Board of Health for
Lakelands Public Health
MEETING AGENDA
Wednesday, September 16, 2026, 4:00 – 6:30 p.m.
LPH Peterborough Office, 185 King Street, Peterborough

1. **Call to Order and Land Acknowledgement**

2. **Declaration of Pecuniary Interest**

3. **Adoption of the Agenda**

4. **Adoption of Regular Minutes**

   - Cover Report

   a. Draft Minutes, June 17, 2026

5. **Business Arising**

6. **Medical Officer of Health Update**

7. **Reports**

   7.1. Presentation: Strategic Planning – Board of Health Update

   - Cover Report

   a. Backgrounder
   b. Environmental Scan
   c. Presentation

   7.2. Presentation: Indigenous Health Update

   - Cover Report

   a. Presentation

   7.3. Staff Report: Associate Medical Officer of Health Appointment

   - Staff Report

8. **Consent Items**

   Board Members: Please identify which consent items in the following section you wish to consider separately from and advise the Chair when requested. Any items that are not pulled will be passed with one motion.

8.1. Indigenous Health Advisory Circle Report – Meeting Minutes

- Cover Report

a. Minutes, May 8/26

8.2. Stewardship Committee Report – Meeting Minutes

- Cover Report

a. Minutes, June 11/26

8.3. Stewardship Committee Report – 2025/2026 Audited Financial Statements - Healthy Babies Healthy Children Program

- Cover Report

a. Stewardship Committee Staff Report
   - Draft HBHC Statements (PPH)
   - Draft HBHC Statements (HKPRDHU)

8.4. Stewardship Committee Report – 2025/2026 Audited Financial Statement - Infant Child Development Program

- Cover Report

a. Stewardship Committee Staff Report
   - Draft ICDP Statements (PPH)

8.5. Quarterlies

- Cover Report

a. Financial Report – Q2 2026
b. Merger Progress Report and Dashboard – Q1 2026
c. Ontario Public Health Standards Program Report – Q2 2026
d. Risk Management Report – Q2 2026

8.6. Correspondence For Direction: Global Conflict, Health Equity, and Community Preparedness

- Staff Report

a. Letter, WECHU Board of Health, May 14/26

8.7. Correspondence For Direction: Naloxone Kit Registration and Public Access

- Staff Report

a. Letter, MPP Robin Lennox, July 23/26

b. Bill 121, *Save a Life Act (web hyperlink)*

8.8. Correspondence For Direction: Protecting Canadians from Biological and Cybersecurity Risks: An Opportunity to Collaborate with Local Public Health

- Staff Report

a. Letter, PHSD Board of Health, June 24/26

8.9. Correspondence For Direction: Recommendations for Municipalities on Ontario's Bring Your Own Beverage (BYOB) Legislation

- Staff Report

a. Letter, WECHU Board of Health, May 25/26

8.10. Correspondence for Information

- Cover Report

a. alPHa Infobreak – July - August 2026 *(web hyperlink)*
b. alPHa Letter – Minister Jones *(web hyperlink)*

9. New Business

10. In-Camera Session

The Board will proceed in camera to discuss two items in accordance with the Municipal Act, 2001, Section 239(2):
(b) personal matters about an identifiable individual, including Board employees;
(j) a trade secret or scientific, technical, commercial or financial information that belongs to the municipality or local board and has monetary value or potential monetary value;

11. Motions From In Camera Session

12. Date of Next Meeting

Wednesday, October 21, 2026
4:00 p.m. – 6:30 p.m.
LPH Port Hope Office, 200 Rose Glen Road, Port Hope ON

13. Adjournment

TITLE:	Meeting Minutes for Approval
DATE:	September 16, 2026
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

Proposed Recommendation

That the Board of Health for Lakelands Public Heath approve meeting minutes for June 17, 2026.

Attachments

a. Draft Minutes, June 17, 2026

Board of Health for
Lakelands Public Health
DRAFT MEETING MINUTES
Wednesday, June 17, 2026, 4:00 – 6:30 p.m.
Andrews/Economic Development Building, 1787 Curve Lake Road
Curve Lake First Nation

Board Members:
Deputy Mayor Ron Black, Chair
Ms. Frances Gerow
Councillor Nodin Knott
Councillor Joy Lachica (virtual)
Mayor John Logel (virtual)
Dr. Ramesh Makhija
Mr. Dan Moloney
Councillor Keith Riel (virtual)
Councillor Cecil Ryall (virtual)
Dr. Hans Stelzer (virtual)_
Mayor Olena Hankivsky (virtual) *(joined at 4:22 p.m.)*

Regrets:
Warden Bonnie Clark
Councillor Dan Joyce
Deputy Mayor Tracy Richardson
Councillor Kathryn Wilson

Staff:
Dr. Thomas Piggott, Medical Officer of Health & Chief Executive Officer
Ms. Alida Gorizzan, Executive Assistant (Recorder)
Dr. Stephen McCarthy, Public Health and Preventive Medicine Resident
Ms. Michelle McWalters, Executive Assistant
Mr. Richard Ovcharovich, Manager, Environmental Health
Mr. Larry Stinson, Director, Facilities, Finance & IT / Chief Transformation Officer

Welcome to the Territory and Cultural Teaching:
Jayden Jacobs, Anishnaabemowin Coordinator, Curve Lake First Nation

1. **Call to Order**

   Deputy Mayor Black, Chair, called the meeting to order at 4:09 p.m., and expressed sincere thanks on behalf of the Board for the welcome and cultural teaching.

2. **Declaration of Pecuniary Interest**

   There were no declarations of pecuniary interest.

3. Adoption of the Agenda

MOTION:
That the agenda be approved as circulated.
Moved: Mr. Moloney
Seconded: Dr. Makhija
Motion carried. (2026-044)

4. Adoption of Regular Minutes

A correction was noted to the attendees for the May 20, 2026 meeting.

MOTION:
That the Board of Health for Lakelands Public Heath approve meeting minutes for May 20, 2026, as amended.
Moved: Councillor Lachica
Seconded: Councillor Ryall
Motion carried. (2026-045)

5. Business Arising

6. Medical Officer of Health Update

Dr. Thomas Piggott, Medical Officer of Health and Chief Executive Officer for Lakelands Public Health, provided an update that included:

- A review of correspondence sent to the Provincial Coroner in response to the Blastomycosis Inquest. The submission highlighted the work Lakelands Public Health has undertaken to collaborate with First Nation communities, as well as ongoing efforts to advance health equity and access to public health services within those communities.
- Dr. Piggott, Vice Chair Councillor Ryall and additional Lakelands Public Health staff attended the alPHa (Association of Local Public Health) 2026 conference. Key learnings included emerging trends in chronic disease, insights into the current provincial landscape, and concerns regarding the future funding for public health.
- Emerging Infectious Disease updates on hantavirus and ebola.

MOTION:
That the Board of Health for Lakelands Public Health receive the oral report, Medical Officer of Health Update, for information.
Moved: Ms. Gerow
Seconded: Dr. Makhija
Motion carried. (2026-046)

7. Reports

7.1. Presentation: Tick Surveillance and Lyme Disease – Board of Health Update

MOTION:
That the Board of Health for Lakelands Public Health receive the following for information:

- Presentation Title: Tick Surveillance and Lyme Disease – Board of Health Update
- Presenter: Dr. Stephen McCarthy, MD, MPH, PhD, Public Health and Preventive Medicine Resident

Moved: Mr. Moloney
Seconded: Mayor Logel
Motion carried. (2026-047)

7.2. Stewardship Committee Report: 2025 Draft Audited Statements

Guest, Mr. Richard Steiginga, Partner at Baker Tilly KDN LLP, joined virtually for this item.

MOTION:
That the Board of Health for Lakelands Public Health approve the 2025 Draft Audited Financial Statements.
Moved: Dr. Stelzer
Seconded: Councillor Riel
Motion carried. (2026-048)

8. Consent Items

MOTION:
That the following items be passed as part of the Consent Agenda: *8.1; 8.2 a, b, c, d; 8.3, 8.4, 8.5, 8.6, 8.7*
Moved: Mayor Logel
Seconded: Mr. Moloney
Motion carried. (2026-049)

MOTION (8.1)
That the Board of Health for Lakelands Public Health:

- receive the correspondence dated May 21, 2026 from the Board of Health for Algoma Public Health regarding the Healthy Smiles Ontario Schedule of Dental Services and Fees;
- endorse the position outlined in the correspondence; and,
- communicate this support to the Minister of Health, with copies to the Chief Medical Officer of Health for Ontario, the President of the Ontario Dental Association, local MPPs, Ontario Boards of Health and the Association of Local Public Health Agencies.

Moved: Mayor Logel
Seconded: Mr. Moloney
Motion carried. (2026-049)

MOTION (8.2 a,b,c)
That the Board of Health for Lakelands Public Health receive the following correspondence for information:

a. alPHa Infobreak – May 15, 2026
b. Letter dated June 9, 2026 from the Chair to the Ontario Chief Coroner regarding a response from Lakelands Public Health related to Blastomycosis Inquest Q2025-31.
c. Email dated January 23, 2026 from the Ontario Chief Coroner to Ontario boards of health related to Blastomycosis Inquest Q2025-31.

Moved: Mayor Logel
Seconded: Mr. Moloney
Motion carried. (2026-049)

MOTION (8.3)
That the Board of Health for Lakelands Public Health:

- retire Policy 02-04 Board Meeting Proceedings; and
- approve revisions to By-Law 3 Calling of and Proceedings at Meetings.

Moved: Mayor Logel
Seconded: Mr. Moloney
Motion carried. (2026-049)

MOTION (8.4)
That the Board of Health for Lakelands Public Health receive the Lakelands Public Health 2025 Annual Report for information.
Moved: Mayor Logel
Seconded: Mr. Moloney
Motion carried. (2026-049)

MOTION (8.5)
That the Board of Health for Lakelands Public Health received the Stewardship Committee meeting minutes from March 5, 2026, for information.
Moved: Mayor Logel
Seconded: Mr. Moloney
Motion carried. (2026-049)

MOTION (8.6)
That the Board of Health for Lakelands Public Health:

- receive the Stewardship Committee staff report, Healthy Babies Healthy Children Program 2026-27 Budget Approval, for information; and,
- approve the 2026-27 budget in the total of $2,149,172.

Moved: Mayor Logel
Seconded: Mr. Moloney
Motion carried. (2026-049)

MOTION (8.7)
That the Board of Health for Lakelands Public Health:

- receive the Stewardship Committee staff report, Infant and Child Development Program 2026-27 Budget Approval, for information; and,
- approve the 2026-27 budget in the total of $258,349.

Moved: Mayor Logel
Seconded: Mr. Moloney
Motion carried. (2026-049)

9. New Business

10. In-Camera Session

MOTION: That the Board of Health go In Camera at 4:54 p.m. to discuss three items in accordance with the Municipal Act, 2001, Section 239(2):
(a) Security of Board property;
(b) Personal matters about an identifiable individual, including Board employees; and,
(j) a trade secret or scientific, technical, commercial or financial information that belongs to the municipality or local board and has monetary value or potential monetary value.
Moved: Dr. Makhija
Seconded: Dr. Stelzer
Motion carried. (2026-050)

MOTION:
That the in-camera session be dissolved, and the membership return to open session at 5:25 p.m.
Moved: Ms. Gerow
Seconded: Councillor Ryall
Motion carried. (2026-051)

11. Motions From In Camera Session

That the Board of Health for Lakelands Public Health receive the following items for information:

- In Camera Meeting Minutes from April 15, 2026;
- In Camera Meeting Minutes (7.2) for the Stewardship Committee from March 5, 2026;
- In Camera Item 6.1 pertaining to Section 239(2)(b);
- In Camera Item 7.1 pertaining to Section 239(2)(a);
- In Camera Item 7.3 pertaining to Section 239(2)(j);

Moved: Mr. Moloney
Seconded: Councillor Knott
Motion carried. (2026-052)

12. Date of Next Meeting

Wednesday, September 16, 2026
4:00 p.m. – 6:30 p.m.
LPH Peterborough Office, 185 King Street, Peterborough ON

13. Adjournment

MOTION:
That the meeting be adjourned at 5:28 p.m.
Moved: Councillor Knott
Motion carried. (2026-053)

TITLE:	Presentation: Strategic Planning – Board of Health Update
DATE:	September 16, 2026
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

Proposed Recommendation

That the Board of Health for Lakelands Public Health receive the following for information:

- Presentation Title: Strategic Planning – Board of Health Update
- Presenters: Jenn Harrington & Christie Nash, Arising Collective

Background

Please see the attached backgrounder and environmental scan (att. A & B), prepared by Arising Collective.

Attachments

a. Backgrounder
b. Environmental Scan
c. Presentation

Board of Health Strategic Planning Update

Background and Context
Since our last meeting in January 2026, Lakelands Public Health has made significant progress on its strategic planning journey. At that time, we presented findings from Phase 1, which focused on internal engagement and workplace culture planning, and outlined our approach for Phase 2. Over the past eight months, we have completed an extensive community engagement process that has provided invaluable insights to guide the future directions of the organization.

Work Completed Since January 2026
Phase 2 of the strategic planning process, external community engagement, was conducted between winter and summer 2026. This comprehensive effort reached 744 participants across Lakeland's four-county region through multiple engagement methods. Engagement yielded two detailed reports analyzing feedback from community residents, partner organizations, Indigenous communities, and staff.

We are now in Phase 3, Strategic Priority Setting, which will run through winter 2027. This phase involves iterative sessions with the Senior Leadership Team with input from the Management Team and staff, to build consensus a generational vision of public health for Lakelands Public Health communities and your strategic directions, priorities, goals, and objectives.

What This Presentation Will Cover
Today's presentation will provide you with:

1. **An overview of the strategic planning process** and how Phase 3 integrates with long-term planning
2. **High-level findings from Phase 2 engagement**
3. **The strategic directions** that will anchor the new five-year plan.
4. **Next steps and timeline** leading to the draft plan presentation to the Board in January 2027 and final approval in February 2027

Environmental Scan

Lakelands Public Health Strategic Planning

September 1, 2026

Prepared by:
Andy Mitchell
Christie Nash
Jenn Harrington

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Executive Summary

Lakelands Public Health (Lakelands) is one of Ontario's 29 local public health units. It is also one of four new health units created through voluntary mergers effective January 1, 2025. The merger brought together the former Peterborough Public Health (PPH) and Haliburton, Kawartha, Pine Ridge District Health Units (HKPR) to serve the counties of Haliburton, Northumberland and Peterborough; the cities of Kawartha Lakes and Peterborough; and Alderville, Curve Lake and Hiawatha First Nations.

With an approved 2026 cost-shared budget of $32.84 million and additional provincial merger funding of $11.26 million for 2026–27, Lakelands now enters a critical phase: completing its organizational integration while developing a strategic plan that will guide the organization through over the next five years.

This environmental scan identifies key challenges, opportunities and emerging issues that should shape Lakelands' first strategic plan.

A Changing Provincial Public Health System

Ontario's Strengthening Public Health initiative is built around three central pillars: voluntary health-unit mergers, a review of the Ontario Public Health Standards (OPHS) and reconsideration of the provincial funding approach. All three are having a significant influence on the future of Lakelands.

The January 2025 merger created a mid-sized public health unit serving a 2021 Census population of 336,865. During 2025 and continuing into 2026, Lakelands has been working to establish an integrated leadership structure; harmonize policies, programs and service standards; equalize municipal contributions; harmonize collective agreements and employment practices; and integrate information, surveillance and data systems.

The merger was voluntary and required the approval of the municipalities that governed the former PPH and HKPR health units. Those municipalities have expectations against which Lakelands' early progress will be assessed. Most importantly, they expect the increased scale, expertise and organizational capacity created by the merger to maintain or improve service quality, strengthen surge capacity and improve population health while preserving responsiveness to communities with very different sizes, populations and needs.

Like every Ontario health unit, Lakelands will be affected by the revised OPHS, which remain under review. The September 2025 draft proposed an approach that could help Lakelands realize the promise of the merger by:

- Strengthening the principle that public health programs must respond to local population needs;
- Explicitly recognizing upstream interventions that influence systemic and social conditions;

- Recognizing public health as a partner, convener and influencer rather than expecting it to deliver every intervention directly;
- Introducing new planning, measurement and accountability requirements.

Population Health and its Determinants

Implicit in the proposed standards is recognition that population health is shaped substantially by the social determinants of health—the conditions that affect people's opportunities to live healthy lives. These conditions differ considerably across Ontario and within the areas served by Lakelands.

This scan identifies 10 key determinants and presents available measurements for Ontario, Haliburton County, the City of Kawartha Lakes, Northumberland County and the Peterborough Census Metropolitan Area. Some challenges are more pronounced in the Lakelands region than in Ontario generally. Others are intensified by its geography, low population density, limited transportation, uneven broadband availability, shortage of primary care and varying local economic conditions.

Lakelands, like other public health units, confronts a fundamental dilemma: it is expected to improve population health while having little direct control over many of the conditions driving deteriorating health outcomes. Organizational efficiency is important, but efficiency alone will not produce sustained improvements in population health.

Public health can influence these determinants through surveillance, evidence, advocacy, partnerships and community engagement. Municipal governments also have some influence through housing, planning, transportation, recreation and social-service policies. However, many of the most consequential policy and funding decisions remain under provincial control.

The allocation of provincial health resources also creates tension between responding to immediate demands for treatment—including the urgent need for primary care—and investing in prevention. More broadly, provincial policies outside the traditional public health system can have important population-health consequences. Examples include expanded alcohol availability, gaps in immunization information, and the movement toward treatment and recovery and away from some harm-reduction interventions in responding to substance use.

The Importance of an Appropriate Funding Model

A revised provincial funding formula will be critical for Lakelands. Its extensive geography, low population density, transportation barriers, rural and seasonal populations, and local economic conditions mean that a simple per-capita funding formula would not adequately reflect the cost of delivering equitable public health services.

Without recognition of these factors, Lakelands could face insufficient resources or place an unreasonable burden on municipal property-tax levies. An appropriate formula should recognize the fixed costs of operating across a large territory, the additional cost of serving small and dispersed populations, and the resources needed to maintain equitable access and emergency surge capacity.

Priorities for the Strategic Planning Period

Beyond implementing the revised standards, Lakelands will need to address several emerging issues during its next strategic planning period. These can be organized into four broad areas:

1. Ensuring local health equity
2. Addressing priority population-health issues
3. Strengthening the health unit's ability to respond effectively to systemic threats
4. Managing external pressures affecting the public health system

Completing the merger has presented substantial organizational challenges, as has the broader implementation of Ontario's Strengthening Public Health initiative. At the same time, both developments provide opportunities for innovation.

Relationships, Equity and Accountability

A particularly important opportunity is to strengthen Lakelands' relationships with First Nations and Indigenous communities. This work should build upon the relationships established by the legacy organizations while moving beyond consultation toward shared priority-setting, decision-making, and accountability.

Lakelands' relationship with its municipal partners is complex. Municipalities formerly served by HKPR may view the new organization largely as a continuation of their previous health unit, with expectations of comparable services and costs. Municipalities formerly served by PPH face significant increases as municipal contributions are harmonized across the new health unit. This creates a different perspective on the costs and benefits of the merger. Regardless of which legacy health unit a municipality belonged to, there is a strong desire to see the potential benefits of the merger realized. Municipal partners expect greater economies of scale, improved access to specialized expertise, stronger population-health intelligence and better service—not simply a larger organization.

Beyond municipal and Indigenous relationships, Lakelands' success will increasingly depend on effective partnerships across multiple sectors. As population health challenges become more complex and originate outside traditional public health systems, the organization must function as a convener, partner, and influencer rather than attempting to address all issues independently. The merger has created a health unit operating across three Ontario Health Teams, multiple hospitals, several municipal governments and school boards, three First Nations, and numerous distinct community service networks. The partnership challenge is not simply having more partners. It's maintaining effective relationships across overlapping systems while developing coherent regional public health priorities that respond to local needs.

The Strategic Challenge

The central strategic challenge for Lakelands is clear: it must complete the work of becoming one organization while demonstrating that the merger has strengthened its ability to respond equitably to local needs, address worsening determinants of health, and improve population health across a large and diverse region.

Introduction

About Lakelands Public Health

Lakelands Public Health (Lakelands) is one of Ontario's 29 local public health units and one of four new health units created through voluntary mergers encouraged and financially supported by the Province of Ontario.

The organization formally came into existence on January 1, 2025, through the merger of Peterborough Public Health (PPH) and the Haliburton, Kawartha, Pine Ridge District Health Unit (HKPR). The merger brought together two established public health organizations serving communities that share many population-health challenges but differ significantly in their geography, demographics, service infrastructure and socioeconomic circumstances.

With a 2021 Census population of approximately 336,865, Lakelands is a mid-sized Ontario public health unit by population. Among Ontario health units, it falls within the 300,000-to-400,000 population category, together with Wellington-Dufferin-Guelph Public Health. It is substantially smaller than the large urban health units serving Toronto, Peel, Ottawa and York, but larger than many of Ontario's predominantly rural and northern health units.

Lakelands serves 20 municipalities and three First Nation communities—Alderville, Curve Lake and Hiawatha—as well as Indigenous people living throughout the region. Its geography encompasses the City and County of Peterborough, the City of Kawartha Lakes, Northumberland County and Haliburton County. Within that territory are a significant urban centre, smaller towns, agricultural communities, cottage and seasonal communities, First Nations, and large sparsely populated rural areas.

The result is a health unit whose population is neither predominantly urban nor uniformly rural. The circumstances affecting health and the practical challenges involved in delivering public health services can differ considerably between downtown Peterborough, Cobourg or Port Hope, Lindsay, Campbellford, rural Peterborough County and communities in Haliburton County. Varying geographic and structural realities can make services more complex and costly to deliver across the region.

Like all Ontario boards of health, Lakelands operates within the requirements established under the Health Protection and Promotion Act and the Ontario Public Health Standards (OPHS). Its responsibilities extend well beyond the services most immediately associated with public health, such as restaurant inspections, immunization and infectious-disease control.

Lakelands programming encompasses infectious-disease prevention and outbreak management; immunization; food and drinking-water safety; environmental health; sexual health; substance use and harm reduction; tobacco, cannabis and vaping; dental health; healthy growth and development; pregnancy, infant and family health; school health; nutrition and physical activity; chronic-disease and cancer prevention; mental health promotion; emergency preparedness; climate-related health threats; and health equity.

Governance and Budget

Lakelands is governed by a Board of Health comprising nine municipal representatives; two each from the County of Peterborough, Northumberland County, the City of Peterborough and the City of Kawartha Lakes, and one from Haliburton County. Curve Lake and Hiawatha First Nations each have a Board representative through agreements under Section 50 of the Health Protection and Promotion Act. There are also currently four provincial appointees.

The Board of Health approved a 2026 cost-shared budget of approximately $32.84 million, an increase of 3.7% over 2025. This figure relates to the cost-shared public health budget and does not include provincially funded programs and temporary merger-related funding.

Purpose of This Environmental Scan

As Lakelands completes its merger and develops a strategic plan to guide its first several years, it faces important challenges and opportunities. This environmental scan provides the evidence base and analysis necessary to inform strategic planning decisions.

The scan addresses two fundamental questions:

1. What population health challenges should command the organization's attention over the next five to ten years?
2. Rather than simply harmonizing programs and organizational structures inherited from PPH and HKPR, how should Lakelands use the merger as an opportunity to consider new ways of delivering public health reflective of the diverse population it serves?

The central question for Lakelands' strategic plan is not simply how to do better what it currently does, but whether its organization, priorities, and program mix are aligned with the changing health needs of its population and with the economic, demographic, environmental, technological, and policy environment in which it will operate.

Primary Audience

This document is prepared primarily for the Lakelands Board of Health to support strategic planning. It will also inform staff leadership, municipal partners, Indigenous communities, and other stakeholders about the context in which Lakelands operates and the priorities it should address. The document is designed to support both initial strategic planning discussions and ongoing reference as the strategic plan is developed and implemented.

Methodology

Documents used to inform development of the Scan are included in Appendix E.

Operating Framework: Ontario Public Health Standards

The Ontario Public Health Standards (OPHS) serve as the operating framework for local public health in Ontario. They are issued by the Minister of Health under section 7 of the Health Protection and Promotion Act and establish the minimum programs and services that every board of health must provide and create a legal requirement to comply.

The Standards cover both health protection activities and broader population-health promotion responsibilities. The standards are supplemented by protocols and guidelines that provide more detailed direction about how particular responsibilities are to be carried out.

The Standards are currently under review. The current review is part of the province's broader Strengthening Public Health Initiative which focuses on three significant changes:

- Voluntary health-unit mergers,
- A review of the Ontario Public Health Standards, and
- Reconsideration of the provincial funding approach.

The Standards are reviewed periodically as scientific evidence changes, new diseases and environmental threats emerge, technology and data capabilities evolve, and the demographic and social conditions affecting health change. Beyond this, the current review should address exposed weaknesses in public-health capacity, emergency preparedness and system resilience manifested during the COVID 19 emergency. Additionally, the current review should reflect that problems such as housing insecurity, food insecurity, mental health and substance use, climate-related health risks and unequal access to services have become more prominent.

As the province has moved to implement change, concerns have emerged within the sector that go beyond the wording of individual standards. These include:

- Whether responsibilities might be narrowed to achieve efficiencies
- Whether new or continuing obligations will be adequately funded
- Whether province-wide requirements will leave sufficient flexibility to respond to the needs of very different urban, rural, northern and Indigenous communities

The Association of Local Public Health Agencies (alPHa) and other public-health organizations have argued that modernization should not diminish the public-health mandate simply to meet budget-reduction targets and have emphasized adequate, predictable funding and recognition of different local circumstances. The length of the review reflects both the breadth of the exercise and the likely difficulty of resolving those tensions. Work was underway through 2024, including consultation with health units, and revised working drafts were distributed in September 2025. In December 2025, however, Chief Medical Officer of Health Dr. Kieran Moore formally advised boards of health that the final release would be delayed. Much of the detailed work is being done within the Ministry of Health, the Office of the Chief Medical Officer of Health and the public-health system, drawing on scientific evidence, operational experience and consultation with local health units. But the ultimate policy choices addressing the broad concerns raised are a Ministry and government decision.

The final revised standards are expected to be issued by the Ministry of Health, through the Office of the Chief Medical Officer of Health and formally published as the Ontario Public Health Standards. They will be accompanied by the applicable protocols and implementation direction. Until the Province announces a new release and implementation date, the existing OPHS remains in force. Although the proposed changes continue to be drafted, and some sections are not yet complete, their eventual adoption will have significant implications and could provide opportunities for Lakelands.

Overall, the proposed standards establish a public health framework that places significant emphasis on local need, evidence, measurable impact, health equity, partnership and system coordination, and demonstrated accountability for results.

Key observations from the September 2025 draft include the following:

- The draft substantially strengthens the local-needs principle. It says programs and services should be based first on local context, evidence and surveillance data, including the impact of determinants of health, and that interventions should be adapted to socio-demographic circumstances.
- The draft moves beyond simple improvements to public health machinery and explicitly highlights upstream prevention. The draft describes public health as being unified by prevention and upstream interventions that influence systemic and social factors. Health Promotion is described as incorporating both *midstream* approaches addressing social determinants and *upstream* approaches impacting health inequities.
- The draft provides stronger support for the idea that public health should function as a partner, convener and influencer rather than attempting to deliver everything itself. Planning and system coordination is described as encompassing hospitals, community health centres, education, social services, municipalities, housing, economic and environmental sectors.
- The draft provides new accountability tools. It requires routine monitoring of inputs, resources, reach, outputs, outcomes and equity, together with quality improvement and evaluation. The accountability chapter links the strategic plan, annual service plan, budget, performance reporting and annual reporting into an accountability architecture to be monitored by the Board of Health.

For Lakelands, the new standards present an opportunity to use the merger to innovatively reconsider how public health should be delivered across a diverse urban, rural, and small-community geography.

A detailed review of the proposed standards is contained in Appendix A and a side-by-side comparison of the 2025 and the 2021 standards is contained in Appendix B.

Social Determinants of Health

The Ontario Public Health Program Standards recognize that health is influenced by a broad range of social, economic, and environmental factors—collectively referred to as the social determinants of health.

Accordingly, public health units focus beyond the delivery of health care and concentrate on the social determinants of health—the conditions that shape people's ability to live healthy lives. We have identified the following key social determinants of health that significantly impact the Lakeland's catchment area.

These include:

- Population and geography
- Aging population/healthy aging
- Income, poverty, and food security
- Employment and economic security
- Education
- Housing and homelessness
- Transportation and access
- Indigenous health equity
- Social isolation and connectedness
- Systemic barriers and access to services

An analysis of these determinants was completed and are detailed in Appendix C. The analysis is broken out by municipal jurisdiction and include the following components:

- Key focus areas
- Demographic measure
- Measurement by governance jurisdiction
    - Ontario
    - Haliburton
    - City of Kawartha Lakes
    - Northumberland
    - Peterborough CMA
- Key Regional Observations
- Conclusions

Emerging Public Health Issues

The challenges facing Lakelands are like those facing other health units across Ontario and can be classified into four key categories:

1. Ensuring local health equity
2. Addressing population health issues
3. Addressing systemic threats impacting public health's ability to respond effectively
4. Managing external system pressures

Ensuring Local Health Equity

Local health equity usually refers to a simple but powerful idea built on the Robert Wood Johnson Foundation 2017 report "*What is Heath Equity"* which defines Health Equity as: Everyone in the community should have a fair and just opportunity to be as healthy as possible, regardless of where they live, who they are, or how much money they have.

Responding to this challenge means identifying and reducing unfair, avoidable differences in health outcomes across our communities by ensuring that public health programs, partnerships, and resources are directed where they are needed most.

Key priorities include:

- Reducing disparities between neighbourhoods and populations
- Improving outcomes for Indigenous communities, newcomers, low-income residents, racialized populations, and rural communities
- Embedding equity into every public health program

Public Health practitioners committed to "health equity" ask not only whether everyone is treated the same but whether programs and services respond to different needs so that everyone has a fair opportunity to attain their fullest health potential[i] The term also has a very specific policy context. The OPHS expects Boards of Health to identify priority populations, assess local inequities, and tailor programs to reduce them. Health equity isn't a separate program—it's intended to be a lens applied across all public health activities, from chronic disease prevention to infectious disease control.

The emphasis is on local because health inequities often vary dramatically within the same health unit. For instance, one neighbourhood may have life expectancies that are 10 years longer than another only a few kilometres away.

Addressing local health equity can include:

- Using neighbourhood-level data to identify communities with poorer health outcomes
- Targeting programs (vaccinations, dental clinics, prenatal services, harm reduction, health promotion) where needs are greatest

- Partnering with municipalities, schools, Indigenous organizations, housing providers, and community agencies to address underlying causes of poor health
- Measuring whether programs are reaching vulnerable populations rather than simply counting total participants
- Ensuring services are culturally safe, physically accessible, and available in multiple languages

Together, these factors influence opportunities for good health and contribute to inequities in health outcomes across populations.

Addressing Population Health Issues

Population health issues are the major conditions and trends that affect the health and well-being of communities. They reflect both health outcomes and the social, economic and environmental factors that influence them, helping to identify where public health attention and intervention are most needed.

The Lakelands region presents unique demographic and geographic challenges. The 2021 Census population was approximately 336,865, an increase of 6.2% from 2016, with the largest five-year age group already people aged 60 to 64. This aging, growing population is distributed across substantially different communities, each with its own distinct health needs and service delivery challenges.

Low population density, limited transportation options, distance from service centres, shortages of primary care professionals, gaps in broadband connectivity, and fewer community service networks all create barriers to accessing prevention and public health programs, particularly in rural and remote areas.

Indigenous health equity represents another critical dimension, with Lakelands serving Alderville, Curve Lake and Hiawatha First Nations as well as Indigenous peoples living throughout urban and rural communities. Meaningful relationships, Reconciliation, and recognition of the social, economic and historical conditions affecting Indigenous health must be central to the organization's development.

Priority Population Health issues can be considered around three broad themes.

Social and Structural Conditions

- **Addressing the social determinants of health.** Conditions across many of the social determinants of health are worsening, creating growing challenges for population health and health equity. Effective public health looks beyond individual behaviors and illnesses to the underlying social and economic conditions that shape health including inadequate income, poor housing, lower education attainment, food insecurity, social isolation, and barriers to accessing essential services.
- **Food insecurity, poverty and housing instability.** Although these issues are included among the social determinants of health and within the broader concept of health

equity, the magnitude of the current problems warrants specific attention. Public Health units increasingly encounter people whose health problems cannot realistically be separated from whether they can afford food, obtain stable housing, or meet other basic needs. Food insecurity has fundamentally become an income problem rather than a nutrition problem, while housing challenges reflect affordability as much as supply. This broader societal crisis disproportionately affects marginalized populations with profound health consequences.

- **Access to health-promoting services in rural, remote and underserved communities.** Geographic barriers compound other challenges. Residents in rural, remote and underserved communities face higher costs for service delivery due to travel requirements, dispersed populations, and limited infrastructure. Public health programming must account for these realities, and government funding formulas must recognize that equitable access requires proportionally greater investment in rural settings.

Health and Well Being of Residents

- **Mental health, substance use and the toxic drug crises.** These interconnected issues extend beyond individual clinical care to population-level responses. Public health has an important role in prevention, harm reduction, surveillance, health promotion and addressing the social and community conditions that contribute to poor mental health and substance related harms.
- **Healthy aging.** Ontario is aging and "cottage country" are aging even faster. The challenge for public health is keeping people healthy, mobile, socially connected and independent for longer. Falls prevention, physical activity, vaccination, nutrition, dementia risk reduction, social isolation and age friendly communities all become increasingly important.
- **Chronic disease and preventable illnesses.** Governments have historically devoted substantially more resources to treating chronic diseases after they occur than to preventing their onset. The challenge for public health is to secure sufficient investment to fulfill its prevention mandate. Cancer, cardiovascular disease, diabetes and chronic respiratory disease share many modifiable risk factors, including physical inactivity, poor nutrition, tobacco and alcohol use, and other environmental and behavioural exposures. These are areas where sustained, population-level public health interventions can reduce risk, prevent disease and improve health outcomes over the long term.
- **Healthy development of children and youth.** Mental health, physical inactivity, screen use, substance use, vaping, disrupted social development, school absenteeism, sexual health, and family economic pressures converge in younger populations. Intervening early has an unusually high lifetime return because public health can alter a health trajectory before chronic problems become established.

Health Protection and Emerging Threats

- **Infectious disease, immunization and pandemic preparedness.** COVID demonstrated that infectious disease preparedness cannot atrophy between emergencies. Ontario faces declining vaccine confidence, uneven vaccination coverage, and the re-emergence of vaccine-preventable diseases. Ontario's Chief Medical Officer of health has identified gaps in immunization data and equitable access as significant challenges, calling for stronger outbreak and pandemic preparedness.
- **Climate change and environmental health.** Climate change is increasing the frequency and severity of public health threats, including extreme heat, wildfire smoke, flooding, poor air quality, and vector- and water-borne diseases. Public health has an increasingly important role in anticipating these risks, protecting vulnerable populations and building community resilience to changing environmental conditions.
- **Sexual health and communicable disease**. Sexual health and communicable diseases remain important public health issues as prevention, early detection and control can significantly reduce transmission and prevent serious long-term health consequences. Public health plays a central role through surveillance, education, testing and prevention programs, partner notification, outbreak management, and reducing barriers and stigma that can prevent people from accessing services.

Systemic Threats Impacting Public Health's Ability to Respond Effectively

Systemic threats to public health are broad, structural pressures that weaken the public health systems capacity to protect and improve population health over time. They can significantly affect the ability of public health organizations to respond effectively to the current and emerging population health needs. Factors such as funding, workforce capacity, data and information systems, governance, public trust and emergency preparedness influence not only what public health can deliver, but also its ability to anticipate risk, adapt to changing conditions, and achieve meaningful population health outcomes.

Across Ontario public health units face many systemic threats including:

- **Sustainable and predictable public-health funding.** Public health competes with acute care for resources, while prevention benefits often occur years later and outside the health budget. Short-term or constrained funding makes long-range prevention difficult.
- **Public-health workforce capacity**. Recruitment, retention, succession planning and specialized expertise are increasingly important, particularly outside major urban centres.
- **Modernization of public-health data and digital infrastructure.** Ontario still has fragmented information systems and significant limitations in timely, integrated population-health data. Public health increasingly needs near-real-time surveillance rather than retrospective reporting.[ii]

- **Clarifying the role of public health within the broader health system.** There is continuing tension around where public health ends and primary care, Ontario Health Teams, hospitals, municipalities and community agencies begin. Public health needs a clearly understood role as the population-health and prevention arm of the health system.
- **Integration without losing the prevention mandate.** Pressure to respond to immediate health-system problems can pull public health toward service delivery and away from upstream prevention. The strategic challenge is to collaborate with the health-care system without becoming an extension of clinical care.
- **Governance, organizational scale and regionalization.** Ontario has been restructuring and amalgamating public-health organizations. The underlying question remains: what scale produces sufficient expertise and efficiency while preserving local knowledge, responsiveness and accountability?
- **Emergency preparedness and surge capacity.** COVID exposed the difficulty of maintaining enough capacity for a crisis without carrying seemingly "unused" capacity during normal periods. Ontario needs a sustainable model for maintaining readiness for pandemics, environmental emergencies and other emerging threats.
- **Public trust, misinformation and risk communication.** Public health increasingly operates in a contested information environment. Vaccine misinformation is one manifestation, but the broader issue is whether public-health institutions retain sufficient credibility to influence behaviour during both routine programming and emergencies.
- **Ability to influence the upstream determinants of health.** Many of the biggest drivers of population health—housing, income, transportation, land-use planning, education, climate policy—are controlled outside public health. The systemic challenge is developing effective mechanisms through which public health can influence decisions it does not control.
- **Demonstrating impact, value and accountability.** Prevention creates a peculiar accountability problem: when it works, something *doesn't happen*. Public health therefore needs better ways of demonstrating outcomes, return on investment and population impact rather than simply reporting program activities and outputs.

Managing External System Pressures

External system pressures are forces largely outside the direct control of public health that nevertheless shape the health of the population and the environment in which public health operates. External pressures can create new demands, alter community needs, and affect public health's ability to achieve its objectives.

External pressures facing Lakelands Public Health include:

- **Government policy registration and regulatory change.** Decisions by federal, provincial, and municipal governments concerning healthcare, housing, social assistance, education, environment and municipal services can significantly affect population health even though public health has limited control over those decisions.
- **Municipal fiscal and infrastructure pressures.** Municipalities are important public health partners, but they face increasing pressures involving infrastructure, housing, transit, emergency services and affordability. Fiscal constraints can limit their ability to invest in the community conditions that support health.
- **Changing public expectations, trust, and social cohesion.** Declining institutional trust, polarization and misinformation can make public Health communication and collective action more difficult while at the same time, communities increasingly expect governments to respond quickly to complex health and social problems.
- **Demographic Change.** Population aging, migration, and changing household compositions alter the types and distributions of health needs. Rapid growth or decline can also place very different pressures on local services and infrastructure.
- **Health and social service workforce shortages.** Lakelands efforts to recruit personnel is being done within an environment of labour shortages. This shortage of primary care professionals, mental health partitioners, long term care staff, social services workers, and community agency employees weakens the network of organizations on which public health depends for referrals partnerships and coordinated responses.
- **Economic conditions and household affordability.** Inflation, income insecurity, and the rising cost of basic necessities affect food security, housing stability, mental well-being and people's ability to make healthy choices.
- **Primary care access and health system capacity.** Shortages of family physician, long waits and pressures on hospitals and community services can push unmet needs towards public health and make prevention and early intervention more difficult.

Provincial Policy Environment

Public Health Units operate within a provincial legislative policy framework, are subject to its regulatory regime, and receive the majority of its funding from provincial sources. As public health units shape their programming to respond to local conditions, it is important that they also be responsive to provincial directions. As Ontario develops a more comprehensive approach to health care generally and public health specifically, an important tension is emerging between system management and upstream prevention.

Ontario is seeking to strengthen the machinery of public health. This includes creating larger and more sustainable health units, defining clearer roles, introducing greater consistency across the province, strengthening accountability, improving data and creating closer connections within the broader health-care system. At the same time, many of the factors increasingly contributing to poor health cannot be addressed simply by improving the machinery of public health, or even by providing more health care. Housing insecurity, inadequate income, food insecurity, social isolation, substance use and other health inequities arise substantially from underlying social and economic conditions.

There is a fundamental tension in that public health is increasingly expected to measure, manage and respond to the health consequences of these conditions, while having limited ability to influence the upstream policies and circumstances that create them.

Strengthening the public health system is necessary, but it will not, on its own, improve population health unless greater attention is also directed toward prevention and the underlying determinants of health.

More specifically, we have identified **six provincial policy approaches** that Lakelands should carefully monitor. Some provide opportunities, others create strategic risk, and some introduce potential population health consequences.

1. **Review of the Ontario Public Health Standards**
   The Ministry has stated that the review of the OPHS is intended to reframe the roles and responsibilities of public health units, reduce overlap, and align requirements with current evidence and best practices. The outcome of the review and the revised standards may alter the deployment of resources between Lakeland's health protection activities such as infectious disease, inspections, immunization, and outbreak response and its health promotion activities such as chronic disease prevention, mental health, substance use, climate change and the social determinants of health.

2. **Sustainability of provincial public-health funding**
   Ontario's 2026-27 expenditure estimates, tabled on April 22nd, 2026, allocate approximately $936 million to the Ministry of Health transfer payment category "official local health agencies" compared with approximately $916.7 million for 2025-26, an increase of about 2.1%. This represents the province's principal transfer payment envelope for local public health but may not include all provincial funding received by Ontario's 29 municipal health units.

In 2024 the provincial government committed to 1% annual increases in local public-health funding for three years. (fiscals 2024/25, 2025/26, 2026/27). Lakeland has benefited from this increase, however they are in the final year of the commitment and as of August 20, 2026, no public commitment has been made to continue or increase provincial contributions.

Given the inflationary pressures of the last three years, the nominal increases provided do not provide sufficient resources to meet rising wages, benefits, technology and other operating costs. Of significant concern to Lakelands is the importance of a revised provincial funding model that is not simple based on population but adequately recognize the higher per-capita cost of delivering services across a large rural geography with low population density.

3. **Post-merger direction toward larger and more standardized public-health organizations**
   The government's stated merger objectives include addressing capacity limitations, inconsistent organizational performance, recruitment and retention issues, and improving consistency. There is a pressure Lakelands will need to manage between provincial standardization and local responsiveness. A larger health unit can achieve scale and specialization, but programs still need to respond differently to Peterborough, rural Haliburton, Kawartha Lakes, Northumberland and First Nations communities. The risk is that "consistency" becomes uniformity when population needs and service-delivery costs are not uniform.

4. **Ontario's shift in addictions policy toward treatment and recovery and away from some harm-reduction interventions**
   The province has created HART Hubs emphasizing primary care, addiction treatment, mental-health services, housing and social supports, while explicitly excluding supervised consumption, safer supply, and needle exchange from HART Hubs. Regardless of one’s view about the efficacy of the policy change, it has significant implications for public health. Public health will want to monitor the impact of the different approach determining if the new service model affects overdose deaths, infectious-disease transmission, naloxone use, emergency-department utilization and access to harm-reduction services, particularly in rural communities where alternatives may already be scarce. Over time, this could create a challenging space for local public health where provincial policy direction and intervention supported by local epidemiological evidence do not fully align.

5. **Major expansion of alcohol availability**
   Since late 2024, Ontario has dramatically expanded alcohol retailing to convenience, grocery and big-box stores. According to Ontario’s fall 2025 economic statement, there were more than 6,300 licensed convenience and grocery stores, and the government is continuing to modernize wholesale pricing and the alcohol marketplace in 2026. From a

population-health perspective, increased physical availability and convenience of alcohol creates an important surveillance and prevention issue. To measure the impact, Public Health units would need to monitor changes in alcohol-related emergency visits, hospitalizations, injuries, impaired-driving indicators and patterns of consumption. This is an example of a provincial policy outside the Ministry of Health that can materially affect population health.

6. **A movement toward centralized, integrated immunization and public-health data**
   Ontario's Chief Medical Officer of Health's 2024 annual report identified three central issues impacting Ontario's immunization system:
   - Gaps in immunization data
   - Disparities in access and uptake
   - Declining vaccine confidence

   The report recommends creating a centralized provincial immunization system, addressing inconsistencies in access through community-led approaches and better primary-care access, and strengthening vaccine confidence through trusted health care providers and community ambassadors. If the government were to fully implement Dr. Moore's recommendations this would present a potentially significant opportunity for Lakelands. A better provincial system could dramatically improve Lakelands ability to identify geographic and demographic pockets of under-immunization, particularly across a large rural territory. At the same time these proposals would mean changes in its data surveillance and information-management responsibilities and the potential redistribution of immunization functions among public health, pharmacists and primary care.

In summary, the province is seeking public health efficiencies through larger, more standardized and accountable organizations that are increasingly integrated with the broader health care system. At the same time, many of the forces driving poor population health—including housing affordability, substance use, increased alcohol availability and social inequity—require stronger upstream prevention. These determinants are largely beyond the direct control of public health and will not, in themselves, be addressed through structural reform of the public health system.

Future Operational Challenges

Beyond addressing specific population health issues and navigating the policy environment, Lakelands must build the organizational capacity necessary to function effectively as a modern, evidence-informed, equity-focused public health organization serving a large, diverse geography.

Key operational challenges may include the following:

Building One Organization from Two

In addition to the creation of Lakelands, mergers occurred in northeastern Ontario, Brant/Haldimand-Norfolk and southeastern Ontario. The province supported the mergers financially with the stated objectives of improving capacity, addressing workforce and organizational challenges, and creating stronger and more sustainable public health organizations.

In 2025, Lakelands carried out its operational requirements and undertook transitional activities. Programs and services continued while the organization simultaneously harmonized policies and procedures, integrated administrative and information systems, modernized technology, aligned programs and developed a common organizational culture. The province provided substantial transitional support for this work, including funding for merger implementation, stabilization of core programs, infrastructure and information technology.

Key issues merging the two organizations have included:

- developing a common organizational culture
- harmonizing policies, programs and service standards
- Identifying an integrated leadership team
- harmonizing municipal levies
- harmonizing collective agreements
- integrating information systems and data
- ensuring staff engagement, wellness, and organizational culture
- creating a consistent public identity across a very large geographic area

In 2026, Lakelands is moving beyond the immediate mechanics of amalgamation and is now developing its first strategic plan. The plan should help shape how the increased scale, expertise and capacity created by the merger can be used to improve population health while preserving responsiveness to communities with very different needs.

Funding Sustainability and Organizational Harmonization

The Board of Health approved a 2026 cost-shared budget of approximately $32.84 million, an increase of 3.7% over 2025. This figure relates to the cost-shared public health budget and does not include merger related funding or other provincially supported programming.

The budget illustrates one of the important structural challenges facing Ontario public health. For 2026, Lakelands anticipated only a 1% increase in provincial cost-shared funding, while

salaries and wages were projected to increase by approximately 4.8%, benefits by 10.6% and other operating expenses by approximately 3.7%. Consequently, municipal contributions are required to grow more rapidly than provincial funding to maintain existing services.

The 2026 budget anticipated an increase in the average local-funder contribution to approximately $31.02 per resident. The impact of this increase varied substantially among municipalities as Lakelands moves towards harmonized per capita funding, with the largest increase falling on the former PPH funding partners.

The impact is particularly significant for the City and County of Peterborough. Peterborough County identified a 15.76% harmonization adjustment, or approximately $227,000, in 2026. The City of Peterborough projected an increase of $396,746 or 20.75%. After applying the provincial mitigation, the respective increases were approximately 5%.

The harmonization money provided by the province has delayed, but not eliminated, the need to add the full per capita harmonized amount unto the Peterborough County and City of Peterborough levies. This creates an important longer-term issue for Lakelands. Municipal partners will increasingly expect the organization to not only demonstrate that it is delivering required public health services, but also to demonstrate the value produced by the merger, including:

- demonstrating efficiencies from amalgamation
- maintaining or improving service quality
- improving data collection
- enhancing surge capacity
- investing strategically in prevention
- improving population-health outcomes.

It can be argued that current provincial funding formulas do not adequately address Lakelands reality. A population-based funding model does not necessarily reflect the cost of serving geographically dispersed communities. Delivering an equivalent level of public health service to residents across large rural areas can require more travel, more service locations, different delivery models and greater effort to reach relatively small populations. The long-term financial sustainability of Lakelands requires a funding formula that reflects the geographic, density, transportation and cyclical economy of rural and small-town Ontario.

Providing Equitable Service Across Very Different Communities

Lakeland serves a diverse group of communities including:

- rapidly growing suburban communities
- medium-sized cities
- small towns
- remote rural areas
- cottage country
- Indigenous communities
- agricultural communities

Health needs differ dramatically across these populations, as do the resources to meet them. The challenge for Lakelands speaks directly to issues that were raised during the amalgamation process. A central challenge for Lakelands will be how to ensure people receive equitable public health services regardless of where they live.

Rural and Northern Access

Compared with many urban and southern Ontario health units, Lakelands must contend with a unique set of challenges:

- longer travel distances
- fewer health professionals
- transportation barriers
- limited primary care
- aging populations
- digital connectivity challenges in some areas

Public health often is the only readily accessible health resource in some communities. It will be essential that provincial government funding reflects the higher per capita cost of delivering health prevention and health promotion programing in rural and northern areas.

Population Growth and Demographic Change

Parts of the Lakelands region are among Ontario's fastest-growing communities and other areas are among the oldest. Growth creates pressure on:

- vaccine delivery
- school health
- sexual health services
- healthy child development
- inspection services
- emergency preparedness

At the same time, other communities are experiencing population decline and rapid aging, requiring different service approaches and an emphasizes on different services like:

- Falls prevention and mobility programs
- Healthy aging and chronic disease protection
- Social connection and mental health promotion
- Outreach and access to services, including transportation

Balancing these competing demographic realities will be a major planning challenge.

Health Equity Across Diverse Populations

The Lakelands region encompasses considerable social, economic, cultural and geographic diversity, including affluent commuter communities, communities experiencing significant poverty, seasonal populations, Indigenous communities, migrant agricultural workers, people experiencing homelessness and newcomers to Canada. These populations face very different health risks, barriers to services, and opportunities to achieve good health.

Achieving health equity across such a diverse region will require more than providing the same programs and services everywhere. It will require locally tailored approaches that respond to differences in income, culture, language, geography, transportation, housing, access to primary care and other determinants of health.

This creates an ongoing operational challenge: how to maintain consistent standards and equitable access across the health unit while allowing services, partnerships and resources to vary according to local need. Successfully managing this balance will also be an important test of the merger remembering that one of its underlying promises is that a larger organization can achieve greater capacity, consistency and resilience without losing responsiveness to the distinct needs of the communities it serves.

Strengthening Population Health Intelligence

Following amalgamation, Lakelands has an opportunity to develop a unified approach to surveillance, epidemiology, data analytics, community health assessment and performance measurement. The challenge will be to build an intelligence function that can identify meaningful differences within a large and diverse region, rather than allowing regional averages to obscure important local needs and inequities. Stronger population health intelligence will be essential to targeting resources effectively, adapting programs to local circumstances and determining whether interventions are actually improving health outcomes.

Climate Change and Environmental Health

Lakelands' large and diverse geography makes the region susceptible to a growing range of climate-related health risks, including extreme heat, flooding, wildfire smoke, harmful algal blooms and vector-borne diseases. These pressures add to existing responsibilities for drinking-water monitoring and recreational water safety and will require increased surveillance, preparedness, public communication and community response across a very large geographic area.

The challenge is compounded by the fact that public health has limited control over many of the underlying environmental threats and must largely anticipate, monitor and mitigate their health effects. As demands on traditional health-protection functions increase, finding sufficient capacity for the longer-term health-promotion and prevention work needed to build climate resilience may itself become increasingly difficult.

Workforce Recruitment and Retention

Like many public-sector organizations, Lakelands must compete for public health nurses, inspectors, epidemiologists, physicians, health promoters and specialized leadership. While recruitment and retention pressures exist across Ontario, they can be particularly acute in rural and smaller communities, where professional and family amenities may be more limited and geography, travel requirements, low population density and limited public transportation can make service delivery more demanding. An aging workforce and competition from other health-sector employers may add to these pressures.

Lakelands will need a strategic approach to recruitment and retention, supported by workforce development, effective deployment across its geography and robust succession planning for critical and difficult-to-replace positions.

Strengthening Partnerships Across a Large Region

Lakelands work with a number of important partners including:

- municipalities
- hospitals
- Ontario Health Teams
- school boards
- Indigenous partners
- primary care providers
- community agencies
- emergency services

The scale of its geography and number of political and administrative jurisdictional areas combined with the diversity of the region will make coordination of partnerships more complex than in a single urban health unit and create a dipropionate demand on human resources both in the development and maintenance of relationships.

Best Practices, Innovation, and Leading Public Health Models

The creation of Lakelands provides an opportunity to do more than harmonize two existing organizations or improve the delivery of traditional public health programs. This is a particularly good time for Lakelands to think beyond simply harmonizing the two legacy organizations as the province makes changes to the OPHS and is focused on structural reform, clearer responsibilities and the sustainability of the public health system.

Traditional responsibilities remain essential, but they are increasingly intersecting with housing, income, food insecurity, social isolation, mental health, substance use and other determinants of health that cannot be addressed through conventional public health programming alone. In developing its strategic plan, Lakelands goal should move beyond just building a more efficient version of the two organizations that preceded it, but to consider new and innovative approaches to meet its population needs through the middle of the 21st century.

The strategic plan provides an opportunity to examine approaches being implemented elsewhere incorporating principals that include:

- Retaining strong centralized expertise but delivering more work locally
- Using data to allocate resources dynamically
- Functioning increasingly as the population-health arm of the wider health and municipal systems.

Six evidence-informed innovation opportunities are presented below. Each addresses specific challenges identified in this environmental scan and aligns with the proposed OPHS emphasis on local needs, partnerships and measurable impact.

1. Placed-Based Public Health
2. Mobile Public Health Service
3. Population Health Intelligence Centre
4. Prevention Partner for Primary Care Ontario Health Teams
5. Municipal Health Advisory Function
6. Rural Public Health Lens

Approach	Description	Best Practice
Innovation 1: Placed-Based Public Health Model		
Rather than organizing service delivery primarily around traditional program silos i.e., immunization, healthy families, infectious disease, environmental health, chronic disease prevention - instead overlay such programs with geographic community teams.	Each area would have a small multidisciplinary public health team responsible for understanding its population, relationships, barriers to service, and emerging health issues, while drawing upon centralized specialists across Lakelands. Hubs could operate periodically from libraries, municipal facilities,	Ottawa Public Health Neighborhood Health and Wellness Hubs. Ottawa Public Health works with municipal and community partners to secure accessible neighborhood locations to deliver services and supports

Approach	Description	Best Practice
	community centers, family health teams, and other existing locations	tailored to local needs within priority neighborhoods.
Innovation 2: Mobile Public Health Service		
Rather than expecting every resident to travel to Peterborough, Lindsey, Port Hope or another health unit office, create one or more mobile multidisciplinary teams capable of bringing services into communities.	The service could rotate through smaller communities (such as Minden, Haliburton, Apsley, Norwood, Campbellford) and provide different combinations of immunization, sexual health services, harm reduction services, dental screening and other services.	Peel Public Health – Mobile dental clinic – Wellington County RAAM
Innovation 3: Develop a Population Health Intelligence Centre		
The merger provides an opportunity to build on the epidemiology and population health assessment capacity of the two legacy health units by creating a stronger, integrated population health intelligence function, with enhanced capacity for surveillance, analytics, health equity analysis and public reporting.	The important advancement would be to move from describing population health to identifying where intervention is required. Creation of a useable dashboard for municipal and other partners would be seen as a tangible benefit of amalgamation.	This builds on Public Health Ontario's strategic direction 1 listed in its current strategic plan – "Lead provincial public health data transformation, leveraging advanced analytics to drive evidence-informed practice and decision making."
Innovation 4: Become the Prevention Partner for Primary Care Ontario Health Teams		
Lakelands has an opportunity to define its role as the population health and prevention partner of the Ontario Health Teams and Primary Care Networks operating within its geography.	Instead of duplicating clinical services, Lakelands could provide primary care organizations with services including community epidemiology, immunization gap identification, prevention protocols, smoke succession support, healthy weight and physical activity resources, screening promotion strategies, outbreak intelligence, HealthEquity analysis and community referral information	Ottawa Public Health has identified stronger integration of public health with Ontario Health Heams and primary care as a strategic means of embedding prevention within the healthcare system. This has produced practical collaborations in specific areas, but its broader application remains a work in progress.
Innovation 5: Establish a Municipal Health Advisory Function		
Many of the determinants of population health are controlled not by the health unit but by municipalities. This includes housing,	Lakelands could establish a healthy communities and public policy team whose job is to work proactively with the five municipal partners and their lower tiered	Simcoe Muskoka Health Unit. The idea was formulated as part of a study done by the Simcoe Muskoka District health unit called "planning for health:

Approach	Description	Best Practice
transportation, recreation, land use planning, road design, climate adaptation, social services, and community infrastructure.	municipalities. Instead of occasionally responding to planning proposals, the team could routinely provide a population health lens to such things as official plans, transportation master plans, housing strategies, climate adaptation plans, recreation plans, community safety plans, age friendly strategies, and major development proposals.	promising practices for healthy built environments…" The report speaks to the ongoing relationship between public health staff and municipal planners and the importance of becoming involved early in planning processes and to provide the expertise within public health to help inform those processes
Innovation 6: Establish a Rural Public Health Lens		
Its fundamental premise would be that equitable public health does not require identical services to be delivered in identical ways across all communities. Rather, services should be tailored to differing community needs, circumstances and barriers to access. Lakelands should consider positioning itself as Ontario's leading rural and small community Public Health Organization. Lakelands could partner with Trent University, Fleming college, Queens, Ontario Tech, Public health Ontario, and other organizations to evaluate rural public health models and become a provincial source of expertise	Rural communities have different circumstances: lower population density, greater travel distances, limited transportation options, fewer health and social service providers, older populations, seasonal populations, weaker broadband, and fewer partner organizations. Lakeland's geography makes it an unusually strong laboratory for examining rural service delivery, transportation barriers, aging, seasonal populations, food insecurity in a rural context, climate vulnerability, rural mental health, rural primary care strategies, small drinking water systems, broadband digital access, indigenous health, and the cost of delivering public services across low density geography	Think Rural, Government of Canada Parliamentary Report. The report was tabled on March 12th, 1997, by the House of Commons standing committee on natural resources. It emphasized the uniqueness of rural Canada, it's separate economic base, and its special challenges. Its fundamental premise was the importance of implementing policies in ways that addressed the unique differences that exist in rural areas in Canada

Relationships and Accountability

Effective partnerships are essential to Lakelands' success. As the factors affecting population health become more complex and increasingly originate outside the traditional public health system, Lakelands' effectiveness will depend progressively less on what it can deliver independently and more on what it can influence, coordinate and accomplish through partnerships.

Three relationships require particular attention: partnerships with Indigenous communities, relationships with municipal partners, and connections with key system partners.

Indigenous and First Nations Partners

Lakelands serves Alderville, Curve Lake and Hiawatha First Nations, as well as a significant urban and rural Indigenous population across its broader geography. Its relationship with Indigenous communities builds on those established under legacy PPH. Lakelands has continuing Section 50 agreements with Curve Lake and Hiawatha First Nations, whose Council representatives sit as full members of the board of health alongside municipal and provincial representatives.

Lakelands describes its work with Indigenous partners as fundamental to its mandate and has committed itself to the principles of truth and reconciliation and the calls to action of the Truth and Reconciliation Commission. It provides Indigenous communities with a direct role in governing the organization rather than relying solely on consultation.

A second important mechanism is the Indigenous Health Advisory Circle (IHAC). Originating as a First Nations Working Group established by PPH in 2015, it subsequently broadened its scope to include urban Indigenous voices and Indigenous-serving organizations. Following the merger, its reach has expanded further with Alderville First Nation joining the Circle.

There is evidence that the relationship continues to move from consultation toward shared decision-making and accountability. Lakelands has appointed an Indigenous Health Manager and is developing a Regional Indigenous Health Strategy and engagement plan. Recent IHAC discussions have addressed Indigenous data sovereignty, principles for obtaining Indigenous consent, culturally appropriate support for Indigenous staff and the possibility of changing IHAC

from a primarily advisory body toward a stronger accountability or steering role. The Circle has also supported exploration of additional Section 50 agreements, including discussions involving Alderville and Scugog First Nations.

Progress in developing the relationship has been made, but important work remains. The merger substantially enlarged Lakelands' geography and brought Indigenous communities with different histories, relationships and needs into one public health organization. The challenge will be to ensure that the strong relationships developed in Peterborough are extended rather than simply replicated across the new region, recognizing that individual First Nations and urban Indigenous communities must determine how they wish to engage.

Governance over Indigenous data will also require approaches that respect community ownership and control rather than treating Indigenous populations as simply another demographic category. IHAC itself has emphasized that “one size does not fit all.”

Lakelands relationship with First Nations and other Indigenous people is a strength of the organization, and model for others across the province.

Municipal Partners

The merger proceeded with broad municipal political support, but not without reservations. Municipal representatives generally accepted the argument that consolidation could strengthen public-health capacity, specialist expertise, organizational resilience and service delivery. Concerns raised during the process focused primarily on the pace of implementation, whether the benefits of consolidation were sufficiently clear, unresolved governance and levy-harmonization questions, and assurance that merger costs would not ultimately be shifted to municipal taxpayers.

Since the merger, there is little evidence of sustained municipal opposition or deterioration in municipal relationships.

The questions municipal representatives asked before the merger are essentially the questions Lakelands now needs to answer:

- Did increased scale improve capacity?

- Did it improve services?
- Has it created efficiencies?
- Has rural responsiveness been preserved?
- Is the new organization delivering value commensurate with its municipal investment?
- Can Lakelands, which serves an exceptionally large and diverse geography, deliver more effective and equitable public health services than its predecessor organizations?

A scan of municipal council records, meeting materials, 2025 and 2026 municipal budget documents, municipal planning documents, board of health records and public statements indicates general municipal acceptance of the merger. Municipal reaction to the newly merged health unit appears broadly positive, with Lakelands increasingly integrated into municipal emergency management, social services, climate adaptation and community planning.

There is however an asymmetry inside Lakelands. The merger joined municipalities with different historical relationships and different financial consequences.

Legacy HKPR partners largely experience Lakelands as a continuation and expansion of an existing regional organization whereas legacy PPH partners experience something more complicated: they retain the public-health services they previously had but are now moving toward a higher harmonized municipal contribution.

Peterborough City and County taxpayers and councillors could eventually ask what additional value is being receiving in exchange for the additional contribution required by harmonization?

Maintaining municipal support will require the health unit to demonstrate the benefits of consolidation. They will want Lakelands to demonstrate that “bigger” translates to greater capacity without becoming more remote from local communities.

More specifically there are four issues Lakelands needs to manage:

- the affordability of the new funding model
- preservation of local responsiveness within a much larger geography
- the need to demonstrate that the merger is actually producing value

- Regionalization versus localization. Has the merger improved the Lakelands ability to address the needs of small urban and rural communities.

Managing municipal relationships and demonstrating the value created by the merger should be considered a strategic objective in the new strategic plan. At the conclusion of the plan's planning horizon, Lakeland needs to show each municipal partner what benefits the merger has produced for that community. This will become increasingly more important when the provincial merger money is exhausted and municipal councils are looking at permanent levy increases.

A focused media scan covering the period from the merger discussions in late 2023 through August 2026 was also conducted and is in Appendix D. Overall, the media record supports the conclusion that there has been no broad municipal backlash against Lakelands Public Health. However, support for the merger was not entirely unqualified. The most significant reservations concerned whether the promised benefits were sufficiently clear, whether the implementation timetable was too aggressive, and how levy harmonization would ultimately affect municipalities.

Peterborough City

Councillor Joy Lachica, who chaired the legacy PPH health board and co-led the merger work, publicly described the merger as the best pathway for strengthening public-health capacity, a view not challenged but her colleagues.

The city however recognizes that this strengthened capacity is coming with significant additional costs, driven by two factors:

- The merger requires legacy PPH funders to increase their contribution to harmonize its per capita funding with the rate being contributed by legacy HKPR funders.
- The provincial contribution was assumed to rise only 1%, while the overall Lakelands budget was rising 3.7%, meaning most of the incremental cost was being borne by local taxpayers.

The City's 2026 budget materials described the health unit's request as a 20.75% increase in the City's gross contribution, reduced to a net 5% increase in 2026 by temporary provincial mitigation funding. The City's preliminary 2027 budget material indicates that with mitigation funding exhausted the city will face a 20% plus increase.

County of Peterborough

Peterborough County shares the same financial concerns as the city, but perhaps even more explicitly. The County explicitly identified Lakelands as one of its significant 2026 budget pressures. Peterborough County's approved 2026 budget showed an increase of $327,209, from $1.422 million to $1.749 million. $227,412 of this increase was offset by provincial merger mitigation funding, which the county placed in reserve rather than reduce the increase in the levy. is particularly revealing.

There is no evidence the county is opposed to the new health unit, and its 2026 budget approach demonstrates it is preparing itself for the reality that provincial transitional money will disappear while the higher municipal obligation will remain.

City of Kawartha Lakes

Prior to the merger, the City of Kawartha Lakes (CKL) representatives expressed concerns about senior staff leadership, organizational structure, and levy harmonization. Since the merger, CKL has been more positive and less financially anxious. This is not surprising as CKL was already part of legacy HKPR, so it does not experience the same upward harmonization pressure as legacy PPH partners. When Lakelands presented to CKL Council in October 2025, the City's own meeting summary concentrated on the new organization's identity, the five-year funding-harmonization plan, local health-equity conditions and the forthcoming strategic plan. There is no evidence that Council challenged the merger or Lakeland's harmonization plan.

Northumberland County

Evidence suggests Northumberland County treats Lakeland as an operational partner, rather than simply an outside agency drawing on the municipal levy. Northumberland's relationship with Lakelands can be described as collaborative and operationally integrated.

Northumberland's current planning documents repeatedly integrate Lakelands into municipal systems.

Its 2026–30 Early Years plan identifies Lakelands as a community partner involved in system planning and services for children and families. Its climate adaptation work assigns Lakelands a role in air-quality monitoring and public communication about heat, extreme weather and other climate-related health hazards. During extreme-cold events, the County explicitly uses Lakelands warnings to trigger or support municipal responses for people experiencing homelessness.

Haliburton County

Evidence suggests Haliburton County is supportive of Lakelands and regards the health unit as an important municipal partner.

Looking ahead, however, maintaining a strong rural focus and demonstrating continued relevance to Haliburton communities will be important. There are already examples of locally responsive collaboration. Through the County's Seniors Active Living Centre program, Lakelands has delivered public health education to older residents, including a 2026 session addressing the health impacts of climate change, extreme heat and severe weather, and the importance of community resilience and adaptation.

The longer-term test will be whether residents and elected officials continue to see the larger regional health unit as understanding and responding to the distinct needs of Haliburton's highly rural, geographically dispersed and older population. Maintaining that sense of local connection and responsiveness will be important to demonstrating the value of the merger.

Key System Partners

Forging and maintaining strong partnerships is key to Lakeland's success. Its 2025 annual report identifies several values as part of its organizational culture, including community partnership. The report states "Community partnerships remained central to the organization's success in 2025."

Lakelands identifies poverty, food insecurity, housing and homelessness as important contributors to health inequities and recognizes collaboration with community partners as an important part of addressing the social determinants of health.

Partnerships are not ancillary to Lakelands' mandate: increasingly, they are the mechanism through which it will have to address problems it cannot solve on its own. In practical terms, this means that progress on many of the region's most significant health equity challenges will depend on effective partnerships with organizations outside public health.

The merger has created a larger organization with potentially greater expertise and capacity, but it has also created a health unit operating across multiple local systems. Lakelands does not have one municipality, one Ontario Health Team, one hospital, one school board, one social-service system or one homogeneous population. Its geography cuts across three Ontario Health Teams, several hospitals, multiple municipal governments and school boards, three First Nations, and numerous distinct community-service networks.

That means the partnership challenge is not simply having more partners. It is maintaining effective relationships across several overlapping systems while still developing coherent regional public-health priorities.

We have selected six broad categories of partnerships to examine:

PARTNERS	IMPORTANCE	POSSIBLE ISSUES
Municipalities		
City of Peterborough County of Peterborough Northumberland County Haliburton County City of Kawartha Lakes	Municipalities are simultaneously funders, governors, service providers and policy partners. Many of the most important determinants of health (housing, homelessness, transportation, land-use planning, recreation, climate adaptation, emergency preparedness and aspects of food security) are	Municipalities are under significant fiscal pressure, while public health is asking them to think increasingly about housing, climate change, mental health, substance use and health equity.

PARTNERS	IMPORTANCE	POSSIBLE ISSUES
	substantially influenced by municipal decisions.	
Primary Care Providers		
Peterborough Ontario Health Team Ontario Health Team of Northumberland Kawartha Lakes Haliburton Ontario Health Team; Peterborough Regional Health Centre; Ross Memorial Hospital; Northumberland Hills Hospital; Campbellford Memorial Hospital; Haliburton Highlands Health Services; Family Health Teams; Community Health Centres; Nurse Practitioner-Led Clinics, Independent primary-care practices	The dividing line between population health and health care is becoming increasingly porous. Ontario is also explicitly moving toward population-health management through Ontario Health Teams. OHTs know individual patients and service utilization; Lakelands brings population health knowledge. Properly combined, those capabilities could create a much stronger local population-health intelligence system.	The risk is role ambiguity. As OHTs increasingly use population-health language and public health increasingly becomes involved in health-system issues, it may become unclear who leads what.
Indigenous Communities		
Alderville First Nation Curve Lake First Nation Hiawatha First Nation Urban Indigenous	This is not simply another stakeholder relationship. It involves reconciliation, Indigenous governance, cultural safety, historic mistrust of public institutions and recognition that First Nations possess distinct rights, governance structures, knowledge and health priorities	The biggest danger would be treating Indigenous engagement as simply consultation within a larger regional planning exercise. The three First Nations are distinct communities, and urban Indigenous populations have their own circumstances.
Schools, children, youth and postsecondary institutions		
Kawartha Pine Ridge District School Board;	Schools provide perhaps the best universal platform available to public	School boards themselves face competing educational,

PARTNERS	IMPORTANCE	POSSIBLE ISSUES
Trillium Lakelands District School Board; Peterborough Victoria Northumberland and Clarington; Catholic District School Board; Conseil scolaire catholique MonAvenir; Trent University, Fleming College; Local student-health services; Youth mental-health organizations.	health for reaching children and adolescents. Partnerships support immunization, oral health, mental-health promotion, sexual health, substance-use prevention, healthy eating, physical activity, infectious-disease control and health literacy	mental-health, behavioural and special-needs pressures. Schools, health care and public health are asked to respond to deteriorating youth mental health without government sufficiently addressing the social conditions producing the problem.
Community, social-service and health-equity partners		
Community Living organizations; CMHA Haliburton Kawartha Pine Ridge; Four CAST; PARN; United Ways; Food banks and food-security organizations; Housing and homelessness agencies; shelters; immigrant and newcomer organizations; Community Care organizations; Alzheimer Society of Peterborough, Kawartha Lakes, Northumberland and Haliburton; Faith communities;	Public Health cannot itself solve poverty, homelessness, social isolation, food insecurity, substance use or inadequate transportation. Lakelands explicitly acknowledges that partnerships are needed to address many of the social determinants of health. These organizations provide real-time intelligence about what is happening and changing on the ground.	Ontario Health's Social Determinants Health framework explicitly calls for a "one system approach" and for 'collective actions". One of the Premiers Council on Improving Healthcare recommendations was to "strengthen partnerships between health and social services". Clearly, government increasingly expects cross-sector collaboration, but many of the community organizations being asked to collaborate are themselves chronically stretched, project-funded and struggling with

PARTNERS	IMPORTANCE	POSSIBLE ISSUES
Organizations serving people with disabilities		workforce and financial pressures. Collaboration can therefore become an unfunded expectation.
Provincial and Federal public-health agencies & government departments		
Ontario Ministry of Health; Office of the Chief Medical Officer of Health; Public Health Ontario; Ontario Health; Public Health Agency of Canada; Health Canada Neighbouring public health units; Ministry of Education; Ministry of Municipal Affairs and Housing; Other Ministries Public Health Agency of Canada Health Canada	Lakelands depends on these organizations for standards, funding, laboratories, epidemiological intelligence, technical expertise, emergency coordination and research	The province determines much of the mandate, standards and financing of local public health while other provincial ministries control many of the policies that shape population health.

It is important to note that as the factors affecting population health become more complex and increasingly originate outside the traditional public-health system, Lakelands' effectiveness will depend progressively less on what it can deliver independently and more on what it can influence, coordinate, and accomplish through others.

Partnerships however cannot become a substitute for resources or authority. Lakelands can convene municipalities around housing, work with community agencies on food insecurity, collaborate with OHTs on primary-care access and advocate for healthier provincial policy. But collaboration by itself cannot compensate indefinitely for inadequate housing, insufficient income, shortages of health professionals or policy decisions that work against population-health objectives.

The Path Forward

This environmental scan has examined Lakelands operating environment, population health challenges, system pressures and organizational capacity. These challenges exist within a provincial context shaped by the Strengthening Public Health initiative: voluntary mergers, revised Ontario Public Health Standards, and reconsideration of provincial funding approaches.

The proposed OPHS create opportunity by strengthening local-needs principles, recognizing upstream prevention, positioning public health as partner and convener, and establishing accountability frameworks. However, uncertainty remains about whether new obligations will be adequately funded and whether funding formulas will recognize the higher cost of serving geographically dispersed populations.

The central strategic challenge for Lakelands remains clear:

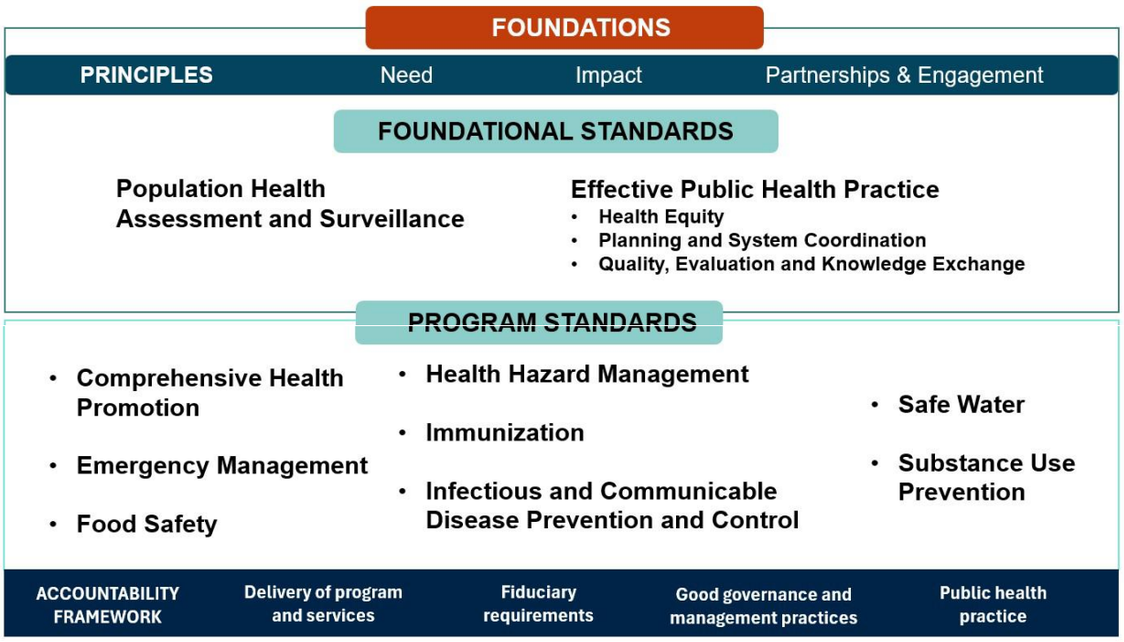
The organization must complete the work of becoming one unified entity while demonstrating that the merger has strengthened its ability to respond equitably to local needs, address worsening determinants of health, and improve population health across a large and diverse region.

The goal of Lakelands' first strategic plan should not simply be to create a more efficient version of the two organizations that preceded it. The plan should identify new approaches, partnerships and service delivery models capable of meeting the region's changing population health needs through the middle of the 21st century.

This environmental scan provides the foundation for that work.

Appendix A: Analysis of the Proposed OPHS

Overview



Principles

The proposed OPHS are grounded in three overarching principles: Need, Impact, and Partnerships and Engagement. These principles are intended to guide boards of health in the planning, delivery and adaptation of public health programs and services.

Need

Public health programs and services informed by evidence are the foundation for effective public health practice. Boards of health are expected to plan, deliver and adapt programs and services by first assessing the local context and the best available evidence and surveillance data. This includes consideration of the health status and needs of the population served, as well as the determinants of health and their influence on health outcomes. The emphasis on need reinforces the importance of locally responsive public health programming rather than a uniform approach to service delivery across the province.

Impact

Evidence-informed practice should be responsive to the needs and emerging issues of the health unit's population and help ensure that interventions with demonstrated impact are used to address them. Effective public health practice therefore depends on the routine assessment and evaluation of programs and services to determine whether public health actions are achieving their intended objectives and, where necessary, modifying them as part of an ongoing process of quality improvement.

Partnerships and Engagement

Boards of health are expected to engage partners and communities, including specific groups and populations, in the development and implementation of public health programs and services. Community engagement provides an important source of local context and can support the implementation of evidence-informed practices that reflect the behavioural, social and cultural circumstances of particular communities and populations.

- **Indigenous Communities and Organizations.** The proposed standards place particular emphasis on relationships with First Nations, Inuit, Métis and Urban Indigenous (FNIMUI) communities and organizations. The *Relationship with Indigenous Communities Protocol, 2026* provides further direction to boards of health on building relationships with Indigenous communities and organizations based on trust, mutual

respect, understanding and reciprocity in support of public health program and service delivery.

- **Black Communities and Organizations.** The standards also explicitly recognize the systemic disadvantages affecting Black populations and the work of Black-led organizations and leaders across Ontario to protect and improve the health and well-being of Black communities. Continuous engagement by boards of health with Black communities and organizations is identified as important to planning effective public health interventions and achieving equitable public health outcomes.

Foundational Standards

The **Foundational Standards** articulate the requirements that underlie and support all other standards. Their outcomes are intended to be achieved through the effective planning and delivery of public health programs and services.

There are two major areas within the Foundational Standards:

- Population Health Assessment and Surveillance
- Effective Public Health Practice, which incorporates:
    - Health Equity;
    - Planning and System Coordination; and
    - Quality, Evaluation and Knowledge Exchange.

Population Health Assessment and Surveillance

Population health assessment involves understanding the health of populations and the factors that underlie health and health risks. Surveillance involves the systematic and ongoing collection, analysis and communication of health-related information to identify health issues requiring action.

The goal is to ensure that public health practice responds and adapts to current and evolving evidence generated through population health assessment and surveillance, including information about health inequities. This evidence is intended to inform the planning, delivery, management and evaluation of public health programs and services.

The expected outcome is that boards of health collect, analyze and share timely population health information to identify emerging health issues, guide public health planning and evaluation, support health-system decision-making, and keep community partners, Indigenous communities and the public informed about local health trends.

This requires boards of health to maintain robust population health assessment and surveillance processes, share actionable evidence, identify priority populations, and ensure that population-specific data involving Indigenous and Black communities are collected, interpreted and used in accordance with appropriate data-governance principles.

Effective Public Health Practice

The Effective Public Health Practice Foundational Standard contains three interconnected components Health Equity; Planning and System Coordination; and Quality, Evaluation and Knowledge Exchange.

Its overall goal is to ensure that public health practice is evidence-informed and builds on effective collaboration and knowledge exchange in program planning, while emphasizing health equity, efficient use of resources and continuous quality improvement.

Taken together, these requirements expect boards of health to integrate evidence, health-equity considerations, community engagement and local circumstances into program planning; collaborate with health-system and community partners; evaluate the effectiveness of their programs; and continuously improve public health practice.

- **Health Equity.** Health equity is identified as a **foundational approach to public health practice**, intended to ensure that all individuals and communities have fair access to, and are able to act upon, opportunities to reach their full health potential.

Consistent with this approach, boards of health must use evidence and population health information to identify and address health inequities; develop programs, services, policies and processes that respond to inequities; engage priority populations and Indigenous communities as partners; employ culturally safe, anti-racist and anti-oppressive approaches; and collaborate across sectors to improve health outcomes and reduce disparities.

- **Planning and System Coordination.** Effective public health practice relies on partnerships within the public health sector, the broader health system and other sectors to plan and coordinate public health programs and services and to influence the broader conditions that support health. Boards of health must use a systematic, evidence-informed approach to planning and delivering public health programs. This includes drawing upon population health assessment and surveillance, research, monitoring and evaluation, community engagement and local contextual factors. Boards must also collaborate with other health units, health-system partners and community organizations to coordinate services and take collective action on shared priorities.
- **Quality, Evaluation and Knowledge Exchange.** Routine monitoring and evaluation are part of an ongoing cycle of program development and quality improvement. Determining whether public health actions are meeting their objectives — and modifying them when necessary — depends on access to good information and the best available evidence. Boards of health are therefore expected to routinely monitor and evaluate programs and continuously improve public health practice using evidence, performance information and stakeholder and community feedback. They must also participate in knowledge exchange and collaborate with health-system partners, community organizations, researchers and academic institutions to ensure that evidence is translated into effective, accountable and equitable public health practice.

Program Standards

Both the Foundational Standards and Program Standards articulate broad population-based goals, expected outcomes and specific requirements.

The Public Health Program Standards establish the specific expectations governing the delivery of public health programs across Ontario. They identify the outcomes expected within each program area and provide a basis for program planning, performance assessment, accountability and continuous quality improvement.

The Program Standards are organized into eight areas:

1. **Comprehensive Health Promotion:** Strategies intended to foster healthy social and physical environments and prevent disease and injury across the lifespan. Examples include the Healthy Babies Healthy Children Program, oral health programs and vision screening.
2. **Emergency Management:** Preparedness for and response to public health emergencies, including infectious disease emergencies, natural disasters and other events that may threaten population health. This includes emergency planning, continuity of operations and exercises to test organizational preparedness.
3. **Food Safety:** Prevention and reduction of food-borne illness through surveillance, inspection, education and enforcement. Examples include food-handler education and timely response to food-safety incidents.
4. **Health Hazard Management:** Identification and reduction of exposure to environmental health hazards, including risks associated with air quality, climate change and extreme weather. Activities include health-hazard assessment, surveillance and communication with the public about potential exposures and risks.
5. **Immunization:** Prevention and reduction of vaccine-preventable diseases through vaccination programs, surveillance, maintenance of immunization information and public education. Examples include school-based immunization programs and vaccine-safety activities.

6. **Infectious and Communicable Diseases Prevention and Control:** Surveillance, prevention, education, case and contact management, and outbreak management for diseases of public health significance. Examples include sexually transmitted infection services, tuberculosis prevention and management, and rabies prevention and control.
7. **Safe Water:** Protection of drinking and recreational water through surveillance, inspection, risk assessment and public education. Examples include information for users of private wells and monitoring and communication concerning recreational water and public beaches.
8. **Substance Use Prevention:** Programs, policies and partnerships intended to prevent and reduce harms associated with substance use. This includes increasing awareness, reducing stigma toward people who use substances and those who access related services, and enforcement responsibilities under the *Smoke-Free Ontario Act, 2017*.

Accountability Framework

The Public Health Accountability Framework establishes the parameters and requirements through which boards of health are held accountable for the work they undertake, how that work is carried out, and the results achieved.

The framework is organized around four domains:

1. **Delivery of Programs and Services:** Boards of health are accountable for delivering required public health programs and services and achieving the outcomes established in the standards.
2. **Fiduciary Requirements:** Boards of health are responsible for the appropriate, efficient and accountable use of public funding and other resources.
3. **Good Governance and Management Practices:** Boards of health are expected to maintain effective, transparent and accountable governance, management and organizational practices.
4. **Public Health Practice:** Boards of health are expected to maintain high-quality public health practice and organizational capacity consistent with provincial standards and requirements.

The Accountability Framework establishes organizational requirements intended to support achievement of the objectives of these four domains. These include:

- **Monitoring and reporting** to measure board of health activities and achievements, assess results and demonstrate the contribution and value of public health;
- **Quality improvement** to improve processes, address identified problems and enhance efficiency and effectiveness;
- **Performance improvement** to support boards of health in achieving the best possible results and contributing to local, provincial and population health outcomes;
- **Financial management** to ensure resources are used efficiently and in accordance with local and provincial requirements; and
- **Compliance** to ensure boards of health meet ministry expectations and requirements established through legislation, standards, funding agreements and policies.

Appendix B: Comparison of OPHS Changes

The table below provides a comparison of the proposed 2025 changes compared to the existing 2021 OPHS. The comparative analysis was prepared with the assistance of artificial intelligence (AI)

AREA	EXISTING 2021 OPHS	SEPTEMBER 2025 WORKING DRAFT	SIGNIFICANCE
Overall structure	Numerous discrete program standards organized largely around subject areas	Fewer, broader standards with common foundational expectations applying across programs	Moves away from relatively siloed programming toward a more integrated population-health model
Guiding principles	Need, impact, capacity and partnership/collaboration are reflected throughout the framework	Three explicit lenses—**Need, Impact, Partnerships and Engagement**—apply across all standards	Greater emphasis on determining what is actually needed locally, demonstrating impact and engaging communities
Population health assessment	Separate Population Health Assessment foundational standard	**Population Health Assessment and Surveillance**, explicitly linked to emerging/re-emerging issues, priority populations, health-system planning and data sharing	Strengthens surveillance, data use and the expectation that information actively shapes decisions
Health equity	Separate foundational Health Equity standard	Embedded throughout **Effective Public Health Practice** and every program area	Equity becomes less of a stand-alone activity and more explicitly a way in which all public health work is expected to be conducted
Social determinants	Recognized and incorporated in existing standards	Much stronger language around **social and structural determinants of health**, barriers and priority populations	Reinforces the upstream role you have been discussing
Indigenous relationships	Requirements for engagement and health-equity approaches	Much more explicit requirements respecting self-determination, sovereignty, relationship building and Indigenous-specific data governance	Significant strengthening of expectations
Black communities	Equity and priority-population framework applies	Explicit discussion of anti-Black racism plus requirements for engagement and population-specific data governance	A substantially more explicit equity obligation
Planning	Program planning occurs largely within individual standards	New **Planning and System Coordination** component requires systematic planning and collaboration with health-system and community partners	Moves public health further into the role of system partner and convener
Evaluation and quality	Program Planning, Evaluation and Evidence-Informed Decision-Making; Research/Knowledge Exchange; Quality and Transparency are separate components	Consolidated as **Quality, Evaluation and Knowledge Exchange**, with routine monitoring, outcome measurement and quality improvement	Stronger expectation that health units demonstrate what works and modify programs accordingly

AREA	EXISTING 2021 OPHS	SEPTEMBER 2025 WORKING DRAFT	SIGNIFICANCE
Chronic disease	Stand-alone Chronic Disease Prevention and Well-Being standard	Incorporated into Comprehensive Health Promotion	Less emphasis on treating chronic disease prevention as a distinct silo
Healthy growth and development	Stand-alone program standard	Incorporated into **Comprehensive Health Promotion**, while HBHC, vision screening and oral-health programs remain specifically required	Life-course health becomes part of a broader integrated health-promotion strategy
School health	Stand-alone School Health standard	No stand-alone school-health standard; schools and school boards are explicitly partners/settings within Comprehensive Health Promotion	Gives health units more flexibility to organize interventions around local needs rather than a separate school-health silo
Healthy environments	One Healthy Environments standard covering health hazards and healthy built/natural environments, including climate	Split conceptually: **Health Hazard Management** handles health-protection functions, while healthy social, natural and built environments become central to Comprehensive Health Promotion	Important distinction between environmental protection and upstream creation of healthier environments
Injury prevention	Part of Substance Use and Injury Prevention	Incorporated primarily within Comprehensive Health Promotion	Another example of consolidation into broader prevention strategies
Substance use	**Substance Use and Injury Prevention**, including prevention and harm reduction	Separate **Substance Use Prevention** program standard	Gives substance use distinct visibility, although the September draft is conspicuously incomplete in this section
Emergency management	Foundational standard	Stand-alone **program standard** encompassing infectious threats, climate emergencies, critical infrastructure failures and cyberattacks	Reflects the post-COVID expectation of sustained preparedness and operational readiness
Accountability	Four-domain accountability model with provincial and locally determined indicators	Retains the four domains but strengthens the connection among strategic planning, annual service planning, costing, performance reporting, quality improvement and outcomes	Greater management and performance discipline rather than simply compliance with prescribed activities

Appendix C: Demographics and the Social Determinants of Health

SDH	ENGAGEMENT FINDINGS KEY FOCUS AREAS	DEMOGRAPHIC MEASURE	ONT	HALIBURTON	CKL	NORTH-UMBERLAND	PTBO CMA	KEY REGIONAL OBSERVATIONS	CONCLUSIONS
Population and Geography	• Service gaps vary by region • Transportation barriers • Hidden poverty in rural areas • Lack of primary care • Indigenous relationships	Population Growth	5.8	13.9	5.1	4.4	5.7	Haliburton grew much faster than other regions – likely the impact of Covid	• Recognize the complexity of delivering services to dispersed populations • Increased costs servicing rural populations • Address reduced access to care
		Population Density	15.9	5.1	26.1	46.9	85.3		
		Land Area	892M	4009	3033	1907	1508		
		Cities > 25M	43	0	0	0	1		
		% Rural	13.3	94.8	62.8	49.9	28.0		
Aging Population & Healthy Aging	• Aging in place supports • Dementia prevention • Chronic disease mgmt • Social isolation • ALC • Fall Prevention	Medium Age	41.6	59.2	51.6	52.4	45.2	The more rural the area, the older the population. The lack of rural services and transportation inhibits the delivery of programs to support aging at home.	• Plan for aging population • Address social Isolation and chronic disease prevention & management • Falls prevention programming • Support healthy aging initiatives
		Average Age	41.8	52.8	47.4	48.1	44.6		
		% over 65	18.5	35.2	28.2	29.1	24.5		
		% over 75	8,0	14.0	11.9	12.1	10.9		
		Dependency Ratio (0-14 + 65+ per 100 people 15 - 64	52.3	80.3	70.9	71.9	64.5		
Income, Poverty & Food Security	• Rising Food Insecurity • School breakfast program • Social determinant advocacy • Transportation barriers	Medium family income	91,000	73,500	82,000	84,000	79,000	Although the incidence of poverty across Lakelands catchment is below the Ontario average, poverty is unevenly distributed and is considerably higher in the Peterborough urban centre	• Public health role is to monitor, advocate, engage partners, and design programs that reduce increase and improve the social determinants of health
		Low Income rate	10.8	12.9	10.2	8.7	10.8		
		Gov't transfers	12.7[iii]	23.2[iv]	19.1iv	20.9iii	17,6iv		
		Gini coefficient[v]	0,308	0,308	0.275	0.276	0.279		
		Market Basket Measure poverty rate	8.3	6.9	5.5	5.0	7.7		

SDH	ENGAGEMENT FINDINGS KEY FOCUS AREAS	DEMOGRAPHIC MEASURE	ONT	HALIBURTON	CKL	NORTH-UMBERLAND	PTBO CMA	KEY REGIONAL OBSERVATIONS	CONCLUSIONS
Employment and Economic Security	• Engagement identified employment & income security as an important underlying condition rather than as a direct area of intervention for the health unit.	Labor Force Participation	62.8	46.7	54.7	54.6	57.9	Older areas have lower workforce participation and a greater dependence on government transfers. The more rural the Lakeland service area the more precarious employment indicators are.	• Precarious employment for many inhibits ability to maintain health • Low wages diminish ability to meet basic needs • Seasonal jobs contribute to poverty
		Unemployment[vi]	7.1	6.1	6.1	6.1	7.1		
		Employment retail, art, recreation, entertainment accommodation & food	17.8	23.1	19.4	19.5	20.7		
		Paid employees in temporary position	15.4	16.7	14.1	13.4	15.7		
		Commuting more than 30 minutes	38.0	28.6	47.7	36.8	26.9		
Education	• Consultations identified education as a root factor affecting health in the Lakelands region, rather than as an area of intervention	No High School	8.8	11.1	11.1	9.3	8.5	Education levels are higher in Peterborough. Lakelands has a higher number of individuals with college certificates or equivalents than is evident across the province	• Higher levels of education are closely associated with health literacy, employment opportunities, higher income and healthy behaviors
		High School	23.3	31.1	32.1	30.4	26.9		
		Some Post Secondary	31.3	39.2	41.1	41.4	38.0		
		University degree	36.8	18.7	15.7	18.9	26.6		
Housing & Homelessness	• Not an issue for specific Lakeland health actions, however, organization is seen having a data hub role and having a formalized convenor function	% spending > 30% on shelter	24.2	16.1	19.1	18.5	22.1	Homelessness is more evident in the urban areas of Lakelands catchment area. Housing affordability is best in rural areas and more challenging in urban areas.	• Housing is a foundation of health: when people lack safe, suitable and affordable housing, their physical and mental health suffers.
		Major Repairs	5.7	7.6	6.9	6.2	6.2		
		Household Crowding	6.7	2.0	2.7	3.1	3.2		
		Point in time Counts		[vii]	184[viii]	72[ix]	380[x]		
		By-name-List		25[xi]	113[xii]	187[xiii]	376[xiv]		
Transportation & Access	• The vast geography and rurality of	Commute +45 minute	17.4	13.3	29.6	20.1	13.6	A significant portion of City of Kawartha Lakes labor force works outside the	• Reliable transportation is essential to accessing the service and opportunities
		Use of public transit	8.6	0.3	0.6	0.6	2.5		

SDH	ENGAGEMENT FINDINGS KEY FOCUS AREAS	DEMOGRAPHIC MEASURE	ONT	HALIBURTON	CKL	NORTH-UMBERLAND	PTBO CMA	KEY REGIONAL OBSERVATIONS	CONCLUSIONS
	Lakelands service area directly impacts health outcomes	Work from Home	29.7	21.0	19.1	19.7	21.7	area. Low availability of public transit outside Cities. Work from home impacted by COVID 19	that support good health. Serves as a proxy for access to employment, services, and health care
Indigenous Health Equity	• Engagement revealed distinct health priorities requiring culturally safe, relationship-based approaches. Trust is earned through presence	Indigenous as % of population	2.9	3.5	2.9	3.5	5.1	Lakelands Indigenous population represents a larger portion of the population than in the province as a whole. Local Indigenous populations are experiencing higher unemployment, poorer housing, and have lower education attainment than does the nonindigenous population	• Reconciliation is a public health responsibility, and Lakelands directly serves First Nations & other indigenous populations. • True equity requires looking beyond overall averages
		Indigenous % low income	17.0	19.6	11.8	11.3	20.4		
		Indigenous % housing needing repair	14.4	16.4	10.2	10.0	13.7		
		Indigenous Education HS diploma	71.9	66,1	76.9	73.1	76.6		
		Indigenous % Unemployed	15.0	22.8	15.0	12.9	21.9		
Diversity and Inclusion	• Access concerns were primarily geographic and Indigenous specific, rather than being driven by broader cultural or linguistic barriers.	Immigrant population	30.0	8.1	7.9	10.6	8.7	The Lakelands area is much less diverse than the province as a whole. Very few new immigrants take up residence in the area	• Responsive public health programming should be culturally sensitive and should identify barriers such as language, beliefs, stigma, gender norms, communication norms
		Recent Immigrants	4.2	0.1	0.3	0.5	1.0		
		Visible Minority	34.3	2.1	3.4	4.4	7.3		
		Non-French/English as first language	26.9	4.8	4.3	4.8	6.0		
Social Isolation and Connectedness	• An older population spread across a large geographic area requires proactive interventions including preventive	Seniors living alone	23.2	23.3	21.3	21.9	25.3	A significant number of Lakeland seniors live alone and are susceptible to social isolation. Access to basic services is more challenging in the	• Strengths of people's relationships and their connections to family, friends, and community can directly affect both
		One-person household	26.5	31,5	25.6	25.7	28.5		
		Multigenerational	4.0	2.1	3.2	2.8	2.8		
		Remoteness Index[xv]	0.092	0,237	0.126	0,126	0.127		

SDH	ENGAGEMENT FINDINGS KEY FOCUS AREAS	DEMOGRAPHIC MEASURE	ONT	HALIBURTON	CKL	NORTH-UMBERLAND	PTBO CMA	KEY REGIONAL OBSERVATIONS	CONCLUSIONS
	programs, advocacy, care system support and outreach							Lakelands area and is most pronounced in rural area	physical and mental well-being
Systemic barriers and access to services	• Systemic barriers identified include geographic, socioeconomic, institutional, and population-based	No health facility within 3km drive	5.1	53.0	31.9	16.4	10.9	Access to basic services is more challenging in the Lakelands area and is most pronounced in rural area	• Systemic barriers are policies, practices, institutional structures in social conditions that can make it more difficult for some individuals to access services
		No pharmacy within 1 km walk	47.0	89.9	84.0	73.8	63.5		
		No grocery store within 1 km walk	24,4	75.9	63.1	58.1	44.1		
		Households without access to 50/10 broadband[xvi]	1.9%	37.8	2.2	2.8	2.4		

Appendix D: Media Scan

A focused media scan covering the period from the merger discussions in late 2023 through August 2026 was conducted. It included the Peterborough Examiner, Global Peterborough, kawarthaNOW, PTBOCanada, the Highlander, Lindsay Advocate/Kawartha Lakes Weekly material, Northumberland 89.7, Consider This, and other local sources.

Overall, the media record supports the conclusion that there has been no broad municipal backlash against Lakelands Public Health. However, support for the merger was not entirely unqualified. The most significant reservations concerned whether the promised benefits were sufficiently clear, whether the implementation timetable was too aggressive, and how levy harmonization would ultimately affect municipalities.

City of Peterborough

Peterborough-area media coverage of the merger was predominantly positive at the outset. When the two boards decided in February 2024 to pursue amalgamation, Peterborough Board chair and City Councillor Joy Lachica described the merger as the best pathway to strengthen public-health services, while Dr. Thomas Piggott emphasized the opportunity to rethink how services were delivered across the enlarged geography. The stated benefits included stronger program expertise, cross-coverage, succession planning, corporate capacity and greater resilience during emergencies.

The tone remained positive when provincial funding was confirmed in December 2024. Lachica said the merger would allow the organizations to “sustain and grow” public-health services.

During Peterborough’s 2026 municipal budget debate, Councillor Andrew Beamer argued that the city should consider restraining spending by reducing transfers to externally governed organizations, specifically mentioning Lakelands, paramedics and police. This was not a criticism of the merger specifically, but it demonstrates the fiscal environment into which the higher Lakelands levy is arriving.

Peterborough’s political leadership appears strongly supportive of the merger; however, Lakelands is increasingly operating within a municipal environment in which externally driven expenditure increases are receiving greater scrutiny. This concern will be heightened as provincial mitigation funding ends and Peterborough is experiencing the largest upward adjustment associated with levy harmonization.

Peterborough County

When provincial approval and funding were announced, Selwyn Deputy Mayor Ron Black, representing Peterborough County on the board of health, described the merger as “excellent news” and specifically cited expected efficiencies and improvements in public-health delivery for County residents and the wider geography.

Black subsequently became chair of the new Lakelands Board of health. When the Lakelands identity was launched in September 2025, he described the objective as creating a strong unified system that remained responsive to local priorities while preparing for future challenges.

There was no significant media evidence of Peterborough County politicians publicly criticizing the merger. County concerns are much more visible in budget documentation and financial planning than in public media criticism. In summary Peterborough County would appear politically supportive of the merger, while prudently working to manage its longer-term financial consequences.

City of Kawartha Lakes

Kawartha Lakes Councillor Tracy Richardson, who sat on the HKPR Board, raised questions about the merger as early as February 2024. When provincial officials appeared before the Board, she questioned what additional benefits a merger would actually provide given that the

two organizations already had strong leadership. Ultimately, she voted against the final merger in December 2024.

Her position could be described as nuanced. She said she supported the *concept* of merging and believed it would create stability but considered the decision premature because too many questions remained unresolved, including leadership, organizational structure and levy harmonization. Her concern was not that the merger was inherently wrong, but that important implementation questions had not been settled before the vote.

Current Kawartha Lakes communications routinely treat Lakelands as an established municipal partner.

Northumberland County

Local Northumberland coverage of the September 2025 Lakelands launch treated the merger principally as the beginning of a new regional organization. Dr. Piggott is reported emphasizing continuity of service and the forthcoming strategic-planning process.

There was no reported municipal criticism associated with the launch.

Port Hope Mayor Olena Hankivsky raised concerns about the mergers very compressed implementation timetable. She questioned whether four months between anticipated provincial approval and January 1, 2025, was sufficient to complete a merger of this complexity. Her comments were prescient as much of the organizational integration did continue throughout 2025.

There was no sustained Northumberland media controversy over costs, loss of service or diminished local representation following amalgamation. Subsequent local coverage tends simply to treat Lakelands as the responsible public-health agency in matters such as extreme weather, homelessness responses and other health issues.

Haliburton County

Local media were covering the possibility of amalgamation as early as November 2023. HKPR Board chair David Marshall framed the exploration in terms of strengthening the health unit's ability to improve population health rather than simply pursuing administrative savings.

The Highlander subsequently reported positively on the decision to merge, particularly emphasizing the similarity of the two health units' urban-rural populations and the potential benefits of combining expertise and surge capacity. Dr. Bocking emphasized the opportunity to retain existing services while adding capacity.

Importantly, the merger rationale itself explicitly recognized rurality. Marshall argued that joining Peterborough would strengthen capacity to respond to the "unique needs of our small urban and rural communities." Lakelands will eventually be judged against that promise.

There was no significant Haliburton media evidence of subsequent concern about losing local access, becoming dominated by Peterborough, or deteriorating services.

Appendix E: Document Review

The following documents were used to inform development of the scan:

2021 Ontario Public Health Standards	Peterborough Examiner
Draft 2025 Ontario Public Health Standards	
2021 Census Data, Statistics Canda	Global Peterborough
Association of Local Public Health Agencies (alPHa) website	KawarthaNOW
Lakelands Public Health Website	PTOBCanada
Public Health Agency of Canada: Accelerating Our Response: Government of Canada Five-year Action Plan on Sexually transmitted and Blood-Borne Infections	The Highlander
Statistics Canada Census Data	Lindsay Advocate / Kawartha Lakes Weekly
2025 and 2026 municipal budget documents	Northumberland 89.7
Municipal Planning documents	Consider This Northumberland – Dailly news podcast
Board of Health Records	

[i] Public Health Agency of Canada, Accelerating Our Response: Government of Canada Five-year Action Plan on Sexually transmitted and Blood-Borne Infections, Annex B, Ottawa, Government of Canada
[ii] Ontario Health Data Council, *A vision for Ontario's Health Data Ecosystem*, Toronto, Government of Ontario, 2022
[iii] Based on 2021 census data
[iv] Based on 2023 income tax data
[v] Based on after tax income
[vi] Represents the three-month rolling average ending July 31. Haliburton, Northumberland, and the City of Kawartha Lakes is reported together as the Muskoka-Kawartha economic region
[vii] Figures for Haliburton were included with the City of Kawartha Lakes and were for an enumeration conducted Sept 13 – 17, 2021
[viii] Includes Haliburton - enumeration conducted Sept 13 – 17, 2021
[ix] Enumeration conducted September 29, 2021
[x] Enumeration conducted Nov 18-19, 2024
[xi] 2023 Housing needs review
[xii] 2023 Housing needs review
[xiii] 2025 Northumberland Housing & Homelessness report
[xiv] June 23, 2025, City Staff Report CSSS25-008
[xv] Statistics Canada, Index of remoteness, 2021, CatLog no. 17-26-0001, updated Jan4, 2023
[xvi] CRTC – Mobile and Broadband availability Table C-T9 aggregated by census divisions

ARISING COLLECTIVE

Lakelands Public Health

Strategic Planning

Board of Health Update

Sept 16, 2026

Presentation Agenda

Agenda

- Review the Strategic Planning process
  - Review work done to date
  - Overview of the Phase 3 process
  - Intersection with Long-term Planning
- Present high-level Findings of Phase 2 Engagement
- Review Strategic Directions for the new Plan
- Q&A

Lakelands Strategic Planning Process

Fall 2025

PHASE 1: Internal Engagement and Culture Planning

Objectives: Identify strategies to build a unified team culture

Deliverable: Workplace Culture Plan

Activities:
- Document review
- Initial Reflection & Visioning sessions
- Key Informant Interviews
- Staff Engagement Sessions
- Plan Development
- Plan Validation

Winter/Spring/Summer 2026

PHASE 2: External Community Engagement

Objectives: Gather information from partners, the broader public, and staff to inform priorities

Deliverable: Phase 2 Engagement Report

Activities:
- Focus group sessions
- Townhalls
- Interviews
- Survey

Fall 2026 / Winter 2027

PHASE 3: Strategic Priority Setting

Objectives: Build consensus on directions, priorities, and objectives

Deliverable: Multi-year Strategic Plan

Inputs:
- Phase 1 and 2 Reports + feedback survey results
- Environmental Scan
- Long-term Planning WG outputs

Activities:
- Iterative process to develop vision and strategic directions
- Plan Development
- Plan Validation

Phase 3 Process

Strategic Planning Meetings:

Date	Group	Meeting Objectives
Sept 8	SLT	Build alignment on Strategic Directions and a vision for Lakelands.
Sept 16	**BOH**	**Review the SP process. Present high-level overview of engagement. Review how the SP connects to LTP/TOC. Facilitate a Q&A and review next steps.**
Oct 6	Staff	Input into the strategic plan priorities.
Oct 7	Management Team	Input into the strategic plan priorities.
Dec 22	SLT	Review and finalize the draft Plan
Jan 20/27	**BOH**	**Review the draft Plan with new BOH in the first meeting after appointments. Provide feedback.**
Jan/Feb	Staff	Review the draft Plan. Provide feedback
Feb 17/27	**BOH**	**Approve the Strategic Plan**

How the Strategic Plan and Long-term Planning are Connected

Generational Planning for Lakelands

Mission

Values –Integrity, Collaboration, Advocacy, Respect, Excellence

Accountability – Board of Health, Communities, Province

Long Term Plan & Vision

VISION

Lakelands

2050

Strategic Plan

The Strategic Plan identifies:

The overarching vision and priorities that Lakelands will accomplish in a 5-year time frame. It includes:

- **Strategic Directions** (big areas of focus)
- **Strategic Priorities and Goals** (work that will be emphasized)
- **Strategic Objectives** (detailed description of how priorities will be met)

From the Plan, annual operational plans that identify specific activities, roles, resources, timelines will be generated.

Highlights of Phase 2
External Community Engagement

Phase 2 Community Engagement at a Glance
(report and recording of presentation shared over the summer)

Data Analysis

TWO REPORTS

1. Phase 2 Engagement Report
2. Phase 2 Survey Results

Overall Key Findings – All Engagement Methodologies

Strong foundation of trust and credibility

- Lakelands is viewed positively across the region, with 81% of residents and 88% of partners rating their overall impression as positive or very positive.
- Viewed less positively by staff (67% of staff rate as positive or very positive).
- The organization is recognized as a trusted, credible source of health information and expertise.

  (87-94% view Lakelands as trusted source of health information)

Key strengths shared

- The expertise and credibility of staff
- Strong leadership vision
- Quality program delivery and breadth of programs and services
- Health equity leadership
- Emergency response excellence
- Broad community reach
- Relationships and Partnerships

Overall Key Findings – All Engagement Methodologies

Need for greater community presence, visibility and awareness

- Participants across all groups emphasized the importance of Lakelands having a strong, consistent presence in communities
- Participants want more in-person programming, staff participation in community events, and visible engagement across the four-county region
- Community members don't fully understand the scope of services provided and note that communications can be strengthened

Post-merger integration continues

- The merger of two established public health units has created both opportunities and challenges
- Continued work is needed to build unified organizational culture, ensure consistent service delivery across regions, and strengthen partner relationships that were affected by the transition

Health equity is valued

- Lakelands is consistently recognized as a leader in health equity
- Participants emphasized the importance of different approaches for different communities, recognizing that rural areas, First Nations communities, and underserved populations each have unique needs requiring culturally safe, accessible services

Overall Key Findings – All Engagement Methodologies

Importance of partnerships

- Partners value their relationships with Lakelands but want a clearer understanding of the organization's strategic priorities, more consistent engagement, and better coordination on shared initiatives
- Lakelands is uniquely positioned to serve as a convener, data hub, and population health leader

Indigenous Partnerships Require Relationship-First Approaches

Engagement with First Nations communities and Urban Indigenous partners revealed the following:

- The critical importance of consistent presence in community to build trust over time
- Improving service accessibility
- Leveraging Indigenous-led health promotion and developing community-specific plans
- The need to strengthen Lakelands cultural competency

Upstream prevention requires clarity

- Participants strongly support addressing social determinants of health for long-term population health outcomes. However, there is need to clearly define what "generational change" means operationally, with measurable indicators and clarity about how upstream prevention will be balanced with direct services

Overall Key Findings – All Engagement Methodologies

Programs and Services Recognized as a Strength

- **Top 5 Programs Rated as 'Essential' Across all Groups in the Survey**
  - Vaccination clinics - 89%
  - Disease information and prevention - 87%
  - Public health inspections - 82%
  - Infection prevention and control - 81%
  - Emergency preparedness and response - 78%
- Opportunities voiced by Engagement Participants include:
  - Enhance program visibility and awareness (communication and presence in community)
  - Strengthen in-person programming
  - Expand service accessibility
  - Harmonize approaches across the region
  - Restore and enhance preventative and educational programming
  - Strengthen school-based and youth programming
  - Expand upstream prevention and public health education

Overall Key Findings – All Engagement Methodologies

Seven Priority Health issues emerged

Participants identified seven key areas where Lakelands should focus:

- **Mental Health & Addictions** – Particularly youth crisis, substance use, and the need for prevention and harm reduction
- **Aging Population & Healthy Aging** – Falls prevention, chronic disease management, and supporting seniors to age in place
- **Climate Change & Environmental Health** – Vector-borne diseases, water quality, extreme weather preparedness
- **Food Insecurity & Poverty** – Addressing social determinants of health through advocacy and upstream approaches
- **Access to Primary Care** – The most common survey response; filling gaps for unattached patients
- **Early Childhood Health & Development** – Restoring capacity in programs like Healthy Babies Healthy Children
- **Indigenous Health Priorities** – Building trust through consistent presence, cultural safety, and relationship-based approaches

STRATEGIC PLAN PRIORITIES

Strategic Plan Directions

The existing merger priorities continue to be relevant over the next 5 years, and will form the foundation of the new strategic plan

Our Lakelands People and Team Culture

We commit to fostering a culture of trust, respect, and collaboration. This means approaching change with courage and humility, supporting one another, and communicating openly and transparently as we build a unified team.

Community Engagement Towards Health Equity

We will centre community health needs in every decision, working in partnership with employees, community partners, and the public. Through consultation, collaboration, and action, we aim to reduce health inequities and strengthen relationships across our region.

Building Quality and Delivering Value

We strive to create a high-performing, financially responsible organization. By aligning around shared values, leveraging the strengths of both legacy health units, and finding efficiencies, we will reinvest in programs and innovations that deliver the greatest impact for our communities.

Next Steps

- Meetings with Staff and Management to gather input into priorities
- Sessions with SLT to build consensus on Strategic Plan elements including 2050 vision, strategic priorities, goals and objectives
- Arising to create draft plan in November
- Present draft strategic plan to the BOH in January for feedback, and approval in February

Q & A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COLLECTIVE
Thank You!
jenn@arisingcollective.ca

TITLE:	Presentation: Indigenous Health Update
DATE:	September 16, 2026
PREPARED BY:	Hallie Atter, Director, Community Health
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

Proposed Recommendation

That the Board of Health for Lakelands Public Health receive the following for information:

- Presentation Title: Indigenous Health Update
- Presenter: Hallie Atter, Director, Community Health

Attachments

a. Presentation

Indigenous Health Update

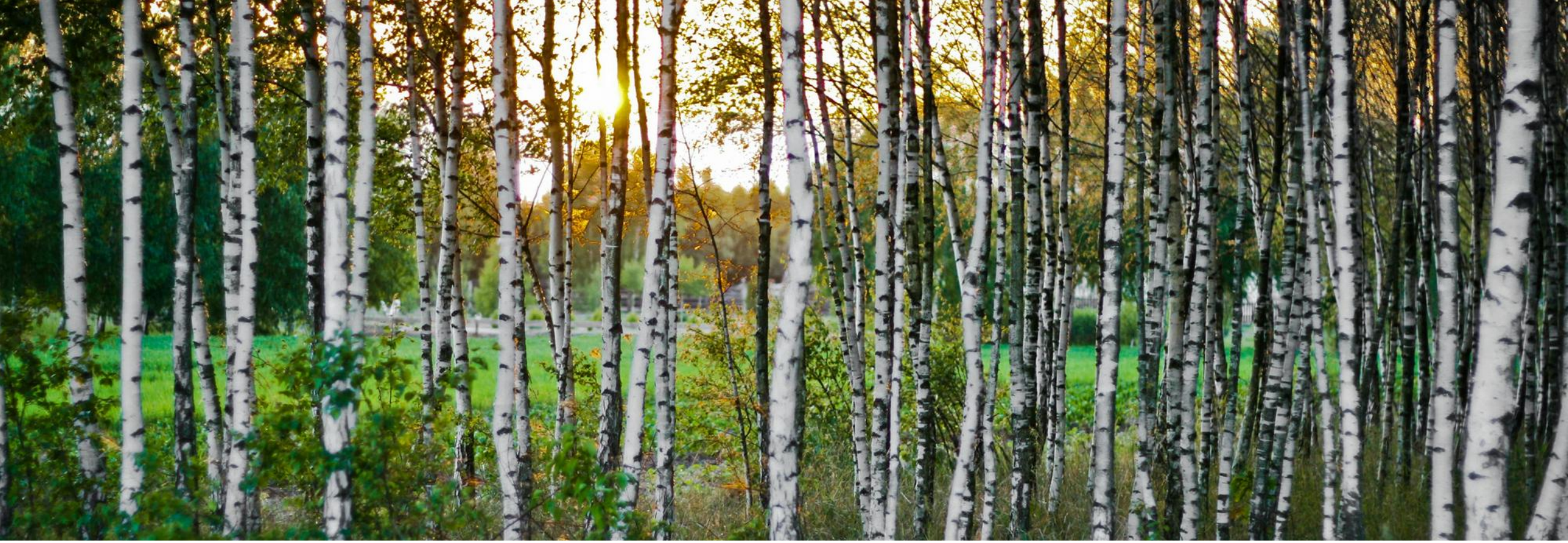
Hallie Atter

Director, Community Health

September 16, 2026

Background

- Long history working with First Nations and Urban Indigenous Communities
  - Section 50 agreements and other service delivery memorandums of understanding (MOUs)
  - Commitment to building cultural competencies
  - Efforts to develop culturally appropriate program delivery
- Indigenous Health Advisory Circle
- Hiring manager, assignment of staff to Indigenous specific work
- OPHS Health Equity Standard; Relationship with Indigenous Communities Guidelines, 2018
- New Draft Standards and Relationship with Indigenous Communities Protocol, 2025



Building a Regional Indigenous Health Strategy

Current Engagement

- Build/strengthen relationships with Indigenous Communities/Indigenous serving organizations
- Meet regularly with Health Services and other staff in First Nation communities
- Make regular connections with leaders of Indigenous serving organizations
- Member of the Urban Indigenous Working Group
- Indigenous Health Advisory Circle
- Strategic plan engagement
- Climate Change plan engagement

Staff Engagement

- MPH student project to map current practice in delivery of programs in culturally appropriate way
- Regular connection with staff to understand their competency development needs

What we heard

- Consistency in staffing to build relationships
- Feedback on how we engage and deliver programs
- Collaboration to work with other health agencies on cultural competency
- Actively work on reconciliation and decolonization

DRAFT Lakelands Commitments

Commitment to Indigenous Self-Determination and Partnership

- Building and maintaining respectful, reciprocal, and long-term relationships with First Nations and urban Indigenous communities

Commitment to Dismantling Indigenous-Specific Racism and Colonial Systems

- Identifying and addressing Indigenous-specific racism, discrimination, and colonial practices within our organization, programs, policies, and decision-making processes

Commitment to Valuing and Supporting Indigenous Ways of Knowing, Being, and Healing

- Respecting and supporting the autonomy, self-determination, and leadership of First Nations communities and urban Indigenous communities in matters that affect their health and wellbeing, systems, and approaches to wellness

Commitment to Shared Accountability for Indigenous Health Equity

- Advancing Indigenous health equity through transparent accountability, respectful data practices, and sustained investment in Indigenous-led priorities

In the meantime,

- Celebrate current agreements and relationships with Hiawatha, Curve Lake and Alderville First Nations
- Enhance programing to be culturally appropriate
- Continue respectful engagement, supported by LPH Cultural Protocols
- Adapt/create policies that create a more inclusive organization (i.e., Smudge Policy)
- Creation of Cultural Competency plan including learning modules, on the land learning, etc.

Miigwetch

TITLE:	Appointment of Associate Medical Officer of Health
DATE:	September 16, 2026
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

Proposed Recommendation

That the Board of Health for Lakelands Public Health:

- approve the appointment of Dr. Maxwell Tran to the position of Acting Associate Medical Officer of Health for Lakelands Public Health effective August 4, 2026; and,
- direct staff to forward its decision to the Ontario Minister of Health to obtain Ministerial approval.

Financial Implications and Impact

The Board of Health has allocated funding for an Associate Medical Officer of Health (AMOH) position. Base salaries and benefits for Medical Officers of Health (MOHs) and AMOHs are established and paid by boards of health. Compensation may also include stipends recognizing Royal College of Physicians and Surgeons of Canada (RCPSC) certification, as well as market adjustment funding or other compensation provided through affiliated academic or external organizations. Through the Ministry's MOH/AMOH Compensation Initiative, boards of health may be eligible to receive additional top-up funding to support eligible MOH and AMOH positions within the salary ranges established under provincial physician compensation agreements. This funding is provided separately from the cost-shared base salary funding for MOH and AMOH positions.

To access this additional funding, boards of health are required to submit an annual application to the Ministry for eligible MOH and AMOH positions, and provide any supporting documentation requested as part of the review process.

Background

LPH has recruited Dr. Maxwell Tran who commenced work with Lakelands Public Health on August 4, 2026. A licensed physician, Dr. Tran completed his medical degree and Public Health and Preventive Medicine residency at the University of Toronto, and his Master's in Public Health at Johns Hopkins. Throughout his training, Dr. Tran has worked at a variety of Ontario public health units and provincially. Clinically, Dr. Tran has worked in Sioux Lookout and Sandy Lake First Nation, and continues to practice Hospital/Family Medicine and Emergency Medicine.

Details regarding the role, qualification requirements, and approval process are provided below.

Associate Medical Officer of Health (AMOH)

- The Board of Health may appoint an Associate Medical Officer of Health (AMOH) at its discretion.
- Under the direction of the Medical Officer of Health (MOH), the AMOH assists in carrying out the duties of the MOH and has the same powers necessary to perform those duties.
- The AMOH provides medical leadership and support for the delivery of public health programs and services.
- If the MOH position becomes vacant, or the MOH is absent or unable to act, the AMOH automatically assumes the role of Acting MOH and exercises all powers and responsibilities of the MOH.
- Because the AMOH may be required to assume the MOH role at any time, they must possess the knowledge, skills, and qualifications necessary to fulfill the position.

Qualifications

- Under the Health Protection and Promotion Act (HPPA), a MOH or AMOH must:
    - Be a physician licensed for independent practice in Ontario.
    - Meet the qualifications prescribed by Ontario Regulation 566.
    - Receive approval of the appointment from the Minister.
- Eligible candidates must hold either:
    - A Fellowship in Public Health and Preventive Medicine from the Royal College of Physicians and Surgeons of Canada; or
    - A recognized postgraduate qualification in public health that includes epidemiology, quantitative methods, management and administration, and disease prevention and health promotion; or
    - An equivalent international qualification accepted by the Minister.

Ministerial Approval

- A permanent appointment as MOH or AMOH is not legally effective until approved in writing by the Minister.
- Until ministerial approval is received, the individual cannot perform the duties or exercise the statutory powers of the MOH or AMOH under the HPPA.
- The AMOH will be designated as ‘Acting’ until Ministerial approval is received.

TITLE:	Committee Report: Indigenous Health Advisory Circle – Meeting Minutes
DATE:	September 16, 2026
PREPARED BY:	Wendy Freeburn, Executive Assistant *on behalf of* Liz Stone, Circle Chair
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

Proposed Recommendation

That the Board of Health for Lakelands Public Health receive the following for information: Indigenous Health Advisory Circle – Meeting Minutes, May 8, 2026.

Background

The Indigenous Health Advisory Circle (IHAC) met last on September 4, 2026. At that meeting, At that meeting, the appended minutes were approved and members requested that they come forward to the Board for information.

Attachments

a. IHAC Minutes – May 8, 2026

Indigenous Health Advisory Circle (IHAC)
MINUTES
Friday, May 8, 2026 – 1:00 – 3:00 p.m.
Lakelands Public Health (LPH)
Peterborough Community Health Centre, Peterborough Square, Lower Level, Unit 64

In Attendance:

Members:
Ms. Liz Stone, Chair
Professor David Newhouse, Vice Chair
Ms. Ashley Safar
Ms. Cheyanne Fisher - virtual
Ms. Courtney Taylor - virtual
Mayor John Logel
Councillor Joy Lachica
Ms. Julie Bothwell
Councillor Kathryn Wilson - virtual
Ms. Lori Flynn
Councillor Nodin Knott – virtual
Ms. Rebecca Watts – virtual
Deputy Mayor Ron Black

Staff:
Dr. Thomas Piggott, Medical Officer of Health & Chief Executive Officer
Hallie Atter, Director, Community Health
Ms. Samantha Roan, Manager, Indigenous Health
Ms. Sarah Tsang, Co-ordinator, Indigenous Health
Ms. Wendy Freeburn, Executive Assistant, Recorder

Guests:
Ms. Donna Churipuy, Director, Strategic and Emergency Services, Chief Nursing Officer and Privacy Officer

1. Call to Order
The meeting was called to order at 1:03 p.m.

2. Welcome and Land Acknowledgement

3. Confirmation of the Agenda

The agenda was approved as circulated.

4. Minutes of the Previous Meeting

The minutes of February 20, 2026, were approved as written.

ACTION:

- **The minutes will be circulated to the BOH at their next meeting.**

5. Items Arising from the Minutes

5.1 **Minutes of the Previous Meeting -** Completed.

5.2 **Update Indigenous Health Leaders Symposium Update -** Completed.

5.3 **Sub-committee to Provide Cultural Advising Support to the Manager, Indigenous Health Position -** Completed.

- See Item 6.4 renamed Traditional Knowledge Holders and Elders Working Group Update

5.4 **Culturally Sensitive Discussion (Liz Stone)** – Completed.

- See Item 6.5 renamed Indigenous Community Caucus Update

6. Reports

6.1 **Climate Change, Cambium Indigenous Professional Services (CIPS) Update**

Ms. Sarah Tsang, Co-ordinator of Indigenous Health at Lakelands Public Health, provided an update on the Indigenous Climate Change Engagement Project. She outlined the project's history, engagement processes with Curve Lake First Nation, Hiawatha First Nation, Alderville First Nation, and the Urban Indigenous Community. She reported the project concluded with a final meeting with the Cambium Indigenous Professional Services (CIPS) and a finalized summary report that was reviewed by Lakelands Managers and Senior Leadership.

The Circle discussed the importance of:

- adhering to established protocols when staff engage with Chiefs and Councils, recognizing that these protocols vary by community;
- continuing to build strong relationships and to seek guidance to ensure respectful engagement with Chiefs, Councils, and Communities;
- ensuring that information sharing aligned with OCAP principles occurs consistently and transparently throughout all stages of the process; and

- involving and gathering feedback from students in Fleming College and Trent University's Native Studies programs, as well as from Alderville First Nation youth who have an interest in climate change.

Next steps for the Project Team include:

- Working with LPH Communications Team to visually design the summary report and develop an infographic to complement the report.
- Developing and implementing a plan to share the Climate Change Engagement Summary Report and infographic with Chiefs and Councils, Urban Indigenous communities, communities and original participants, and seek feedback on further use of the information.
- Continuing to build relationships with Indigenous and First Nations Communities.
- Exploring opportunities to work together with Communities on climate health adaptation.

6.2 **LPH Strategic Plan Development and Indigenous Engagement Update**
(Liz Stone/Thomas Piggott)

Ms. Stone and Dr. Piggott outlined the ongoing development of the LPH Strategic Plan. Phase Two includes Town Halls, key informant interviews and focus groups with Indigenous engagement sessions with Curve Lake, Hiawatha, and Urban Indigenous groups. As well, a Strategic Planning Survey is available to the public on the LPH website where residents can share their feedback to guide programs, services, and priorities in their communities. The plan incorporates a generational lens, aiming to set priorities not just for the next three to five years, but for decades ahead, and integrates Indigenous perspectives. To align with the generational approach, it was suggested to incorporate the Indigenous Seven Generations principals.

The Circle discussed the need for diverse communication methods to reach all age groups and community members, noting that not everyone uses digital tools and emphasized the importance of posters, word of mouth, and considerate approaches for each community.

The Strategic Plan is expected to be finalized by February 2027, aligning with anticipated changes in the Board of Health membership in January 2027, and the conclusion of special merger funding from the provincial government (March 2027). The BOH is advocating for Ministry support in advance of this financial challenge.

6.3 **Regional Indigenous Health Strategy (RIHS) Update – Standing Item**

Ms. Roan provided an update on the Regional Indigenous Health Strategy which

included:

- Ongoing development of a cultural protocol guidebook, adapted from Trent University's model, to guide staff in engaging with Indigenous local communities.
- Collaborative work with the Peterborough Ontario Health Team and local Indigenous communities to update and enhance current Cultural Safety/Competency training modules (originally developed in partnership with the Dalla Lana School of Public Health based on Public Health Training for Equitable Systems Change (PHESC)).

The Circle noted the importance of making cultural competency training available to all staff, and BOH members with defined timelines for completion, consequences for non-completion, a micro-credential approach to ensure specific, work-force ready competencies are met, and to embed practices in job descriptions and policies and procedures post-merger. Ms. Stone suggested the current Cultural Safety Training modules be made available to Indigenous IHAC members for their information and to provide feedback.

Ms. Roan shared that the *Ceremonial Practice of Burning of Indigenous Medicines (Smudging)* policy has been approved and will be shared with staff and the BOH in the next weeks.

ACTION:

- **Ms. Freeburn will share the current PHESC Cultural Safety modules with Ms. Stone for her review.**

6.4 **Traditional Knowledge Holders and Elders Working Group – Standing Item**

An update from the Working Group was provided at the Indigenous Community Caucus meeting held previous to this meeting at 11:45 a.m. See item 6.5 for items coming out of that discussion.

6.5 **Indigenous Community Caucus Update – Standing Item** (Liz Stone)

Ms. Stone provided the background for establishing the Indigenous Community Caucus. Its purpose is to provide a culturally safe space for Indigenous members to discuss sensitive issues, strategize, and advocate collectively without fear of offending others. Caucus will meet one hour before IHAC meetings and as needed. Items to be shared will come forward through the Chair to the full Circle to discuss together.

Ms. Stone provided a summary of items discussed at today's Caucus meeting:

- The importance of maintaining a majority of Indigenous members or positions within IHAC and ensuring that conversations and agenda items remain focused on Indigenous health issues.
- The importance that non-Indigenous members at the table attend with a focus on Indigenous Health for shared contribution and not for personal learning or gain.
- The need to clarify and establish minimum cultural competency standards for staff and non-Indigenous members of IHAC and the BOH, including mandatory cultural safety training.
- The Traditional Knowledge Holders and Elders Working Group, created to support Indigenous staff, requested Ms. Roan be included in future meetings and planning with the Working Group to ensure her needs and perspectives are heard before further work or direction is decided.
- Indigenous relationship-building is a shared responsibility across all staff, ensuring there is not just one section or group responsible, but integrated throughout and embedded in job descriptions, policies, and procedures in how relationships are built.
- Obtaining advice and guidelines regarding how to address public health responsibilities, safe food handling protocols, and regulatory challenges related to traditional foods and wild game. The aim is to support cultural practices in preparation, distribution and food sovereignty of traditional foods within Indigenous communities.

ACTION:

- **Ms. Freeburn will schedule a meeting in June for the Traditional Knowledge Holders and Elders Working group to include Ms. Roan.**

7. New Business

7.1 IHAC 2026 Workplan

Dr. Piggott provided an overview of the 2026 IHAC Work Plan. Topics include the Strategic Plan and Regional Indigenous Health Strategy updates, an Indigenous Health Annual report, a TRC accountability framework, a vaccination report, and building advocacy for access to traditional medicines and healing approaches in primary health care and hospital settings

7.2 Lakelands Public Health Commitment Statement to Truth and Reconciliation – (Leading up to TRC Day on Sept 30, 2026, and New Health Unit Commitments)

Ms. Hallie Atter introduced the idea of developing a LPH commitment statement to Truth and Reconciliation Commission (TRC). The intent is for the Board of Health to formally commit to the TRC's Calls to Action for the new organization. The goal is to secure Board endorsement before September 30 in recognition of the National Day

for Truth and Reconciliation and to possibly align with the launch of the Indigenous Health Strategy.

The Circle discussed the need for accountability to commitments made, such as reporting on progress, providing access to resources to other organizations to promote this work ("It takes a community to do this work"), and providing opportunities for Indigenous communities to engage, provide feedback or raise concerns if commitments are not met (reconciliACTION). It was suggested to ground the statement in the TRC and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), ensuring it is not self-congratulatory, and recognizes reconciliation as an ongoing, lifelong organizational journey.

Due to limited meeting opportunities before September, drafts will be shared via email with IHAC for feedback and ongoing review throughout the writing process.

8. Date, Time, and Place of the Next Meeting

- Friday, September 4, 2026, in the Boardroom, third floor, 185 King St. Peterborough
  - Indigenous Community Caucus, 9:00 – 10:00 a.m.
  - Full IHAC Meeting, 10:00 a.m. to 12:00 noon
- Friday, December 4, 2026, in the Boardroom, third floor, 185 King St. Peterborough
  - Indigenous Community Caucus, 9:00 – 10:00 a.m.
  - Full IHAC Meeting, 10:00 a.m. to 12:00 noon

9. Adjournment

The meeting was adjourned at 2:48 p.m.

TITLE:	Committer Report: Stewardship - Meeting Minutes
DATE:	September 16, 2026
PREPARED BY:	Michelle McWalters, Executive Assistant, on behalf of Councillor Ryall, Committee Chair
APPROVED BY:	Stewardship Committee

Proposed Recommendation

That the Board of Health for Lakelands Public Health receive the following for information: Stewardship Committee – Meeting Minutes, June 11, 2026.

Background

The Committee met last on September 10, 2026. At that meeting, the appended minutes were approved and members requested that they come forward to the Board for information.

Attachments

a. Stewardship Committee Minutes, June 11/26

Board of Health for
Lakelands Public Health
Stewardship Committee Meeting
MINUTES
Thursday, June 11, 2026; 3:00 p.m. – 4:00 p.m.
VIRTUAL

Lakelands Public Health Stewardship Committee Members in Attendance:
Chair Cecil Ryall
Vice Chair Daniel Moloney
Councilor Tracy Richardson
Councilor Keith Riel
Councilor Kathryn Wilson

Lakelands Public Health Staff in Attendance:
Dr. Thomas Piggott
Mr. Larry Stinson
Ms. Dale Bolton
Ms. Michelle McWalters (Recorder)

Additional Attendees:
Mr. Richard Steiginga, Baker Tilly
Ms. Jennifer P. Giles, Baker Tilly

Regrets:
Deputy Mayor Ron Black

1. Call to Order and Land Acknowledgement

The meeting was called to order at 3:08 p.m. by Chair Ryall, with a personal reflection provided.

2. Confirmation of the Agenda

The agenda was confirmed as presented.

MOTION:
That the Stewardship Committee for the Board of Health for Lakelands Public Health approved the agenda as circulated.
Moved: Councilor Richardson
Seconded: Councilor Riel
Motion Carried: (2026-007-SC)

3. Declaration of Pecuniary Interest

No declarations were made.

4. Consent Items to be Considered Separately *(nil)*

5. Delegations and Presentations

5.1. 2025 Draft Audited Financial Statements

- Cover Report
    a. 2025 HKNP – Lakelands Public Health Draft Audited Financial Statements

Chair Ryall welcomed Mr. Richard Steiginga and Ms. Jennifer P. Giles, representing Baker Tilly, to speak to the 2025 Draft Audited Financial Statements for Lakelands Public Health.

Mr. Steiginga and Ms. Giles engaged Stewardship Committee members in a review of the report, representing both legacy health units, noting the report as a complicated but clean audit – citing the early 2026 Cyber Event and staffing changes as impacts. With no questions from Committee members, it was confirmed that there are no emerging risks at this time.

MOTION:
That the Stewardship Committee for Lakelands Public Health:

- receive the Draft 2025 Audited Statements for information; and
- to recommend for approval the Draft Audited Statements to the Board of Health at its next regular meeting.

Moved: Councilor Wilson
Seconded: Councilor Richardson
Motion Carried: (2026-008-SC)

6. Confirmation of the Minutes of the Previous Meeting

6.1. Stewardship Minutes – March 5, 2026

- Cover Report

The minutes were approved as presented.

MOTION:
That the Stewardship Committee for the Board of Health for Lakelands Public Health:

- approve the meeting minutes from March 5, 2026, and;
- provide these to the Board of Health at its next meeting for information.

Moved: Vice Chair Moloney
Seconded: Councilor Riel
Motion Carried: (2026-009-SC)

7. Business Arising from the Minutes

There was no business arising from the Minutes.

8. Staff Reports

8.1. 2026-2027 Healthy Babies Healthy Children Program – Budget Approval

- **Staff Report**

The Healthy Babies Healthy Children Program (HBHC) is funded 100% by the Ministry of Children, Community and Social Services (MCCSS).

The 2026-27 budget has been completed based on the Ministry funding allocation of $2,149,172 . The Ministry approved a 2% budget increase, or $42,941 over the prior year allocation of $2,107,031for the current fiscal year.

For 2026-27, program staffing levels will be maintained at 11.60 full-time equivalent (FTE) Public Health Nurse (PHN), 1.80 FTE Community Workers, 1.72 FTE Family Home Visitors, 1.80 FTE Administrative Assistant and 0.85 FTE Program Manager and .20 Director
The budget to be submitted to MCCSS by June 30 was shared with the Stewardship Committee, , with no questions or concerns arising.

MOTION:
That the Stewardship Committee for the Board of Health for Lakelands Public Health:

- receive the staff report, Healthy Babies Healthy Children Program 2026-27 Budget Approval, for information; and
- recommend approval of the 2026-27 budget in the total of $2,149,172 by the Board of Health at the next meeting.

Moved: Councilor Richardson
Seconded: Vice Chair Moloney
Motion Carried: (2026-010-SC)

8.2. 2026-2027 Infant Child Development Program – Budget Approval

- Staff Report

The Infant and Child Development Program (ICDP) is funded 100% by the Ministry of Children, Community and Social Services (MCCSS).

The 2026-27 budget has been completed based on the Ministry funding allocation of $258,349. The Ministry approved a 2% budget increase, or $5,066 over the prior year allocation of $253,283 for the current fiscal year. The operating budget includes staffing, resources, occupancy costs and a reasonable recovery of costs to administer the program. Continued lack of funding increases to cover the cost of increasing wage and benefit costs has impacted staffing levels over the past number of years.

For 2026-27, program staffing levels will be maintained at 1.5 full-time equivalent (FTE) Infant & Child Development Consultants, 0.2 FTE Administrative Assistant and 0.15 FTE Program Manager, consistent with the prior year.
The budget to be submitted to MCCSS by June 30 was shared with the Stewardship Committee, with no questions or concerns arising.

MOTION:
That the Stewardship Committee for the Board of Health for Lakelands Public Health:

- receive the staff report, Infant and Child Development Program 2026-27 Budget Approval, for information; and
- recommend approval of the 2026-27 budget in the total of $258,349 by the Board of Health at the next meeting.

Moved: Councilor Riel
Seconded: Vice Chair Moloney
Motion Carried: (2026-011-SC)

8.3. Consultation on Timelines for 2027 Budget Approval

- *Verbal Update*

Dr. Piggott engaged in a verbal update in relation to consultations for 2027 budget approval. During the discussion, it was noted that Dr. Piggott will be meeting with municipal CAO's and will continue to be sensitive to the impact to timelines with the upcoming election period.

8.4. Amendment to Year Three Merger Budget

- *Verbal Update*

Dr. Piggott provided a verbal update to Committee members regarding a requested amendment to the Year 3 Merger Budget, with no questions or concerns arising from the discussion.

9. Consent Items *(nil)*

10. New Business

11. In Camera to Discuss Confidential Matters

11.1. In accordance with the Municipal Act, 2001:

- *Section 239(2)(i) a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the municipality or local board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organization;*

MOTION:
That the Stewardship Committee for the Board of Health for Lakelands Public Health move to in-camera session to discuss confidential matters in accordance with the Municipal Act, 2001: Section 239(2)(i)
Moved: Vice Chair Moloney
Seconded: Councilor Richardson
Motion Carried: (2026-012-SC)

12. Motions for Open Session

13. Date, Time, and Place of the Next Meeting

The next Lakelands Public Health Stewardship Committee meeting date is to be determined. Stewardship Committee Chair and Board of Health Chair recommend a meeting at the start of 2026, based on financial reports.

14. Adjournment

The Stewardship Committee meeting was adjourned at 4:23 p.m.

MOTION:
That the Stewardship Committee for the Board of Health for Lakelands Public Health adjourn the meeting at 4:23 p.m.
Moved: Councilor Riel
Seconded: Councilor Richardson
Motion Carried: (2026-013-SC)

TITLE:	Stewardship Committee Report: 2025/2026 Audited Financial Statements - Healthy Babies Healthy Children Program
DATE:	September 16, 2026
PREPARED BY:	Dale Bolton, Manager, Finance and Facilities
APPROVED BY:	Stewardship Committee

Proposed Recommendation

That the Board of Health for Lakelands Public Health:

- receive the Stewardship Committee Staff Report, 2025/2026 Audited Financial Statements - Healthy Babies Healthy Children Program; and,
- approve the 2025/2026 Audited Statements for the Healthy Babies Healthy Children Program for Peterborough Public Health (PPH) and Haliburton, Kawartha Pine Ridge District Health Unit (HKPRD).

Background

The Committee met last on September 10, 2026. At that meeting, the appended staff report and audited statements were approved and members recommended that these items come forward to the Board at its next meeting.

Attachments

a. Stewardship Committee Staff Report – 2025/2026 Audited Financial Statement - Healthy Babies Healthy Children Program

TITLE:	2025/2026 Audited Financial Statement - Healthy Babies Healthy Children Program
DATE:	September 10, 2026
PREPARED BY:	Dale Bolton, Manager, Finance and Facilities
APPROVED BY:	Larry Stinson, Director

Proposed Recommendation

That the Stewardship Committee for the Board of Health for Lakelands Public Health:

- receive the staff report, 2025/2026 Audited Financial Statement - Healthy Babies Healthy Children Program; and
- recommend approval of the 2025/2026 Audited Statements for the Healthy Babies Healthy Children Program for Peterborough Public Health (PPH) and Haliburton, Kawartha Pine Ridge District Health Unit (HKPRD).

Financial Implications and Impact

The Board of Health (BOH) is required by contract with the Ministry of Children, Community and Social Services (MCCSS) to provide to the Ministry the 2025/2026 Healthy Babies Healthy Children (HBHC) Program Audited Financial Statements.

Background

The Board of Health approved the 2025/2026 consolidated budget of $2,17,031on September 11, 2025. For 2025/2026, the MCCSS continued to approve separate funding agreements for each of the legacy programs as follows $1,018,064 for PPH and $1,088,967 for HKPRD.

The HBHC program is funded 100% by the MCCSS. HBHC is a prevention and early intervention home visiting program providing services during the prenatal period and to families with children from birth up to their transition to school. The program's intent is to optimize newborn and child healthy growth and development and reduce health inequities for families receiving service.

DECISION HISTORY

The HBHC program is part of the Ontario Public Health Standards and assists both PPH and HKPRD Health Unit in continuing to meet its mandate through coordinated efforts with the Infant Toddler Development Program and the Healthy Growth & Development Standard.

The Audited expenditures for PPH program totalled $998,918 and for HKPRD $1,072,674, below the approved budget allocations. Historically, the HBHC program spends in its entirety the provincial allocation and no funds are returned to the Ministry at the end of the year. As reported on the audited financial statements, the approved allocations were underspent due to some gapping of position within each of the programs resulting in savings in salaries and benefits. As a result, funds in the amount of $19,146 for PPH and $16,293 for HKPRD are due back to the Province. Although both programs were underspent for the current year, there is no impact on the funding allocation for the 2026/2027 fiscal period.

The Audited Financial Statements are drafted in accordance with Generally Accepted Accounting Principles.

ATTACHMENTS

Attachment A – Draft 2025/2026 Audited Financial Statement, Healthy Babies Healthy Children Program – Peterborough Public Health

Attachment B – Draft 2025/2026 Audited Financial Statement, Healthy Babies Healthy Children Program – Haliburton, Kawartha, Pine Ridge District Health Unit

LAKELANDS PUBLIC HEALTH

HEALTHY BABIES HEALTHY CHILDREN PROGRAM

FOR THE FORMER PETERBOROUGH PUBLIC HEALTH

STATEMENT OF REVENUE AND EXPENDITURES

FOR THE YEAR ENDED MARCH 31, 2026

INDEPENDENT AUDITOR'S REPORT

To the Members of the Board of Health of Lakelands Public Health and the Ministry of Children, Community and Social Services

Opinion
We have audited the Statement of Revenue and Expenditures (the "Statement") of Lakelands Public Health – Healthy Babies Healthy Children Program (the "Program") for the former Peterborough Public Health for the year ended March 31, 2026, and notes to the Statement, including a summary of significant accounting policies.

In our opinion, the accompanying Statement is prepared, in all material respects, for the year ended March 31, 2026 in accordance with the financial reporting framework specified in the service contract with the Ministry of Children, Community and Social Services.

Basis for Opinion
We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Statement section of our report. We are independent of the Board of Health in accordance with the ethical requirements that are relevant to our audit of the Statement in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting and Restriction and Distribution on Use
We draw attention to Note 2 to the Statement, which describes the basis of accounting. The Statement is prepared to assist Lakelands Public Health to meet the requirements of the service contract with the Ministry of Children, Community and Social Services. As a result, the Statement may not be suitable for another purpose. Our report is intended solely for the Ministry of Children, Community and Social Services and the Board of Health of Lakelands Public Health and should not be distributed to or used by parties other than the Ministry of Children, Community and Social Services or the Board of Health of Lakelands Public Health. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Statement
Management is responsible for the preparation of the Statement in accordance with the financial reporting framework specified in the service contract with the Ministry of Children, Community and Social Services, and for such internal control as management determines is necessary to enable the preparation of the Statement that is free from material misstatement, whether due to fraud or error.

Those charged with governance are responsible for overseeing the Board of Health's financial reporting process.

Auditor's Responsibilities for the Audit of the Statement
Our objectives are to obtain reasonable assurance about whether the Statement as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this Statement.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the Statement, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Board of Health's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants
Licensed Public Accountants

Peterborough, Ontario
August 10, 2026

LAKELANDS PUBLIC HEALTH
HEALTHY BABIES HEALTHY CHILDREN PROGRAM
FOR THE FORMER PETERBOROUGH PUBLIC HEALTH

STATEMENT OF REVENUE AND EXPENDITURES
For The Year Ended March 31, 2026

	Budget 2026 $	Actual 2026 $	Actual 2025 $
Revenue			
Ministry of Children, Community and Social Services	1,018,064	1,018,064	1,018,064
	1,018,064	1,018,064	1,018,064
Expenditures			
Personal Services Expenditures			
Salaries and wages	757,944	740,995	743,524
Employee benefits	231,320	224,316	229,347
	989,264	965,311	972,871
Other Operating Expenditures			
Universal screening	-	-	10,875
Program supplies	5,000	9,488	8,708
Professional development	8,500	9,596	9,965
Purchased services	500	-	739
Travel	11,000	11,380	10,669
Audit and legal	1,800	1,800	2,400
Telephone	2,000	1,343	1,837
	28,800	33,607	45,193
	1,018,064	998,918	1,018,064
Amount due to Province of Ontario	-	19,146	-

The accompanying notes are an integral part of this Statement.

LAKELANDS PUBLIC HEALTH
HEALTHY BABIES HEALTHY CHILDREN PROGRAM
FOR THE FORMER PETERBOROUGH PUBLIC HEALTH

NOTES TO THE STATEMENT
For The Year Ended March 31, 2026

NOTE 1: OPERATING NAME

Lakelands Public Health was created by a merger of the former Halliburton, Kawartha, Pine Ridge District Health Unit and the Peterborough County-City Health Unit (operating as Peterborough Public Health) effective January 1, 2025. The legal name of the organization is the Haliburton Kawartha Northumberland Peterborough Health Unit. In September 2025, the organization changed its operating name to Lakelands Public Health.

NOTE 2: SIGNIFICANT ACCOUNTING POLICIES

The Statement of revenues and expenditures of the Healthy Babies Healthy Children Program of the former Peterborough Public Health has been prepared in accordance with the financial reporting framework specified in the service contract with the Ministry of Children, Community and Social Services. The more significant accounting policies are summarized below:

Basis of Accounting

The basis of accounting used in this Statement materially differs from Canadian Public Sector Accounting Standards in that expenditures for tangible capital assets are not capitalized but expensed in the period incurred.

Accounting Entity

This Statement comprises all the activities for which the Healthy Babies Healthy Children Program of the former Peterborough Public Health is legally accountable. The funding and financial reporting requirements of this program are separate and apart from the other functions of the former Peterborough Public Health.

Tangible Capital Assets

Tangible capital assets are recorded as expenditures when incurred in accordance with the financial reporting framework specified in the service contract with the Ministry of Children, Community and Social Services.

Operating Grants

The Healthy Babies Healthy Children Program claims from the Ministry of Children, Community and Social Services grants equivalent to its net allowable operating costs. While these claims for allowable operating costs are recorded as revenue in the current period, the reimbursement for these costs is dependent ultimately upon their acceptance by the funders of the program.

Budget Data

Budget data is compiled from the budget approved by the Board of Health.

NOTE 2: **SIGNIFICANT ACCOUNTING POLICIES - (Continued)**

Recognition of Revenues and Expenditures

Revenues and expenditures are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues as they become available and measurable, expenditures are recognized as they are incurred and measurable as a result of receipt of goods and services and the creation of a legal obligation to pay.

Use of Estimates

The preparation of the Statement in compliance with the financial reporting framework specified in the service contract with the Ministry of Children, Community and Social Services requires management to make estimates and assumptions that affect the reported amounts of revenues and expenditures during the period. Actual results could differ from the estimates, the impact of which would be recorded in future periods.

NOTE 3: **PENSION PLAN**

Certain employees of the Healthy Babies Healthy Children Program are eligible to be members of the Ontario Municipal Employees Retirement Fund which is a multi-employer final average pay contributor pension plan. Employer contributions made to the Fund during the period amounted to $68,035 (2025 - $73,525). These amounts are included in employee benefits expenditure in the Statement.

LAKELANDS PUBLIC HEALTH

HEALTHY BABIES HEALTHY CHILDREN PROGRAM

FOR THE FORMER HALIBURTON, KAWARTHA, PINE RIDGE

DISTRICT HEALTH UNIT

STATEMENT OF REVENUE AND EXPENDITURES

FOR THE YEAR ENDED MARCH 31, 2026

INDEPENDENT AUDITOR'S REPORT

To the Members of the Board of Health of Lakelands Public Health and the Ministry of Children, Community and Social Services

Opinion
We have audited the Statement of Revenue and Expenditures ("the Statement") of Lakelands Public Health– Healthy Babies Healthy Children Program (the "Program") for the former Haliburton, Kawartha, Pine Ridge District Health Unit for the year ended March 31, 2026, and the notes to the Statement, including a summary of significant accounting policies.

In our opinion, the accompanying Statement is prepared, in all material respects, for the year ended March 31, 2026 in accordance with the financial reporting framework specified in the service contract with the Ministry of Children, Community and Social Services.

Basis for Opinion
We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Statement section of our report. We are independent of the Board of Health in accordance with the ethical requirements that are relevant to our audit of the Statement in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting and Restriction on Use
We draw attention to Note 2 to the Statement, which describes the basis of accounting. The Statement is prepared to assist Lakelands Public Health to meet the requirements of the service contract with the Ministry of Children, Community and Social Services. As a result, the Statement may not be suitable for another purpose. Our report is intended solely for the Ministry of Children, Community and Social Services and the Board of Health of Lakelands Public Health and should not be used by parties other than the Ministry of Children, Community and Social Services or the Board of Lakelands Public Health. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Statement
Management is responsible for the preparation of the Statement in accordance with the financial reporting framework specified in the service contract with the Ministry of Children, Community and Social Services, and for such internal control as management determines is necessary to enable the preparation of the Statement that is free from material misstatement, whether due to fraud or error.

Those charged with governance are responsible for overseeing the Board of Health's financial reporting process.

Auditor's Responsibilities for the Audit of the Statement
Our objectives are to obtain reasonable assurance about whether the Statement as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this Statement.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the Statement, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Board of Health's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants
Licensed Public Accountants

Peterborough, Ontario
September 2, 2026

LAKELANDS PUBLIC HEALTH
HEALTHY BABIES HEALTHY CHILDREN PROGRAM
FOR FORMER HALIBURTON, KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT

STATEMENT OF REVENUE AND EXPENDITURES
For The Year Ended March 31, 2026

	Actual 2026 $	Actual 2025 $
REVENUE		
Ministry of Children, Community, and Social Services grants	1,088,967	1,088,967
	1,088,967	1,088,967
EXPENDITURES		
Salaries, wages and benefits	1,026,938	1,051,718
Travel	32,405	31,687
Program supplies	10,437	5,514
Professional development	1,694	48
Accounting fees	1,200	-
	1,072,674	1,088,967
Amount Due to Province of Ontario	16,293	-

The accompanying notes are an integral part of this Statement.

LAKELANDS PUBLIC HEALTH
HEALTHY BABIES HEALTHY CHILDREN PROGRAM
FOR THE FORMER HALIBURTON, KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT

NOTES TO THE STATEMENT
For The Year Ended March 31, 2026

NOTE 1: OPERATING NAME

Lakelands Public Health was created by a merger of the former Halliburton, Kawartha, Pine Ridge District Health Unit and the Peterborough County-City Health Unit (operating as Peterborough Public Health) effective January 1, 2025. The legal name of the organization is the Haliburton Kawartha Northumberland Peterborough Health Unit. In September 2025, the organization changed its operating name to Lakelands Public Health.

NOTE 2: SIGNIFICANT ACCOUNTING POLICIES

The Statement of Revenue and Expenditures of the Healthy Babies Healthy Children Program of the former Haliburton, Kawartha, Pine Ridge District Health Unit has been prepared in accordance with the financial reporting framework specified in the service contract with the Ministry of Children, Community and Social Services. The more significant accounting policies are summarized below:

Basis of Accounting

The basis of accounting used in this Statement materially differs from Canadian Public Sector Accounting Standards in that expenditures for tangible capital assets are not capitalized but expensed in the period incurred.

Accounting Entity

This Statement comprises all the activities for which the Healthy Babies Healthy Children Program of the former Haliburton, Kawartha, Pine Ridge District Health Unit is legally accountable. The funding and financial reporting requirements of this program are separate and apart from the other functions of the former Haliburton, Kawartha, Pine Ridge District Health Unit.

Tangible Capital Assets

Tangible capital assets are recorded as expenditures when incurred in accordance with the financial reporting framework specified in the service contract with the Ministry of Children, Community and Social Services.

Operating Grants

The Healthy Babies Healthy Children Program claims from the Ministry of Children, Community and Social Services grants equivalent to its net allowable operating costs. While these claims for allowable operating costs are recorded as revenue in the current period, the reimbursement for these costs is dependent ultimately upon their acceptance by the funders of the program.

NOTE 2: **SIGNIFICANT ACCOUNTING POLICIES - (Continued)**

Recognition of Revenue and Expenditures

Revenue and expenditures are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenue as they become available and measurable, expenditures are recognized as they are incurred and measurable as a result of receipt of goods and services and the creation of a legal obligation to pay.

Use of Estimates

The preparation of the Statement in compliance with Canadian Public Sector Accounting Standards requires management to make estimates and assumptions that affect the reported amounts of revenue and expenditures during the period. Actual results could differ from the estimates, the impact of which would be recorded in future periods.

TITLE:	Stewardship Committee Report: 2025/2026 Audited Financial Statement - Infant Child Development Program
DATE:	September 16, 2026
PREPARED BY:	Dale Bolton, Manager, Finance and Facilities
APPROVED BY:	Stewardship Committee

Proposed Recommendation

That the Board of Health for Lakelands Public Health:

- receive the Stewardship Committee Staff Report, 2025/2026 Audited Financial Statement - 2025/2026 Audited Financial Statement - Infant Child Development Program; and,
- approve the 2025/2026 Audited Statements for the infant Child Development Program.

Background

The Committee met last on September 10, 2026. At that meeting, the appended staff report and audited statement were approved and members recommended that these items come forward to the Board at its next meeting.

Attachments

a. Stewardship Committee Staff Report – 2025/2026 Audited Financial Statement - Infant Child Development Program

TITLE:	2025/2026 Audited Financial Statement - Infant Child Development Program
DATE:	September 10, 2026
PREPARED BY:	Dale Bolton, Manager, Finance and Facilities
APPROVED BY:	Larry Stinson, Director

Proposed Recommendation

That the Stewardship Committee for the Board of Health for Lakelands Public Health:

- receive the staff report, 2025/2026 Infant Child Development Program Audited Financial Statement, for information; and
- recommend approval of the 2025/2026 Audited Statements for the Infant Child Development Program.

Financial Implications and Impact

The Board of Health is required by contract with the Ministry of Children, Community and Social Services (MCCSS) to provide to the Ministry the 2025/2026 Infant Child Development Audited Financial Statements.

Background

The Board of Health for Legacy Peterborough Public Health approved the 2025/2026 budget request of $253,283 on September 11, 2025.

The ICDP is funded 100% by the MCCSS. The ICDP is for families with infants and young children who may become delayed in their development because of prematurity, social, or economic concerns; are diagnosed with special needs, such as Down syndrome, cerebral palsy, or spina bifida; or are found to be delayed in development through screening. An approved budget is required to continue to operate this program and offer these important supports to families in the community.

DECISION HISTORY

Although not part of the Ontario Public Health Standards, the ICDP assists Lakelands Public Health in continuing to meet its mandate through coordinated efforts with the Healthy Babies Healthy Children program and the Healthy Growth & Development Standard. It also assists in building on our leadership role by developing important linkages in our community and providing a valued service to help maintain the Community-Centred Focus.

The expenditures for the year totalled $253,283 equal to the approved budget allocation. Actual expenditures for materials and supplies were slightly above budget due to the acquisition of some additional program resources. The overage was offset by underspending in other budget lines.

Historically, the program spends in entirety the provincial allocation and no funds are returned to the Ministry at the end of the year. As reported on the audited financial statements, the approved allocation was spent in full and no funds due back to the Province.

The Audited Financial Statements are drafted in accordance with Generally Accepted Accounting Principles.

Strategic Direction

The submission of the on the Annual Reconciliation Report along with the Audited Financial Statements will allow the Board to fulfil financial contractual obligations with the MCCSS.

ATTACHMENTS

Attachment A – Draft 2025/2026 Audited Financial Statements, Infant Child Development Program

LAKELANDS PUBLIC HEALTH

INFANT CHILD DEVELOPMENT PROGRAM

FOR THE FORMER PETERBOROUGH PUBLIC HEALTH

STATEMENT OF REVENUES AND EXPENDITURES

FOR THE YEAR ENDED MARCH 31, 2026

INDEPENDENT AUDITOR'S REPORT

To the Members of the Board of Health of Lakelands Public Health and the Ministry of Children, Community and Social Services

Opinion
We have audited the Statement of Revenues and Expenditures (the "Statement") of Lakelands Public Health – Infant Child Development Program (the "Program") for the former Peterborough Public Health for the year ended March 31, 2026, and notes to the Statement, including a summary of significant accounting policies.

In our opinion, the accompanying Statement is prepared, in all material respects, for the year ended March 31, 2026, in accordance with the financial reporting framework specified in the service contract with the Ministry of Children, Community and Social Services.

Basis for Opinion
We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Statement section of our report. We are independent of the Board of Health in accordance with the ethical requirements that are relevant to our audit of the Statement in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting and Restriction and Distribution on Use
We draw attention to Note 2 to the Statement, which describes the basis of accounting. The Statement is prepared to assist Lakelands Public Health to meet the requirements of the service contract with the Ministry of Children, Community and Social Services. As a result, the Statement may not be suitable for another purpose. Our report is intended solely for the Ministry of Children, Community and Social Services and the Board of Health of Lakelands Public Health and should not be distributed to or used by parties other than the Ministry of Children, Community and Social Services or the Board of Health of Lakelands Public Health. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Statement
Management is responsible for the preparation of the Statement in accordance with the Ministry of Children, Community and Social Services, and for such internal control as management determines is necessary to enable the preparation of the Statement that is free from material misstatement, whether due to fraud or error.

Those charged with governance are responsible for overseeing the Board of Health's financial reporting process.

Auditor's Responsibilities for the Audit of the Statement
Our objectives are to obtain reasonable assurance about whether the Statement as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this Statement.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the Statement, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Board of Health's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Chartered Professional Accountants
Licensed Public Accountants

Peterborough, Ontario
August 10, 2026

LAKELANDS PUBLIC HEALTH
INFANT CHILD DEVELOPMENT PROGRAM
FOR THE FORMER PETERBOROUGH PUBLIC HEALTH

STATEMENT OF REVENUES AND EXPENDITURES
For The Year Ended March 31, 2026

	Budget 2026 $	Actual 2026 $	Actual 2025 $
Revenues			
Ministry of Children, Community and Social Services - Base funding	253,283	253,283	253,283
	253,283	253,283	253,283
Expenditures			
Personal Services Expenditures			
Salaries and wages	157,005	156,760	158,916
Employee benefits	45,540	45,552	44,165
	202,545	202,312	203,081
Other Operating Expenditures			
Audit and legal	2,400	2,400	2,400
Rent and utilities	15,396	15,396	15,396
Materials and supplies	3,000	4,956	3,516
Communications	600	558	401
Staff education and training	1,500	777	707
Travel	3,600	2,642	3,540
Allocated administrative	24,242	24,242	24,242
	50,738	50,971	50,202
	253,283	253,283	253,283
Amount due to Province of Ontario	-	-	-

The accompanying notes are an integral part of this Statement.

LAKELANDS PUBLIC HEALTH
INFANT CHILD DEVELOPMENT PROGRAM
FOR THE FORMER PETERBOROUGH PUBLIC HEALTH

NOTES TO THE STATEMENT
For The Year Ended March 31, 2026

NOTE 1: OPERATING NAME

Lakelands Public Health was created by a merger of the former Halliburton, Kawartha, Pine Ridge District Health Unit and the Peterborough County-City Health Unit (operating as Peterborough Public Health) effective January 1, 2025. The legal name of the organization is the Haliburton Kawartha Northumberland Peterborough Health Unit. In September 2025, the organization changed its operating name to Lakelands Public Health.

NOTE 2: SIGNIFICANT ACCOUNTING POLICIES

The Statement of Revenues and Expenditures of the Infant Child Development Program of the former Peterborough Public Health has been prepared in accordance with the financial reporting framework specified in the service contract with the Ministry of Children, Community and Social Services. The more significant accounting policies are summarized below:

Basis of Accounting

The basis of accounting used in this Statement materially differs from Canadian Public Sector Accounting Standards in that expenditures for tangible capital assets are not capitalized but expensed in the year incurred.

Accounting Entity

This Statement comprises all the activities for which the Infant Child Development Program of the former Peterborough Public Health is legally accountable. The funding and financial reporting requirements of this program are separate and apart from the other functions of the former Peterborough Public Health.

Tangible Capital Assets

Tangible capital assets are recorded as expenditures when incurred in accordance with the financial reporting framework specified in the service contract with the Ministry of Children, Community and Social Services.

Operating Grants

The Infant Child Development Program claims each year from the Ministry of Children, Community and Social Services grants equivalent to its net allowable operating costs. While these claims for allowable operating costs are recorded as revenue in the current year, the reimbursement for these costs is dependent ultimately upon their acceptance by the funders of the program.

Budget Data

Budget data is compiled from the budget approved by the Board of Health.

LAKELANDS PUBLIC HEALTH
INFANT CHILD DEVELOPMENT PROGRAM
FOR THE FORMER PETERBOROUGH PUBLIC HEALTH

NOTES TO THE STATEMENT
For The Year Ended March 31, 2026

NOTE 2: **SIGNIFICANT ACCOUNTING POLICIES - (Continued)**

Recognition of Revenues and Expenditures

Revenues and expenditures are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues as they become available and measurable, expenditures are recognized as they are incurred and measurable as a result of receipt of goods and services and the creation of a legal obligation to pay.

Use of Estimates

The preparation of the Statement in compliance with the financial reporting framework specified in the service contract with the Ministry of Children, Community and Social Services requires management to make estimates and assumptions that affect the reported amounts of revenues and expenditures during the year. Actual results could differ from the estimates, the impact of which would be recorded in future periods.

NOTE 3: **PENSION PLAN**

Certain employees of the Infant Child Development Program are eligible to be members of the Ontario Municipal Employees Retirement Fund which is a multi-employer final average pay contributor pension plan. Employer contributions made to the Fund during the year amounted to $15,339 (2025 - $15,362). These amounts are included in employee benefits expenditure in the Statement.

TITLE:	Quarterly Reports
DATE:	September 16, 2026
PREPARED BY:	Senior Leadership Team
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

Proposed Recommendation

That the Board of Health for Lakelands Public Health receive the following items for information:

a. Financial Report – Q2 2026
b. Merger Progress Report and Dashboard – Q1 2026
c. Ontario Public Health Standards Program Report – Q2 2026
d. Risk Management Report – Q2 2026

Notes:

- *All reports represent the time period of April 1 – June 30, 2026; item b is based on the Ministry fiscal period which ends March 31, 2026.*
- *Item a was reviewed by Stewardship at their September 10th meeting.*

Attachments

a. Financial Report – Q2 2026
b. Merger Progress Report and Dashboard – Q1 2026
c. Ontario Public Health Standards Program Report – Q2 2026
d. Risk Management Report – Q2 2026

Financial Update Q2 2026 (Finance Manager: Dale Bolton)

Programs Funded January 1 to December 31, 2026

	Funding Type	2026 Net Budget Approval	YTD Budget $ Based on 2026 Submission (100%)	Year To Date Expenditures to June 30	Year to Date % of Budget	Year to Date Variance Under/(Over)	Comments
Mandatory Public Health Programs - all combined cost-shared	MOHLTC Cost Shared (CS)	32,137,600	16,068,800	15,778,516	49.1%	290,284	Year-to-date (YTD) expenditures through the first six months are $15,778,516, or 49.1%, based on the Board of Health approved cost-shared budget. Underspending at this time is due to some position gapping and timing of planned program spending over the course of the fiscal year. Through the balance of 2026, expenditures will increase and anticipate the organization will be on track to spend in full as program staff fulfill program harmonization and operational plans.

100% Program funded January 1 to December 31, 2026

	Funding Type	2026 Budget Approval	YTD Budget $ Based on 2026 Submission (100%)	Year To Date Expenditures to June 30	Year to Date % of Budget	Year to Date Variance Under/(Over)	Comments
Ontario Seniors Dental	100%	2,083,600	1,041,800	780,730	37.5%	261,070	The 2026 Budget Submission of $2,083,600 is equivalent to the prior year budget. The YTD expenditures are below budget at 37.5% for the second quarter. As reported in Q1, program underspending relates primarily to professional services as contracted dental services for the Haliburton area remains unfilled at this time and the temporary closure of the clinic at the end of January for period of approximately 3 weeks. Anticipate the program may be underspent by the end of the year, given current status of spending. Some of the current underspending will be used to address the program's current waitlist and some final clinic upgrades.

100% Funding funded April 1, 2026 to March 31, 2027							
	Funding Type	2026 - 2027 Budget Approval	2026/27 YTD Budget $ (100%)	Year To Date Expenditures to June 30	Year to Date % of Budget Approval	Year to Date Variance Under/(Over)	Comments
Infection Prevention and Control (IPAC) HUB - Infectious Disease	100% MOH	612,000	153,000	152,146	24.9%	854	IPAC Hub budget approved by the Ministry in the amount of $612,000. Total program expenditures are just below budget for the first quarter. Program spending is on track and anticipate the budget will be spent in full by the end of March 2027.
Student Practicum Program	100% MOH	50,000	12,500	13,876	27.8%	(1,376)	Funding to support hiring of 3 PHI Practicum Students, each for a period of upto 16 weeks. Student positions commenced mid-May and continue through mid-September 2026. Anticipate budget allocation to be spent in full by end of Q3.
Merger - Strengthening Public Health - Year 3	100% MOH	7,289,857	1,822,464	874,624	12.0%	947,840	Year 3 Merger Budget submitted for $7,289,857 in March 2026. Confirmation of budget approval pending from the Ministry. Expenditures to date for the first quarter are $874,624, below budget assuming equal quarterly spending. Underspending to date attributed to some delays in hiring of select positions and timing for contracted services and employee education/ engagement activites, as costs to be incurred through the upcoming months. Additionally, in early 2027 the final levy harmonization cost will be recognized for legacy Peterborough partners as part of the 2027 cost-shared budget funding strategy. In July, the Ministry received an update on the status of Merger budget spending and projected expenditures through the end of March 2027. The report projected anticipated expenditures of $6.8 million through March, representing a reduction of approximately $489,000 from the budget submission due to some changes with planned hiring and other services.
Merger - Strengthening Public Health - Year 3: Capital Project and Building Assessment	100% MOH	460,000	115,000	17,276	3.8%	97,724	Year 3 Merger Budget included submission of $460,000 to support minor facility upgrades and the capital application/assessment process. Confirmation of budget approval is pending from the Ministry. Upgrades have commenced and will be ongoing through the end of March 2027 across the existing sites.

Programs funded April 1, 2026 to March 31, 2027 - MCCSS							
	Funding Type	**2026- 2027 Budget Allocation**	**YTD Budget Allocation $ (100%)**	**Year To Date Expenditures to June 30**	**Year to Date % of Budget Approval**	**Year to Date Variance Under/(Over)**	**Comments**
Infant Toddler and Development Program - Legacy PPH	100% MCCSS	258,349	64,587	60,444	23.4%	4,143	MCCSS budget approval of $258,349. Total YTD expenditures for the first 3 months are $60,444, just below budget. Anticipate program spending to be on track through end of fiscal year and budget to be spent in full.
Healthy Babies, Healthy Children - Legacy PPH	100% MCCSS	2,149,172	537,293	504,327	23.5%	32,966	MCCSS budget approval of $2,149,172. Total YTD expenditures for the first three months are $504,327, just below budget. Some savings to date due to gapping of position contributing to underspending in salaries and benefits. Anticipate program spending to be on track through end of fiscal year, as program staff recruitment is planned, and budget to be spent in full.
Total - All Programs		**45,040,578**	**19,815,445**	**18,181,939**	**40%**	**1,633,506**	

TITLE:	Merger Progress Report and Dashboard – Q1 2026
DATE:	September 16, 2026
PREPARED BY:	Carolyn Doris, Manager, Project Management Sarah Gill, Manager, Change Management & Merger Communication Larry Stinson, Chief Transformation Officer
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

Background

This report is a point-in-time snapshot of the progress of merger implementation up to the end of the provincial Q4, or January 1 - March 31, 2026 (the fiscal year for merger funding runs from April 1st to March 31st). This report accompanies the Year 2 and 3 Merger dashboard (see attachment) for status of key deliverables in each of the four domains. It is important to note that the deliverables in the dashboard are those identified by the Ministry as common to all mergers and the timing for implementation was determined as their best estimate.

Corporate Services:

- The January 2026 cyber incident resulted in acceleration of key IT project implementations. By the end of June 2026, the temporary staffing model for IT was implemented with two new temporary non-union positions in place on June 1, 2026 and recruitment for a third position.
- Phone system harmonization using the Teams Phone platform was completed for all of the organization resulting in all public calls being received within one Lakelands system.
- SharePoint Superuser training was completed, fax lines were consolidated, monthly staff technology trainings were implemented, technology upgrades in all meeting rooms is scheduled and the L-HKPR tenant was decommissioned.
- IT Governance Committee recruitment was approved, which is a final step in IT transformation.
- Onboarding of the new IT Managed Service Provider was completed.
- Project to harmonize cell phone provider was initiated in Q1.
- Work continued on a capital grant application for Port Hope location and facilities upgrades to Lindsay and Peterborough offices were planned.
- Financial systems were further harmonized with the notification of closure of the National Bank account (L-PPH) completed. LPH will harmonize banking through Royal Bank of Canada and use of the SAGE system internally.
- Site Manager recommendations to inform a common approach to management oversight of the four offices were approved by Senior Leadership with implementation on September 1, 2026.
- Labour Board ruling was received during this quarter confirming that ONA and CUPE will represent LPH unionized staff. The definition of representation for the two unions was confirmed.

Governance:

- External engagement to gather input from community partners and the broader public was completed, while also sharing information and raising awarenesses about the changes taking place at LPH. This was completed through town halls, focus groups and surveys (across geography and within First Nations Communities).

Organizational & Programs:

- Harmonization of legacy policies and procedures and contracts continued. Implemented policies launched in Q2 included Interdivision Committees, Networks and Working Groups, Ceremonial Practice of Burning Indigenous Medicines, and Responsible Artificial Intelligence Use.
- All Divisions and Teams created action plans based on Metrics@Work staff engagement survey results.
- Program harmonization continued with progress through Playbooks. Working groups have been established across Program Divisions (Clinical Services, Environmental Health & Infectious Diseases, Strategic & Emergency Services, Community Health). Working groups, which include staff as subject matter experts and management representation from both legacy organizations, continue to move through Discovery (current state analysis), Align (future state analysis), and Action Planning activities:
    - Discovery phase has been completed by 41 programs with an additional 9 in progress.
    - Align phase has been completed by 17 programs with an additional 30 in progress.
    - Action Planning has been completed by 9 programs with 35 more in progress.
    - Ten program areas are currently in Implementation phase of harmonized program delivery.

Transformation:

- Due to the cyber incident a project to migrate all staff to a modernized Microsoft Teams Phone, with improved capabilities and decreased costs, was completed with leadership from the Transformation Team.
- Merger evaluation plan and case studies are being developed in consultation with Project Sponsors and Leads. Case Study plan was presented to SLT.
- Year 3 Merger project priorities were approved by SLT.
- Planning for preparing Lakelands Public Health with tools and capacity to continue project management and change management post-merger are in development.

Attachments

Merger Progress Dashboard

Merger Progress: Year 2

Completed	In Progress	Not Started

	Corporate Services	Governance	Organizational & Programs	Transformation
Q1	New agency emails in use	Board sub-committees, Terms of Reference completed	Program assessment / alignment reviews & integration plans completed	Change Management training for management completed
	Consolidated finance, human resources (HR) procedures	Board training needs assessment completed	Policy review initiated	Employee wellness activities initiated
	Banking transition	Board training/education plan developed	Shared service opportunities identified	Unified staff communication tools in place, utilized
	Public Sector Labour Relations Transition Act (PSLRTA) filed	Board by-laws & policies reviewed	External stakeholder consultations plan developed	CM/PM or Merger Transition Team in place
Q2	Capital/facilities/needs assessment	Board education/training activities underway	Pilot Program Harmonization	New branding developed
	Migration on contracts, memorandums of understanding (MOUs), agreements	Skill matrix tool for Board members developed, mapped to current board composition	Program consultation with external stakeholders	All-Staff event completed
	HR assessments including review or collective agreements	Interim strategic plan/guiding principles (mission, vision, values)	Partnership/Network meetings integrated (e.g. attendance, consolidation of duplicate meetings)	Staff training initiated
Q3	Capital business case (as needed)	Client Service Standards in place	Harmonization of remaining programs/service as collective agreements allow	New branding in use (website, social media, offices, signage)
	Information technology (IT), HR and operational data transfer and upgrades implemented	Self-evaluation standards in place	Harmonized medical directives, standard operating procedures	External partner communication tools/materials updated
	Procurement duplication identified and eliminated	Skill matrix used to inform Yr 3 training needs	Policy review and harmonization	Evaluation plan developed
	Non-unionized staff contracts harmonized	-	Community Health Profile	-
Q4	TPON registration	Strategic planning process underway for new entity	Program expansion/new program/services as collective agreements allow	Staff satisfaction/change readiness feedback
	PSLRTA vote (if applicable)	BOH orientation training	Back office/management restructuring	-
	Consolidated payroll, HR financial procedures	BOH Year 3 training plan	Staff stabilization plan	-

Merger Progress: Year 3

Completed	In Progress	Not Started

	Corporate Services	Governance	Organizational & Programs	Transformation
Q1	Facilities/satellite office(s) plan	BOH self-evaluation	Local evaluation plan	Website transition (unified site)
	Collective Bargaining initiated	External Partner consultation (Strat Plan)	New organizational structure	New branding (all signage, tools, materials)
		Participation in ALIGN (coaching/training)	Program harmonization (1-2 additional)	
Q2	Service agreements/contracts harmonized	Client Service/Customer Service Plan	Program Policies Harmonized	Culture building activity for staff
	I/IT system discovery/decisions	Board by-laws and policies harmonized	Programs Future State Defined	Staff training/workshops
	Consolidated corporate policies (e.g. COI, procurement, code of conduct		Wage harmonization/span of control analysis	
Q3	Capital Business Case (if needed)	New Strategic Plan Process	Leadership Performance Evaluations	Integrated annual planning process
	Unionized Staff Job Descriptions Harmonized	Skills Matrix used to inform new appointments	Partnership work/network meetings consolidated	Staff feedback/satisfaction measurement
		Board Orientation	Consolidated procedures operational	
Q4	Consolidated finance/HR procedures (e.g., payroll, performance review)	Board Training Plan	Local Evaluation Report (Change Narrative)	Strategic Plan launch/publication
	Unionized Staff Compensation Harmonized	Succession Plan	Program Harmonization	Merger staff/tools transition to future state structures/staff
	I&IT system(s) consolidation		Program expansion/enhancement (as CA allow)	Plan to identify/track residual CM issues

Updated for Q2 (2026/09/01)

TITLE:	Ontario Public Health Standards Program Report – Q2 2026 (April 1 – June 30, 2026)
DATE:	September 16, 2026
PREPARED BY:	Senior Leadership Team
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

Background

Section 5 of the *Health Protection and Promotion Act* (HPPA) specifies that boards of health (BOH) must superintend, provide, or ensure the provision of public health programs and services in specified areas. The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Standards) outline the minimum requirements that boards of health must meet for mandatory health programs and services.

This briefing note provides a summary of key program accomplishments and challenges for Lakelands Public Health in the second quarter of 2026 to inform the BOH about activities of the organization, monitor progress of activities, and ensure that the program requirements under the Ontario Public Health Standards (OPHS) are met.

SUMMARY OF ACHIEVEMENTS AND CHALLENGES

Achievements:

- 6 staff successfully completed their Lean Green Belt certification.
- 79 school-based immunization clinics successfully completed across LPH jurisdiction; 3,081 children completed oral health screening.
- Released and promoted an information video on heat and older adults, and harmonized the Lakelands Public Health community partner extreme weather notification process.
- Supported the flood emergency response in Minden Hills and emergency response exercises in Haliburton County and the City of Peterborough.
- Peterborough Youth Substance Use Prevention baseline data survey completed in 3 participating high schools.

Challenges:

- Delays in ability to share work across bargaining units due to the *Public Sector Labour Relations Transition Act* (PSLRTA) has limited full harmonization, team building and capacity/efficiency identification.
- Delays in receiving the updated OPHS from the Province has impacted program planning for 2027.

BOH COMPLIANCE WITH OPHS REQUIREMENTS

Table 1 summarizes the current state of the organization's implementation of the BOH requirements with the OPHS for the entire jurisdiction of LPH.

Table 1.

Ontario Public Health Standards	Total # BOH Require-ments	# Met Q2 2026	# Partly Met Q2 2026	# Did Not Meet Q2 2026	# Met Q1 2026	# Partly Met Q1 2026	# Did Not Meet Q1 2026
Program Standard							
Chronic Disease Prevention and Well-Being	5	5			5		
Food Safety	5	5			4	1	
Healthy Environments	7	6	1		7		
Healthy Growth and Development	3	3			3		
Immunization	10	9	1		9	1	
Infectious and Communicable Diseases Prevention and Control	21	20	1		19	2	
Safe Water	8	8			7	1	
School Health	10	9	1		9	1	
Substance Use and Injury Prevention	4	4			4		
Foundational Standards							
Population Health Assessment	6	6			6		
Health Equity	4	4			4		
Effective Public Health Practice	9	7	2		7	2	
Emergency Management	1	1			1		

- "Met" = can reasonably be interpreted to have achieved all of the components of the requirement. If inspections are "on track" to achieving 100%, then are considered to have "met" the requirement.
- "Partly Met" = some but not all of the stipulated requirement is being met.
- "Not Met" = none of the components of the requirement are being implemented.

Description of Requirements not Met

Standard: Healthy Environments
Requirement #8: The board of health shall inspect settings associated with risk of infectious diseases of public health importance in accordance with the Healthy Environments and Climate Change Guideline, 2018 (or as current); the Infection Prevention and Control Complaint Protocol, 2018 (or as current); and the Infection Prevention and Control Protocol, 2018 (or as current).
Home-based daycares are not inspected in Peterborough City/County based on the anticipated removal of this requirement under the revised OPHS. In Q1, a conscious decision was made not to proceed with inspections, with the expectation that the updated OPHS would be implemented and the requirement would no longer apply. As the provincial changes were not enacted, the requirement remained in effect, resulting in a shift from met to partly met status.

Standard: Immunization Standard
Requirement #1: Requirement focuses on maintaining and assessing immunization records and reporting activities which will occur in Fall 2026.

Standard: Infectious and Communicable Diseases Prevention and Control
Requirement #8: The board of health shall address the prevention and control of rabies threats as per a local Rabies Contingency Plan and in consultation with other relevant agencies and orders of government, in accordance with the Management of Potential Rabies Exposures Guideline, 2018 (or as current) and the Rabies Prevention and Control Protocol, 2018 (or as current).
Rabies Contingency Plan remains completed in draft as we continue to harmonize and address the changes to the protocol effective January 1, 2027.

Standard: Effective Public Health Practice
Requirement #2 and 8: These requirements relate to organizational infrastructure to support the routine monitoring of programs and services. As noted in previous reports, routine monitoring to date has largely focused on compliance versus impact and quality. A new Quality and Impact Measurement Model has been developed for Lakelands Public Health that will focus on measurement from the perspectives of "are we making a difference?" (impact) and "how can we do it better?" (quality).

Standard: School Health
Requirement #7: Information on vision health for children is available on our website, however, LPH is not currently directly providing visual health supports or screening in schools, however, epidemiological review of OHIP billing data has been completed; determining next steps for fall

programming.

Requirement #8: Relates to the enforcement of ISPA and assessment of student immunization status which will occur in Fall 2026.

Board of Health for the Haliburton, Kawartha, Northumberland, and Peterborough Health Unit

2026 Standards Activity Reports

as of June 30, 2026

Risk Management

Ref. #	Description	Category	Impact	Likelihood	Overall Risk Rating		Key Risk Mitigations	Date reported to the Board
A	B	C	D	E	F = D x E		G	H
1	**Burnout:** Due to constrained timelines for merger funding and accelerated merger implementation requirements, a diminished capacity can lead to a failure to foster development of employee and organizational resilience may result, leading to risk for negative impacts on employee wellbeing and operational effectiveness with legal, financial and human resource implications.	People / Human resources	4	4	16	**High**	As part of the harmonization/merger process, employee health and safety is prioritized and will be part of a comprehensive Human Resource (HR) Strategy. Merger resources will be utilized to enhance capacity where feasible.	Sept. 16, 2026 (first reported Feb. 18/26)
2	**Privacy Breach:** Loss of information, compromising of personal health information of clients can occur through human error, the misuse of information technology, lack of information security or through cyber-attack. There are financial and legal risks associated with loss of personal and personal health information; stakeholder/public perception risk; and re-work associated with recreating the record. Healthcare facilities are being targeted.	Privacy / Stakeholder and Public Perception / Legal	4	3 ↓ (4)	12 ↓ (16)	**High**	Policies and procedures and ongoing training support staff to avoid higher risk behaviours. Multi-factor authentication is required for all employees. The Infomration Technology (IT) Manager and staff work with the Ministry, our insurance provider and industry leaders to ensure adequate levels of protection within our systems. A system assessment completed as part of the merger process has identified key risk reduction strategies that are being implemented independently or as part of an integrated system of a merged entity. Enhanced cybersecurity measures have been brought forward since the cyber incident in early 2026.	Sept. 16, 2026 (first reported Feb. 18/26)
3	**Revenue Shortfall:** Boards of Health are required to provide a balanced budget annually and to operate within that budget. The current funding arrangement, under the HPPA, creates a challenge for local (municipal and First Nation) funders to cover increased costs year over year when provincial increases are inadequate. Merger funding has been able to offset the shortfall through stabilization cost eligibility, but it will only defer the funding pressure until the end of the one-time funding (March 31, 2027). A deficit is forecast in fiscal year 2027 unless changes to expenditure or funding occur. Since staffing accounts for over 80% of operating expenses, shortfalls will impact staffing and service levels.	Financial / Operational / Service Delivery	5	5	25	**High**	The MOH/CEO is working with the Board of Health to: advocate for adequate funding; and improve efficiency of service delivery to mitigate impacts.	Sept. 16, 2026 (first reported Feb. 18/26)
4	**Meeting OPHS:** Due to limited capacity some requirements under the Ontario Public Health Standards (OPHS) may be only partially or not met. A lack of compliance with OPHS can lead to relationship and reputation damage and liability for any negative health outcomes.	Operational / Service Delivery	5	4 ↑ (3)	20 ↑ (15)	**High**	Strategic and Operational Planning considered the impact of each intervention and the risk of de-prioritization. The Senior Leadership Team and the Board of Health continue to report on areas of non-compliance and to advocate for adequate resourcing.	Sept. 16, 2026 (first reported Feb. 18/26)
5	**Recruitment:** The broader workforce shortage and more specifically, health service sector shortage presents potential recruitment challenges for public health.	People / Human resources	3	3 ↓ (4)	9 ↓ (12)	**Moderate**	HR uses a comprehensive approach to recruitment and is developing strategies to improve processes including implementation of a recruitment module within the HR software 'Portage'.	Sept. 16, 2026 (first reported Feb. 18/26)

6	**Labour Disruption:** Labour disruption or challenges—including delays in Public Sector Labour Relations Transition Act (PSLRTA) harmonization and prolonged collective bargaining processes—represent an operational risk. These challenges can create uncertainty across the organization, potentially affecting workforce morale, service delivery, and organizational timelines. Delays may also lead to inconsistencies in working conditions or expectations across different employee groups, increasing the likelihood of disputes or grievances.	People / Human resources	4	3	12	**High**	HR maintains regular dialogue with union leaders to help build trust, reduce misunderstandings, and allows for issues to be identified and addressed early. Demonstrating respect for collective bargaining processes and adhering to all legislative and regulatory requirements further supports productive relationships, and allows the organization to navigate labour-related challenges effectively while supporting a collaborative and respectful workplace culture. Similar to emergency planning, contingency plans for workplace disruptions are under development.	Sept. 16, 2026 (first reported Feb. 18/26)
7	**Public Health Emergency:** A community-wide or regional public health emergency (e.g., pandemic resurgence, severe influenza season, emerging infectious disease outbreak) may occur while the organization is still engaged in harmonization activities. This could strain staff capacity, disrupt harmonization timelines, and challenge the organization's ability to deliver coordinated, consistent public health services.	Emergency	3	4	12	**High**	Establish or update memorandums of understanding (MOUs) with partner organizations to clarify roles, resource sharing, surge capacity support, and mutual expectations during emergencies. Conduct regular scenario-based planning sessions to test emergency response capabilities while maintaining essential business continuity and ongoing harmonization activities.	Sept. 16, 2026 (first reported Feb. 18/26)
8	**Succession Planning:** Succession planning risk as part of staffing changes (including voluntary retirements) and end of merger funding.	Human Resources	4	4	16	**High**	Ongoing planning for succession and changes in resources.	Sept. 16, 2026 (first reported May 20/26)
9	**Misinformation and Public Trust:** Lakelands Public Health has strong local trust, but broader public perceptions of public health.	Emergency	3	3	9	**Moderate**	Planning greater engagement with the community through community presence and improved communications strategies with healthcare providers and the public.	Sept. 16, 2026

Ministry of Health Risk Matrix:

Potential Impact

1 Negligible impact
2 Minor impact on time, cost or quality
3 Notable impact on time, cost or quality
4 Substantial impact on time, cost or quality
5 Threatens the success of the objective

Likelihood of Occurrence

1 Unlikely to occur
2 May occur occasionally
3 Is as likely to occur as not to occur
4 Is likely to occur
5 Is almost certain to occur

TITLE:	Correspondence for Direction: Global Conflict, Health Equity, and Community Preparedness
DATE:	September 16, 2026
PREPARED BY:	Joëlle Favreau, Health Promotion Specialist
APPROVED BY:	Patti Fitzgerald, Health Equity & Professional Practice Donna Churipuy, Director Strategic and Emergency Services Dr. Thomas Piggott, Medical Officer of Health & CEO

Proposed Recommendation

That the Board of Health for Lakelands Public Health:

- receive correspondence dated June 17, 2026, from the Board of Health for Windsor-Essex County Health Unit regarding Global Conflict, Health Equity, and Community Preparedness, for information;
- endorse the position outlined in the correspondence; and,
- communicate this support to all levels of government, with copies to the Chief Medical Officer of Health for Ontario, local MPs and MPPs, Ontario Boards of Health and the Association of Local Public Health Agencies.

Financial Implications and Impact

There are no financial implications arising from this report.

Decision History

The Board of Health has not previously taken a stand with regards to this matter.

Background

As Canada is marking the 40th anniversary of the Ottawa Charter for Health Promotion, recent reports underscore that health, equity, and emergency preparedness are deeply intertwined with global crises.

The following key publications illustrate how conflicts have become global health system shocks:

- Dr. Amy Tan's 2023 report, *Creating the Conditions for Resilience Communities: A Public Health Approach to Emergencies*[1]
- The Royal Society of Canada's 2025 report, *Protecting our Collective Future: Renewing Canada's Role in Global Health*[2]
- *Modern Conflicts as Global Health System Shocks: A Multi-level Framework*[3]

Together, they clearly show that global health is local health and Canada must renew its global health strategy to protect people at home and abroad.

Rationale

As highlighted by the Windsor-Essex County Health Unit report, global armed conflicts directly and indirectly impact local health, equity, and health systems. These crises drive up costs of living, worsen food insecurity, heighten stress, and overwhelm local health and social services.

While the full local scale of impact is still unfolding, evidence shows severe health consequences from food insecurity and trauma, particularly among equity-denied groups. These communities face disproportionate social and economic inequities, making them highly vulnerable to the cascading effects of global crises.

Lakelands Public Health's (LPH) Food Insecurity Dashboard illustrates this growing local strain. Data from 2022-2024 shows that more than 1 in 5 local families struggle to access adequate, nutritious food. Food insecurity remains a critical public health crisis across our region, Ontario, and throughout Canada. Global armed conflicts worsen this issue by disrupting international supply chains, generating spikes in energy costs, and halting fuel, fertilizer, and agricultural production pathways.

Furthermore, digital technologies collapse geographical distance, exposing Canadian communities to the psychological trauma of overseas events. Many residents share close familial and cultural ties to conflict-affected regions. Continuous exposure to news coverage, social media, and direct contact with loved ones cause severe transnational stress, grief, and vicarious trauma. The ongoing conflict in the Middle East as well as in Sudan, for example, are generating increased anxiety, chronic stress, and an overall sense of dis-ease locally.

Trauma-informed care has become a critical priority for LPH. The Community Resilience Action Network (CRAN), a local coalition anchored in this work, emphasizes that trauma heavily compromises well-being. Armed conflicts cause profound and complex grief, persistent uncertainty and a growing sense of helplessness. This surging trauma drives up demand for mental health support at a time when access to psychiatry and specialized therapeutic services already faces severe capacity shortages.

Conclusion

Adopting the Windsor-Essex County Health Unit Board of Health recommendation and advocating to all levels of government demonstrates the Board recognizes global conflict and global inequity are critical local public health threats. This action solidifies the Board's commitment to mitigating global crises at home while advancing health equity, resilience, and community well-being, particularly for equity-denied populations within its catchment area.

Attachments

a. Letter, Windsor-Essex County Health Unit Board of Health, May 14, 2026

References

[1] Public Health Agency of Canada, Chief Public Health Officer of Canada's Report on the State of Public Health in Canada 2023: *Creating the conditions for Resilient Communities: A Public Health Approach to Emergencies*. Public Health Agency of Canada; 2023.

[2] Royal Society of Canada; Canadian Academy of Health Sciences. *Protecting Our Collective Future: Renewing Canada's Role in Global Health*. Royal Society of Canada and Canadian Academy of Health Sciences; 2025.

[3] Khader Y, Bashier H, Al Nsour M. Modern conflicts as global health system shocks: a multi-level framework. *Journal of Epidemiology and Global Health*. Published online May 13, 2026. Doi:10.1007/7-026-00575-2.

Windsor-Essex County Health Unit Board of Health

RECOMMENDATION/RESOLUTION REPORT – Global Conflict, Health Equity, and Community Preparedness

2026-05-14

ISSUE

Global armed conflict can affect population health, health equity, and health systems in Canada and Windsor-Essex. Recent military conflict in the Middle East has resulted in civilian harm, disrupted global energy markets and environmental damage. These impacts can be felt locally through higher living costs, food insecurity, increased stress, and added pressure on health and social services.

BACKGROUND

Global conflicts increasingly cause health impacts that extend far beyond national borders. The current conflict in the Middle East has disrupted global energy supplies, leading to higher fuel prices and unstable supply chains. In Canada, rising fuel costs disproportionately affect low-income households, single parents, rural and remote communities, and people living with chronic illnesses who rely on transportation to access care. Increased fuel and fertilizer costs are also drivers of higher food prices, exacerbating food insecurity at a time when approximately one quarter of people in Windsor-Essex and nationally already live in food-insecure households (including 2.5 million children in Canada), and food banks are operating beyond capacity. Food insecurity is a well-established determinant of poor physical and mental health. Rising costs of living deepen poverty-related stress, worsen chronic disease outcomes, and increase demand for health and social services.

The mental health impacts of armed conflict are profound and well-documented. Children directly exposed to violence experience high rates of post-traumatic stress disorder, depression, and long-term developmental impacts. Adults experience chronic anxiety, depression, and increased substance use. Importantly, these effects are not limited to those living in conflict zones. Diaspora communities in Canada are experiencing complex and prolonged grief, fear, and uncertainty as they monitor events impacting loved ones abroad. Similar patterns were observed following the war in Ukraine, resulting in increased demand for trauma-informed mental health services within Canadian health systems.

Armed conflict also undermines global public health security. Damage to health infrastructure, disruption of disease surveillance, and constrained access to medicines increase the risk of infectious disease outbreaks, including disruptions to tuberculosis and HIV care documented in prior conflicts. Iran's role as a host country to millions of refugees, coupled with regional instability, raises the likelihood of further displacement and humanitarian need.

Environmental health risks are also escalating. Bombardment of oil refineries and industrial sites releases toxic pollutants that increase long-term risks of cancer and respiratory disease and contribute to global

environmental degradation and climate change. Conflict near sensitive nuclear facilities can create a low-probability but high-impact risk of radiological contamination.

Taken together, these developments underscore that Canada's health is inseparable from global stability. Preparedness for the health consequences of global conflict is a matter of local health protection, health promotion, and health equity.

PROPOSED MOTION

WHEREAS armed conflict and global instability are recognized drivers of adverse population health outcomes, including food insecurity, mental illness, infectious disease risk, and environmental harm; and

WHEREAS rising fuel and food costs disproportionately harm low-income households, children, older adults, people with chronic illness, and rural and remote communities, deepening existing health inequities; and

WHEREAS war-related trauma affects people both in conflict zones and in diaspora communities in Canada, increasing the need for trauma-informed mental health and community-based supports; and

WHEREAS disruptions to global health infrastructure and surveillance during conflict increase the risk of infectious disease outbreaks with downstream impacts on Canadian health systems; and

WHEREAS resilient food systems, social protections, and accessible health care are essential components of public health preparedness and community resilience;

NOW THEREFORE BE IT RESOLVED THAT the Windsor-Essex County Board of Health:

1. Affirm by passing this resolution that global conflict and global inequity are critical public health issues with direct implications for the health and well-being of Windsor-Essex residents;
2. Calls on all levels of government to strengthen policies and investments that protect population health in the face of global instability, including:
    - Investments in food security and income supports
    - Measures to mitigate the health impacts of rising fuel and transportation costs, including advocating for more active transportation
    - Expansion of trauma-informed mental health services, with particular attention to children, youth, and diaspora communities
    - School-based mental health and well-being support programs
    - Health care access models proven effective in humanitarian and refugee-receiving contexts
3. Urge the Government of Canada to ensure preparedness for increased humanitarian migration by supporting continuity of care, culturally and linguistically appropriate mental health services, and rapid access to primary and preventive care; and
4. Encourage federal leadership in advancing peace, global equity, and protection of civilian populations as essential strategies for safeguarding health at home

TITLE:	Correspondence for Direction: Naloxone Kit Registration and Public Access
DATE:	September 16, 2026
PREPARED BY:	Kate Hall, Coordinator, Substance Use Prevention and Harm Reduction Program Georgia Stuart, Health Promoter Lindsey Tuck, Health Promoter
APPROVED BY:	Hallie Atter, Director, Community Health Dr. Thomas Piggott, Medical Officer of Health & CEO

Proposed Recommendation

That the Board of Health for Lakelands Public Health:

- receive correspondence dated July 23, 2026, from Dr. Robyn Lennox, MPP Hamilton Centre, regarding proposed Bill 121, *Save a Life Act,* for information*;*
- endorse the position outlined in the correspondence and proposed Bill 121, *Save a Life Act*; and,
- communicate this support to the Ontario Minister of Health, with copies to local MPPs, Ontario Boards of Health and the Association of Local Public Health Agencies.

Report Highlights

- **Naloxone is a medication that can temporarily reverse the effects of an opioid poisoning or overdose, providing critical time for emergency medical services to arrive.**
- **The *Save a Life Act*, being brought forward by Dr. Robyn Lennox, MPP Hamilton Centre, proposes to make naloxone as equally accessible and available to save lives as Automated External Defibrillators (AEDs). The Act would locate naloxone in community centres and other designated public spaces where AEDs are currently housed.**
- **Fewer community distribution partners as well as fewer pharmacies participating in the Ontario Naloxone Pharmacy Program limit the availability of naloxone, especially in rural areas. Access is further constrained by office/facility hours, lack of transportation and limited outreach services.**

Financial Implications and Impact

There are no financial implications arising from this report.

Background

Naloxone is a medication that can temporarily reverse the effects of an opioid poisoning or overdose, providing critical time for emergency medical services to arrive. Naloxone is currently available to eligible individuals free of charge through health units, community-based organizations and participating pharmacies, and an online tool is available to help Ontarians locate where they can get a naloxone kit in their community.

In 2020, the Ministry of Health announced the Ontario Naloxone Expanded Access Program, which opened participation to first responders (Police, Fire, Paramedics, St. John Ambulence) for naloxone administration. This change was in response to an increase in opioid-related deaths across the province. Currently, Lakelands Public Health partners with 21 first responder organizations to provide Naloxone for administration because of its proven life-saving capabilities.

Evidence shows that the availability of naloxone is a significant contributor to the recent decline in mortality from opioid overdose in Canada. Further, provinces with higher distribution experienced substantial mortality declines, while those with lower distribution experienced less changes. Ontario has experienced a 15% decline in opioid poisoning deaths since naloxone became publicly available in 2016.

The need for naloxone remains significant across the region, particularly among populations experiencing barriers to healthcare access, including people who use drugs, individuals living in rural communities, and those experiencing homelessness. However, access to naloxone in many communities remains limited. Distribution through existing partners is constrained due to office hours, while outreach services provide only partial coverage.

Although some pharmacies participate in the Ontario Naloxone Program for Pharmacies (ONPP), many in rural communities are not open during evenings and weekends when overdoses may occur. In addition, changes to the ONPP in 2025 have increased the costs and complexity to participate, which has resulted in fewer pharmacies staying in the program.

In the first quarter of 2025, 1,355 nasal and intramuscular naloxone kits were distributed through Lakelands Public Health partners and offices, demonstrating substantial community demand. In comparison, only 952 kits were distributed during the first quarter of 2026. This reduction reflects funding constraints and staffing challenges among major distribution partners, and the closure of the Peterborough Consumption and Treatment Services (CTS) site, rather than a decreased need for naloxone.

Previous advocacy from former Medical Officers of Health includes:

- 2016: Medical Officer of Health for Peterborough Public Health, Dr. Rosana Salvaterra, on behalf of the Opioid Overdose Prevention and Naloxone Access Working Group (OOPNA), advocated to the Premier of Ontario and the Minister of Health and Long-Term Care in support of greater access to Naloxone. Dr. Salvaterra recommended expanding eligibility through pharmacy participation and distribution at hospitals, addiction treatment services, withdrawal management facilities, correctional facilities, and public health units. The advocacy letter also called for Naloxone to be included in the Ontario Drug Benefit Plan to improve and sustain access.
- 2023: Dr. Thomas Piggott provided a delegation to Peterborough's City Council in support of a motion to draft a naloxone policy that would empower City staff to respond to opioid poisonings using naloxone. The motion was denied by a vote of 8-3.

Rationale

- Expanding public access to naloxone by making kits available in locations where AEDs are already installed would help address current service gaps and improve timely access to this life-saving medication during an emergency.
- With fewer pharmacies in the ONPP program, decreasing funding for out-reach programs, and limited hours for ONP partners, the expansion of naloxone access to publicly accessible premises including places where AEDs are located is crucial.
- As other overdose response mechanisms are dismantled, naloxone remains one of the only methods to deal with the toxic drug crisis in communities.

Strategic Priorities and Principles

Through both the current OPHS Substance Use Prevention and Harm Reduction Guideline, (2018) and the recently released Addiction and Harm Prevention Protocol (July 2026), Lakelands Public Health is committed to protecting those most at risk of opioids poisonings by ensuring availability of naloxone. Supporting the *Save a Life* Bill is another step towards achieving this goal.

Attachments

a. Letter, MPP Robin Lennox, July 23, 2026
b. Bill 121, *Save a Life Act* *(web hyperlink)*

References

1. Changes in naloxone availability: Potential drivers of the recent decline in opioid-related deaths, Government of Canada. Available from: https://health-infobase.canada.ca/src/doc/substances/harms/decline-opioid-related-deaths/2.%20Naloxone_EN.pdf

Robin
LENNOX
Member of Provincial Parliament for Hamilton Centre

July 23, 2026

RE: Bill 121, Save a Life Act (Naloxone Kit Registration and Public Access), 2026

Dear Members of Lakelands Region Board of Health,

What if naloxone kits were co-located with AEDs and in other critical public spaces across Ontario?

MPP Dr. Robin Lennox, Hamilton Centre and her colleagues MPP France Gélinas, MPP Lisa Gretzky, and MPP Lise Vaugeois have recently introduced Bill 121: *Save a Life Act, 2026*, and are requesting the support of your Board of Health as we confront the toxic drug crisis in Ontario.

The Save a Life Act would ensure that naloxone is available in public spaces where opioid poisonings may occur. Currently, Ontarians' lives are saved by automated external defibrillators (AEDs) which are housed in community centres and other public spaces. This legislation will ensure that naloxone is equally accessible and available to save lives.

Expanding access to naloxone in public spaces has the potential to save lives by enabling rapid intervention during opioid poisonings, even before emergency responders arrive. Paramedic responses to opioid poisonings are rising in Ontario. Across Ontario, EMS calls for opioid toxicity rose from 604 (Q1 2025) to 739 (Q2 2025) to 1,024 (Q3 2025).

Ontario's health-care system continues to face considerable pressures, particularly within emergency medical services, emergency departments, and critical care units. Community-based interventions to respond to opioid poisonings could reduce the demand on already strained acute care resources.

Considering these public health benefits, we respectfully request that your Board of Health pass a motion endorsing Bill 121, Save a Life Act, and forward a copy of the motion to the Premier of Ontario and the Minister of Health in support of this important initiative.

Sincerely,

Robin Lennox, MD, CCFP
MPP Hamilton Centre

QUEEN'S PARK OFFICE
Room N202, Main Legislative Building
Queen's Park, Toronto, ON M7A 1A8
416-325-1796 RLennox-QP@ndp.on.ca

COMMUNITY OFFICE
630 Main Street East,
Hamilton ON L8M 1J7
905-544-9644 RLennox-CO@ndp.on.ca

TITLE:	Correspondence for Direction: Protecting Canadians from Biological and Cybersecurity Risks: An Opportunity to Collaborate with Local Public Health
DATE:	September 16, 2026
PREPARED BY:	Julie Bromley, Manager, Emergency Services & Healthy Environments
APPROVED BY:	Donna Churipuy, Director, Strategic & Emergency Services Dr. Thomas Piggott, Medical Officer of Health & CEO

Proposed Recommendation

That the Board of Health for Lakelands Public Health:

- receive correspondence dated June 24, 2026 from Public Health Sudbury and Districts regarding Protecting Canadians from Biological and Cybersecurity Risks, for information;
- endorse the requests outlined in the correspondence; and
- communicate the endorsement with a letter to the Minister of National Defence and the Minister of Public Safety, with copies to all parties copied on the correspondence from Sudbury and Districts, local MPs, and local MPPs.

Report Highlights

- **This report seeks Board of Health endorsement of a position advanced by Public Health Sudbury & Districts that calls for greater recognition of public health's role in Canada's biodefence, critical infrastructure, and cybersecurity resilience.**

Financial Implications and Impact

There are no financial implications arising from this report.

Background

Local public health agencies in Ontario play a critical role in protecting the health, safety, and wellbeing of communities and in preparing for, responding to, and recovering from emergencies. Public health units in Ontario are becoming increasingly digital as operations modernize. The mandated programs and services that Boards of Health in Ontario deliver position public health units as an important component of community resilience and emergency preparedness.

Threats facing local communities have become increasingly complex. From infectious disease outbreaks to weather-related emergencies, public health has become a regular responder during these events. However, increasing reliance on digital systems creates additional cybersecurity and business continuity risks. Given that health units maintain sensitive health information and deliver essential community services, disruptions to public health digital environments can have consequences extending beyond local boundaries. Strengthening public health resilience is in the interest of broader national defence.

Health systems have been recognized as part of Canada's critical infrastructure landscape. More recently, the Government of Canada has identified health systems among the critical infrastructure sectors that underpin the safety and wellbeing of Canadians and has noted that malicious cyber activity targeting critical infrastructure can result in service disruptions and risk to public health and safety.[1]

Early in 2026, Lakelands Public Health was subject to a cybersecurity attack which impacted privacy, programs and services, staff assignments, and had financial implications. The response, while overall quick and efficient, took a significant amount of attention and energy from responders, and recovery is ongoing. It's anticipated that cyber threats will become more frequent and complex as cybercriminals escalate activity and tactics with increasingly sophisticated tools and artificial intelligence.[2] Canada emphasizes a whole-of-society model, recognizing that partnerships are critical to addressing changing cybersecurity threats and creating opportunities for continued investment in cybersecurity. [3]

Public Health Sudbury & Districts has shared correspondence dated June 24, 2026, that highlights an opportunity for greater collaboration between the federal government and local public health agencies. The letter requests that local public health be recognized as a contributor to biodefence capabilities, explicitly designated as critical infrastructure, and made eligible for federal cybersecurity funding streams.

Rationale

There is strong rationale for supporting Public Health Sudbury & Districts' position that local public health should have a more explicit role within Canada's critical infrastructure, cybersecurity, and biodefence frameworks.

The Government of Canada identifies health as one of ten critical infrastructure sectors and defines critical infrastructure as systems and services essential to the health, safety, security and economic wellbeing of Canadians.[4] Canada's approach to critical infrastructure recognizes the interconnected nature of systems and the need for collaboration across governments and sectors to strengthen resilience.[5]

Cybersecurity is an increasingly important component of public health and emergency preparedness. Based on Lakelands Public Health's own experience earlier in 2026, we know that the reliance on digital systems to maintain sensitive health information and support the delivery of programs and services causes cybersecurity incidents to disrupt access to information, communications, and operational systems, impacting the ability to maintain essential services during an emergency. During emergencies, public health is often responsible for assessing population health impacts, providing technical advice, coordinating with health and community partners, communicating risk, and supporting continuity of essential services. Many emergencies have impacts that cross organizational and jurisdictional boundaries.

There is an opportunity to strengthen Canada's resilience by explicitly recognizing the role of local public health agencies within existing critical infrastructure, cybersecurity, and biological preparedness frameworks. For local public health, a significant cyber incident could affect more than information systems. Loss of access to surveillance, laboratory results, case and outbreak information, communications, electronic records or other operational systems impairs the ability of public health to deliver essential services precisely when those services may be most needed.

Conclusion

Endorsing Public Health Sudbury and Districts' position would support greater collaboration, information sharing, and access to resources that can strengthen the ability of local public health agencies to maintain essential services and respond to emerging threats. Communication of Lakelands Public Health's support of the position will help to share the Board's approach to collaborative emergency response as the landscape of emerging threats continues to increase in complexity.

Attachments

a. Letter, Public Health Sudbury & Districts, June 24, 2026

References

[1] Government of Canada. Backgrounder: Malicious cyber activity targeting Canadian critical infrastructure. Communications Security Establishment of Canada. https://www.canada.ca/en/communications-security/news/2025/11/backgrounder-malicious-cyber-activity-targeting-canadian-critical-infrastructure.html. Updated: 2025/11/26. Accessed: 2026/08/27.

[2] Ibid.

[3] Government of Canada. Canada's National Cybersecurity Strategy. Public Safety Canada. https://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/ntnl-cbr-scrt-strtg-2025/index-en.aspx. Updated: 2025/03/24. Accessed: 2026/08/27.

[4] Government of Canada. Canada's Critical Infrastructure (CI). Public Safety Canada. https://www.publicsafety.gc.ca/cnt/ntnl-scrt/crtcl-nfrstrctr/cci-iec-en.aspx. Updated: 2026/08/12. Accessed: 2026/08/27.

[5] Ibid.

Public Health
Santé publique
SUDBURY & DISTRICTS

June 24, 2026

VIA ELECTRONIC MAIL

The Honourable David McGuinty
Minister of National Defence

The Honourable Gary Anandasangaree
Minister of Public Safety

Dear Ministers McGuinty and Anandasangaree:

Re: Protecting Canadians from Biological and Cybersecurity Risks: An Opportunity to Collaborate with Local Public Health

On behalf of the Board of Health for Public Health Sudbury & Districts, we congratulate the government on achieving NATO's 2% defence spending target as you pursue an ambitious plan to rebuild and invest in defence and national security. We write to offer our assistance in helping to better protect Canadians from biological threats and the health impact of emergencies, and to highlight a cybersecurity vulnerability within institutions that do this critical work.

Public Health Sudbury & Districts is a local public health agency in Ontario that protects the local population from infectious and health threats including pandemics, the health impacts of community-wide emergencies, and potential bioterrorism.

Your government's defence and security build-up reflects a more dangerous world, in which Canada will need independent and broad capabilities to defend itself. That includes capabilities to defend against conventional military threats across land, maritime, and air domains. But unconventional threats from asymmetric actors are perhaps more likely given our geography: bioterrorist attacks, cyber attacks, or mass poisoning events (e.g. the 2021 cyberattack that attempted to disrupt water treatment in Florida). Natural events can also pose great risk to our security, as evidenced by the COVID-19 pandemic.

These risks underscore that capabilities beyond conventional military functions are needed for Canada's security. Enhanced local capabilities—particularly within local public health—could strengthen early detection of infectious agents, resilience to their illnesses, and minimize their ability to spread widely. Strengthened local institutions

Sudbury
1300 rue Paris Street
Sudbury ON P3E 3A3
t: 705.522.9200
f: 705.522.5182

Elm Place
10 rue Elm Street
Unit / Bureau 130
Sudbury ON P3C 5N3
t: 705.522.9200
f: 705.677.9611

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

Espanola
800 rue Centre Street
Unit / Bureau 100 C
Espanola ON P5E 1J3
t: 705.222.9202
f: 705.869.5583

Île Manitoulin Island
6163 Highway / Route 542
Box / Boîte 87
Mindemoya ON P0P 1S0
t: 705.370.9200
f: 705.377.5580

Chapleau
34 rue Birch Street
Box / Boîte 485
Chapleau ON P0M 1K0
t: 705.860.9200
f: 705.864.0820

toll-free / sans frais
1.866.522.9200

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would ensure continuity of essential health services and infrastructure subsequent to an event. More generally, broad infrastructure investments could decrease vulnerability to airborne biological pathogens, whether bioterrorist or natural in origin.

Recent federal strategies appropriately emphasize safeguarding civilian systems that are fundamental to community safety, continuity of services, and public trust. Local public health agencies maintain and protect large volumes of sensitive health data, deliver essential services that must remain operational during emergencies, and serve as frontline infrastructure for preparedness and response to complex public health, environmental, and security-related threats.

As public health systems become increasingly digital, cybersecurity and system resilience become core public safety and national resilience issues. Several cyber incidents across Canadian public sector institutions, including local public health agencies, underscore the growing risk landscape and the importance of proactive investment in robust, well-defended civilian infrastructure.

Public Health Sudbury & Districts serves a region of strategic importance to Canada's economic and national resilience, including critical mineral production and transportation networks. Disruptions to public health capacity during emergencies—whether biological, cyber, or environmental in nature—would have implications well beyond local boundaries. Strengthening the resilience of public health systems is therefore of broader national interest.

The Board of Health wishes to highlight the opportunity for local public health agencies to play a part in the government's defence and security build-up by expanding the capabilities that protect Canadians and ensuring civil preparedness. To this end, we request that

- local public health be included as a contributor to biodefence capabilities in federal defence and security planning
- local public health be explicitly designated as critical infrastructure, and
- local public health be eligible for federal cybersecurity funding streams.

Public Health Sudbury & Districts would welcome dialogue with federal partners regarding recognition, engagement, and potential future partnership opportunities to advance shared national security objectives.

Thank you for your consideration.

Yours sincerely,

Mark Signoretti
Chair, Board of Health
Public Health Sudbury & Districts

cc: The Honourable Marjorie Michel, Minister of Health
The Honourable Shafqat Ali, President of the Treasury Board
Dr. Joss Reimer, Chief Public Health Officer of Canada
The Honourable Doug Ford, Premier and Minister of Intergovernmental Affairs, Ontario
The Honourable Sylvia Jones, Deputy Premier and Minister of Health
Viviane Lapointe, Member of Parliament, Sudbury
Jim Belanger, Member of Parliament, Sudbury East, Manitoulin and Nickel Belt
France Gélinas, Member of Provincial Parliament, Nickel Belt
Jamie West, Member of Provincial Parliament, Sudbury
Bill Rosenberg, Member of Provincial Parliament, Algoma – Manitoulin
Dr. Kieran Moore, Chief Medical Officer of Health, Ontario
Dr. Kate Bingham, Associate Chief Medical Officer of Health, Ontario
Dr. M. Mustafa. Hirji, Medical Officer of Health and Chief Executive Officer
Association of Local Public Health Agencies (alPHa)
Ontario Boards of Health
Shared Services Canada
Canadian Centre for Cyber Security

TITLE:	Correspondence for Direction: Recommendations for Municipalities on Ontario's Bring Your Own Beverage (BYOB) Legislation
DATE:	September 16, 2026
PREPARED BY:	Jessica Asselin, Health Promoter Kate Hall, Substance Use Prevention & Harm Reduction Coordinator
APPROVED BY:	Hallie Atter, Director of Community Health Dr. Thomas Piggott, Medical Officer of Health & CEO

Proposed Recommendation

That the Board of Health for Lakelands Public Health:

- receive correspondence dated May 25, 2026 from the Windsor Essex County Health Unit regarding Enhancing Municipal Readiness for Ontario's Bring-Your- Own Beverage (BYOB) Legislation Through Public Health Engagement, for information;
- strongly advise municipalities within the Lakelands Public Health (LPH) catchment area refrain from developing bylaws to implement Ontario's Bring Your Own Beverage (BYOB) legislation. Further, should municipalities choose to proceed with any enabling bylaw, that it undertakes consultation with LPH prior to drafting, revising or adopting any such by-laws to ensure public health consideration are appropriately considered in local decision making; and,
- communicate these recommendations to the Ontario Minister of Health, with copies to local MPPs, Ontario Boards of Health, Association of Municipalities of Ontario (AMO) and the Association of Local Public Health Agencies (alPHa) to support a coordinated health-informed approach to the BYOB framework.

Report Highlights

- **Effective April 30, 2026, the Province of Ontario has established a legislative framework that permits individuals aged 19 and older to bring their own alcoholic beverages to municipally designated outdoor cultural and community events.**
- **Expanded alcohol availability may increase alcohol-related harms and further normalize drinking in community settings. Given the significant burden of alcohol-related harms across the Lakelands region, municipalities should weigh the health and social costs against any potential economic benefits of implementing the Bring-Your-Own-Beverage (BYOB) policy.**
- **The motion supports a coordinated and health informed approach to BYOB implementation across the region.**
- **Early public health involvement can help ensure that community safety, harm reduction, and health considerations are integrated into local decision-making.**

Financial Implications and Impact

There are no financial implications arising from this report.

Decision History

The Board of Health has not previously made a decision with regards to this matter.

Background

In recent years, Ontario has expanded alcohol availability through retail and alcohol related policies. The introduction of alcohol sales in select Ontario grocery stores at the end of 2015 represented a significant expansion of alcohol availability. During the COVID-19 pandemic, Ontario introduced policies that permitted alcohol take-out and delivery from licensed establishments, sales and service on docked boats, lower minimum alcohol delivery fees and extended hours for alcohol sales in authorized grocery and alcohol stores.[1] Further expansion in 2024 allowed eligible grocery and convenient stores to sell beer, wine and other alcoholic beverages. Ontario now exceeds the 2.0 per 10,000 maximum retail density recommended by Canadian Alcohol Policy Evaluation (CAPE).[2]

The expansion of alcohol sales in Ontario in 2015 alone was associated with a 17.8% increase in emergency department visits attributable to alcohol, which was more than twice the rate of increase for all emergency department visits over this period.[3] Alcohol-related Emergency Department visits in Lakelands Public Health region rose more than 17% from 2020 to 2024.[4]

Economic policies such as BYOB are designed to support local tourism and hospitality sectors, however, it will also increase the visibility and normalization of alcohol. Limiting alcohol availability through policy can help reduce a municipality's exposure to alcohol-related health and social costs.[9] Health Canada (2024) notes that exposure to alcohol in public and family-oriented settings can influence attitudes toward drinking, particularly among youth and young adults. Research among Ontarians aged 19–24 found that alcohol is commonly perceived as an integral part of festivals and community celebrations, with associated harms often minimized or overlooked.[5] Following the Provincial announcement municipalities have begun assessing where to permit BYOB events. Peterborough Police Service released a statement on May 15th, 2026, clarifying that the City of Peterborough has no such by-law, and BYOB is not permitted in the City of Peterborough. This example highlights the important role that municipalities play in determining where and ow the policy will be implemented locally.

Previous advocacy on alcohol-related policy from the former boards of health and Lakelands Public Health includes:

- 2019: Peterborough Public Health urged the Government of Ontario to develop a comprehensive provincial alcohol strategy.
- 2023: Both former boards expressed support for Bill S 254 (Alcohol Warning Labels) and Motion M 61 (National Alcohol Warning Label Strategy).
- 2026: LPH BOH expressed support for the Middlesex-London Health Unit's evidence-informed recommendations for mandatory, regulated health labelling on all alcohol containers manufactured and sold in Canada.

Rationale

- Alcohol is the most widely used substance in the province, with approximately 8 in 10 Ontarians aged 15 years and older reporting alcohol use[6]. Alcohol is also a leading cause of thousands of preventable deaths, emergency department visits and hospitalization annually.[7]
- As a Group 1 carcinogen, alcohol increases the risk of several cancers, as well as addiction, chronic disease, and injury. According to the Canadian Cancer Society, more than 40% of the population who uses alcohol are unaware of the associated increased risks of cancer.[8]
- The most effective and cost-efficient ways for reducing alcohol-related harms are policies that limit alcohol availability and exposure.[9] Reducing alcohol-related harms can help limit pressures on policing, paramedic services, bylaw enforcement, parks operations, and municipal risk management.[6,8,9]
- Alcohol-related harms are a significant and growing burden on communities. An expansion of public alcohol consumption through BYOB events has the potential to increase health and social harms related to alcohol use.

Strategic Priorities and Principles

Both the current OPHS Substance Use and Injury Prevention Standard (2021) and draft Substance Use Prevention Standard (July 2026) require local boards of health to implement comprehensive substance use prevention strategies in partnership with stakeholders, including the development of local healthy public policy, to prevent harms associated with substance use.

Attachments

a. Letter, WECHU Board of Health, May 25, 2026

References

[1] Chief Medical Officer of Health of Ontario. The Chief Medical Officer of Health of Ontario Annual Report 2023. Ontario Ministry of Health; 2024. Accessed August 20, 2026. https://www.ontario.ca/files/2024-04/moh-cmoh-annual-report-2023-en-2024-04-02.pdf

[2] Ibid

[3] Myran DT, Chen JT, Giesbrecht N, Rees VW. The association between alcohol access and alcohol-attributable emergency department visits in Ontario, Canada. Addiction. 2019;114(7):1183-91. Available from: https://doi. org/10.1111/add.14597

[4] Lakelands Public Health. *Substance-Related Harms Dashboard*. Accessed August 20, 2026. https://www.lakelandsph.ca/inspections-data-and-reports/public-health-data/substance-harms-profile/dashboard-substance-related-harms/

[5] Health Canada. (2024). *Public awareness of alcohol-related harms – Focus on younger adults*. Government of Canada. https://publications.gc.ca/collections/collection_2024/sc-hc/H14-612-2024-eng.pdf

[6] Chief Medical Officer of Health of Ontario. The Chief Medical Officer of Health of Ontario Annual Report 2023. Ontario Ministry of Health; 2024. Accessed August 20, 2026. https://www.ontario.ca/files/2024-04/moh-cmoh-annual-report-2023-en-2024-04-02.pdf

[7] Ibid

[8] Canadian Cancer Society. *Alcohol Policy*. Accessed August 20, 2026. https://cancer.ca/en/get-involved/advocacy/what-we-are-doing/alcohol-policy

[9] Farrell-Low A, Johnston K, Naimi T, Vallence K. Not Just a Walk in the Park: Unsupervised Alcohol Consumption on Municipal Properties in BC. Victoria, BC: Canadian Institute for Substance Use Research, University of Victoria; 2021 [cited 2026 Mar 26]. Available from: https://www.uvic.ca/research/centres/cisur/assets/docs/policy-brief-municipal-unsupervised-alcohol-consumption.pdf

[9] Canadian Substance Use Costs and Harms Scientific Working Group. Canadian Substance Use Costs and Harms: 2007-2020. Ottawa, ON: (Prepared by the Canadian Institute for Substance Use Research and the Canadian Centre on Substance Use and Addiction); 2023 [cited 2026 Mar 26]. Available from: https://csuch.ca/documents/reports/english/Canadian-Substance-Use-Costs and-Harms-Report- 2023-en.pdf

From: EA on behalf of Emily Durance <eedurance@wechu.org>
Sent: Monday, May 25, 2026 10:32 AM
Subject: [EA] WECHU Board of Health Resolution: Enhancing Municipal Readiness for Ontario's BYOB Legislation Through Public Health

Sent on behalf of the Windsor-Essex County Health Unit Board of Health Chair, Mr. Joe Bachetti:

Good morning,

At its May 14, 2026, regular meeting, the *Windsor-Essex County Board of Health* approved the attached resolution in an effort to urge Windsor-Essex municipalities to consult with WECHU before implementing Ontario's BYOB framework so that local bylaws include appropriate public health safeguards and reduce alcohol-related harms.

Thank you.

Kind Regards,

Mr. Joe Bachetti, Chair, WECHU

Emily Durance
Executive Assistant | Administration
Windsor-Essex County Health Unit
1005 Ouellette Ave., Windsor, N9A 4J8
Ph. 519-258-2146 Ex. 3300
Fx. 519-258-8672

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Windsor-Essex County Health Unit Board of Health

RECOMMENDATION/RESOLUTION REPORT – Enhancing Municipal Readiness for Ontario's Bring-Your-Own-Beverage (BYOB) Legislation Through Public Health Engagement

2026-05-14

ISSUE

The Province of Ontario has introduced a legislative framework permitting residents aged nineteen years and older to bring their own alcoholic beverages to municipally designated outdoor cultural and community events, effective April 30, 2026. Municipalities must pass enabling bylaws and establish local eligibility processes prior to the policy taking effect. Given the significant and well-documented burden of alcohol-related harms in Windsor-Essex, formal engagement with the Windsor-Essex County Health Unit (WECHU) is essential to ensure that any municipal implementation of the Bring-Your-Own-Beverage (BYOB) policy prioritizes public health and community safety.

BACKGROUND

The Province of Ontario will, effective April 30, 2026, expand existing alcohol permissions to allow residents aged nineteen and older to bring their own alcoholic beverages to municipally designated outdoor cultural and community events. Municipalities must first enact enabling bylaws authorizing alcohol consumption in public spaces and establish local processes to determine event eligibility prior to the issuance of permits through the Alcohol and Gaming Commission of Ontario (AGCO).

While the policy aims to support tourism, reduce event-related costs, and strengthen local economic activity, Health Canada (2024) indicates that increased visibility and normalization of alcohol at public or family-oriented events contributes to more permissive attitudes toward drinking among youth and young adults, with research among Ontarians aged 19–24 showing that alcohol is commonly perceived as an expected feature of festivals and community celebrations and associated risks are often underestimated.

In Windsor-Essex, 62% of residents report regular alcohol use, and in 2024, more than 2,000 emergency department (ED) visits were attributable to alcohol, substantially exceeding all other substance -related ED visits. Annual rates include 416.13 alcohol-related ED visits per 100,000 residents and 260 hospitalizations per 100,000 residents, both surpassing provincial averages.

Alcohol remains a predominant driver of preventable death, illness and injury locally. Increased access to alcohol has been consistently associated with higher rates of impaired driving and motor vehicle injury. Ontario and national evidence demonstrate that policy changes which increase alcohol availability are linked to increases in alcohol-related collisions, injuries, and fatalities (Callaghan et al., 2023).

Alcohol-related emergency department presentations contribute to broader system pressures in Windsor-Essex, including emergency department crowding, ambulance offload delays, and periods of reduce ambulance availability (Code Black), underscoring the region's limited surge capacity and the importance of precautionary, public-health informed approaches when considering policies that may increase acute alcohol-related demand (Public Health Ontario, 2023; Myran et al., 2024; Wan et al., 2026).

As such, any expansion of public alcohol consumption through municipal implementation of the BYOB framework should incorporate public-health-informed safeguards appropriate to the local context, including event screening, designated consumption areas, and risk-mitigation planning, to support community safety and well-being and minimize unintended health and system impacts.

PROPOSED MOTION

Whereas, the Province of Ontario will, effective April 30, 2026, authorize adults nineteen years of age and older to bring their own alcoholic beverages to municipally designated outdoor cultural and community events, contingent upon the passage of municipal bylaws permitting alcohol consumption in public spaces and the establishment of local criteria to determine event eligibility for BYOB permits;

Whereas, the implementation of the BYOB alcohol policy is not automatic and may only proceed within a municipality once the municipality has passed an enabling bylaw and developed an appropriate local approval process;

Whereas, annual local alcohol-related harms include 416.13 emergency room visits per 100,000 residents and 260 hospitalizations per 100,000 residents, exceeding provincial averages;

Whereas, an expansion of public alcohol consumption through BYOB events has the potential to exacerbate existing alcohol-related harms without robust safeguards and public health-informed oversight.

Therefore, be it resolved that, the Board of Health of the Windsor-Essex County Health Unit strongly advises municipalities within Windsor-Essex that formal consultation with the WECHU is essential prior to drafting, revising, or adopting any municipal bylaw pertaining to Ontario's BYOB alcohol policy, ensuring that public health considerations are fully integrated into local decision-making processes.

FURTHER THAT, WECHU commit to providing evidence-informed guidance and policy supports to municipal councils, including local alcohol-related harm statistics, recommendations for designated consumption areas, risk-mitigation strategies, enforcement considerations, and public-facing harm-reduction messaging.

FURTHER THAT, this resolution be circulated to all municipal councils in Windsor-Essex, the Association of Municipalities of Ontario (AMO), and the Ontario Public Health Association (OPHA) to support coordinated and health-informed implementation of the BYOB framework.

References

Callaghan, R. C., Gatley, J. M., Sanches, M., Benny, C., & Asbridge, M. (2023). Release from drinking-age restrictions is associated with increases in alcohol-related motor vehicle collisions among young drivers in Canada. *American Journal of Public Health, 113*(4), 420–428. https://doi.org/10.2105/AJPH.2022.307242

Canadian Centre on Substance Use and Addiction. (2023). *Impaired driving in Canada*. https://www.ccsa.ca/en/research-impaired-driving

Health Canada. (2024). *Public awareness of alcohol-related harms – Focus on younger adults*. Government of Canada. https://publications.gc.ca/collections/collection_2024/sc-hc/H14-612-2024-eng.pdf

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Ontario Newsroom. (2026, March 16). *Ontario permitting "bring-your-own" alcoholic beverages at outdoor public events*. https://news.ontario.ca/en/release/1007175/ontario-permitting-bring-your-own-alcoholic-beverages-at-outdoor-public-events Public Health Ontario. (2023). *Alcohol-attributable deaths, hospitalizations, and emergency department visits in Ontario*. https://www.publichealthontario.ca/en/data-and-analysis/substance-use/alcohol

Wan, M., Mok, J., Ma, A., Carter, M. A., Maier, A., & van Dijk, A. (2026). Impact of alcohol availability on emergency department visits in Ontario: A natural experiment. *Frontiers in Public Health, 14*, Article 1730458. https://www.frontiersin.org/articles/10.3389/fpubh.2026.1730458/full

Windsor-Essex County Health Unit. (n.d.). *Substance use data dashboard*. https://www.wechu.org/reports/substance-use-0

TITLE:	Correspondence for Information
DATE:	September 16, 2026
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

Proposed Recommendation

That the Board of Health for Lakelands Public Health receive the following correspondence for information:

a. alPHa Infobreak, July - August 2026
b. alPHa Letter to Minister Jones regarding Provincial Funding for Local Public Health Agencies, August 20, 2026

Attachments

a. alPHa Infobreak – July - August 2026 (web hyperlink)
b. alPHa Letter – Minister Jones (web hyperlink)