Southeast Public Health

Board of Health Meeting

Agenda Package

Wednesday, July 22, 2026
10:00 a.m.
221 Portsmouth Avenue, Kingston

Please note there will be a Closed Session component to this meeting.

Open Session Link:

Microsoft Teams Need help?

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Meeting ID: 283 495 545 530 65
Passcode: qa7FX29r

For organizers: Meeting options

To ensure a quorum we ask that you please RSVP to kathleen.thompson@southeastph.ca or call 613-549-1232, ext. 1147.

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Southeast Public Health

Board of Health Agenda

Wednesday, July 22, 2026
10:00 a.m.
221 Portsmouth Avenue, Kingston

1. **Call to Order**

2. **Land Acknowledgement**

   Southeast Public Health is located on the traditional territory of Indigenous peoples dating back countless generations. We would like to show our respect for their contributions and recognize the role of treaty making in what is now Ontario. Hundreds of years after the first treaties were signed, they are still relevant today.

3. **Roll Call**

4. **Approval of the Agenda**

   MOTION: THAT the Board of Health approve the open agenda for July 22, 2026, as circulated.

5. **Approval of Previous Meeting Minutes** Schedule 5.0

   MOTION: THAT the Board of Health approve the open minutes of the meeting held on June 24, 2026, as circulated.

6. **Pecuniary Interest and/or Conflict of Interest, and the general nature thereof when the item arises**

7. **Closed Session**

   MOTION: THAT the Board of Health convene in closed session for the purposes of a discussion as it relates to Section 239(2) of the Municipal Act, and more specifically (b) personal matters about an identifiable individual, including Board employees; (d) labour relations or employee negotiations; and (f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose.

8. **Rising and Reporting of Closed Session**

   MOTION: THAT the Board of Health endorse the actions approved in the Closed Session and direct staff to take appropriate action.

9. **Committee Reports**

   9.1. **Governance Committee Update**

      9.1.1. **Board Member Remuneration** Schedule 9.1.1

      MOTION: THAT the Board of Health approve a per diem of $200.00 for the Board Chair and provincial representatives as recommended by the Governance Committee

10. New Business

10.1. Strategic Plan 2026-28: Costing and Resource Requirements — Schedule 10.1

MOTION: THAT the Board of Health accept the preliminary Strategic Plan Costing and Resource Report as a working draft, subject to further refinement and adjustment based on Board of Health's direction.

10.2. Merger Updates — Schedule 10.2

MOTION: THAT the Board of Health receive the merger update report, as circulated.

11. Information Items — Schedule 11.0

MOTION: THAT the Board of Health receive the information items, as circulated.

12. Announcements

13. Adjournment

MOTION: THAT this Board of Health meeting be adjourned.

Southeast Public Health

Schedule 5.0

Board of Health Minutes

Open Session

Date: Wednesday, June 24, 2026
Time: 10:00 a.m.
Location: 221 Portsmouth Avenue, Kingston, Ontario and via Microsoft Teams

In-person: Mr. Stephen Bird, Councillor Judy Greenwood-Speers, Mayor Robin Jones, Councillor Sean Kelly, Councillor Anne-Marie Koiner, Councillor Jeff McLaren, Mayor Jan O'Neill, Ms. Barbara Proctor, Councillor Bill Roberts, Mr. Nathan Townend

Virtual: Warden Richard Kidd, Councillor Michael Kotsovos, Councillor Peter McKenna

Regrets: Councillor Conny Glenn

Officer: Dr. Piotr Oglaza

1. **Call to Order**

   In the absence of the Chair and at the request of the Vice-Chair, Mayor R. Jones called the meeting to order at 10:00 a.m.

2. **Land Acknowledgement**

   Spoken by Councillor A. Koiner.

3. **Roll Call**

   Conducted by Recorder K. Thompson.

4. **Approval of the Agenda**

   MOTION: It was MOVED by Councillor A. Koiner and SECONDED by Councillor B. Roberts THAT the Board of Health approve the open agenda for June 24, 2026, as amended by moving *Item 11.1: Strategic Plan Update* to immediately follow *Item 7. Pecuniary Interest and/or Conflict of Interest*.

   CARRIED

5. **Re-Appointment of Chair**

   Mayor R. Jones advised that, following Mr. N. Townend's recent appointment as Director of Communications and Community Development with the County of Lennox and Addington, the Board was required to appoint a Chair. She noted that Lennox and Addington County Council had re-appointed Mr. Townend as its representative on the Southeast Public Health Board of Health, enabling the

Board to consider his re-appointment as Chair for the remainder of the 2026 term.

Mr. N. Townend withdrew from the meeting during consideration of the motion.

MOTION: It was MOVED by Councillor S. Kelly and SECONDED by Councillor B. Roberts THAT Mr. Nathan Townend be re-appointed Chair of the Board of Health for Southeast Public Health for the remainder of the 2026 term.

CARRIED

Chair N. Townend thanked the Board for its continued confidence and presided over the remainder of the meeting.

6. **Approval of Previous Meeting Minutes**

MOTION: It was MOVED by Mayor R. Jones and SECONDED by Mayor J. O'Neill THAT the Board of Health approve the open minutes of the meeting held on May 27, 2026, as circulated.

CARRIED

7. **Pecuniary Interest and/or Conflict of Interest, and the general nature thereof when the item arises**

There were no declarations of pecuniary interest or conflicts of interest made.

8. **Strategic Planning Update**

Chair N. Townend introduced the item, noting that the strategic planning process had been initiated and led by the Board of Health to establish a clear governance direction for the newly merged organization. He advised that the draft plan focuses on organizational stability, effective governance, and positioning Southeast Public Health for long-term success while recognizing current financial, operational, and governance challenges.

The Chair welcomed Eric Lockhart, strategic planning consultant from Queen's University Smith School of Business, who presented the draft 2026–2028 Strategic Plan.

Mr. Lockhart advised that the draft plan:

- establishes the organization's purpose, vision, long-term goals, strategic priorities, and a phased implementation approach;
- provides a governance framework for the merged organization rather than an operational or clinical plan;
- is intended to guide the merged organization rather than reflect the three former health units;
- identifies priority initiatives for implementation over the next 12 to 18 months;
- recognizes that detailed costing and resource requirements remain to be completed before implementation; and
- proposes ongoing monitoring through quarterly Board reporting, annual public reporting, and scheduled strategic plan reviews.

Board members expressed appreciation for the collaborative strategic planning process and the opportunity to participate in two facilitated planning sessions.

During discussion, members:

- recognized the Strategic Plan as an important framework to guide the organization through the next phase of merger implementation;
- emphasized the importance of maintaining equitable service delivery across the region, including rural communities, and acknowledged that the plan provides greater clarity regarding the Board's governance role in future service planning decisions;
- discussed the importance of advocacy as a strategic function of the Board, particularly in relation to sustainable public health funding and broader public health priorities, noting that advocacy aligns with the strategic priority respecting external communications and engagement;
- highlighted the importance of meaningful engagement with community partners throughout implementation, including organizations serving smaller and rural communities;
- supported the proposed accountability framework, including regular progress reporting to the Board and periodic review of strategic priorities; and
- discussed the importance of ensuring that the Board's endorsement of the strategic direction was accompanied by an assessment of the financial implications before the Strategic Plan returned for final approval.

MOTION: It was MOVED by Councillor B. Roberts and SECONDED by Mayor R. Jones THAT the Board of Health receive the 2026-2028 Strategic Plan presentation and endorse the direction outlined therein;

AND FURTHER THAT staff assess the financial implications of the plan and report back to the Board at its July 22, 2026 meeting.

CARRIED

9. **Closed Session**

MOTION: It was MOVED by Councillor S. Kelly and SECONDED by Councillor A. Koiner THAT the Board of Health convene in closed session for the purposes of a discussion as it relates to Section 239(2) of the Municipal Act, and more specifically (b) personal matters about an identifiable individual, including Board employees.

CARRIED

10. **Rising and Reporting of Closed Session**

MOTION: It was MOVED by Mr. S. Bird and SECONDED by Ms. B. Proctor THAT the Board of Health endorse the actions approved in the closed session and direct staff to take appropriate action.

CARRIED

11. New Business

11.1. Blastomycosis Inquest Recommendations

Dr. E. Toumishey provided an overview of the recommendations arising from the Coroner's Inquest into the 2021 blastomycosis outbreak in Constance Lake First Nation that are relevant to Ontario boards of health. He advised that the inquest resulted in 79 recommendations overall, including five relevant to boards of health, and that responses were required by July 23, 2026.

Dr. Toumishey provided an overview of blastomycosis, the circumstances of the outbreak, and the proposed responses prepared by Southeast Public Health. He advised that the proposed responses align with guidance provided by the Ministry of Health and reaffirm the organization's commitment to:

- strengthening relationships and collaboration with First Nations communities and partner organizations;
- supporting coordinated emergency preparedness and outbreak response;
- advancing Indigenous data governance in partnership with Indigenous communities and in accordance with provincial best practices; and
- participating in provincial initiatives to improve education and awareness among healthcare providers regarding the diagnosis and management of blastomycosis.

During discussion, members:

- sought clarification regarding the diagnosis, testing, prevalence, and clinical recognition of blastomycosis;
- discussed the importance of increasing awareness among healthcare providers regarding uncommon infectious diseases;
- emphasized the importance of meaningful collaboration and relationship-building with Indigenous communities; and
- noted ongoing opportunities to strengthen partnerships with local First Nations in support of public health priorities.

MOTION: It was MOVED by Mayor R. Jones and SECONDED by Warden R. Kidd THAT the Board of Health endorse the proposed responses to the Coroner's Inquest recommendations arising from the Blastomycosis Outbreak in Constance Lake First Nation, as presented;

AND THAT staff be authorized to submit the approved responses to the Office of the Chief Coroner on behalf of the Board of Health.

CARRIED

11.2. 2026 alPHa Annual General Meeting & Symposium

Board members who attended the alPHa Annual General Meeting and

Symposium provided a verbal update on key themes and educational sessions.

Members highlighted discussions regarding:

- advocacy for sustainable public health funding;
- regional differences in public health service delivery across Ontario;
- population health challenges affecting communities throughout the province;
- Indigenous health and community engagement; and
- the importance of communicating the value and impact of public health.

The Board also discussed information presented respecting governance considerations during the upcoming 2026 municipal election period, including caretaker governance practices and transition planning for boards of health. The matter was referred to the Governance Committee for review and recommendations prior to the municipal election period.

MOTION: It was MOVED by Councillor J. Greenwood-Speers and SECONDED by Councillor M. Kotsovos THAT the Board of Health receive the verbal update regarding the alPHa Annual General Meeting and Symposium.

CARRIED

11.3. Merger Updates

Dr. P. Oglaza presented the Merger Update report as circulated.

During discussion, members sought clarification regarding:

- the transition of the Merger Office to the Project Management Office and associated staffing;
- progress toward implementation of a Board portal;
- and the harmonization of financial and payroll systems across Southeast Public Health.

Staff advised that the Project Management Office is intended to support organization-wide project management within approved resources, that work continues toward implementation of a secure Board portal, and that financial systems have been harmonized with payroll harmonization scheduled for completion later in 2026.

MOTION: It was MOVED by Councillor B. Roberts and SECONDED by Councillor P. McKenna THAT the Board of Health receive the merger update.

CARRIED

12. Information Items

The Board received the information items as circulated.

MOTION: It was MOVED by Councillor S. Kelly and SECONDED by Councillor J. Greenwood-Speers THAT the Board of Health receive the information items, as circulated.

CARRIED

13. **Announcements**

Announcements were shared regarding an upcoming Sacred Water Ceremony on Simcoe Island and Canada Day celebrations across the region.

14. **Adjournment**

MOTION: It was MOVED by Councillor B. Roberts THAT this Board of Health meeting be adjourned at 11:47 a.m.

CARRIED

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Board Chair
South East Health Unit

Southeast Public Health

Schedule 9.1.1

Memo

To: Board of Health Members
From: Dr. Piotr Oglaza, Medical Officer of Health/CEO
Reviewed by: Governance Committee Chair
Date: July 22, 2026

Re: Board Member Remuneration

Issue:

As outlined in the Board Members' Remuneration and Expenses policy the meeting stipend rate will be reviewed and adjusted by the Board of Health annually effective January 1. The Governance Committee met on July 14, 2026 to review meeting stipend rates and make a recommendation to the Board.

Background:

By-law #1 states that remuneration of Board members shall be in accordance with the Health Protection and Promotion Act (HPPA). The Board shall pay the reasonable and actual expenses of each member of the Board in accordance with the Act and the policies of Southeast Public Health.

The rate of remuneration paid by a Board of Health to a member of the Board of Health shall not exceed the highest rate of remuneration of a member of a standing committee of a municipality within the health unit served by the Board of Health.

Historically the highest rates of municipal remuneration within the three legacy health unit areas were paid by the City of Kingston, United Counties of Leeds and Grenville and Hastings County.

Current Status:

A meeting stipend rate for the Board Chair and provincial representatives was established at $150 effective January 1, 2025.

The following municipalities were contacted and provided the subsequent remuneration rates for 2026:

KFLA – City of Kingston – Annual remuneration of approximately $48,500 (with approximately 26 Council Meetings and 25 additional Committee Meetings)

LGL – United Counties – Per Diem ½ day - $126.14/Per Diem Full Day - $252.31

HPE – Hastings County - Daily meeting stipend rate of $486.94

Rationale:

To ensure Board of Health members are compensated for their work on behalf of the Board of Health.

Southeast Public Health

Supporting Documents:

Appendix #1 Board Members' Remuneration and Expenses Policy

Recommendation:

THAT the Board of Health approve a per diem of $200.00 for the Board Chair and provincial representatives as recommended by the Governance Committee.

SOUTH EAST HEALTH UNIT

BOARD OF HEALTH POLICIES AND PROCEDURES

POLICY:	Board Members' Remuneration and Expenses	Original Date:	April 23, 2025
NUMBER:	BOH-2025-01	Revised Date:	July 22, 2026

PURPOSE:

To ensure Board of Health (Board) members are compensated for their work on behalf of the Board of Health.

POLICY:

The remuneration of Board members shall be in accordance with the Health Protection and Promotion Act (HPPA). Board members shall receive remuneration for time and reimbursement for reasonable and actual expenses related to meetings and functions of the Board.

PROCEDURE:

The meeting stipend rate will be paid to eligible Board members (the Chair and provincial representatives) for attendances at:

- Regular or special meetings of the Board,
- Committee meetings, and
- Business meetings on behalf of the Board.

Board members shall receive only one fee per day regardless of whether the member attends more than one official function in a day.

The meeting stipend rate for the Board Chair and provincial representatives will be $200 effective July 22, 2026.

The meeting stipend rate will be adjusted annually, effective January 1 and will be reviewed annually by the Board of Health. The rate of remuneration paid by a Board of Health to a member of the Board of Health shall not exceed the highest rate of remuneration of a member of a standing committee of a municipality within the health unit served by the Board of Health.

CONFERENCES

Board members are encouraged to attend appropriate conferences and conventions and will prepare a report to the Board giving a brief overview of the topics discussed at the conference. Board members may attend a conference/workshop with Board approval.

Municipal members on the Board of Health will be reimbursed for mileage and conference expenses related to Board work if they are not reimbursed by their municipality.

OTHER EXPENSES

Kilometrage reimbursement will be in accordance with the Canada Revenue Agency automobile rates as published annually.

Reasonable expenses for accommodation, food, parking and registration fees will be reimbursed with itemized receipts.

Southeast Public Health

Schedule 10.1

Memo

To: Board of Health Members
From: Dr. Piotr Oglaza, MD, CPHI (C), MPH, FRCPC
Date: 07/22/2026

Re: Strategic Plan 2026-28: Costing and Resource Requirements

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Issue:

The Board of Health has developed and approved the 2026-28 Southeast Public Health Strategic Plan; full implementation is contingent upon completion of detailed project costing and resource requirements.

Background:

In accordance with the Ministry of Health's Public Health Accountability Framework, the board of health shall have a strategic plan that establishes strategic priorities over 3 to 5 years.

The Board of Health endorsed the direction outlined in the 2026-28 Southeast Public Health Strategic Plan at their meeting on June 24, 2026.

Current Status:

The following chart outlines the 2026-28 Strategic Plan's five strategic priorities and their key initiatives. The proposed activities and outputs outlined in this report serve as management's initial roadmap for meeting each initiative and determining the necessary resources. The inclusion of progress notes reflect completed activities that directly support the strategic initiative and implementation of this Strategic Plan. We view this costing analysis as a preliminary plan for the Board of Health to provide guidance, feedback, and adjustments to help refine the details and align to their strategic direction.

Note: the key initiatives in bold are to be implemented in next 12 months (phase 1).

Strategic Priority 1: Build our new identity on the foundation of equitable and responsive service delivery through increased capacity and innovation.						
2026 - 2028						
Key Initiatives	**Activities**	**Most Responsible Person**	**Timeline**	**Resources**	**Outputs**	**Progress Notes (Quarterly)**
1.1 To assure rural areas that services will be equitable across the region.	Review findings from 1.2 to 1.4 initiatives (i.e., defining equity, analyzing gaps, and navigating OPHS constraints).	Strategic Operations Committee (SOC)	Complete by July 2027	$$$ Redistribution of resources Additional funds may be required	High level programs and service expectations informed by equity, population health trends, and OPHS requirements. Collaborative community partnerships.	Equity embedded in program planning cycle. Rural Services Delivery Strategy.
1.2 To explain impact on services resulting from the changes to the OPHS.	Prepare public facing and partner focused communication awareness campaign outlining OPHS changes and implications (complement the Ministry's launch announcements of the new OPHS).	SOC	Complete by July 2027	Internal Communication expertise MOH/Deputy MOH/Directors/Managers engagement with partners. Health Systems Liaison	Governance level summary of OPHS changes and implications. Public and partners communications plans.	Initial review of draft standards. 2026 organizational restructuring.
1.3 To understand the demographics and gaps in our service area to meet our goal for equitable services (gather data).	Complete a population health assessment to identify demographic trends, geographic gaps, and equity implications.	Knowledge Management Team (KM)	To Be Determined (TBD)	$$$ Existing resources Knowledge management expertise Health system liaison Internal program and services expertise	Population Health Assessment presentation to Board of Health (BOH). Internal knowledge exchange products.	SEPH Population Health Assessment completed (2025). Branch office assessment completed ((2025). Program Harmonization ongoing.

1.4 To define 'equity' in terms of service delivery.	Develop harmonized health equity framework.	Southeast BOH	TBD	$$$ External Consultant $50K Internal expertise	BOH endorsed health equity framework. Guidance on applying equity framework in program and service planning and delivery.	All legacy agency's embedded health equity in program planning cycle. Two of the three legacy agency's past strategic plans identified equity as a priority. Two of the three legacy agency's completed Equity Diversity Inclusion, and Indigenization (EDII) assessments prior to the merger.
Strategic Priority 2: External communications, engagement and public accountability.						
2026-2028						
Key Initiatives	**Activities**	**MRP**	**Timeline**	**Resources**	**Outputs**	**Progress Notes (Quarterly)**
2.1 To develop a proactive, diversified, targeted communications strategy.	Develop multi-media communications plan that recognizes the unique role of public health. Conduct stakeholder assessment to understand perceptions, risks and engagement needs.	Southeast BOH	Complete by July 2027	$$$ External PR Consultant: • $50 to $150K	Stakeholder engagement plan to manage reputation, connect with the community, and be transparent. BOH communications strategy.	

	Establish a strategic partner engagement approach.					
2.2 To develop a public health brand identity campaign.	Implement and evolve the agency's brand identity strategy. Monitor engagement and reach of communications plan.			$$$ Merger funds $250K (April 2024 to March 2026) Merger funds – directed at communications and program branded material $88K (April 1, 2026, to March 2027) Internal communications expertise	Brand Identity Framework and Guidelines. Performance indicators.	Brand guidelines, writing guidelines and identity policy. Brand Identity campaign (2025-2026). New website and social media development launched. Harmonization of corporate and program materials underway. A social media strategy to grow followership on the agency's platforms in development.
2.3 To implement targeted communications with municipalities and local politicians.	Develop tailored public health knowledge products for municipal partners. Provide strategic briefings on public health issues to municipal leaders. Leverage strategic partnerships to	Southeast BOH		Internal staff expertise on public heath policy and topics of interest. Internal communication support for developing material, etc.	Municipal engagement materials related to public health issues (e.g., one-page briefs or infographics). Municipal engagement plan and outputs on public health issues.	

	address priority public health work.					
Strategic Priority 3: Current and future budget planning to ensure sustainability of Southeast Public Health.						
2026-2028						
Key Initiatives	**Activities**	**MRP**	**Timeline**	**Resources**	**Outputs**	**Progress Notes (Quarterly)**
3.1 To advocate for sustained public health funding via a Government Relations strategy.	Participate in provincial advocacy forums. Develop a plan to support a long-term sustainable funding framework. Engage strategic political and system partners to support sustainable funding.	Southeast BOH	Complete by July 2027	$$$ External consultant Minimum spend: 150K (approx. 20K per month) Health Systems Liaison	BOH representative on Association of Local Public Health Agencies (alPHa) Board. Long term planning for sustainable funding. BOH resolution supporting sustainable funding. Consultation summary.	alPHa agency membership. BOH representative appointed to alPHa. BOH Chair participation on merged public health unit's working group
3.2 To support financial stability planning, including reserves for infrastructure upgrades.	Implement a multi-year budgeting framework (2026-2030). Establish a reserve strategy. Develop Human Resources Strategy. Develop Asset Management and Capital Funding Plan.		Complete by July 2027	Internal Corporate Services expertise	Five-year financial forecasting with a multi-year stabilization strategy. Human Resources Strategy to support organizational sustainability. Asset Management and Capital Funding Plans. Dedicated guidelines for the administration and use of reserve funds.	Reserve Policy (2025). Financial Forecast – awareness of structural deficit (2025-2026).

					Strategic investment of reserve funds in high-interest account(s), including guidelines for allocating interest.	
3.3 To assist municipalities to prepare for upcoming adjustments to contributions.	Communicate five-year financial forecasting information. Communicate unique role and services delivered by public health. Engage municipal councils and finance teams through strategic briefings.	Southeast BOH	Complete by July 2027	Internal staff expertise in finance and communications.	Municipal briefing packages (including financial statement, budget, and supporting documentation). Strategic briefing sessions focused on municipal financial budgeting, statement interpretation, and collaborative long-term planning. Municipal readiness assessment report, including feedback, concerns, and transition timelines.	Annual MOH/Manager Finance budget presentations at municipal council meetings. Annual Manager Finance consultations with municipal finance teams.

Strategic Priority 4: Risk management and organizational resilience including emergency management.

2026-2028

Key Initiatives	Activities	MRP	Timeline	Resources	Outputs	Progress Notes (Quarterly)
4.1 To bring forward a Public Health risk matrix for the organization that can be updated regularly to the Board.	Develop a risk matrix that assesses likelihood and impact across key organizational risk categories. Refine the agency's risk register and		January 2027	Internal staff expertise in program and corporate services.	Risk Management Framework/Strategy. Regular Board reporting. Risk Register and Risk Matrix	Risk Intelligence Policy (2025). Draft overarching risk structure (2026) using Public Sector Risk Management Framework.

	mitigation strategies to address and lower the agency's risks. Establish a governance level risk management framework and reporting process.				Risk Mitigation action plans with assigned accountability.	Initial Risk Register (2026) prepared including risk descriptions, risk owner, mitigation plan, and status. Management risk working group established (September 2025).
4.2 To plan for high impact Public Health emergency Standard Operating Procedures (SOP) (e.g., cyber-attack)	Develop Continuity of Operations Plans (COOP) to ensure essential the agency's functions during major disruptions, using external expertise. Advance an OPHS aligned emergency management (EM) program through ongoing harmonization of emergency SOPs and EM practices.		March 2027 Ongoing	Consultant for COOP: merger funds Internal expertise	Continuity of Operations Plans. Emergency management program framework and SOPs	COOP development initiated through external procurement. Emergency management program harmonization underway
Strategic Priority 5: Strengthen communications between Medical Officer of Health, Agency Employees and Southeast Board of Health.						
2026-2028						
Key Initiatives	**Activities**	**MRP**	**Timeline**	**Resources**	**Outputs**	**Progress Notes (Quarterly)**
5.1 To develop BOH-specific communications	Develop and implement a BOH media relations policy.		TBD	BOH members Legal	Media Relations Policy (BOH members).	BOH Code of Conduct (2025)

(i.e., media releases) policy.						Internal Agency Media Relations policy approved (2026) BOH Chair's approval of monthly BOH meeting media summary.
5.2 To provide regular and timely updates to the BOH on service delivery.	Enhance BOH package (e.g., written update on monthly PH programs and services). Provide regular presentation(s) on program and services delivery and emerging issues.		TBD	Internal staff expertise	BOH ready summaries for subregional medial release. BOH Meetings with staff-led public health program and service presentations. BOH Package includes a monthly written update by Medical Officer of Health regarding the public health programs and services.	BOH-ready summaries process implemented (2026). Planning for introduction and orientation to public health for the new BOH in 2027 is underway.

Rationale:

The Southeast Board of Health requires this information to fulfill its fiduciary duty of ensuring responsible financial oversight and confirming the agency has the capacity and resources to successfully implement the Strategic Plan.

Summary:

The report presents the resource and financial requirements to implement the 2026-28 Strategic Plan. It serves as a preliminary plan designed to invite the Board of Health's strategic guidance, feedback, and adjustments before finalization.

The following key initiatives are highlighted for further Board of Health awareness and consideration:

- Under Strategic Priority 1: Based on the proposed activities and outputs, the completion of Initiative 1.1 relies directly on the foundational findings from Initiatives 1.2, 1.3, and 1.4 (specifically regarding defining equity, analyzing gaps, and navigating OPHS constraints). Ultimately, these findings will assist the agency in determining required resources but the implementation of initiative 1.1 may extend beyond March 2027.

- Under Strategic Priority 2: Initiative 2.2 has received substantial merger funding over the past two years. With funding secured until March 2027 to complete the rollout of our branding campaign, we recommend that the Board pause further communications and brand planning. We request that the Board consider redirecting future resources to operationalize our brand—focusing directly on core public health messaging, policy advocacy, and program delivery.

- Under Strategic Priority 3: Initiative 3.1 the current cost estimate for the Government Relations Strategy consultant is based on a single agency's quote. To comply with procurement guidelines, we will use a public e-procurement platform to solicit competitive proposals once the project's requirements are fully defined.

- Under Strategic Priority 4: Initiative 4.2 the development of Continuity of Operations Plans is currently underway with support from merger funds. Because the request for proposals is currently posted on a public e-procurement platform, the exact budget allocation remains confidential to protect the integrity of the competitive bidding process.

Recommendation:

THAT the Board of Health accept the preliminary Strategic Plan Costing and Resource Report as a working draft, subject to further refinement and adjustment based on Board of Health's direction.

Memo

To: Board of Health Members
Date: July 22, 2026

Re: Merger Update

Merger Evaluation

Work continues on the development of a merger evaluation framework for Southeast Public Health (SEPH). The Knowledge Management team is consolidating findings from discussions with the Strategic Operations Committee (SOC), Management, and World Café sessions with staff into a comprehensive evaluation framework. Once finalized and approved by SOC, the framework will be shared with the Board of Health for information.

Information Technology (IT)

Electronic Medical Record (EMR)

Implementation of the EMR remains on track for a late July launch. Training is underway, with expert users preparing to provide on-site support during go-live. Phase 1 clinical e-forms are in the final stages of development and review, and an EMR Acceptable Use Policy is being developed. Planning for Phase 2 implementation will begin in August.

Network and Infrastructure

Network upgrades at the SEPH West office have been completed, and firewall upgrades at SEPH East sites are now complete. A revised schedule for the remaining network upgrades is under internal review following minor delays, which are being actively managed. Relocation of the SEPH East server cluster has been postponed to accommodate network design changes.

File Architecture and SharePoint

Development of SEPH's harmonized file architecture continues to progress. Foundational design materials have been shared with working groups, while staff training on Microsoft Purview and SharePoint administration is supporting the future rollout.

IT Training

Training on SEPH's new IT systems continues throughout the summer to build staff knowledge and strengthen proficiency with Microsoft tools that support day-to-day work. Both virtual sessions and in-person training in the Brockville IT training lab are available.

Finance Systems

Planning for staff training related to the implementation of Sparkrock (accounting) and Dayforce (payroll) is progressing. Training materials, the overall training plan, and supporting communications are currently being development.

Southeast Public Health

Schedule 11.0

Information Items

Board of Health Meeting – July 22, 2026

1. Lakelands Public Health Correspondence supporting Algoma Public Health's request for a review and update of the Healthy Smiles Ontario Schedule of Dental Services and Fees, dated July 16, 2026.

2. Northwestern Health Unit, 2025 Annual Report, dated June 25, 2026.

3. Public Health Sudbury and Districts Board of Health Correspondence, Protecting Canadians from Biological and Cybersecurity Risks: An Opportunity to Collaborate with Local Public Health, dated June 24, 2026.

Lakelands Public Health

1-844-575-4567 | info@lakelandsph.ca | lakelandsph.ca

July 16, 2026

The Honourable Sylvia Jones
Deputy Premier and Minister of Health
Government of Ontario
sylvia.jones@ontario.ca

Dear Minister Jones,

Re: Healthy Smiles Ontario Schedule of Dental Services and Fees

On behalf of the Board of Health for Lakelands Public Health (LPH), I am writing to support the concerns raised by the Board of Health for Algoma Public Health in its May 21, 2026 correspondence, and to urge the Ministry of Health to review and update the Healthy Smiles Ontario (HSO) Schedule of Dental Services and Fees.

Since the introduction of the Healthy Smiles Ontario (HSO) program, public health professionals and stakeholders, including the Ontario Dental Association (ODA), have raised concerns that HSO reimbursement rates remain at approximately 40% of the ODA Suggested Fee Guide. This has led to limited provider participation, resulting in barriers to accessing dental care for vulnerable children and youth.

Dental caries (tooth decay) remains the most common preventable chronic childhood disease in Canada. Untreated dental disease causes pain, infection, difficulty with eating and sleeping, as well as learning disruptions. Thus, timely access to oral health care for children and youth is essential for overall well-being.

HSO plays a vital role in oral health equity by funding preventive and dental treatment services for eligible children and youth. Ontario public health units bridge the gap to this support by offering oral health screening, referrals, program promotion, and navigation services. This collaboration aids in connecting children and their families with crucial access to dental care. Since the introduction of the Canadian Dental Care Plan (CDCP) it has been observed by members of the Ontario Association of Public Health Dentistry that an increasing number of dental providers in Ontario are refusing to accept children on HSO unless their family is also enrolled in the federal program, which offers a higher reimbursement rate than HSO. This presents a significant challenge to individuals and families who do not qualify, cannot afford to pay the co-payment, and/or cannot pay the balance bill associated with the CDCP.

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191 Highland Street, Unit 301
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Lindsay
108 Angeline Street South
Lindsay, ON K9V 3L5

Peterborough
Jackson Square
185 King Street, Box 301
Peterborough, ON K9J 2R8

Port Hope
200 Rose Glen Road
Port Hope, ON L1A 3V6

Local findings collected by LPH support these concerns. According to a recent phone survey, only 8 out of 44 dental providers in Northumberland County, the City of Kawartha Lakes, and Haliburton County reported accepting families covered solely by HSO. Feedback from clients and dental offices also indicates that some providers who accept HSO limit the number of HSO clients they will see, further restricting timely access to care. Staff have heard similar concerns in Peterborough and Peterborough County; however, no comparable survey was conducted, because HSO clients can access care through the LPH Community Dental Care Clinic.

The Board of Health for LPH urges the Ministry of Health to review and update the HSO Schedule of Dental Services and Fees. Reimbursement rates that better reflect the cost of dental treatment would strengthen provider participation and improve timely access to dental services for children and youth who rely on HSO.

Thank you for your consideration of this important matter. We appreciate the Ministry's continued commitment to improving oral health and reducing health inequities for Ontario residents and would welcome the opportunity to contribute local perspectives to any future review of the HSO program.

Sincerely,

Original signed by

Deputy Mayor Ron Black
Chair, Board of Health

/ag

Encl.: Algoma Correspondence, May 2026

cc: Dr. Kieran Moore, Ontario Chief Medical Officer of Health
Dr. David A. Brown, Chair, Board of Directors and President, Ontario Dental Association
Local MPPs
Ontario Boards of Health
Association of Local Public Health Agencies (alPHa)Sincerely,

Schedule 11.2

Kathleen Thompson

From: allhealthunits <allhealthunits-bounces@lists.alphaweb.org> on behalf of Jessica Flynn <jflynn@nwhu.on.ca>
Sent: Thursday, June 25, 2026 11:23 AM
To: allhealthunits@lists.alphaweb.org
Subject: [allhealthunits] NWHU 2025 Annual Report

Good morning,

We are pleased to share Northwestern Health Unit's 2025 Annual Report, *Building a Resilient Public Health System*.

The report highlights achievements from the past year, including work to strengthen public health infrastructure, expand digital tools and data dashboards, improve access to timely health information, and support programming that focuses on long-term population health outcomes.

The interactive report is available online and features dashboards, videos, and data highlights. To view the full report, visit: 2025 NWHU Annual Report.

Thank you for your continued partnership and support for public health in Northwestern Ontario. We appreciate the many ways you contribute to healthier communities in our region.

Sincerely,

Marilyn Herbacz, Chief Executive Officer

Dr. Kit Young Hoon, Medical Officer of Health

Northwestern Health Unit
www.nwhu.on.ca

Jessica Flynn
Executive Assistant/Secretary to the BOH, MOH, and CEO
210 First St N.
Kenora, ON, P9N 2K4
807-468-3147, ext. 128

Have feedback for us? Complete our survey.

Public Health
Santé publique
SUDBURY & DISTRICTS

Schedule 11.3

June 24, 2026

VIA ELECTRONIC MAIL

The Honourable David McGuinty
Minister of National Defence

The Honourable Gary Anandasangaree
Minister of Public Safety

Dear Ministers McGuinty and Anandasangaree:

Re: Protecting Canadians from Biological and Cybersecurity Risks: An Opportunity to Collaborate with Local Public Health

On behalf of the Board of Health for Public Health Sudbury & Districts, we congratulate the government on achieving NATO's 2% defence spending target as you pursue an ambitious plan to rebuild and invest in defence and national security. We write to offer our assistance in helping to better protect Canadians from biological threats and the health impact of emergencies, and to highlight a cybersecurity vulnerability within institutions that do this critical work.

Public Health Sudbury & Districts is a local public health agency in Ontario that protects the local population from infectious and health threats including pandemics, the health impacts of community-wide emergencies, and potential bioterrorism.

Your government's defence and security build-up reflects a more dangerous world, in which Canada will need independent and broad capabilities to defend itself. That includes capabilities to defend against conventional military threats across land, maritime, and air domains. But unconventional threats from asymmetric actors are perhaps more likely given our geography: bioterrorist attacks, cyber attacks, or mass poisoning events (e.g. the 2021 cyberattack that attempted to disrupt water treatment in Florida). Natural events can also pose great risk to our security, as evidenced by the COVID-19 pandemic.

These risks underscore that capabilities beyond conventional military functions are needed for Canada's security. Enhanced local capabilities—particularly within local public health—could strengthen early detection of infectious agents, resilience to their illnesses, and minimize their ability to spread widely. Strengthened local institutions

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would ensure continuity of essential health services and infrastructure subsequent to an event. More generally, broad infrastructure investments could decrease vulnerability to airborne biological pathogens, whether bioterrorist or natural in origin.

Recent federal strategies appropriately emphasize safeguarding civilian systems that are fundamental to community safety, continuity of services, and public trust. Local public health agencies maintain and protect large volumes of sensitive health data, deliver essential services that must remain operational during emergencies, and serve as frontline infrastructure for preparedness and response to complex public health, environmental, and security-related threats.

As public health systems become increasingly digital, cybersecurity and system resilience become core public safety and national resilience issues. Several cyber incidents across Canadian public sector institutions, including local public health agencies, underscore the growing risk landscape and the importance of proactive investment in robust, well-defended civilian infrastructure.

Public Health Sudbury & Districts serves a region of strategic importance to Canada's economic and national resilience, including critical mineral production and transportation networks. Disruptions to public health capacity during emergencies—whether biological, cyber, or environmental in nature—would have implications well beyond local boundaries. Strengthening the resilience of public health systems is therefore of broader national interest.

The Board of Health wishes to highlight the opportunity for local public health agencies to play a part in the government's defence and security build-up by expanding the capabilities that protect Canadians and ensuring civil preparedness. To this end, we request that

- local public health be included as a contributor to biodefence capabilities in federal defence and security planning
- local public health be explicitly designated as critical infrastructure, and
- local public health be eligible for federal cybersecurity funding streams.

Public Health Sudbury & Districts would welcome dialogue with federal partners regarding recognition, engagement, and potential future partnership opportunities to advance shared national security objectives.

Thank you for your consideration.

Yours sincerely,

Mark Signoretti
Chair, Board of Health
Public Health Sudbury & Districts

cc: The Honourable Marjorie Michel, Minister of Health
The Honourable Shafqat Ali, President of the Treasury Board
Dr. Joss Reimer, Chief Public Health Officer of Canada
The Honourable Doug Ford, Premier and Minister of Intergovernmental Affairs, Ontario
The Honourable Sylvia Jones, Deputy Premier and Minister of Health
Viviane Lapointe, Member of Parliament, Sudbury
Jim Belanger, Member of Parliament, Sudbury East, Manitoulin and Nickel Belt
France Gélinas, Member of Provincial Parliament, Nickel Belt
Jamie West, Member of Provincial Parliament, Sudbury
Bill Rosenberg, Member of Provincial Parliament, Algoma – Manitoulin
Dr. Kieran Moore, Chief Medical Officer of Health, Ontario
Dr. Kate Bingham, Associate Chief Medical Officer of Health, Ontario
Dr. M. Mustafa. Hirji, Medical Officer of Health and Chief Executive Officer
Association of Local Public Health Agencies (alPHa)
Ontario Boards of Health
Shared Services Canada
Canadian Centre for Cyber Security