

**Board of Health for
Lakelands Public Health
MEETING AGENDA
Thursday, November 20, 2025, 1:00 – 3:30 p.m.
Peterborough Office, Multipurpose Rooms
185 King Street, Peterborough, ON**

1. Call to Order and Land Acknowledgement

2. Declaration of Pecuniary Interest

3. Adoption of the Agenda

4. Adoption of Regular Minutes

4.1. October 15, 2025

- Cover Report
- a. Minutes, October 15, 2025

5. Business Arising

6. Medical Officer of Health Update

7. Reports

7.1. Staff Report: GE Vernova - Peterborough Site Demolition Request

- Staff Report

7.2. Quarterly Reports

- Cover Report
- a. Merger Progress Report and Dashboard – Q2 2025
- b. OPHS Program Report – Q1–Q3 2025
- c. Financial Report – Q3 2025

7.3. Report: Governance Working Group Update

- Report

8. Consent Items

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

8.1. Correspondence for Information

- Cover Report
 - a. Notice of Ministry Appointments – Dan Moloney, Hans Stelzer, Ramesh Makhija
 - b. alPHa Summary - 2025 Ontario Economic Outlook and Fiscal Review A Plan to Protect Ontario
 - c. alPHa Letter – Minister of Health, Recommendations for Indigenous Membership on Boards of Health
 - d. alPHa Infobreak – November/December 2025
 - e. LPH Letter - Strengthening Coordination of Provincial and Federal Dental Programs

8.2. Report: Policy Approval

- Cover Report
 - a. Complaints

8.3. Stewardship Committee

- Cover Report
 - a. Minutes, September 29, 2025
 - b. Staff Report - 2024/2025 Audited Financial Statement - Healthy Babies Healthy Children Program
 - c. Staff Report - 2024/2025 Audited Financial Statement - Infant Child Development Program

9. New Business

10. In-Camera Session (nil)

11. Motions From In Camera Session (nil)

12. Date of Next Meeting

Wednesday, December 17, 2025 – 5:00 – 7:30 p.m.
Port Hope Office, Meeting Rooms 1/2/3
200 Rose Glen Road, Port Hope ON

13. Adjournment

LAKELANDS PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	Meeting Minutes for Approval
DATE:	November 20, 2025
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 October 15, 2025.

ATTACHMENTS

- a. [Draft Minutes, October 15, 2025](#)

**Board of Health for the
Lakelands Public Health
DRAFT MEETING MINUTES
Wednesday, October 15, 2025, 5:00 – 7:30 p.m.
Lindsay Office, Meeting Rooms
108 Angeline St. S, Lindsay ON**

In Attendance:

Board Members:

**Deputy Mayor Ron Black, Chair
Warden Bonnie Clark
Mayor Olena Hankivsky (virtual)
Mr. Paul Johnston
Councillor Dan Joyce
Councillor Nodin Knott (virtual)
Councillor Joy Lachica
Mayor John Logel
Dr. Ramesh Makhija (virtual)
Mr. David Marshall
Mr. Dan Moloney (virtual)
Councillor Tracy Richardson
Councillor Keith Riel (virtual)
Councillor Cecil Ryall
Dr. Hans Stelzer (virtual)
Councillor Kathryn Wilson (virtual)**

Staff:

**Dr. Thomas Piggott, Acting Medical Officer of Health & Chief Executive Officer
Dr. Natalie Bocking, Acting Deputy Medical Officer of Health
Ms. Julie Bromley, Manager, Environmental Health
Ms. Donna Churipuy, Director, Strategic & Emergency Services & Chief Nursing Officer
Ms. Alida Gorizzan, Executive Assistant (Recorder)
Ms. Wendy Freeburn, Executive Assistant
Mr. Larry Stinson, Chief Transformation Officer / Director of Finance, Facilities and IT
Mr. Matthew Vrooman, Director of People & Communications**

1. Call to Order and Land Acknowledgement

Deputy Mayor Black, Chair, called the meeting to order at 5:02 p.m.

2. Declaration of Pecuniary Interest

There were no declarations of conflict of interest.

3. Adoption of the Agenda

MOTION:

That the agenda be approved as circulated.

Moved: Councillor Richardson

Seconded: Warden Clark

Motion carried. (2025-101)

4. Adoption of Regular Minutes

4.1. September 11, 2025

MOTION:

That the Board of Health for Lakelands Public Health approve meeting minutes for September 11, 2025.

Moved: Councillor Lachica

Seconded: Dr. Makhija

Motion carried. (2025-102)

5. Business Arising

6. Medical Officer of Health Update

MOTION:

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

Moved: Mr. Johnston

Seconded: Mayor Logel

Motion carried. (2025-103)

7. Reports

7.1. Presentation: Fall Respiratory Season Update

MOTION

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

- Presentation: Fall Respiratory Season Update
- Presenter: Dr. Natalie Bocking, Deputy Medical Officer of Health

Moved: Warden Clark

Seconded: Mayor Hankivsky

Motion carried. (2025-104)

Councillor Riel departed the meeting at 5:47 p.m.

7.2. Report: Stewardship Committee – Budget

MOTION:

That the Board of Health for Lakelands Public Health:

- receive the staff report, Draft 2026 Cost-Shared Budget, for information; and,
- approve a cost-shared budget of \$32,836,400 (an increase of 3.7%) for 2026 as outlined and recommended by the Stewardship Committee.

Moved: Mayor Logel

Seconded: Dr. Makhija

Motion carried. (2025-105)

7.3. Report: Policies for Approval

MOTION:

That the Board of Health for Lakelands Public Health approve the following items:

- a. Code of Conduct Regulating the Board of Health
- b. Pecuniary Interest Policy

Moved: Dr. Stelzer

Seconded: Councillor Wilson

Motion carried. (2025-106)

8. Consent Items

MOTION:

That the following items be passed as part of the Consent Agenda: 8.1, 8.2, 8.3.

Moved: Warden Clark

Seconded: Councillor Richardson

Motion carried. (2025-107)

MOTION (8.1):

That the Board of Health for Lakelands Public Health:

- receive and endorse correspondence dated September 24, 2025 from Windsor Essex County Health Unit (WECHU) regarding strengthening coordination of Provincial and Federal Dental Programs; and,
- communicate this support to 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: Warden Clark

Seconded: Councillor Richardson

Motion carried. (2025-107)

MOTION (8.2):

That the Board of Health for Lakelands Public Health receive Indigenous Health Advisory Circle (IHAC) minutes from its meeting held on June 26, 2025, for information.

Moved: Warden Clark

Seconded: Councillor Richardson

Motion carried. (2025-107)

MOTION (8.3):

That the Board of Health for Lakelands Public Health receive Stewardship Committee minutes from its meeting held on July 29, 2025, for information.

Moved: Warden Clark

Seconded: Councillor Richardson

Motion carried. (2025-107)

9. New Business

10. In-Camera Session (nil)

11. Motions From In Camera Session (nil)

12. Date of Next Meeting

Thursday, November 20, 2025 – 1:00 – 3:30 p.m.
Peterborough Office, Multipurpose Rooms,
185 King Street, Peterborough ON

13. Adjournment

MOTION:

That the meeting be adjourned at 6:10 p.m.

Moved: Warden Clark

Motion carried. (2025-108)

LAKELANDS PUBLIC HEALTH
BOARD OF HEALTH – STAFF REPORT

TITLE:	GE Vernova - Peterborough Site Demolition Request
DATE:	November 20, 2025
PREPARED BY:	Anne Marie Holt, Director Environmental Health & Infectious Disease
APPROVED BY:	Dr. Natalie Bocking, Deputy Medical Officer of Health Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Lakelands Public Health receive the staff report, GE Vernova-Peterborough Site Demolition Request, for information.

FINANCIAL IMPLICATIONS AND IMPACT

There are no financial implications arising from this report.

DECISION HISTORY

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

ISSUE

General Electric (GE) Vernova plans to demolish a number of vacant buildings at the historic factory complex at 107 Park Street North, Peterborough. As of November 5, 2025, GE Vernova has indicated its intent to demolish specific buildings but has not yet applied for a demolish permit. The known historical contamination of the GE Vernova factory complex with different chemicals has led concerns being raised by community groups and community members about the potential health impacts of the proposed demolition and questions about what the role of Lakelands Public Health is in the proposed demolition process.

BACKGROUND

GE first began operations in Peterborough City in 1891 and continued a variety of manufacturing activities until 2018. In 2018, most buildings were decommissioned with the exception of an office space and part of the complex leased to BWXT.

Historically, GE factory operations in Peterborough exposed many workers to a wide range of chemicals. This has been documented through the Occupational Health Clinics for Ontario Workers Inc. Cluster Investigation in Peterborough City. The facility is also known

to have supplied many area residential homes with insulation material that contained asbestos resulting in significant community-based remediation efforts. Finally, soil and ground water contamination, by polychlorinated biphenyls (PCB) and trichloroethylene (TCE), and mitigation requirements continue to be monitored by the Ministry of Environment Conservation and Parks (MECP).

Roles and Responsibilities

This proposed demolish project is complex and includes involvement of multiple stakeholders with different responsibilities.

Regulatory Oversight and Responsibility

- The City of Peterborough must issue the permit to demolish, which may include conditions related to site assessments, contamination control, ongoing environmental monitoring and confirmation that the MECP is satisfied with environmental protection plans.
- The MECP oversees environmental matters, including, but not limited to: contamination containment, groundwater protection, hazardous materials control and waste management under the [Environmental Protection Act](#).

Public Health Role

- Reducing exposure to health hazards and mitigating existing and emerging risks is a core public health mandate, explicitly referenced in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).
- Section 11 of the [Health Protection and Promotion Act](#) (HPPA) states that where a health hazard related to occupational or environmental health exists, the medical officer of health has a duty to notify and engage with the ministry that has primary responsibility in the manner and “shall investigate the complaint to determine whether the health hazard exists or does not exist”.
- Section 12 of the HPPA states that a medical officer of health must keep themselves informed in respect of matters in relation to environmental and occupational health. Further to this, any information that a medical officer of health requests from the aforementioned agencies, or municipality, must be provided (unless law prohibits release).

Current Status and Next Steps

Lakelands Public Health (LPH) has attended preliminary conversations with the MECP and GE Vernova regarding the proposed demolition. As the detailed plans for the demolition are shared and reviewed by the MECP, LPH may assist in ensuring a comprehensive understanding of any potential health impacts and assuring that appropriate mitigation measures are in place as needed.

LAKELANDS PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	Quarterly Reports
DATE:	November 20, 2025
PREPARED BY:	Senior Leadership Team
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

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

- Merger Progress Report and Dashboard – Q2 2025
- Ontario Public Health Standards Program Report – Q1–Q3 2025
- Financial Report – Q3 2025

ATTACHMENTS

- a. [Merger Progress Report and Dashboard – Q2 2025](#)
- b. [Ontario Public Health Standards Program Report – Q1–Q3 2025](#)
- c. [Financial Report – Q3 2025*](#)

Note: This report, which also includes a cost-shared budget update, was reviewed by the Stewardship Committee on November 14/25.

LAKELANDS PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	Merger Progress Report and Dashboard – Q2 2025
DATE:	November 20, 2025
PREPARED BY:	Carolyn Doris, Manager, Project Management Sarah Gill, Manager, Change Management & Merger Communication Larry Stinson, Chief Transformation Officer
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Lakelands Public Health receive the report, Merger Progress Report and Dashboard – Q2 2025, for information.

BACKGROUND

This report is a point-in-time snapshot of the progress of merger implementation up to the end of Q2, or September 30, 2025 (the fiscal year for merger funding runs from April 1st to March 31st). This report accompanies the dashboard (see attachment A) for status of key deliverables in each of the four domains. It is important to note that the deliverables in the dashboard are those identified by the Ministry as common to all mergers and the timing for implementation was determined as their best estimate.

Corporate Services:

- IT Service Model: Developing new co-managed IT service model for specialized IT support and delivery. This includes transitioning to a single Microsoft Tennant, acquiring the core infrastructure required, and issuing an RFP for Managed Service under the new model.
- Phase 2 of Property Assessment: Consultants have been engaged to provide assess operational/facility needs and to provide expert advice on options for meeting future needs.

Governance:

- Indigenous Health Advisory Circle (IHAC): Alderville First Nation has been included in the Board of Health's Indigenous Health Advisory Circle.
- A second Board Retreat was held with a focus on Change Management, Quality Improvement and the Mission, Values and Visions Project.

Organizational & Programs:

- Infection Prevention and Control (IPAC) Hub: The Lakelands IPAC Hub was launched with an organizational approach to health protection and education for support to congregate living settings in our region.

- Health Care Practitioner (HCP) Communication: Unified and improved our healthcare communications by launching the healthcare provider newsletter 'Lakelands Loop'.
- Harmonized Immunization of School Pupils Act (ISPA) in school year 2025/2026, with unified communications and timelines, to improve the experience for school boards, students and families.
- New Specialized Positions: Developing positions for professional practice and health care systems alignment.
- Reportable Diseases Dashboard: Harmonized and improved reportable diseases dashboard for the community allowing residents to gain better picture of disease risk.
- Medical Directives: Harmonization of Sexual Health medical directives.

Transformation:

- Merger Evaluation Plan: Evaluation plan is being developed using Ministry merger targets and organizational merger goals to shape the plan.
- All Staff Event: The first All Staff Day will be planned for November 18
- Leadership Training: Investing in leadership training opportunities on prioritized topics including change management, crucial conversations/conflict management, lean-six sigma quality improvement, Scenario Planning and providing executive coaching
- Quality and Efficiency: Investing in efficiency training for all staff through Lean Six Sigma, training 38 white belts, 9 yellow belts and 9 green belts, to build a culture of continuous quality improvement.
- Employee Engagement Survey: Launched Employee Engagement survey to guide continuous organizational improvements towards an engaged staff and healthy organizational culture.

ATTACHMENTS

[a. Merger Progress Dashboard](#)



Merger Progress: Year 2

Completed	In Progress	Not Started
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	Corporate Services	Governance	Organizational & Programs	Transformation
Q1	New agency emails in use	Board sub-committees, Terms of Reference completed	Program assessment / alignment reviews & integration plans completed	Change Management training for management completed
	Consolidated finance, human resources (HR) procedures	Board training needs assessment completed	Policy review initiated	Employee wellness activities initiated
	Banking transition completed	Board training/education plan developed	Shared service opportunities identified	Unified staff communication tools in place, utilized
	Public Sector Labour Relations Transition Act (PSLRTA) initiated	Board by-laws & policies reviewed	External stakeholder consultations plan developed	TBD
Q2	Capital/facilities/needs assessment completed	Board education/training activities underway	Pilot Program Harmonization	New branding in use – website, social media, offices, signage
	Migration on contracts, memorandums of understanding (MOUs), agreements completed	Skill matrix tool for Board members developed, mapped to current board composition	Program consultation with external stakeholders	All-Staff event planning
	HR assessments including review or collective agreements	Interim strategic plan in place	Partnership/Network meetings integrated	Staff training initiated
Q3	Capital business case (as needed)	Client Standards in place	Program expansion/new program/services identified	New branding developed and in use
	Information technology (IT), HR and operational data transfer and upgrades implemented	Self-evaluation standards in place	Harmonization of remaining programs/services plan developed	External partner communication tools/materials updated
	Procurement duplication identified and eliminated	TBD	Harmonized medical directives, standard operating procedures	Evaluation plan developed
	Non-unionized staff contracts harmonized	TBD	Policy review and harmonization	TBD

	Corporate Services	Governance	Organizational & Programs	Transformation
Q4	TBD	Strategic planning process underway for new entity	New programs initiated, harmonization of other programs completed as collective agreements allow	TBD
	TBD	TBD	Back office/management restructuring	TBD

LAKELANDS PUBLIC HEALTH

BOARD OF HEALTH

TITLE:	Ontario Public Health Standards Program Report - Q1-Q3 2025 (January 1 – September 30, 2025)
DATE:	November 20, 2025
PREPARED BY:	Senior Leadership Team
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO Dr. Natalie Bocking, Deputy Medical Officer of Health

PROPOSED RECOMMENDATIONS

That the Board of Health for Lakelands Public Health receive the report, Ontario Public Health Standards Program Report - Q1-Q3 2025 (January 1 – September 30, 2025), for information.

INTRODUCTION

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

This briefing note provides a summary of key program accomplishments and challenges for Lakelands Public Health in the first three quarters of 2025 (January 1st to September 30, 2025) to inform the BOH about activities of the organization, monitor progress of activities, and ensure that the program requirements under the Ontario Public Health Standards (OPHS) are met. Future reports will come to the board on a quarterly basis.

SUMMARY OF ACHIEVEMENTS AND CHALLENGES

Accomplishments:

- Launched respiratory infections dashboard on Lakelands Public Health (LPH) new website.
- Inspections required under the Food Safety and Safe Water Standards are on track to achieve 100% compliance for high-risk premises. Signage and the disclosure webpage for inspected premises have been harmonized to reflect the entire region.
- Supported public health emergency responses for measles, wildfire evacuees hosted in Peterborough, and the watermain break in Cavan-Monaghan.
- Coordinated fall respiratory season preparedness activities with health sector partners including roll-out of the expanded provincial RSV vaccine program.
- Enhanced capacity throughout LPH to respond to vaccine preventable disease emergency events through participation of all nursing staff in school-based immunization clinics.
- Collaborated in the Healthy Schools Initiative with District School Boards to support

student-led mental health promotion in schools.

Challenges:

- Balancing competing priorities including workload of merger work and continued program demands.
- Catch-up work still not entirely complete following period of hold during COVID-19 pandemic.
- Director and Manager transitions to new portfolios following the merger were delayed, challenging continued implementation of OPHS programming.
- New provincial program requirements have been introduced with no or minimal additional funding. This includes RSV programming, emergency preparedness work.

BOH COMPLIANCE WITH OPHS REQUIREMENTS

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

Table 1.

Ontario Public Health Standards	Total # BOH Requirements	# Met	# Partly Met	# Did Not Meet
Program Standard				
Chronic Disease Prevention and Well-Being	5	5		
Food Safety	5	4	1	
Healthy Environments	11	11		
Healthy Growth and Development	3	3		
Immunization	10	8	2	
Infectious and Communicable Diseases Prevention and Control	21	19	2	
Safe Water	8	7	1	
School Health	10	7	3	
Substance Use and Injury Prevention	4	3	1	
Foundational Standards				
Population Health Assessment	6	6		
Health Equity	4	4		
Effective Public Health Practice	9	7	2	
Emergency Management	1	1		

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

Description of Requirements not Met

Food Safety

Requirement #4: This articulates that the BOH shall provide all components of the Food Safety Program. Due to position vacancies (i.e. from retirements, recruitment challenges), some medium and low-risk food premises may not be inspected at intervals articulated by the *Food Safety Protocol*.

Immunization Standard

Requirement #1: This is related to assessing and maintaining immunization records according to the Immunization for Children in Schools and Licensed Child Care Settings Protocol. The immunization status of children enrolled in licensed child care settings is partially completed at this time. This work stopped during the pandemic and due to competing priorities within the program and capacity challenges has not been fully reinstated. We anticipate being able to address this gap in 2026.

Requirement #3: This relates to working with community partners to improve public knowledge and confidence in immunization programs and services. Minimal work is currently focused on health promotion programming as focus has been on catch-up of other immunization services.

Infectious and Communicable Diseases Prevention and Control Standard

Requirement # 7: This requires the BOH to use health promotion approaches to prevent and reduce exposures to sexually transmitted and blood-borne infections. While information is available on the website and social media campaigns, dedicated health promotion work for this subject is not currently happening due to competing resources.

Requirement #14: This relates to a local Rabies Contingency Plan. A draft harmonized plan was established for finalization pending further consultation and review in 2026.

Safe Water Standard

Requirement # 5: While all applicable statutes and regulations to protect the public from exposure to unsafe drinking water have been implemented, LPH continues to catch-up on a backlog of small drinking water systems (SDWS) requiring an updated risk assessment. It is forecast that catch-up will be completed by the end of 2025/early 2026.

School Health Standard

Requirement #7: While information on vision health for children is available on our website, other visual health supports and screening are not currently being completed.

Requirement #8: This relates to enforcement of the *Immunization of School Pupils Act (ISPA)*. Enforcement of immunization requirements in child care settings is not currently consistently implemented and will be addressed in 2026.

Requirement #9: This requires that the BOH work with school boards and schools to improve public knowledge and confidence in immunization for school-aged children. While information is available on our website and provided to schools boards and principals, other

health promotion activities specific to this are not implemented due to competing priorities with clinical service provision.

Substance Use and Injury Prevention Standard

Requirement #3: This relates to enforcement of the Smoke Free Ontario Act. Due to in-year vacancies, not all targets related to test shopping will be met in 2025.

Effective Public Health Practice Standard

Requirements #2 and 8: This relates to organizational infrastructure to support the routine monitoring of programs and services. Routine monitoring to date has largely focused on compliance versus effectiveness. Currently, there is work on developing a culture of quality improvement, including clear expectations and performance measures as a means of moving forward to meet these requirements.

Financial Update Q3 2025 (Finance Manager: Dale Bolton)

Programs Funded January 1 to December 31, 2025

	Funding Type	2025 Net Budget Approval	YTD Budget \$ Based on 2025 Submission (100%)	Year To Date Expenditures to Sept 30	Year to Date % of Budget	Year to Date Variance Under/(Over)	Comments
Mandatory Public Health Programs - all combined cost-shared	MOHLTC Cost Shared (CS)	30,919,701	23,189,776	22,888,878	74.0%	300,898	Year-to-date underspending from January through June based on the approved cost-shared budget for HKNP Health Unit. The total funding includes MOH and local partners. Through the third quarter, expenditures net of offset revenue are \$22,888,878. Expenditures are just below budget at 74.0% based on the approved BOH budget. Underspending at this time is due to some position gapping and timing of planned program spending during year. Through the final quarter, expenditures will increase as programs continue with hiring and planned activities to fulfill operational plans.

100% Program funded January 1 to December 31, 2025

	Funding Type	2025 Budget Approval	YTD Budget \$ Based on 2025 Submission (100%)	Year To Date Expenditures to Sept 30	Year to Date % of Budget	Year to Date Variance Under/(Over)	Comments
Ontario Seniors Dental	100%	2,083,600	1,562,700	1,208,023	58.0%	354,677	Year to Date expenditures are below budget at 58.0% for the third quarter based on approved HKNP budget. Current underspending relates primarily to underspending in budgeted professional services, similar to Q1 due to change in services for the Haliburton area at this time. Plans in place to use current underspending to manage program waitlist within the region. Some clinical upgrades are planned through the final quarter including the purchase of equipment to enhance accessibility for clients and upgrade reprocessing station. We continue to monitor program spending and anticipate some potential underspending by the end of the year, given the change in service providers as highlighted above.

100% Funding funded April 1, 2025 to March 31, 2026							
	Funding Type	2025 - 2026 Budget Submission	2025/26 YTD Budget \$ (100%)	Year To Date Expenditures to Sept 30	Year to Date % of Budget Approval	Year to Date Variance Under/(Over)	Comments
IPAC HUB - Infectious Disease	100% MOH	610,230	305,115	303,503	49.7%	1,612	Budget for IPAC HUB awaiting MOH approval. For the prior year, the MOH approved budget included base funding of \$283,000 and up to \$283,000 of One-Time funding. Year to date spending is \$303,503 just below the anticipated Q2 portion of budget request of \$610,230. Pending final MOH approval, will need to manage program spending through the end of the fiscal year if does not align with submission.
Student Practicum Program - Legacy PPH	100% MOH	20,000	10,000	15,716	78.6%	(5,716)	Funding PHI Practicum Students for 16 week period. Earlier communication from the Ministry indicated the 2025/2026 budget approval should be similar to the to prior year budget allocation. One student hired May to August. Plan to hire another student in spring 2026. Anticipate budget to be spent in full.
PHI Practicum Student - Legacy HKPR	100% MOH	30,000	15,000	30,000	100.0%	(15,000)	Funding for 2 PHI Practicum Students for 16 week period of April to September 2025. Awaiting final buget approval by the Ministry.
Merger - Strengthening Public Health - Year 2	100% MOH	7,682,469	3,841,235	1,984,060	25.8%	1,857,175	Year to date expenditures are below budget at 25.8%. Through the next quarter, expenditures expected to increase as many of the planned hires to support various initiatives, enhance program capacity and support program harmonization will be in place. Work will continue through the end of March to complete the integration of the two legacy information technology systems. Additionally, the municipal harmonization for legacy PPH partners will be expended in the final quarter before the end of March relating to the 2026 buget year.
Merger - Strengthening Public Health - Year 2: Capital Project and Building Assessment	100% MOH	800,000	400,000	34,319	4.3%	365,681	Expenses to date include minor upgrades for office and clinic spaces at buildings and consulting fees to complete a space needs and cost-benefit analysis for the Lindsay and Port Hope facilities. A report will be shared with the Board in December with recommendations to help inform future capital planning for each site.

Programs funded April 1, 2025 to March 31, 2026 - MCCSS							
	Funding Type	2025- 2026 Budget Allocation	YTD Budget Allocation \$ (100%)	Year To Date Expenditures to Sept 30	Year to Date % of Budget Approval	Year to Date Variance Under/(Over)	Comments
Infant Toddler and Development Program - Legacy PPH	100% MCCSS	253,283	126,642	131,516	51.9%	(4,875)	Budget based on prior year MCCSS allocation. Program operating just above budget allocation due to higher salary and benefits through the 2nd quarter. Anticipate program spending to remain on track through end of the fiscal year.
Healthy Babies, Healthy Children - Legacy PPH	100% MCCSS	2,107,031	1,053,516	1,005,808	47.7%	47,708	Budget based on prior year MCCSS allocation. Program operating just below budget due to some staff gapping through Q2. Anticipate program spending to be on track through the end of the fiscal year as plans in place to recruit for vacant positions and procurement of program resources and education sessions.
Total - All Programs		44,506,314	30,503,983	27,601,823	62.0%	2,902,160	

Schedule 1

HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH HEALTH UNIT

2025 COST-SHARED - Mandatory Programs

For the period ending September 30, 2025

For Internal Purposes

	Budget	YTD Actual	YTD % of Budget	Budget Variance
REVENUES				
1 Ministry of Health - Mandatory Programs	21,463,900	16,097,925	75.0%	5,365,975
2 - Indigenous Communities	10,000	7,500	75.0%	2,500
3 Municipal Partners	9,445,801	7,084,351	75.0%	2,361,450
4 Offset revenue and expenditure recoveries (1)	748,800	459,154	61.3%	289,646
TOTAL REVENUES	31,668,501	23,648,930	74.68%	8,019,571
EXPENDITURES				
1 Salaries and wages	19,368,721	14,323,970	74.0%	5,044,751
2 Employee benefits	5,835,858	4,355,920	74.6%	1,479,938
3 Staff learning and development	138,800	56,112	40.4%	82,688
4 Board of Health committee	38,300	39,149	102.2%	(849) Includes Alpha Membership
5 Travel	350,345	220,786	63.0%	129,559
6 Occupancy and building maintenance	2,816,969	2,186,519	77.6%	630,450
7 Office supplies and equipment	100,161	53,160	53.1%	47,001
8 Program materials and resources	598,823	314,372	52.5%	284,451
9 Professional and purchased services	1,280,072	883,610	69.0%	396,462
10 Communication and media	260,753	181,805	69.7%	78,948
11 Information technology and equipment	879,699	732,630	83.3%	147,069
TOTAL EXPENDITURES	31,668,501	23,348,032	73.7%	8,320,469
Less: Offset Revenue (Ministry Reporting)	748,800	459,154	61.3%	289,646
NET COST SHARED PROGRAM - Surplus	30,919,701	22,888,878	74.0%	300,897

LAKELANDS PUBLIC HEALTH
BOARD OF HEALTH – STAFF REPORT

TITLE:	Governance Working Group Update
DATE:	November 20, 2025
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health and CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Lakelands Public Health:

- receive the staff report, Governance Working Group Update, for information; and,
- confirm the preferred meeting cadence and timing for 2026.

BACKGROUND

The Governance Working Group held its third meeting on November 13, 2025 to finalize discussions on board governance and learning opportunities. Previous meetings addressed the skills matrix and provincial appointee recommendations; this session focused on addressing identified skills gaps through education and development.

Learning and Development Approach

The Working Group discussed potential options for learning and development for the Board of Health in 2026. Members recommended the following principles to guide this approach:

- *Offer a suite of optional learning opportunities:* Supplemental training should not be mandatory for all board members but available as a menu of options (note this would not apply to mandatory training that the Board may require of all members). This respects varying levels of experience and time constraints while encouraging continuous learning.
- *Leverage free and accessible resources:* The Align program, which is a governance support program ran by University of Toronto and funded by the Province for merging health units, should be the primary source for governance training given that it is cost-free and designed to support merged boards. Other options can be considered if gaps remain.
- *Be mindful of Board Members' time:* Sessions should be scheduled in ways that minimize disruption: adjacent to existing board meetings; early morning “coffee sessions” (e.g., 7:45–8:30 a.m.); and, short, focused modules rather than lengthy workshops.
- *Encourage collaborative learning:* Whenever possible, training should allow members to learn together, fostering relationship-building and shared understanding. Clustered sessions or small group participation were suggested.

- *Focus on Identified Skills Gaps:* Training should target prioritized competencies from the skills matrix: advocacy; health system funding and administration; Indigenous governance; legal; public and population health science.
- *Provide flexible delivery formats:* Options should include online self-paced modules; in-person or virtual workshops, as well as informal learning opportunities (e.g., ride-alongs, staff-led sessions).
- *Consider onboarding needs:* New board members, especially those without prior governance experience, should receive a recommended minimum set of development opportunities to accelerate their effectiveness.
- *Avoid overloading the calendar:* Training should complement—not compete with—regular board responsibilities. The principle is to integrate learning into existing commitments where possible.

Staff will consider these principles as they explore learning and educational opportunities for the Board in 2026.

Meeting Schedule and Cadence

Since 2025 marked the first year of the newly amalgamated board, the current meeting schedule was designed to accommodate members' diverse availability while preserving elements of legacy timing.

The schedule for the Board of Health for Lakelands Public Health for 2025 was 10 meetings per year (excluding July and August), alternating the third Wednesday evening and Thursday afternoon; additional meetings at the call of the Chair.

The Working Group was briefed on survey results from the recent Board poll. In October, Board members were asked to indicate their preferred meeting times for 2026.

Respondents could select multiple options. Results were:

- Preference for Wednesday Evenings – 10
- Preference for Thursday Afternoons – 10
- Preference for Alternating Days – 5

Comments from the survey included a desire ‘to get one consistent time for monthly board meetings, alternating time and dates is challenging for many reasons’.

Scheduling time and location considerations:

- Scheduling during regular working hours may pose challenges for Board members with full-time employment.
- After-hours meetings can place additional demands on staff.
- Evening meetings, particularly in winter months, can create travel concerns, and so central locations minimizing travel in those months or remote participation for those travelling further may be beneficial. Scheduling winter-time meetings in-

person in Peterborough or Lindsay was suggested to be more fair for driving from Haliburton.

- If an evening schedule is adopted (e.g., third Wednesday of the month), a 4:00 p.m. start time is recommended to balance regular working hour employment challenges for Board members and travel safety.
- A recurring monthly time, will allow for more predictable scheduling.

Frequency considerations:

- Board meetings in 2025 were filled with more than half of the items being new policy/merger considerations, as these lessen the frequency of board meetings could be reduced.
- Examining the anticipated workload of the Board of Health in 2026 we anticipate that 6-8 meetings would be required.
- A recent scan of local public health agencies (see Attachment A) shows that most agencies follow a fixed meeting cadence (e.g., the third Wednesday of each month) and typically meet anywhere from 6 to 10 times per year.
- With the creation of BOH committees, more work should be managed by smaller groups leading to less frequent and demanding BOH meeting time.

For the Board's consideration, a proposed schedule for meetings has been appended with 8 meetings for next year (see Attachment B).

A reminder that as part of standard practice, the Board is required to confirm these dates at its first meeting of each calendar year. In accordance with Board By-Law #3 (Calling of and Proceedings at Meetings), this initial meeting should occur on or before January 31 of each year, following member appointments, where possible. A decision now on cadence and timing will allow for scheduling to occur for 2026.

Executive Advisory Group

The meeting explored replacing a proposed Governance Committee that the Governance Working Group discussed to continue work with an Executive Advisory Group instead. Given that meeting monthly meetings already occur with the Chair, Vice Chair and Dr. Piggott, membership would be expanded to include other Committee Chairs (Stewardship and Indigenous Health Advisory Circle), as well as a Section 50 Representative (First Nation Councillor).

Meeting monthly, the proposed Executive Advisory Group would advise the Board Chair and Medical Officer of Health, review items before full board meetings, and streamline processes. Any matters requiring Board decision would come forward in traditional fashion from that group as a recommendation to the full Board.

This approach would also support the reduction of full board meetings from ten to eight annually, improve scheduling, and allow flexibility for special meetings of the Board of Health if urgent issues arise in between scheduled meetings.

Staff will be exploring this further, and this will come forward to the Board in December for decision.

ATTACHMENTS

- a. [LPHA Meeting Frequency Survey](#)
- b. [Proposed Board Meeting Schedule for 2026](#)

ATTACHMENT A**LOCAL PUBLIC HEALTH AGENCY (LPHA) MEETING FREQUENCY SURVEY**

LPHA	TIMING
Algoma*	9x/year (monthly except July, August and December)
Chatham-Kent	6x/year (every other month)
Durham	Monthly (regional council)
Eastern*	Monthly
Grey Bruce*	Monthly (4 th Friday)
Hamilton	Monthly
Lambton	Monthly in conjunction with County Council meetings.
Middlesex-London*	Monthly (3 rd Thursday)
Niagara	Monthly
Northeastern*	8x/year (minimum, typically does not include July or August).
Ottawa	6x/year (in the months where we don't have a Board meeting, we offer engagement opportunities for our Board Members. Such as site visits, ride alongs, learning sessions/webinars, etc.)
Peel	Every other week, break for summer in July and August.
Simcoe Muskoka*	9x/year (January – June; September - November) with other meetings as needed.
South East*	8x/year but has been meeting every month given merger (4 th Wednesday)
Southwestern*	9x/year (except July/Aug/December).
Sudbury*	8x/year (3 rd Thursday; exceptions include March, July, August and December).
Thunder Bay*	Monthly (except July and August). During a Municipal Election year, the Board of Health does not hold a meeting in the month of December.
Wellington-Dufferin-Guelph*	8x/year (except January, July, August, and October).
Windsor-Essex*	6x/year (February, March, May, June, September, and November).

*Autonomous boards of health (similar to LPH).

ATTACHMENT B
PROPOSED BOARD MEETING SCHEDULE FOR 2026

Date and Time	Proposed Location
January 21, 2026 - 4pm	Virtual
February 18, 2026 - 4pm	Peterborough
April 15 2026 - 4pm	Port Hope
May 20, 2026 - 4pm	Lindsay
June 17, 2026 - 4pm	First Nation TBD
September 16, 2026 - 4pm	Peterborough
October 21, 2026 - 4pm	Port Hope
November 16, 2026 - 4pm	Lindsay

LAKELANDS PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	Correspondence for Information
DATE:	November 20, 2025
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. Notice of Ministry Appointments for Provincial Members: Mr. Dan Moloney and Dr. Hans Stelzer (received Oct. 24/25), Dr. Ramesh Makhija (received Nov. 14/25).
- b. alPHa Summary - 2025 Ontario Economic Outlook and Fiscal Review A Plan to Protect Ontario (Nov. 6/25)
- c. alPHa Letter – Minister of Health, Recommendations for Indigenous Membership on Boards of Health (Nov. 10/25)
- d. alPHa Infobreak – November/December 2025
- e. LPH Letter to Ministers Michel & Jones - Strengthening Coordination of Provincial and Federal Dental Programs (Nov. 14/25)*

**Enclosure previously circulated, available upon request.*

ATTACHMENTS

- a. Ministry Appointments
- b. alPHa Summary - 2025 Ontario Economic Outlook and Fiscal Review
- c. alPHa Letter –Recommendations for Indigenous Membership
- d. alPHa Infobreak – November/December 2025
- e. LPH Letter - Strengthening Coordination of Provincial and Federal Dental Programs



**Executive Council of Ontario
Order in Council**

On the recommendation of the undersigned, the Lieutenant Governor of Ontario, by and with the advice and concurrence of the Executive Council of Ontario, orders that:

**Conseil exécutif de l'Ontario
Décret**

Sur la recommandation de la personne soussignée, le lieutenant-gouverneur de l'Ontario, sur l'avis et avec le consentement du Conseil exécutif de l'Ontario, décrète ce qui suit :

PURSUANT TO subsections 49(3) and 51(1) of the *Health Protection and Promotion Act*, **Daniel Moloney** of Cavan be reappointed as a part-time member of the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit to serve at the pleasure of the Lieutenant Governor in Council for a period not exceeding three years, effective January 1, 2026 or the date this Order in Council is made, whichever is later.

EN VERTU DES paragraphes 49 (3) et 51 (1) de la *Loi sur la protection et la promotion de la santé*, **Daniel Moloney** de Cavan est reconduit au poste de membre à temps partiel du conseil de santé de la circonscription sanitaire de Haliburton, Kawartha, Northumberland et Peterborough pour exercer son mandat à titre amovible à la discrétion du lieutenant-gouverneur en conseil, pour une période maximale de trois ans, à compter du dernier en date du 1er janvier 2026 et du jour de la prise du présent décret.

Recommended: Minister of Health
Recommandé par: La ministre de la Santé

Concurred: Chair of Cabinet
Appuyé par : La présidence du Conseil des ministres

Approved and Ordered:
Approuvé et décrété le : OCT 23 2025

Lieutenant Governor
La lieutenante-gouverneure

O.C. | Décret : 1356 / 2025



**Executive Council of Ontario
Order in Council**

On the recommendation of the undersigned, the Lieutenant Governor of Ontario, by and with the advice and concurrence of the Executive Council of Ontario, orders that:

**Conseil exécutif de l'Ontario
Décret**

Sur la recommandation de la personne soussignée, le lieutenant-gouverneur de l'Ontario, sur l'avis et avec le consentement du Conseil exécutif de l'Ontario, décrète ce qui suit :

PURSUANT TO subsections 49(3) and 51(1) of the *Health Protection and Promotion Act*, **Hans Stelzer** of Peterborough be reappointed as a part-time member of the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit to serve at the pleasure of the Lieutenant Governor in Council for a period not exceeding three years, effective January 1, 2026 or the date this Order in Council is made, whichever is later.

EN VERTU DES paragraphes 49 (3) et 51 (1) de la *Loi sur la protection et la promotion de la santé*, **Hans Stelzer** de Peterborough est reconduit au poste de membre à temps partiel du conseil de santé de la circonscription sanitaire de Haliburton, Kawartha, Northumberland et Peterborough pour exercer son mandat à titre amovible à la discrétion du lieutenant-gouverneur en conseil, pour une période maximale de trois ans, à compter du dernier en date du 1er janvier 2026 et du jour de la prise du présent décret.

Recommended: Minister of Health
Recommandé par : La ministre de la Santé

Concurred: Chair of Cabinet
Appuyé par : La présidence du Conseil des ministres

Approved and Ordered:
Approuvé et décrété le : OCT 23 2025

Lieutenant Governor
La lieutenant-gouverneure

O.C. | Décret : 1357 / 2025



Ontario

**Executive Council of Ontario
Order in Council**

On the recommendation of the undersigned, the Lieutenant Governor of Ontario, by and with the advice and concurrence of the Executive Council of Ontario, orders that:

**Conseil exécutif de l'Ontario
Décret**

Sur la recommandation de la personne soussignée, le lieutenant-gouverneur de l'Ontario, sur l'avis et avec le consentement du Conseil exécutif de l'Ontario, décrète ce qui suit :

PURSUANT TO subsections 49(3) and 51(1) of the *Health Protection and Promotion Act*, **Ramesh Makhija** of Peterborough be reappointed as a part-time member of the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit to serve at the pleasure of the Lieutenant Governor in Council for a period not exceeding three years, effective January 1, 2026 or the date this Order in Council is made, whichever is later.

EN VERTU DES paragraphes 49 (3) et 51 (1) de la *Loi sur la protection et la promotion de la santé*, **Ramesh Makhija** de Peterborough est reconduit au poste de membre à temps partiel du conseil de santé de la circonscription sanitaire de Haliburton, Kawartha, Northumberland et Peterborough pour exercer son mandat à titre amovible à la discrétion du lieutenant-gouverneur en conseil, pour une période maximale de trois ans, à compter du dernier en date du 1er janvier 2026 et du jour de la prise du présent décret.

Recommended: Minister of Health
Recommandé par : La ministre de la Santé

Concurred: Chair of Cabinet
Appuyé par : La présidence du Conseil des ministres

Approved and Ordered: NOV 13 2025
Approuvé et décrété le :

**Lieutenant Governor
La lieutenante-gouverneure**

O.C. | Décret : 1427 / 2025

The 2025 Economic Outlook and Fiscal Review, entitled “A Plan to Protect Ontario”, was released on November 6, 2025. This announcement, often referred to as the fall economic statement (FES), is akin to a mid-term report between provincial budgets and includes updates on Ontario's debt, the cost of various government programs, and details of the economic outlook. It also includes more formal announcements of new budget priorities.

Platform related priorities such as infrastructure continue to be emphasized with the framing changed to reflect the volatile economic climate brought on by the current unpredictability of American economic policy. The focus has changed from “building” to “protecting”, with an emphasis on industries and workers most directly affected by tariffs and economic uncertainty.

There is no direct mention in the report of public health. Nearly all mentions of “health” are related to the primary / acute care system, including investments in specific facilities, training health care workers, and biomedical research.

Of interest to public health leaders working in substances and addictions, there is reference to expansion of the Homelessness and Addiction Recovery Treatment (HART) Hubs (p.112). alPHa will continue to monitor developments in this area, especially as it relates to the new 2026 Substance Use Prevention Standard and Comprehensive Strategies and Systems to Address Substance Use Protocol which the field is awaiting.

alPHa will be looking out for the launch of the 2026 pre-budget consultations. alPHa intends to make a submission and notify members of the opportunity to provide their own input.

Links to the 2025 FES documents:

- 2025 Ontario Economic Outlook and Fiscal Review is [here](#).
- Full statement can be read online and downloaded [here](#).
- Highlights of the Report are provided [here](#).
- News Release is [here](#).

We hope you find this information useful.

The Hon. Sylvia Jones
Deputy Premier and Minister of Health
Ministry of Health
College Park, 777 Bay Street
Toronto, ON M7A 2J3

November 10, 2025

Dear Minister Jones,

Re: Recommendations for Indigenous Membership on Boards of Health

The Association of Local Public Health Agencies (alPHa) advocates for a strong, local public health system that enables Boards of Health to make decisions reflecting the unique needs of their communities and their regional diversity within Ontario's public health framework. We recognize the Ministry's provincial guidance on Indigenous participation, including the *Ontario Public Health Standards (OPHS) Indigenous Engagement Protocol* and the *First Nation, Inuit, and Métis Community Engagement Guide*.

To advance reconciliation and equity, alPHa recommends Indigenous membership on Boards of Health in alignment with the Truth and Reconciliation Commission (TRC) Calls to Action, the United Nations Declaration on the Rights of Indigenous Peoples Act (UNDRIP), and the province's new Indigenous engagement guide. Indigenous participation on Boards of Health should uphold self-determination, respect local governance structures, reflect jurisdictional realities, and be developed collaboratively with Indigenous communities and partners.

Accordingly, alPHa recommends that the Ontario Government advance Indigenous membership on Boards of Health to ensure a collaborative, fair, flexible approach that is consistent with provincial guidance, and self-determination. This could be facilitated, for example, through the Public Appointments Secretariat. Such alignment will strengthen consistency, flexibility, and capacity-building to support meaningful and sustainable Indigenous engagement across Ontario's public health system.

Thank you for your ongoing leadership in strengthening Ontario's public health system and supporting reconciliation through collaborative governance.

Sincerely,



Dr. Hsiu Li Wang
Chair, alPHa Board of Directors
Association of Local Public Health Agencies

Copy: Dr. Kieran Moore, Chief Medical Officer of Health

The Association of Local Public Health Agencies (alPHA) is a not-for-profit organization that provides leadership to Ontario's boards of health. alPHA represents all of Ontario's boards of health, medical officers and associate medical officers of health, and senior public health managers in each of the public health disciplines – nursing, inspections, nutrition, dentistry, health promotion, epidemiology, and business administration. As public health leaders, alPHA advises and lends expertise to members on the governance, administration, and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective, and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHA's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities.

InfoBreak

alPHA's members' portal



Nov./Dec. 2025

Key Highlights

- Strong Fall Symposium participation; programming shaped by member feedback.
- Strategic advocacy continues (next *Public Health Matters* infographic: *A strong economy supported by healthy communities*).
- Partnerships advancing our impact (OMA, AMO, ROMA).
- Governance updates: Indigenous membership recommendation; ONCA compliance; Late Resolution policy change (details at the 2026 Winter Symposium).
- Save the dates: 2026 Winter Symposium (online, February 11–13) and 2026 AGM & Conference (in person, June 8–10, Radisson Blu Toronto Downtown).

Celebrating a Successful Fall Symposium

- Thank you to everyone who joined us. Strong attendance and engagement underscored the value of sessions shaped by member feedback.
- I'd like to express my deep appreciation to those who made it possible:
 - o alPHA Staff for their outstanding planning and execution;
 - o Speakers, moderators, and facilitators for the high-quality content and discussion;
 - o Our co-host, Southwestern Public Health; and
 - o The Dalla Lana School of Public Health and the Eastern Ontario Health Unit for their support.
- Please save the dates:
 - o 2026 alPHA Winter Symposium (online): February 11–13.
 - o 2026 alPHA Annual General Meeting and Conference (in person): June 8–10, Radisson Blu Toronto Downtown.
- Toronto hotel capacity will be tight—please book accommodations early.
- Registration opens in spring 2026 (as usual).

Advancing Strategic Priorities

- Advocacy that resonates with government:
 - o Continued emphasis on outcomes, value, and practical system impact of local public health.
 - o Next *Public Health Matters* infographic in development: *How Public Health supports a strong Ontario economy*.
- Strategic relationships that amplify our impact:
 - o Following a meeting between alPHA's Executive Committee and the OMA's leadership, we were pleased to see the OMA advocate for strengthening local public health and a provincial vaccine registry during their Queen's Park advocacy day.

- o Ongoing collaboration with AMO, including participation on its Health Transformation Task Force.
- o alPHA is working on securing a session on the importance of local public health at the Rural Ontario Municipal Association (ROMA) Conference, January 2026.
- What's next:
- o Continued engagement with partners to align messages and advance shared priorities ahead of key government decision windows.

Serving Members on Common Priorities

- Updating regarding Resolution A25-02 that was referred to the alPHA Board of Directors for a decision:
 - o The board reached consensus to support the intent of the original proposed Resolution, while also considering member feedback.
 - o alPHA wrote to the Minister recommending:
- Indigenous membership on Boards of Health, aligned with the Truth and Reconciliation Commission Calls to Action, the United Nations Declaration on the Rights of Indigenous Peoples Act (UNDRIP), and the province's new Indigenous engagement guide; and that Indigenous participation should uphold self-determination, respect local governance structures and jurisdictional realities, and be developed collaboratively with Indigenous communities and partners.
- o Correspondence is posted on our website.
- ONCA compliance and governance updates:
 - o To ensure alPHA's compliance with the Ontario Not-for-Profit Corporations Act (ONCA), alPHA is working with the chairs of working groups and communities of practice that require updates to Terms of Reference.
 - o Late Resolutions:
 - Legal counsel has advised that late resolutions are not compliant with ONCA.
 - The Resolutions Policy will be updated accordingly.
 - Further information will be shared with Members at the 2026 Winter Symposium.

Season's Greetings

- On behalf of the alPHA Board of Directors and Staff, wishing you a safe, restful, and happy holiday season. Thank you for everything you do for local public health across Ontario!



2025 alPHA Fall Symposium: Recap

alPHA 2025 Fall Symposium and Workshops November 5-7, 2025

Thank you to all of the alPHA Members who attended this year's Fall Symposium. We were glad to see so many of you engaged in discussions and dialogue on key public health issues with the new all-day format. A special thanks goes to alPHA Chair, Dr. Hsiu-Li Wang, for chairing the event and to Southwestern Public Health for being this year's Fall Symposium co-host.

A huge shoutout goes to the alPHA staff: Loretta Ryan, Chief Executive Officer, Melanie Dziengo, Communications Coordinator, Lynne Russell, Coordinator, Member Services, and Gordon Fleming, Manager, Public Health Issues for their outstanding work on this important Membership event. Many thanks to Obadiah George from the Dalla Lana School of Public Health and Andy Morrisson from the Eastern Ontario Health Unit for their generous event and technical support.

Presentations from this year's Fall Symposium are now available. You will need to log in to the members' side of the website to view these. You can do so here. Please note, we are continuing to receive the presentations, so check back often.

If you have not yet filled out the after-event survey, there is still time to do so. You can be entered into a draw for a gift card. The link to the survey is here, and the final date to fill it out is Friday, November 21.

Thank you

Save the date



2026 alPHa Winter Symposium

Feb. 11-13

Continuing the important conversation on Ontario's local public health system



Co-Hosted by Region of Waterloo Public Health

2026 alPHA Annual General Meeting and Conference



In advance of the alPHA Annual General Meeting and Conference, that is taking place in-person at Radisson Blu Toronto Downtown, June 8-10, 2026, and in anticipation of the impact of the FIFA World Cup, we are sharing the conference hotel room code with the alPHA Membership earlier than usual.

We were able to secure pricing similar to what was offered in 2025 at the new waterfront location. The reservation code is available in an e-mail sent on October 21. Should you need any assistance, please contact the hotel directly (kertricia@radissonblutoronto.com).

We strongly encourage you to book your accommodations as soon as possible as hotel rooms in Toronto are expected to be limited during that time. Please note, registration for the conference will commence at the usual time (in spring 2026).



SWPH's New Strategic Plan: Five Years, Three Priorities, One Vision



**Population
Health**



**Service
Excellence**



**Organizational
Resilience**

Southwestern Public Health (SWPH) recently launched its 2025-2029 strategic plan, reaffirming its commitment to advancing public health in Oxford County, Elgin County, and the City of St. Thomas. In consultation with Platinum Leadership, the plan was informed by staff, partners, and residents to ensure SWPH remains responsive to evolving health challenges in the region.

SWPH's leadership and Board of Health established five organizational values: We are accountable, collaborative, equitable, evidence-informed, and strategic.

The strategic plan centres on three areas of focus that build on the vision of healthy people in vibrant communities:

- **Population Health:** Focused on improving health outcomes through equity-driven approaches, addressing infectious disease risks, and preventing substance use and mental health concerns.
- **Service Excellence:** Emphasizes strong partnerships and innovation to enhance data quality, client experience, and program effectiveness.
- **Organizational Resilience:** Builds on lessons from COVID-19 to invest in a leaderful culture focused on workforce readiness.

Planning is underway with internal working groups formed to translate these priorities into actional steps for year-one. Progress will be tracked to ensure the work is measured. With this new strategic direction, SWPH aims to foster trust, transparency, and accountability in public health.

Affiliates

Association of Local Public
Health Agencies



Ontario Dietitians in Public Health
Diététistes en santé publique de l'Ontario

Ontario Dietitians in Public Health updates

Ontario Dietitians in Public Health (ODPH) have launched a new website. Visit www.odph.ca to learn more about the work and collaboration amongst dietitians in Ontario's public health agencies to improve population health and health equity. The [2024-25 Annual Report](#) provides an overview of the past year's accomplishments, provincial activities, and projects led by ODPH's members.

ODPH launched a [strategic plan](#) for 2025-2029 with a renewed vision, mission and goals. The strategic planning process was an opportunity to ensure the organization continues to advance public health nutrition and its members as leaders. ODPH's work is member driven and member engaged, foundational to health, evidence informed, health equity focused and is committed to Indigenous engagement.



This update is a tool to keep ALPHA's Members apprised of the latest news in public health including provincial announcements, legislation, ALPHA activities, correspondence, and events. Visit us at alphaweb.org

Climate Change and Public Health and AI and Public Health reports



Two new reports for Climate Change and Public Health and Artificial Intelligence and Public Health will be available soon. In the meantime, check out the resources that are currently available (linked above).



Government of Ontario releases Fall Economic Statement

The provincial government's Fall Economic Statement, titled *2025 Ontario Economic Outlook and Fiscal Review: A Plan to Protect Ontario*, was released earlier this month. It "continues to protect Ontario and support a more competitive, resilient and self-reliant economy by cutting red tape, investing in infrastructure, supporting workers, improving services and making life more affordable." To read alPHA's summary, click [here](#).

alPHA Correspondence

Through policy analysis, collaboration, and advocacy, alPHA's Members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention, and surveillance services in all of Ontario's communities. A complete online library of submissions is available [here](#). These documents are publicly available and can be shared widely.

- [alPHA Letter - Indigenous BOH Membership](#) - November 12, 2025



Board of Health Shared Resources

A resource page is available on alPHA's website for Board of Health members to facilitate the sharing of and access to information, orientation materials, best practices, case studies, by-laws, Resolutions, and other resources. In particular, alPHA is seeking resources to share regarding the province's *Strengthening Public Health Initiative*, including but not limited to, voluntary mergers and the need for long-term funding for local public health. If you have a best practice, by-law or any other resource that you would like to make available via the newsletter and/or the website, please send a file or a link with a brief description to gordon@alphaweb.org and for posting in the appropriate library.

Resources available on the alPHA website include:

- Orientation Manual for Boards of Health (Revised Jan. 2024)
- Review of Board of Health Liability, 2018, (PowerPoint presentation, Feb. 24, 2023)
- Legal Matters: Updates for Boards of Health (Video, June 8, 2021)
- Obligations of a Board of Health under the Municipal Act, 2001 (Revised 2021)
- Governance Toolkit (Revised 2022)
- Risk Management for Health Units
- Healthy Rural Communities Toolkit
- The Canadian Centre on Substance Use and Addiction
- The Ontario Public Health Standards
- Public Appointee Role and Governance Overview (for Provincial Appointees to BOH)
- Ontario Boards of Health by Region
- List of Units sorted by Municipality
- List of Municipalities sorted by Health Unit
- Map: Boards of Health Types NCCHP Report: Profile of Ontario's Public Health System (2021)
- The Municipal Role of Public Health (2022 U of T Report)
- Boards of Health and Ontario Not-For-Profit Corporations Act
- Core Competencies for Public Health in Canada
- BOH Training Courses



November 14, 2025

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

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

Dear Honourable Ministers:

Re: Letter of Endorsement - Strengthening Coordination of Provincial and Federal Dental Programs

Access to oral health care continues to be a significant factor in overall health and quality of life, particularly for individuals with low or fixed incomes. The Board of Health for Lakeland Public Health (LPH) fully endorses the resolution titled “Strengthening Coordination of Provincial and Federal Dental Programs” originally passed by the Windsor-Essex County Health Unit Board on September 18, 2025.

Our Board shares similar concerns that the current coordination between the Canadian Dental Care Plan (CDCP) and existing provincial programs such as Healthy Smiles Ontario (HSO), Ontario Works (OW), and the Ontario Disability Support Program (ODSP) can unintentionally create barriers for those most in need of timely dental care.

We support the call for all levels of government to strengthen communication, streamline administrative processes, and ensure that individuals awaiting enrollment or facing systemic barriers such as homelessness or challenges with filing taxes do not experience unnecessary delays in accessing oral health services.

Furthermore, we endorse the recommendation that consideration be given to a time-limited exemption permitting emergency dental treatment under provincial programs while CDCP enrollment is pending. Such an approach aligns with our shared commitment to advancing equitable, accessible, and timely oral health care for all Ontarians.

The LPH Board of Health recognizes oral health as an essential part of overall health and well-being. We commend the leadership demonstrated by the Board of Health for Windsor-Essex County Health Unit in bringing this issue forward and echo the importance of collaborative, coordinated action across all levels of government to ensure seamless access to care.

Sincerely,

Original signed by

Deputy Mayor Ron Black
Chair, Board of Health

/ag

Encl.: WECHU Resolution, September 2025

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

LAKELANDS PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	Policies for Approval
DATE:	November 20, 2025
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 the following policy:

- a. Complaints

BACKGROUND

This policy has received legal review and is based on the legacy Peterborough Public Health (PPH) Board policy. Legacy Haliburton, Kawartha, Pine Ridge (HKPR) Health Unit did not have a Board level policy related to complaints.

ATTACHMENTS

- a. [Complaints](#)

Policy	DRAFT Complaints
Section	Board of Health
Number	02-14
Policy Lead	Board of Health
Approval Level	Board of Health
Original Approval	2025-11-20
Reviewed/Revised	YYYY-MMM-DD
Next Review	2027-11-20
Associated HKNP Procedures and Forms	Procedure – Complaints

POLICY

PURPOSE

All complaints received from members of the public, stakeholders, and partners will be addressed in a timely manner. Complaints received regarding Lakelands Public Health (LPH) as an organization, or regarding a LPH staff member, will follow the procedure outlined below.

Complaints related to inspected facilities are not applicable. These will be directed to LPH Inspection staff to ensure they are responded to and documented appropriately.

PROCEDURE – COMPLAINTS

1. The complainant will be requested to submit their complaint in writing. If assistance is required this will be provided by Lakelands Public Health (LPH) staff. Submissions can also be sent via e-mail to info@lakelandsph.ca.
2. The Executive Assistant to the Board of Health, or designate, will confirm receipt of the complaint. One copy of the complaint is forwarded to the applicable Senior Leadership Team member (i.e., Director, Deputy Medical Officer of Health or the Medical Officer of Health and Chief Executive Officer (MOH/CEO)) and another copy is forwarded to MOH/CEO. The Supervisor has fifteen (15) business days to investigate and prepare a response to the complaint. A copy of the Supervisor's response to the complaint is forwarded to the MOH/CEO.
3. If the response is not satisfactory to the complainant, they will be directed to the MOH/CEO for further follow-up.

4. The MOH/CEO will investigate the complaint and issue a response to the complainant within fifteen (15) business days.
5. If the MOH/CEO is of the opinion that a complaint is frivolous, vexatious, made in bad faith, or an abuse of process, the complaint will be reviewed with the Board Chair. The Board Chair will either concur with the MOH/CEO, or initiate the process outlined in item 6.
6. For complaints regarding the MOH/CEO specifically, the Executive Assistant to the Board of Health will notify the complainant of the following process:
 - a. The complaint will be brought forward to the attention of the MOH/CEO and Board Chair. If the Board Chair determines the complaint is valid (i.e., does not meet the criteria outlined in item 5), the Chair will initiate the following process:
 - i. The complaint will be brought forward to a sub-group consisting of the Board Chair, Vice Chair, and Committee Chairs. Additional members may be added depending on the nature of the complaint, which will be up to the discretion of the Board Chair.
 - ii. The sub-group will investigate and respond within twenty (20) business days at which time the complaint will be considered resolved, or the complainant will be advised that the matter will be referred to the Board of Health at its next regularly scheduled meeting.
 - iii. The Board Chair will issue a response within ten (10) business days of that meeting, and the Board of Health will receive this via regular correspondence.
7. Should a Board member be approached directly with a complaint, they will advise the complainant to submit their grievance using the process outlined in this procedure.
8. The MOH/CEO will produce an annual summary report of complaints for the Board of Health which were responded to via this process. This report will be provided to the Board no later than in the first quarter of the following year.

ADDITIONAL INFORMATION

VERSION HISTORY

DATE	LEAD	DESCRIPTION
November 20, 2025	A. Gorizzan	Original

LAKELANDS PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	Stewardship Committee Report
DATE:	November 20, 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 September 29, 2025, for information.

MOTION #2

That the Board of Health for Lakelands Public Health:

- receive the staff report, 2024/2025 Audited Financial Statement - Healthy Babies Healthy Children Program; and
- approve the 2024/2025 Audited Statements for the Healthy Babies Healthy Children Program for Peterborough Public Health and Haliburton, Kawartha Pine Ridge District Health Unit, as recommended by the Stewardship Committee.

MOTION #3

That the Board of Health for Lakelands Public Health:

- receive the staff report, 2024/2025 Infant Child Development Program Audited Financial Statement, for information; and,
- approve the 2024/2025 Audited Statements for the Infant Child Development Program, as recommended by the Stewardship Committee.

BACKGROUND

The Stewardship Committee met last on November 14, 2025 At that meeting, the Committee requested that these items come forward to the Board of Health at its next meeting.

ATTACHMENTS

- a. [Stewardship Minutes, September 29, 2025](#)
- b. [Staff Report – 2024/2025 Audited Financial Statements, HBHC](#)
- c. [Staff Report – 2024/2025 Audited Financial Statements, ICDP](#)

**Board of Health for the
Haliburton Kawartha Northumberland Peterborough Public Health
MINUTES
Stewardship Committee Meeting
Monday, September 29, 2025 – 9:00 a.m. - 10:30 a.m.
VIRTUAL**

HKNP Stewardship Committee Members in Attendance:

Chair Cecil Ryall
Vice Chair Daniel Moloney
Dr. Hans Stelzer
Deputy Mayor Ron Black
Mr. David Marshall
Councillor Tracy Richardson (exited at 10:15 a.m.)
Councillor Keith Riel
Councillor Kathryn Wilson

HKNP Staff in Attendance:

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

1. Call to Order and Land Acknowledgement

Cecil Ryall, Chair of the HKNP Stewardship Committee called the meeting to order at 9:01 a.m., sharing a personal reflection.

2. Confirmation of the Agenda

The agenda was approved as circulated.

MOTION:

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

Moved: Vice Chair Moloney

Seconded: Deputy Mayor Black

Motion carried: (2025-029-SC)

3. Declaration of Pecuniary Interest

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 – July 29, 2025**

- Cover Report
 - a. Minutes, July 29, 2025

Stewardship Committee members were informed that in-camera session minutes from July 29th will be reviewed and approved at the next opportunity for an in-camera session, likely November 2025.

MOTION:

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

- approve meeting minutes from July 29, 2025: and,
- provide these to the Board of Health at its next meeting for information.

Moved: Vice Chair Moloney

Seconded: Dr. Stelzer

Motion carried: (2025-030-SC)

7. **Business Arising from the Minutes**

8. **Staff Reports**

8.1. **Draft 2026 Cost-Shared Budget**

- Staff Report
 - a. 2026 Cost-Shared Budget
 - b. Visual Based on 2026 Budget

Dr Piggott provided a brief history, noting that budget preparation and approvals for cost-shared programs (Ontario Public Health Standards) are commonly completed in November prior to the fiscal year, which runs from January to December. At the September 11, 2025, Board Meeting, staff were directed to present a draft budget to Stewardship prior to the October 15, 2025, Board Meeting based on the approved municipal levy harmonization strategy. A Draft 2026 Cost-Shared Budget could then be approved at the October Board Meeting.

The revenues identified in the attached budget are based on the following assumptions:

1. Ministry of health funding is based on a 1% increase in allocations over the approved 2025 allocations.
2. The allocations for municipal and First Nation contributions are based on the a 5% increase for all funders, and an additional increase for legacy Peterborough Public Health funders based on the levy harmonization strategy approved.
3. There is no use of reserves to balance the budget.

4. Offset revenue levels are based on 2025 actuals and any anticipated adjustments required.

The expenses for the proposed budgets are based on the following assumptions:

1. Increases to budget lines based on 2025 actuals, planned or estimated contractual increases for benefits and wages, predicted increases for other budget line items or minimum increase based on cost of living.
2. Reductions in budget lines where costs savings are anticipated (e.g insurance cost reduction through consolidated contract, technology expenses).
3. Staffing levels maintained at pre-merger levels.

Larry Stinson and Dale Bolton were in attendance to highlight any significant variances in the draft Cost-Shared Budget. Discussions included the increase in municipal contributions, an increase related to wages and benefits due to non-union harmonization and cost-of-living increases, Board of Health Committee noted as underspent and thus, funds retained, cost savings driven by the change of insurance provider, and the success reflected in Occupancy and Building Maintenance costs due to the Peterborough office mortgage being paid. In addition, history and information related to the still existing lease agreements for three (3) offices, were provided.

Looking to the future, anticipated savings related to Information Technology and Equipment were discussed for 2026 as a new IT model and contract with service provider is investigated in January.

A graph was shared in addition to the draft Cost-Shared Budget, providing Committee members with an impactful visual of financial contributions from the Province vs. Municipalities.

Committee members were provided with clarity and further information related to ongoing investigation of cost efficiencies for lease agreements and use of shared space, to be discussed further in 2026, cost-savings found in wage harmonization due to 10% reduction in management staff, noting that heavy change in cost will come in 2026/2027 as unionized employee wages are harmonized. Dr. Piggott, while answering questions from Committee members related to anticipated provincial funding, noted that advocacy work is in place and continues, and highlights the importance of fully utilizing the merger funding and optimizing the Cost-Shared Budget during this process.

MOTION:

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

- receive the staff report, Draft 2026 Cost-Shared Budget, for information;
- and, recommend that the Board of Health for Lakelands Public Health approve a cost- shared budget of \$32,836,400 for 2026 and outlined in

Addendum 1.
Moved: Mr. Marshall
Seconded: Dr. Stelzer
Motion carried: (2025-031-SC)

9. **Consent Items** *(nil)*
10. **New Business**
11. **In Camera to Discuss Confidential Matters***(nil)*
12. **Motions for Open Session** *(nil)*
13. **Date, Time, and Place of the Next Meeting**

A meeting will be held in November. The date and time will be determined via Doodle Poll, to be circulated by the Executive Assistant.

14. **Adjournment**

The meeting was adjourned at 9:55 a.m.

MOTION:

That the Stewardship Committee for the Board of Health for Lakelands Public Health adjourn the meeting at 9:55 a.m.

Moved: Councillor Riel

Seconded: Mr. Marshall

Motion carried: (2025-032-SC)

LAKELANDS PUBLIC HEALTH
BOARD OF HEALTH – STAFF REPORT

TITLE:	2024/2025 Audited Financial Statement - Healthy Babies Healthy Children Program
DATE:	November 14, 2025
PREPARED BY:	Dale Bolton, Manager, Finance and Facilities
APPROVED BY:	Larry Stinson, Director Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Lakelands Public Health:

- receive the staff report, 2024/2025 Audited Financial Statement - Healthy Babies Healthy Children Program; and
- approve the 2024/2025 Audited Statements for the Healthy Babies Healthy Children Program for Peterborough Public Health and Haliburton, Kawartha Pine Ridge District Health Unit, as recommended by the Stewardship Committee.

FINANCIAL IMPLICATIONS AND IMPACT

The Board of Health (BOH) is required by contract with the Ministry of Children, Community and Social Services (MCCSS) to provide to the Ministry the 2024/2025 Healthy Babies Healthy Children (HBHC) Program Audited Financial Statements.

BACKGROUND

The Stewardship Committee for The Board of Health for Lakelands Public Health met on November 14, 2025, and received the 2024/2025 Audited Financial Statement - Healthy Babies Healthy Children Program for information. The Stewardship Committee also provides a recommendation for approval by the Board of Health of the 2024/2025 Audited Financial Statement - Healthy Babies Healthy Children Program.

The Board of Health for Peterborough Public Health (PPH) approved the 2024/2025 budget request of \$1,018,064 on May 5, 2024 and Haliburton, Kawartha Pine Ridge District Health Unit (HKPR) on November 21, 2024 in the amount of \$1,088,967.

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

DECISION HISTORY

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

The Audited expenditures for PPH totaled \$1,018,064 and for HKPR totaled \$1,088,967 equal to the approved budget allocations. Historically, the HBHC program spends in its entirety the provincial allocation and no funds are returned to the Ministry at the end of the year. As reported on the audited financial statements, the approved allocation was spent in full and no funds are due back to the Province.

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

ATTACHMENTS

- a. [Draft 2024/2025 Audited Financial Statement, Healthy Babies Healthy Children Program – Haliburton, Kawartha, Pine Ridge District Health Unit](#)
- b. [Draft 2024/2025 Audited Financial Statement, Healthy Babies Healthy Children Program – Peterborough Public Health](#)

**HALIBURTON, KAWARTHA, PINE RIDGE
DISTRICT HEALTH UNIT
HEALTHY BABIES HEALTHY CHILDREN PROGRAM
STATEMENT OF REVENUE AND EXPENDITURES
FOR THE YEAR ENDED MARCH 31, 2025**

INDEPENDENT AUDITOR'S REPORT

To the Members of the Board of Health of Haliburton, Kawartha, Pine Ridge District Health Unit and the Ministry of Children, Community and Social Services

Opinion

We have audited the Statement of Revenue and Expenditures ("the Statement") of Haliburton, Kawartha, Pine Ridge District Health Unit – Healthy Babies Healthy Children Program (the "Program") for the year ended March 31, 2025, and note to the Statement, including a summary of significant accounting policies.

In our opinion, the accompanying Statement is prepared, in all material respects, for the year ended March 31, 2025 in accordance with the financial reporting framework specified in the service contract with the Ministry of Children, Community and Social Services.

Basis for Opinion

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

Emphasis of Matter - Basis of Accounting and Restriction on Use

We draw attention to Note 1 to the Statement, which describes the basis of accounting. The Statement is prepared to assist Haliburton, Kawartha, Pine Ridge District Health Unit to meet the requirements of the service contract with the Ministry of Children, Community and Social Services. As a result, the Statement may not be suitable for another purpose. Our report is intended solely for the Ministry of Children, Community and Social Services and the Board of Health of Haliburton, Kawartha, Pine Ridge District Health Unit and should not be used by parties other than the Ministry of Children, Community and Social Services or the Board of Health of Haliburton, Kawartha, Pine Ridge District Health Unit. Our opinion is not modified in respect of this matter.

Responsibilities of Management and Those Charged with Governance for the Statement

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

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

Auditor's Responsibilities for the Audit of the Statement

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

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

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

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

Chartered Professional Accountants
Licensed Public Accountants

Peterborough, Ontario
September 18, 2025

STATEMENT OF REVENUE AND EXPENDITURES
For The Year Ended March 31, 2025

The accompanying notes are an integral part of this Statement.

**HALIBURTON, KAWARTHA, PINE RIDGE DISTRICT HEALTH UNIT
HEALTHY BABIES HEALTHY CHILDREN PROGRAM**

**NOTE TO THE STATEMENT
For The Year Ended March 31, 2025**

NOTE 1: SIGNIFICANT ACCOUNTING POLICIES

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

Basis of Accounting

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

Accounting Entity

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

Tangible Capital Assets

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

Operating Grants

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

Recognition of Revenue and Expenditures

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

Use of Estimates

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

**PETERBOROUGH PUBLIC HEALTH
HEALTHY BABIES HEALTHY CHILDREN PROGRAM
STATEMENT OF REVENUE AND EXPENDITURES
FOR THE YEAR ENDED MARCH 31, 2025**

DRAFT

INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the Statement of Revenue and Expenditures (the "Statement") of Peterborough Public Health – Healthy Babies Healthy Children Program (the "Program") for the year ended March 31, 2025, and notes to the Statement, including a summary of significant accounting policies.

In our opinion, the accompanying Statement is prepared, in all material respects, for the year ended March 31, 2025 in accordance with the financial reporting framework specified in the service contract with the Ministry of Children, Community and Social Services.

Basis for Opinion

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

Emphasis of Matter - Basis of Accounting and Restriction and Distribution on Use

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

Responsibilities of Management and Those Charged with Governance for the Statement

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

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

Auditor's Responsibilities for the Audit of the Statement

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

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

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

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

Chartered Professional Accountants
Licensed Public Accountants

Peterborough, Ontario
September 18, 2025

**PETERBOROUGH PUBLIC HEALTH
HEALTHY BABIES HEALTHY CHILDREN PROGRAM**

**STATEMENT OF REVENUE AND EXPENDITURES
For The Year Ended March 31, 2025**

	Budget 2025 \$	Actual 2025 \$	Actual 2024 \$
Revenue			
Ministry of Children, Community and Social Services	1,018,064	1,018,064	928,413
	1,018,064	1,018,064	928,413
Expenditures			
Personal Services Expenditures			
Salaries and wages	742,265	743,524	694,324
Employee benefits	233,724	229,347	204,176
	975,989	972,871	898,500
Other Operating Expenditures			
Universal screening	10,875	10,875	10,875
Program supplies	8,000	8,708	5,168
Professional development	7,200	9,965	851
Purchased services	200	739	-
Travel	11,000	10,669	9,284
Audit and legal	2,400	2,400	1,800
Telephone	2,400	1,837	1,935
	42,075	45,193	29,913
	1,018,064	1,018,064	928,413
Amount due to Province of Ontario	-	-	-

The accompanying notes are an integral part of this Statement.

**PETERBOROUGH PUBLIC HEALTH
HEALTHY BABIES HEALTHY CHILDREN PROGRAM**

**NOTES TO THE STATEMENT
For The Year Ended March 31, 2025**

NOTE 1: OPERATING NAME

In 2016, the organization changed its operating name to Peterborough Public Health. The legal name of the organization remains the Peterborough County-City Health Unit.

NOTE 2: SIGNIFICANT ACCOUNTING POLICIES

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

Basis of Accounting

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

Accounting Entity

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

Tangible Capital Assets

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

Operating Grants

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

Budget Data

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

**PETERBOROUGH PUBLIC HEALTH
HEALTHY BABIES HEALTHY CHILDREN PROGRAM**

**NOTES TO THE STATEMENT
For The Year Ended March 31, 2025**

NOTE 2: SIGNIFICANT ACCOUNTING POLICIES - (Continued)

Recognition of Revenues and Expenditures

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

Use of Estimates

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

NOTE 3: PENSION PLAN

Certain employees of the Healthy Babies Healthy Children Program are eligible to be members of the Ontario Municipal Employees Retirement Fund which is a multi-employer final average pay contributor pension plan. Employer contributions made to the Fund during the period amounted to \$73,235 (2024 - \$71,886). These amounts are included in employee benefits expenditure in the Statement.

LAKELANDS PUBLIC HEALTH
BOARD OF HEALTH – STAFF REPORT

TITLE:	2024/2025 Audited Financial Statement - Infant Child Development Program
DATE:	November 20, 2025
PREPARED BY:	Dale Bolton, Manager, Finance and Facilities
APPROVED BY:	Larry Stinson, Director Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Lakelands Public Health:

- receive the staff report, 2024/2025 Infant Child Development Program Audited Financial Statement, for information; and
- approve the 2024/2025 Audited Statements for the Infant Child Development Program, as recommended by the Stewardship Committee.

FINANCIAL IMPLICATIONS AND IMPACT

The Board of Health is required by contract with the Ministry of Children, Community and Social Services (MCCSS) to provide to the Ministry the 2024/2025 Infant Child Development Audited Financial Statements.

BACKGROUND

The Stewardship Committee for the Board of Health for Lakelands Public Health met on November 14, 2025, and received the 2024/2025 Infant Child Development Program Audited Financial Statement, for information, as well as provided a recommendation for approval to the Board of Health for Lakelands Public Health.

The Board of Health for legacy Peterborough Public Health approved the 2024/2025 budget request of \$253,283 on May 5, 2024. Legacy Haliburton Kawartha Pine Ridge did not hold funding for the Infant Child Development Program, these were directed to other agencies in those communities.

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

DECISION HISTORY

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

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

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

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

STRATEGIC DIRECTION

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

ATTACHMENTS

- a. [Draft 2024/2025 Audited Financial Statements, Infant Child Development Program](#)

**PETERBOROUGH PUBLIC HEALTH
INFANT CHILD DEVELOPMENT PROGRAM
STATEMENT OF REVENUES AND EXPENDITURES
FOR THE YEAR ENDED MARCH 31, 2025**

INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the Statement of Revenues and Expenditures (the "Statement") of Peterborough Public Health – Infant Child Development Program (the "Program") for the year ended March 31, 2025, and notes to the Statement, including a summary of significant accounting policies.

In our opinion, the accompanying Statement is prepared, in all material respects, for the year ended March 31, 2025, in accordance with the financial reporting framework specified in the service contract with the Ministry of Children, Community and Social Services.

Basis for Opinion

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

Emphasis of Matter - Basis of Accounting and Restriction and Distribution on Use

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

Responsibilities of Management and Those Charged with Governance for the Statement

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

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

Auditor's Responsibilities for the Audit of the Statement

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

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

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

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

Chartered Professional Accountants
Licensed Public Accountants

Peterborough, Ontario
September 18, 2025

**PETERBOROUGH PUBLIC HEALTH
INFANT CHILD DEVELOPMENT PROGRAM**

**STATEMENT OF REVENUES AND EXPENDITURES
For The Year Ended March 31, 2025**

	Budget 2025 \$	Actual 2025 \$	Actual 2024 \$
Revenues			
Ministry of Children, Community and Social Services - Base funding	253,283	253,283	242,423
Other revenue	-	-	4,577
	253,283	253,283	247,000
Expenditures			
Personal Services Expenditures			
Salaries and wages	157,005	158,916	153,882
Employee benefits	45,540	44,165	44,059
	202,545	203,081	197,941
Other Operating Expenditures			
Audit and legal	2,400	2,400	1,800
Rent and utilities	15,396	15,396	15,396
Materials and supplies	3,000	3,516	2,740
Communications	600	401	483
Staff education and training	1,500	707	1,089
Travel	3,600	3,540	3,309
Allocated administrative	24,242	24,242	24,242
	50,738	50,202	49,059
	253,283	253,283	247,000
Amount due to Province of Ontario	-	-	-

The accompanying notes are an integral part of this Statement.

**PETERBOROUGH PUBLIC HEALTH
INFANT CHILD DEVELOPMENT PROGRAM**

**NOTES TO THE STATEMENT
For The Year Ended March 31, 2025**

NOTE 1: OPERATING NAME

In 2016, the organization changed its operating name to Peterborough Public Health. The legal name of the organization remains the Peterborough County-City Health Unit.

NOTE 2: SIGNIFICANT ACCOUNTING POLICIES

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

Basis of Accounting

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

Accounting Entity

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

Tangible Capital Assets

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

Operating Grants

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

Budget Data

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

**PETERBOROUGH PUBLIC HEALTH
INFANT CHILD DEVELOPMENT PROGRAM**

**NOTES TO THE STATEMENT
For The Year Ended March 31, 2025**

NOTE 2: SIGNIFICANT ACCOUNTING POLICIES - (Continued)

Recognition of Revenues and Expenditures

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

Use of Estimates

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

NOTE 3: PENSION PLAN

Certain employees of the Infant Child Development Program are eligible to be members of the Ontario Municipal Employees Retirement Fund which is a multi-employer final average pay contributor pension plan. Employer contributions made to the Fund during the year amounted to \$15,362 (2024 - \$15,345). These amounts are included in employee benefits expenditure in the Statement.