Fellow, Dalla Lana School of Public Health & Consultant in Public Health Moderator: Trudy Sachowski, alPHa Board of Directors This session explores how Boards of Health can strengthen governance capacity within an appointments-based system. The discussion will focus on: • Lived governance experience from municipal and public health leadership perspectives • Practical governance tools such as skills matrices, board orientation, and ongoing education • The importance of board culture, leadership alignment, and intentional governance practices • Awareness of alPHa governance supports available to boards The conversation is designed to be story-driven, reflective, and practical, highlighting how boards can strengthen governance even when membership is appointed.	11:00 a.m. – 11:55 a.m.
Closing Remarks, Door Prize and Adjournment Chair, BOH Section, alPHa and Loretta Ryan, CEO, alPHa	11:55 a.m. – 12:00 p.m.

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

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With special thanks to:

DRYDEN FIBRE CANADA

Call for Resolutions

alPHa members are invited to submit Resolutions for consideration at the 2026 alPHa Annual General Meeting & Resolutions Session during the Annual Conference in June.

Proposed Resolutions should be drafted with consideration of:

- alPHa's scope and mandate, including its Strategic Plan.
- alPHa's existing positions, which are documented in our online Resolutions pages.
- Adherence to alPHa's Procedural Guidelines for alPHa Resolutions.

Resolutions should, wherever possible, be limited to ***one*** operative clause ***per issue*** (other than specific directions on whom to advise) to allow for focused advocacy and monitoring.

Who may submit?
Resolutions for consideration by the alPHa Membership must be sponsored by one of the following:

- Member Board of Health.
- The alPHa Board of Directors, the alPHa Executive Committee, an alPHa Section (i.e. COMOH or Boards of Health) or a Section Executive Committee.
- An Affiliate member organization.

When is the deadline to submit?
All Resolutions for Consideration by the Membership, and all supporting materials, must be submitted no later than **Friday, April 10, 2026, at 4:30 p.m.**

In accordance with the provisions set out by Ontario's *Not for Profit Corporations Act*, *2010*, late Resolutions are no longer accepted. Urgent matters raised after this time may be addressed by the alPHa Board of Directors under its existing authority as the duly elected representative body of the membership.

When will Resolutions be debated by the alPHa membership?
There will be a special session to consider Resolutions on Tuesday, June 9, 2026, immediately following the Annual Business Meeting portion of the Annual Conference.

How may I submit the Resolutions?
Only electronic submissions in **MS Word** will be accepted. Please **click here** to download a template.

Please email Submissions to: Loretta Ryan, Chief Executive Officer, alPHa loretta@alphaweb.org.

CALL FOR NOMINATIONS

alPHa Distinguished Service Award

The Distinguished Service Award (DSA) is awarded annually by the Association of Local Public Health Agencies to individuals in recognition of their outstanding contributions to local public health in Ontario.

How many awards are given each year?

- A maximum of one award per Section and Affiliate organization may be presented in any given year.
- On occasion, an award may be given to individuals outside of alPHa for their contributions to local public health. No more than one such nomination will be considered in any given year.

Who is eligible to receive the DSA?

- Eligibility is open to individuals who fall under the following categories and have served at **a health unit that has been a member in good standing of alPHa for at least three years**:
  - A current member of alPHa's Boards of Health (BOH) Section.
  - A current member of alPHa's Council of Ontario Medical Officers of Health (COMOH) Section.
  - A senior management/non-union current member of one of alPHa's seven Affiliated organizations (i.e., AOPHBA, APHEO, ASPHIO, HPO, OAPHD, ODPH, and OPHNL).
- Consideration may also be given to individuals outside of the alPHa membership who have made outstanding contributions to local public health in Ontario.

Who is eligible to be nominated?

- Eligible nominees have:
  - Demonstrated exceptional qualities of leadership in their own milieu.
  - Achieved tangible results through lengthy service and/or distinctive acts.
  - Displayed exemplary devotion to public health at the provincial level.

Who is eligible to nominate?

- Eligibility to nominate is subject to the same requirements as those for nominees, including minimum length of service. Please note that three Section or Affiliate members of alPHa must sign the nomination form, as appropriate.
- In the case of nominations of *non-members of alPHa*, nominations must come from any three eligible nominators from alPHa's Sections or Affiliates.
- The Award is presented on behalf of each of alPHa's various membership groups, i.e., the BOH Section, COMOH Section, and the seven Affiliate organizations of alPHa.

- **Therefore, nominations must be issued by the nominee's Section or Affiliate organization** (i.e., nominations of BOH Section members must come from the BOH Section; nominations of a Medical/Associate Medical Officer of Health must come from the COMOH Section; and nominations of senior public health staff must come from the nominee's respective Affiliate organization and be signed by management/non-union staff). If you want to recommend an individual for nomination by their Section or Affiliate organization, please contact the Chair or President of the respective Section or Affiliate organization.
- **Nominees must be active members of alPHa – i.e., currently employed at a public health unit or currently serving on a Board of Health.**
- In the case of awards presented to non-members of alPHa, the award will be presented on behalf of alPHa's Board of Directors.

What materials must accompany the nomination form?

1. Signatures of the nominator and two other supporting eligible nominators.
2. A **cover letter explaining why the nominee deserves this award** (maximum two pages in length). Since the members of the Selection Committee more than likely will not know the nominee, they will base their assessment on what is conveyed to them in the cover letter. The letter should tell the Selection Committee what the nominee has achieved and why the nominee is outstanding.
3. A service record or curriculum vitae (maximum two pages in length) that includes the following:
    - Special or distinctive services on behalf of public health provincially.
    - Leadership and contributions on behalf of alPHa and/or one of its Sections; an Affiliated organization; or a provincial public health organization. (if applicable)

Where should the nominations be sent?

- Nomination forms, along with all relevant materials/ full package, should be emailed to Loretta Ryan, Chief Executive Officer, alPHa, at loretta@alphaweb.org.

When is the deadline to submit nominations?

- **Friday, April 10, 2026, at 4:30 p.m. EDT. Only complete applications will be considered for an award.**

Who selects the DSA recipients?

- All nominations are reviewed and approved by the alPHa Executive Committee.
- In the event of a tie, the alPHa Board of Directors will determine the Award recipient.

How are DSA recipients notified?

- Award recipients are notified by alPHa approximately one month prior to the conference date.
- Award recipients will be recognized during the Annual Conference.

Who can I contact if I have further questions about the DSAs?

- Loretta Ryan, Chief Executive Officer, alPHa at loretta@alphaweb.org.

2026 NOMINATION FORM

Distinguished Service Award

I HEREBY NOMINATE THE FOLLOWING INDIVIDUAL TO RECEIVE THE alPHa DISTINGUISHED SERVICE AWARD :

Nominee: (Must be from the nominees' Section or Affiliate organization.)**:**

_____

Title:

_____

Health Unit/Agency/Organization (Must be currently employed by a Public Health Unit or actively serving on a Board of Health.):

_____

Mailing Address:

_____

Email:

_____

Telephone:

_____

Membership Group within alPHa (choose one):

BOH Section	COMOH Section	AOPHBA	APHEO	ASPHIO
HPO	OAPHD	ODPH	OPHNL	OTHER

NOMINATOR:

Name and Title:

_____

Health Unit/Agency/Organization (Must be currently employed by a Public Health Unit or actively serving on a Board of Health.):

_____

Mailing Address:

_____

Email:

_____

Signature:

_____

SUPPORTING SIGNATURES *(*Must be different from nominator and signatories must be from the nominee's Section or Affiliate organization.):

1) Name and Title:

_____

Health Unit/Agency/Organization (Must be currently employed by a Public Health Unit or actively serving on a Board of Health.):

_____

Mailing Address:

_____

Email:

_____

Signature:

_____

2) Name and Title:

_____

Health Unit/Agency/Organization (Must be currently employed by a Public Health Unit or actively serving on a Board of Health.):

_____

Mailing Address:

_____

Email:

_____

Signature:

_____

This completed form **must** be accompanied by a **cover letter (maximum two pages in length)** and **service record, or curriculum vitae (maximum two pages in length)** that covers at a minimum a list of personal achievements at the local level, special or distinctive services on behalf of public health provincially and contributions on behalf of alPHa and/or one of its Sections, Affiliated organizations, or a provincial health organization.

Please forward completed nomination package by Friday, April 10, 2026, at 4:30 p.m. EDT to Loretta Ryan, Chief Executive Officer, alPHa, loretta@alphaweb.org.

ADDENDUM

MOTION: THAT this Board of Health deals with the items on the Addendum.

IN CAMERA

MOTION:

THAT this Board of Health goes in camera to deal with labour relations or employee negotiations and to deal with information explicitly supplied in confidence to the municipality or local board by Canada, a province or territory or a Crown agency of any of them.

Time: _____

RISE AND REPORT

MOTION:

THAT this Board of Health rises and reports. Time: _____

ADJOURNMENT
MOTION: THAT we do now adjourn. Time: _____