

**Board of Health for
Lakelands Public Health
MEETING AGENDA
Wednesday, February 18, 2026, 4:00 – 6:30 p.m.
Peterborough Office, 185 King Street, Multipurpose Rooms
Peterborough ON**

1. Call to Order and Land Acknowledgement

2. Declaration of Pecuniary Interest

3. Adoption of the Agenda

4. Adoption of Regular Minutes

- Cover Report
- a. Minutes, Jan. 21/26
- b. Minutes, Feb. 2/26

5. Business Arising

6. Medical Officer of Health Update

7. Reports

7.1. Merger Budget Approval – Year 3

- Cover Report
- a. Year 3 Merger Budget

8. Consent Items

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

8.1. Correspondence for Direction - Middlesex London Health Unit - Alcohol Labelling Policy Positions

- Cover Report
- a. MLHU Report

8.2. Correspondence for Information

- Cover Report
 - a. Dr. Piggott Appointment Letter
 - b. Dr. Bocking Appointment Letter

8.3. Quarterly Reports

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

9. New Business

10. In-Camera Session

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

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

11. Motions From In Camera Session

12. Date of Next Meeting

Wednesday, April 15, 2026
4:00 p.m. – 6:30 p.m.
Port Hope Office, 200 Rose Glen Road, Port Hope ON

13. Adjournment

LAKELANDS PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	Meeting Minutes for Approval
DATE:	February 18, 2026
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

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

ATTACHMENTS

- a. [Draft Minutes, Jan. 21/26](#)
- b. [Draft Minutes, Feb. 2/26](#)

**Board of Health for
Lakelands Public Health
DRAFT MEETING MINUTES
Wednesday, January 21, 2026, 4:00 – 6:30 p.m.
VIRTUAL**

In Attendance:

Board Members:

Deputy Mayor Ron Black, Chair
Warden Bonnie Clark (*joined at 4:56 p.m.*)
Mayor Olena Hankivsky
Councillor Dan Joyce
Councillor Nodin Knott
Councillor Joy Lachica
Mayor John Logel
Dr. Ramesh Makhija
Mr. Dan Moloney
Deputy Mayor Tracy Richardson
Councillor Keith Riel
Councillor Cecil Ryall
Dr. Hans Stelzer
Councillor Kathryn Wilson

Staff:

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

1. Call to Order and Land Acknowledgement

Dr. Piggott called the meeting to order at 4:02 p.m.

2. Elections

MOTION:

That the Board of Health for Lakelands Public Health approve the election of Deputy Mayor Ron Black as Chair for the Board of Health for 2026.

Moved: Councillor Ryall

Seconded: Dr. Makhija

Motion carried. (2026-001)
Deputy Mayor Black assumed chairing the meeting.

3. Declaration of Pecuniary Interest

There were no declarations of pecuniary interest.

4. Recognition – Departing Board Members

This item was deferred to occur after the in-camera session.

5. Adoption of the Agenda

The Chair requested an amendment to the agenda to proceed in camera after item 5.

MOTION:

That the agenda be approved as amended.

Moved: Deputy Mayor Richardson

Seconded: Councillor Ryall

Motion carried. (2026-002)

In Camera Session

MOTION:

That the Board of Health go In Camera at 4:06 p.m. to discuss *to discuss two items item in accordance with the Municipal Act, 2001, Section 239(2):*

(d) Labour relations or employee negotiations;

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

Moved: Mr. Moloney

Seconded: Dr. Makhija

Motion carried. (2026-003)

MOTION:

That the in-camera session be dissolved, and the membership return to open session at 4:59 p.m.

Moved: Warden Clark

Seconded: Councillor Ryall

Motion carried. (2026-004)

Mayor Hankivsky departed the meeting during the in camera session at 4:30 p.m.

Deputy Mayor Black and Councillor Ryall spoke to item 4 (previously deferred) and expressed recognition and sincere thanks for two departing members, Mr. David Marshall and Mr. Paul Johnston, who have completed their provincial appointments with the Board of Health as of December 31, 2025.

6. Adoption of Regular Minutes

6.1. December 17, 2025

MOTION:

That the Board of Health for Lakelands Public Health approve meeting minutes for December 17, 2025.

Moved: Mayor Logel

Seconded: Dr. Stelzer

Motion carried. (2026-005)

7. Business Arising

8. 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: Dr. Makhija

Seconded: Councillor Riel

Motion carried. (2026-006)

9. Reports

9.1. Presentation: Strategic Plan Progress and Workplace Culture Update

Ms. Jennifer Harrington, consultant from Arising Collective, joined the meeting for this item.

MOTION:

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

- Title: Strategic Plan Progress and Workplace Culture Update
- Presenter: Dr. Thomas Piggott, Medical Officer of Health & CEO

Moved: Warden Clark

Seconded: Mr. Moloney

Motion carried. (2026-007)

9.2. Committee Appointments

MOTION:

That the Board of Health for Lakelands Public Health approve the election of Councillor Cecil Ryall as Vice Chair for the Board of Health for 2026.

Moved: Warden Clark

Seconded: Deputy Mayor Richardson

Motion carried. (2026-008)

MOTION:

That the Board of Health for Lakelands Public Health confirm appointments to its Committees for 2026 as follows:

Indigenous Health Advisory Circle

Board Members

- Mayor John Logel
- Councillor Joy Lachica
- Councillor Kathryn Wilson
- Councillor Nodin Knott

Community Members:

- Ashley Safar, Peterborough Community Health Centre
- Courtney Taylor, Peterborough Regional Health Centre
- David Newhouse, Urban Indigenous Community Representative
- Elizabeth Stone, Urban Indigenous Community Representative
- Representative - Alderville First Nation (Julie Bothwell)
- Representative Nijkiwendidaa Anishnaabekwewag Services Circle (Cheyanne Fisher)
- Representative - Nogojiwanong Friendship Centre (Lori Flynn)
- Representative - Lovesick Lake Native Women's Association (Rebecca Watts)

Stewardship Committee

Board Members:

- Councillor Cecil Ryall
- Mr. Dan Moloney
- Councillor Kathryn Wilson
- Councillor Keith Riel
- Deputy Mayor Tracy Richardson

Moved: Mayor Logel

Seconded: Mr. Moloney

Motion carried. (2026-009)

9.3. Meeting Schedule and Honourarium

MOTION:

That the Board of Health for Lakelands Public Health approve the following meeting schedule for 2026:

- January 21, 2026 - 4pm (Virtual)
- February 18, 2026 - 4pm (LPH Peterborough Office)
- April 15, 2026 - 4pm (LPH Port Hope Office)
- May 20, 2026 - 4pm (LPH Lindsay Office)
- June 17, 2026 - 4pm (Curve Lake First Nation, Meeting Space TBD)
- September 16, 2026 - 4pm (LPH Peterborough Office)
- October 21, 2026 - 4pm (LPH Port Hope Office)
- November 18, 2026 - 4pm (LPH Lindsay Office)

Moved: Warden Clark

Seconded: Councillor Lachica

Motion carried. (2026-010)

MOTION:

That the Board of Health for Lakelands Public Health approve a remuneration amount of \$100.00 per meeting for 2026.

Moved: Mayor Logel

Seconded: Dr. Makhija

Motion carried. (2026-011)

10. Consent Items

MOTION:

That the following items be passed as part of the Consent Agenda: 10.1a,b,c.

Moved: Dr. Stelzer

Seconded: Councillor Riel

Motion carried. (2026-012)

MOTION (10.1a,b,c)

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

- a. Association of Local Public Health Agencies (aLPHa) email dated January 14, 2026, regarding registration for the 2026 Winter Symposium.
- b. aLPHa email dated January 15, 2026, regarding the June 2026 Annual General Meeting and Conference.
- c. aLPHa email dated January 15, 2026, regarding a Pre-Budget Submission and New Public Health Matters Infographic - A Strong Economy Supported By Healthy Communities.

Moved: Dr. Stelzer

Seconded: Councillor Riel

Motion carried. (2026-012)

11. New Business

12. In-Camera Session

Please refer to item 5.

13. Motions From In Camera Session

MOTION:

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

- In Camera Meeting Minutes from September 11, 2025;
- In Camera Item 7.1 pertaining to Section 239(2)(i); and,
- In Camera Item 7.2 pertaining to Section 239(2)(d);

Moved: Dr. Makhija

Seconded: Councillor Lachica

Motion carried. (2026-013)

14. Date of Next Meeting

Wednesday, February, 18, 2026 - 4:00 p.m. – 6:30 p.m.

LPH Peterborough Office, 185 King Street, Peterborough

15. Adjournment

MOTION:

That the meeting be adjourned at 5:54 p.m.

Moved: Warden Clark

Motion carried. (2026-014)

**Board of Health for
Lakelands Public Health
DRAFT SPECIAL MEETING MINUTES
Monday, February 2, 2026, 4:00 – 4:30 p.m.
VIRTUAL**

In Attendance:

Board Members:

Deputy Mayor Ron Black, Chair
Warden Bonnie Clark
Councillor Dan Joyce
Councillor Nodin Knott (*joined at 4:03 p.m.*)
Councillor Joy Lachica
Mayor John Logel
Dr. Ramesh Makhija
Deputy Mayor Tracy Richardson
Councillor Keith Riel
Councillor Kathryn Wilson

Staff:

Dr. Thomas Piggott, Medical Officer of Health & Chief Executive Officer
Mr. Larry Stinson, Director, Facilities, Finance & IT / Chief Transformation Officer
Ms. Ashley Beaulac, Communications Manager
Mr. Evan Brockest, IT Manager
Ms. Amanda Bray, Communications Officer
Ms. Michelle McWalters, Executive Assistant (Recorder)

Regrets:

Mayor Olena Hankivsky
Mr. Dan Moloney
Councillor Cecil Ryall
Dr. Hans Stelzer

1. Call to Order and Land Acknowledgement

The meeting was called to order at 4:01 p.m.

2. Adoption of Agenda

MOTION:

That the agenda be approved as circulated.

Moved: Warden Clark

Seconded: Mayor Logel
Motion carried. (2026-015)

3. In-Camera Session

MOTION:

That the Board of Health go In Camera at 4:06 p.m. to discuss one item in accordance with the Municipal Act, 2001, Section 239(2)(a) security of the property of the municipality or local board.

Moved: Mayor Logel

Seconded: Dr. Makhija

Motion carried. (2026-016)

MOTION:

That the in-camera session be dissolved, and the membership return to open session at 4:42 p.m.

Moved: Dr. Makhija

Seconded: Mayor Logel

Motion carried. (2026-017)

Councillors Lachica and Riel departed the meeting during the in camera session at 4:26 p.m.

4. Motions From In Camera Session

5. Date of Next Meeting

Wednesday, February 18, 2026 - 4:00 p.m. – 6:30 p.m.
LPH Peterborough Office, 185 King Street, Peterborough

6. Adjournment

MOTION:

That the meeting be adjourned at 4:42 p.m.

Moved: Councillor Wilson

Seconded: Dr. Makhija

Motion carried. (2026-018)

LAKELANDS PUBLIC HEALTH
BOARD OF HEALTH – STAFF REPORT

TITLE:	Merger Year 3 (2026-27) Budget Approval
DATE:	February 18, 2026
PREPARED BY:	Larry Stinson, Director of Finance, Facility and IT / 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 staff report, Merger Year 3 (2026-27) Budget Approval, for information; and,
- approve the proposed Merger Year 3 Budget in the amount of \$11,263,111 for submission to the Ministry of Health.

FINANCIAL IMPLICATIONS AND IMPACT

The approved merger of the Haliburton, Kawartha Pine Ridge District Health Unit (HKPRDHU) and Peterborough Public Health (PPH) was based on adequate funding as outlined in the 3-Year Business Case submitted to the Ministry of Health on April 1, 2024. The Ministry upon approving the budget indicated that the Business Case was approved in principle, however each budget year would require a separate submission and approval.

The merger budget year aligns with the Ministry fiscal year, as such the Year 3 Merger Budget represents the estimated expenses for merger work for the period of April 1, 2026 to March 31, 2027. The proposed budget is based on eligible costs and needs as identified by the Senior Leadership Team. If approved, the funded harmonization and stabilization activities will support a successful merger process for the identified period.

DECISION HISTORY

In August 2023, the Minister of Health announced a framework for Strengthening Public Health, with one of the three pillars being funding to support voluntary mergers between smaller health units. In February 2024, the Boards of Health for the HKPRDHU and PPH decided to submit a Business Case for a merger of the two agencies. On December 8, 2024, the Minister of Health approved the merger, which was to take effect on January 1, 2025. This included approval for Year 1 Merger Funding, covering the period of April 1, 2024 to March 31, 2025. In February 2025, the Board of Health submitted a request for Year 2 Merger Funding for the period of April 1, 2025 to March 31, 2026.

BACKGROUND

The proposed Year 3 Merger Budget is based on the original Business Case submission. According to eligibility rules it includes items required for the implementation of the merger, or transition costs, as well as stabilization costs (supporting delivery of core programs). Costs are based on best estimates or where feasible quotes from vendors. Capital costs are limited to minor renovations as larger capital projects would require an application for funding through the Capital Branch, Ministry of Health.

ATTACHMENTS

- a. [2026-27 Merger Budget](#)

Strengthening Public Health Voluntary Mergers - HKNP

2026-27 MERGER BUDGET (FOR THE PERIOD OF APRIL 1, 2026 TO MARCH 31, 2027)

COST ITEM	Description of Budget Item/Budget Forecast Assumptions	Budget Amount	NOTES
1. Building Occupancy			
Lease Payment		-	
Mortgage Payment		-	
Travel/Accommodations - Building Occupancy (i.e. moving costs)		-	
Building Occupancy Total		-	
2. Municipal Levy Harmonization			
			Please share assumptions/calculations, use separate tab or document if needed.
Municipal Levy Harmonization		531,942	
Municipal Levy Harmonization Total		531,942	
3. Salary/Wage Harmonization			
Salary/Wage Harmonization		1,042,478	Harmonization of non-union and union employees based on projected rates and related benefit cost based on current employees for both legacy entities
Salary/Wage Harmonization Total		1,042,478	
4. Staffing			
			Please provide estimated # of FTEs per row and indicate if FTEs are new roles, backfill or severance.
Transition (i.e. to merger related work, overtime, severance)			
Program Staff		843,125	Merger Office - Director (.25), 2 FTE Mgrs, 1.0 Change Management Advisor, 5.0 AA Support (EH, ID, OH, 2VPD). Hours for merger related activity - includes wages and benefits
Administrative Staff		1,165,125	Merger Office - 3.0 Ex Ass, 5.0 HR Advisors, 2.0 IT specialists, 1.0 Computer Tech Analysts
Stabilization (i.e. to maintain core programs, backfill)			

Program Staff		2,782,192	1.0 HP Harm Reduction, Covid Staff (3 PHNs, 1 Mgr, 1 HP), IPSA Program, 2.0 Professional Practice coordinators, 2.0 VPD RPNS, 1.0 ID Coordinator, BI Specialist, 2.0 Health Systems Strategists, 3.0 PHIs, 1.0 NFP PHN, 0.2 HP SUPHR, 0.2 Nutritionist, 1.0 ACES HP, 1.0 PHN School Health, 1.0 HP, .25 PHN HG & D.
Administrative Staff		126,470	1.0 Facilities Coordinator
Other - Staffing		2,260,000	Strategic Initiatives & Cost of Living Adjustment
Staffing Total		7,176,912	

5. Governance			
Education and Training - Governance		-	
Travel/Accomondations - Governance		-	
Other - Governance	(1) Contract Service - Legal/Governance	200,000	Strategic Planning and other governance
Governance Total		200,000	

6. Information & Information Technology (I&IT)			Include further details (e.g. whether these are hardware or software costs)
Stabilization		148,912	Integration of software/licenses including inventory management, security , project management, and survey
Transition		412,200	Integration of Systems/Software including accounting, evaluation, talent management and MS 365/Teams Phone and replacement of select hardware and devices
Consultant(s)/Purchase of Service - I&IT		726,667	Contract services - CHR Integration and IT migration support
I&IT Total		1,287,779	

7. Project/Change Management			
Team Building/Employee Engagement Activities		335,000	Employee wellness promotion plan/Organization All Staff Events/Health Benefit allowance support employee well-being and health
Education and Training- Project/Change Management		225,000	Employee learning and development - Crucial Conversations/EIDM, DEI, Lean Six Sigma; Management Team and Senior Leadership development - coaching, leadership development
Consultant(s)/Purchase of Service - Project/Change Management		285,000	Contract Services - change management and meger office project management; CQI process review and Professional practice coordinator

		-	Note budget for staffing captured above which may have initially captured as part of Project Management budget submission
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Change Management Total

845,000

8. Communications

Consultant(s)/Purchase of Service - Communications			
Materials/Public Campaign/Website	TO CONFIRM WITH Comms	75,000	Branding materials / collateral
Other - Communications		4,000	Branding program specific signage

Communicatons Total

79,000

9. Other Travel and Accomodations

Other - Travel and Accomodations (i.e. costs not captured above)		-	
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Other - Travel and Accomodations Total

-

10. Other Professional Services

Other - Professional Services (consultants, purchase of service)		-	
Legal Services		100,000	Labour relations legal counsel - wage harmonization and other labour associated legal matters
Accounting Services		-	

Other-Professional Services Total

100,000

11. Capital

Note that use of a planning grant is required to determine new space needs/options, significant renovations, and costs. Grants are a maximum of \$300,000.

Minor Capital (please provide brief description of the project)		-	
Planning Grant Activities (i.e. Consultant/Purchase of Service)		-	
Other -Capital		-	

Capital Total

-

12. Other Costs (not captured above - include description for each item)

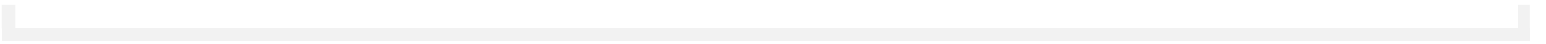
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Other Total

-

Grand Total

11,263,111



LAKELANDS PUBLIC HEALTH

BOARD OF HEALTH

TITLE:	Correspondence for Direction: Middlesex-London Health Unit - Alcohol Labelling Policy Positions
DATE:	February 18, 2026
PREPARED BY:	Angela Andrews, Manager, Healthy Communities and Schools
APPROVED BY:	Hallie Atter, Director, Community Health Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Lakelands Public Health:

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

BACKGROUND

Alcohol consumption is widespread in Ontario and across Canada, with significant and well-documented impacts on population health. Alcohol is classified as a Group 1 carcinogen and is linked to various health risks, including addiction, cancer, chronic diseases, and physical injuries. Despite these known harms, alcohol is highly normalized and increasingly accessible – while health protective regulations, particularly consumer facing information, have not been updated to match the increased exposure.

Unlike tobacco and medical cannabis, alcohol products in Canada lack comprehensive and standardized health warning labels to inform individuals of risks, or to support safer consumption. Evidence indicates the need for improved consumer information. According to the Canadian Cancer Society, 75% of Canadians 15 years and over consume alcohol, yet over 40% are not aware that alcohol consumption increases the risk of cancer.¹

In 2023, both legacy boards called on the Government of Canada to amend the Food and Drug Act to make mandatory that all alcohol beverage containers have enhanced alcohol labels affixed:

- indicating what constitutes a standard drink;
- illustrating the number of standard drinks in the beverage container; and
- displaying health messages regarding adverse health outcomes, including the cancer risks associated with the consumption of alcohol.

Furthermore, both boards of health endorsed, in principle, [Bill S254](#) – An Act to Amend the Food and Drug Act (Warning Labels on Alcoholic Beverages) and Motion [M-61](#) A National Warning Label Strategy for Alcoholic Products.

Lakelands Public Health recognizes alcohol-related harms as a significant and growing burden on communities, and supports the Middlesex-London Health Unit's evidence-informed recommendations on mandatory and regulated health labelling including health warnings, Canada's Guidance on Alcohol and Health, and standard drink size on all containers of alcohol manufactured and sold in Canada in alignment with Canada's approach to commercial tobacco products and the legalization of non-medical cannabis.

REFERENCES:

1. Canadian Cancer Society / Société canadienne du cancer. (n.d.). Alcohol policy. Canadian Cancer Society. <https://cancer.ca/en/get-involved/advocacy/what-we-are-doing/alcohol-policy>

ATTACHMENTS

- a. [MLHU Report, January 22/26](#)

MIDDLESEX-LONDON BOARD OF HEALTH

REPORT NO. 05-26

TO: Chair and Members of the Board of Health

FROM: Dr. Alexander Summers, Medical Officer of Health
Emily Williams, Chief Executive Officer

DATE: 2026 January 22

ALCOHOL LABELLING POLICY POSITION

Recommendation

It is recommended that the Board of Health:

- 1) Receive Report No. 05-26 re: “Alcohol Labelling Policy Position” for information;
 - 2) Endorse [Appendix C](#) re: Middlesex-London Health Unit Policy Position on Alcohol Labelling;
 - 3) Endorse [Appendix D](#) re: Statement from Provincial/Territorial Chief Medical Officers of Health on Labelling of Alcohol Products; and
 - 4) Direct the Clerk to forward Report No. 05-26 and Appendices [C](#) and [D](#) to all members of the Standing Senate Committee on Social Affairs, Science, and Technology, copied to all Ontario Boards of Health and local Members of Parliament.
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Report Highlights

- The Middlesex-London Health Unit (MLHU) was a witness at a session of the Standing Senate Committee on Social Affairs, Science and Technology regarding its examination of [Bill S-202, An Act to amend the Food and Drugs Act \(warning label on alcoholic beverages\)](#).
- The Middlesex-London Board of Health has a history of supporting public health policy measures intended to mitigate the health harms associated with alcohol, including the need for alcohol labelling.
- The Provincial/Territorial Chief Medical Officers of Health have endorsed a position statement on alcohol warning labels, strongly encouraging the federal government to mandate health label requirements on alcohol containers for sale in Canada.
- It is the position of the Middlesex-London Health Unit that all alcohol manufactured or sold in Canada should have mandatory, regulated labels including health warnings, Canada’s Guidance on Alcohol and Health, and standard drink size information.

Background

In late October, the Standing Senate Committee on Social Affairs, Science, and Technology (SOCI) invited a representative from the Middlesex-London Health Unit (MLHU) to appear as a

witness on October 29, 2025, as part of its examination of [Bill S-202, An Act to amend the Food and Drugs Act \(warning label on alcoholic beverages\)](#). As requested by the committee, an opening statement and briefing was submitted prior to the meeting, attached as [Appendix A](#) and [Appendix B](#). Linda Stobo, Manager of Comprehensive Health Promotion B, represented MLHU, presenting opening remarks and speaking to questions posed by Committee members, along with Medical Health Officers from Toronto Public Health and Vancouver Coastal Health.

Previous Board of Health Support for Alcohol Labelling

At the April 20, 2023 meeting, the Board of Health moved to endorse a correspondence item in support of 'BILL S-254 An Act to amend the Food and Drugs Act (warning label on alcoholic beverages)' from Ann-Marie Kungl, Board of Health Chair, Simcoe Muskoka District Health Unit. Bill S-254 died on the Order Paper due to Parliamentary Prorogation in January 2025. Bill S-202 was reintroduced to Senate on May 28, 2025 proposing the amendment of the *Food and Drugs Act* to regulate health warning labels on alcohol beverages.

MLHU Policy Position

All alcohol manufactured or sold in Canada should have mandatory, regulated labels including health warnings, Canada's Guidance on Alcohol and Health, and standard drink size information.

The MLHU Policy Position statement, attached as [Appendix C](#), situates alcohol consumption in Middlesex-London, quantifies the population health burden, and identifies the lack of public awareness regarding alcohol and its harms; health warning labels are proven to be effective at helping consumers make informed choices. The MLHU policy position aligns with the Provincial and Territorial Chief Medical Officers of Health's (PTCMOH) statement on alcohol warning labels released in December 2025, linked as [Appendix D](#).

Next Steps

At the time of drafting this report, Bill S-202 is at the end of Committee stage but has not yet passed approval for debate at third reading. If passed by Senate at third reading, the Bill will then go to the House of Commons for first, second, committee, and third readings. If passed by both chambers, the bill will receive royal assent and become law.

It is recommended that the Board of Health endorse MLHU's Policy Position ([Appendix C](#)) and PTCMOH's Statement ([Appendix D](#)) on alcohol warning labels. Further, it is recommended that this report and Appendices [C](#) and [D](#) be sent to all members of the Standing Senate Committee on Social Affairs, Science, and Technology, copied to all Ontario Boards of Health and local Members of Parliament, to contribute to a unified public health voice regarding alcohol labelling.

This report was written by the Comprehensive Health Promotion B Team.



Alexander Summers, MD, MPH, CCFP, FRCPC
Medical Officer of Health



Emily Williams, BScN, RN, MBA, CHE
Chief Executive Officer

This report refers to the following principle(s) set out in Policy G-490, Appendix A:

- The Chronic Disease Prevention and Well-Being and the Substance Use and Injury Prevention standards as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).
- The following goal or direction from the [Middlesex-London Health Unit's Strategic Plan](#):
 - Our public health programs are effective, grounded in evidence and equity

This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit's [Anti-Black Racism Plan](#) and [Taking Action for Reconciliation](#), specifically recommendation "Create Supportive Environments – ensure the use of culturally-respectful terminology".

LAKELANDS PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	Correspondence for Information
DATE:	February 18, 2026
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

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

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

ATTACHMENTS

- a. [Dr. Piggott Appointment Letter](#)
- b. [Dr. Bocking Appointment Letter](#)

Ministry of Health

Office of the Deputy Premier
and Minister of Health

777 Bay Street, 5th Floor
Toronto ON M7A 1N3
Telephone: 416 327-4300
www.ontario.ca/health

Ministère de la Santé

Bureau du vice-premier ministre
et ministre de la Santé

777, rue Bay, 5e étage
Toronto ON M7A 1N3
Téléphone: 416 327-4300
www.ontario.ca/sante



eApprove 72-2025-793

February 5, 2026

Ron Black
Chair, Board of Health
Haliburton Kawartha Northumberland Peterborough Health Unit
185 King Street
Peterborough, ON K9J 2R8

Dear Ron Black:

I am writing with respect to the Board of Health's appointment of Dr. Thomas Piggott to the position of Medical Officer of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit.

I am pleased to approve the appointment of Dr. Thomas Piggott as Medical Officer of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit.

This approval is granted in accordance with Clause 64(c) of the *Health Protection and Promotion Act*.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Jones'.

Sylvia Jones
Deputy Premier and Minister of Health

- c: Dr. Kieran Moore, Chief Medical Officer of Health and Assistant Deputy Minister
Dr. Daniel Warshafsky, Associate Chief Medical Officer of Health
Elizabeth Walker, Executive Lead, Office of Chief Medical Officer of Health, Public Health
Laurie Scott, MPP, Haliburton-Kawartha Lakes-Brock
Hon. David Piccini, MPP, Northumberland—Peterborough South
Dave Smith, MPP, Peterborough-Kawartha

Ministry of Health

Office of the Deputy Premier and
Minister of Health

777 Bay Street, 5th Floor
Toronto ON M7A 1N3
Telephone: 416 327-4300
www.ontario.ca/health

Ministère de la Santé

Bureau du vice-premier ministre
et ministre de la Santé

777, rue Bay, 5^e étage
Toronto ON M7A 1N3
Téléphone: 416 327-4300
www.ontario.ca/sante



eApprove 72-2025-793

February 5, 2026

Ron Black
Chair, Board of Health
Haliburton Kawartha Northumberland Peterborough Health Unit
185 King Street
Peterborough, ON K9J 2R8

Dear Ron Black:

I am writing with respect to the Board of Health's appointment of Dr. Natalie Bocking to the position of Associate Medical Officer of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit.

I am pleased to approve the appointment of Dr. Natalie Bocking to the position of Associate Medical Officer of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit.

This approval is granted in accordance with Clause 64(c) of the *Health Protection and Promotion Act*.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Jones'.

Sylvia Jones
Deputy Premier and Minister of Health

- c: Dr. Thomas Piggott, Medical Officer of Health, Haliburton Kawartha Northumberland Peterborough Health Unit
Dr. Kieran Moore, Chief Medical Officer of Health and Assistant Deputy Minister
Dr. Daniel Warshafsky, Associate Chief Medical Officer of Health
Elizabeth Walker, Executive Lead, Office of Chief Medical Officer of Health, Public Health
Laurie Scott, MPP, Haliburton-Kawartha Lakes-Brock
Hon. David Piccini, MPP, Northumberland—Peterborough South
Dave Smith, MPP, Peterborough-Kawartha

LAKELANDS PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	Quarterly Reports
DATE:	February 18, 2026
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:

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

Note: All reports represent the time period of October 1 – December 31, 2025; item b is based on the Ministry fiscal period which ends March 31, 2026.

ATTACHMENTS

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

Financial Update Q4 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 Dec 31	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	30,919,701	30,919,701	100.0%	-	Budget allocation includes funding from MOH and local partners. Through the final quarter, expenditures net of offset revenue were \$30,919,701. Budget spent in full and will result in no funds being returned to the Province as part of the settlement process.

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 Dec 31	Year to Date % of Budget	Year to Date Variance Under/(Over)	Comments
Ontario Seniors Dental	100%	2,083,600	2,083,600	1,855,361	89.0%	228,239	Year to Date expenditures are below budget at 89.0% based on approved budget allocation. Underspending related primarily to budgeted professional services, due to change in provider for the Haliburton area. Program continued to address waitlists within the region. Clinical upgrades including the purchase of equipment to enhance accessibility for clients and upgrade reprocessing station. Balance of unspent funds will be recovered through by the Province. At this time, we do not anticipate any changes to the budget allocation based on the reported underspending. However, the Province continues to evaluate the program in light of the Federal Dental Program.

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 Dec 31	Year to Date % of Budget Approval	Year to Date Variance Under/(Over)	Comments
IPAC HUB - Infectious Disease	100% MOH	610,230	457,673	446,424	73.2%	11,249	Year to date expenditures operating just below budget at \$446,424, based on 3rd quarter of fiscal period. Partial gapping of Administrative position for part of Q3. Program spending is on track and anticipate budget spent in full by end of fiscal year in March 2026.
Student Practicum Program - Legacy PPH	100% MOH	20,000	20,000	20,000	100.0%	-	Funding PHI Practicum Students for 16 week period between April through September 2025. Program spent in full.
PHI Practicum Student - Legacy HKPR	100% MOH	30,000	30,000	30,000	100.0%	-	Funding for 2 PHI Practicum Students for 16 week period of April to September 2025. Program budget spent in full.
Merger - Strengthening Public Health - Year 2	100% MOH	7,682,469	5,761,852	3,363,092	43.8%	2,398,760	Year to date expenditures are below budget at 43.8%. Through the final 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, with some positions filled in December. Work will continue through the end of March on rebranding and harmonization of systems and programs. Additionally, as previously reported, 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	600,000	134,319	16.8%	465,681	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 existing facilities. Expenditures for site upgrades and renovations and fees associated with completion of Ministry capital application to be completed through the end of March 2026 to utilize funding received.

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 Dec 31	Year to Date % of Budget Approval	Year to Date Variance Under/(Over)	Comments
Infant Child Development Program - Legacy PPH	100% MCCSS	253,283	189,962	195,875	77.3%	(5,913)	Budget approved by MCCSS in November 2025. Program operating just above budget allocation due to higher salary and benefits through the 3rd 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	1,580,273	1,483,089	70.4%	97,184	Budget approved by MCCSS in November 2025. Program operating below budget due to some staff gapping through Q3. Increase in spending through end of the fiscal year to address underspending through increase in hours for program staff and planned procurement of program resources and education sessions.
Total - All Programs		44,506,314	41,643,061	38,447,861	86.4%	3,195,200	Surplus relates primarily to underspending in the Merger - Strengthening Public Health Budget

LAKELANDS PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	Merger Progress Report and Dashboard – Q3 2025
DATE:	February 18, 2026
PREPARED BY:	Carolyn Doris, Manager, Project Management Sarah Gill, Manager, Change Management & Merger Communication Larry Stinson, Chief Transformation Officer
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Lakelands Public Health receive the report, Merger Progress Report and Dashboard – Q3 2025, for information.

BACKGROUND

This report is a point-in-time snapshot of the progress of merger implementation up to the end of Q3, or December 31, 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: A Request for Proposals was completed and decision regarding a new MSP for a co-managed IT service model was determined. This competitive process included an assessment of proposals, interviews with potential MSPs and review of references. The new MSP will be implemented in early 2026. By December 31, 2025, all staff transitioned to a single Microsoft tenant including movement of legacy files to one platform. Substantial work was completed in December 2025 to ensure proper configuration of the network (e.g., re-networking of L-HKPR buildings) and upgrades to IT infrastructure.
- Phase 2 of Property Assessment: Received a draft report from consultants for Board of Health and Senior Leadership Team review. Interviews were completed by consultants with key staff and staff were invited to complete a survey regarding immediate building needs/minor renovations across all current sites that can be actioned before March 31, 2025. Minor modifications to buildings in Q3 include updates to lighting and alarm pads.
- Labour Relations: PSLRTA process continued as an area of priority in Q3 with preparations for a Dec. Labour Board hearing.

Governance:

- Indigenous Health Advisory Circle (IHAC): The Indigenous Program Navigator of Peterborough Regional Health Centre joined IHAC in December 2025.

- The Board of Health received an update and training with a focus on government relations and advocacy.
- The Board and Senior Leadership Team attended a Retreat on October 2, 2025.

Organizational & Programs:

- New Specialized Positions: Postings and recruitment for professional practice and health care systems alignment, as well as Human Resources were completed.
- Program harmonization continued with progress through Playbooks. By December 2025, 46 working groups have been established across Program Divisions (Clinical Services, Environmental Health & Infectious Diseases, Strategic & Emergency Services, Community Health). Working groups include staff as subject matter experts and management representation from both legacy organizations. Working Groups have moved through Discovery (current state analysis), Align (future state analysis), and Action Planning activities. A total of 220 Working Group Meetings have been held in 2025.
 - Discovery phase has been completed by 32 programs with an additional 34 in progress.
 - Align phase has been completed by 5 programs with an additional 22 in progress.
 - Action Planning has been completed by 3 programs with 10 more in progress.
 - Five program areas are currently in Implementation phase.
- Staff sessions were held with participation of 198 staff regarding the development of Lakelands Public Health Mission, Vision, Values and Workplace Culture.
- Harmonization of legacy Policies and Procedures and contracts continued.

Transformation:

- Merger Evaluation Plan: Further development of the merger evaluation plan occurred including defining key indicators and processes.
- All Staff Event: The first All Staff Day, organized by a staff committee, was held on November 18, 2025 in Cobourg with positive feedback.
- Leadership Training: Investing in leadership training opportunities on prioritized topics including labour relations, 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. Reports received by consultants regarding two projects and meetings held for validation with key staff.
- Employee Engagement Survey: The Employee Engagement survey was completed by staff. A preliminary report with results was reviewed by Senior Leadership.

ATTACHMENTS

a. [Merger Progress Dashboard](#)

Merger Progress: Year 2

Completed

In Progress

Not Started

	Corporate Services	Governance	Organizational & Programs	Transformation
Q1	New agency emails in use	Board sub-committees, Terms of Reference completed	Program assessment / alignment reviews & integration plans completed	Change Management training for management completed
	Consolidated finance, human resources (HR) procedures	Board training needs assessment completed	Policy review initiated	Employee wellness activities initiated
	Banking transition 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

Updated for Q3 (2026/02/18)

LAKELANDS PUBLIC HEALTH

BOARD OF HEALTH

TITLE:	Ontario Public Health Standards Program Report – Q4 2025 (October 1 – December 31, 2025)
DATE:	February 18, 2026
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 – Q4 2025 (October 1 – December 31, 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 fourth quarter of 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.

SUMMARY OF ACHIEVEMENTS AND CHALLENGES

Achievements:

- Responded to community health hazard concerns related to the proposed demolition of GE Vernova buildings, maintaining active engagement with the City of Peterborough and the Ministry of Environment, Conservation and Parks (MECP).
- Hosted multiple Fall Preparedness Sessions with external partners to support readiness for respiratory season while managing a significant number of outbreaks (30) across the jurisdiction during Q4.
- Collaborated with area acute care hospitals (5) to streamline animal bite incident reporting to LPH.
- Completed the fall School-Based Immunization Program, engaging all LPH nurses and increasing organizational capacity to respond to vaccine preventable disease emergencies.
- Responded to Provincial Government's request for input into the next Ontario Poverty Reduction Strategy.
- Launched the Radon Kit Distribution Campaign across municipalities and one First Nation community.

- Completed ‘Truthing Sessions’ for Indigenous Engagement on the LPH Climate Change Adaptation project.
- Established a harmonized wastewater surveillance approach across the LPH jurisdiction for implementation in 2026.
- Developed a harmonized Infectious Diseases dashboard for the LPH website.
- Expanded organizational LEAN capacity by training 34 staff in Lean White Belt and 9 in Lean Green Belt—the latter now leading LPH quality improvement projects—and conducted interviews to inform the Ontario Public Health Standards program planning Black Belt project.
- Successfully migrated legacy HKPR files into SharePoint.

Challenges:

- Ongoing vacancies, along with internal staff movement, short-term leaves, and limited capacity have created a domino effect across teams. These pressures have affected the ability to meet inspection targets, maintain business continuity, and make timely progress on program harmonization.
- Urgent public health demands requiring immediate response diverted resources and deferred some harmonization efforts while reducing available staff time for longer-term planning work.
- Merger-related operational pressures, including the transition to new IT infrastructure and migrating SharePoint files, required significant staff time and planning.
- Some harmonization activities that require collaboration with other teams—who were simultaneously managing their own transitions and workload pressures—slowed progress and affected project timelines.

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 Q4 2025	# Partly Met Q4 2025	# Did Not Meet Q4 2025	# Met Q3 2025	# Partly Met Q3 2025	# Did Not Meet Q3 2025
Program Standard							
Chronic Disease Prevention and Well-Being	5	5			5		
Food Safety	5	4	1		4	1	
Healthy Environments	11	11			11		
Healthy Growth and Development	3	3			3		
Immunization	10	8	2		8	2	
Infectious and Communicable	21	19	2		19	2	

Ontario Public Health Standards	Total # BOH Requirements	# Met Q4 2025	# Partly Met Q4 2025	# Did Not Meet Q4 2025	# Met Q3 2025	# Partly Met Q3 2025	# Did Not Meet Q3 2025
Diseases Prevention and Control							
Safe Water	8	7	1		7	1	
School Health	10	7	3		7	3	
Substance Use and Injury Prevention	4	3	1		3	1	
Foundational Standards							
Population Health Assessment	6	6			6		
Health Equity	4	4			4		
Effective Public Health Practice	9	7	2		7	2	
Emergency Management	1	1			1		

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

Description of Requirements not Met

Effective Public Health Practice Standard

Requirements #2 and 8: This relates to organizational infrastructure to support the routine monitoring of programs and services. As noted previously, routine monitoring to date has largely focused on compliance versus effectiveness. We continue to work on developing a culture of quality improvement, through the provision of Lean training to all levels of staff in the organization to increase understanding of the value of quality improvement, and are well underway in developing a Quality and Impact Framework that will include clear expectations and performance measures that will enable programs to assess their performance. Framework will be rolled out in Q2-3 2026 in advance of 2027 OPHS program planning.

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 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 childcare 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 school 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 were met in 2025.

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

2025 Standards Activity Reports

as of December 31, 2025

Risk Management

Ref. #	Description	Category	Impact	Likelihood	Overall Risk Rating		Key Risk Mitigations	Date reported to the Board
A	B	C	D	E	F = D x E		G	H
B1	Due to constrained timelines for merger funding and accelerated merger implementation requirements, a diminished capacity can lead to an inability to fully meet the National Standards on Psychological Health and Safety in the Workplace. A failure to foster development of employee and organizational resilience may result, leading to risk for negative impacts on employee wellbeing and operational effectiveness with legal, financial and human resource implications.	People / Human resources	4	4	3	High	As part of the harmonization/merger process, employee health and safety is prioritized and will be part of an comprehensive Human Resource Strategy. Merger resources will be utilized to enhance capacity where feasible.	Feb. 18, 2026
B2	Loss of information, compromising of personal health information of clients can occur through human error, the misuse of information technology, lack of information security or through cyber-attack. There are financial and legal risks associated with loss of personal and personal health information; stakeholder/public perception risk; and re-work associated with recreating the record. Healthcare facilities are being targeted.	Privacy / Stakeholder and Public Perception / Legal	4	4	3	High	Policies and procedures and ongoing training support staff to avoid higher risk behaviours. An MFA is required for all employees. The IT Manager and staff work with the Ministry, our insurance provider and industry leaders to ensure adequate levels of protection within our systems. A system assessment completed as part of the merger process has identified key risk reduction strategies that are being implemented independently or as part of an integrated system of a merged entity.	Feb. 18, 2026
B3	Boards of Health are required to provide a balanced budget annually and to operate within that budget. The current funding arrangement, under the HPPA, creates a challenge for local (municipal and First Nation) funders to cover increased costs year over year when provincial increases are inadequate. Merger funding has been able to offset the shortfall through stabilization cost eligibility, but it will only defer the funding pressure until the end of the one-time funding (March 31, 2027). A deficit is forecast in fiscal year 2027 unless changes to expenditure or funding occur. Since staffing accounts for over 80% of operating expenses, shortfalls will impact staffing and service levels.	Financial / Operational / Service Delivery	5	5	3	High	The MOH/CEO is working with the Board of Health to: advocate for adequate funding; and improve efficiency of service delivery to mitigate impacts.	Feb. 18, 2026

B4	Due to limited capacity some requirements under the Ontario Public Health Standards (OPHS) may be only partially or not met. A lack of compliance with OPHS can lead to relationship and reputation damage and liability for any negative health outcomes.	Operational / Service Delivery	5	3	3	High	Strategic and Operational Planning considered the impact of each intervention and the risk of de-prioritization. The Senior Leadership Team and the Board of Health continue to report on areas of non-compliance and to advocate for adequate resourcing.	Feb. 18, 2026
B5	The broader workforce shortage and more specifically, health service sector shortage presents potential recruitment challenges for public health.	People / Human resources	3	4	3	High	The HR program uses a comprehensive approach to recruitment and is developing strategies to reduce barriers based on DEI. The Our Team strategic direction from our Strategic Plan seeks to ensure LPH has a workplace that attracts the best talent.	Feb. 18, 2026
B6	Labour disruption or challenges—including delays in Public Sector Labour Relations Transition Act (PSLRTA) harmonization and prolonged collective bargaining processes—represent an operational risk. These challenges can create uncertainty across the organization, potentially affecting workforce morale, service delivery, and organizational timelines. Delays may also lead to inconsistencies in working conditions or expectations across different employee groups, increasing the likelihood of disputes or grievances.	People / Human resources	4	3	12	Moderate	HR maintains regular dialogue with union leaders to help build trust, reduce misunderstandings, and allows for issues to be identified and addressed early. Demonstrating respect for collective bargaining processes and adhering to all legislative and regulatory requirements further supports productive relationships, and allows the organization to navigate labour-related challenges effectively while supporting a collaborative and respectful workplace culture. Similar to emergency planning, contingency plans for workplace disruptions are under development.	Feb. 18, 2026
B7	A community-wide or regional public health emergency (e.g., pandemic resurgence, severe influenza season, emerging infectious disease outbreak) may occur while the organization is still engaged in harmonization activities. This could strain staff capacity, disrupt harmonization timelines, and challenge the organization's ability to deliver coordinated, consistent public health services.	Emergency	2	2	4	Very Low	Establish or update memorandums of understanding (MOUs) with partner organizations to clarify roles, resource sharing, surge capacity support, and mutual expectations during emergencies. Conduct regular scenario-based planning sessions to test emergency response capabilities while maintaining essential business continuity and ongoing harmonization activities.	Feb. 18, 2026