

**Board of Health for the
Haliburton Kawartha Northumberland Peterborough Health Unit
MEETING AGENDA
Thursday, September 11, 2025, 9:00 – 11:30 a.m.
HKNP Port Hope Office, Meeting Rooms 1/2/3
200 Rose Glen Road, Port Hope ON**

1. Call to Order and Land Acknowledgement

2. Declaration of Conflict of Interest

3. Adoption of the Agenda

4. Adoption of Regular Minutes

4.1. June 18, 2025

- Cover Report
- a. Minutes, June 18, 2025

5. Business Arising

6. Medical Officer of Health Update

7. Reports

7.1. Presentation: Ice, Heat, Smoke, and Drought - This Year's Warning: Protecting Health in a Changing Climate

- Cover Report
- a. Presentation

7.2. Report: Merger Progress Update

- Cover Report
- a. Dashboard

7.3. Report: Stewardship Committee – Local Funding Harmonization

- 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.

8.1. Correspondence for Information

- Cover Report
 - a. Letter to Premier Ford and Ministers Jones and Parsa - Intimate Partner Violence
 - b. Open Letter - HIV Legal Network / HIV & AIDS Legal Clinic Ontario - Prohibition of Sterile Needle and Syringe Distribution within HART Hubs
 - c. MCCSS Response to HKNP - Intimate Partner Violence
 - d. alPHa e-newsletter (*note only Board specific information included*)

8.2. Report: Policies for Approval

- Cover Report
 - a. Medical Officer of Health/Chief Executive Officer Policy
 - b. Medical Officer of Health/Chief Executive Officer Performance Appraisal Policy
 - c. Medical Officer of Health/Chief Executive Officer Performance Appraisal Form
 - d. Medical Officer of Health/Chief Executive Officer Annual Planner Form

8.3. Report: Stewardship Committee

- Cover Report
 - a. Minutes, June 13, 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)(b), Personal matters about an identifiable individual, including Board employees.

11. Motions From In Camera Session

12. Date of Next Meeting

Wednesday, October 15, 2025 – 5:00 – 7:30 p.m.
Meeting Rooms, 108 Angeline St. S, Lindsay ON

13. Adjournment

**HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH HEALTH UNIT
BOARD OF HEALTH**

TITLE:	Meeting Minutes for Approval
DATE:	September 11, 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 the Haliburton Kawartha Northumberland Peterborough Health Unit approve meeting minutes for June 18, 2025.

ATTACHMENTS

- a. [Draft Minutes, June 18/25](#)

**Board of Health for the
Haliburton Kawartha Northumberland Peterborough Health Unit
DRAFT MEETING MINUTES
Wednesday, June 18, 2025, 5:00 – 7:30 p.m.
HKNP Peterborough Office, Multipurpose Rooms,
185 King Street, Peterborough, 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 (virtual)
Dr. Ramesh Makhija (virtual)
Mr. David Marshall
Mr. Dan Moloney
Councillor Tracy Richardson
Councillor Keith Riel
Councillor Cecil Ryall (virtual)
Dr. Hans Stelzer (virtual)**

Staff:

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

Absent with regrets:

Councillor Kathryn Wilson

1. Call to Order and Land Acknowledgement

Deputy Mayor Black, Chair, called the meeting to order at 5:00 p.m.

2. Declaration of Conflict of Interest

There were no declarations of conflict of interest.

3. Adoption of the Agenda

MOTION:

That the agenda be approved as circulated.

Moved: Mr. Moloney

Seconded: Councillor Joyce

Motion carried. (2025-076)

4. Adoption of Regular Minutes

4.1. May 15, 2025

MOTION:

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit approve meeting minutes for May 15, 2025.

Moved: Dr. Makhija

Seconded: Councillor Richardson

Motion carried. (2025-077)

5. Business Arising

5.1. Governance Working Group

The Chair advised that membership for this working group was as follows: Deputy Mayor Black, Mayor Hankivsky, Councillor Joyce, Councillor Lachica and Councillor Ryall.

The working group will meet over the next few months to review: Board skills matrix results; potential applicants for provincial appointments; expressions of interest from current members for renewal of provincial appointments; and, explore learning and training needs for the Board in 2026.

MOTION:

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit receive the oral report, Governance Working Group, for information.

Moved: Warden Clark

Seconded: Councillor Joyce

Motion carried. (2025-078)

6. Medical Officer of Health Update

MOTION:

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit receive the oral report, Medical Officer of Health Update, for information.

Moved: Councillor Lachica

Seconded: Mr. Marshall

Motion carried. (2025-079)

7. Consent Items to be Considered Separately

MOTION:

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

Moved: Mr. Moloney

Seconded: Warden Clark

Motion carried. (2025-080)

MOTION (9.1 a,b,c):

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit receive the following correspondence for information:

a. Letter dated June 12, 2025 from the Association of Local Public Health Agencies (aLPHa) to Minister Jones regarding investing proceeds of tobacco settlement to strengthen public health.

b. Letter dated May 25, 2025 from aLPHa to Minister Jones regarding the 2025 provincial budget & support for public health.

c. Letter dated May 13, 2025 from aLPHa to Minister Jones regarding Section 22 Class Orders (proposed changes to Bill 11, Schedule 4, Amendment to the *Health Protection and Promotion Act*).

Moved: Mr. Moloney

Seconded: Warden Clark

Motion carried. (2025-080)

MOTION (9.2 a,b):

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit receive the following items for information:

a. Stewardship Committee Minutes, April 11, 2025

b. Q1 2025 Financial Report

Moved: Mr. Moloney

Seconded: Warden Clark

Motion carried. (2025-080)

8. Reports

8.1. Report: Stewardship Committee – 2024 Draft Audited Financial Statements

MOTION:

That the Board of Health for the Haliburton Peterborough Public Health approve the following:

- 2024 Audited Financial Statements for Peterborough Public Health; and,
- 2024 Audited Financial Statements for the Haliburton, Kawartha, Pine Ridge District Health Unit.

Moved: Mr. Moloney

Seconded: Councillor Riel

Motion carried. (2025-081)

8.2. Report: Measles Update

MOTION:

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit receive the oral report, Measles Update, for information.

Moved: Mr. Johnston

Seconded: Dr. Stelzer

Motion carried. (2025-082)

8.3. Presentation: Merger Update

MOTION:

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit receive the presentation, Merger Update, for information.

Moved: Mr. Johnston

Seconded: Warden Clark

Motion carried. (2025-083)

8.4. Association of Local Public Health Agencies Annual General Meeting Resolutions

MOTION:

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit support the following resolutions to be tabled at the June 19th ALPHA Annual General Meeting:

- A25-01 - Integrating The Ontario Early Adversity and Resilience Framework into Public Health Practice to Improve Population Health Outcomes (Boards of Health for the Simcoe Muskoka District, Durham Region Health Department, and Haliburton Kawartha Northumberland Peterborough Health Unit)
- A25-02 - Indigenous Representation on Boards of Health (Board of Health for Public Health Sudbury & Districts)

Moved: Councillor Richardson

Seconded: Councillor Lachica

Motion carried. (2025-084)

9. Consent Items

10. New Business

11. Correspondence

11.1. Correspondence for Direction

MOTION:

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit:

- receive and endorse the resolution passed December 5, 2024 from the Windsor Essex County Board of Health regarding Intimate Partner/Gender Based Violence; and,
- communicate this support in writing to the Minister of Health, Minister of Children, Community and Social Services and Premier of Ontario, with copies to local MPPs, Ontario Boards of Health and the Association of Local Public Health Agencies; and,
- include in the letter, the recommendation to revive Bill 173, the Intimate Partner Violence Epidemic Act, 2024.

Moved: Mr. Moloney

Seconded: Dr. Stelzer

Motion carried. (2025-085)

Dr. Stelzer departed the meeting at 6:18 p.m.

12. In-Camera Session

MOTION:

That the Board of Health go In Camera at 6:18 p.m. to discuss three items in accordance with the Municipal Act, 2001:

- Section 239(2)(d) Labour relations or employee negotiations
- Section 239(2)(i) a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the municipality or local board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organization;
- Section 239(2)(j) a trade secret or scientific, technical, commercial or financial information that belongs to the municipality or local board and has monetary value or potential monetary value.

Moved: Warden Clark

Seconded: Mr. Marshall

Motion carried. (2025-086)

MOTION:

That the in-camera session be dissolved, and the membership return to open session at 7:09 p.m.

Moved: Warden Clark

Seconded: Councillor Riel

Motion carried. (2025-087)

13. Motions From In Camera Session

MOTION:

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit receive for information:

- In Camera item 5.1 - Confidential update pertaining to exception Section 239(2)(i)
- In Camera item 6.1 - Confidential update pertaining to exception Section 239(2)(j)
- In Camera item 6.2 - Confidential update pertaining to exception Section 239(2)(d)

Moved: Councillor Logel

Seconded: Dr. Makhija

Motion carried. (2025-088)

14. Date of Next Meeting

Thursday, September 11, 2025 – 9:00 – 11:30 a.m.

HKNP Port Hope Office

Meeting Rooms 1/2/3, 200 Rose Glen Road, Port Hope ON

15. Adjournment

MOTION:

That the meeting be adjourned at 7:11 p.m.

Moved: Mr. Moloney

Seconded: Warden Clark

Motion carried. (2025-089)

**HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH HEALTH UNIT
BOARD OF HEALTH**

TITLE:	Presentation: Ice, Heat, Smoke, and Drought - This Year's Warning: Protecting Health in a Changing Climate
DATE:	September 11, 2025
PREPARED BY:	Julie Ingram, Manager, Environmental Health
APPROVED BY:	Donna Churipuy, Director of Strategic & Emergency Services / Chief Nursing Officer Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit receive the following for information:

- Presentation: Ice, Heat, Smoke, and Drought - This Year's Warning: Protecting Health in a Changing Climate
- Presenter: Julie Ingram, Manager, Environmental Health

ATTACHMENTS

a. [Presentation](#)

Ice, Heat, Smoke, and Drought

This Year's Warning: Protecting Health in a Changing Climate

Delivered By: Julie Bromley

September 11, 2025 | Port Hope Office



HALIBURTON, KAWARTHA,
PINE RIDGE DISTRICT
HEALTH UNIT



Peterborough
Public Health

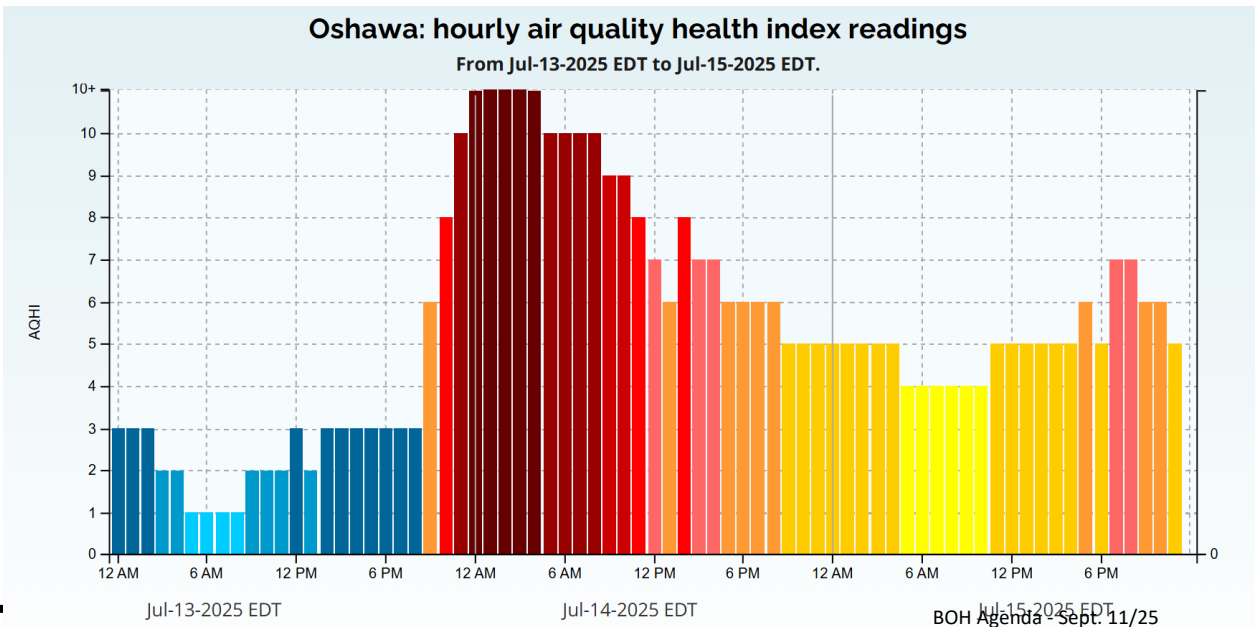
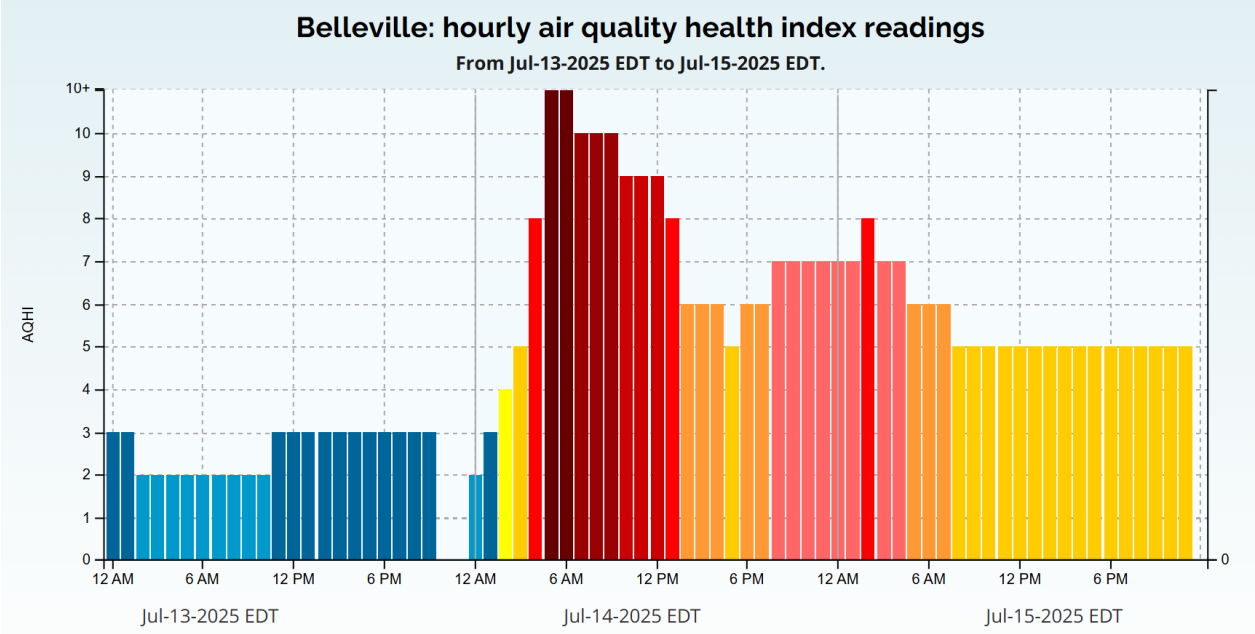
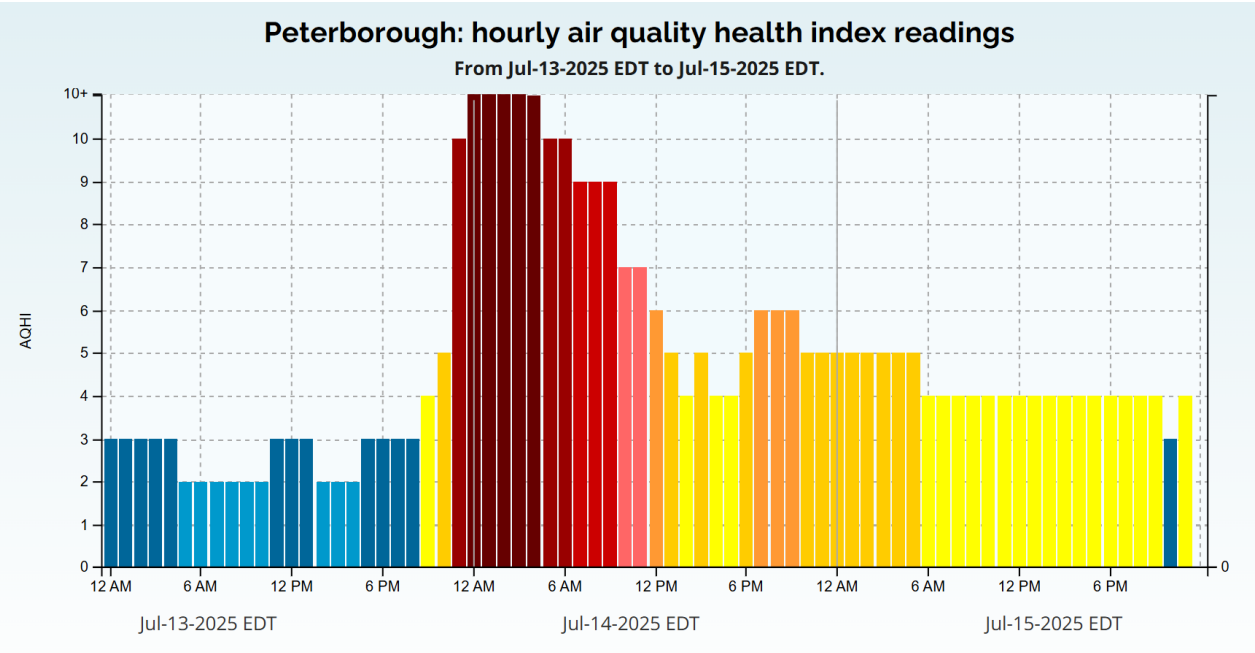
Agenda

1. Local Climate Change
2. Recent Climate Events
3. Public Health in Action
4. Opportunities
5. Impact



Air Quality Health Index

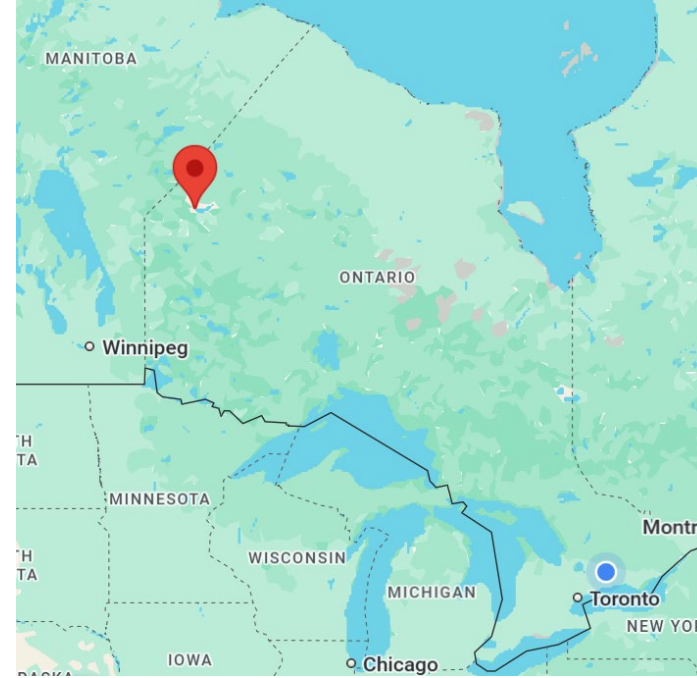
Air Quality Warning, July 14, 2025



Source: [Air Quality Ontario: Air Quality Health Index \(AQHI\)](#)

Peterborough – Evacuation Host Community

- Peterborough hosted 300 Sandy Lake First Nation Community Members
- Evacuation (due to wildfire) commenced June 10, 2025
- Hosted Community Members at Trent University and Quality Inn
- Community Members staying in Peterborough repatriated by July 18, 2025.

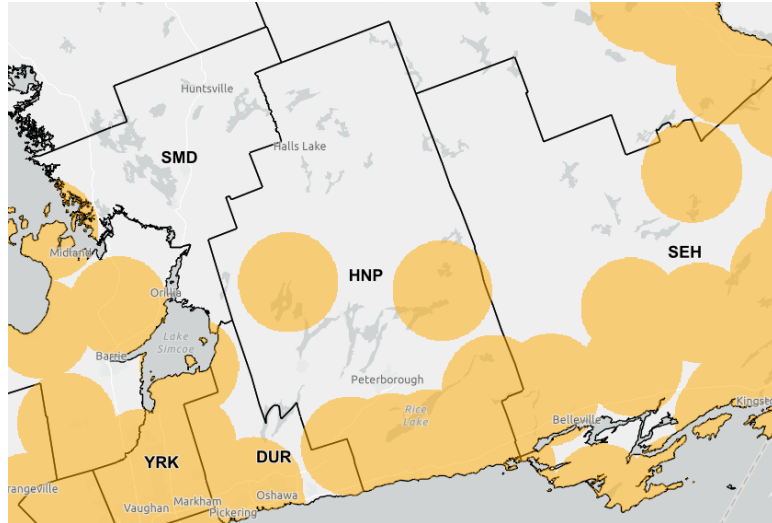


Left image from:
[Sandy Lake - Google Maps](#)

Bottom image from:
[THE CANADIAN PRESS/Handout - Destiny Rae](#)



Lyme Disease & Expansion of the Black Legged Tick



(From: Ontario Vector-Borne Disease Tool)

- 75 cases in the HKNP jurisdiction as of August 3, 2025
 - Local Rate: **20.45 cases/100,000** population
 - Provincial rate: 7.07 cases/100,000 population (as of August 6, 2025)



Temperatures & Humidex – 5-year Actuals

Source: [Canada Weather Stats](#)
Locations: Peterborough, Haliburton, Kawartha Lakes (Lindsay) & Annual data charts
Data pulled: August 14, 2025

Number of Days with Temperature ≥ 30°C

Peterborough

Year starting on	Number of Days
Jan 1 2025	<div><div></div></div> 22
Jan 1 2024	<div><div></div></div> 6
Jan 1 2023	<div><div></div></div> 9
Jan 1 2022	<div><div></div></div> 7
Jan 1 2021	<div><div></div></div> 13

Haliburton

Year starting on	Number of Days
Jan 1 2025	<div><div></div></div> 17
Jan 1 2024	<div><div></div></div> 5
Jan 1 2023	<div><div></div></div> 10
Jan 1 2022	<div><div></div></div> 8
Jan 1 2021	<div><div></div></div> 6

Cobourg

Year starting on	Number of Days
Jan 1 2025	<div><div></div></div> 3
Jan 1 2024	<div><div></div></div> 1
Jan 1 2023	<div><div></div></div> 0
Jan 1 2022	<div><div></div></div> 0
Jan 1 2021	<div><div></div></div> 1

Number of Days with Humidex ≥ 40

Peterborough

Year starting on	Number of Days
Jan 1 2025	<div><div></div></div> 6
Jan 1 2024	<div><div></div></div> 2
Jan 1 2023	<div><div></div></div> 3
Jan 1 2022	<div><div></div></div> 3
Jan 1 2021	<div><div></div></div> 4

Haliburton

Year starting on	Number of Days
Jan 1 2025	<div><div></div></div> 4
Jan 1 2024	<div><div></div></div> 2
Jan 1 2023	<div><div></div></div> 1
Jan 1 2022	<div><div></div></div> 1
Jan 1 2021	<div><div></div></div> 0

Cobourg

Year starting on	Number of Days
Jan 1 2025	<div><div></div></div> 1
Jan 1 2024	<div><div></div></div> 0
Jan 1 2023	<div><div></div></div> 0
Jan 1 2022	<div><div></div></div> 0
Jan 1 2021	<div><div></div></div> 1

Climate Change – Here and Now



Credit: Patrick Porzuczek, Facebook



Credit: Janet Dawson



Credit: Keith Beecroft



Credit: Legacy PPH Staff Photo



Credit: Keith Beecroft



Credit: Julie Bromley



Credit: Janet Dawson



Credit: Keith Beecroft



Credit: Kim Ball

Public Health In Action

- Mandated role through the Ontario Public Health Standards
- Our role:
 1. Health vulnerability assessment
 2. Health impact surveillance
 3. Community adaptation
- Board's commitment and organizational leadership have allowed us to have a positive impact.
- Focusing on community resilience and taking measures to reduce the negative health impacts of climate change



Adaptation Action	Legacy PPH	Legacy HKPR
Indigenous Engagement	<ul style="list-style-type: none"> - Joint project initiated early 2024 and ongoing - Currently reviewing engagement notes to return to communities with a report to be validated 	
Planning	<ul style="list-style-type: none"> - Rapid review of evidence and grey literature (2024) - Focus on extreme temperatures & partner engagement 	<ul style="list-style-type: none"> - Best Practices for Public Health report released & shared with provincial colleagues - Informs adaptation work moving forward
Partner Engagement	<ul style="list-style-type: none"> - Established an Extreme Temperature and Health Vulnerability Network - Seek partner input to inform resources and communications - Liaising with municipal CEMCs and other departments for municipal-related adaptation 	<ul style="list-style-type: none"> - Established a Climate Health Advisory Group in the City of Kawartha Lakes. - Staff participating on Northumberland County Climate Change Advisory Committee - Emergency Management Coordinator liaises with municipal CEMCs on developing emergency response plans. (e.g. re: heat, cold, air quality)
Policy	<ul style="list-style-type: none"> - Exploring policy options for safe indoor rental accommodations during heat events with the City of Peterborough - Participating in City and Agency Working Group: Secondary Plan and Community Planning Permit System for the City’s Strategic Growth Areas 	<ul style="list-style-type: none"> - Review municipal land use planning documents; provide comments related to climate change adaptation, where applicable (e.g., considerations for shade, permeable pavement, active transportation, greenspace, EV charging infrastructure)
Data & Surveillance	<ul style="list-style-type: none"> - Climate related RRFSS data (community attitudes and beliefs about climate change) collected and analyzed - Reports prepared for each municipality for sharing with municipal climate change staff (L-HKPR) - Active tick surveillance (tick dragging) - Frequent reference and use of the Climate Change and Health Vulnerability Assessment 	
Communication, Education, Awareness	<ul style="list-style-type: none"> - Public presentations and health fairs - Media alerts/releases and associated media interviews - Social Media campaigns - Shared video project – older adults and extreme heat (in progress, Community Power Northumberland Grant) - Heat Health Check-In Tools 	

Opportunities for Public Health



Strengthen awareness of how climate change impacts health to personalize the climate crisis



Continue to increase awareness about personal and environmental protective actions for climate hazards



Highlight and demonstrate that the threat is current, not just a future concern



Continue to collaborate with community partners to enhance community resiliency



Continue to complete surveillance for climate hazards and enhance community adaptation to protect those at greater risk

Act Now, Protect Tomorrow

- Every degree counts (mitigation), every action matters (adaptation)!
- We are protecting community members at greatest risk – taking actions that will have positive outcomes now and lasting impacts in the future.
- Public health can continue to be a leader to help our community be prepared for whatever climate event comes next.

Thank you!



HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH HEALTH UNIT BOARD OF HEALTH

TITLE:	Merger Progress Update
DATE:	September 11, 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 the Haliburton Kawartha Northumberland Peterborough Health Unit receive the report, Merger Progress Update, for information.

BACKGROUND

This report is intended to provide a point-in-time snapshot of the progress of merger implementation on a quarterly basis. Based on input received at the Board Retreat in May 2025 and requirements for Ministry reporting, the format includes both a dashboard (see attachment A) for key deliverables and a narrative to provide more context 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. The narrative below will highlight progress in transformation work.

Future updates will coincide with quarterly program and financial updates to the Board of Health which will commence in November 2025. It is important to note the fiscal period tied to merger funding is April 1 – March 31, as such, quarters will align with that timing (e.g., Quarter (Q) 2: July - September).

Corporate Services:

- **Insurance Procurement:** The consolidation of insurance coverage under one provider has not only led to cost savings but more comprehensive service, including enhanced cyber-security coverage and availability of training and resources to support risk reduction.
- **Charitable Status Retained:** The approval by Canada Revenue Agency to retain the Charitable Status previously attached to the Peterborough Public Health Business Number not only supports future needs for fundraising, but it also allows us to apply for charitable organization pricing for things like Microsoft licenses and contribute to cost reductions.
- **Property Assessment:** Work has begun on an assessment of property, including how space is currently used, current challenges for facilities and the anticipated

future property and facility needs of programs. The information gathered will inform our strategy for efficient and effective use of our office space.

- **IT Integration Planning:** The target for full integration of the Information Technology (IT) systems, and a common platform for all staff, is end of 2025. To complete this task we will align our Microsoft licensing and move to a single tenant. As noted above, with the charitable status, this is anticipated to lead to savings.
- **Non-Union Pay Harmonization:** A common pay grid has been established and implemented for all non-union positions, with appropriate adjustments made for incumbents. This is the first step towards a future non-union compensation state, which will involve a market assessment next year.

Governance:

- **Skills Matrix:** The process for completion of a skills matrix for the new Board of Health for the HKNP Health Unit was completed.
- **Public Appointments:** Review of appointees. Including a public call for appointees in skill-prioritized areas completed and recommendations made.

Organizational & Programs:

- **Organizational Structure:** The structure of the Senior Leadership and Management roles were established and shared with all staff. Transition plans were created for each role to ensure appropriate supports and change plans were applied.
- **Program Harmonization:** Program Harmonization continues across Divisions and Programs, utilizing the harmonization playbook that involves assessment of current state utilizing process mapping and other Lean/Quality Improvement tools, equity assessment and planning towards future state.
- **Electronic Collaborative Health Record:** An integrated new Collaborative Health Record is in the process of being developed with project management support from Sense & Nous. This is on track for Phase 1 of harmonization to take place in September/October 2025 and will help support future program harmonization in alignment with this new tool.

Transformation:

- **Transformation Team Training and Capacity:** The Transformation Team completed training, onboarding and identification of projects and is supporting these with project management, change management and communications tools and expertise. There are two additional positions to be filled to complete the team, and the recruitment process is underway.
- **Quality Improvement Projects:** Quality improvement projects have been launched, with support from the consulting firm Leading Edge. Two key projects include development of models for: i) an common after-hours on-call system; and ii) future direction for managing reception at multiple sites.
- **Quality Improvement Training:** Quality improvement training underway including white-belt training for all staff, broad yellow/green belt training opportunities aligned with prioritized merger projects, and training of an internal black belt.

- Name and Branding: The branding work for the new health unit was completed, and internal brand launch events were held at each site. The external launch is planned for September 11.
- Provincial Q1 Merger Report: The Q1 Ministry report for Year 2 of the merger was submitted to the Ministry highlighting financial and activity status.

ATTACHMENTS

a. [Merger Progress Dashboard](#)

DASHBOARD

HKNP Merger Progress: Year 2

Completed

In Progress

Not Started

	Corporate Services	Governance	Organizational & Programs	Transformation
Q1 (Apr – Jun 2025)	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 (Jul – Sep 2025)	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

	Corporate Services	Governance	Organizational & Programs	Transformation
Q3 (Oct - Dec 2025)	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
Q4 (Jan - Mar 2026)	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

HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH HEALTH UNIT BOARD OF HEALTH

TITLE:	Stewardship Committee Report – Local Funding Harmonization
DATE:	September 11, 2025
PREPARED BY:	Michelle McWalters, Executive Assistant, on behalf of Councillor Ryall, Committee Chair
APPROVED BY:	Larry Stinson, Director of Finance, Facilities & IT Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit:

- approve the implementation of Scenario 2B as presented in this report; and,
- direct staff to bring a draft Cost-Shared Budget to the October Board of Health meeting for approval.

BACKGROUND

The Stewardship Committee met on July 29, 2025. At that meeting, members received an overview of multiple scenarios structured to efficiently complete harmonization in municipal funding. After a vote, a proposed recommendation was requested to come forward to the Board at its next meeting for approval.

The merger of the Haliburton, Kawartha, Pine Ridge District Health Unit (HKPR) and Peterborough Public Health (PPH) requires harmonization of the past practices and establishing new practices, including establishing a standardized approach to budget approvals and determination of local contributions to the cost-shared program budget.

The Board for the Haliburton Kawartha Northumberland Peterborough Health Unit (HKNPHU) is tasked not only with ensuring that Ontario Public Health Standard (OPHS) programs are funded adequately, but to establish an agreement on how the local funding contributions are determined, including an approach to achieving equalization on a per capita basis.

Ultimately, the Board must determine and provide direction for staff on:

1. The level of funding each municipality and First Nation should pay;
2. When to begin the funding harmonization process; and,
3. The term (i.e., number of years) for reaching the fully harmonized goal.

The recommendation of Scenario 2B supports the principle of leveraging the use of merger funding to mitigate impacts of harmonization adjustments for local funders.

Scenario 2B achieves full levy harmonization over a five-year period, with an increased proportion of the adjustment allocated to the first two years (2026 and 2027) to take advantage of the ability to offset the additional increase through merger mitigation funding (i.e., a one-time payment equivalent to the harmonization increase). This funding could be used to completely mitigate the increased cost, or all or a portion can be set aside as reserve to offset increases in years 3 – 5. The Stewardship Committee requested details of what a one and two-year harmonization scenario would look like with full mitigation from merger funding. This information is outlined below.

Scenario 2B – 5 Year Harmonization (2026 – 2030)
(with increased proportion of harmonization in 2026 and 2027)

	2026	2027
City of Peterborough	\$301,144	\$301,144
County of Peterborough	\$227,142	\$227,412
Hiawatha First Nation	\$578	\$756
Curve Lake First Nation	\$1,835	\$2,340
Total	\$529,815	\$531,652

Note: Legacy PPH funders would have an additional \$155,065 contribution each year for 2028, 2029, 2030 without mitigation towards harmonization.

Scenario 2C – 2 Year Harmonization

	2026	2027
City of Peterborough	\$418,255	\$418,255
County of Peterborough	\$315,850	\$315,850
Hiawatha First Nation	\$1,050	\$1,050
Curve Lake First Nation	\$3,250	\$3,250
Total	\$738,405	\$738,405

Scenario 2D – 1 Year Harmonization
(therefore only 1 year of provincial merger funding would be utilized)

	2026
City of Peterborough	\$808,905
County of Peterborough	\$610,854
Hiawatha First Nation	\$2,031
Curve Lake First Nation	\$6,285
Total	\$1,428,075

If the recommendation for harmonization is approved by the Board of Health, staff recommend moving the 2026 Cost-Shared Programs Budget approval from the November Board of Health meeting to the October meeting. Since we have confirmation of the anticipated revenue from the Province and would have direction on local funder levies, we would be in a position to recommend a budget earlier and provide details on anticipated costs to municipalities and First Nations earlier, supporting their own budget processes.

Scenario 2B: 5 Year Harmonization Per Capita

Assumes 5% Local Partner Contribution (All) + Required Increase for PPH to align

Current Status Municipal Partner Portion/Per Capita													
	2025 Contribution	2026 Contribution	Change	2026 Per Capita	% Change	2027 Contribution	Change	% Change	2027 Per Capita	2028 Contribution	Change	% Change	2028 Per Capita
Northumberland	\$2,867,404	3,010,774	\$143,370	\$33.70	5.0%	3,161,313	\$150,539	5.0%	\$35.40	3,319,379	\$158,066	5.0%	\$37.10
CKL	\$2,542,753	2,669,891	\$127,138	\$33.70	5.0%	2,803,385	\$133,495	5.0%	\$35.40	2,943,554	\$140,169	5.0%	\$37.10
Haliburton	\$660,050	693,053	\$33,003	\$33.70	5.0%	727,705	\$34,653	5.0%	\$35.40	764,090	\$36,385	5.0%	\$37.10
Peterborough City	\$1,912,039	2,308,785	\$396,746	\$27.60	20.7%	2,725,367	\$416,583	18.0%	\$32.60	2,949,469	\$224,102	8.2%	\$35.30
Peterborough County	\$1,443,249	1,742,823	\$299,574	\$27.60	20.8%	2,057,377	\$314,553	18.0%	\$32.60	2,226,574	\$169,197	8.2%	\$35.30
Hiawatha First Nation	\$4,970	5,796	\$826	\$27.60	16.6%	6,841	\$1,046	18.0%	\$32.60	7,404	\$563	8.2%	\$35.30
Curve Lake First Nation	\$15,337	17,939	\$2,602	\$27.60	17.0%	21,176	\$3,237	18.0%	\$32.60	22,917	\$1,741	8.2%	\$35.30
Total Municipal Contributio	\$9,445,802	\$10,449,060				\$11,503,164				\$12,233,388			

2029 Contribution	Change	% Change	2029 Per Capita	2030 Contribution	Change	% Change	2030 Per Capita
3,485,347	\$165,969	5.0%	\$39.00	3,659,615	\$174,267	5.0%	\$41.00
3,090,732	\$147,178	5.0%	\$39.00	3,245,269	\$154,537	5.0%	\$41.00
802,295	\$38,205	5.0%	\$39.00	842,410	\$40,115	5.0%	\$41.00
3,184,776	\$235,307	8.0%	\$38.10	3,431,849	\$247,072	7.8%	\$41.00
2,404,231	\$177,657	8.0%	\$38.10	2,590,771	\$186,540	7.8%	\$41.00
7,995	\$591	8.0%	\$38.10	8,615	\$620	7.8%	\$41.00
24,745	\$1,828	8.0%	\$38.10	26,665	\$1,920	7.8%	\$41.00
\$13,000,122				\$13,805,193			

Scenario 2C: 2 Year Harmonization Per Capita

Assumes 5% Local Partner Contribution (All) + Required Increase for PPH to align

Current Status Municipal Partner Portion/Per Capita													
	2025 Contribution	2026 Contribution	Change	2026 Per Capita	% Change	2027 Contribution	Change	% Change	2027 Per Capita	2028 Contribution	Change	% Change	2028 Per Capita
Northumberland	\$2,867,404	3,010,774	\$143,370	\$33.70	5.0%	3,161,313	\$150,539	5.0%	\$35.40	3,319,379	\$158,066	5.0%	\$37.10
CKL	\$2,542,753	2,669,891	\$127,138	\$33.70	5.0%	2,803,385	\$133,495	5.0%	\$35.40	2,943,554	\$140,169	5.0%	\$37.10
Haliburton	\$660,050	693,053	\$33,003	\$33.70	5.0%	727,705	\$34,653	5.0%	\$35.40	764,090	\$36,385	5.0%	\$37.20
Peterborough City	\$1,912,039	2,425,896	\$513,857	\$29.00	26.9%	2,965,446	\$539,550	22.2%	\$35.50	3,113,718	\$148,272	5.0%	\$37.20
Peterborough County	\$1,443,249	1,831,261	\$388,012	\$29.00	26.9%	2,238,675	\$407,413	22.2%	\$35.40	2,350,608	\$111,934	5.0%	\$37.20
Hiawatha First Nation	\$4,970	6,090	\$1,120	\$29.00	22.5%	7,444	\$1,354	22.2%	\$35.40	7,816	\$372	5.0%	\$37.20
Curve Lake First Nation	\$15,337	18,849	\$3,512	\$29.00	22.9%	23,041	\$4,192	22.2%	\$35.40	24,193	\$1,152	5.0%	\$37.20
Total Municipal Contr	\$9,445,802	\$10,655,813				\$11,927,009				\$12,523,359			

2029 Contribution	Change	% Change	2029 Per Capita	2030 Contribution	Change	% Change	2030 Per Capita
3,485,347	\$165,969	5.0%	\$39.00	3,659,615	\$174,267	5.0%	\$41.00
3,090,732	\$147,178	5.0%	\$39.00	3,245,269	\$154,537	5.0%	\$40.90
802,295	\$38,205	5.0%	\$39.00	842,410	\$40,115	5.0%	\$41.00
3,269,404	\$155,686	5.0%	\$39.10	3,432,874	\$163,470	5.0%	\$41.00
2,468,139	\$117,530	5.0%	\$39.10	2,591,546	\$123,407	5.0%	\$41.00
8,207	\$391	5.0%	\$39.10	8,617	\$410	5.0%	\$41.00
25,403	\$1,210	5.0%	\$39.10	26,673	\$1,270	5.0%	\$41.00
\$13,149,527				\$13,807,004			

Scenario 2D: 1 Year Harmonization Per Capita

Assumes 5% Local Partner Contribution (All) + Required Increase for PPH to align

Current Status Municipal Partner Portion/Per Capita													
	2025 Contribution	2026 Contribution	Change	2026 Per Capita	% Change	2027 Contribution	Change	% Change	2027 Per Capita	2028 Contribution	Change	% Change	2028 Per Capita
Northumberland	\$2,867,404	3,010,774	\$143,370	\$33.70	5.0%	3,161,313	\$150,539	5.0%	\$35.40	3,319,379	\$158,066	5.0%	\$37.10
CKL	\$2,542,753	2,669,891	\$127,138	\$33.70	5.0%	2,803,385	\$133,495	5.0%	\$35.40	2,943,554	\$140,169	5.0%	\$37.10
Haliburton	\$660,050	693,053	\$33,003	\$33.70	5.0%	727,705	\$34,653	5.0%	\$35.40	764,090	\$36,385	5.0%	\$37.20
Peterborough City	\$1,912,039	2,816,546	\$904,507	\$33.70	47.3%	2,957,373	\$140,827	5.0%	\$35.40	3,105,242	\$147,869	5.0%	\$37.10
Peterborough County	\$1,443,249	2,126,265	\$683,016	\$33.70	47.3%	2,232,579	\$106,313	5.0%	\$35.30	2,344,208	\$111,629	5.0%	\$37.10
Hiawatha First Nation	\$4,970	7,070	\$2,100	\$33.70	42.3%	7,424	\$354	5.0%	\$35.40	7,795	\$371	5.0%	\$37.10
Curve Lake First Nation	\$15,337	21,884	\$6,547	\$33.70	42.7%	22,979	\$1,094	5.0%	\$35.40	24,127	\$1,149	5.0%	\$37.10
Total Municipal Contributions	\$9,445,802	\$11,345,483				\$11,912,758				\$12,508,395			

2029 Contribution	Change	% Change	2029 Per Capita	2030 Contribution	Change	% Change	2030 Per Capita
3,485,347	\$165,969	5.0%	\$39.00	3,659,615	\$174,267	5.0%	\$41.00
3,090,732	\$147,178	5.0%	\$39.00	3,245,269	\$154,537	5.0%	\$40.90
802,295	\$38,205	5.0%	\$39.00	842,410	\$40,115	5.0%	\$41.00
3,260,504	\$155,262	5.0%	\$39.00	3,423,529	\$163,025	5.0%	\$40.90
2,461,418	\$117,210	5.0%	\$39.00	2,584,489	\$123,071	5.0%	\$40.90
8,185	\$390	5.0%	\$39.00	8,594	\$409	5.0%	\$40.90
25,334	\$1,206	5.0%	\$39.00	26,601	\$1,267	5.0%	\$40.90
\$13,133,815				\$13,790,506			

**HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH HEALTH UNIT
BOARD OF HEALTH**

TITLE:	Correspondence for Information
DATE:	September 11, 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 the Haliburton Kawartha Northumberland Peterborough Health Unit receive the following correspondence for information:

- a. Letter dated July 2, 2025 from the Board Chair to Premier Ford and Ministers Jones and Parsa regarding support for further public health action on intimate partner and gender-based violence.
- b. Open letter dated July 7, 2025 to Minister Jones and Dr. Moore regarding the prohibition of sterile needle and syringe distribution within HART Hubs.
- c. Letter dated July 17, 2025 from the Ministry of Children, Community and Social Services to the Board Chair, in response to the HKNP letter dated July 2, 2025 (item a).
- d. E-newsletter dated July 27, 2025 from the Association of Local Public Health Agencies (alPHa).

ATTACHMENTS

- a. [Letter to Premier Ford and Ministers Jones and Parsa re IPV](#)
- b. [Open Letter](#)
- c. [MCCSS Response to HKNP regarding Intimate Partner Violence](#)
- d. [alPHa e-newsletter](#) (*note only Board specific information included*)

July 2, 2025

Hon. Doug Ford
Premier of Ontario
premier@ontario.ca

Hon. Sylvia Jones
Deputy Premier and Minister of Health
sylvia.jones@ontario.ca

Hon. Michael Parsa
Minister of Children, Community and Social Services
MinisterMCCSS@ontario.ca

Dear Premier Ford, Ministers Jones and Parsa:

Re: Preventing Intimate Partner and Gender-Based Violence

We urge the Government of Ontario to immediately revive and pass [Bill 173, An Act respecting intimate partner violence](#), to formally recognize intimate partner violence as an epidemic and strengthen provincial efforts to prevent violence and support survivors.

This request follows a decision passed at the June 18, 2025 meeting of the Board of Health for Haliburton Kawartha Northumberland Peterborough Health Unit, who considered and endorsed the enclosed correspondence from the Windsor-Essex County Health Unit (WECHU) Board of Health regarding the need to advance local and provincial action preventing and reducing Intimate Partner Violence (IPV)/Gender-Based Violence (GBV) through legislative action.

We recognize that you are well aware of the seriousness of IPV, which is associated with significant negative impacts on social functioning, mental health, and physical health for both survivors and their children. Your commitment is evident through the measures you have already implemented to address this critical issue such as through, the 2024 decision to ask the Standing Committee on Justice Policy to conduct an in-depth study with respect to IPV, the [Ontario-STANDS: Standing Together Against gender-based violence Now through Decisive actions, prevention, empowerment and Supports](#) and Ontario's strategy to respond to the [Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls; Pathways to Safety](#). A declaration of an epidemic would support these existing efforts by providing ongoing sustainable legislative backing.

As a local public health agency, we are engaged in the work of IPV/GBV and family violence by addressing healthy child growth and development in accordance with the Ontario Public Health Standards: Healthy Growth and Development and Substance Use and Injury Prevention standards along with the Health Equity foundational standard. Locally, IPV/GBV was declared an epidemic by the City of Peterborough (November 27, 2023), the City of Kawartha Lakes (June 25, 2024) and Haliburton County Council (December 11, 2024). A recent Peterborough City and County Public Perceptions and Paths to Prevention Survey, conducted by Trent University in partnership with the Peterborough Domestic Abuse Network (PDAN), asked 199 participants whether they agreed with labeling domestic violence (IPV) as an epidemic. An overwhelming 95% either strongly or somewhat agreed.¹ This powerful consensus signals that communities in the region we serve are not only aware of the severity of IPV but are also ready for decisive action. Ending GBV requires our provincial government's commitment. Reviving Bill 173 would legislate provincial recognition of IPV as a public health crisis throughout Ontario.

I trust you will consider our efforts, along with WECHU and the advocacy of others, who continue to voice their support to invest in and implement a meaningful and sustained provincial response to IPV and GBV which are complex issues intersecting multiple provincial priorities.

Sincerely,

Original signed by

Deputy Mayor Ron Black
Chair, Board of Health

/ag

Enclosure: [WECHU Resolution, December 2024](#)

cc: Local MPPs
Ontario Boards of Health
Association of Local Public Health Agencies (alPHA)

¹ Ambury, B. (2025). Understanding the domestic violence epidemic: Public perceptions and paths to prevention in Peterborough City and County (Community-Based Research Project, Trent University). Peterborough Domestic Abuse Network.



Dear Minister Jones and Dr. Kieran Moore:

cc: Minister of Health, Canada
Medical Officers of Health, Ontario
Public Health Ontario
Ontario Public Health Association
Infection Prevention and Control Canada
Public Health Agency of Canada
Association of Local Public Health Agencies

RE: Prohibition of sterile needle and syringe distribution within HART Hubs

Since 1989, needle and syringe programs (NSPs) have been a core public health intervention to prevent the spread of infections and preserve the health of people who use drugs in Ontario.ⁱ NSPs provide people who inject drugs with the equipment they need to avoid acquiring and/or transmitting blood-borne infections such as HIV and hepatitis C (HCV). Research in Canada has consistently shown that NSPs are a cost-effective way to [reduce the risk of HIV and HCV transmission, abscesses, and cardiac infections](#), and are a low-threshold way to connect people to healthcare services.ⁱⁱ The health and public health benefits of distributing sterile injection equipment are well-recognized and established in the peer-reviewed scientific literature. This is why NSPs have been recommended by international health organizations, including the [World Health Organization](#), as essential elements of effective HIV and HCV prevention strategies for decades.ⁱⁱⁱ

Yet, despite four decades of evidence underscoring the individual and public health benefits of NSPs, Ontario has chosen to prohibit all [Homelessness and Addiction Recovery Treatment \(HART\) Hubs from distributing sterile needles and syringes](#).^{iv} This is a dangerous move, especially at a time when HIV [infections](#) in Canada are on the rise. In 2022, 9.3% of Ontario's 475 new HIV infections were among people who inject drugs,^v with women accounting for 26.9% of all new HIV diagnoses.^{vi} While there have been significant advances in treating HIV and HCV, treatment is expensive, and HIV, while a chronic manageable condition for those who have access to care and treatment, cannot be cured. Therefore, prevention remains paramount.

Your government has made clear that [HART Hubs](#) are designed to treat clients with complex service needs, providing them with safety and support for substance use.^{vii} [Research](#) has shown that NSPs improve access to healthcare services and help to build relationships between healthcare providers and people who inject drugs.^{viii} In short, the implementation of NSPs lead to overall improvements in health and wellbeing, and increased entry into substance use treatment programs — the ostensible goal of HART Hubs. Depriving people who use drugs of the tools that keep them safe and healthy will lead to poorer health outcomes for them, and is completely antithetical to Ontario's own public health standards.

In 2018, Ontario's then-Ministry of Health and Long-Term Care produced its [Substance Use Prevention and Harm Reduction Guideline](#) (the "Guideline"), affirming that the "distribution of needles/syringes and other drug use supplies has proven to be an effective method in reducing blood-borne infections associated with injection drug use, such as HIV and hepatitis C" by reducing "the sharing and re-use of needles, syringes, and other supplies" as well as "discarded needles and syringes in the community."^{ix} At the same time, the Guideline acknowledges that an NSP "provides a point of access into health and social services for clients who may not otherwise have access to such services, as well as opportunities for education on safer drug use practices." As such, the Guideline instructs boards of health to "provide or ensure the availability of sterile needles and syringes, as well as safer drug use supplies currently funded and provided through the Ontario Harm Reduction Distribution Program to individuals who use drugs in the public health unit's region." The Guideline remains in place and, in the Ministry of Health's own Opioid Strategy Performance Indicators, "Number of needles/syringes distributed" was added after the [Auditor General](#) audit of Addictions Treatment Programs in 2019.^x

Similarly, in 2023 Ontario's Advisory Committee on HIV/AIDS produced an [HIV Action Plan to 2030](#) that confirms that "sterile drug using equipment, needle exchange programs, and consumption and treatment services" prevent the spread of HIV and calls for "expanding access to harm reduction supplies."^{xi}

The absolute restriction on needle and syringe distribution within HART Hubs completely contradicts a well-researched body of medical and public health evidence showing that these programs prevent HIV and HCV infections.² We must continue to provide proven tools to prevent infections, reduce healthcare costs, and connect people who use drugs to healthcare services. The attempt to close these vital health programs must be stopped, as closing or limiting their availability increases risks and will harm populations who are already vulnerable due to homelessness and stigma.

We strongly call on the Province of Ontario to listen to decades of evidence and reverse the disastrous policy decision restricting HART Hubs from sterile needle and syringe distribution. These programs are a crucial part of our public health infrastructure, and they must be maintained.

On behalf of the **HIV Legal Network, the HIV & AIDS Legal Clinic Ontario (HALCO)**, the following organizations, and more than 550 researchers and health care providers in Ontario.

Action Hepatitis Canada
Canada (National)

AIDS Committee of Durham Region (ACDR)
Oshawa, Ontario

AIDS Committee of Ottawa
Ottawa, Ontario

AIDS Committee of Toronto (ACT)
Toronto, Ontario

Anishnawbe Health Toronto
Toronto, Ontario

ARCH Disability Law Centre

Toronto, Ontario

Black Legal Action Centre

Toronto, Ontario

Breakaway Community Services

Toronto, Ontario

Canadian Drug Policy Coalition

Canada (National)

Canadian Network on Hepatitis C (CanHepC)

Toronto, Ontario

Casey House

Toronto, Ontario

CATIE

Canada (National)

CAYR Community Connections

York Region, Ontario

Centre for Addiction and Mental Health

Toronto, Ontario

Centre for Spanish Speaking Peoples

Toronto, Ontario

Centretown Community Health Centre

Ottawa, Ontario

Coderix Medical Clinic

Toronto, Ontario

Community Legal Clinic of York Region

Richmond Hill, Ontario

Community Legal Services of Ottawa/Services juridiques communautaires d'Ottawa

Ottawa, Ontario

Comprehensive Treatment Clinic

Toronto, Ontario

Doctors for Safer Drug Policy

Canada (National)

EACH+EVERY: Businesses for Harm Reduction
Canada (National)

East End Community Health Centre
Toronto, Ontario

Elevate NWO
Thunder Bay, Ontario

Elgin-Oxford Legal Clinic
St. Thomas, Ontario

Evangel Hall Mission
Toronto, Ontario

Families for Addiction Recovery (FAR)
Toronto, Ontario

Family Service Toronto
Toronto, Ontario

Flemingdon Health Centre
North York, Ontario

Fred Victor
Toronto, Ontario

Gay Men's Sexual Health Alliance
Toronto, Ontario

Gerstein Crisis Centre
Toronto, Ontario

Guelph Community Health Centre
Guelph, Ontario

Habitat Services
Toronto, Ontario

Harm Reduction Advocacy Collective
Toronto, Ontario

Harm Reduction Nurses Association
Canada (National)

Health Justice Program
Toronto, Ontario

Health Providers Against Poverty

Toronto, Ontario

Homeless Connect Toronto

Toronto, Ontario

Indigenous Harm Reduction Network

Barrie, Ontario

Kingston Community Health Centres

Kingston, Ontario

Legal Assistance of Windsor

Windsor, Ontario

Legal Clinic of Guelph and Wellington County

Guelph, Ontario

Liver Health Team Timmins and District Hospital

Timmins, Ontario

Manitoulin Legal Clinic

Aundeck Omni Kaning First Nation, Little Current, Ontario

Mississauga Community Legal Services

Mississauga, Ontario

Northumberland Community Legal Centre

Cobourg, Ontario

Nurses Specialized in Wound, Ostomy and Continence Canada

Ottawa, Ontario

Ontario Aboriginal HIV/AIDS Strategy (Oahas)

Toronto, London, Barrie, Sudbury, Sault Ste. Marie, and Thunder Bay, Ontario

Ottawa Inner City Health

Ottawa, Ontario

PARC (Parkdale Activity Recreation Centre)

Toronto, Ontario

Parkdale Queen West Community Health Centre

Toronto, Ontario

Positive Living Niagara

Niagara Region, Ontario

Positive Pathways Community Services
Windsor, Ontario

Reach Out Chatham-Kent (R.O.C.K.)
Chatham, Ontario

RECLAIM Collective
Guelph, Ontario

Regent Park Community Health Centre
Toronto, Ontario

Regional HIV/AIDS Connection
London, Ontario

Registered Nurses' Association of Ontario (RNAO)
Toronto, Ontario

Réseau ACCESS Network
Sudbury, Ontario

Sandy Hill Community Health Centre
Ottawa, Ontario

Shelter and Housing Justice Network
Toronto, Ontario

Shelter Health Network
Hamilton, Ontario

Social Planning Toronto
Toronto, Ontario

South Riverdale Community Health Centre
Toronto Ontario

St. Michael's Homes
Toronto, Ontario

Street Haven
Toronto, Ontario

Street Health Community Nursing Foundation
Toronto, Ontario

Substance Overdose Prevention and Education Network (SOPEN)
Hamilton, Ontario

The Canadian Centre for Refugee and Immigrant Health Care
Scarborough, Toronto

The Centre on Drug Policy Evaluation
Toronto, Ontario

The Gilbert Centre for Social and Support Services
Barrie, Ontario

The Jean Tweed Centre
Toronto, Ontario

The Neighborhood Group Community Services (TNG)
Toronto, Ontario

The Ontario Network of People Who Use Drugs (ONPUD)
Port Hope, Ontario

Thrive HIV Prevention and Support
Waterloo Region / Guelph, Ontario

Thunderbird Partnership Foundation
Ontario

Toronto Alliance to End Homelessness
Toronto, Ontario

Toronto Harm Reduction Alliance
Toronto, Ontario

Trip! Project
Toronto, Ontario

Ubuntu Trans+ Collective
Toronto, Ontario

Unison Health and Community Services
Toronto, Ontario

Validate Mental Health Consultants
Toronto, Ontario

Waterloo Region Community Legal Services
Kitchener, Ontario

Wellington Guelph Drug Strategy
Guelph Wellington, Ontario

West Neighbourhood House
Toronto, Ontario

Women and HIV / AIDS Initiative
Toronto, Ontario

ⁱ C. J. Strike, T. Myers, and M. Millson., "Finding a place for needle exchange programs," *Critical Public Health* 14, 3 (2004): pp 261-275.

ⁱⁱ Working Group on Best Practice for Harm Reduction Programs in Canada, *Best Practice Recommendations for Canadian Programs that Provide Harm Reduction Supplies to People Who Use Drugs and are at Risk for HIV, HCV, and Other Harms*. 2021.

ⁱⁱⁱ World Health Organization, *Guide to Starting and Managing Needle and Syringe Programmes*. January 2007.

^{iv} Ontario Ministry of Health, *Homeless and Addiction Recovery Treatment Hubs Call for Proposals: Guideline and Application*. August 2024.

^v Public Health Agency of Canada, *Canada's Progress Towards Ending the HIV Epidemic*. November 2022.

^{vi} Ontario HIV Epidemiology and Surveillance Initiative, *HIV diagnoses in Ontario, 2022*. November 2024.

^{vii} Ontario Ministry of Health, *Homelessness and Addiction Recovery Treatment (HART) Hubs Client Journey*. August 2024.

^{viii} Centers for Disease Control and Prevention, *Safety and Effectiveness of Syringe Services Programs*. February 2024.

^{ix} Ontario Ministry of Health and Long-Term Care, *Substance Use Prevention and Harm Reduction Guideline, 2018*. January 2018.

^x Office of the Auditor General of Ontario, *Performance Audit: Implementation and Oversight of Ontario's Opioid Strategy*. 2024.

^{xi} Ontario Advisory Committee on HIV/AIDS, *HIV Action Plan to 2030 Closing the gaps in the HIV care cascade in Ontario*. December 2023.

**Ministry of Children,
Community and Social
Services**

**Ministère des Services à
l'enfance et des Services
sociaux et communautaires**



Community and
Developmental Services
Policy Branch

Direction des services
communautaires et des services
aux personnes ayant une
déficience intellectuelle

Director's Office
315 Front Street West, 3rd
Floor Toronto ON M7A 0B8
Tel: (647) 272-5173

Bureau du directeur
315, rue Front Ouest, 3e étage
Toronto (Ontario) M7A 0B8
Téléphone: (647) 272-5173

July 18, 2025

Deputy Mayor Ron Black
Chair, Board of Health
Haliburton Kawartha Northumberland Peterborough Health Unit
Peterborough Public Health
185 King St., Peterborough, ON K9J 2R8

Dear Deputy Mayor Ron Black:

Thank you for your correspondence to the Government of Ontario regarding intimate partner violence. I appreciate the time you have taken to write about this important issue. I am pleased to understand your perspective and to respond on behalf of the Ministry of Children, Community and Social Services.

Last year, the government supported the second reading passage of Bill 173, *Intimate Partner Violence Epidemic Act, 2024*, which was referred to the Standing Committee on Justice Policy to assess current available programs, the root causes, and how to do better. The committee heard from over 90 service providers, academics, survivors, and community members across the province before the provincial election was called in January. Last month on June 5, the government directed the committee to resume its study on IPV at the same stage of progress. We look forward to reviewing the committee's final report.

Everyone has the right to live in safety and with dignity, free from intimidation and the threat of violence. Ontario is making significant efforts to help prevent and address gender-based violence so that those affected by violence and exploitation receive supports, while offenders are held accountable through the justice system.

Thank you for your acknowledgement of the work underway. As you know, in December 2023, we announced Ontario's Action Plan to End Gender-Based Violence (formerly Ontario STANDS), which is supported by the \$162 million investment from Canada's National Action Plan to End Gender-Based Violence (NAP GBV). In Year 1, Ontario provided \$18.7 million NAP GBV funding to organizations that focus on fostering women's economic security, early prevention of gender-based violence, and

supporting survivors and their families. Additionally in Year 1, Ontario invested \$350 million to support gender-based violence services, including nearly \$247 million to support victims of violence – and more than \$10 million in violence prevention initiatives.

A key initiative under the action plan is the recent call for proposals to reduce gender-based violence through innovative and evidence-based projects that meet local and community-specific needs. Ontario is investing approximately \$98 million over three years (2024-25 to 2026-27) in 85 new projects, listed on the ministry's website, [here](#). These projects will bolster Ontario's investments in prevention and recovery approaches to help address the root causes of violence, reduce recurrence, and support long-term outcomes for survivors.

Additionally, beginning in 2024, we are investing \$310 million over three years to address increasing operational costs for community organizations that support vulnerable populations including survivors of gender-based violence, people who have experienced human trafficking, children and youth in care, children with special needs, and people with developmental disabilities. Beginning in 2024, we are also investing \$13.5 million over three years to enhance initiatives that support women, children, youth, and others who are at increased risk of violence or exploitation — such as Indigenous and racialized communities, and children and youth in the child welfare system.

Ontario is addressing gender-based violence by enhancing cross-sector collaboration, increasing safety for women and children, and improving supports for survivors, their families, and perpetrators of gender-based violence. We look forward to working with sector stakeholders and Indigenous partners on the implementation of the Ontario's Action Plan to End Gender-Based Violence as we continue to build an Ontario that is free of gender-based violence and full of opportunity for all.

Once again, thank you for writing.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Amy Olmstead', with a stylized flourish at the end.

Amy Olmstead

Acting Director, Community and Developmental Services Policy Branch, Ministry of Children,
Community and Social Services

InfoBreak



alPHA's members' portal

Key Highlights:

- We're embarking on a new term of strategic actions to strengthen local public health influence with government and system partners.
- alPHA is dedicated to showcasing how local public health achieves population health results, reduces health system burden, and is a key partner in health system transformation.
- We seek examples from member agencies to showcase the effectiveness, efficiency, and innovation in local public health. Please submit contributions for consideration to Loretta Ryan, alPHA's CEO, for inclusion on the upcoming Innovation Resource Page (example digital innovations and/or creative cost savings). This page will resemble the popular Artificial Intelligence (AI) Resource Page used by many Members. Members are also encouraged to view Steven Rebellato's AI presentation from the June 20 alPHA Boards of Health Section meeting, available with other conference slides on the Presentations webpage.



Newsletter Refresh: Leader to Leader

Building on Past Leadership:

- *Leveraging the foundational work of previous alPHA leaders, we're refreshing the Chair's section of the newsletter starting with this summer issue.*

Content Focus:

- *The Chair's update will focus on our strategic trajectory by highlighting:*
 - *What We Want to Achieve: Key objectives and goals.*
 - *Steps We're Taking: Examples of actions and initiatives underway (not meant to be comprehensive).*
 - *LPHA Contributions: How individual local public health agencies can participate in achieving our collective objectives.*

What Do We Want to Achieve?:

- *Strengthening local public health's position:*
 - *Objective: Ensure alPHA is positioned to highlight local public health favourably with key stakeholders, including provincial and municipal governments.*
 - *Importance: This strengthened position is critical for advocacy efforts, particularly in enhancing and equitably allocating funding across health units.*

InfoBreak

alPHA's members' portal



Summer 2025

Outcome & Results Driven:

- o Requirement: Address the provincial government's focus on data, outcomes, and results by demonstrating collective impact in resonant language.

Team Player and Leadership Role:

- o Approach: Present innovative, cost-efficient solutions instead of employing a "deficit approach," which focuses on asking for more funding by highlighting current shortfalls.
- o Role: Showcase local public health as a crucial partner/leader in collaboration, partnership, and innovation.
- o Example: Position local public health as a vital partner/leader in digital health innovation.

Steps We're Taking:

- Government Relations Training: Based on member requests, we organized a learning opportunity in July to enhance our engagement strategies with government officials.
- Outcomes and Results Focused: We plan to continue highlighting our contributions to community health through our successful infographics series. We appreciated participation from the Chief Medical Officer of Health and his office, Public Health Ontario, and Ontario Health at our June conference. We aim to explore further collaborations to show how local public health is essential in achieving health system objectives.
- A key partner and system leader: Public health units have a unique opportunity, through our recognized strengths in data and data systems, to play a leadership role in digital health innovation. For this reason, the upcoming Fall Symposium and Workshops will include discussion of this topic. Hold the date and stay tuned for more information on these online events that will be taking place November 5 to 7.

Local Public Health Agency Contributions:

- Items for Showcase: As noted above, alPHA maintains a Resource Page on various topics – Artificial Intelligence, Climate Change, Workplace Health and Wellness, and more.
- Strategic Feedback: Engage with alPHA leadership to provide input on our strategy & its execution, in light of emerging challenges and opportunities. Click [here](#) to get to know alPHA's Board of Directors.

2025 alPHA AGM and Conference: Recap

alPHA Annual General Meeting and Conference June 18-20, 2025



This year's Annual General Meeting and Conference, that took place June 18-20, continued the important conversation on the critical role of local public health in the province's Public Health System. We want to thank everyone who attended and participated as this event would not have been a success without you!

Updates have been made to the [Resolutions home page](#), including the ones [for this year](#). Individual Resolutions can be found here: [A25-01: Integrating the Ontario Early Adversity and Resilience Framework into Public Health Practice to Improve Population Health Outcomes](#) and [A25-03: Preventing heavy metal exposure from contaminated spices, cosmetics, ceremonial powders and products sold for natural health purposes](#).

The Annual General Meeting Report, Annual Report, and other conference-related materials can be found on the [Conference](#) webpage. On the [Presentations](#) webpage: Conference slides (Medicine Shield Workshop and *Public Health and Engagement with Indigenous Communities*), BOH Section Meeting Slides (*BOH Legal Obligations* and *Digital Innovation and Public Health*), and the Distinguished Service Awards booklet are available. Please note, we can only post presentations we receive from the speakers. You must also log into the alPHA website to view most of the files.

Thank you to all the speakers, moderators, and participants. All of you worked extremely hard to make each day a success. Please know the time you took to help plan, speak, moderate, or attend is appreciated.

The winner of the after-event survey gift card is Dr. Kathryn Marsilio, Peel Region Public Health. Congratulations!

2025 alPHA AGM and Conference: Recap

A special shoutout goes to Trudy Sachowski for chairing the event. Much thanks to the alPHA staff who put in many hours into making these events a success: Loretta Ryan, Gordon Fleming, Melanie Dziengo, and Lynne Russell.

We would also like to take a moment to thank [Toronto Public Health](#) for co-hosting the AGM and Conference, and acknowledge Platinum Level sponsors: [vocalmeet](#) and [NaloxOne](#); [Esri Canada](#) as a Gold Level sponsor, and [Mosey & Mosey](#) and [BrokerLink](#) as Silver Level sponsors. We are thankful to the Pantages Hotel for providing us with an excellent venue.

2025 alPHA AGM and Conference: Distinguished Service Awards (DSAs)



The DSAs, that were presented at the conference, recognize exceptional qualities of leadership, tangible results through lengthy service and/or distinctive acts, and exemplary devotion to public health at the provincial level.

alPHA was pleased to announce this year's recipients: Sue Perras, Boards of Health Section, Northwestern Health Unit; Dr. Hsiu-Li Wang, Council of Ontario Medical Officers of Health Section, Region of Waterloo Public Health and Paramedic Services; Nancy Kennedy, Affiliates, Ontario Association of Public Health Dentistry, and Loretta Ryan, alPHA, Chief Executive Officer. To learn more about these award winners, please click [here](#).

Congratulations to the 2025 DSA recipients!

**Association of Local
Public Health
Agencies**

**Fall Symposium
and Workshops**

**November 5-7,
2025**

Co-hosted by

alPHA

**Association of Local
PUBLIC HEALTH
Agencies**



alPHA's Fall Symposium and Workshops will continue the important conversations on the critical role, value, and benefit of Ontario's local public health system.

Participate in engaging online workshops and in-depth plenary sessions with public health leaders.

You must be an alPHA member to participate.

**Pre-Symposium Workshops are included when you register for the
Fall Symposium: \$399 + HST.**

Registration will be available mid-September and further information will also be shared in alPHA's newsletter, InfoBreak, as details become available.

The Fall Symposium is generously supported by:



Dalla Lana
School of Public Health



AMO Conference Resources

Next month, many alPHA members, particularly from the Boards of Health Section, will be attending AMO's 2025 Annual General Meeting and Conference, taking place from August 17-20, in Ottawa.

Whether you're an alPHA member attending the conference or participating in a delegation, here are some key alPHA resources:

- [alPHA Resolutions](#) and [Correspondence](#) including [alPHA Letter Budget \(2025\)](#)
- PH Matters Infographics: [Public Health Matters #4: Keeping Ontarians Healthy and Safe](#) and [Public Health Matters #3: A Business Case for Local Public Health](#)
- [BOH Shared Resources Page](#) including: [BOH Orientation Manual](#) and [BOH Governance Toolkit](#)
- *Information Break*. Be sure to check the archive of newsletters. These can be found [here](#).

Diplomacy, Delegations and Avoiding Government Relations Disasters - alPHA Lunch & Learn

Thank you!

Thank you to all of the alPHA Members who participated in the lunch and learn session on July 16. It was well attended, and we appreciated each of you for making it interactive and lively.

We would also like to thank presenters, Sabine Matheson, Principal, StrategyCorp, Loretta Ryan, Chief Executive Officer, alPHA, and Monika Turner, Principal, Roving Capacity.

alPHA will post the slides from Sabine Matheson when these become available.

Ontario Early Adversity and Resilience Framework



The newly released Ontario Early Adversity and Resilience Framework was developed by members of the Public Health Ontario ACEs and Resilience Community of Practice and was endorsed at the June 19th alPHA meeting. This framework is a call for collective action across sectors and aims to inspire and mobilize communities to work together to develop innovative and meaningful solutions that prevent adversity, strengthen protective factors, build resilience, and support healing in families and communities.

A key message of the framework is that “Everyone has a shared responsibility to foster children's potential and build family and community resilience”.

To access the full report, a 2-page graphic summary, and more information about the Community of Practice and why this framework was created, see earlyadversityandresilience.ca.

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- Tobacco Settlement Investments](#) - July 24, 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



**HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH HEALTH UNIT
BOARD OF HEALTH**

TITLE:	Policies for Approval
DATE:	September 11, 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 the Haliburton Kawartha Northumberland Peterborough Health Unit approve the following items:

- a. Medical Officer of Health/Chief Executive Officer Policy
- b. Medical Officer of Health/Chief Executive Officer Performance Appraisal Policy
- c. Medical Officer of Health/Chief Executive Officer Performance Appraisal Form
- d. Medical Officer of Health/Chief Executive Officer Annual Planner Form

BACKGROUND

Medical Officer of Health/Chief Executive Officer Policy: This document is an integration of legacy policies, with updates incorporated to align with the Ministry Policy Framework on Medical Officer of Health Appointments, Reporting, and Compensation.

Medical Officer of Health/Chief Executive Officer Performance Appraisal Policy: Given that this policy is linked to the former document, it has come forward for approval. Staff anticipate further updates once a new strategic plan is finalized, and an organizational performance appraisal process is developed in 2026.

ATTACHMENTS

- a. [Medical Officer of Health/Chief Executive Officer Policy](#)
- b. [Medical Officer of Health/Chief Executive Officer Performance Appraisal Policy](#)
- c. [Medical Officer of Health/Chief Executive Officer Performance Appraisal Form](#)
- d. [Medical Officer of Health/Chief Executive Officer Annual Planner Form](#)

Policy	DRAFT Medical Officer of Health/Chief Executive Officer
Section	Board of Health
Number	02-10
Policy Lead	Board of Health
Approval Level	Board of Health
Original Approval	2025-SEP-11
Reviewed/Revised	
Next Review	2027-SEP-11
Associated HKNP Procedures and Forms	

POLICY

PURPOSE

The purpose of this policy is to outline the responsibilities of the Board of Health (BOH) for the Haliburton Kawartha Northumberland Peterborough Health Unit (HKNPHU) with regard to the Medical Officer of Health/Chief Executive Officer (MOH/CEO) position.

POLICY STATEMENT

As part of the Ontario Public Health Standards and Public Health Accountability Framework, boards of health are accountable for ensuring compliance with Ministry of Health policies and legislation, such as the requirements to fill MOH positions with qualified physicians on a full-time basis and in a timely manner.

Retention, recruitment, appointment, succession planning, reporting, and compensation of the MOH is essential to the effective and efficient functioning of the BOH and its ability to comply with ministry policy and legislation.

POLICY DETAILS

The BOH will hire a full-time MOH and may appoint one or more associate medical officers of health (AMOHs), with qualifications as set out in the *Health Protection and Promotion Act (HPPA)*, R.S.O. 1990, c. H.7, s. 63.; and within *Regulation 566* of the *HPPA*. For the purposes of this policy, and based on the HKNPHU leadership structure, the AMOH will be referred to as the Deputy Medical Officer of Health (DMOH).

The MOH will report directly to the BOH on issues relating to public health concerns and to public health programs and services under the *HPPA* or any other Act. The MOH will also act as Chief Executive Officer (CEO) for the organization and be responsible to the BOH for

the management of the public health programs and services.

The MOH/CEO is entitled to notice and to attend each meeting of the Board and every committee of the Board. The Board may require the MOH/CEO to withdraw from any part of a meeting at which the Board or a committee of the Board intends to consider a matter related to the remuneration or the performance of the duties of the MOH/CEO.

Absence

When the MOH/CEO position is vacant or the MOH/CEO is absent or unable to act, the HPPA specifies: *“Where the office of medical officer of health of a board of health is vacant or the medical officer of health is absent or unable to act, the associate medical officer of health of the board shall act as and has all the powers of the medical officer of health. R.S.O. 1990, c. H.7, s. 68 (2).* In this instance, the DMOH shall act as and has all the powers of the MOH. CEO duties may be delegated to the DMOH or to a Director, at the discretion of the MOH/CEO, or by the Board Chair in the event of a vacancy.

The BOH cannot appoint another person as Acting MOH if there is already an approved DMOH. The approved DMOH must act as Acting MOH in the absence of the MOH unless the DMOH is also absent or unable to act.

In the event of an unexpected absence of both the MOH and DMOH, the MOH, DMOH or AMOH from the organizations listed below will be authorized to act as MOH for the HKNPHU subject to approval of the Board of Health:

- Durham Region Health Department
- Simcoe Muskoka District Health Unit

In the event that the above-noted individuals are unavailable to act, a licensed and practicing physician with appropriate expertise may be appointed.

Compensation

MOH/CEO compensation shall be based on the most current salary grid under the Ministry of Health Compensation Initiative. Base compensation shall be approved by the Board of Health and funded in part by the ministry and local funders based on the most current cost-shared arrangement. Top-up compensation is funded by the Ministry through the most current Compensation Initiative on approval of the Ministry and the BOH.

Dismissal

The dismissal of an MOH/CEO must comply with requirements as set out in the *Health Protection and Promotion Act, R.S.O. 1990, c. H.7 (HPPA).*

Performance

Performance management of the MOH/CEO will be the responsibility of the Chair of the Board of Health. Refer to the policy, Medical Officer of Health/Chief Executive Officer Performance Appraisal, for further details.

Vacancy

The hiring process for the MOH/CEO will be the responsibility of the BOH with assistance from the Director responsible for Human Resources, as required. If desired, the Board may engage the services of a consultant for the purposes of recruitment. The Board will establish an Interview sub-committee with no fewer than two (2) BOH members to formulate questions and interview candidates.

The Board is responsible for assuring that the employee possesses all the qualifications, knowledge, skills, and abilities required to perform the duties of the position. Section 64 of the HPPA describes the eligibility requirements for appointments, in particular: they must be a physician; possess the qualifications and requirements prescribed by regulations for the position (see below); and, the Minister must approve the proposed appointment.

Ontario Regulation 566 of the HPPA provides as follows:

1.(1) The requirements for employment as a MOH or an AMOH in addition to those set out in section 64 of the HPPA are that the person be the holder of:

- (a) a fellowship in public health and preventative medicine from The Royal College of Physicians and Surgeons of Canada (RCPSC); [or],*
- (b) a certificate, diploma or degree from a university in Canada that is granted after not less than one academic year of full time post graduate studies or its equivalent in public health comprising,*
 - i. epidemiology;*
 - ii. quantitative methods;*
 - iii. management and administration; and*
 - iv. disease prevention and health promotion; [or],*
- (c) a qualification from a university outside Canada that is considered by the Minister to be equivalent to the qualifications set out in clause (b).*

Once a successful candidate has been selected, the BOH must:

- approve the appointment by motion;
- apply to the ministry for Minister approval of the proposed appointment; and,
- ensure documentation sent to the ministry is accurate and complete in accordance with the Ministry of Health's Policy Framework on Medical Officer of Health Appointments, Reporting, and Compensation.

ADDITIONAL INFORMATION

RELATED HKNP DOCUMENTS

Medical Officer of Health/Chief Executive Officer Performance Appraisal (Policy 02-11)

EXTERNAL REFERENCES

[Ontario Public Health Standards and Public Health Accountability Framework](#)

Policy Framework on Medical Officer of Health Appointments, Reporting, and Compensation (current version available upon request to the Ministry of Health)

VERSION HISTORY

DATE	LEAD	DESCRIPTION
Sept. 11, 2025	A. Gorizzan	Original

Policy	DRAFT Medical Officer of Health/Chief Executive Officer Performance Appraisal
Section	Board of Health
Number	02-11
Policy Lead	Board of Health
Approval Level	Board of Health
Original Approval	2025-SEP-11
Reviewed/Revised	
Next Review	2027-SEP-11
Associated HKNP Procedures and Forms	Procedure – Medical Officer of Health/Chief Executive Officer Performance Appraisal Form – Medical Officer of Health/Chief Executive Officer Annual Work Plan (available upon request) Form – Medical Officer of Health/Chief Executive Officer Performance Appraisal (available upon request)

POLICY

PURPOSE

The purpose of this policy is to establish a structured and transparent framework for evaluating the performance of the Medical Officer of Health (MOH)/Chief Executive Officer (CEO) for the Haliburton Kawartha Northumberland Peterborough Health Unit (HKNPHU). Through regular, objective, and constructive appraisals, the Board of Health (BOH) aims to foster a supportive environment that promotes professional growth, accountability, and excellence in leadership.

This policy ensures that performance evaluations are conducted consistently and fairly, incorporating feedback from relevant stakeholders and aligning with organizational goals and professional standards.

POLICY DETAILS

The Board of Health (BOH) facilitates performance by creating an environment where the MOH/CEO and all employees of the HKNPHU achieve their best. A written appraisal system will be used to provide an objective and uniform way to evaluate the MOH/CEO. It is a constructive process to build on strengths, correct weaknesses, and maximize performance.

1. At the beginning and end of each year, the Board Chair will meet with the MOH/CEO to set and review an annual work plan which includes professional development goals.

3. The MOH/CEO's appraisal will be conducted by a committee of the BOH chaired by the Chair of the BOH every two (2) years. The sub-committee consists of the current Chair, Vice Chair, and a past Chair of the Board and/or another current board member.
4. The Board will incorporate feedback from internal stakeholders such as BOH members, staff and key external stakeholders, as part of the 360° component every four (4) years. If relevant, the MOH/CEO may incorporate any such processes from their professional college into this appraisal process.
5. As part of the performance appraisal, the MOH/CEO is responsible for completing a self-appraisal.
6. Formal performance appraisals do not take the place of ongoing evaluation and feedback. If the MOH's work is not adequate, the matter is to be dealt with while details and facts are fresh and will not wait for the formal review. The MOH/CEO's performance must return to the required standard within a specified time period or further action may be taken by the BOH.
7. For a newly hired MOH/CEO, performance is to be appraised before the end of the probationary period in order to recommend to the BOH approval to regular appointment status, extension of probationary period, or termination of employment.

PROCEDURE – MEDICAL OFFICER OF HEALTH PERFORMANCE APPRAISAL

PROCEDURE DETAIL

The Chair of the BOH will:

1. Meet with the MOH/CEO at the beginning and end of the Chair's term to review the annual work plan, which includes the setting of professional development goals.
2. Schedule the performance appraisal before the end of the probationary period and then at least every two (2) years, preferably around the MOH/CEO's anniversary date.
3. Convene a meeting with the immediate sub-committee to review the required materials, confirm the process, and develop the interview questions. This sub-committee can consult with any other persons they feel could provide relevant input to the performance appraisal, review the job description, operational plans, strategic plan/reporting, significant events and any other pertinent items from the period under review.
4. Work with the Executive Assistant to the Board to organize the 360° component of the appraisal when required. This would begin with a request to the MOH for a list of staff

and external stakeholders, when warranted, who could be approached for potential feedback.

5. Conduct the interview. This part may require more than one meeting. Begin the process with the MOH/CEO's self-appraisal. Use the information collected from the various sources to grade each factor on the appraisal form, using the definitions included in the performance appraisal form and support the decision with comments and examples wherever possible. When weighing all of the feedback, genuinely consider the MOH's input and make changes/additions to the factor comments, examples and even grading where warranted.
6. Complete the Performance Appraisal Form. The appraisal should also include an assessment of performance relative to any learning or performance objectives set in the previous performance appraisal. In the Board's comments, clearly indicate whether the overall performance is satisfactory or not. For a probationary MOH/CEO, indicate if probation has been completed satisfactorily.
7. Sign and date the Performance Appraisal Form and have the MOH/CEO do the same. The MOH/CEO's signature means that they have read and understood the review. Ensure that a signed version of the Confidentiality Agreement is received.
8. Provide the MOH/CEO a full copy of the completed Performance Appraisal Form. The Director responsible for Human Resources is to retain the original including the self-appraisal in the MOH/CEO's personnel file.
9. Report back to the BOH, in closed session, regarding completion and provide a summary of results of the performance appraisal.

ADDITIONAL INFORMATION

VERSION HISTORY

DATE	LEAD	DESCRIPTION
Sept. 11, 2025	A. Gorizzan	Original

**HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH HEALTH UNIT
MEDICAL OFFICER OF HEALTH/CHIEF EXECUTIVE OFFICER PERFORMANCE APPRAISAL FORM**

Name:	
Title:	
Performance Appraisal Due Date:	
Review Period (from MM-YY to MM-YY):	

The following RATING SCALE is used in this performance appraisal:	
Exceeds Expectations (EE)	Performance consistently exceeds all expectations/standards. Accomplishments are clearly obvious.
Meets Expectations (ME)	Solid reliable performance that substantially meets expectations. In some instances, expectations are exceeded. In some instances, expectations are still being developed.
Partially Meets Expectations (PME)	Performance does not meet expectations in certain areas. Improvement in these areas is required. The rationale needs to be explored, goals re-negotiated and/or an action plan established.
Additional Growth Required (ADR)	Performance associated with the job requires additional resources. An action plan is needed which may include, but not limited to, training, coaching or other support.
Not applicable (N/A)	The Board of Health is not able to rate this area at this time.

Append additional sheets / documentation where required/appropriate.

Once completed, discussed and all signatures obtained, the original of this form is to be retained in the Employee's personnel file in a sealed envelope, accessible only to the employee and the Chair of the Board of Health.

Program Excellence – This area reflects on how the Medical Officer of Health/Chief Executive Officer (MOH/CEO) has influenced the impact HKNPHU has on: population health measures; the use of health status data; evidence-informed program decision making; delivery of mandated and locally needed public health services as measured by the accountability indicators					
	EE	ME	PME	AGR	N/A
Responds effectively to health hazards and provides effective control of communicable diseases under the Health Protection and Promotion Act (HPPA)					
Champions coordinated approaches and engagement of clients and community partners in planning and evaluation of programs and services					
Maintains statutory obligations through the delivery of mandated and locally needed public health services (OPHS)					
Anticipates and plans for major trends in needs and services					
Uses evidence-informed decision making in developing programs and services to meet community needs					
Considers Health Equity in all program work					
Ensures processes in place to regularly evaluate public health programs and services, seeking ways to improve efficiency and effectiveness					
Comments: (include major strengths in this area of focus and any areas that may need future development)					

Client and Community Impact – This area reflects on the MOH/CEO's representation of HKNPHU in the community					
	EE	ME	PME	AGR	N/A
Contributes to increasing community awareness about public health					
Promotes productive relationships with the media and acts as a resource to the media regarding public health issues.					
Promotes productive relationships, maintains regular communication and strong working partnerships with external stakeholders including Boards of Education, business, labour, government and media, health care providers, community organizations, citizen groups and the Ministry of Health					

Client and Community Impact – This area reflects on the MOH/CEO’s representation of HKNPHU in the community					
	EE	ME	PME	AGR	N/A
Seeks new and innovative ways to work with partners to advance mutual goals in the community.					
Promotes excellence in customer service within the organization. Responds quickly and efficiently to enquiries/complaints/issues from citizens/community groups. Exhibits tact and diplomacy in dealing with citizen/group complaints. Resolves complaints to citizen/groups’ satisfaction whenever feasible. Provides helpful explanation where legislatively or otherwise constrained. Researches/facilitates appropriate contact when referral is necessary.					
Comments: (include major strengths in this area of focus and any areas that may need future development)					

Employee Engagement and Learning – This area reflects on how the MOH/CEO has influenced HKNPHU’s organizational capacity, climate and culture and the contribution made to enabling engaged and empowered staff; thoughtful and responsive leadership and organizational structures that support decision-making, innovation and learning					
	EE	ME	PME	AGR	N/A
Promotes a positive working environment. Advocates integrity, empowerment, collaboration and striving for excellence among staff. Sets a professional example for staff.					
Allocates resources to maximize departmental and program effectiveness. Proposes revision to staff structure and numbers as necessary. Collaborates with the Management team on opportunities for sharing/reallocating existing staff/resources wherever possible. Explores alternatives such as cost-sharing/joint services with other agencies and/or contract services.					
Provides adequate supervision and direction of direct-reporting staff. Includes working with them to identify and prioritize short and longer-term goals. Conducts meaningful performance reviews in a timely manner, and identifies their strengths and areas for development. Identifies and takes actions necessary					

Employee Engagement and Learning – *This area reflects on how the MOH/CEO has influenced HKNPHU’s organizational capacity, climate and culture and the contribution made to enabling engaged and empowered staff; thoughtful and responsive leadership and organizational structures that support decision-making, innovation and learning*

	EE	ME	PME	AGR	N/A
to obtain improved performance where necessary. Recognizes and commends staff for outstanding work. Identifies and deals with performance concerns quickly and effectively by dealing with performance / communication / disciplinary issues in an appropriate manner.					
Maintains effective communication with staff. Fosters a workplace climate conducive to open communication. Holds regular Management meetings. Institutes feedback mechanisms to gauge leadership effectiveness.					
Identifies areas where staff training and development would be of benefit to the team and/or agency as a whole. Encourages staff commitment and ownership to upgrading and maintaining job related effectiveness. Promotes the view of training as a shared responsibility between staff and the organization. Supports planning of short and long term departmental training and development initiatives.					
Regularly evaluates corporate services, seeking ways to improve efficiency and effectiveness.					
Exhibits excellent time management skills. Systematically organizes own time. Commits to and meets deadlines. Respects others’ time. Is punctual for meetings.					
Sets and achieves personal and professional development objectives.					
Comments: (include major strengths in this area of focus and any areas that may need future development)					

Governance – This area reflects on how the MOH/CEO has influenced the alignment of management methods and systems to ensure appropriate structures and resources are in place to achieve HKNPHU's mission and vision. This area also reflects on the MOH/CEO's responsibility for actions, decision and policies that impact HKNPHU's ability to achieve the requirements as set out under the strategic plan, the Ontario Public Health Standards, other funder requirements and direction provided by the Board of Health

	EE	ME	PME	AGR	N/A
Monitors overall HKNPHU financial situation demonstrating effective management of financial resources. Ensures transparency and understanding of financial processes and procedures.					
Develops innovative approaches to financing and revenue generation. Devises strategies to protect HKNPHU assets.					
Ensures agency compliance with the Ontario Public Health Standards.					
Abides by employment and other relevant legislation including Employment Standards Act, Labour Relations Act, Occupational Health and Safety Act, Accessibility for Ontarians with Disabilities Act and the Human Rights Code. Adheres to terms of union and other contracts.					
Develops and maintains HKNPHU by-laws, policies and procedures and ensures adherence within the organization. Advises and consults with the BOH on significant matters.					
Communicates regularly with the Chair of the Board and provides support in identifying agenda items for the BOH and Committee meetings.					
Ensures adequate orientation and on-going education of BOH members.					
Informs BOH of important developments affecting public health and HKNPHU (e.g. legislative changes, public health emergencies, organizational problems, system development, environmental trends.) Makes recommendations as appropriate and includes financial analysis for recommendations.					
Provides appropriate and timely written and verbal reports to the BOH. Writes and speaks clearly. Reports are easily understood by the BOH members.					
Ensures the implementation of the BOH's Strategic Plan, provides regular updates to the BOH on activities support strategic goals.					

Governance – This area reflects on how the MOH/CEO has influenced the alignment of management methods and systems to ensure appropriate structures and resources are in place to achieve HKNPHU's mission and vision. This area also reflects on the MOH/CEO's responsibility for actions, decision and policies that impact HKNPHU's ability to achieve the requirements as set out under the strategic plan, the Ontario Public Health Standards, other funder requirements and direction provided by the Board of Health

EE	ME	PME	AGR	N/A
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Comments: (include major strengths in this area of focus and any areas that may need future development)

SUMMARY OF OVERALL PERFORMANCE

AREA OF FOCUS	Exceeds Expectations	Meets Expectations	Partially Meets Expectations	Additional Growth Required
Program Excellence				
Community and Client Impact				
Employee Engagement and Learning				
Governance				

Comments – (Including comments with respect to the major strengths of the MOH/CEO and areas for future development.)

GOALS FOR THE NEXT PERIOD – BY AREA OF FOCUS

Program Excellence	Key Performance Indicator
Client and Community Impact	Key Performance Indicator
Employee Engagement and Learning	Key Performance Indicator
Governance	Key Performance Indicator
Personal Development	Key Performance Indicator
Other	Key Performance Indicator

SIGNATURES

Medical Officer of Health/Chief Executive Officer

I discussed this performance appraisal with the Chair of the Board of Health.

I have participated in the setting of goals and targets for the next performance period, have reviewed my job responsibilities with the Chair of the Board of Health, and agree to the goals, targets and measurement standards noted above for the next performance period.

Comments:

Medical Officer of Health/Chief Executive Officer

Date

For the Board of Health

We have discussed the performance appraisal with the Medical Officer of Health/Chief Executive Officer. We have reviewed the past period's work performance and goals and objectives, and have discussed goals and objectives for the coming performance period. We have also discussed professional development and training needs. The goals and objectives for the coming year have been established, including job responsibilities and measurement methods.

Chair, Board of Health

Date

Vice Chair, Board of Health

Date

**HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH HEALTH UNIT
MEDICAL OFFICER OF HEALTH/CHIEF EXECUTIVE OFFICER ANNUAL WORK PLAN FORM**

Name:	
Title:	
Review Period (from MM-YY to MM-YY):	
Reporting to (Name/Title):	

OBJECTIVES:

Objectives should be *SMART* (specific, measurable, achievable, realistic, time specific/ observable) and in alignment with the Board of Health's Strategic Plan. Five objectives are considered to be a manageable number for most employees.

OBJECTIVE:	
Indicators of Success:	
Timeline	
Status:	

OBJECTIVE:	
Indicators of Success:	
Timeline	
Status:	

OBJECTIVE:	
Indicators of Success:	
Timeline	
Status:	

OBJECTIVE:	
Indicators of Success:	
Timeline	
Status:	

OBJECTIVE:	
Indicators of Success:	
Timeline	
Status:	

PERFORMANCE:

There are three categories for performance ratings: met objectives, developmental, did not meet objectives. Please indicate overall performance rating:

- ☐ **Met Objectives**
☐ **Developmental**
☐ **Did not meet objectives**

NEXT STEPS:

Indicate steps to be taken (if applicable):

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SUPERVISOR COMMENTS:

Comments:	
Name:	
Date:	
Signature:	

EMPLOYEE COMMENTS:

Comments:	
Name:	
Date:	
Signature:	

**HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH HEALTH UNIT
BOARD OF HEALTH**

TITLE:	Stewardship Committee Report – Meeting Minutes
DATE:	September 11, 2025
PREPARED BY:	Michelle McWalters, Executive Assistant, on behalf of Councillor Ryall, Committee Chair
APPROVED BY:	Larry Stinson, Director of Finance, Facilities & IT Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit receive Stewardship Committee minutes from its meeting held on June 13, 2025, for information.

BACKGROUND

The Stewardship Committee met last on July 29, 2025. At that meeting, the Committee requested that these approved minutes come forward to the Board of Health at its next meeting.

ATTACHMENTS

- a. [SC Minutes, June 13/25](#)

**Board of Health for the
Haliburton Kawartha Northumberland Peterborough
Public Health**

DRAFT MINUTES

Stewardship Committee Meeting

Friday, June 13, 2025 - 7:30 a.m. - 9:00 a.m.

VIRTUAL

HKNP Stewardship Committee Members in Attendance:

Chair Cecil Ryall

Vice Chair Daniel Moloney (exited at 9:17 a.m.)

Dr. Hans Stelzer (entered at 8:05 a.m.)

Deputy Mayor Ron Black

Mr. David Marshall

Councillor Keith Riel

Councillor Kathryn Wilson

HKNP Staff in Attendance:

Dr. Thomas Piggott

Mr. Larry Stinson

Ms. Dale Bolton (exited at 9:01 a.m.)

Ms. Michelle McWalters (Recorder)

Guests in Attendance:

Mr. Richard Steinginga, Partner, Baker Tilly KDN LLP (exited at 8:16 a.m.)

Ms. Jennifer P. Giles, Baker Tilly KDN LLP (exited at 8:16 a.m.)

Absent with Regrets:

Councillor Tracy Richardson

1. Call to Order and Land Acknowledgement

Cecil Ryall, Chair of the HKNP Stewardship Committee, called the meeting to order at 7:32 a.m. and provided a personalized and reflective land acknowledgement.

2. Confirmation of the Agenda

The agenda was approved as presented.

MOTION:

That the agenda be approved as circulated.

Moved: Councillor Riel
Seconded: Vice Chair Moloney
Motion carried: (2025-013-SC)

3. **Declaration of Pecuniary Interest**

None to declare.

4. **Consent Items to be Considered Separately** *(nil)*

5. **Delegations and Presentations**

5.1. **2024 Draft Audited Financial Statements**

- Cover Report
 - a. 2024 Draft Audited Statements for legacy HKPR
 - b. 2024 Draft Audited Financial Statements for legacy PPH

Mr. Richard Steigina, supported by Ms. Jennifer Giles, both from Baker Tilly KDN LLP, were present to speak to the Draft Audited Statements for both Legacy Organizations.

Mr. Steigina provided history, and an overview of the Draft Audited Statements provided to both Legacy Organizations and opened the floor to questions from Stewardship Committee members.

Questions from members regarding Haliburton Kawartha Pineridge District Health Unit (HKPRDHU):

Haliburton, Kawartha, Northumberland, Peterborough Health Unit (HKNPHU) Board of Health Chair, Ron Black, inquired about an amount of \$1 000 000.00 owing by Legacy HKPR (LHKPR).

Mr. Steigina offered clarification, advising that annually, it is recorded by a Health Unit what it believes it would owe back to the Ministry of Health (MOH). The MOH will then evaluate, respond and the auditor (in this case, Baker Tilly KDN LLP) assists in the finalization or investigation. In the instance of the 2024 Draft Audited Statements for LHKPR, \$1 000 000.00 was expected to be recovered, but has not been recovered at this time.

Questions from members regarding Peterborough Public Health (PPH):

HKNP Board of Health Chair, Ron Black, requested clarity on occupancy expenses from within Legacy Peterborough Public Health (LPPH),

whether this number is internal or a true revenue source.

Mr. Steinginga clarified that the number seen is the cost to house the program; operate the building, condo fees, and interest on the long-term debt related to occupancy. This number will go down by the interest amount, go forward (starting in 2026).

Discussion continued related to both Legacy Organizations Draft Audited Statements, highlighting that there is a liability set up for potential pay equity via LHKPRDHU, Specifically, that a difference of \$50 000.00 will remain on the schedule of unadjusted differences, this was offered to the members for information only.

Similarly, on the LPPH side, older accruals set up for the Ministry of Health (MOH) of approximately \$80 000.00 will show as payable and have not been adjusted at this time.

HKNP Stewardship Committee members were notified that at the end of 2025, there will be a single audit across both Legacy Organizations, resulting in a possible need for HKNP Stewardship Committee members to request clarity in bringing together separate lines in the Audited Statements to common lines.

The information related to the 2024 Draft Audited Statements of both Legacy Organizations was received for information by the HKNP Stewardship Committee.

MOTION:

That the Stewardship Committee for the Haliburton
Kawartha Northumberland Peterborough Health Unit:

- receive for information, 2024 Draft Audited Financial Statements for legacy health units (Peterborough Public Health and Haliburton, Kawartha Pine Ridge District Health Unit); and,
- recommend approval of the 2024 PPH Draft Audited Financial Statements to the Board of Health at its next meeting

Moved: Councillor Wilson

Seconded: Mr. Marshall

Motion carried: (2025-14-SC)

Auditors exited at 8:16 a.m.

6. Confirmation of the Minutes of the Previous Meeting

6.1. Stewardship Minutes – April 11, 2025

- [Cover Report](#)
- a. [Minutes, April 11/25](#)

MOTION:

That the Stewardship Committee for the Haliburton
Kawartha Northumberland Peterborough Health Unit:

- approve meeting minutes from April 11, 2025: and,
- provide these to the Board of Health at its next meeting for information.

Moved: Vice Chair Moloney

Seconded: Deputy Mayor Black

Motion carried: (2025-15-SC)

7. Business Arising From the Minutes

8. Staff Reports

8.1. Financial Forecast Tracker

- Staff Presentation (*shared during meeting*)

Dr. Thomas Piggott, Medical Officer of Health and CEO (MOH/CEO) introduced the Financial Forecast Tracker (FFT) to the HKNP Stewardship Committee. The FFT will be used on a quarterly basis to provide quarterly updates to the HKNP Stewardship Committee, and subsequently, the HKNP Board of Health. Dr. Piggott highlighted this is a living document to help support projecting in greater detail some of the financial forecasting as presented at the HKNP Board of Health retreat May 1st, 2025. The FFT will provide a venue to share the story of where forecasts are heading, and that any questions, inquiries or analysis be directed to Dr. Piggott as the MOH/CEO. When requested by members, a PDF version of the FFT could be provided.

Dr. Piggott flagged there are a number of large budget pressures at the moment, including; wage harmonization, costs associated with annual Collective Agreement increases over the coming years, as well as Provincial funding not meeting inflationary cost-pressure needs. There is also a lack of clarity on Provincial funding going forward.

HKNP Board of Health Chair, Ron Black, spoke to his support of the FFT and the opportunity to have clear and collaborative conversations going forward, highlighting that the FFT is great for generating

conversations related to the unknown, navigating productivity and providing assistance or guidance to future Boards.

Members were advised Larry Stinson, Director of Finance, Facilities and IT and Chief Transformation Officer, will be producing a Merger Progress Report as HKNPHU progresses through the harmonization process. This report will aid in reviewing headcounts, noting enhancements, etc. and can be shared with the public as well.

A reminder was provided that any scenarios requested to be generated or pulled from the FFT be requested directly to Dr. Piggott, MOH/CEO via email, or through his Executive Assistant, Alida Gorizzan.

MOTION

That the Stewardship Committee for the Haliburton Kawartha Northumberland Peterborough Health Unit:

- receive the Financial Forecast Tracker for information

Moved: Deputy Mayor Black

Seconded: Dr. Stelzer

Motion carried: (2025-015-SC)

8.2. Levy Harmonization

- [Staff Report](#)

Dr. Piggott provided history from within the Staff Report, which was sent prior to the meeting for review by members. The Staff Report offered details related to the historical discussions on Levy Harmonization and some of the challenges (and opportunities) experienced by the Joint Merger Steering Committee (JMSC)

Dr Piggott highlighted the following points for discussion:

- Anticipated level of funding
 - Suggestion of higher level of funding (noting this is a harmonized target, not dollar amount)
 - Full levy harmonization at a higher level will not eliminate a potential deficit by 2027.
- When to begin funding harmonization process (what year)
- Term/number of years through which HKNPHU would reach a fully harmonized state.
 - These items are greatly influenced by what the HKNP Stewardship Committee recommends to the HKNP Board of Health.

Additional comments highlighted the need of staff to know direction in principle of what would like to be seen going forward into 2027, when merger funding is no longer available, in order to come back with budget recommendations.

Stewardship Committee Chair, Cecil Ryall and HKNP Board of Health Chair, Ron Black both agree and provide their recommendation to members based on information received:

That the Stewardship Committee recommend that the Board of Health for HKNP;

- endorse a principled approach to local funder Levy harmonization that begins in 2026, targets five years to harmonization at an upper funding level, utilizes local levy harmonization funding to offset legacy PPH increases for 2026 and 2027 as part of the merger budget; and
- recognizes this will need to be assessed, and the Levy will need to be determined by the Board of Health, on an annual basis as part of annual budgeting.

The floor was opened to questions from members, from which fulsome discussions arose related to history, financial forecasting, and the clarification of separate items 8.1 and 8.2 on the agenda package.

Several members echoed the sentiments shared by the HKNP Board of Health Chair, Larry Stinson, and Dr. Piggott, that there is a need to move forward with a decision in a timely manner. Members were reminded that the fiscal years for HKNPHU differ from those of the Ministry of Health, so funding information and clarity can be challenging to communicate with certainty.

It was noted, by Mr. David Marshall, that historically there was challenges in balancing the per capita costs to LHKPR Municipalities over a 5-8 year period, noting that LHKPR Municipalities would be carrying a higher cost than LPPH – these challenges resulted in a lack of agreement over the proposed memorandum of understanding that is referenced in the history of the Staff Report. Mr. Marshall also identified that the data indicates that both Legacy Organizations have been running in a fiscal deficit, noting that the per capita amounts obviously are not enough to begin with, and need to be reviewed.

The MOH/CEO notes that there have been historical challenges in reconciling Health Unit, First Nations and Municipal funding versus

Provincial, and that the challenge of not having clarity or confirmation of Year 2 funding (at this time) is an additional strain.

Review of April 11th action items:

1. Larry Stinson to provide harmonization information related to mid-level, 3 years – 5 years, 3-5 scenarios, then mid-level to high-level from 3 – 6 years, with assuming variables, for June meeting.
 - **This action is complete**
2. The Stewardship Committee members request that an analysis of current per capita funding be provided, with a feasibility study, be completed and circulated. (timeline not specified)
 - **This action is pending**
3. Discussion to take place at the next Stewardship Committee meeting related to harmonization and future state.
 - **This action is complete, but will resume at the July meeting**

Action: MOH/CEO to circulate document to HKNP Stewardship Committee members, with population information, for information only; completing the request of the 2nd action item from June.

The HKNP Stewardship Committee did not come to a consensus on the proposed recommendation presented, and an amended motion was put forward.

MOTION:

That the Stewardship Committee recommend that the Board of Health for HKNP;

- Receive for information the Staff Report, Levy harmonization; and
- That the Stewardship Committee will meet in July or August (to be determined by Poll) to review the and provide a recommendation to the Board of Health

Moved: Deputy Mayor Black

Seconded: Mr. Marshall

Motion carried: (2025-016-SC)

8.3. Q1 2025 Financial Report

- [Cover Report](#)

a. Q1 2025 Financial Report

Members received the Financial Report for the first quarter from HKNPHU, for information. The document was provided within the agenda materials and was reviewed by members with no further discussion required.

MOTION:

That the Stewardship Committee for the Haliburton Kawartha Northumberland Peterborough Health Unit:

- receive the Q1 2025 Financial Report for information; and,
- provide it to the Board of Health at its next regular meeting.

Moved: Councillor Wilson

Seconded: Dr. Stelzer

Motion carried: (2025-017-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**

The date and time for the next HKNP Stewardship Committee will be decided via Poll of members.

14. **Adjournment**

The meeting was adjourned at 9:32 a.m.

MOTION:

That the Stewardship Committee for the Haliburton Kawartha Northumberland Peterborough Health Unit be adjourned at xx:xx a.m.

Moved: Councillor Wilson

Seconded: Councillor Riel

Motion carried (2025-018-SC)