

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

Welcome to the Territory and Cultural Teaching:

Donovan Taylor, Cultural Worker, Curve Lake First Nation

1. Call to Order

2. Declaration of Pecuniary Interest

3. Adoption of the Agenda

4. Adoption of Regular Minutes

- Cover Report
- a. Draft Minutes, May 20/26

5. Business Arising

6. Medical Officer of Health Update

7. Reports

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

- Cover Report
- a. Presentation

7.2. Stewardship Committee Report: 2025 Draft Audited Statements

- Cover Report
- Draft Audited Statements (to be circulated separately)

8. Consent Items

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

8.1. Correspondence for Direction: Algoma Public Health - Healthy Smiles Ontario Fee Schedule and Access to Dental Care for Children and Youth

- Staff Report
- a. Algoma Letter, May 21/26

8.2. Correspondence for Information

- Cover Report
- a. alPHa Infobreak – May 15/26 (*web hyperlink*)
- b. LPH Response to Chief Coroner – Blastomycosis Inquest (June 9/26)
- c. Chief Coroner – Blastomycosis Inquest email to Boards (Jan 23/26)

8.3. Report - By-Law and Policy Update

- Cover Report
- a. By-Law 3 (Revised)
- b. By-Law 3 (Current) – web hyperlink
- c. Board Meeting Proceedings 02-04 (Current) – web hyperlink

8.4. Lakelands Public Health Annual Report 2025

- Cover Report
- a. Annual Report (*web hyperlink*)

8.5. Stewardship Committee Report: Minutes

- Cover Report
- a. Stewardship Committee Minutes, March 5/26

8.6. Stewardship Committee Report – Healthy Babies Health Children 2026-27 Budget Approval

- Cover Report
- a. Stewardship Committee Staff Report – HBHC Budget

8.7. Stewardship Committee Report – Infant and Child Development Program 2026-27 Budget Approval

- Cover Report
- a. Stewardship Committee Staff Report – ICDP Budget

9. New Business

10. In-Camera Session

The Board will proceed in camera to discuss three items in accordance with the Municipal Act, 2001, Section 239(2):

- (a) Security of Board property;
- (b) Personal matters about an identifiable individual, including Board employees; and,
- (j) a trade secret or scientific, technical, commercial or financial information that belongs to the municipality or local board and has monetary value or potential monetary value.

11. Motions From In Camera Session

12. Date of Next Meeting

Wednesday, September 16, 2026

4:00 p.m. – 6:30 p.m.

LPH Peterborough Office, 185 King Street, Peterborough ON

13. Adjournment

TITLE:	Meeting Minutes for Approval
DATE:	June 17, 2026
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

Proposed Recommendation

That the Board of Health for Lakelands Public Health approve meeting minutes for May 20, 2026.

Attachments

- a. [Draft Minutes, May 20, 2026](#)

**Board of Health for
Lakelands Public Health
DRAFT MEETING MINUTES
Wednesday, May 20, 2026, 4:00 – 6:30 p.m.
LPH Lindsay Office, 108 Angeline Street South**

In Attendance:

Board Members:

Deputy Mayor Ron Black, Chair
Warden Bonnie Clark
Councillor Nodin Knott
Councillor Joy Lachica
Mayor John Logel
Dr. Ramesh Makhija
Mr. Dan Moloney
Deputy Mayor Tracy Richardson
Councillor Keith Riel
Councillor Cecil Ryall
Dr. Hans Stelzer
Councillor Kathryn Wilson (*joined at 4:10 p.m.*)

Regrets:

Councillor Dan Joyce
Mayor Olena Hankivsky

Staff:

Dr. Thomas Piggott, Medical Officer of Health & Chief Executive Officer
Mr. Larry Stinson, Director, Facilities, Finance & IT / Chief Transformation Officer
Ms. Alida Gorizzan, Executive Assistant (Recorder)
Ms. Michelle McWalters, Executive Assistant
Ms. Meghan Bowman, Epidemiologist
Ms. Lauren Kennedy, Public Health Nutritionist
Ms. Sarah Tsang, Health Equity Coordinator

1. Call to Order and Land Acknowledgement

Deputy Mayor Black, Chair, called the meeting to order at 4:00 p.m.

2. Welcome – Frances Gerow, Provincial Appointee

The Chair welcomed Ms. Frances Gerow, recently appointed to the Board of Health for a three-year term.

3. Declaration of Pecuniary Interest

There were no declarations of pecuniary interest.

4. Adoption of the Agenda

MOTION:

That the agenda be approved as circulated.

Moved: Warden Clark

Seconded: Councillor Riel

Motion carried. (2026-037)

5. Adoption of Regular Minutes

MOTION:

That the Board of Health for Lakelands Public Health approve meeting minutes for April 15, 2026.

Moved: Councillor Ryall

Seconded: Mayor Logel

Motion carried. (2026-038)

6. Business Arising

7. Medical Officer of Health Update

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

- An update on recent emerging infectious disease outbreaks (Hantavirus and Ebola) noting no immediate local cases while reinforcing the importance of readiness and healthcare-professional communication.
- Phase two of the LPH Strategic Plan process is underway, with public surveys, partner interviews, focus groups, and community town halls being used to gather feedback across the region. Port Hope and Haliburton town halls have already occurred, with Lindsay (May 20), Peterborough (May 26) and First Nation dates forthcoming in June.
- LPH is in the process of recruiting two senior level positions including a Director of Corporate Services and an Associate Medical Officer of Health.

MOTION:

That the Board of Health for Lakelands Public Health receive the oral report, Medical Officer of Health Update, for information.

Moved: Mr. Moloney

Seconded: Dr. Makhija

Motion carried. (2026-039)

8. Reports

8.1. Presentation: The People Behind the Numbers – Board of Health Update

MOTION:

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

- Presentation Title: The People Behind the Numbers – Board of Health Update
- Presenter: Meghan Bowman, Epidemiologist

Moved: Warden Clark

Seconded: Deputy Mayor Richardson

Motion carried. (2026-040)

8.2. Presentation: Food Insecurity and Food Affordability for Lakelands Public Health, 2025

MOTION:

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

- Presentation: Food Insecurity and Food Affordability for Lakelands Public Health, 2025
- Presenters: Sarah Tsang, RD, MHSc, Health Equity Coordinator; Lauren Kennedy, RD, MScFN CDE, Public Health Nutritionist

Moved: Dr. Stelzer

Seconded: Dr. Makhija

Motion carried. (2026-041)

9. Consent Items

MOTION:

That the following items be passed as part of the Consent Agenda: 9.1; 9.2 a,b,c,d; 9.3 a,b; 8.5.

Moved: Councillor Riel

Seconded: Warden Clark

Motion carried. (2026-042)

MOTION (9.1):

That the Board of Health for Lakelands Public Health receive the following for information: Indigenous Health Advisory Circle Minutes – February 20, 2026.

Moved: Councillor Riel

Seconded: Warden Clark

Motion carried. (2026-042)

MOTION (9.2 a,b,c,d):

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

- a. Financial Report – Q1 2026
- b. Merger Progress Report and Dashboard – Q4 2025
- c. Ontario Public Health Standards Program Report – Q1 2026
- d. Risk Management Report – Q1 2026

Moved: Councillor Riel

Seconded: Warden Clark

Motion carried. (2026-042)

MOTION (9.3):

That the Board of Health for Lakelands Public Health support the following resolutions to be tabled at the 2026 Association of Local Public Health Agencies (alPHa) Annual General Meeting:

- A26-01 - Strengthening Hepatitis B Prevention in Ontario Through Vaccination in the First Year of Life. The Board of Health for the District of Algoma Health Unit (Algoma Public Health); The Board of Health for the Simcoe Muskoka District Health Unit (Simcoe Muskoka District Health Unit).
- A26-02 - Strengthening Certified Public Health Inspector Capacity to Support Delivery of the Ontario Public Health Standard. Association of Supervisors of Public Health Inspectors of Ontario (ASPHIO).
- A26-03 - Mandatory and Regulated Alcohol Labelling on Alcohol Manufactured or Sold in Canada. Middlesex-London Health Unit (MLHU) and Toronto Public Health (TPH).
- A26-04 - Enhancing the Ontario Works Benefit. Middlesex-London Health Unit (MLHU), Huron Perth Public Health Unit (HPPH), Windsor-Essex County Health Unit (WECHU) and Oxford-Elgin-St. Thomas Public Health Unit (also known as Southwestern Public Health Unit, SWPH).

Moved: Councillor Riel

Seconded: Warden Clark

Motion carried. (2026-042)

10. New Business

11. In-Camera Session

12. Motions From In Camera Session

13. Date of Next Meeting

Wednesday, June 17, 2026

4:00 p.m. – 6:30 p.m.

Curve Lake First Nation

14. Adjournment

MOTION:

That the meeting be adjourned at 5:07 p.m.

Moved: Mr. Moloney

Seconded: Councillor Lachica

Motion carried. (2026-043)

DRAFT

TITLE:	Presentation: Tick Surveillance and Lyme Disease – Board of Health Update
DATE:	June 17, 2026
PREPARED BY:	Dr. Stephen McCarthy, MD, MPH, PhD, Public Health and Preventive Medicine Resident
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

Proposed Recommendation

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

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

Attachments

a. Presentation



Lakelands
Public Health

Tick Surveillance and Lyme Disease

Board of Health Update

Dr. Stephen McCarthy, MD, MPH, PhD

Public Health and Preventive Medicine Resident

Wednesday, June 17, 2026



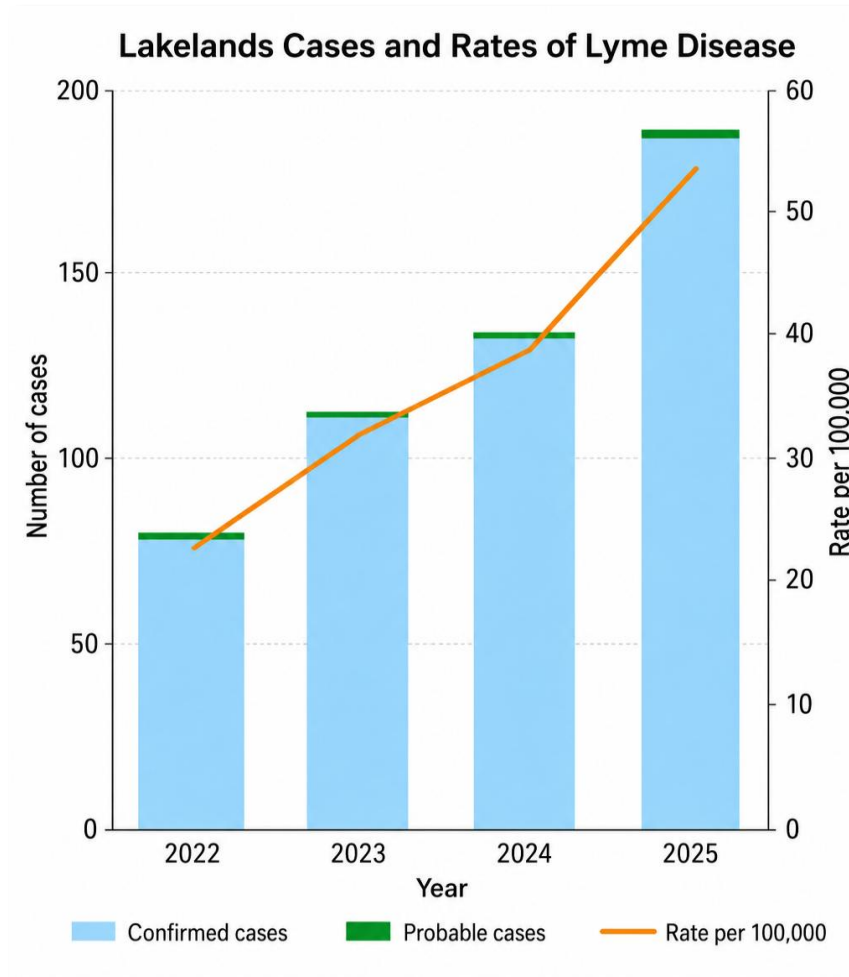
Agenda

- Tick surveillance in Ontario
- Benefits of active tick surveillance
- Selecting sites for active tick surveillance
- Evidence-informed site selection
- Next steps

Recommendation for the Board is to receive this presentation for information.

Tick-borne diseases are increasing with climate change

- Tick species typically seen south of Ontario now have a wider geographical range.
- Key concern for human health are black legged ticks.
- Infections include: Lyme disease, Babesiosis, Anaplasmosis and Powassan virus.
- In response, Public Health Ontario expanded human testing and tick surveillance to include all four types of infection in July 2023.



Source: iPHIS data extracted from Public Health Ontario. AI edited.

Lyme Disease – Diagnosis and Treatment

- Not every tick bite causes Lyme disease, however risk increases when an infected blacklegged tick is attached for 24+ hours.
- A single dose of antibiotics within 72 hours can significantly reduce early Lyme disease.
- This can prevent spreading of joint pain, heart inflammation or changes to the nervous system.
- If not detected early, blood work or an expanding "bull's eye" rash can indicate Lyme disease several weeks later.

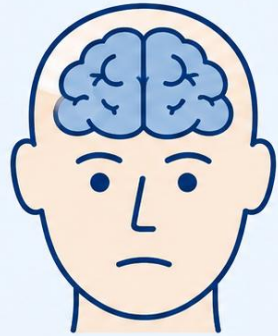


ThePhoto by PhotoAuthor is licensed under CCYSA.



ThePhoto by PhotoAuthor is licensed under CCYSA.

Lyme Disease – Health Impacts & Health Equity



Nervous system:
facial weakness,
nerve pain, or
meningitis.



Joints:
repeated swelling,
often in one or a
few large joints.



Heart:
rhythm problems
that can affect
the heartbeat.

Source: MOH Appendix 1 Lyme Disease 2023. AI image.

- **Priority populations:** Outdoor workers, rural residents, children.
- **Health equity considerations:** People without a primary care physician/nurse, those with limited access to repellents, language barriers to education on tick checks or transportation to primary care.

Tick surveillance in Ontario

Ontario health units mainly use active surveillance + targeted reporting to monitor tick risk and guide prevention.

Active surveillance:

Public Health Units conduct tick dragging to monitor tick population expansion.

This information is provided to Public Health Ontario to inform risk mapping

Passive surveillance:

Citizen-based (eTick): public photo submissions for species ID



Examples of good photos taken with an iPhone 4S:



Benefits of active tick surveillance

1. Identify risk areas for Lyme disease and other tick-borne diseases.
2. Track spread and population changes of blacklegged ticks.
3. Monitor for new ticks of public health significance.
4. Inform public health messaging and prevention strategies.



Selecting sites for active tick surveillance

Group of seven public health professionals reviewed active and passive surveillance data to determine sites for tick dragging (method for collecting ticks) in 2026.

Vector Borne Disease Working Group

Public Health Inspectors	Stefania Rizzardo, Jasmin Fritz, Jo-Anne Thornton, Nathan Approo
Health Promoter	Keith Beecroft
Epidemiologist	Andrew Harris
Manager	Richard Ovcharovich



Selecting sites for active tick surveillance

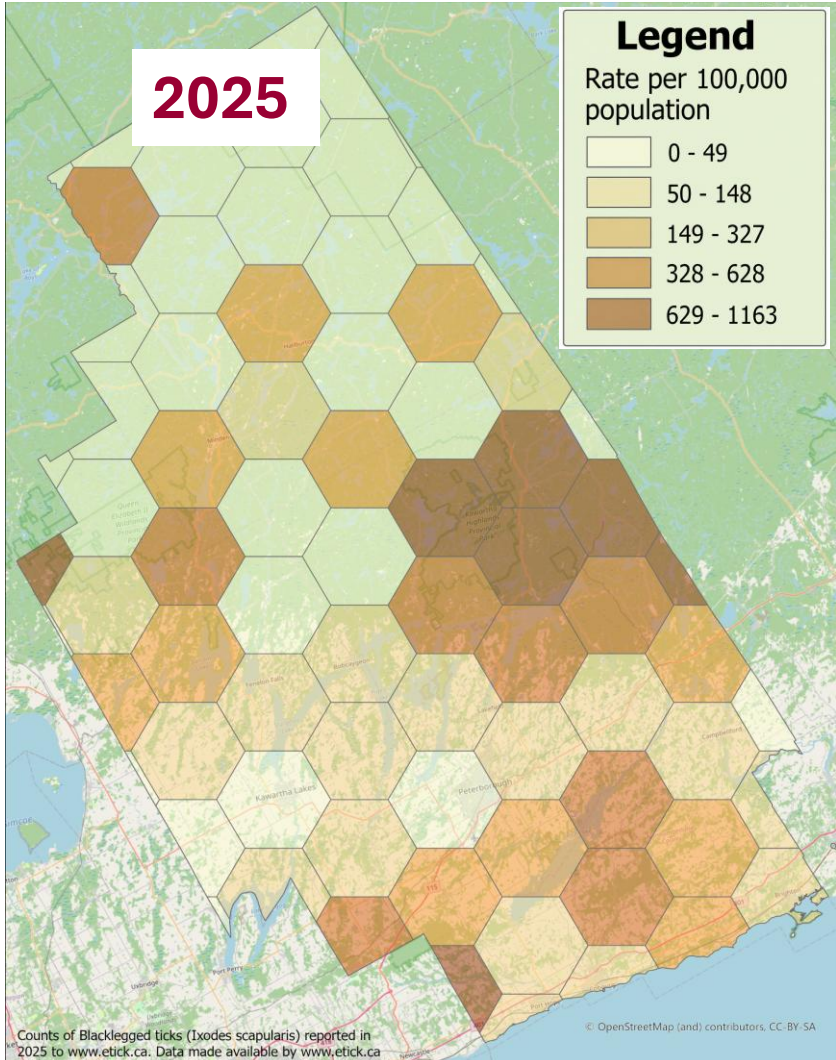
- Reviewed PHO risk map to identify endemic areas:
 - Endemic areas already known to have ticks do not require annual surveillance
- Created a standard operating procedure for active tick surveillance.
- Reviewed areas that were dragged in 2025.
- Collaborated with e-Tick.ca to obtain data submissions for LPH

	x	y
North	-78.31181	45.570431
South	-78.43669	43.900702
East	-77.63062	44.251459
West	-79.21646	44.801107

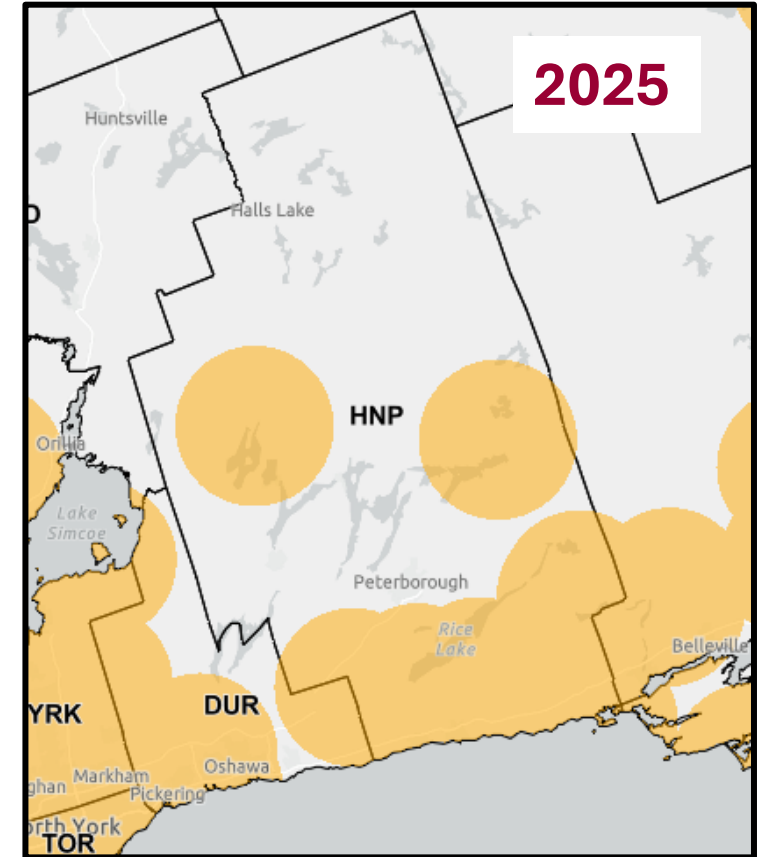
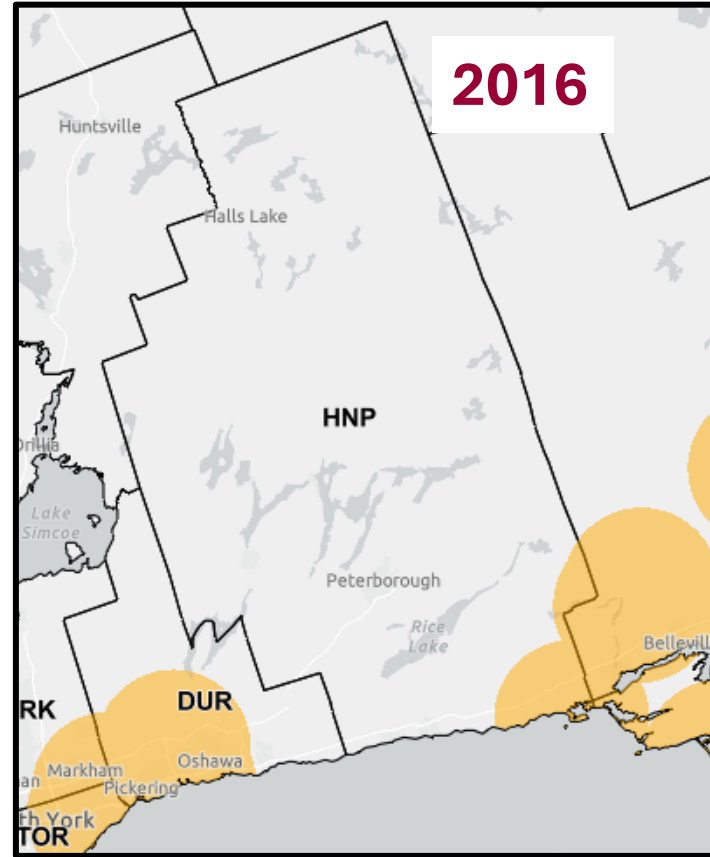
A	B	C	D	E	F
Genus	Species	Latitude	Longitude	Date Observed	Host Type
Ixodes	scapularis	44.505007	-78.193414	2025-03-16	On an animal
Ixodes	scapularis	44.161291	-78.147356	2025-03-19	On an animal
Ixodes	scapularis	44.16129	-78.147355	2025-03-25	On an animal
Ixodes	scapularis	44.02515	-79.042752	2025-03-30	On an animal
Ixodes	scapularis	44.428036	-78.136529	2025-04-06	On an animal
Ixodes	scapularis	45.397359	-78.990126	2025-04-06	On an animal
Ixodes	scapularis	44.37799	-77.982605	2025-04-07	On a human
Ixodes	scapularis	43.98052	-78.649486	2025-04-07	On a human
Ixodes	scapularis	44.045954	-77.741846	2025-04-06	On a human
Ixodes	scapularis	44.16129	-78.147355	2025-04-08	On a human
Ixodes	scapularis	44.596055	-78.937523	2025-04-08	On an animal
Ixodes	scapularis	44.124745	-79.01571	2025-04-09	On an animal
Ixodes	scapularis	44.304706	-78.319961	2025-04-10	On an animal
Ixodes	scapularis	44.285901	-78.273658	2025-04-10	On a human
Ixodes	scapularis	44.240474	-78.161845	2025-04-10	On an animal
Ixodes	scapularis	43.988668	-78.913342	2025-04-12	On an animal
Ixodes	scapularis	44.209322	-78.537445	2025-04-12	On a human
Ixodes	scapularis	44.144122	-78.161754	2025-04-13	On a human
Ixodes	scapularis	44.109403	-79.1205	2025-04-13	On a human
Ixodes	scapularis	44.431851	-78.267476	2025-04-14	On a human

Lyme disease: Blacklegged tick surveillance

E-Tick Citizen Submitted Data:

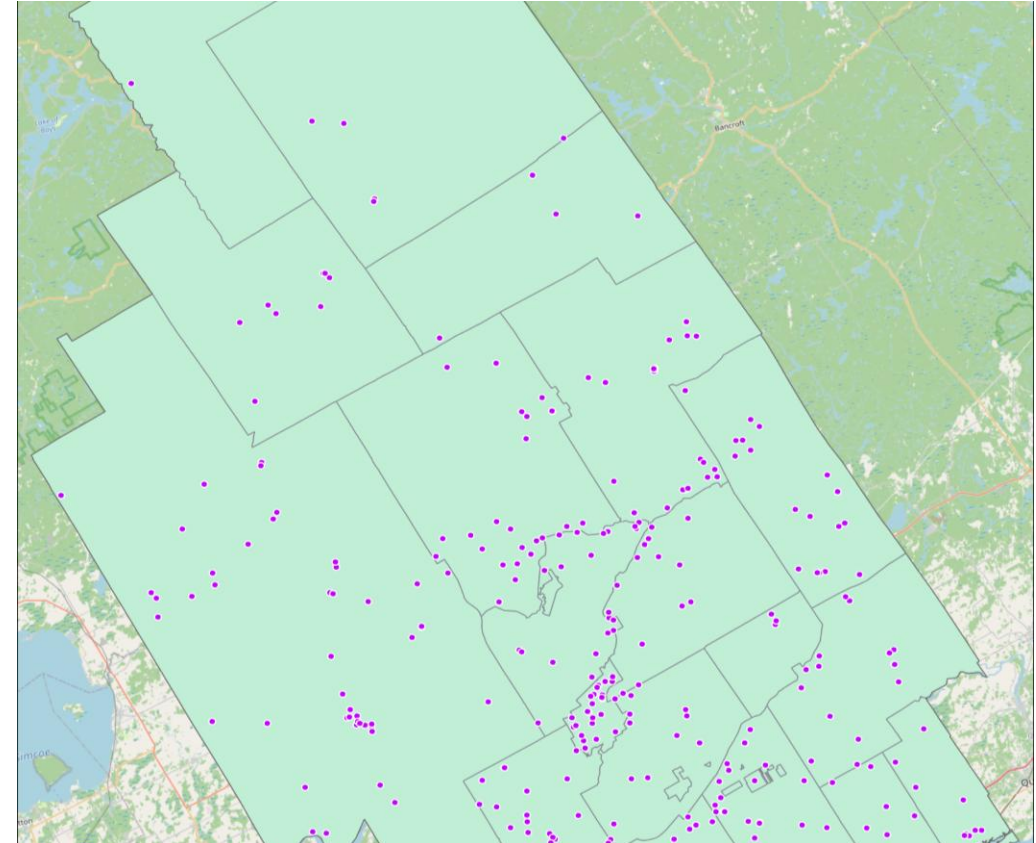


PHO Blacklegged Tick Established Risk Areas:



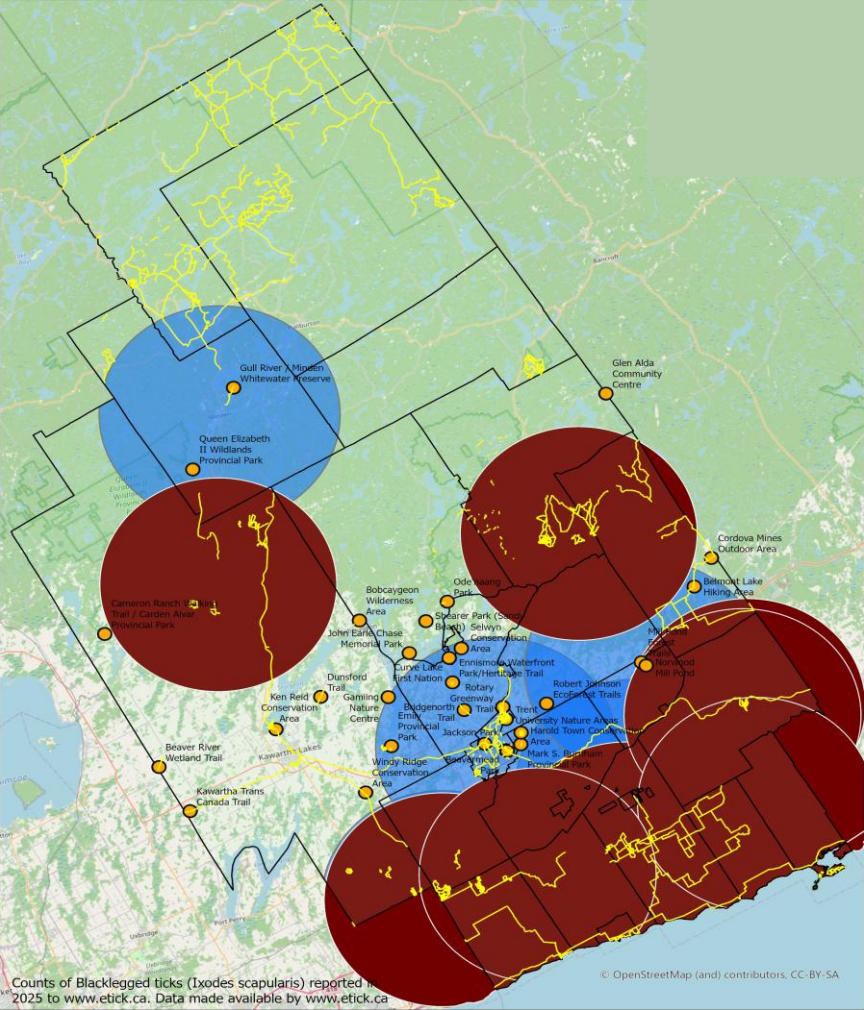
E-Tick data processing

- Requested data from e-Tick.ca for LPH
- Consulted with Curtis Russell PHO on how to share e-Tick data.
- Determined tick species of interest (only *Ixodes scapularis*)
- Confirmed inhouse GIS software and expertise to determine clusters
- Obtained 2025 risk map from PHO with established risk areas
- Plotted e-Tick.ca data against census subdivision.
- Added risk map filters



● self-reported tick location

Overlaying the data



Legend

- Established Risk Areas as of 2025 (PHO)
- Ticks in Spring and Fall 2025 (Etick.ca)
- Potential dragging locations 2026
- Ontario Trail Network

Counts of Blacklegged ticks (Ixodes scapularis) reported from 2025 to www.etick.ca. Data made available by www.etick.ca © OpenStreetMap (and) contributors. CC-BY-SA

Evidence-informed site selection

- Working group used the mapped information to identify locations in Haliburton County, City of Kawartha Lakes and Peterborough City and County.
- Identified clusters of tick submissions outside of established risk areas
- Based on knowledge of areas, staff identified locations that are:
 - At the edge or in woodland habitat (deciduous)
 - Heavily used trails
 - Areas with deer activity
 - Able to obtain permission and easy access



Evidence-informed site selection

Haliburton County

- Crests of Kennisis Trail, Algonquin Highlands
- Scotch Line Trailhead, Minden Hills
- Ganaraska Hiking Trail: Queen Elizabeth Wetlands
- Haliburton Sculpture Forest, Haliburton

City of Kawartha Lakes

- Beaver River Wetland Trail, Woodville
- Ken Reid Conservation Area, Lindsay
- Dunsford Nature Trail, Dunsford
- Bobcaygeon Wilderness Area, Bobcaygeon
- Emily Track, Omemee
- Trans Canada Trail – Mariposa, Sunderland



Evidence-informed site selection

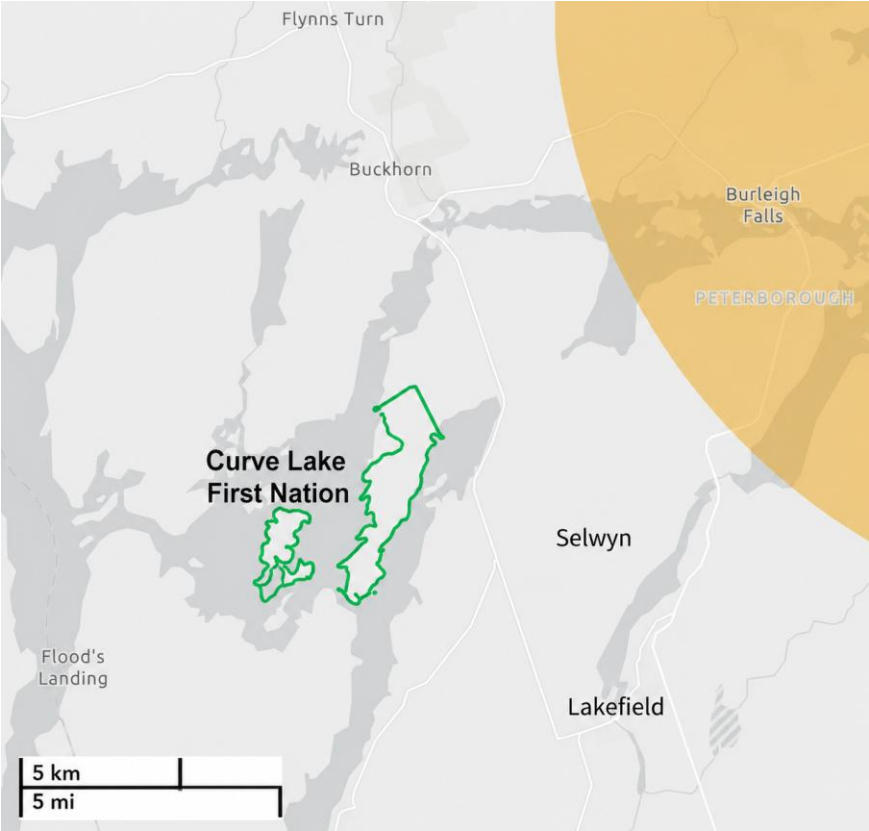
Peterborough

- Ennismore Waterfront Park (Heritage Trail), Ennismore
- Robert Johnson Eco Trail, Douro
- Glen Alda Community Centre, Apsley
- Curve Lake First Nation
- Harold Town Conservation Area, Peterborough
- Sandy Beach (Shearer Park), Buckhorn

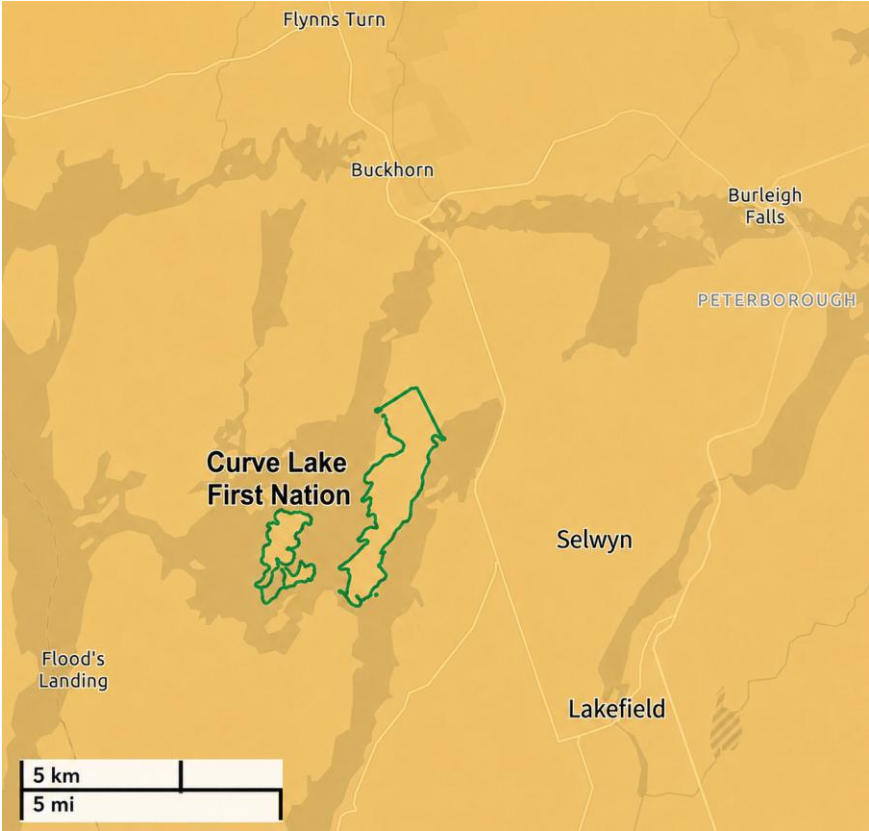


Blacklegged Tick (BLT) Established Risk Area for Curve Lake

2025 Risk Map



2026 Risk Map



Next steps

From the tick-dragging data, Lakelands Public Health will be able to:

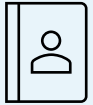
- ✓ Conduct surveillance in selected areas that are not determined to be high-risk in spring and fall to help inform the provincial risk map.
- ✓ Reassess high-risk areas (i.e., Northumberland County) will be checked in 2028 to determine whether additional tick species have emerged.
- ✓ Collaborate with local partners to expand tick dragging in other regions.
- ✓ Provide education and awareness about tick-borne diseases.



Lakelands
Public Health

Questions?





References

Corbeil, A., Johnson, C., & Mather, R. (2026, May 5). Tick-borne diseases in Ontario: An update [PowerPoint slides]. Public Health Ontario. https://www.publichealthontario.ca/-/media/Event-Presentations/26/06/tick-borne-diseases-ontario.pdf?rev=bd9225bf1cdc4f9dadf3c378243f6906&sc_lang=en&hash=44EDE2174AAC71B3BC92272E6C574C75

eTick.ca Team, personal communication, 2026

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Tick dragging: standard operating procedure. Toronto, ON: Queen's Printer for Ontario; 2015.

Ontario Agency for Health Protection and Promotion (Public Health Ontario). The ticks of Ontario. 2nd ed. Toronto, ON: King's Printer for Ontario; 2026

TITLE:	Stewardship Committee Report: 2025 Draft Audited Financial Statements
DATE:	June 17, 2026
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

Proposed Recommendation

That the Board of Health for Lakelands Public Health approve the 2025 Draft Audited Financial Statements.

Background

The Committee met last on June 11, 2026. At that meeting, members received an overview of the statements from Mr. Richard Steinginga, Partner at Baker Tilly KDN LLP, and requested that the statements come forward to the Board at its next meeting for approval. Please note that draft statements are not publicly posted until after they receive Board of Health approval.

The statements reflect the financial activity for the merged health unit, unlike the prior year whereby separate statements were presented for each legacy organization.

The Board of Health is required by contract to submit the 2025 Audited Financial Statements for Cost-Shared and 100% Funded Programs as part of the annual financial reconciliation with the of Ministry of Health.

The consolidated financial statements have been audited by Baker Tilly KDN LLP in accordance with the Canadian generally accepted auditing standards. The audit concluded that the financial statements present fairly, in all material respects, the financial position of both legacy organizations in accordance with the Canadian Public Sector Accounting Standards.

For 2025, the overall results may not be typical of past fiscal years given the merging of records and payout of the legacy Peterborough mortgage. In particular, on page 2, Schedule of Operations and Accumulated Surplus, an Annual Surplus is noted in the amount of \$3,278,709. This total includes the payout of the mortgage of approximately \$2.6 million and capitalization of assets of approximately \$787,000, in accordance with organizational policy, not included in the income statement.

Overall, a clean audit was presented for the 2025 fiscal period.

Attachments

- a. 2025 Draft Audited Statements (circulated separately, to be posted once approved)

TITLE:	Correspondence For Direction: Algoma Public Health - Healthy Smiles Ontario Fee Schedule and Access to Dental Care for Children and Youth
DATE:	June 16, 2026
PREPARED BY:	Anna Rusak, Health Promoter
APPROVED BY:	Arti Joshi, Manager, Oral Health Services Pam Stuckless, Director, Clinical Services Division Dr. Thomas Piggott, Medical Officer of Health & CEO

Proposed Recommendation

That the Board of Health for Lakelands Public Health:

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

Background

Dental caries (tooth decay) is the most common preventable chronic childhood disease in Canada. Although largely preventable, approximately 57% of Canadian children aged 6–11 years have experienced a cavity. Untreated dental disease can cause pain and infection and may negatively affect a child's ability to eat, sleep, speak, and learn. Treatment of dental problems is the leading cause of day surgery under general anesthesia among Canadian children under the age of five, underscoring the importance of prevention and early intervention.

The Healthy Smiles Ontario (HSO) program provides publicly funded preventive and treatment services for eligible children and youth 17 years of age and under in Ontario. Through the work of Ontario public health units, including school and in-office oral health screening, the identification of children with urgent dental needs, promotion of the program, and navigation support for families, this program is intended to reduce barriers to care and support early identification and treatment of oral health issues before they become more serious.

Since the introduction of HSO, oral health partners, including dental providers and the Ontario Dental Association (ODA), have raised concerns that the current HSO Schedule of Dental Services and Fees does not adequately support provider participation. The Ontario Ministry of Health fee schedule was updated in 2025; however, it maintains a framework originally established in 2016. Correspondence from the Board of Health for Algoma Public Health has noted that reimbursement levels remain approximately 40% below the ODA Suggested Fee Guide, which has continuously discouraged provider participation and contributes to access challenges for families seeking care.

Local Context

In the Lakelands Public Health (LPH) area, during the 2024/2025 school year, approximately 313 children and youth were eligible and enrolled for the HSO Emergency and Essential Services Stream, underscoring the importance of timely access to participating dental providers.

LPH Oral Health staff regularly hear from families who have difficulty finding a dental provider willing to accept children covered only through HSO. Telephone surveys with local dental offices and discussions with families indicate that many providers require enrollment in the Canadian Dental Care Plan (CDCP) before accepting HSO clients. Although some dental providers do accept families with HSO only, feedback from clients and dental offices suggests that these providers often limit the number of HSO clients they accept, which may leave families without reasonable access to dental services.

In the City of Kawartha Lakes and Haliburton County, only 4 of 17 clinics reported that they would see clients with HSO only, with one indicating a 3- to 4-month wait list. In Northumberland County, only 4 of 27 clinics reported that they would accept HSO-only clients. Staff have also heard that offices in Peterborough and Peterborough County may have similar practices, although no comparable survey has been conducted there because HSO clients can access care through the LPH Community Dental Clinic.

These circumstances suggest that reimbursement levels under the current HSO Schedule of Dental Services and Fees may be contributing to reduced provider participation and challenges in accessing care. Supporting the correspondence from the Board of Health for Algoma Public Health would be consistent with the Board's role in advocating for policies that improve equitable access to preventive and clinical oral health services.

Submission of a supporting letter to the Minister of Health would communicate the Board's concern regarding ongoing barriers to oral health care access and its support for a system-level response aimed at improving provider participation and access to care for eligible children and youth.

Conclusion

The HSO program is a critical component of Ontario's publicly funded oral health system for children and youth. Provincial concerns regarding provider participation, combined with local reports of access challenges, support the need for a review and update of the HSO Schedule of Dental Services and Fees. Endorsing the Algoma Public Health correspondence and communicating that support to the Minister of Health would align with the Board's commitment to promoting equitable access to oral health services for children and youth.

Attachments

- a. [Algoma Public Health Letter, May 21/26](#)

References

Public Health Agency of Canada. (2025). *Oral health for children.* Government of Canada.

Health Canada. (n.d.). *Canadian Health Measures Survey: Oral health statistics.* Government of Canada.

Government of Ontario. (n.d.). *Services covered by Healthy Smiles Ontario.*

Ontario Ministry of Health. (n.d.). *Healthy Smiles Ontario schedule of dental services and fees for dentist providers.*

Algoma Public Health Board of Health. (2026, May 21). *Correspondence to the Ontario Minister of Health regarding Healthy Smiles Ontario* (Letter attached).

Lakelands Public Health, Collaborative Health Record (CHR), HSO (Healthy Smiles Ontario) Enrollment Tracker, September 2024 - June 2025.

Lakelands Public Health. (2026). *DDS list by town – HKPR area only* [Internal document].

May 21, 2026

Via Email

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

Dear Honourable Minister Jones:

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

The Board of Health for Algoma Public Health acknowledges the Government of Ontario's demonstrated commitment to improving oral health for Ontarians. The recent introduction of the Ontario Seniors Dental Care Program reflects commitment to addressing long-standing gaps in access and demonstrates a broader commitment to prevention, health equity, and reducing avoidable pressures on the health care system.

Alongside these important investments for seniors, continued attention to publicly funded dental care for children and youth is essential to ensure equitable access to oral health services at all stages of life¹. At its meeting on April 22, 2026, informed by a presentation on Healthy Smiles Ontario, the Board of Health for Algoma Public Health discussed ongoing barriers to care and is writing to request that the Ministry of Health update the Healthy Smiles Ontario Schedule of Dental Services and Fees. Although tooth decay is largely preventable, it affects more than half of Canadian children aged 6 to 19. The burden of oral disease is not evenly distributed, with higher rates observed among children from households experiencing socio-economic barriers to care^{2,3}.

Early childhood dental disease is largely preventable, yet untreated decay remains a leading cause of day surgery under general anesthesia for children under the age of 5 in Canada. Poor oral health can cause pain, disrupted eating and sleep, and difficulties with learning and school attendance, with effects that may persist into adulthood. Evidence shows that timely

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Tel: 705-356-2551
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Elliot Lake
ELNOS Building
302-31 Nova Scotia Walk
Elliot Lake, ON P5A 1Y9
Tel: 705-848-2314
TF: 1 (877) 748-2314
Fax: 705-848-1911

Sault Ste. Marie
294 Willow Avenue
Sault Ste. Marie, ON P6B 0A9
Tel: 705-942-4646
TF: 1 (866) 892-0172
Fax: 705-759-1534

Wawa
18 Ganley Street
Wawa, ON P0S 1K0
Tel: 705-856-7208
TF: 1 (888) 211-8074
Fax: 705-856-1752

prevention and early intervention improve long-term health outcomes while reducing avoidable use of hospital services⁴.

Healthy Smiles Ontario plays a vital preventive role by enabling early diagnosis and treatment, helping to prevent the progression of dental disease, and reducing demand for more intensive care. However, the program's impact is limited by its current fee structure, with reimbursement rates at approximately 40 percent of the Ontario Dental Association Suggested Fee Guide, discouraging provider participation and contributing to access challenges across the province. While some families may supplement care through the Canadian Dental Care Plan, many HSO-eligible children and youth do not qualify and continue to face unmet oral health needs.

Accordingly, our Board of Health respectfully urges the Ministry of Health to update the Healthy Smiles Ontario Schedule of Dental Services and Fees to strengthen provider capacity, improve access, and support more equitable oral health outcomes for children and youth across Ontario.

We would welcome the opportunity to contribute to this work, including sharing local perspectives on access barriers and practical considerations that could support effective implementation.

Sincerely,



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

- c: Dr. Kieran Moore, Chief Medical Officer of Health for Ontario
Dr. David A. Brown, Chair, Board of Directors and President, Ontario Dental Association
Bill Rosenberg, Member of Provincial Parliament, Algoma–Manitoulin
Chris Scott, Member of Provincial Parliament — Sault Ste. Marie
Ontario Boards of Health

References

¹Ontario Agency for Health Protection and Promotion (Public Health Ontario), Oei T. Evidence brief: Dental caries prevention in school-aged children. Toronto, ON: Queen's Printer for Ontario; 2015.

²Zwicker J, Dudley C, Emery J. It's not just about baby teeth: preventing early childhood caries. School Public Policy Publications. 2016;9.

³Government of Canada. Effects of oral health on overall health [Internet]. Ottawa, ON: Her Majesty the Queen in Right of Canada; 2008 [cited 2026 May 20]. Available from: <https://www.canada.ca/en/publichealth/services/publications/diseases-conditions/report-sexually-transmittedinfections-canada-2013-14.html>

⁴Government of Canada. Oral health for children [Internet]. Ottawa, ON: Her Majesty the Queen in Right of Canada; 2025 August 28 [cited 2026 May 20]. Available from: [Oral health for children - Canada.cahttps://www.canada.ca/en/public-health/topics/oral-health/caring-your-teeth-mouth/children.html](https://www.canada.ca/en/public-health/topics/oral-health/caring-your-teeth-mouth/children.html)

TITLE:	Correspondence for Information
DATE:	June 17, 2026
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

Proposed Recommendation

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

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

Background

Blastomycosis Inquest Response

Constance Lake First Nation experienced a blastomycosis outbreak between late 2021 and early 2022. The fungal infection, caused by inhaling spores from soil or organic matter, led to over 50 infections and five deaths in the remote northern Ontario First Nation community.

A coroner’s inquest (October-November 2025) reviewed the deaths to determine contributing factors and recommend prevention measures. While the deaths were attributed to a natural disease, the inquest concluded they were exacerbated by preventable systemic barriers, reinforcing the urgent need to improve healthcare access, equity, and public health preparedness in Indigenous communities.

The jury issued [79 recommendations](#) aimed at strengthening future responses. These included improving access to timely diagnostics and treatment, enhancing healthcare capacity in remote and Indigenous communities, and increasing clinician awareness of rare diseases such as blastomycosis. The recommendations also called for implementation of Indigenous health equity measures, including Joyce’s Principle and the Truth and Reconciliation Commission’s Calls to Action, as well as mandatory cultural safety and trauma-informed care training for healthcare providers.

An initial communication was sent to Ontario boards of health in January 2026 (att. c, noted date error) seeking a response by July 23, 2026 (att. b). A verdict explanation was also shared in April 2026 (available upon request).

Attachments

- a. [alPHa Infobreak – May 15/26 \(web hyperlink\)](#)
- b. [LPH Response to Ontario Chief Coroner – Blastomycosis Inquest \(June 9/26\)](#)
- c. [Ontario Chief Coroner – Blastomycosis Inquest \(January 23/26\)](#)

June 9, 2026

Office of the Chief Coroner
Ontario Forensic Pathology Service
Forensic Services and Coroners' Complex
25 Morton Shulman Avenue
Toronto ON M3M 0B1

c/o David A. Cameron
Regional Supervising Coroner - Inquests
occ.inquests.registraroffice@ontario.ca

Dear Mr. Cameron,

Re: Responses to Jury Recommendations BLASTOMYCOSIS Inquest Q2025-31

On behalf of the Lakelands Public Health (LPH) Board of Health (BOH), we are writing regarding the recent inquest into **BLASTOMYCOSIS Inquest Q2025-31** and the recommendations issued by the jury/coroner.

First, we wish to acknowledge the importance of this process in ensuring transparency, accountability, and the prevention of similar tragedies in the future. The recommendations outlined—particularly those concerning fostering meaningful relationships with First Nation communities to support public health priorities and emerging issues of public health significance, represent critical steps toward systemic improvement. We thank the inquest jury for their thorough review and thoughtful recommendations. Please find our response detailed below.

Recommendation 27: The Ministry of Health (Ministry), local BOHs, and Indigenous Services Canada (ISC) to explore opportunities for relationship building among public health units and ISC, with a focus on responding to future public health emergencies in First Nation communities.

Response: The Ontario Public Health Standards (OPHS) require BOHs to “engage in multi-sectoral collaboration” to decrease health inequities and support population health outcomes. This includes fostering meaningful relationships with First Nation communities, beginning with engagement through to collaborative partnership to support public health priorities, including future emergencies and emerging issues of public health significance. Work is ongoing locally with First Nation communities, and urban Indigenous communities to enhance relationships and to define roles for public

health work and emergency response. The BOH specifically has an Indigenous Health Advisory Circle, with First Nation and Indigenous-serving organization participation to address systemic improvement in Indigenous Health. The BOH commits to being an active and mindful participant in local and broader public health sector coordination in alignment with the requirements of the OPHS and our history here on Treaty 20 and Williams Treaty Territory on Turtle Island.

Recommendation 28: The Ministry, local BOHs, applicable Tribal Councils, and ISC should meet to develop and establish clear roles and responsibilities, in response to future public health emergencies and outbreaks.

Response: The BOH is committed to working at the local level to establish clear roles and responsibilities as needed and will support broader public health sector coordination in response to future public health emergencies and outbreaks.

Recommendation 33: To support equitable, informed, and culturally respectful public health interventions and responses, the Ministry should consider requiring local BOHs to collect race, ethnicity, and Indigenous identity data (where appropriate) for all Diseases of Public Health Significance, including blastomycosis. Data on Indigenous identity should be collected in partnership with Indigenous communities and aligned with OCAP® data principles.

Response: The requirements for the collection of data for Diseases of Public Health Significance is specified in the Ontario HPPA (Regulation 569). The BOH is committed to working with the province to collect data specified in the HPPA and following best practices to advance Indigenous data sovereignty and governance, including in alignment with OCAP® and USAI Research Framework principles.

Recommendation 48: To the extent that they are not already provided, Public Health Ontario (PHO), the Ministry, ISC, and local BOHs should, as appropriate to their mandates, provide education and resources to health care providers and public health professionals regarding diagnosis and treatment for blastomycosis, including, where appropriate, when to consider blastomycosis, aligned with current evidence, public health data, and clinical guidance.

Response: The BOH is committed to providing education and resources as appropriate and will leverage public health sector regional and provincial coordinated processes and knowledge products.

Recommendation 52: The Ministry to engage with the Ontario Ministry of Agriculture, Food and Agribusiness, and the Office of the Chief Veterinarian for Ontario and/or the Ontario Veterinary College to explore opportunities to review and analyze data on confirmed and clinical canid cases (e.g., in dogs) of blastomycosis in Ontario. Findings should be shared with PHO, local BOHs, ISC, and First Nation Tribal Councils as they may enable early warning for human cases.



Response: Implementation of this recommendation falls within the scope of the province.

Medical Officer of Health and Chief Executive Officer, Dr. Thomas Piggott will be leading LPH's response. Should you have any questions, please contact him directly at tpiggott@lakelandsph.ca or 1-844-575-4567.

Sincerely,

Original signed by

Deputy Mayor Ron Black
Chair, Board of Health

cc: Dr. Thomas Piggott, Medical Officer of Health & Chief Executive Officer

Ministry of the Solicitor General

Ministère du Solliciteur général

Office of the Chief Coroner
Ontario Forensic Pathology Service

Bureau du coroner en chef
Service de médecine légale de l'Ontario



Forensic Services and
Coroners' Complex
25 Morton Shulman Avenue
Toronto ON M3M 0B1

Complexe des sciences judiciaires
et du coroner
25, Avenue Morton Shulman
Toronto ON M3M 0B1

Telephone: (416) 314-4000
Facsimile: (416) 314-4030

Téléphone: (416) 314-4040
Télécopieur: (416) 314-4060

January 23, 2025

Via email to each board of health

Office of Chief Medical Officer of Health, Public Health
BOARDS OF HEALTH
Ministry of Health | Ontario Public Service
777 Bay Street, 5th Floor
Toronto, Ontario M5G 2C8

Dear Boards of Health:

Re: Inquest into the death of: Luke MOORE, died November 19, 2021
Lorraine SHAGANASH, died November 20, 2021
Lizzie SUTHERLAND, died November 21, 2021
Mark FERRIS, died November 30, 2021
Douglas TAYLOR, January 23, 2022

OCC Inquest File No.: Q2025-31
Date Inquest Jury Verdict & Recommendations Received: November 19, 2025

The jury in the inquest into the death of Luke Moore, Lorraine Shaganash, Lizzie Sutherland, Mark Ferris, and Douglas Taylor has made recommendations which your organization may be in a position to implement. Please report back regarding your consideration to implement the recommendations relating to your organization by completing the attached chart, **Responses to Jury Recommendations**. Responses to inquest recommendations will be made public. Therefore, your response should not contain personal identifiers with the exception of identifying the decedent.

We do request a response by **July 23, 2026**, however, the *Coroners Act* provides no authority for us to demand a response to a recommendation or set deadlines for a response. We do post responses publicly, and scrutiny of the responses has been growing. Public criticism may follow if a thoughtful response is not received in a timely manner.

A list of organizations requested to report back is provided.

We are pleased to provide you with a copy of the inquest jury verdict and recommendations. The presiding officer's verdict explanation will be sent when it becomes available.

I would like to explain the significance of inquests and consequent recommendations under the *Coroners Act*. An inquest is a public hearing conducted by a coroner (or a judge, or a retired judge or a lawyer) before a jury of five community members. Inquests are held for the purpose of informing the public about the circumstances of a death. An inquest does not find fault, blame or legal wrongdoing but rather examines the circumstances of one or more deaths and looks for lessons that can be learned from the death(s) that may contribute to a safer future for the living. Juries often make recommendations based on these learned lessons and, while they are not binding, it is hoped that implemented recommendations will prevent future deaths in similar circumstances.

Please provide us with the name and contact information of the individual leading your organization's response. If you feel any of the recommendations should be directed elsewhere, complete the attached **Contact Information and Recommendation Referrals form and forward** to occ.inquests.registraroffice@ontario.ca .

As noted above, inquest jury recommendations are not legally binding; however, we trust they will be given careful consideration for implementation and, if not implemented, that your organization provides an explanation.

Thank you for participating in this important process. Please contact me if you have any questions.

Sincerely,



David A. Cameron, MD, LLB, CCFP
Regional Supervising Coroner – Inquests

/eg

Attachments:

Responses to Jury Recommendations
List of Organizations Requested to Respond to Jury Recommendations
Contact Information and Recommendation Referrals

List of Organizations Requested to Respond to Jury Recommendations

BLASTOMYCOSIS Inquest Q2025-31

Hopital Notre-Dame Hospital

Ornge

Public Health Ontario (PHO)

The Ministry of Health

Northeastern Public Health (NEPH)

Indigenous Services Canada (ISC)

Constance Lake First Nation (CLFN)

Jane Mattinas Health Centre (JMHC)

Chief Counsel of Constance Lake First Nation

Ontario Health

Matawa First Nations Management Health Cooperative (MFNM)

Nishnawbe Aski Nation (NAN)

Ontario Telemedicine Network (OTN)

Boards of Health

Four Rivers Environmental Services Group (Four Rivers)

Canadian Institute of Health Research CIHR)

Ministry of Colleges, Universities, Research Excellence and Security

Ministry of Agriculture, Food and Agribusiness

Ontario Ministry of Agriculture, Food, and Rural Affairs (OMAFRA)
Office of the Chief Veterinary

College of Veterinarians of Ontario
Town of Hearst

Ministry of Natural Resources

Government of Ontario

Contact Information and Recommendation Referrals
 Responses to Jury Recommendations
 BLASTOMYCOSIS Inquest Q2025-31

BOARDS OF HEALTH

Part I: Contact Information

Name	Position Title
Email address	Telephone number

Part II: Referral

We believe the following recommendations may be best addressed by these organizations:

Recommendation Number	Organization Name & Address	Contact Name & Title

Forward to occ.inquests.registraroffice@ontario.ca

TITLE:	By-Law and Policy Update
DATE:	June 17, 2026
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Thomas Piggott, Medical Officer of Health & CEO

Proposed Recommendation

That the Board of Health for Lakelands Public Health:

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

Background

A number of revisions were recently identified that prompted an update to By-Law #3. Key changes include the addition of language respecting notices of motion, enhanced detail regarding in camera meeting requirements, and general housekeeping updates.

The proposed revisions were shared with legal counsel, Harold Van Winssen (Templeman LLP), for review.

While the by-law was previously supported by a separate policy document, staff recommend consolidating all related provisions into a single document. This approach reduces the number of policies and eliminates the need to reference multiple sources. Accordingly, the content of Policy 02-04 has been incorporated into the revised by-law.

Legal counsel also made minor housekeeping updates (i.e., capitalization). These revisions have been accepted and are not reflected in the tracked changes. Please note formatting issues will be resolved once finalized.

Changes to the by-law have been identified as follows:

- Red text: Indicates revisions proposed by staff and reviewed/approved by legal counsel
- Blue text: Indicates revisions proposed by legal counsel
- Green text: Indicates content transferred from the former policy into the by-law

Attachments

- a. [By-Law #3 \(Revised\)](#)
- b. [By-Law #3 \(current for reference\) – web hyperlink](#)
- c. [Board Meeting Proceedings 02-04 \(current for reference\) – web hyperlink](#)

HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH (HKNP) HEALTH
UNIT LAKELANDS PUBLIC HEALTH

By-Law #3	[REVISED] Calling of and Proceedings at Meetings
Section	Board of Health
Lead	Board of Health
Approval Level	Board of Health
Original Approval	2025-JAN-02
Reviewed/Revised	2026-JUN-17
Next Review	2027-JAN-02 2028-JUN-17
Reference	<i>Health Protection and Promotion Act (HPPA)</i> Public Health Funding and Accountability Agreement (PHFAA) Ontario Public Health Standards: Requirements for Programs and Services, and Accountability (Standards)

NOTE: This is a CONTROLLED document for internal use only, and any document appearing in a paper form should ALWAYS be checked against the online version prior to use.

Pursuant to Section 56 (1) (c) of the Ontario *Health Protection and Promotion Act*, RSO 1990, Chapter H7, the Board of Health shall pass a bylaw respecting calling and proceedings of meetings.

1. In this by-law:

“Act” means the Ontario *Health Protection and Promotion Act*, RSO 1990, Chapter H7;

“Board” means the Board of Health for [Lakelands Public Health \(legal name, the Board of Health for Haliburton Kawartha Northumberland Peterborough Health Unit\)](#);

“Chair” means the Chair of the Board elected pursuant to the Act, or in the absence of the Chair of the Board, it means the person designated to act on their behalf with respect to Meetings of the Board;

“Committee” means two or more Members appointed by the Board to meet and transact business on behalf of the Board;

“Councils” means the municipal councils of the Corporations of:

- a. County of Haliburton;
- b. City of Kawartha Lakes;
- c. County of Northumberland;
- d. City of Peterborough; and
- e. County of Peterborough;

And First Nation Councils where Section 50 agreements are in place.

HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH (HKNP) HEALTH
UNIT LAKELANDS PUBLIC HEALTH

“Business Administrator” means the business administrator of the Board;

“Committee Member” means a person who has been appointed to a committee by the Board;

“Employee” means an employee of the Board;

“Health Unit” means Haliburton Kawartha Northumberland Peterborough Health Unit;

“In-Camera” means a part of a Board Meeting or committee Meeting that is closed to the public;

“Medical Officer of Health” means the Medical Officer of Health of the Board as defined under the Act and its regulations;

“Meeting” or “Meetings” means an official gathering of Members of the Board or a Committee to transact business;

“Member” or “Members” means a Member of the Board who is appointed by a Council (inclusive of First Nation Councils where Section 50 agreements are in place) or the Lieutenant Governor-in-Council or a person who is appointed to a committee by the Board;

“Motion” means a formal proposal by a Member in a Meeting that the Board or a Committee take certain action;

“Municipal Act” means the Ontario *Municipal Act, 2001*, SO 2001 c25;

“Notice” means any notice or other communication required or permitted under this Agreement which will be in writing and either delivered personally, sent by prepaid registered mail, courier, or email to the addresses designated by the parties. Notices delivered personally, by courier, or by email shall be deemed received on the date of delivery or transmission, and notices sent by registered mail shall be deemed received five (5) business days following mailing, provided there is no interruption in postal service;

“Quorum” means a majority of the Members;

“Resolution” means a Motion that is carried at a Meeting by a majority vote of the voting Members; and

“Vice-Chair” means the Vice-Chair of the Board elected pursuant to the Act.

2. General

- 2.1. The rules in this By-law shall be observed in the calling of and the proceedings at all Meetings of the Board and Committees.
- 2.2. Except as herein provided, the most recent edition of Robert's Rules of Order shall be followed for governing the calling of and proceedings of Meetings of the Board and Committees.
- 2.3. In the event that a Committee is struck where following sections 2.1 and 2.2 above would not be culturally appropriate, procedural rules that are better aligned with those cultural practices will be incorporated into its terms of reference that are approved by the Board.
- 2.4. No persons shall consume alcohol, tobacco products, cannabis, or non-prescription drugs at a Meeting.
- 2.5. In accordance with the *Municipal Act*, electronic participation is permitted for all Meetings of the Board and Committees. A Member who participates through electronic means (e.g., video/audio teleconference or through an electronic Meeting platform such as Zoom or Microsoft Teams) must be able to communicate adequately with all other participants ~~and~~ to participate fully in such Meeting. A person participating through electronic means is deemed to be present and counted for the purpose of establishing Quorum, and will be entitled to fully participate in the Meeting, including exercising their applicable voting rights.
- 2.6. Meetings of the Board and Committees are open to the general public, unless there are matters to be considered in in-camera session. In instances where physical attendance of the public cannot be accommodated due to health and safety concerns, or in the event that an emergency has been declared to exist in all or part of a municipality within the Health Unit pursuant to the *Emergency Management and Civil Protection Act*, electronic means (e.g. video/audio teleconference) may be employed to facilitate the participation of Members of the public.

3. Convening of Meetings

- 3.1 The first Meeting of the Board shall take place on or before January 31 of each year following the Members' appointment to the Board where possible.
- 3.2 The Medical Officer of Health shall call the Meeting to order and preside over the election of the Chair for the current year. Upon election, the new Chair shall complete the election of Board officers as necessary and preside over the remainder of the agenda.

HALIBURTON-KAWARTHA-NORTHUMBERLAND-PETERBOROUGH (HKNP) HEALTH
UNIT-LAKELANDS PUBLIC HEALTH

- 3.3 At the first Meeting of each year, the Board shall:
- 3.3.1 elect the Chair and the Vice-Chair;
 - 3.3.2 appoint Members to its Committees;
 - 3.3.3 fix, by Resolution, the date and time of regular Meetings; and,
 - 3.3.4 establish the honourarium paid to each Member eligible for compensation in accordance with the Act.
- 3.4 The Board shall determine the schedule of regular Meetings for the year.
- 3.5 The Chair may call special Meetings with the provision of 48 hours' Notice [delivered to Members](#). The Chair shall call a special Meeting at the written request of a majority of the Members.
- 3.6 Meetings, as determined by the Chair and the Medical Officer of Health, may take place virtually or via teleconference. Members attending virtually or via teleconference will be counted as Quorum per Subsection 238 (3.1-~~3.3~~) of the *Municipal Act*. Ratification of any decisions made during a special Meeting, [if not open to the public](#), shall take place at the next Board Meeting.
- 3.7 The Medical Officer of Health shall:
- 3.7.1 Give notice of each regular and special Meeting;
 - 3.7.2 Ensure that the Notice accompanies the posting of the agenda and any other matter, so far as known, to be brought before the Meeting; and
 - 3.7.3 Ensure that the Notice be ~~electronically~~ delivered to [the residence or place of business of](#) each Member ~~or by email or telephone~~ so as to be received not later than three working days prior to the Meeting.
- 3.8 The lack of receipt of Notice shall not affect the validity of the holding of the Meeting or any action taken at such Meeting.
- 3.9 In the absence of the Chair, the Vice-Chair shall perform the duties of the Chair. In the absence of both the Chair and Vice-Chair, the Medical Officer of Health shall convene the Meeting and the Members shall elect a presiding officer for that Meeting.
- 3.10 A Meeting may be rescheduled or cancelled due to the following circumstances:
- 3.10.1 in the event that an emergency has been declared by the Medical Officer of Health;
 - 3.10.2 if there is indication from Members in advance of the Meeting that Quorum will not be achievable; or
 - 3.10.3 if upon consultation with the Medical Officer of Health, the Chair determines there is insufficient business to be considered.

In all instances, the Chair will poll Members to obtain consensus to proceed with a cancellation. If approval is obtained through a majority vote, Members will be ~~notified~~provided Notice and a public notice will also be issued.

- 3.11 No business other than that stated in the Notice of a special Meeting shall be considered at such Meeting except with the unanimous consent of the Members present.

4. Quorum

- 4.1 A Quorum of the Board shall be a simple majority of appointed Members.
- 4.2 If there is no Quorum within ten minutes after the time appointed for the Meeting, the Secretary of the Meeting shall call the roll and record the names of the Members present, and the Meeting shall adjourn until the next Meeting.
- 4.3 If a Quorum is present at the opening of a Meeting and during the Meeting the attendance decreases below Quorum, the Members present may not proceed with the business of the Meeting and must adjourn the Meeting until the day and time fixed for the next Meeting.

5. Attendance

- 5.1 Members will advise the Secretary of their non-attendance prior to the Meeting.
- 5.2 Roll call for Meetings shall be taken verbally at Meetings held virtually or via teleconference and duly recorded to ensure Members of the Board of Health are recognized as in attendance and are able to hear and be heard.
- 5.3 Members participating electronically must notify the Chair of their departure (either temporary or permanent) from the Meeting before absenting themselves.
- 5.4 Three consecutive Meeting absences by a Member will be reviewed by the Board. The Board will decide if a discussion with the absent Member is necessary. Any such discussion will require the presence of the absent Member, the Chair and the Vice-Chair.
- 5.5 Where the Member is unable to fulfill the responsibilities of Membership on the Board, correspondence from the Chair will be forwarded to the appropriate Council, or Public Appointments Branch of the Ministry of Health, requesting the appointment of such Member be terminated and a new Member appointed.

~~HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH (HKNP) HEALTH
UNIT-LAKELANDS PUBLIC HEALTH~~

- 5.6 A Member who attends 50 percent of annual Meetings or less for any reason, shall be brought to the attention of the appointing body via correspondence from the Chair.
- 5.7 In the event that a Board virtual or teleconference Meeting is encountering interference and/or disruption caused by public participants, the Chair shall warn the participant the first time, advise them a second time that any further disturbance/interference will result in them being disconnected, and upon further disturbance/interference, direct the site monitor to shut off the participant' electronic access.

6. Agenda

6.1 The Medical Officer of Health shall have an agenda prepared for each regular Meeting that should generally include:

- 6.1.1 Call to Order
- 6.1.2 Land Acknowledgement
- 6.1.3 Declaration of Conflict of Interest
- 6.1.4 Adoption of the Agenda
- 6.1.5 Adoption of Regular Minutes
- 6.1.6 Business Arising
- 6.1.7 ~~Consent Items to be Considered Separately~~
- 6.1.8 Medical Officer of Health Updates
- 6.1.9 Reports
- 6.1.10 Consent Items
- 6.1.11 New Business (including Business from Board Members)
- ~~6.1.12 Correspondence~~
- ~~6.1.13~~ 6.1.12 In-Camera Session (Declaration of Conflict of Interest, Adoption of In-Camera Minutes, and any subject matter as outlined in this By-Law)
- ~~6.1.14~~ 6.1.13 Motions from In-Camera Session
- ~~6.1.15~~ 6.1.14 Date, time and place of next Meeting
- ~~6.1.16~~ 6.1.15 Adjournment

- 6.2 Chairperson of the Board may direct items be added to the agenda of a Special Meeting.
- 6.3 Any item not included on the prepared agenda may be added by Resolution.
- 6.4 The agenda will be posted on the Board website on the same day that agendas are distributed to Members.

~~HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH (HKNP) HEALTH
UNIT LAKELANDS PUBLIC HEALTH~~

~~6.5~~ ~~On the day following regularly scheduled Board Meetings,~~ Members will be contacted and advised of the date, time, and location of the next Meeting, and asked about their availability for the next Meeting.

~~6.5.6~~ Consent Items are items to be considered for the consent portion of the agenda and shall be determined by the Medical Officer of Health. Matters selected for Consent Items are to be routine, housekeeping, information or non-controversial in nature and can include staff reports, correspondence or Committee reports.

~~6.5.16.6.1~~ If the Board wishes to comment or seek clarification on a specific matter noted in the list of Consent Items, the Member is asked to identify the item and clarification or comment will be provided or made. Any item(s) requiring more than clarification or comment will be extracted and moved to the New Business section of the agenda. The Consent Items, exclusive of extracted items where applicable, can be approved in one Resolution.

~~6.6.7~~ New Business items are those that have not been discussed by Meeting attendees previously and that do not belong in staff or Committee reports.

~~6.7.8~~ The business of each special Meeting shall be taken up in the order as listed on the agenda of such Meeting unless otherwise decided by the Members.

7. Minutes

~~7.1~~ The Medical Officer of Health shall ensure that minutes are recorded of the proceedings of all Meetings ~~and include:~~
~~ing a text of the bylaws and the resolutions passed by the Board.~~

7.1.1 The place, date and time of the Meeting;

7.1.2 The name of the Chair and the attendance of the Members and all persons in attendance;

7.1.3 The adoption of the previous minutes and corrections, if requested;

7.1.4 The bylaws and the Resolutions passed by the Board;

7.1.5 All other proceedings of the Meeting without note or comment, including the name of a Member who declares a Conflict of Interest in accordance with the *Ontario Municipal Conflict of Interest Act*, R.S.O. 1990, c. M.50.

~~8. Delegations and Debate~~

~~9.8.~~

~~HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH (HKNP) HEALTH
UNIT LAKELANDS PUBLIC HEALTH~~

~~9.18.1~~ Requests for delegations to the Board must be submitted in writing to the Chair or the Medical Officer of Health, no fewer than ~~six business days~~forty-eight (48) hours prior to a regular Meeting.

~~9.28.2~~ Requests for delegations to the Board submitted fewer than ~~six days~~forty-eight (48) hours prior to a regular Meeting will be considered for the subsequent Board Meeting.

~~9.38.3~~ The Chair, in consultation with the Medical Officer of Health, will determine if the request is appropriate.

~~9.48.4~~ The Medical Officer of Health or designate will advise the requestor of the Board's decision with respect to the delegation, and the date, time, and location of the Meeting and allotted time (10-minute maximum, plus question period) for the delegation.

~~9.58.5~~ The Chair shall give due consideration to the length of the agenda and the number of delegation requests received, and may limit the number of delegations per Meeting.

~~8.6~~ Unless otherwise directed by Resolution, no action respecting a delegation will be taken until the Board has had an opportunity to discuss the delegation and to receive advice from the Medical Officer of Health.

~~9.68.7~~ All delegations appearing before the Board shall be permitted to speak only once on an item, unless new information is being brought forward, or unless permission is given by the Chair, in consultation with the Medical Officer of Health.

~~9.78.8~~ The Board will be informed of all requests from delegations and the disposition of such requests and, upon review, the Board may reverse the decision of the Chair of the Board by Resolution.

~~10.9.~~ **Debate**

~~10.19.1~~ Every Member shall address the Chair respectfully prior to speaking to any Motion.

~~10.29.2~~ When two or more Members ask to speak, the Chair shall name the Member who, in their opinion, first asked to speak.

~~HALIBURTON-KAWARTHA-NORTHUMBERLAND-PETERBOROUGH (HKNP) HEALTH
UNIT-LAKELANDS PUBLIC HEALTH~~

~~10.39.3~~ A Member may speak more than once to a Motion, but after speaking shall be placed at the foot of the list of Members wishing to speak.

~~10.49.4~~ No Member shall speak to the same Motion at any one time for longer than ten minutes. Five-minute extensions may be granted by Resolution.

~~10.59.5~~ A Member may ask questions prior to speaking to a Motion.

~~10.69.6~~ Any Member may request that the question or Motion under discussion be read at any time during the debate, but not so as to interrupt a Member while speaking.

~~10.79.7~~ A Member may ask a question of the previous speaker and then only to clarify any part of their remarks.

~~10.89.8~~ When it is a Member's turn to speak, before speaking, they may ask questions of the Medical Officer of Health or staff present, to obtain information relating to the matter in question and with the consent of the speaker, or other Members may ask a question of the same persons.

~~10.99.9~~ All questions shall be stated concisely and shall not be used as a means of making statements or assertions.

~~10.109.10~~ Any Member who has the floor may require the Motion under discussion to be read.

~~10.119.11~~ If the Chair of the Board wishes to leave the chair for the purpose of taking part in the debate or otherwise, the Chair shall call upon the Vice-Chair, or in the Vice-Chair's absence, on another Member, to fill their place until they resume the chair.

11.10. Decorum and Discipline

~~11.110.1~~ A Member shall not:

~~11.1.1~~~~10.1.1~~ Speak disrespectfully of His Majesty the King or any Member of the Royal Family, the Governor General, a Lieutenant Governor, the Board or any Member thereof;

~~11.1.2~~~~10.1.2~~ Use offensive or unparliamentary language;

~~11.1.3~~~~10.1.3~~ Act, or ask questions in a way that is ironic, offensive, rhetorical, trivial, vague or meaningless or shall not contain epithet, innuendo, ridicule, or satire.

~~HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH (HKNP) HEALTH
UNIT LAKELANDS PUBLIC HEALTH~~

~~11.1.4~~10.1.4 Disobey the rules of the Board or the decision of the Chair or of the Board on questions of order or practice or upon the interpretation of the rules of the Board;

~~11.1.5~~10.1.5 Speak other than to the matter in debate;

~~11.1.6~~10.1.6 Leave their seat or make any noise or disturbance while a vote is being taken and until the result is declared; or

~~11.1.7~~10.1.7 Interrupt a Member while speaking except to raise a point of order.

~~11.2~~10.2 If a Member commits an offence, the Chair shall interrupt and correct the Member.

~~11.2.1~~10.2.1 If an offence is serious or repeated, the Board may decide, by Resolution, not to permit the Member to resume speaking;

~~11.2.2~~10.2.2 Should any Member persist in a breach of decorum after having been called to order by the Chair, the Chair shall without debate put the question, "Shall the Member be ordered to leave their seat for the duration of the Meeting?";

~~11.2.3~~10.2.3 If the Board votes in the affirmative, the Chair shall order the Member to leave their seat for the duration of the Meeting; and

~~11.2.4~~10.2.4 If the Member apologizes, the Chair, with the approval of the Board, may permit them to resume their seat.

12.11. Questions of Privilege and Points of Order

~~12.1~~11.1 The Chair shall permit any Member to raise a question relating to the rights and benefits of the Board or one or more of the Members thereof and questions of privilege shall take precedence over all other Motions, except to adjourn and to recess.

~~12.2~~11.2 When a Member wishes to call attention to a violation of the rules of procedure, they shall ask leave of the Chair to raise a point of order and after leave is granted, they shall state the point of order with a concise explanation and then not speak until the Chair has decided the point of order.

~~12.3~~11.3 The decision of the Chair shall be final unless a Member appeals immediately to the Board.

~~12.4~~11.4 If the decision is appealed, the appeal must have a seconder. The appellant has the right to speak to the appeal and the Chair may respond. The Board shall then decide the question without debate by majority vote and its decision shall be final.

~~HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH (HKNP) HEALTH
UNIT LAKELANDS PUBLIC HEALTH~~

~~12.511.5~~ When the Chair calls a Member to order, the Member shall cease speaking until the point of order is dealt with and they shall not speak again without the permission of the Chair unless to appeal the ruling of the Chair.

13.12. Motions

~~13.112.1~~ Every Motion shall be verbal unless the Chair requests that the Motion be submitted in writing.

~~13.212.2~~ A Motion relating to a matter not within the jurisdiction of the Board shall not be in order.

~~13.312.3~~ Debate on a debatable Motion shall not proceed unless it has been seconded.

~~13.412.4~~ Every Motion shall be deemed to be in possession of the Board for debate after it has been presented by the Chairperson, but may, with permission of the Members who moved and seconded a Motion, be withdrawn at any time before amendment or decision.

~~13.512.5~~ A main Motion before the Board shall receive disposition before another main Motion can be received except a Motion:

~~13.5.112.5.1~~ to adjourn;

~~13.5.212.5.2~~ to recess;

~~13.5.312.5.3~~ to raise a question of privilege;

~~13.5.412.5.4~~ to lay on the table;

~~13.5.512.5.5~~ to order the previous question (close debate);

~~13.5.612.5.6~~ to limit or extend limits of debate;

~~13.5.712.5.7~~ to postpone definitely (defer);

~~13.5.812.5.8~~ to commit or refer;

~~13.5.912.5.9~~ to postpone indefinitely (withdraw); or

~~13.5.1012.5.10~~ to amend;

which have been listed in order of precedence.

~~12.6~~ When a Motion that the vote be taken is presented, it shall be put to a vote without debate, and if carried by Resolution, the Motion and any amendments under debate shall be put forthwith without further debate.

~~12.7~~ A Board Member may give a Notice of Motion respecting a matter that is not otherwise listed on the agenda for consideration.

~~13.5.1112.7.1~~ Notice Given at a Meeting - A Notice of Motion may be introduced at a Meeting by reading the Motion during the New Business portion of the

agenda and providing the Motion in writing to the Secretary, identifying the mover and a seconder. A Notice of Motion introduced under this subsection shall not be debated or considered until the next regular Board Meeting, provided the mover is present. If the identified seconder is absent when the Notice of Motion is called, any Member may second the Motion.

~~13.5.1~~12.7.2 Advance Written Notice - A Notice of Motion may be submitted in writing to the Secretary no later than eight (8) calendar days prior to a regular Board Meeting and shall be included on the agenda for that Meeting. The Motion shall not be considered unless the mover is present. If the identified seconder is absent when the Notice of Motion is called, any Member may second the Motion.

12.7.3 Waiver of Notice (Urgent Matters) - Notwithstanding sections 11.7.1 and 11.7.2, a Motion may be introduced and considered without prior notice where the matter is urgent and time-sensitive, provided that the Board, without debate, waives the notice requirement by an affirmative vote of at least two-thirds (2/3) of the Members present and voting.

~~13.6~~ —

~~13.7.1~~12.8 A Motion to adjourn a Meeting or debate shall be in order, except:

~~13.7.1~~12.8.1 when a Member has the floor;

~~13.7.2~~12.8.2 when it has been decided that the vote be now taken; or

~~13.7.3~~12.8.3 during the taking of a vote;

and when rejected, shall not be moved again on the same item.

14.13. Voting

~~14.1~~13.1 A main Motion may be divided by Resolution and each division shall be voted on separately.

~~14.2~~13.2 Only one primary amendment at a time can be presented to a main Motion and only one secondary amendment can be presented to a primary amendment, but when the secondary amendment has been disposed of, another may be introduced, and when a primary amendment has been decided, another may be introduced.

~~14.3~~13.3 A secondary amendment, if any, shall be voted on first, and, if no other secondary amendment is presented, the primary amendment shall be voted on next, and if no other primary amendment is presented, or if any amendment has been carried, the main Motion as amended shall be put to a vote.

13.4 Members shall not speak after the Chair calls for a vote.

~~HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH (HKNP) HEALTH
UNIT LAKELANDS PUBLIC HEALTH~~

~~14.4~~13.5 Every Member present at a Meeting shall vote when a vote is taken unless prohibited by statute.

~~14.5~~13.6 Votes that are refused to be taken shall be deemed negative.

~~14.6~~13.7 The Chair shall call the result of the vote.

~~14.7~~13.8 If a Member disagrees with the declaration by the Chair of the result of any vote, the Member may object immediately and require that the vote be retaken and recorded.

13.9 Any Member may require that a recorded vote be taken.

~~14.8~~13.10 Where a Member requires that a recorded vote be taken, the Chair will poll the Members alphabetically by their last name and the Secretary shall document the vote of each Member for the minutes.

~~14.9~~13.11 After any matter has been decided, any Member may move for reconsideration of the matter at a subsequent Meeting in the same year, but no discussion of the question that has been decided shall be allowed until the Motion for reconsideration has been carried by two-thirds (2/3) of the Members.

~~14.10~~13.12 After any matter has been decided, any Member may move for reconsideration of the matter at a subsequent Meeting in the same year but no discussion of the question that has been decided shall be allowed until the Motion for reconsideration has carried by two-thirds (2/3) of the Members, and no matter shall be reconsidered more than once in the same calendar year.

15.14. Committees

14.1 The Board may strike Committees and appoint Members to the Committees to consider matters as directed by the Board.

~~15.1~~14.2 It shall be the duty of a Committee:

~~15.1.1~~14.2.1 to report to the Board on all matters referred to it and to recommend such action as it deems necessary;

~~15.1.2~~14.2.2 to forward to an incoming Committee for the following year any matters not disposed of; and

~~15.1.3~~14.2.3 to provide to the Board any information relating to the Committee that is requested by the Board.

~~15.2~~14.3 The Chair of a Committee shall:

~~15.2.1~~14.3.1 preside over all Meetings of the committee;

~~15.2.2~~14.3.2 report on the deliberations and recommendations of the Committee to the Board; and

~~15.2.3~~14.3.3 perform such other duties as may be determined from time to time by the Board or the Committee.

~~15.3~~14.4 The Board of Health shall approve all appointments of non-Board Members to any Committee.

~~15.4~~14.5 The number of non-Board Members of a Committee shall not exceed the number of Board Members of the same Committee at any time, with the exception of the Indigenous Health Advisory Circle which relies on the lived experience and knowledge of Indigenous community Members.

~~15.5~~14.6 All Committees shall be dissolved no later than immediately preceding the first Meeting of each fiscal year.

~~15.6~~14.7 The Board may dissolve, by Resolution, any Committee at any time.

~~16.15.~~ In-Camera Sessions

~~16.1~~15.1 Notice of all Meetings will be publicly posted. Meetings may be held in-camera where permitted by applicable legislation. If the Meeting is to be held in-camera, this will be noted on the public posting and the general nature of the matter(s) to be considered will be noted.

~~16.2~~15.2 The Board or Committee requires a Resolution that the Board or Committee go in-camera and state the general nature of the matter to be considered.

~~16.3~~15.3 The prescribed script, as amended by the Board from time to time, should be used for notice regarding in-camera matters on the public agenda. The corresponding exception should be listed based on the topic being addressed under section 239 of the *Municipal Act* and must include the general nature of the discussion, providing as much information as possible without compromising the matter.

~~16.4~~15.4 A Meeting may be closed if it is held for the purpose of educating or training the Members, so long as no Member discusses or otherwise deals with any matter during the closed Meeting in a way that materially advances the business or decision-making of Board or Committee (Section 239(3.1) of the *Municipal Act*).

HALIBURTON-KAWARTHA-NORTHUMBERLAND-PETERBOROUGH (HKNP) HEALTH
UNIT-LAKELANDS PUBLIC HEALTH

- ~~16.5~~15.5 The determination regarding whether a matter should be dealt with in-camera is the responsibility of the Chair, in consultation with the Medical Officer of Health and Secretary.
- ~~16.6~~15.6 Whenever possible, agendas, minutes, reports and other information required for in-camera discussion or consideration shall be pre-circulated electronically to Board or Committee Members, as applicable, in a secure form. When pre-circulation is not practical or possible, printed documents will be provided to the Board or Committee at the time of the Meeting.
- ~~16.7~~15.7 The rules governing the procedure of the Board in open session and the conduct of Members shall be observed in-camera.
- ~~16.8~~15.8 The Chair shall dispose the decisions taken in-camera in open session.
- ~~16.9~~15.9 The Secretary must be present to record the proceedings of the in-camera Meeting. They must be knowledgeable in the requirements for the taking of minutes as set out in Subsection 228(1) of the *Municipal Act*. The Chair of the board will determine which staff are required to be in attendance. Unless otherwise directed, attendance will be limited to the Medical Officer of Health and other executives of the Board.
- ~~16.10~~15.10 Minutes of in-camera Meetings will be kept securely by the Medical Officer of Health, without comment, recording all Resolutions, decisions and other proceedings. Minutes of an in-camera Meeting shall be brought forward for approval at the following in-camera session.
- ~~16.11~~15.11 Voting in an in-camera Meeting is permitted if the in-camera Meeting is otherwise authorized and the vote is for a procedural matter or for giving directions or instructions to officers, employees or agents of the Board or of a Committee of the Board; or to persons retained by or under a contract with the Board. No other voting can occur.
- ~~16.12~~15.12 All Members will ensure that confidential matters discussed in-camera are not disclosed unless disclosure is authorized by the Board.
- ~~16.13~~15.13 After a closed Meeting, the Chair of the Board should announce in open Meeting that an in-camera Meeting was held. The Chair should use the script and guidelines prescribed by the Board, as amended from time to time, to report, in a general manner, how the agenda items were dealt with.
- 15.14 Written material for an in-camera Meeting should be limited to only that information which would qualify for discussion at an in-camera Meeting.

HALIBURTON-KAWARTHA-NORTHUMBERLAND-PETERBOROUGH (HKNP) HEALTH
UNIT-LAKELANDS PUBLIC HEALTH

15.15 Any item proposed to be considered in Closed Session that does not appear on the published agenda shall be introduced and approved in Open Session at the time of agenda adoption. Such item shall only be added in accordance with Section 12.7 (Waiver of Notice), and included in the Resolution to proceed into Closed Session in accordance with Section 15.17.

15.16 No item shall be added to a Closed Session after the Board has resolved to proceed into Closed Session.

~~16.14~~15.17 The following script should be used for notice regarding in-camera matters on the public agenda. The corresponding exception should be listed based on the topic being addressed under section 239 of the Municipal Act, 2001, and must include the general nature of the discussion, providing as much information as possible without compromising the matter:

“In accordance with the Municipal Act, 2001,

- Section 239(2)(a), Security of Board property;*
- Section 239(2)(b), Personal matters about an identifiable individual, including Board employees;*
- Section 239(2)(c), A proposed or pending acquisition or disposition of land by the Board;*
- Section 239(2)(d), Labour relations or employee negotiations;*
- Section 239(2)(e), Litigation or potential litigation, including matters before administrative tribunals affecting the Board;*
- Section 239(2)(f), Advice that is subject to solicitor-client privilege;*
- Section 239(2)(g), A matter in respect of which a council, board, Committee or other body may hold a closed Meeting under another Act.*
- Section 239(2)(h) information explicitly supplied in confidence to the municipality or local board by Canada, a province or territory or a Crown agency of any of them;*
- Section 239(2)(i) a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the municipality or local board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organization;*
- Section 239(2)(j) a trade secret or scientific, technical, commercial or financial information that belongs to the municipality or local board and has monetary value or potential monetary value; or*

~~HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH (HKNP) HEALTH
UNIT LAKELANDS PUBLIC HEALTH~~

- *Section 239(2)(k) a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the municipality or local board.*
- *Section 239(3)(a), A request under the Municipal Freedom of Information and Protection of Privacy Act, if the council, board, commission or other body is the head of an institution for the purposes of that Act.”*

~~16.15~~15.18 Voting in a closed Meeting is only allowed for procedural reasons or to give directions or instructions to staff and others identified under the Act.

~~16.16~~15.19 After a closed Meeting, the Chair should report, in a general manner, how the agenda items were dealt with. The Board must also pass a corresponding Motion in open session.

For example:

MOTION:

That the Board of Health for the LPH:

- *receive for information, In Camera item XX - Confidential Update, pertaining to exception Section 239(X)(X)*
- *approve direction to staff, as discussed, related to In Camera item XX, pertaining to exception Section 239(X)(X)*
- *direct staff to report back to a subsequent Board or Committee Meeting, related to In Camera Item XX, pertaining to exception Section 239(X)(X)*

17.16. Bylaws

~~17.1~~16.1 Every bylaw shall be introduced by Motion, specifying the title of the bylaw.

~~17.2~~16.2 Every bylaw shall have three readings prior to being passed. ~~By-laws may be given all three readings at the same Meeting, except when requested otherwise by a Motion passed by the majority of the Members present or as otherwise provided in law.~~

~~17.3~~16.3 Every bylaw enacted by the Board shall be numbered and dated and signed by the Chair and the Medical Officer of Health ~~and affixed with the Corporate Seat.~~

~~17.4~~16.4 Bylaws shall be retained by the Medical Officer of Health.

~~17.5~~16.5 Bylaws shall be reviewed a minimum of every two years.

~~18. Corporate Seal~~

~~18.1—The corporate seal of the Board shall be retained by the Business Administrator.~~

~~18.2—The corporate seal shall be used as directed by the Chair to seal any bylaw,
contract, or obligation of the Board where required.~~

19.17. Severability

19.17.1 The provisions of this bylaw are severable. If any question, section or word is held to be invalid or illegal, such invalidity or illegality shall not affect any of the remaining provisions, sections or words, and this bylaw shall be read and construed as if such illegal or invalid provision was omitted.

This By-law read a first, second and third and final time and passed this ~~2nd-17th~~ day of ~~January~~June, ~~2025~~2026.

Chair, Board of Health

~~Haliburton Kawartha Northumberland
Peterborough Health Unit~~Lakelands Public Health

~~Deputy Medical Officer of Health
Haliburton Kawartha Northumberland
Peterborough Health Unit~~
Public Health

~~Deputy Medical Officer of Health
Haliburton Kawartha Northumberland
Peterborough Health Unit~~Lakelands

TITLE:	Lakelands Public Health 2025 Annual Report
DATE:	June 17, 2026
PREPARED BY:	Ashley Beaulac, Manager, Communications
APPROVED BY:	Thomas Piggott, Medical Officer of Health & CEO

Proposed Recommendation

That the Board of Health for Lakelands Public Health receive the Lakelands Public Health 2025 Annual Report for information.

Background

As per the [Ontario Public Health Standards](#) (p. 71), “boards of health shall produce an annual financial and performance report for the general public”.

Annual reports provide transparency and accountability to the communities served within the region, and typically include a review of the health unit’s activities, performance, financial overview, and key milestones achieved over the year. This represents the first annual report for Lakelands Public Health and is a process that is being harmonized on our journey to our steady state.

Attachments

- a. [LPH 2025 Annual Report \(web hyperlink\)](#)

TITLE:	Stewardship Committee Report: Meeting Minutes
DATE:	June 17, 2026
PREPARED BY:	Michelle McWalters, Executive Assistant, on behalf of Councillor Ryall, Committee Chair
APPROVED BY:	Stewardship Committee

Proposed Recommendation

That the Board of Health for Lakelands Public Health received the Stewardship Committee meeting minutes from March 5, 2026, for information.

Background

The Committee met last on June 11, 2026. At that meeting, the appended minutes were approved and members requested that they come forward to the Board for information.

Attachments

- a. [Stewardship Committee Minutes, March 5/26](#)

**Board of Health for
Lakelands Public Health
Stewardship Committee Meeting
Minutes
Thursday, March 5, 2026
2:00 p.m. – 3:30 p.m.
VIRTUAL**

Lakelands Public Health Stewardship Committee Members in Attendance:

Deputy Mayor Ron Black
Mr. Daniel Moloney
Deputy Mayor Tracy Richardson
Councillor Keith Riel
Deputy Mayor Cecil Ryall
Councillor Kathryn Wilson

Lakelands Public Health Staff in Attendance:

Dr. Thomas Piggott
Mr. Larry Stinson
Ms. Dale Bolton
Ms. Michelle McWalters (Recorder)

1. Call to Order and Land Acknowledgement

Dr. Piggott called the meeting to order at 2:05 p.m. and provided a land acknowledgement. Noting to members the need to amend the agenda to allow for election and appointment of Chair and Vice Chair positions.

2. Appointment of Chair and Vice Chair

Deputy Mayor Ryall self-nominated to return as Chair of the Stewardship Committee. There were no other expressions of interest.

Mr. Daniel Moloney self-nominated to return as Vice Chair of the Stewardship Committee. There were no other expressions of interest.

MOTION:

That the Stewardship Committee for the Board of Health for Lakelands Public Health appoint Deputy Mayor Cecil Ryall as Chair, and Mr. Daniel Moloney as Vice Chair, for 2026.

Moved: Deputy Mayor Black

Seconded: Deputy Mayor Richardson

Motion Carried: 2026-001-SC

3. Confirmation of the Agenda

The Stewardship Committee amended the agenda to include the election and appointment of the Chair and Vice chair as Item 2.

MOTION:

That the Stewardship Committee for the Board of Health for Lakelands Public Health approved the agenda as amended.

Moved: Deputy Mayor Black

Seconded: Councilor Riel

Motion Carried: 2026-002-SC

4. Declaration of Pecuniary Interest

5. Consent Items to be Considered Separately (nil)

6. Delegations and Presentations(nil)

None to note

7. Confirmation of the Minutes of the Previous Meeting

7.1. Stewardship Minutes - November 14, 2025

- Cover Report
 - a. Lakelands Public Health Stewardship Committee Minutes, November 14, 2025

MOTION:

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

- approve meeting minutes from November 14, 2025, with the amendment to attendance: and,
- provide these to the Board of Health at its next meeting for information.

Moved: Councillor Riel

Seconded: Councillor Wilson

Motion Carried: 2026-003-SC

8. Business Arising from the Minutes

9. Staff Reports

9.1. Policies and By-Laws for Review

- Staff Report
 - a. Draft Lakelands Public Health Reserve Fund Policy

Larry Stinson provided history and a high-level overview of both legacy health unit policies

for Stewardship Committee members. Dr. Piggott noted for members that the policy highlights current combined balance of reserves, and the process if use was needed.

Questions, comments and discussion from members regarding the Reserve Fund Policy included;

- clarification on historical dedication of interest accrued by each legacy health unit
- ability to allocate interest into investments, as historically done in Municipalities
- impacts regarding decision of reserves as 2027 fiscal pressures approach

Stewardship Committee members showed full support for the Reserve Fund Policy.

MOTION:

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

- receive the Draft Reserve Fund Policy for information;
- approve consolidation of legacy reserves into one harmonized Lakelands Public Health reserve fund;
- approve the proposed minimum Reserve Fund balance of 5% based on the annual operating budget; and
- recommend approval of the Draft Reserve Fund Policy by the Board of Health at the next meeting.

Moved: Councillor Riel

Seconded: Councillor Wilson

Motion Carried: 2026-004-SC

10. Consent Items (nil)

11. New Business

Chair of the Stewardship Committee Cecil Ryall identified an item of New Business to address. Chair Ryall requested a brief discussion related to the status of the LPH Strategic Plan, specifically, objectives. It was noted that the discussion may be better suited for an upcoming meeting, or standalone meeting, prior to proceeding.

Members engaged in discussion surrounding cost implications and current status in the Strategic Plan journey. Noting that historically, costing implications could be discussed but were not exclusively showcased within Strategic Plans, as this information falls within budget. Members discussed the potential benefits of highlighting what Lakelands Public Health aims to achieve and where fiscal constraints may raise barriers, and whether or not there are other revenue streams to investigate. Contextual information related to Public Health and additional revenue streams was provided by Dr. Piggott.

From this discussion, the following action was noted: Dr. Piggott will review the possibility of implementing multi-year implications into the Strategic Plan from a fiscal standpoint, and what that would look like, for future discussion.

12. In Camera to Discuss Confidential Matters

12.1. In accordance with the Municipal Act, 2001:

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

MOTION:

That the Stewardship Committee for the Board of Health for Lakelands Public Health move to in-camera session to discuss confidential matters in accordance with the Municipal Act, 2001: Section 239(2)(i)

Moved: Deputy Mayor Block

Seconded: Councillor Wilson

Motion Carried: 2026-005-SC

13. Motions for Open Session (nil)

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

As a result of polling, the remainder of the 2026 Lakelands Public Health Stewardship Committee meetings have been scheduled as follows:

- May 13, 2026: 11:00 a.m. - 12:30 p.m.
- September 10, 2026: 12:30 p.m. - 2:00 p.m.
- November 12, 2026: 12:30 p.m. - 2:00 p.m.

These meetings will be virtual, and invites will be circulated after this meeting.

15. Adjournment

MOTION:

That the Stewardship Committee for the Board of Health for Lakelands Public Health adjourn the meeting at 3:23pm

Moved: Deputy Mayor Richardson

Seconded: Councillor Wilson

Motion Carried: 2026-006-SC

TITLE:	Stewardship Committee Report: Healthy Babies Healthy Children Program 2026-27 Budget Approval
DATE:	June 17, 2026
PREPARED BY:	Dale Bolton, Manager, Finance and Facilities
APPROVED BY:	Stewardship Committee

Proposed Recommendation

That the Board of Health for Lakelands Public Health:

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

Background

The Committee met last on June 11, 2026. At that meeting, the appended staff report and budget were approved and members recommended that these items come forward to the Board at its next meeting.

Attachments

- [Stewardship Committee Staff Report – HBHC Program 2026-27 Budget Approval](#)

TITLE:	Healthy Babies Healthy Children Program 2026-27 Budget Approval
DATE:	June 11, 2026
PREPARED BY:	Dale Bolton, Manager, Finance and Facilities
APPROVED BY:	Larry Stinson, Director, Finance, Facilities & IT Dr. Thomas Piggott, Medical Officer of Health & CEO

Proposed Recommendation

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

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

Financial Implications and Impact

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

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

For 2026-27, program staffing levels will be maintained at 11.60 full-time equivalent (FTE) Public Health Nurse (PHN), 1.80 FTE Community Workers, 1.72 FTE Family Home Visitors, 1.80 FTE Administrative Assistant and 0.85 FTE Program Manager and .20 Director

Budget to be submitted to MCCSS by June 30 is presented below.

Healthy Babies Healthy Children Program Budget – 2026-27

Expenditures

Salaries	\$1,595,809
Benefits	480,963
Materials and Supplies	11,000
Professional fees	500
Travel	44,000
Audit and legal fees	3,000
Professional development	11,500
Communications	<u>2,400</u>
Total Expenditures	<u>\$2,149,172</u>

Funding

Ministry of Children, Community & Social Services	<u>\$2,149,172</u>
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Decision History

The Board of Health (BOH) for Legacy Peterborough Public Health (LPPH) and Legacy Haliburton Kawartha Pine Ridge District Health Unit (LHKPR) have hosted and supported the HBHC program since its inception in 1998.

Historically, the HBHC program funding allocation has been held at 0% by the Ministry. With the 2024/2025 MCCSS budget approval, LHKPR received a 6.81% increase over the prior year and LPPH a 9.65% increase. Prior to this period, the last provincial base allocation increase was in 2013 for both LHKPR and LPPH.

Without adequate funding to offset the rising cost of operations, program staffing levels have been negatively impacted. Over the past number of years, senior management has met with the MCCSS provincial representatives and letters have been sent to the Ministry to communicate the need for increased funding to successfully deliver the program and meet client needs.

Background

Introduced in 1998 by the Government of Ontario, the HBHC program is mandated as a requirement within the Healthy Growth and Development standard of the 2018 Ontario Public Health Standards (OPHS) of the Ministry of Health.

HBHC is a prevention and early intervention home visiting program providing services during the prenatal period and to families with children from birth up to their transition to school. The program's intent is to optimize newborn and child healthy growth and development and reduce health inequities for families receiving service through screening, assessment and the provision of home visiting services.

Rationale

Annually the Board of Health must approve and submit an operating budget for the Healthy Babies Healthy Children Program to the MCCSS, in accordance with the financial accounting agreement.

Strategic Priorities and Principles

The HBHC program is identified as a requirement under the Healthy Growth and Development standard in the OPHS. Approval of the budget will contribute to the program and Lakeland Public Health's strategic direction to ensure underserved single parents and families are supported in creating healthy, safe and nurturing environments for child development.

TITLE:	Stewardship Committee Report: Infant and Child Development Program 2026-27 Budget Approval
DATE:	June 17, 2026
PREPARED BY:	Dale Bolton, Manager, Finance and Facilities
APPROVED BY:	Stewardship Committee

Proposed Recommendation

That the Board of Health for Lakelands Public Health:

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

Background

The Committee met last on June 11, 2026. At that meeting, the appended staff report and budget were approved and members recommended that these items come forward to the Board at its next meeting.

Attachments

- [Stewardship Committee Staff Report – ICDP Program 2026-27 Budget Approval](#)

TITLE:	Infant and Child Development Program 2026-27 Budget Approval
DATE:	June 11, 2026
PREPARED BY:	Dale Bolton, Manager, Finance and Facilities
APPROVED BY:	Larry Stinson, Director, Finance, Facilities & IT Dr. Thomas Piggott, Medical Officer of Health & CEO

Proposed Recommendation

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

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

Financial Implications and Impact

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

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

For 2026-27, program staffing levels will be maintained at 1.5 full-time equivalent (FTE) Infant & Child Development Consultants, 0.2 FTE Administrative Assistant and 0.15 FTE Program Manager, consistent with the prior year.

Minimal increase to the provincial allocation, raises the importance of advocating to the Ministry for an increase in the base funding to support the ongoing and rising program operating costs.

Budget to be submitted to MCCSS by June 30 is presented below.

Infant and Child Development Program Budget – 2026-27

Expenditures

Salaries	\$169,100
Benefits	45,907
Materials and Supplies	3,500
Travel	3,400
Occupancy	7,500
Audit and legal fees	2,400
Professional development	1,800
Communications	500
Allocated administration	<u>24,242</u>
Total Expenditures	<u>\$258,349</u>

Funding

Ministry of Children, Community & Social Services	<u>\$258,349</u>
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Decision History

The Board of Health for legacy Peterborough Public Health (LPPH) has operated the ICDP Program since 1981.

Historically, the ICDP funding allocation has been held at 0%. Without adequate funding to offset the rising cost of operations, program staffing levels have been negatively impacted. In 2024/2025, the province approved a 4.48% increase to the base allocation, over the prior year.

Previously, the LPPH Board of Health was informed of the impact of funding shortfalls and communication was sent to the Ministry to highlight the challenges to service delivery with the lack of funding increases. Senior management has also communicated with MCCSS provincial

representatives annually, regarding funding requirements to successfully deliver the program and meet client needs.

While MCCSS has committed to covering a more reasonable proportion of the LPH's costs to operate the program, the lack of annual provincial increases has contributed to operational and financial pressure for the program.

Background

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

Rationale

Annually the Board of Health must approve and submit an operating budget for the Infant and Child Development Program to the MCCSS, in accordance with the financial accounting agreement.

Strategic Priorities and Principles

Although not part of the Ontario Public Health Standards, the ICDP assists LPH in continuing to meet its mandate through coordinated efforts with the Healthy Babies Healthy Children program and other child health programming. It also assists in building on our leadership role by developing important linkages in our community and providing a valued service to reach the most vulnerable families and improve health outcomes.

Approval of the budget will contribute to the program and Lakeland Public Health's strategic direction to ensure underserved single parents and families are supported in creating healthy, safe and nurturing environments for child development.