

**Board of Health for
Lakelands Public Health
MEETING AGENDA
Wednesday, April 15, 2026, 4:00 – 6:30 p.m.
Port Hope Office, 200 Rose Glen Road,
Meeting Rooms 1/2/3, Port Hope, ON**

1. Call to Order and Land Acknowledgement

2. Declaration of Pecuniary Interest

3. Adoption of the Agenda

4. Adoption of Regular Minutes

- [Cover Report](#)
- a. [Draft Minutes, Feb. 18, 2026](#)

5. Business Arising

6. Medical Officer of Health Update

7. Reports

**7.1. Strategic & Emergency Services Division Presentation: Healthy Environments
Radon Campaign - Invisible Risk. Measurable Action**

- [Cover Report](#)
- a. [Presentation](#)

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. Committee Report: Indigenous Health Advisory Circle

- [Cover Report](#)
- a. [Minutes, December 12, 2025](#)

8.2. Committee Report: Stewardship

- [Cover Report](#)
- a. [Minutes, November 14, 2025](#)
- b. [LPH Reserve Policy](#)

8.3. Correspondence for Information

- [Cover Report](#)
- a. [LPH Letter - Labelling of Alcohol Products / Bill S-202](#)
- b. [alPHa Letter – Canada Chief Public Health Officer](#)

8.4. Staff Report: Access to Credit (Royal Bank of Canada)

- [Staff Report](#)

8.5. Association of Local Public Health Agencies Membership Approval

- [Cover Report](#)
- a. [alPHa Membership Letter](#)
- b. [alPHa Invoice](#)

9. New Business

10. In-Camera Session

The Board will proceed in camera to discuss four 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.

11. Motions From In Camera Session

12. Date of Next Meeting

Wednesday, May 20, 2026
4:00 p.m. – 6:30 p.m.
LPH Lindsay Office, 108 Angeline St. S., Lindsay ON

13. Adjournment

**LAKELANDS PUBLIC HEALTH
BOARD OF HEALTH**

TITLE:	Meeting Minutes for Approval
DATE:	April 15, 2026
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Lakelands Public Health approve meeting minutes for February 18, 2026.

ATTACHMENTS

- a. [Draft Minutes, Feb. 18/26](#)

**Board of Health for
Lakelands Public Health
DRAFT MEETING MINUTES
Wednesday, February 18, 2026, 4:00 – 6:30 p.m.
Virtual**

In Attendance:

Board Members:

Deputy Mayor Ron Black, Chair
Warden Bonnie Clark
Councillor Dan Joyce
Councillor Nodin Knott (*joined at 4:13 p.m.*)
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

Staff:

Dr. Thomas Piggott, Medical Officer of Health & Chief Executive Officer
Dr. Natalie Bocking, Deputy Medical Officer of Health
Ms. Hallie Atter, Director, Community Health
Mr. Larry Stinson, Director, Facilities, Finance & IT / Chief Transformation Officer
Ms. Cindy Tindal, Acting Director, People and Communications
Ms. Alida Gorizzan, Executive Assistant (Recorder)
Ms. Michelle McWalters, Executive Assistant

Regrets:

Mayor Olena Hankivsky

1. Call to Order and Land Acknowledgement

Deputy Mayor Black, Chair, called the meeting to order at 4:03 p.m.

The Chair noted the transition to a fully virtual meeting due to adverse weather conditions.

2. Declaration of Pecuniary Interest

There were no declarations of pecuniary interest.

3. Adoption of the Agenda

MOTION:

That the agenda be approved as circulated.

Moved: Dr. Makhija

Seconded: Dr. Stelzer

Motion carried. (2026-019)

4. Adoption of Regular Minutes

MOTION:

That the Board of Health for Lakelands Public Health approve meeting minutes for January 21 and February 2, 2026.

Moved: Mr. Moloney

Seconded: Warden Clark

Motion carried. (2026-020)

5. Business Arising

6. Medical Officer of Health Update

Dr. Thomas Piggott provided an update that included:

- Exterior Brand Signage: Our Lakelands Public Health exterior branding is being installed across all four office sites (Port Hope, Haliburton, Peterborough and Lindsay).
- Board of Health Educational Opportunities: Staff are in the process of scheduling learning opportunities based on discussions held at the last Board of Health retreat.
- Resignation of Dr. Natalie Bocking, Deputy Medical Officer of Health: Deep appreciation and thanks were shared with Dr. Bocking during the last few years within the merger working alongside her.

MOTION:

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

Moved: Dr. Makhija

Seconded: Councillor Ryall

Motion carried. (2026-021)

7. Reports

7.1. Merger Budget Approval – Year 3

MOTION:

That the Board of Health for Lakelands Public Health:

- receive the staff report, Merger Year 3 (2026-27) Budget Approval, for information; and,
- approve the proposed Merger Year 3 Budget in the amount of \$11,263,111 for submission to the Ministry of Health.

Moved: Dr. Stelzer

Seconded: Mayor Logel

Motion carried. (2026-021)

Councillor Joyce departed the meeting at 4:24 p.m. and rejoined

8. Consent Items

MOTION:

That the following items be passed as part of the Consent Agenda: 8.1; 8.2 a,b; 8.3 a,b,c,d.

Moved: Councillor Lachica

Seconded: Councillor Ryall

Motion carried. (2026-022)

MOTION (8.1)

That the Board of Health for Lakelands Public Health:

- receive and endorse the resolution from January 22nd, 2026, from the Middlesex-London Board of Health indicating support for the Statement from Provincial/Territorial Chief Medical Officers of Health on Labelling of Alcohol Products and *Bill S-202, An Act to amend the Food and Drugs Act (warning label on alcoholic beverages)*; and,
- communicate this support to Standing Senate Committee on Social Affairs, Science, and Technology, the Federal and Provincial Ministers of Health, with copies to local MPs and MPPs, Ontario Boards of Health and the Association of Local Public Health Agencies.

Moved: Councillor Lachica

Seconded: Councillor Ryall

Motion carried. (2026-022)

MOTION (8.2 a,b)

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

- a. Letter dated February 5, 2026 from the Minister of Health to the Board Chair, regarding the appointment of Dr. Thomas Piggott.
- b. Letter dated February 5, 2026 from the Minister of Health to the Board Chair, regarding the appointment of Dr. Natalie Bocking.

Moved: Councillor Lachica
Seconded: Councillor Ryall
Motion carried. (2026-022)

MOTION (8.3 a,b,c,d)

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

- a. Financial Report – Q4 2025
- b. Merger Progress Report and Dashboard – Q3 2025
- c. Ontario Public Health Standards Program Report – Q4 2025
- d. Risk Management Report – Q4 2025

Moved: Councillor Lachica
Seconded: Councillor Ryall
Motion carried. (2026-022)

9. New Business

10. In-Camera Session

MOTION:

That the Board of Health go In Camera at 4:32 p.m. to discuss one item in accordance with the Municipal Act, 2001, Section 239(2):

- (a) Security of Board property; and,
- (f) Advice that is subject to solicitor-client privilege.

Moved: Mr. Moloney
Seconded: Warden Clark
Motion carried. (2026-023)

MOTION:

That the in-camera session be dissolved, and the membership return to open session at 5:12 p.m.

Moved: Dr. Makhija
Seconded: Mayor Logel
Motion carried. (2026-024)

11. Motions From In Camera Session

MOTION:

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

- In Camera Meeting Minutes from January 21 and February 2, 2026; and,
- In Camera Item 7.1 pertaining to Section 239(2) (a) and (f).

Moved: Councillor Ryall
Seconded: Warden Clark
Motion carried. (2026-025)

12. Date of Next Meeting

Wednesday, April 15, 2026

4:00 p.m. – 6:30 p.m.

Port Hope Office, 200 Rose Glen Road, Port Hope ON

13. Adjournment

MOTION:

That the meeting be adjourned at 5:15 p.m.

Moved: Dr. Stelzer

Motion carried. (2026-026)

LAKELANDS PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	Presentation: Strategic & Emergency Services Division: Healthy Environments Radon Campaign - Invisible Risk. Measurable Action
DATE:	April 15, 2026
PREPARED BY:	Julie Ingram, Manager, Emergency Services & Healthy Environments
APPROVED BY:	Donna Churipuy, Director, Strategic and Emergency Services Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

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

- Presentation: Strategic & Emergency Services Division: Healthy Environments Radon Campaign - Invisible Risk. Measurable Action
- Presenter: Julie Ingram, Manager, Emergency Services & Healthy Environments

ATTACHMENTS

- a. [Presentation](#)



Lakelands
Public Health

Strategic & Emergency Services Division

Healthy Environments Radon Campaign

Invisible Risk. Measurable Action.

Julie Bromley

Manager, Emergency Services & Healthy Environments

April 15, 2026



Outline

- Strategic and Emergency Services Division Overview
- Healthy Environments Program
- Radon and Public Health Risk
- Local Relevance
- Radon Awareness and Testing Campaign
- Local Impact
- Financial Stewardship
- Next Steps

Division Overview

- **Strategic & Emergency Services** → Donna Churipuy, Director

- 1 Administrative Assistant for the division.
- **Health Equity & Community Engagement**
 - ✓ 1 Health Promoter Specialist & 2 Public Health Nurses (1 vacant)
- **Professional Practice**
 - ✓ 1 Coordinator & 1 Lead
- **Health Systems**
 - ✓ 2 Health Systems Specialists (recruiting)

Patti Fitzgerald, Manager

- **Emergency Services**
 - ✓ 1 Coordinator, 1 Public Health Inspector, & 1 Health Promoter (vacant)
- **Healthy Environments**
 - ✓ 2 Health Promoters & 2 Public Health Nurses

Julie Bromley, Manager



Special Topic:

Healthy Environments Radon Campaign

From the Healthy Environments Standard:

The board of health shall, as part of its strategy to reduce exposure to health hazards and promote healthy natural and built environments, effectively communicate with the public by:

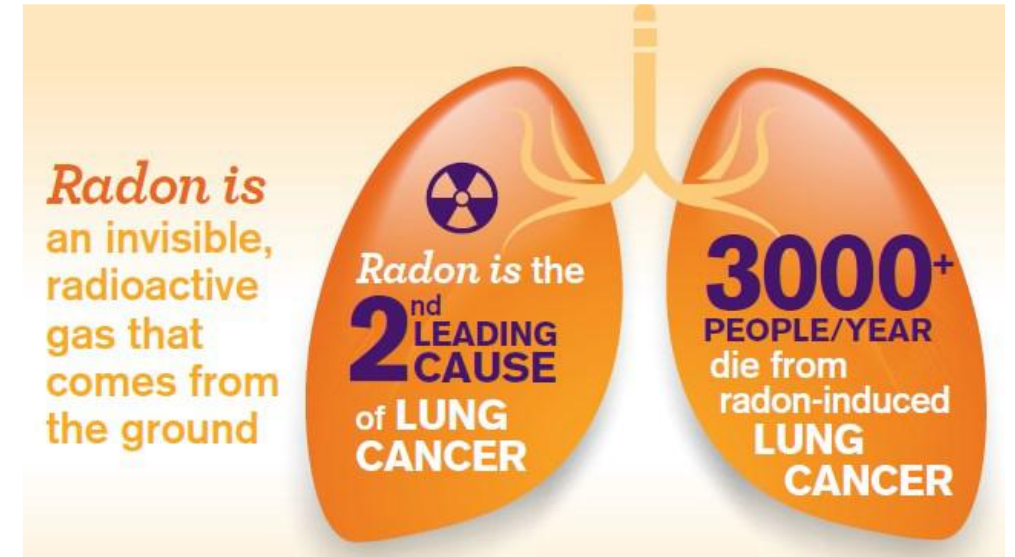
- a) Adapting and/or supplementing... communications strategies...;
- b) Developing and implementing regional/local communications strategies...; and
- c) Addressing the following topics based on an assessment of local needs:
 - ...Exposure to radiation, including UV light and **radon**

So, why radon?

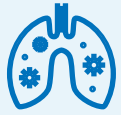


Radon is a Public Health Hazard

- Uranium and thorium, found in rocks and soil, break down in a natural process called “radioactive decay”
- Radioactive decay changes these elements into radium
- Radium then breaks down further into radon gas within the soil (invisible, odourless, tasteless)
- Radon is the leading cause of lung cancer among people who don’t smoke (2nd leading cause overall)



Take Action on Radon: www.takeactiononradon.ca



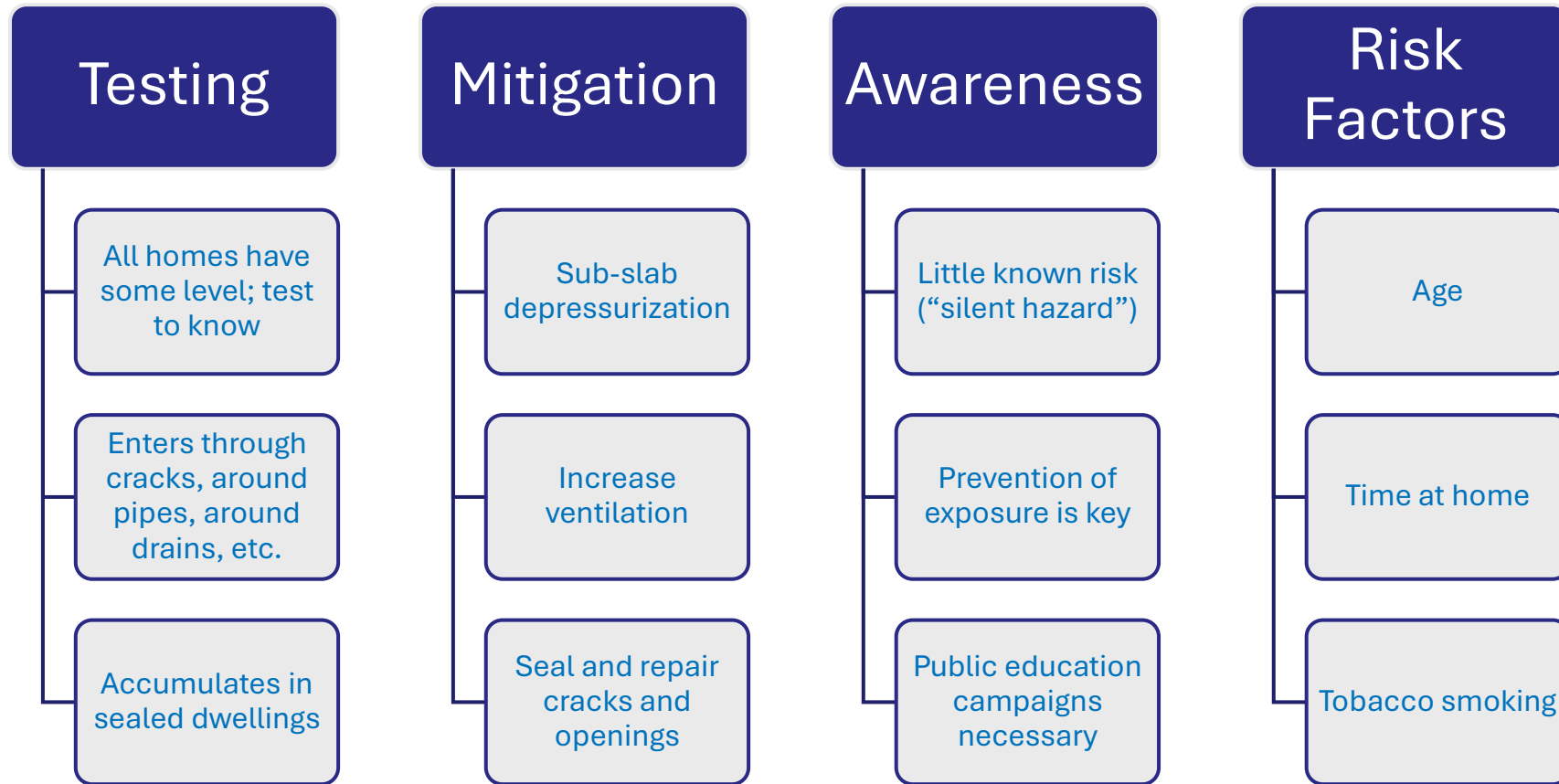
Radon and Lung Cancer (2020) – Local Impact

- **430 lung cancer cases** and, **separately, 255 lung cancer deaths** were reported in the Lakelands area
- Ontario estimates suggest **~10% of lung cancer cases** and **~14% of lung cancer deaths** are attributable to radon exposure
- This corresponds to **~43 cases** and **~35 deaths** in 2020 in the Lakelands Public Health region

(Population-level estimates; may not reflect local exposure or individual risk)



Radon Exposure and Risk



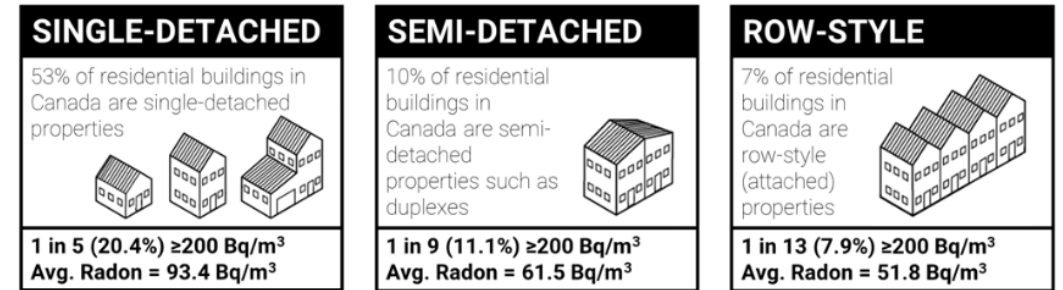


Local Relevance of Radon

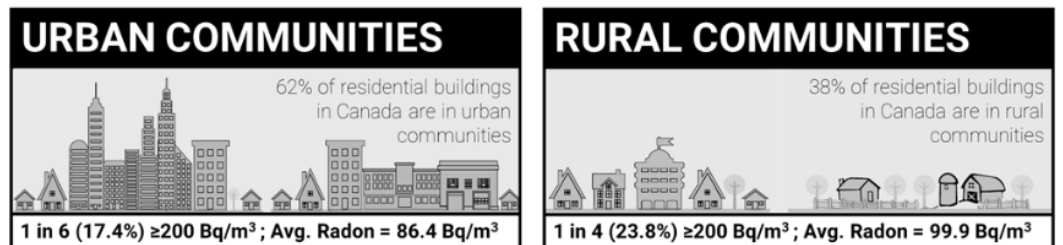
- 2024 Cross-Canada Radon Survey:
The average Canadian household radon level was 84.7 Bq/m³
- Nationally, nearly 1 in 5 (17.8%) single-detached residential buildings are at or above 200 Bq/m³ radon
- Greater likelihood of >200 Bq/m³ in rural residential buildings.
- Peterborough was named as one of the remaining 30% of Statistics Canada defined census metropolitan areas where additional radon testing is needed.



CANADIAN RESIDENTIAL RADON LEVELS BY BUILDING TYPE



CANADIAN RESIDENTIAL RADON LEVELS BY COMMUNITY TYPE

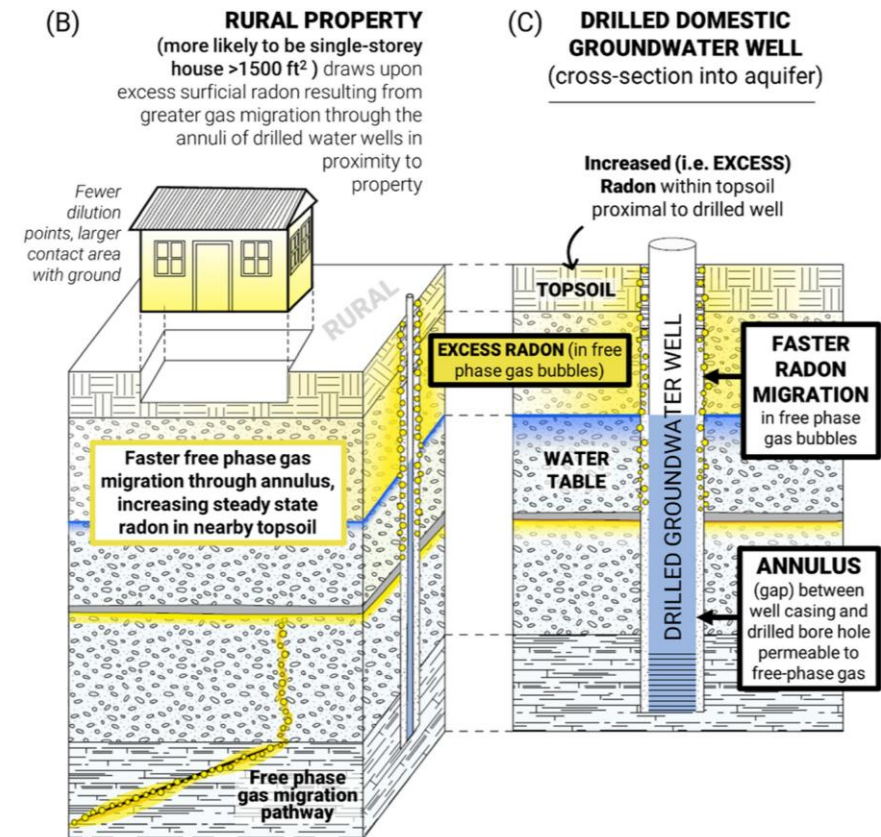


Evict Radon: www.evictradon.org



Local Relevance: Urban vs. Rural

- Rural communities consistently show over 30% higher radon exposure across all provinces and territories
 - More single-storey, single detached houses with larger floor plans
 - Drilled wells may provide a free-phase gas pathway allowing radon-rich gas migration from deep in the ground



Evict Radon: www.evictradon.org

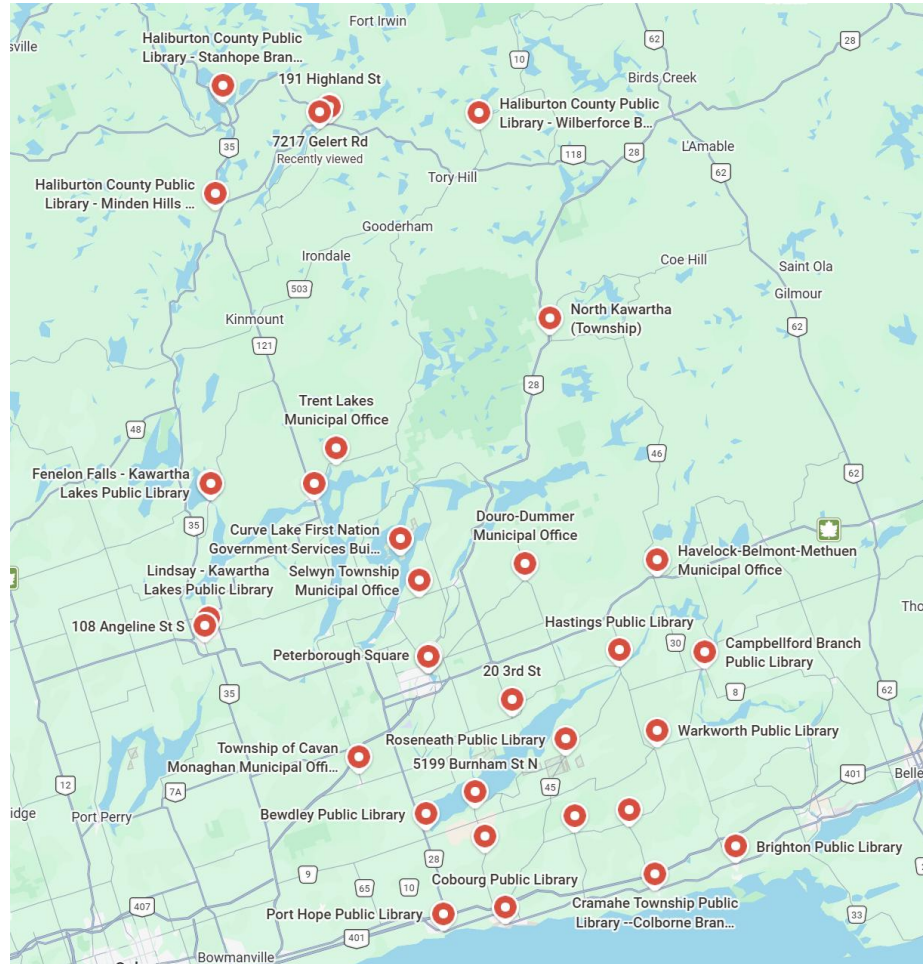


2025/2026 Awareness & Testing Campaign: Four Pillars

Organizational Integration	Public Trust and Brand Visibility	Community Value and Access	Partnerships and Collaboration
<ul style="list-style-type: none">• Early opportunity for harmonization• “Level up” services in underserved areas• Cross-functional collaboration across teams	<ul style="list-style-type: none">• Reinforces public trust• Showcases Lakelands brand• Positions Lakelands as a proactive, prevention-focused partner	<ul style="list-style-type: none">• Supports local municipalities and First Nation Communities with local data• Enables planning and policy decision• Low to no-barrier access	<ul style="list-style-type: none">• Strengthens community partnerships• Contributes to provincial and national datasets• Builds long-term collaborative networks



Local Distribution



Source: Google Maps

Low Barrier Approach

- Advanced training with distribution sites
- Educational materials included with test kits
- Distribution sites across Lakelands region
 - Municipal offices
 - Libraries
 - Community Health Centres
 - Lakelands offices
- Offered to First Nation Communities
- Offered at no cost



Local Impact





Financial Stewardship

Lakelands Public Health purchased kits for public

- Modest investment can significantly reduce risk of lung cancer and expensive treatment
- Re-testing recommended every 5 years, or after certain renovations
- Leveraged and enhanced local partnerships
- Brought awareness to health unit services

Mitigation – owner’s expense

- Cost varies based on the type of mitigation required
- Financial support options are limited



Radon is Invisible – Our work helps ensure the risk isn't.

Health

Radon gas may be giving more Canadians lung cancer. Scientists are racing to save lives

National study collecting toenail clippings to prove radon exposure, with goal of broadening cancer screenings



Lauren Pelley · CBC News · Posted: Jan 26, 2026 4:00 AM EST | Last Updated: January 26



Listen to this article ⓘ
Estimated 9 minutes



Two years ago, Calgary resident Steve Blake found out he had inoperable Stage 4 lung cancer. He and his wife, Kelly, were stunned. Blake was healthy, fit, and had never smoked. The couple tried to figure out what could have led to such a grim prognosis. One word kept coming up: radon. (Leah Hennel/CBC)

“Blake had never smoked or even been around secondhand smoke. The couple started doing research, trying to figure out what could have led to such a grim prognosis. One word kept coming up: radon.”

“What was I breathing in, for so long, all those years?”

“Radon-induced lung cancer kills an estimated 3,200 Canadians each year, and lung cancer, in general, remains the deadliest type of cancer in Canada, even as smoking rates have dropped dramatically in recent decades.”

Full story: [The cancer-causing gas hiding in millions of homes - YouTube](#)

Next Steps

Short-Term:

- Now for the next several months, kits will be returned for analysis
- Exploring a data-sharing agreement with the University of Calgary / Evict Radon National Study
- Provide support (education, resources) to residents with elevated radon levels
- Sharing with other public health units
- Staff representation on the Lung Health Foundation Ontario Radon Advisory Task Force

Long-Term:

- Ongoing promotion of radon testing
- Sustain the campaign annually (?) / expansion to other settings
- Share and promote results of the Evict Radon National Study
- Determine necessity for targeted / localized interventions (e.g., enhanced education and awareness, policy)



Lakelands
Public Health

Questions?



LAKELANDS PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	Committee Report - Indigenous Health Advisory Circle
DATE:	April 15, 2026
PREPARED BY:	Alida Gorizzan, Executive Assistant, on behalf of Liz Stone, Circle Chair
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Lakelands Public Health receive Indigenous Health Advisory Circle (IHAC) minutes from its meeting held on December 12, 2025, for information.

BACKGROUND

The IHAC met last on February 20, 2026. At that meeting, the Circle requested that these approved minutes come forward to the Board of Health at its next meeting.

ATTACHMENTS

- a. [IHAC Minutes, December 12, 2025](#)

Indigenous Health Advisory Circle (IHAC)
MINUTES
Friday, December 12, 2025 – 10:30 a.m. – 12:00 p.m.
Lakelands Public Health
185 King Street, Peterborough, Boardroom (3rd Floor)

In Attendance:

Members:

Deputy Mayor Ron Black
Ms. Julie Bothwell
Ms. Cheyanne Fisher
Mr. Paul Johnston
Councillor Nodin Knott
Councillor Joy Lachica
Mayor John Logel (virtual)
Professor David Newhouse
Ms. Liz Stone, Chair
Ms. Courtney Taylor
Ms. Rebecca Watts
Councillor Kathryn Wilson

Staff:

Dr. Thomas Piggott, Medical Officer of Health & Chief Executive Officer
Dr. Natalie Bocking, Deputy Medical Officer of Health
Hallie Atter, Director, Community Health
Ms. Samantha Roan, Manager, Indigenous Health
Ms. Wendy Freeburn, Executive Assistant (Recorder)

Guest:

Dr. Stephen McCarthy, Resident Physician (LPH Placement)
Kavin Qiu, Medical Student (LPH Placement)

Regrets:

Ms. Ashley Safar
Ms. Lori Flynn
Ms. Sarah Tsang

1. Call to Order and Welcome

Liz Stone, Circle Chair, called the meeting to order at 10:32 a.m.

2. Welcome and Introduction

The Chair opened with a warm welcome and introduced two new members to the Circle and two guests:

- Cheyanne Fisher, Outreach Worker with Nijkiwendidaa Anishnaabekwewag Services Circle.

- Courtney Taylor, Indigenous Program Navigator at Peterborough Regional Health Centre (PRHC)
- Dr. Stephen McCarthy, Resident Physician
- Kavin Qiu, Medical Student

3. **Confirmation of the Agenda**

The agenda was approved as circulated.

4. **Minutes of the Previous Meeting**

The minutes from September 12, 2025, were approved as circulated.

ACTION: Meeting minutes will be circulated to the Board of Health (BOH) at their next meeting for information.

5. **Items Arising From the Minutes**

5.1 **Building the Regional Indigenous Health Strategy Status**

Ms. Roan provided a comprehensive update on the ongoing development and implementation of the regional Indigenous health strategy, including the engagement plan with First Nations (Curve Lake, Hiawatha, Alderville) and Urban Indigenous communities, cultural support for Indigenous staff and the development of culturally relevant protocols and resources. Ms. Roan noted that she has received permission to adopt and adapt the *Trent University Cultural Protocol Guidebook* for application within LPH.

- **Student Project:** Ms. Roan reported that she will be precepting a Master of Public Health student from the University of Guelph beginning in January 2026. The student will assist with process mapping Lakelands Public Health's (LPH) engagement activities with various communities. The Circle agreed on the importance, going forward, to formalize and expand opportunities for Indigenous students at Trent University and local colleges to participate in placements or positions within the organization.
- **Terminology:** The Circle engaged in an in-depth discussion on terminology, such as "Indigenous" versus "First Nation", highlighting the importance of using respectful, context-specific language when addressing and acknowledging particular communities. Key points included the need for context-appropriate language in communications and engagement planning, ongoing review and adaptation of engagement documents and presentations, adopting terminology that reflects the diversity of Indigenous nationalities, ensuring all voices are acknowledged and respected, and avoiding broad, generalized language when speaking to a specific group, unless as in the context of this table, such usage is deemed appropriate.
- **Data Collection and Control:** The group discussed limitations in current data collection practices, noting that national surveys often do not capture distinctions such as First Nations, Inuit, Métis, Anishinaabe, Mohawk, etc., which impacts the ability to plan and measure outcomes relevant to specific communities. There was consensus on the need for communities to have access to and control over their

own data, with ongoing conversations about how to collect, use, and share data in ways that are responsive to community needs and respectful of sovereignty; “One size does not fit all”.

- **Principals of Engagement:** It was suggested that the Indigenous engagement plan document include a section outlining principles for engagement that can serve as a foundation for defining how engagement should occur, ensuring the process is structured and intentional rather than ad hoc. Professor Newhouse noted he would forward a presentation Ms. Roan could reference entitled *Keys to Achieving Indigenous Consent - Principles and Practice*, by Larry Innes.

ACTION: Ms. Roan will incorporate principles of engagement into the Regional Indigenous Health Strategy’s engagement plan.

- **Section 50 Agreement Expansion:** Members of the Circle encouraged and supported Ms. Roan in continuing discussions regarding Section 50 agreements with Alderville and Scugog and offered to assist Ms. Roan with board-level engagement and development of a funding model.

6. New Business

6.1 LPH Progress on TRC Calls to Action – Report and/or Other Activities

Professor Newhouse initiated a reflective discussion on the 10th anniversary of the Truth and Reconciliation Commission (TRC) Calls to Action. He introduced the idea of preparing a regional progress report to document achievements (specific to 18 to 24 calls to actions) and identifying ongoing gaps needing further work to communicate these findings to the public and communities.

Participants shared examples of progress, including:

- Establishment of IHAC.
- Appointment of an Indigenous Health Manager: to broaden communications and relationships with First Nations, rural and Urban Indigenous and non-Indigenous communities.
- Indigenous Navigator: establishment of this role at the Peterborough Regional Health Centre.
- LPH Branding Exercises: incorporating Indigenous knowledge.
- Improvements in consultation and engagement practices: at City and County of Peterborough Councils.
- Section 50 Agreements with Curve Lake First Nation and Hiawatha First Nation.
- COVID: positive experiences with positive engagement around vaccine equity and prioritization for First Nation and Urban Indigenous communities.
- Development of a culture of engagement and consultation: Indigenous leaders have moved away from consultation and talk now about engagement, continuing to share decision-making, governance and work together.
- Having all People’s Voices at the Table: engagement of community, both on and off reserve.
- Connection and Working with Partners Together: as a whole, working together is helping to get access to contacts for mental health addictions; transitional housing, etc.

- Public Forums: collaborative hosting of Indigenous health forums.
- Climate Change plan: engagement using Cambium Indigenous Professional Services (CIPS).

Participants shared examples of ongoing gaps and challenges, including:

- Improving health status data.
- Improving training and support for Indigenous Health Manager/employees.
- Support and health care in hospitals for Indigenous communities/individuals.
- The need for more consistent engagement, representation on boards.
- Addressing the needs of off reserve and Urban Indigenous community populations.

It was suggested that a video could be created to capture diverse perspectives and Indigenous knowledge contributions. As well, ensure that future reports balance celebrations of achievements with an honest reflection on areas for improvement, not overshadowing remaining challenges.

6.2 Update Indigenous Health Leaders Symposium Update

The Chair and Dr. Piggott provided a brief update on the Indigenous Health Leaders Board Symposium taking place on January 16, 2026, at Trent University. The session will involve participation from Trent University health sector leadership and individuals from First Nations and the Urban Indigenous Community. The session came about because of a partnership with Dr. Lynn Mikula (President and CEO, PRHC), Dr. Cathy Bruce (Trent University's President & Vice-Chancellor) and Dr. Piggott.

ACTION: The Chair will forward the agenda for the Indigenous Health Leaders Symposium scheduled on January 16, 2026, to IHAC members for their information.

6.3 LPH Strategic Plan Development and Indigenous Engagement Update

Dr. Piggott outlined the ongoing strategic planning process for LPH. The process consists of three phases: internal staff engagement focused on workplace culture, external community engagement through surveys and town halls, with the third phase merging findings to identify priorities and objectives for the merged organization. The Consulting team plans to align strategic planning engagement with ongoing Indigenous health strategy work, carrying forward lessons learned from previous branding and engagement initiatives.

Members discussed the need for creative and accessible engagement methods, such as use of social media, smaller gatherings including meals and leveraging existing community events to ensure meaningful participation from First Nation and Urban Indigenous communities in shaping future priorities.

ACTION: The Chair will prepare additional guided questions focused on Indigenous priorities for discussion at the next IHAC meeting to support further engagement in shaping the LPH strategy. She will share a draft plan with members ahead of the meeting.

6.4 Progress on TRC (Yellowhead Institution)

Dr. Stephen McCarthy presented a proposed framework for tracking progress on the TRC Calls to Action recommending shifting IHAC from an advisory to an accountability role, with structured evaluation and reporting mechanisms. Dr. McCarthy reviewed national and regional frameworks, including the Yellowhead Institute's grading model ([Braiding Accountability: A Ten Year Review of the TRC's Healthcare Calls to Action](#)) and analyzed how other health units have approached tracking Calls to Action, emphasizing the need for relational accountability and power sharing.

The proposed model involves gathering local priorities from various Indigenous communities, with IHAC setting and evaluating priorities, LPH acting as a steward for data collection and analysis, and the BOH ensuring accountability. Key recommendations include IHAC-led prioritization of Calls to Action, development of a co-owned priority list, use of scorecards for evaluation, and the need for dedicated resources to support sustainable reporting and evaluation.

Many members expressed their appreciation of Dr. McCarthy's *Circle of Accountability* visual, highlighting the strength of sweet grass and connections woven together to make partnerships stronger. Members discussed the implications of shifting IHAC from an advisory to a more formal accountability or steering role.

6.5 Sub-committee to Provide Cultural Advising Support to the Manager, Indigenous Health Position (Presentation)

The Chair led a discussion on establishing appropriate cultural support mechanisms for the Indigenous Health Manager and future Indigenous staff, potential models for support and the importance of culturally safe and responsive structures. The Chair noted she reviewed the IHAC Terms of Reference to clarify support structures that should not overlap operational items or conflict with IHAC's role as advisory to the BOH, but focus on Indigenous partnerships, program advice, advocacy, and inclusion of Indigenous knowledge:

- “Must not include” issues or topics that are covered by an internal policy or procedure, including but not limited to:
 - Complaints process.
 - Performance reviews.
 - Mediation or negotiation.
 - Employment status.
- Support from IHAC or IHAC sub-committee should include, but not be limited to:
 - Indigenous partnerships.
 - Indigenous programs and initiatives.
 - Advocacy for new Indigenous programs and initiatives.
 - Advocacy for the inclusion of Indigenous knowledge and participation.
 - Be consistent with the Indigenous health standards within the Ontario Public Health Standards (OPHS).

The members discussed possible processes for IHAC members to reach out to LPH

with concerns or items of escalation and support that respect both organizational structure and cultural safety. It was noted the BOH is moving forward with a new Executive Working Group (a work in progress) that may be a place to create good mechanisms for managing concerns.

The members discussed possible models of support for the Manager of Indigenous Health highlighting the importance of not isolating Indigenous staff, creating a support body for Indigenous employees with an emphasis on culturally appropriate processes. Examples of support from other organizations were discussed including access to cultural teams, elders on staff, peer support networks and Indigenous associations.

ACTION: The Chair will compile resources (including Health Nexus) and options for further discussion to ensure mechanisms are in place for staff to seek support and reaffirm the Circle's responsibility to create a safe and supportive environment.

6.6 Culturally Sensitive Discussion (Indigenous Members only) – Standing Item

Deferred.

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

Proposed 2026 dates will be forwarded in a poll for member's consideration.

8. Adjournment

The meeting was adjourned at 12:24 p.m.

LAKELANDS PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	Committee Report: Stewardship
DATE:	April 15, 2025
PREPARED BY:	Michelle McWalters, Executive Assistant, on behalf of Councillor Ryall, Committee Chair
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

MOTION #1

That the Board of Health for Lakelands Public Health receive Stewardship Committee minutes from its meeting held on November 14, 2025, for information.

MOTION #2

That the Board of Health for Lakelands Public Health approve Policy 02-15, Reserve Fund.

BACKGROUND

The Stewardship Committee met last on March 5, 2026. At that meeting, the Committee requested that these items come forward to the Board of Health.

Reserve Fund Policy

At its meeting on March 5, 2026, the Committee:

- approved consolidation of legacy reserves into one harmonized Lakelands Public Health Reserve Fund;
- proposed minimum Reserve Fund balance of 5% based on the annual operating budget; and
- recommended approval of the attached Draft Reserve Fund Policy by the Board of Health at its next meeting.

The maintenance of a reserve fund is an acceptable business practice for Lakelands Public Health (LPH) to respond to urgent public health priorities, reduce financial risk to the organization and limit the need to use an interest-based line of credit in the event of unforeseen or cashflow issues.

As of December 31, 2025, the combined reserve balance for LPH is estimated at \$3.9 Million. Historically, legacy Peterborough Public Health (PPH) reported each reserve fund, and for legacy Haliburton Kawartha Pine Ridge District Health Unit (HKPRDHU); within one fund. The estimated reserve balances at the end of 2025 are presented below:

PPH Contingency	\$1,287,396	HKPRHU Operating	\$1,629,126
PPH Program	296,815		
PPH Occupancy	<u>703,915</u>		
	\$ <u>2,288,126</u>		

With the merger, it is recommended that the legacy PPH reserve funds, including Contingency, Program and Occupancy, be consolidated and combined with HKPRHU reserve fund to establish the Reserve Fund for LPH.

A review of peer health units found reserve balances are generally maintained between 5% and 10% of the annual operating budget or equivalent to one-month of operating expenses. A summary of the review is presented for comparison:

Health Unit	Reserve Policy
Algoma Public Health	15% of operating revenue based on mandatory cost-shared programs
Chatham-Kent Health Unit	10% of municipal cost-shared budget
Hastings Prince Edward County Health Unit (legacy)	5% of annual operating budget or maximum of one-month's operating expenses
Middlesex-London Health Unit	2% maximum annual contribution per year based on gross revenues; and total reserve in any given year cannot exceed 10% of gross revenues for the year
Peel Public Health	5% minimum of total budget with maximum of 10%
Southwestern Health Unit	10% of annual operating budget
Windsor-Essex County Health Unit	10% maximum of annual operating budget
North Bay Parry Sound HU, Northwestern HU, Renfrew County & District HU, South East HU, Sudbury & District HU, Wellington-Dufferin-Guelph PH	Reserve with no maximum

The Reserve Fund Policy has been developed based on a recommendation to establish and maintain the Operating Fund Reserve with a minimum balance of 5% of the annual operating budget, or approximately \$1.8 Million.

ATTACHMENTS

- a. [Stewardship Minutes, November 14, 2025](#)
- b. [Draft Reserve Fund Policy](#)

**Board of Health for
Lakelands Public Health
Stewardship Committee Meeting
MINUTES
November 14, 2025 – 1:00 p.m. - 2:30 p.m.
VIRTUAL**

Lakelands Public Health Stewardship Committee Members in Attendance:

Chair Cecil Ryall
Vice Chair Daniel Moloney
Dr. Hans Stelzer
Deputy Mayor Ron Black
Mr. David Marshall
Councilor Tracy Richardson
Councilor Keith Riel
Councilor Kathryn Wilson

Lakelands Public Health Staff in Attendance:

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

1. Call to Order and Land Acknowledgement

The meeting was called to order at 1:01 p.m. by Chair Ryall, with a personal reflection provided.

2. Confirmation of the Agenda

The agenda was confirmed as presented.

MOTION:

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

Moved: Councilor Richardson

Seconded: Councilor Riel

Motion Carried: (2025-028-SC)

3. Declaration of Pecuniary Interest

No declarations were made.

4. **Consent Items to be Considered Separately** (*nil*)
5. **Delegations and Presentations**(*nil*)
6. **Confirmation of the Minutes of the Previous Meeting**

6.1. **Stewardship Minutes - September 29, 2025**

- [Cover Report](#)

The minutes were reviewed, and an amendment was requested regarding attendance. Michelle McWalters, Executive Assistant, will amend the minutes as directed by the Stewardship Committee.

MOTION:

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

- approve the amended meeting minutes from September 29, 2025, with the amendment to attendance: and,
- provide these to the Board of Health at its next meeting for information.

Moved: Dr. Stelzer

Seconded: Vice Chair Moloney

Motion Carried: (2025-029-SC)

7. **Business Arising from the Minutes**
8. **Staff Reports**

8.1. **Quarterly Reporting**

- [Staff Report](#)
 - a. [2025 Quarterly Finance Report](#)
 - b. [2025 Quarterly Cost-Shared Budget Report](#)

Larry Stinson provided an overview of the enclosed Staff Report and appended Finance and Cost-Shared budget reports to the Committee members. Mr. Stinson noted that the 2025 budget is on course as expected, with an expectation to expense the full budget by end of year. Stewardship Committee members engaged in a question session, where Mr. Stinson provided clarity and commentary to budget lines that were underspent, but likely to be fully expended by end of year. Topics of interest from Committee members included the Ontario Seniors Dental Care Plan funding and Learning and Development.

MOTION:

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

- receive the Q3 2025 Financial Report for information; and,
- provide it to the Board of Health at its next regular meeting.

Moved: Deputy Mayor Black

Seconded: Councilor Richardson

Motion Carried: (2025-030-SC)

8.2. Quarterly Report – Merger

- [Staff Report](#)

The Quarterly Report was shared for information purposes to the Stewardship Committee. There were no significant questions or concerns regarding this update.

MOTION:

That the Stewardship Committee for the Board of Health for Lakelands Public Health receive the HKNP 2025-2026 Q2 Merger Progress Report for information

Moved: Vice Chair Moloney

Seconded: Councilor Richardson

Motion Carried: (2025-031-SC)

8.3. 2024/2025 Audited Financial Statement - Healthy Babies Healthy Children Program

- [Staff Report](#)

A general overview and history of the audit reports was provided by Larry Stinson, reflecting the fact there were no remarkable finds to note related to expenditure. Committee members participated in a brief question period where information was provided related to Professional Development funding and anticipated changes to audit fees in 2026, and what opportunities can be explored.

MOTION:

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

- receive the staff report, 2024/2025 Audited Financial Statement - Healthy Babies Healthy Children Program; and
- recommend approval of the 2024/2025 Audited Statements for the Healthy Babies Healthy Children Program for Peterborough Public Health and Haliburton, Kawartha Pine Ridge District Health Unit.

Moved: Dr. Stelzer

Seconded: Vice Chair Moloney

Motion Carried: (2025-032-SC)

8.4. 2024/2025 Audited Financial Statement - Infant Child Development Program

- [Staff Report](#)

The 2024/2025 Audited Financial Statement – Infant Child Development Program was reviewed with Committee members, with no questions or concerns arising.

MOTION:

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

- receive the staff report, 2024/2025 Infant Child Development Program Audited Financial Statement, for information; and
- recommend approval of the 2024/2025 Audited Statements for the Infant Child Development Program

Moved: Mr. Marshall

Seconded: Councilor Riel

Motion Carried: (2025-033-SC)

9. Consent Items (nil)

10. New Business

11. In Camera to Discuss Confidential Matters

11.1. In accordance with the Municipal Act, 2001:

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

MOTION:

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

Moved: Vice Chair Moloney

Seconded: Dr. Stelzer

Motion Carried: (2025-034-SC)

12. Motions for Open Session

That the Stewardship Committee for the Board of Health for Lakelands Public Health approve;

- item 3.1,
- item 4.1, and;
- receive for information item 6.1 under *Section 239(2)(i)*

Moved: Vice Chair Moloney

Seconded: Mr. Marshall

Motion Carried: (2025-035-SC)

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

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

14. Adjournment

MOTION:

That the Stewardship Committee for the Board of Health for Lakelands Public Health adjourn the meeting at 2:24pm

Moved: Mr. Marshall

Seconded: Dr. Stelzer

Motion Carried: (2025-036-SC)

Policy	DRAFT Reserve Fund
Section	Board of Health
Number	02-15
Policy Lead	Board of Health
Approval Level	Board of Health
Original Approval	2026-MMM-DD
Reviewed/Revised	2026-MMM-DD
Next Review	YYYY-MMM-DD
Associated LPH Procedures and Forms	Procedure – Reserve Fund

POLICY

PURPOSE

The purpose of this policy is to provide guidance on the establishment, maintenance, and appropriate use of the Reserve Fund of Lakelands Public Health (LPH).

DEFINITIONS

Emergency is defined as a significant and unplanned event, which cannot be responded to from the operating budget.

Reserve Fund is defined as designated funds to manage unanticipated expenditures, manage financial risk, ensure financial stability, and fund capital projects.

POLICY STATEMENT

The Board of Health has the power under Section 417(1) of the Municipal Act to establish and maintain a reserve fund.

The establishment of a reserve fund is a prudent financial management practice.

POLICY DETAILS

The Board of Health (BOH) shall establish a Reserve Fund to ensure an appropriate level of financial resources to protect against unpredicted liabilities, cover contingency or emergency expenses and provide for future capital requirements.

The Reserve Fund shall account for retainable surplus funds generated through operations.

The Reserve Fund will be restricted for unforeseen program and/or corporate expenses,

contingencies, minor capital repairs and replacements, or any other expense as deemed necessary by the Board.

Expenditures from the Reserve Fund shall be approved by the Medical Officer of Health/Chief Executive Officer (MOH/CEO) and/or Board Signatories in accordance with signing authority limits established in the by-law to govern the banking and financial activities.

PROCEDURE – RESERVE FUND

PROCEDURE DETAILS

To ensure an effective and efficient operation, the BOH shall establish and maintain a Reserve Fund. The Reserve Fund shall be maintained at a minimum of five percent (5%) of the annual operating budget, at all times, unless an exceptional situation is reviewed and approved by the Board of Health.

The funds in the Reserve Fund will be kept in an interest-bearing account to enable growth of the Reserve Fund balance.

Release of Funds

Monies in the Reserve Fund are not to be released for expenditure until a Board resolution is successfully carried and the resolution states the amount of money to be transferred and the purpose.

The use of either Reserve Fund is at the discretion of the Board of Health, with general direction provided in this policy as to the amount of the fund and a plan for its replenishment, if utilized.

Replenishment of Funds

Audited, unexpended municipal funds for program activities are eligible to be transferred to LPH's Reserve Fund.

Replenishment of the Reserve Fund to maintain the minimum approved level will occur through the transfer of unspent municipal funds from the annual operating surplus, at the discretion of the Board of Health on advice of the MOH/CEO and/or the Auditor.

The Reserve Fund will be reviewed annually by the BOH.

ADDITIONAL INFORMATION

RELATED LPH DOCUMENTS

By-Law 2 - Banking and Finance

By-Law 5 - Duties of Officers and Management of Board

VERSION HISTORY

DATE	LEAD	DESCRIPTION
	A. Gorizzan	Original

LAKELANDS PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	Correspondence for Information
DATE:	April 15, 2026
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

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

- a. Letter dated March 5, 2026 from the Board Chair to the Standing Senate Committee on Social Affairs, Science and Technology, as well as the Federal and Provincial Ministers of Health, regarding alcohol labelling and support for Bill S-202.
- b. Letter dated April 1, 2026 from the Association of Local Public Health Agencies to Dr. Joss Reimer, Canada’s new Chief Public Health Officer (copied to all Ontario boards of health).

ATTACHMENTS

- a. [LPH Letter – Alcohol Labelling](#)
- b. [alPHa Letter - Canada Chief Medical Officer of Health](#)

March 5, 2026

Standing Senate Committee on Social Affairs, Science and Technology
The Senate of Canada
soci@sen.parl.gc.ca

Hon. Marjorie Michel
Minister of Health, Health Canada
hcminister.ministresc@hc-sc.gc.ca

Hon. Sylvia Jones
Minister of Health, Government of Ontario
sylvia.jones@ontario.ca

Dear Committee Members and Honourable Ministers,

Re: Support for the Statement from Provincial/Territorial Chief Medical Officers of Health on Labelling of Alcohol Products and for Bill S-202, An Act to amend the *Food and Drugs Act* (warning label on alcoholic beverages).

On behalf of the Lakelands Public Health (LPH) Board of Health, we are writing to formally communicate our endorsement of the Middlesex-London Health Unit's policy recommendations (enclosed) regarding mandatory alcohol labelling in Canada from January 22, 2026, approved by the LPH Board of Health on February 18, 2026.

Alcohol consumption is widespread across Ontario and Canada and is associated with significant, well-documented health harms. Alcohol is classified as a Group 1 carcinogen and is linked to cancer, addiction, chronic disease, mental health impacts, and injury. Despite these risks, alcohol remains highly normalized and increasingly accessible, while consumer-facing health protections have not kept pace.

Unlike tobacco and medical cannabis products, alcohol containers in Canada are not required to carry comprehensive, standardized health warning labels. This regulatory gap limits consumers' ability to make fully informed decisions. Although approximately 75% of Canadians aged 15 and older report consuming alcohol, more than 40% are unaware that alcohol increases the risk of cancer. Clear, visible health warnings and standard drink information are essential to closing this knowledge gap.

The burden of alcohol-related harm is also evident locally. According to Public Health Ontario, in 2019-2020, 82.3% of Peterborough residents report having one or more drinks over the past 12 months. Between 2009 and 2022, Peterborough had the fourth highest rate of alcohol-attributable hospitalizations across Ontario. Haliburton, Kawartha, and Northumberland saw 4,573 alcohol-

overdose related emergency department visits between 2019-2023, and 19 alcohol-toxicity related deaths between 2018 and 2022. This data underscores the significant and ongoing impact of alcohol use within our communities and reinforce the need for stronger public health measures.

Established in 2025, LPH was formed by the merger of Peterborough Public Health (PPH) and the Haliburton, Kawartha, Pine Ridge District Health Unit. (HKPR) The LPH Board of Health continues the legacy of evidence-informed advocacy and remains committed to advancing policies that reduce alcohol-related harms and strengthen public health protections across our combined region.

Previous advocacy from the former boards of health includes:

- 2019: PPH urged the Government of Ontario to develop a comprehensive provincial alcohol strategy.
- 2023: HKPR called on the Government of Canada to require enhanced alcohol labelling under the *Food and Drugs Act*.
- 2023: Both former boards expressed support for Bill S-254 (Alcohol Warning Labels) and Motion M-61 (National Alcohol Warning Label Strategy).

LPH continues to recognize alcohol-related harms as a significant and growing burden on individuals, families, and communities. We support the Middlesex-London Health Unit's evidence-informed recommendations for mandatory, regulated health labelling on all alcohol containers manufactured and sold in Canada. This includes prominent health warnings, alignment with Canada's Guidance on Alcohol and Health, and standardized drink information.

Aligning alcohol labelling requirements with Canada's regulatory approach to commercial tobacco and non-medical cannabis would promote consistency, transparency, and consumer protection. Mandatory labels are a cost-effective, population-level measure that increases awareness, supports informed decision-making, and contributes to long-term harm reduction.

Sincerely,

Original signed by

Deputy Mayor Ron Black
Chair, Board of Health

/ag

Encl.: [MLHU Resolution, January 2026](#)

cc: Local MPs and MPPs
Ontario Boards of Health
Association of Local Public Health Agencies

alPHa's Members are
the public health
units in Ontario.

alPHa Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

Affiliate Organizations:

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

April 1, 2026

Dr. Joss Reimer,
Chief Public Health Officer
Health Canada

Dear Dr. Reimer,

Re: Welcome from alPHa

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

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

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

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

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

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

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

Sincerely,



Dr. Hsiu-Li Wang,
Chair, alPHa

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

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

LAKELANDS PUBLIC HEALTH
BOARD OF HEALTH – STAFF REPORT

TITLE:	Access to Credit (Royal Bank of Canada)
DATE:	April 15, 2026
PREPARED BY:	Dale Bolton, Manager, Finance and Facilities
APPROVED BY:	Larry Stinson, Director, Finance, Facilities & IT / Chief Transformation Officer Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Lakelands Public Health:

- receive the staff report, Access to Credit (RBC) for information;
- approve establishment of an Operating Line of Credit with Royal Bank of Canada (RBC) in the amount of one million eight hundred thousand (\$1,800,000);
- approve the Board of Health’s Corporate Credit Card program in the amount of \$50,000 per billing cycle; and,
- direct that access to credit defined within these approvals complies with the approved Board Policy (as current).

BACKGROUND

An operating line of credit for the Board of Health (BOH) for Haliburton Kawartha Northumberland Peterborough Health Unit (Lakelands Public Health) will ensure financial stability and operational continuity, to manage expenditures for payroll and accounts payable in the event of delayed cash flow from major funders.

Historically, Haliburton, Kawartha, Pine Ridge District Health Unit (HKPR) had an operating line of credit in the amount of \$1,800,000 and Peterborough Public Health (PPH) of \$500,000. These lines of credit have no cost, and neither BOH have had a need to access funds from this source, however, it is recommended as good business practice to have in place in the event of need.

The BOH currently utilizes a corporate credit card program through the Royal Bank of Canada for legacy HKPR and National Bank of Canada for legacy PPH to facilitate essential operational expenditures, including program supplies, travel expenses for staff training/conferences, and minor equipment purchases. The combined aggregate monthly spending limit is \$50,000, for legacy corporate cards.

All credit card use is governed by the BOH's Procurement Policy (02-07), which outlines permitted expenses, documentation requirements and a detailed monthly reconciliation process reviewed by the Finance Department.

The use of credit for daily operations and continuity of operations is essential. The proposed credit limits and corresponding signing authority policies ensure effective operations for Lakelands Public Health, while ensuring appropriate controls and allowing the BOH to fulfil financial contractual obligations of the organization.

LAKELANDS PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	Association of Local Public Health Agencies Membership Approval
DATE:	April 15, 2026
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Lakelands Public Health:

- receive the letter dated April 1, 2026 from the Association of Local Public Health Agencies (alPHa) regarding 2026-27 membership; and,
- approve the 2026-27 membership fee in the amount of \$21,004.87.

BACKGROUND

Membership with the Association of Local Public Health Agencies (alPHa) requires annual approval by the Board of Health.

The 2025–26 alPHa membership fee for Lakelands Public Health was approved by the Board of Health in April 2025 in the amount of \$20,796.90. This amount reflected a new membership fee structure approved by the alPHa Board of Directors, designed to ensure a more equitable distribution across health units and avoiding disproportionate impacts on either smaller or larger organizations. The revised structure represented a one-time recalibration to accommodate the January 1, 2025 mergers of public health units.

Prior to the merger, legacy health unit membership fees in 2024 totalled \$14,813.92 for the former Haliburton, Kawartha, Pine Ridge, District Health Unit (HKPR) and \$11,521.94 for legacy Peterborough Public Health (PPH). For reference, historical annual increases ranged from 2.44% to 3.4% between 2022 and 2024.

The 2026–27 membership renewal reflects a 1% increase over the prior year and represents a return to a more typical annual adjustment following the merger-related restructuring in 2025–26. Membership fees continue to support alPHa’s mandate to provide advocacy, policy leadership, and sector representation for Ontario’s public health units.

ATTACHMENTS

- a. [alPHa Letter, April 1/26](#)
- b. [alPHa Invoice](#)

Dear Dr. Thomas Piggott,

Re: alPHa Membership Renewal 2026 to 2027

April 1, 2026

alPHa's Members are
the public health units
in Ontario.

alPHa Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

It's time to renew your Membership with the Association of Local Public Health Agencies (alPHa), the collective voice of Ontario's local public health agencies. Your continued participation is vital to ensuring local public health perspectives remain prominent within a complex and evolving policy environment.

alPHa brings together Ontario's Boards of Health, Medical and Associate Medical Officers of Health, and Affiliate organizations to strengthen leadership, coordination, and effective public policy engagement across the public health system. At a time of transformation, funding pressures, workforce challenges, and increasing community health needs, a strong and coordinated voice is essential, and your Membership directly enables it.

Advancing Member Priorities and Strengthening Government Relationships

Over the past year, alPHa maintained a strong public policy presence on behalf of Members, reinforcing the essential role of local public health in a resilient health system, most notably through our formal [budget submissions](#) and the fifth in our series of *Public Health Matters* infographics, [A Strong Economy Supported by Healthy Communities](#). These were key components of our ongoing efforts to demonstrate that healthy communities support economic productivity, reduce health care costs, and contribute to long-term prosperity.

alPHa engaged municipal leaders and sector partners throughout the past year. Activities included presentations and meetings held at the Association of Municipalities of Ontario Conference in August 2025 and at the Rural Ontario Municipal Association Conference in January 2026. alPHa representatives also participated in two meetings with leadership from the Ontario Medical Association at both of these events.

Supporting Members Through System Change

alPHa remains engaged on the three elements of the Strengthening Public Health initiative (mergers, revised Ontario Public Health Standards, and funding model review) and will continue to play a critical role in convening leadership perspectives on the opportunities and challenges as progress continues.

alPHa has also identified the importance of investments in digital modernization for optimizing service delivery capacity, supporting workforce sustainability, and improving operational efficiency across the system.

Member Events

alPHa's in-person and virtual events are a cornerstone of Member value. Our Annual General Meeting and Conference is an important opportunity for local public health leaders from across Ontario to come together in person for learning, strategic dialogue, peer connection, and perspectives on shared challenges. Our virtual Fall and Winter Symposiums provided accessible, high-impact opportunities for virtual learning, leadership development, collaboration, and connection. Special educational sessions and workshops were provided. Each of these events was only open to Members in good standing and helped to inform our collective voice over the past year.

Ongoing Representation, Partnerships, and Member Supports

Through regular meetings of the alPHa Board of Directors and its Executive Committee, the Boards of Health Section, Council of Ontario Medical Officers of Health Section, and Affiliate

organizations, Members' interests and priorities were positioned with system partners across the health and municipal sectors in an effective, consistent, and timely way.

alPHA's Boards of Health Governance and Social Determinants of Health training courses and related materials provide Members with support for orientation, professional development, and team-based learning. These will be especially important for new Boards of Health following this year's municipal elections.

Our *Information Break* newsletter is another important resource to help public health leaders stay informed of public policy engagement activity, opportunities for collaboration, and the latest updates. We also provided several peer-to-peer electronic mailing lists that facilitated information sharing, discussion, and inquiries in real time.

Membership Fees and Continued Value

alPHA's Board of Directors is comprised of local public health leaders who bring a unique perspective in balancing local budget pressures and the Association's operational requirements when setting annual Membership fees. A modest one per cent increase was approved for 2026-2027 to address rising costs of delivering high-value public policy engagement, leadership support, learning opportunities, and other valuable Member services, while minimizing the burden on local public health agencies.

Your continued Membership is essential to sustaining a coordinated leadership presence for local public health across Ontario and directly supports alPHA's activities as we navigate ongoing system change. Our collective voice emphasizes the critical role of local public health within Ontario's health system, supports effective governance and leadership, and reinforces the essential role of population health in a strong economy.

The enclosed invoice outlines your public health agency's Membership fee for April 1, 2026, to March 31, 2027. If you have any questions about Membership renewal, please do not hesitate to contact me at loretta@alphaweb.org or 416-595-0006, x222. Thank you again for your support for alPHA.

Sincerely,



Loretta Ryan
Chief Executive Officer
Association of Local Public Health Agencies (alPHA)

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



Association of Local Public Health Agencies (ALPHA)

PO Box 73510, RPO Wychwood

Toronto ON M6C 4A7

INVOICE

BILL TO

Lakelands Public Health
Jackson Square 185 King
Street
Peterborough ON K9J2R8
Attn: Dr. Thomas Piggott

INVOICE # 74682

DATE 01/04/2026

TERMS Net 30

DESCRIPTION	AMOUNT
ALPHA Membership Fees 2026-2027 for the period April 1,2026 - March 31,2027	18,588.38
Payment is by electronic fund transfers only. Banking details are below. If you have questions as to how to make payment, please contact info@alphaweb.org	SUBTOTAL 18,588.38 HST (ON) @ 13% 2,416.49 TOTAL 21,004.87 BALANCE DUE \$21,004.87

CONFIDENTIAL BANKING DETAILS:

Bank name:
Bank No:
Transit No:
Account No: