



Environmental Scan

Lakelands Public Health
Strategic Planning

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Table Of Contents

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Executive Summary..... 3

Introduction 6

Operating Framework: Ontario Public Health Standards 8

Social Determinants of Health 10

Emerging Public Health Issues 11

Provincial Policy Environment 17

Future Operational Challenges 20

Best Practices, Innovation, and Leading Public Health Models..... 25

Relationships and Accountability..... 28

The Path Forward..... 38

Appendix A: Analysis of the Proposed OPHS 39

Appendix B: Comparison of OPHS Changes..... 43

Appendix C: Demographics and the Social Determinants of Health 45

Appendix D: Media Scan 49

Appendix E: Document Review 51

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 Health 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 potentialⁱ 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 programming 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 emphasis 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 disproportionate 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 Teams 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.	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.	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
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	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	

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:

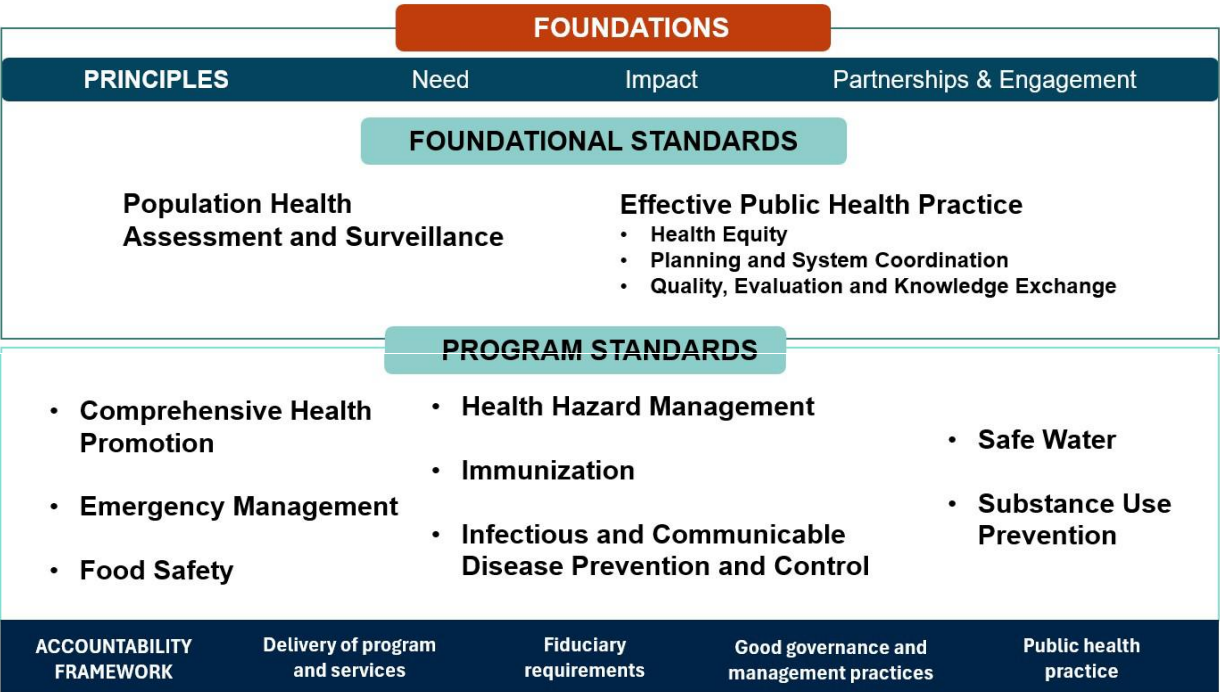
The organization must complete the work of becoming one unified entity while demonstrating that the merger has strengthened its ability to respond equitably to local needs, address worsening determinants of health, and improve population health across a large and diverse region.

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	HALIBURT ON	CKL	NORTH- UMBERLA ND	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}	19.1 ^{iv}	20.9 ⁱⁱⁱ	17.6 ^{iv}		
		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	HALIBURT ON	CKL	NORTH- UMBERLA ND	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	HALIBURT ON	CKL	NORTH- UMBERLA ND	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	HALIBURT ON	CKL	NORTH- UMBERLA ND	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 C5525-008

^{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