Southeast Public Health

Board of Health Meeting

Agenda Package

Wednesday, August 26, 2026
10:00 a.m.
221 Portsmouth Avenue, Kingston

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Meeting ID: 283 495 545 530 65
Passcode: qa7FX29r

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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Board of Health Agenda

Wednesday, August 26, 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 August 26, 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 July 22, 2026, as circulated.

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

7. **Committee Reports**

   7.1. **Governance Committee Update**

   7.1.1. **Amendment List for Board of Health** Schedule 7.1.1

   7.1.2. **By-Law No. 1 – Conduct of the Affairs** Schedule 7.1.2

   MOTION: THAT the Board of Health approve the recommended changes to By-Law No. 1 and that the Amendment List for the Board of Health be approved as circulated.

8. **New Business**

   8.1. **2026 Municipal Election – Caretaker Resolution** Verbal Report

   MOTION: WHEREAS Section 49(7) of the *Health Protection and Promotion Act*, as amended, provides that the term of municipal members of a board of health continues during the pleasure of the council that appointed the municipal member but, unless ended sooner, ends with the ending of the term of office of the council;

   AND WHEREAS By-Law No. 1 of the Board of Health for Southeast Public Health provide that the Board of health shall be composed of One (1) member to be appointed by the Municipal Council of the City of Belleville, Two (2) members to be appointed jointly by the Municipal Councils of the City of Brockville, and Towns of Gananoque, Prescott and Smiths Falls, One (1) member to be appointed by the Frontenac County, One (1) member to be appointed by the Municipal Council of the

County of Hastings, Two (2) members to be appointed by the Municipal Council of the City of Kingston, One (1) member to be appointed by the Municipal Council of the County of Lanark, One (1) member to be appointed by the Municipal Council of the United Counties of Leeds and Grenville, One (1) member to be appointed by the Municipal Council of the County of Lennox and Addington, One (1) member to be appointed by the Municipal Council of The Corporation of the County of Prince Edward and One (1) member to be appointed by the Municipal Council of the City of Quinte West; (the "Municipal Members");

AND WHEREAS the terms of the Municipal Members will end with the municipal election on October 26, 2026 and whereas it is anticipated that the Councils the City of Belleville, the City of Brockville, and Towns of Gananoque, Prescott and Smiths Falls, Frontenac County, the County of Hastings, the City of Kingston, the County of Lanark, United Counties of Leeds and Grenville, the County of Lennox and Addington, The Corporation of the County of Prince Edward and the City of Quinte West will not appoint new municipal members to the Board of Health until January of 2027;

NOW THEREFORE, the Board of Health Southeast Public Health hereby resolve as follows:

1. That the Director of Corporate Services and the remaining Board of Health members have the authority to appoint an acting Medical Officer of Health/CEO in the event the existing MOH/CEO resigns or ceases to be legally capable to carry our their duties as required by legislation and regulations, with the caveat that any such appointment be confirmed by the full Board of Health following the post-election municipal appointments;
2. That the Medical Officer of Health/CEO, the Director of Corporate Service and the remaining Board of Health members be delegated the authority to access SEHU reserves for amounts exceeding the limit set by the relevant SEHU policy provided that they report on any such over limit use of reserves to the full Board of Health following the post-election municipal appointments;
3. The delegations of authority set out above will only take effect and be limited to the period from October 27, 2026 until the a sufficient number of the Councils of the City of Belleville, the City of Brockville, and Towns of Gananoque, Prescott and Smiths Falls, Frontenac County, the County of Hastings, the City of Kingston, the County of Lanark, United Counties of Leeds and Grenville, the County of Lennox and Addington, The Corporation of the County of Prince Edward and the City of Quinte West have appointed new municipal members to the Board of Health sufficient that the Board of Health has achieved quorum.

8.2. **Merger Updates** Schedule 8.2

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

9. **Information Items** Schedule 9.0

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

10. **Announcements**

11. **Adjournment**

MOTION: THAT this Board of Health meeting be adjourned.

Southeast Public Health

Schedule 5.0

Board of Health Minutes

Open Session

Date: Wednesday, July 22, 2026
Time: 10:00 a.m.
Location: 221 Portsmouth Avenue, Kingston, Ontario and via Microsoft Teams

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

Virtual: Mayor Robin Jones, Warden Richard Kidd, Councillor Michael Kotsovos

Regrets: Councillor Peter McKenna

Officer: Dr. Piotr Oglaza

1. **Call to Order**

   Chair N. Townend called the meeting to order at 10:00 a.m.

2. **Land Acknowledgement**

   Spoken by Chair N. Townend.

3. **Roll Call**

   Conducted by Recorder K. Thompson.

4. **Approval of the Agenda**

   MOTION: It was MOVED by Councillor J. McLaren and SECONDED by Councillor J. Greenwood-Speers THAT the Board of Health approve the open agenda for July 22, 2026, as circulated.

   CARRIED

5. **Approval of Previous Meeting Minutes**

   MOTION: It was MOVED by Mayor J. O'Neill and SECONDED by Mayor R. Jones THAT the Board of Health approve the open minutes of the meeting held on June 24, 2026, as circulated.

   CARRIED

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

   Mr. S. Bird, Ms. B. Proctor, and Chair N. Townend declared a conflict of interest with respect to *Item 9.1.1. Board Member Remuneration*.

7. Closed Session

MOTION: It was MOVED by Councillor B. Roberts and SECONDED by Councillor S. Kelly 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.

CARRIED

8. Rising and Reporting of Closed Session

MOTION: It was MOVED by Councillor B. Roberts and SECONDED by Councillor J. Greenwood-Speers THAT the Board of Health endorse the actions approved in the closed session and direct staff to take appropriate action.

CARRIED

9. Committee Reports

9.1. Governance Committee Update

9.1.1. Board Member Remuneration

Chair N. Townend reminded the Board that he, Mr. S. Bird, and Ms. B. Proctor had each declared conflicts of interest with respect to Item 9.1.1, *Board Member Remuneration*. Mayor R. Jones assumed the Chair for consideration of the item.

Mayor R. Jones, Chair of the Governance Committee, presented the report as circulated. She advised that the Committee had completed its annual review of Board member remuneration in accordance with the Board Members' Remuneration and Expenses Policy. In reviewing comparable municipal remuneration across the Southeast Public Health region, the Committee recognized the significant responsibilities of the Board Chair, including work undertaken outside of regular Board meetings. Based on its review, the Committee recommended increasing the per diem for the Board Chair and provincial representatives from $150 to $200, effective January 1, 2027.

During discussion, Board members sought clarification regarding whether municipalities would be advised of the revised remuneration and the application of the policy.

Dr. P. Oglaza clarified that the remuneration policy applies only to the Board Chair and provincial representatives, noting that municipal representatives are generally remunerated by their respective municipalities. He further explained that the *Health Protection and Promotion Act* establishes a maximum rate of remuneration that boards of health may pay eligible members, based on the highest standing committee remuneration paid by a municipality served by the Board. He confirmed that the proposed

per diem of $200 remains within that legislative limit.

MOTION: It was MOVED by Warden R. Kidd and SECONDED by Councillor S. Kelly THAT the Board of Health approve a per diem of $200.00 for the Board Chair and provincial representatives, effective January 1, 2027, as recommended by the Governance Committee.

CARRIED

10. New Business

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

Dr. P. Oglaza presented the report as circulated, noting that it had been prepared in response to the Board's June 24, 2026 direction requesting an assessment of the financial implications of the 2026–2028 Strategic Plan. He advised that management had approached the request by identifying the activities, timelines, resource requirements, and preliminary costs associated with implementing each strategic priority. He emphasized that the report was intended as a working document to support Board discussion and provide strategic direction before further refinement.

During discussion, Board members acknowledged the considerable work undertaken to prepare the report and discussed how the information might be presented to more clearly distinguish the financial implications of the Board's strategic priorities from the operational activities required to implement them. Staff advised that the operational activities formed the basis of the preliminary costing estimates and resource requirements contained in the report. The Board discussed opportunities to refine the report by more clearly identifying activities that could be undertaken using existing resources, those that would require additional investment or external expertise, and the financial implications associated with implementing the Strategic Plan. Members expressed appreciation for the significant work completed to date and agreed that the report provided a valuable foundation for continued refinement as a working draft.

MOTION: It was MOVED by Warden R. Kidd and SECONDED by Mayor R. Jones 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 the Board of Health’s direction.

CARRIED

10.2. Merger Updates

Dr. P. Oglaza presented the merger update report as circulated, providing updates on the merger evaluation framework, information technology initiatives, staff training, and implementation of the organization's finance and payroll systems.

During discussion, Board members sought clarification regarding the implementation timeline for the finance systems and whether the systems required Ministry approval. Staff advised that the Sparkrock financial system was already live as the organization's system of record for 2026 and that implementation of the Dayforce payroll system was scheduled for

the end of the third quarter. Staff further advised that the Ministry had been informed of the selected systems and had raised no concerns, noting that both systems are widely used by organizations across Canada.

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

CARRIED

11. Information Items

Chair N. Townend invited comments on the information items.

A Board member commented on the correspondence from Lakelands Public Health respecting the Healthy Smiles Ontario Schedule of Dental Services and Fees, noting concerns regarding the limited number of dental practices accepting patients whose care is funded solely through the program. The member requested that staff provide information at a future meeting regarding participation rates within the Southeast Public Health region for comparison purposes.

MOTION: It was MOVED by Ms. B. Proctor and SECONDED by Councillor S. Kelly THAT the Board of Health receive the information items, as circulated.

CARRIED

12. Announcements

There were no announcements.

13. Adjournment

MOTION: It was MOVED by Mayor J. O'Neill and SECONDED by Councillor A. Koiner THAT this Board of Health meeting be adjourned at 11:32 a.m.

CARRIED

Board Chair
South East Health Unit

Southeast Public Health

Schedule 7.1

Memo

To: Board of Health Members
From: Dr. Piotr Oglaza, Medical Officer of Health/CEO
Reviewed by: Governance Committee Chair
Date: August 26, 2026

Re: Amendments to By-Law No. 1 and Running Amendment List

Issue:

Designation of Head

On February 10, 2026 Governance Committee members met to review Section 2. Designation of Head in By-law No. 1 which currently designates the Chair of the Board. To align with past practices at legacy KFLA and LGL it is being recommended that the Board of Health designate the Medical Officer of Health/CEO as the Head of Southeast Public Health for the purposes of MFIPPA.

The agency/BOH is not the Head for Personal Health Information. The MOH/CEO is the Health Information Custodian (HIC) that has custody and control of personal health information in connection with their duties, as defined under the Personal Health Information Protection Act (PHIPA). Reference to PHIPA should be removed from this by-law.

Election of Officers

On April 14, 2026 Governance Committee members met to review the Election of Officer's process for Southeast Public Health. It is being recommended that the MOH/CEO preside over the election of the Chair at the first Board meeting of the year.

Background:

As outlined in the Governance Committee's terms of reference, the Committee's responsibilities include:

- Review of Board policies, by-laws and Committee terms of reference every two years to ensure appropriate structures and procedures are in place and make recommendations to the Board for approval.

Current Status:

Below are the amendments being recommended to By-Law No. 1:

1. Designation of Head

As required by the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, C. M.56 ("MFIPPA"), as amended, the Board thereby designates the Medical Officer of Health/CEO as the Head of Southeast Public Health for the purposes of the MFIPPA. The Medical Officer of Health/CEO shall provide for all other institutional requirements regarding access and privacy as set out in the *Municipal Freedom of Information and Protection of Privacy Act.*

65. Chief Executive Officer

The MOH/CEO will preside over the election of the Chair at the first Board meeting of the year.

Rationale:

- It is more operationally feasible to designate the MOH/CEO authority to expedite MFIPPA requests.
- Policies previously indicated that the MOH/CEO took on the day-to-day duties of administering MFIPPA requests. MFIPPA requests at legacy agencies have gone to the Privacy Officer for completion.
- For PHIPA the MOH is the designated Health Information Custodian (HIC).
- Board policy development guarantees accountability, transparency and efficiency and helps achieve the organization's goals.

Supporting Documents:

Appendix #1 Running Amendment List
Appendix #2 By-Law No. 1

Recommendation:

THAT the Board of Health approve the recommended changes to By-Law No. 1 and that the Amendment List for the Board of Health be approved as circulated.

Southeast Public Health

Schedule 7.1.1

POLICY/BY-LAW/TERMS OF REFERENCE AMENDMENT LIST FOR THE BOARD OF HEALTH			
Meeting	**Document**	**Amendment**	**BOH Meeting**
March 25, 2025 Governance	Governance Committee Terms of Reference and Finance Committee Terms of Reference	Addition of Vice Chair to the Governance and Finance Committees Terms of Reference (Appendix #1 and #2)	June 25, 2025
Executive Assistants Recommendation	By-law No. 1 – Conduct of the Affairs	• Page 10 – numbering • Page 13 – Item 32 changed signed minutes to approved minutes • Page 13 – Item 34 changed to reflect agenda items – order of Closed Session moved to after Information Items • Page 19 and 20 – Update titles to reflect type of vacancy (Appendix #3)	June 25, 2025
July 8, 2025 Governance	By-law No. 1 – Conduct of the Affairs	• Page 12 Section 31 - An item must be ruled time sensitive by the Chair and must receive 2/3 majority consent by the members present to introduce additional business.	December 17, 2025
September 9, 2025 Governance	By-law No. 1 – Conduct of the Affairs	• Page 14 Section 34 - Addition of Notice of Motion and Announcements as standing agenda items.	December 17, 2025
October 7, 2025	By-law No. 1 – Name change from SEHU to SEPH	• Name change from South East Health Unit (legal name) to Southeast Public Health (operational name) throughout document	December 17, 2025
December 9, 2025	By-law No. 1 – Closed session to be held from 10:00 a.m. – 10:30 a.m. with open session to follow.	• Page 13 Section 34 – Move closed session to beginning of meeting.	December 17, 2025
February 10, 2026 Governance	By-law No. 1 – Conduct of Affairs	• Page 7 Section 2 – Designation of Head changed to the Medical Officer of Health/CEO for MFIPPA and reference to PHIPA removed as the MOH/CEO is the Health Information Custodian (HIC).	August 26, 2026
April 14, 2026 Governance	By-Law No. 1 – Conduct of Affairs	• Page 19 Section 65 – Wording changed to read the MOH/CEO will preside over the election of the Chair at the first Board meeting of the year	August 26, 2026

Schedule 7.1.2

BOARD OF HEALTH

FOR SOUTHEAST PUBLIC HEALTH

BY-LAW NO. 1 – CONDUCT OF THE AFFAIRS

A by-law relating generally to the conduct of the affairs of the Board of Health for **SOUTHEAST PUBLIC HEALTH** including, but not limited to, the calling and proceedings at meetings.

BE IT ENACTED as a by-Law of the Board of Health for Southeast Public Health as follows:

1. Interpretation

In this by-law and all other by-laws of the Board of Health for Southeast Public Health unless the context otherwise specifies or requires:

a) "Act" means the *Health Protection and Promotion Act*, R.S.0. 1990, c. H.7, as amended;

b) "Agency" means Southeast Public Health;

c) "Agreement" means the agreement between the County of Addington, the City of Belleville, the City of Brockville, the County of Frontenac, the Town of Gananoque, the United Counties of Leeds and Grenville, the County of Hastings, the City of Kingston, the County of Lanark, the County of Lennox, the Town of Prescott, the City of Quinte West, the Corporation of the County of Prince Edward, and the Town of Smiths Falls and the Board of Health under the Act;

d) "Board" means the Board of Health for Southeast Public Health;

e) "By-law" means the by-laws of the Board of Health for Southeast Public Health in force and effect;

f) "Chair" means the Chair of the Board elected under this by-law or any person presiding at the meetings of the Board and shall include a Presiding Officer;

g) "Committee" means a Committee of the Board, but does not include the Committee of a Whole;

h) "Committee of a Whole" means all the members present at a meeting of the Board sitting in Committee;

i) "Council" means the Council of any Municipality or County which is a party to the Agreement;

j) "Meeting" means a meeting of the Board;

k) "Member" means a member of the Board;

l) "Municipal Act" means the *Municipal Act*, 2001, S.O. 2001, c. 25, as amended;

m) "Regulations" means the regulations made under the Act, as from time to time amended, and every regulation that may be substituted therefore and, in the case of such substitution, any references in the by-laws of the Board of Health for

Southeast Public Health to provisions of the regulations shall be read as references to the substituted provisions therefore in the new regulations;

n) "Secretary-Treasurer" means the Medical Officer of Health or their designate;

o) All terms which are contained in the by-laws, and which are defined in the Act or the regulations, shall have the meanings respectively given to such terms in the Act or the regulations;

p) Words importing the singular number only shall include the plural and vice versa and words importing a specific gender shall include all other genders;

q) The headings used in the by-laws are inserted for reference purposes only and are not to be considered or taken into account in construing the terms or provisions thereof or to be deemed in any way to clarify, modify or explain the effect of any such terms or provisions; and

r) The *Corporations Information Act* does not apply to the Board of Health. Except as prescribed, the *Not-for-Profit Corporations Act, 2010* does not apply to the Board of Health.

2. Designation of Head

As required by the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, C. M.56 ("MFIPPA"), as amended, the Board thereby designates the Medical Officer of Health/CEO as the Head of Southeast Public Health for the purposes of the MFIPPA. The Medical Officer of Health/CEO shall provide for all other institutional requirements regarding access and privacy as set out in the *Municipal Freedom of Information and Protection of Privacy Act.*

MEMBERSHIP

3. Duty of Board of Health

Every board of health shall oversee, provide or ensure the provision of the health programs and services required by the Act and the regulations made thereunder, including but not limited to the Ontario Public Health Standards published from time to time to the persons who reside in the health unit served by the Board, and shall perform such other functions as are required by or under the Act or any other applicable legislation.

4. Numbers

The membership of the Board shall be as follows:

i. One (1) member to be appointed by the Municipal Council of the City of Belleville;

ii. Two (2) members to be appointed jointly by the Municipal Councils; of the City of Brockville, and Towns of Gananoque, Prescott and Smiths Falls;

iii. One (1) member to be appointed by the Frontenac County;

iv. One (1) member to be appointed by the Municipal Council of the County of Hastings;

v. Two (2) members to be appointed by the Municipal Council of the City of Kingston;

vi. One (1) member to be appointed by the Municipal Council of the County of Lanark;

vii. One (1) member to be appointed by the Municipal Council of the United Counties of Leeds and Grenville;

viii. One (1) member to be appointed by the Municipal Council of the County of Lennox and Addington;

ix. One (1) member to be appointed by the Municipal Council of The Corporation of the County of Prince Edward;

x. One (1) member to be appointed by the Municipal Council of the City of Quinte West;

xi. The Lieutenant Governor in Council can appoint one less than the total number of municipal appointees as provided for in the Act.

5. Ex-Officio Members

The Medical Officer of Health/Chief Executive Officer ("MOH/CEO") is an ex-officio member of the Board.

6. Secretary-Treasurer

The MOH/CEO shall be duly appointed as Secretary-Treasurer of the Board.

ATTENDANCE FOR THE BOARD OF HEALTH MEETINGS

7. Attendance

Members are required to attend all Board meetings. The MOH/CEO or designate, shall attend all meetings of the Board except on matters that relate to their remuneration or the performance of their respective duties.

8. Directors

Senior staff of Southeast Public Health shall be present at regular Board meetings, as required, to discuss agenda items related to their area(s) of responsibility.

9. Recording Secretary

The Executive Assistant to the MOH/CEO shall be the Recording Secretary of Board meetings.

10. Unexcused Absences

Unexcused absences of a member from three (3) consecutive Board meetings in a calendar year shall mean that the appointing Municipal Council shall be so notified, in writing, by the Chair of the Board of the said absences and of the Board's request that the appointing Municipal Council review the member's appointment, and a copy of the letter sent to the absentee Board member.

11. Leave of Absence

The Board may, upon receipt of a written request, extend to any Board member a leave of absence for a definitive period of time. During any Board approved leave of absence, paragraph 10, “Unexcused Absences”, shall not apply.

BOARD MEMBERS

12. Remuneration - Expenses

The remuneration of Board members shall be in accordance with the Act. 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.

13. Term of Office

The term of office of a municipal member of the Board continues during the pleasure of the Council that appointed the municipal member, unless ended sooner, ends with the ending of the term of office of the Council.

The term of office of a provincial appointee of the Board continues for the duration of the appointment as outlined by the Lieutenant Governor’s appointment notification.

14. Disqualification

The seat of a municipal member of the Board becomes vacant for the same reasons that the seat of a member of council becomes vacant under subsection 259(1) of the *Municipal Act*, 2001, as amended. Regardless of whether the member is municipally appointed or appointed by the Lieutenant Governor, no person whose services are employed by the Board is qualified to be a member of the Board.

15. Vacancy

Where a vacancy occurs on the Board by the death, disqualification, resignation or removal of a member, the person or body that appointed the member shall appoint a person forthwith to fill the vacancy for the remainder of the term of the member.

16. Oath of Confidentiality

Every member of the Board is required to sign an Oath of Confidentiality agreeing to uphold the privacy of all confidential information, including but not limited to personal information and personal health information, that may come to their attention in the course of their being a member of the Board, whether or not such information arises inside or outside of meetings of the Board, arises in Closed Session, and regardless of what form the personal information and/or personal health information is received by the Board member.

MEETINGS OF THE BOARD

17. First Meetings of the Year

The Board shall hold its first meeting of the year not later than the last day of January.

18. Number of Meetings

Regular meetings of the Board shall be held at least eight (8) times annually on such a day, hour and place as the Board shall determine.

19. Notice for Ordinary Meetings

Members of the Board will be notified within seventy-two (72) hours of any ordinary meetings by email and board portal.

20. Special Meetings

Special meetings may be called by the Chair or, in their absence, the Vice Chair at any time that is deemed advisable and necessary or by a majority vote at any regular meeting at which quorum is present. The Secretary-Treasurer may call a meeting of the Board upon being petitioned, in writing, by a majority of the members to do so.

21. Notice for Special Meetings

Members of the Board will be notified within twenty-four (24) hours of any special meetings by email and board portal.

22. Omission of Notice

The accidental omission to give notice of any meeting of the Board to, or the non-receipt of any notice by, any person shall not invalidate any resolution passed or any proceeding taken at such meeting.

23. Adjournment

Any meeting of the Board may be adjourned from time to time by the Chair of the meeting, with the consent of the majority of those attending the meeting, to a fixed time and place. Notice of any adjourned meeting of the Board is not required to be given if the time and place of the adjourned meeting is announced at the original meeting. Any adjourned meeting shall be duly constituted if held in accordance with the terms of the adjournment and a quorum is present. The members who formed a quorum at the original meeting are not required to form the quorum at the adjourned meeting. If there is no quorum present at the adjourned meeting, the original meeting shall be deemed to have terminated forthwith after its adjournment. Any business may be brought before or dealt with at any adjourned meeting which might have been brought before or dealt with at the original meeting in accordance with the notice calling the same.

24. Quorum

Fifty (50%) per cent plus one (1) of the members of the Board fixed under section 4, hereof, shall form a quorum for the transaction of business and, notwithstanding any vacancy among the Board members, a quorum of Board members may exercise all the powers of the Board. No business shall be transacted at a meeting of the Board unless a quorum of the Board members is present.

The appointed hour having been struck and a quorum being present, the Chair shall call the meeting to order. If, fifteen minutes after the appointed hour have elapsed and the

Chair or the Vice Chair, as the case may be, has not yet appeared and a quorum is present, the members may appoint one of themselves or the Secretary-Treasurer to chair the meeting until the arrival of the Chair or Vice Chair. If thirty (30) minutes after the appointed hour, a quorum is not present, then the meeting shall stand adjourned until the next regular meeting, an adjourned meeting, or a newly scheduled meeting. The Recording Secretary shall record the names of all members present and not present at the meeting.

25. Electronic Participation

Members of the Board may participate by means of such telephonic, electronic or other communication facilities as permits all persons participating in the meeting to communicate with each other simultaneously and instantaneously, and a Board member participating in such meeting by such means is deemed for the purpose of the Municipal Act to be present at that meeting, counted in quorum and in voting. [MA 238(3.1)]

26. Voting

Questions arising at any meeting of the Board members shall be decided by a majority vote evidenced by a show of hands. The Chair and each Board member present, where not otherwise disqualified from voting, shall vote on all questions.

In the case of a tie vote, the vote will be lost.

27. Recorded Vote

Any member may request a recorded vote and each member present, and not disqualified from voting by virtue of any legislation or declared conflict of interest, must then announce their vote.

To abstain or fail to vote under such circumstances is deemed to be a negative vote. When a recorded vote is requested, the names of those voted for and those who voted against the question shall be called and entered upon the minutes in alphabetical order. Votes will be counted by the Treasurer-Secretary and (1) scrutineer. When a question is put and “carried” without a dissent or a call for a recorded vote, then the matter will be deemed to be carried unanimously by those present.

DECLARATION OF PECUNIARY INTEREST; CONFLICT OF INTEREST

28. Declaration of Pecuniary Interest

Where a Board member, either on their own behalf or while acting for, by, with or through another, has any pecuniary interest direct or indirect in any matter and is present at a meeting of the Board at which the matter is the subject of consideration, the member,

a) shall, prior to any consideration of the matter at the meeting disclose the interest and the general nature thereof;

b) shall not be present or take part in the discussion of, or vote on any question in respect of the matter; and

c) shall not attempt in any way, whether before, during or after the meeting, to influence the voting on any such question.

Where the meeting referred to above is not open to the public, in addition to complying with the requirements set forth above, the member shall forthwith leave the meeting or the part of the meeting during which the matter is under consideration.

Where the interest of a member has not been disclosed as required by reason of the absence from the meeting referred to therein, the member shall disclose the interest and otherwise comply with the requirements first set forth above at the first meeting of the Board attended by the member thereafter.

Every declaration of interest and the general nature thereof made by a Board member shall, where the meeting is open to the public, be recorded in the minutes of the meeting by the Recording Secretary. Where the meeting is not open to the public, every declaration of interest made by a Board member, but not the general nature of that interest shall be recorded in the minutes of the next meeting that is open to the public.

29. Registry

The Board shall establish and maintain a registry in which it shall keep a copy of each statement filed and a copy of each declaration recorded pursuant to section 28. Access to the registry shall be available for public inspection in the manner and during the time that the Board may determine.

BOARD PACKAGES, AGENDA, MINUTES, AND REPORTS

30. Board Packages

The agenda, minutes of the previous meeting, and written reports are to be sent to Board members via electronic means 72 hours in advance of the scheduled meeting. The agenda and notice of the meeting are to be posted on Southeast Public Health's website approximately one week prior to the meeting. Written reports will be made available to the public 48 hours ahead of the scheduled meeting, where possible, or at or after the Board meeting where such advance provision is not reasonably practicable.

31. Agendas

For all regular and special Board meetings, an agenda shall be drafted by the Secretary-Treasurer in consultation with and approved by the Chair of the Board. If for any reason copies of the agenda shall not have reached members before the meeting, the member(s) will advise of such and the agenda shall be provided by the Secretary-Treasurer at the opening of the meeting.

Any member wishing to introduce business additional to that set out in the agenda must make the request during the "Approval of Agenda" portion of the agenda, it must be ruled time sensitive by the Chair and must receive 2/3 majority consent by the members present to introduce additional business.

If this consent is not obtained, the member may give notice of motion to discuss the business at the next regularly scheduled meeting of the Board. The motion must be seconded.

32. Minutes

The Recording Secretary records the minutes of the meeting and submits them to the Secretary-Treasurer for review. The minutes of the previous meeting shall be circulated to the Board approximately one week prior to the next regularly scheduled meeting. At the regularly scheduled meeting, a motion will be entertained to have the minutes approved and adopted as circulated or in the case of corrections, approved and adopted as amended with the amendments specifically stated.

If the minutes of the previous Board meeting were not circulated in advance, the Secretary- Treasurer shall read them, but no motion or discussion shall be allowed on the minutes except in regard to their accuracy. Any minutes that were not circulated in advance but read by the Secretary-Treasurer in accordance with this provision shall be placed on the agenda of the next meeting of the Board for the purposes of a motion for the adoption of such minutes, either as read or in the case of corrections, approved and adopted as amended with the amendments specifically stated.

After the confirmation and adoption of the minutes, they shall be signed by the Chair. The official approved minutes of the Board shall be posted by the Recording Secretary on the Southeast Public Health's website.

33. Reports

The MOH/CEO's report and any other specific reports noted on the Agenda are to be provided in writing to the Board 72 hours prior to the meeting. In some circumstances, a revised report, verbal report, or additional report may be forthcoming on a matter where the timing of such does not coincide with the preparation of the Board packages.

ORDER OF BUSINESS FOR REGULAR MEETINGS

34. Agenda

The agenda items shall include but not be limited to:

a) Call to Order;
b) Land Acknowledgement;
c) Roll Call;
d) Approval of Agenda - amendments or corrections of, adoption of;
e) Approval of Minutes - amendments or corrections of, adoption of;
f) Pecuniary Interest and/or Conflict of Interest, and the general nature thereof when the item arises;
g) Closed Session – motion to go into Closed Session including a reason for the closed session in accordance with the Municipal Act; [MA239(2)]
h) Rising and Reporting of Closed Session;

i) Committee Reports;
j) Staff Reports/Presentations;
k) New Business;
l) Information Items;
m) Notice of Motion;
n) Announcements;
o) Adjournment.

ORDER OF BUSINESS FOR SPECIAL MEETINGS

35. Drafting the Agenda

An agenda shall be drafted by the Secretary-Treasurer in consultation with and approved by the Chair of the Board.

36. Copies of the Agenda

If for any reason, copies of the agenda shall not have reached members before the meeting, the member(s) will advise of such and the agenda shall be provided by the Secretary-Treasurer at the opening of the meeting.

37. Additional Business

The agenda shall not contain business other than those subjects for which the special meeting was called.

38. Agenda

The agenda items shall include but not be limited to:

a) Call to Order;
b) Agenda - adoption of;
c) Pecuniary interest and/or conflict of interest, and the general nature thereof when the item arises;
d) Business item for which the special meeting was called; and
e) Adjournment.

39. Closed Session

Should the item of business for which the special meeting was called be a matter for Closed Session, a motion to go into Closed Session and a motion to rise and report from closed session will also be included on the agenda, including the reason for the closed session in accordance with this by-law.

BOARD OF HEALTH MEETINGS: PROCEDURES

40. Invitation of a Non-Board Member

Any person that wishes to address the Board, who is not a Board member, shall not be allowed to address the Board except upon invitation of the Chair and the Board members.

Speakers will be allowed up to 5 minutes to speak to the Board.

41. Board Member

No member shall be allowed to speak more than once upon any question before the meeting unless expressly permitted to do so by the Chair, except the mover of the original motion who shall have the right to reply when all members choosing to speak shall have spoken. An amendment being moved, seconded, and put by the Chair, any member, even though she/he has spoken on the original motion, may speak again on the amendment. No member shall speak for more than five minutes at one time.

Members wishing to raise points of order or explanation must first obtain the permission of the Chair and must raise the matter immediately following from when the alleged breach occurred. A member wishing to explain a material part of their speech which may have been misconstrued or misunderstood may be granted their privilege by the Chair, providing that, in so doing, they do not introduce any new matter. Any member may formally second any motion of amendment and reserve their speech until a later period in the debate.

42. Selection of Speakers

Every member, before speaking, shall ask permission to speak and address the Chair as “Chair”. The Chair, if the request is in order, shall grant permission to speak and address the member or staff by their first and/or last name. When more than one member is recognized to speak, the first to be recognized shall be given precedence, the decision resting with the Chair. Thereafter, the members shall be called upon by the Chair to speak in the order in which they were recognized.

43. Interruption

If any member interrupts the speaker, or uses abusive language, or causes disturbance or refuses to obey the Chair when called to order, they shall be named by the Chair. They shall thereupon be expelled from the meeting and shall not be allowed to enter again until an apology satisfactory to the Board has been given. No member shall leave the meeting before its adjournment without the permission of the Chair.

44. Conduct During Board Meetings

At all times all members of the Board shall use temperate language and conduct themselves in an appropriate manner. If, at any time, intemperate or insulting language is used against the Chair or the Board or any of its members of staff, the offending member shall respectfully apologize and retract their statement.

45. Order and Procedure

All members shall abide by the Chair's decision or that of the Board regarding matters of order and procedure. If any member continues to abuse their position in the Board meeting, after being named by the Chair, the Chair shall have the power to have them removed from the Board meeting until the meeting is over or until the member apologizes in full to the Chair and the members.

MOTIONS AND AMENDMENTS

46. Original Motion and Amendments

The first proposition on any particular subject shall be known as the original motion and all succeeding propositions on that subject shall be called amendments.

47. Amendments

The main question may be amended only once after which the original amendment shall be voted upon and, if carried, shall stand instead of the original motion, and if lost, the main question will be recalled. A further amendment may then be put and voted upon.
Every amendment submitted shall be in writing and shall be decided or withdrawn before the main question is put to the vote.

48. Procedures

Every motion or amendment must be moved and seconded by members actually present at the meeting before it can be discussed, debated or put from the Chair and wherever possible should be set forth in writing. When a motion is seconded, it shall be read by the Chair or Recording Secretary before a debate. When a question is under debate, no motion shall be received unless to refer it to committee, to amend it, to postpone it, to adjourn it, or to move the previous question.

49. Withdrawals or Additions

After a motion is read by the Chair or Recording Secretary, it shall be deemed in the possession of the Board, but may, with the permission of the Board, be withdrawn at any time before discussion or amendment. Any motion properly moved and seconded must be presented to the Board.

50. Reconsidering - Rescinding

No motion to reconsider a resolution entered upon the minutes shall be received or put unless a notice of intention to introduce such a rescinding motion shall have been made in writing at the previous meeting.

ADJOURNMENTS

51. Adjournments

A motion to adjourn the Board meeting or adjourn the debate shall always be in order, but, if it is defeated, then no second motion to the same effect shall be made.

CLOSED SESSION

52. Closed Sessions

A Closed Session is defined as a private session where only Board members and invited staff and professional advisors such as legal counsel are present and excludes all others, including the public and the media.

The Board may resolve to go into Closed Session if the subject matter to be considered falls within one or more of the following categories provided for in the *Municipal Act*, 2001, as amended: [MA 239(2)]

a) the security of the property of the Board or the Agency;
b) personal matters about an identifiable individual, including Board employees;
c) a proposed or pending acquisition or disposition of land by the Board or the Agency;
d) labour relations or employee negotiations;
e) litigation or potential litigation, including matters before administrative tribunals, affecting the Board or the Agency;
f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose;
g) a matter in respect of which a council, board, committee or other body may hold a closed meeting under an act other than the *Municipal Act*;
h) information explicitly supplied in confidence to the Board or the Agency by Canada, a province or territory or a Crown agency of any of them;
i) a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the Board or the Agency, 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;
j) a trade secret or scientific, technical, commercial, or financial information that belongs to the Board or the Agency and has monetary value or potential monetary value; or
k) a position, plan, procedure, criteria, or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the Board or the Agency.

The Board shall resolve to go into Closed Session if the subject matter to be considered falls within one or more of the following categories provided for in the *Municipal Act*, 2001, as amended: [MA 239(3)]

a) a request under the *Municipal Freedom of Information and Protection of Privacy Act*, if the Board is the head of an institution for the purposes of that Act; or
b) an ongoing investigation respecting the Board or the Agency by the Ombudsman appointed under the *Ombudsman Act*, an Ombudsman referred to in subsection 223.13 (1) of the *Municipal Act*, 2001, or the investigator referred to in subsection 239.2 (1) of the *Municipal Act*, 2001.

53. Procedural Votes

Only procedural votes or those related to the giving of advice and direction to staff can take place in Closed Session. Speakers will be allowed up to 5 minutes to speak to the Board.

54. Procedure

When a decision to go into Closed Session is made, the Board shall state, by resolution, the following:

a) The fact of the holding of a Closed Session;

b) The general nature of the matter to be considered at the Closed Session; and

c) That all matters to be considered are to be held as strictly confidential, the content of which matters, discussions, documents or related information is not to be disclosed to any persons, media, or other organizations. [MA 239(4)]

55. Rules

Rules of the Board shall be observed in the Closed Session meeting, except those limiting the number of times a member may speak.

56. Quorum Voting

The rules for quorum and voting shall be the same for the Closed Session as for the Open session. Votes will be counted by the Treasurer-Secretary and (1) scrutineer.

57. Questions of Order

Questions of order arising in the Closed Session shall be decided by the Chair.

58. Agenda

A written agenda shall be prepared by the Secretary-Treasurer for every Closed Session meeting and approved by the Board Chair.

59. Completion of the Closed Session

The Board shall rise with a report upon completion of the Closed Session.

60. Order of Business

The order of business for closed session meetings shall be:

a) Pecuniary Interest and/or Conflict of Interest, and the general nature thereof when the item arises;

b) Report from the Chief Executive Officer or Board Standing and/or Ad hoc Committee Chair regarding item(s) on the Closed Session Agenda; and

c) Business: unfinished, new, or arising for correspondence received listed under one of the categories of subject matter to be discussed under which a meeting may be closed.

61. Absence of the Chair or Vice Chair

In the absence of the Chair, Vice Chair, or whoever has been designated to chair the meeting of the Closed Session, one of the other members shall be elected to preside until the arrival of the designated Chair.

62. Confidential Minutes

Minutes of the Closed Session shall be recorded by the Recording Secretary and, after approval by the Board and upon signature by the Board Chair, shall be maintained by the Secretary-Treasurer in a manner to protect the confidentiality of information contained therein.

63. Breach of the Rules

If a member disregards the rules of the Board or a decision of the Chair of a Closed Session on questions of order or practice or upon the interpretation of the rules set out, and persists in such conduct after having been called to order by the said Chair, the Chair shall forthwith put the question with no amendment, adjournment, or debate, “that the member shall be ordered to leave their seat for the duration of the meeting”.

If, following such vote by the members, the member apologizes, they may, by a further vote of the members, be permitted to retake their seat.

64. Breach of Confidentiality

If a member of the Board disregards the rules of the Board respecting the requirement to maintain the confidentiality of matters and related information arising in a Closed Session, or disregards their own Oath of Confidentiality respecting the security of personal information and/or personal health information, the Board may call for the member to resign as a member of the Board.

OFFICERS

65. Chief Executive Officer

The MOH/CEO will preside over the election of the Chair at the first Board meeting of the year..

66. Election and Removal of the Chair and Vice Chair

Any member of the Board may serve as an officer of the Board. The Chair and Vice Chair shall be elected at the first meeting of the Board each year. Nominations for Chair and Vice Chair will be solicited at the first meeting and a majority vote will determine the election result. If more than one nomination is received for each Officer position, a secret ballot will be conducted. The ballots will be distributed by the Recording Secretary and counted by the Secretary-Treasurer. All officers shall serve for a term of one calendar year or until their successors are elected.

67. Chair and Vice Chair Vacancy

Any Chair or Vice Chair vacancy shall be filled by a special election held at the next meeting following announcement of the vacancy.

68. Appointment of the Medical Officer of Health

The Board shall appoint a full-time Medical Officer of Health and may appoint one or more Associate Medical Officers of Health of the Board. Where the office of Medical Officer of Health of the Board is vacant or the Medical Officer of Health is absent or unable to act, and there is no Associate Medical Officer of Health of the Board or the Associate Medical Officer of Health is absent or unable to act, the Board shall forthwith appoint a physician as Acting Medical Officer of Health, which Acting Medical Officer of Health shall perform the duties and have the authority to exercise the powers of the Medical Officer of Health of the Board.

The Medical Officer of Health is the only employee of the Board and reports to the Board.

69. Eligibility for Appointments

A Medical Officer of Health or an Associate Medical Officer of Health or Acting Medical Officer of Health (where applicable) must have the following credentials,

a) They are a physician
b) They possess the qualifications and requirements prescribed by the regulations to the Act for the position; and
c) The Minister approves the proposed appointment. [HPPA, Part VI, S.64]

70. Medical Officer of Health Vacancy

If the position of Medical Officer of Health of the Board becomes vacant, the Board and the Minister, acting in concert, shall work expeditiously towards filling the position with a full-time Medical Officer of Health.

71. Dismissal of Medical Officer of Health

A decision by the Board to dismiss the Medical Officer of Health or an Associate Medical Officer of Health from office is not effective unless,

a) the decision is carried by the vote of two-thirds of the members of the Board; and
b) the Minister consents in writing to the dismissal.

A decision by the Board to dismiss the Acting Medical Officer of Health shall be effective by ordinary resolution.

72. Dismissal of Chief Executive Officer

A decision of the Board to dismiss the Chief Executive Officer is not effective unless the decision is carried by the vote of two-thirds of the members of the Board.

73. Notice of Attendance

The Board shall not vote on the dismissal of the Medical Officer of Health, an Associate Medical Officer of Health, or the Chief Executive Officer unless the Board has given to the Medical Officer of Health, Associate Medical Officer of Health, or Chief Executive Officer,

a) reasonable written notice of the time, place and purpose of the meeting at which the dismissal is to be considered;

b) a written statement of the reason for the proposal to dismiss the Medical Officer of Health, Associate Medical Officer of Health, or the Chief Executive Officer; and

c) an opportunity to attend and to make representations to the Board at the meeting.

74. Duties of Officers

a) The Chair Shall:
    i. Preside at all meetings of the Board;
    ii. Preserve order and proper conduct during meetings;
    iii. Keep a speakers list recognizing members who wish to speak on a matter;
    iv. Issue a final ruling on any question of order and/or procedure unless challenged by way of a motion or appeal by not less than two members, and thereafter a majority of the members present shall vote in support of such challenge;

v. Inform the members when it is the opinion of the Chair that a motion is contrary to the rules and privileges of the Board; and
vi. Remind members of their obligations of confidentiality with respect to matters and information arising in Closed Session.

b) The Vice Chair Shall:
   i. Preside in the absence of the Chair; and
   ii. Carry out the duties of the Chair as noted.

c) The MOH/CEO shall:
   i. Be responsible for and shall report to the Board on issues relating to the protection and the promotion of the public's health.
   ii. Be responsible for the day-to-day operations, policies, and directives, program and service delivery, matters of human resources and finances of the South East Health Unit, and
   iii. for keeping the Board apprised of such matters.

COMMITTEES

75. Committees

The Board may establish, by resolution, standing committees of the Board as it deems necessary. Special ad hoc committees may also be established, and the members appointed for a specific purpose for a specific period of time. Such committees shall be deemed to be discharged when their purpose has been achieved or when the specific period of time has lapsed. Electronic participation in such meetings is allowable, including being counted in quorum and voting, subject to any policies in respect of same adopted by the Board from time to time.

RULES OF ORDER

76. Robert’s Rules of Order

The rules contained in the current edition of Robert's Rules of Order Newly Revised shall govern the Board in all cases to which they are applicable and in which they are not inconsistent with these by-laws and any special rules of order the Board may adopt.

AFFILIATION

77. Affiliation

Southeast Public Health may hold membership in various agencies (i.e. Ontario Public Health Association, Association of Local Public Health Agencies, Ontario Hospital Association, Canadian Public Health Association, etc.) as needed and at the discretion of the MOH/CEO. The Board may be entitled to representation at meetings of various membership organizations. Should voting be required at such meetings, proxy representations with authority to vote shall be appointed and authorized by the Board whenever necessary.

ENACTED this 26th day of August, 2026.

	Piotr Oglaza
Chair, Board of Health	Medical Officer of Health and CEO

Southeast Public Health

Schedule 8.2

Memo

To: Board of Health Members
From: Project Management Office
Date: August 26, 2026

Re: Merger Update

Change Readiness Assessment Results

The Change Readiness Assessment measures five key dimensions considered critical to successful organizational change in a public health merger: commitment, clarity, culture, capacity, and sustainment. The results help identify how Southeast Public Health (SEPH) can continue to support staff throughout the merger implementation journey.

A baseline assessment was completed in Q1 (March 2025), followed by assessments in Q2 (June 2025), Q3 (October 2025), Q4 (February 2026), and Year 3, Q1 (June 2026).

The most recent survey was open from June 5 to June 19, 2026. Staff were encouraged to participate through internal communications with a QR code for easy access.

While the response rate was slightly lower this quarter, scores across the individual dimensions are were generally consistent with, or slightly higher than, previous assessments. The overall readiness score increased, placing it in the moderate range.

Measure	**Q1 March 2025**	**Q2 June 2025**	**Q3 October 2025**	**Q4 February 2026**	**Y3 Q1 June2026**
Response Rate	30%	24%	38%	33%	23%
Dimension					
Overall	**2.7**	**2.4**	**2.6**	**2.8**	**3.0**
Commitment	2.9	2.6	2.9	2.8	3.0
Clarity	2.7	2.3	2.7	2.7	3.0
Culture	2.6	2.2	2.5	2.7	2.8
Capacity	3.1	2.9	2.9	3.2	3.4
Sustainment	2.1	1.9	2.2	2.5	2.6

The results of the Change Readiness Assessment have been shared with SEPH leadership and staff.

Merger Implementation Gantt Chart

This comprehensive Gantt chart outlines all merger-related projects, key milestones, and timelines. This tool provides the Board of Health with clear, high-level visibility into the overall execution of the merger implementation.

By consolidating multiple complex and interdependent workstreams into a structured format, the Gantt chart enables the Board to monitor progress against planned timelines and maintain appropriate governance oversight of the integration process.

To support alignment with Ministry reporting requirements, the chart is organized according to the four key areas of the Ministry's Voluntary Merger Balanced Scorecard:

1) Corporate Services,
2) Governance,
3) Organizational and Programs, and
4) Change/Project Management

Milestones corresponding to the Ministry Scorecard are highlighted in blue, with Ministry-assigned timelines identified by a bold blue border within the timeline.

The Gantt chart is updated quarterly. The most recent update reflects Year 3, Q1 (April to June 2026).

Changes in the progress of projects and milestones are shown in red font to allow the Board to readily identify updates and areas of advancement. Where project or milestone timelines have been extended, these changes are shown in pink.

As merger implementation has progressed, some timelines have been adjusted to reflect a more complete understanding of the scope and complexity of the work required. Initial timelines were developed based on information and assumptions available during the early stages of planning. As implementation has advanced, the organization has gained greater insight into the work involved in integrating systems, harmonizing programs and policies, and supporting staff through organizational change.

These adjustments are being made to ensure that changes are implemented thoughtfully, sustainably, and in a manner that maintains continuity and quality of services for the communities we serve.

Supporting Document:

Appendix 1: SEPH Merger Implementation Gantt Chart

Recommendation:

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

Schedule 8.2.1

SEPH Merger Implementation Gantt Chart -- Progress Report Year 3, 1st Quarter

Legend:

- Projects/Milestones highlighted in blue are included in the Ministry's Scorecard for Voluntary Mergers
- Timelines with a bolded blue border are the milestone timelines in the Ministry's Scorecard
- Progress noted in red font is a change from the last quarterly report
- Timelines noted in pink are a change from the last quarterly report

	Progress	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
CORPORATE SERVICES																									
FINANCE																									
IT HR and operational data transfer and upgrades (ERP HR/Payroll/Accounting)	**IN PROGRESS**																								
System requirements determined	Completed																								
Demonstrations from vendors	Completed																								
Evaluation matrix	Completed																								
Business case	Completed																								
System selection	Completed																								
Payroll System	**In progress**																								
Contract Negoitations	Completed																								
Implementation Partner Selection	Completed																								
Kick Off/Project Scoping/Data Templates	Completed																								
System Build	In progress																								
Data Migration and Testing	In progress																								
Staff Training	In progress																								
Go Live	Not started																								
Accounting System	**In progress**																								
Contract Negotiations	Completed																								
Kick Off/Project Scoping	Completed																								
System Build	Completed																								
Data Migration #1 KFLA	Completed																								
User Acceptance Testing	Completed																								
Finance Staff Training	Completed																								
Data Migration #2 KFLA	Completed																								
Go Live	Not started																								
Data Migration #1 LGLD	Completed																								
Data Migration #1 HPE	Completed																								
General Staff Training	In progress																								
Human Resources Information System	**In progress**																								
Implementation Partner Selection	Completed																								
Kick Off/Project Scoping/Data Templates	Completed																								
Module Recruitment and Onboarding	Not Started																								
Module Compensation	In progress																								
Module Performance Management	Not started																								
Module Learning	Not started																								
Banking Transition	**In progress**																								
Select Financial Institution	Completed																								
Create New Bank Accounts	Completed																								
Maintenance Mode of Old Bank Accounts	In progress																								
Payroll Schedule Harmonization	Completed																								
Procurement efficiencies (duplications identified and eliminated)	**In progress**																								
FACILITIES																									
Capital/facilities space/needs assessment completed	**Completed**																								
Comprehensive situational assessment of leased and owned property	**Completed**																								
Capital business case completed (as needed)	**Not Applicable**																								
Building assessment	**Completed**																								
Belleville Office Building	Completed																								
Kingston Office Building	Completed																								
Brockville Office building	Completed																								
Smith Falls Office building	Completed																								
LEGAL																									

	Progress	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Legal support	As needed																								
Migration of contracts, MOUs, agreements completed	In progress																								
HR																									
Non-unionized staff contracts harmonized	**IN PROGRESS**																								
Wage harmonization	**In progress**																								
Hire consultants	Completed																								
Conduct market anaylsis	Completed																								
Conduct job evaluation	Completed																								
Create harmonized salary bands	Completed																								
Conduct pay equity analysis and create pay equity plan	Completed																								
Harmonize non-union position descriptions	In progress																								
Benefit harmonization	**Completed**																								
Select benefit broker	Completed																								
Conduct market survey of insurers and select SEHU insurance company	Completed																								
Select harmonized non-union benefits plan	Completed																								
Confirm change over date	Completed																								
Notify ALL (union and non-union) employees of change over date and process	Completed																								
Terms and Conditions of Employment	**Completed**																								
Review terms and conditions from legacy organizations	Completed																								
Harmonize terms and conditions for SEHU	Completed																								
Prepare into one "terms of reference' document	Completed																								
Approval of non-union total compensation package	Completed																								
Communication to non-union employees	Completed																								
Organizational Design	**Completed**																								
Management	***Completed***																								
CEOs/MOHs finalize Director-level staff assignment	Completed																								
Review of Director Functions	Completed																								
Revise director functions	Completed																								
Approval of process	Completed																								
Determine Managerial Roles and Services (Corporate Services)	Completed																								
Design new org structure at the management level	Completed																								
Review org structure design with management level staff	Completed																								
Finalize new org structure at the Manager level	Completed																								
Meet with Managers to communicate on org structure decisions (role assignment when possible)	Completed																								
Determine Managerial Functions and Roles (Programs)	Completed																								
Staff	***Completed***																								
Directors assign positions to future teams	Completed																								
Managers review the assignments	Completed																								
Staff complete survey indicating top three preferred team	Completed																								
Staff matched to teams	Completed																								
Directors and managers review staff assignments	Completed																								
Transition date chosen & communicated	Completed																								
Transtion tools developed and communicated	Completed																								
Managers meet with staff regarding their new teams	Completed																								
Transition to new Teams Oct 27	Completed																								
Organization Transition #2	In progress																								
Reception Model	In progress																								
Consolidated Collective Agreements	**In progress**																								
PSLRTA initiated	Completed																								
PSLRTA completed	In progress																								
Collective bargaining	Not started																								
New Collective Agreements	Not started																								
Performance Management System	**Not started**																								
Assess current state in each legacy organization	Not started																								
Design the performance management framework	Not started																								
Integrate technology and tools	Not started																								
Training for staff and managers	Not started																								
Harmonized recruitment and selection of staff	**In progress**																								
Assess current state in each legacy organization	Completed																								
Determine the tools, forms, methodologies and process for posting	Completed																								
Determine the tools, forms, methodologies and process for screening candidates	Completed																								

	Progress	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Determine the tools, forms, methodologies and process for assessment/interviews	Completed																								
Determine the tools, forms, methodologies and process for on-boarding new staff	Completed																								
Recruitment application and tracking system	Not started																								
Organizational training and development plan	**In progress**																								
Conduct a training needs assessment	Completed																								
Create a training and development plan	Completed																								
Phase 1 (Stabilize-Orient-Support)	Completed																								
Phase 2 (Reflect & Refresh)	In progress																								
Phase 3 (Build Capacity)	Not started																								
Pension transition	Completed																								
HR assessments completed including review of collective agreements	**Completed**																								
Occupational Health and Safety	**In progress**																								
Joint Healthy & Safety Committee	In progress																								
Health and Safety Policy Harmonization	In progress																								
Leadership CS Org Structure Staffing transition to support merger	**Completed**																								
Leadership CS Org Structure Backfill accounting and IT, Acting Director CS	**Completed**																								
IT																									
Tenancy Migration	**Completed**																								
RFP released	Completed																								
Vendor presentation	Completed																								
Evaluation matrix completed	Completed																								
Successful vendor notified	Completed																								
Communication plan developed	Completed																								
Change management plan developed	Completed																								
On single tenancy	Completed																								
New agency emails in use	Completed																								
Network topology	**In progress**																								
Future State Recommendations	Completed																								
Vendor SOW, BOM'sc, network diagrams, etc. presented	Completed																								
Switching Design & Implementation	In progress																								
Communication plan developed - cutover dates to stakeholders	Not started																								
Testing, validation, sign off on configs. & cutover date(s)	Not started																								
Cutover to new topology (may be phased or "big bang")	Not started																								
Post cut over incident response and resolution	Not started																								
New topology - vendor/SEPH IT knowledge transfer	Not started																								
Infrastructure Harmonization	**In progress**																								
Future State Recommendations	Completed																								
Hardware purchases (Infrastructure nodes, if required for future state)	Completed																								
Infrastructure Clusters consolidation	Not started																								
Communication plan developed - cutover dates to stakeholders	Not started																								
Guest workload moves and test (swing gear most likely)	Not started																								
Guest workload migration testing, validation and sign off	Not started																								
Post cut over incident response and resolution	Not started																								
Vendor and contract harmonization	**In progress**																								
Vendor selection criteria developed	Completed																								
Key vendors shortlisting for future	Completed																								
Contract duration finalization - 2 years contract to be only done with any vendor	Completed																								
Contracts harmonization process discussion - All contracts of each location start and end at the same time	In progress																								
Completion of selection all vendors and harmonized contract for SEHU - hardware and software	In progress																								
Hedgehog	**Completed**																								
Hedgehog harmonization initiated	Completed																								
Migration of Legacy HPEPH to Hedgehog	Completed																								
Hedgehog data base merger	Completed																								
EMR	**In progress**																								
Determine which programs will use the EMR	Completed																								
Evaluate the EMR that best fits SEPH needs and evaluate the cost	Completed																								
Discovery with Kingston	Completed																								
Discovery with Brockville	Completed																								
Discovery with Belleville	Completed																								
Formalize discovery sessions into a requirements document for vendor	Completed																								
Determine on-going costs of EMRs	Completed																								

	Progress	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Develop and execute an implementation plan	In progress																								
Develop a communication plan	In progress																								
Corporate Services Desk	**In progress**																								
Implement interim solution for Kingston	Completed																								
Do requirements gathering for IT, Facilities and Communications	Not started																								
Select a system and do basic configuration	Not started																								
Populate hardware management	Not started																								
Phone System	**In progress**																								
Initial pre-working group discussions	Completed																								
Demos of vendor systems	In progress																								
Team break out and review of requirements	In progress																								
Vendor selection	Not started																								
Training / Comms documentation	Not started																								
Implementation	Not started																								
Fax system harmonization	**In progress**																								
Determine current fax line use	Completed																								
Determine future fax lines and volume	In progress																								
Create a communication plan for decommissioning current and establishing new fax lines	Not started																								
Migrate to new fax lines	Not started																								
Harmonize to a single fax system	Not started																								
File Architecture	**In progress**																								
Basic M365 tenancy policies in place	Completed																								
Design interim solution	Not started																								
Implement interim solution	Not started																								
Work through feedback from Managers and design tailored solutions	Not started																								
Implement complete solution	Not started																								
Develop communication plan and training for staff	Not started																								
Work with staff on migrating to new structure	Not started																								
Applications / Misc	**In progress**																								
Survey form tool	Completed																								
Password solution software - Passbolt selected and agency wise roll out	In progress																								
SEHU IT vendor contract harmonization	In progress																								
Network consultancy, gaps analysis, and configuration for KFLA - kingston location	Completed																								
Harmonize firewall systems and configuration	Completed																								
Harm reduction inventory system (already completed and impl by Daphne?)	Completed																								
Secure file sharing tool for external clients -- Filr across the agency (where needed)	Completed																								
Transition from VDI Environment to non-VDI environment in HPE & LGL regions	In progress																								
OTHER																									
Consolidated finance and HR procedures	In progress																								
Additional travel for management/staff	On going																								
GOVERNANCE	**In progress**	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Board meetings (MOH/CEO travel, legal, board honorariums)	Completed																								
Board meetings (travel 18 Board members)	On going																								
Board development	**In progress**																								
Skill matrix for BOH members developed, mapped to current board composition	In progress																								
Skill matrix used to inform Year 3 training needs	In progress																								
Communication and involvement (travel management/Merger Office)	In progress																								
Board of Health Sub Committees, TOR completed	**Completed**																								
Formation of Governance Committee	Completed																								
Formation of Finance Committee	Completed																								
Board of Health Training	**In progress**																								
Board training needs assessment completed	In progress																								
Board training/education plan developed	In progress																								
Board education/team building activities underway	In progress																								
Board bylaws and policies reviewed	**In progress**																								
Strategic planning	**In progress**																								
Interim strategic plan in place (mission, vision, values)	Completed																								
Strategic planning process underway for new entity	Completed																								
Strategic planning process completed	In progress																								
Ensure Risk Management program is in place and reviewed regularly	Completed																								

	Progress	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Client service standards in place	**Completed**																								
Self evaluation process completed	**Completed**																								
ORGANIZATIONAL AND PROGRAMS	**Progress**	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Program assessment/alignment reviews and integration plans completed	**In progress**																								
Pilot harmonization (e.g. 1-2 programs)	Completed																								
Program Harmonization Planner developed	Completed																								
Program harmonization initiated	Completed																								
Harmonization of remaining programs/services plan completed	In progress																								
Partnership work/network meetings integrated (e.g. attendance, consolidation of duplicate meetings)	Not started																								
Program expansion/new programs/services identified	In progress																								
New programs initiated, harmonization of other programs completed as collective agreements allow	In progress																								
Program harmonization completed	In progress																								
Program consultation with external stakeholders (FNIM, Francophone, other locally determined groups)	In progress																								
Policy review cycle	**In progress**																								
Policy review initiated	Completed																								
Policy review cycle and process determined	Completed																								
Priority policies for initial cycles identified	Completed																								
Policy review and harmonization completed	In progress																								
Shared service opportunities identified	In progress																								
External stakeholder consultations plan developed	Not started																								
Harmonized medical directives, standard operating procedures completed	Completed																								
Harmonized clinical services policies	In progress																								
Back office/management restructuring completed	In progress																								
CHANGE MANAGEMENT & COMMUNICATIONS	**Progress**	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Project and change management training	**Completed**																								
Project management executive and director training	Completed																								
Project management for project leads training	Completed																								
Change management for executive and directors	Completed																								
Change management for managers and program leads	Completed																								
Staff training initiated	Completed																								
Employee wellness activities initiated	Completed																								
Harmonized staff communication tools in place	**In progess**																								
New branding developed and in use (social media, signage, resources)	**In progess**																								
RFP process to select vendor	Completed																								
Consultation with senior leaders and staff on brand themes	Completed																								
Selection of final brand identity	Completed																								
Development of brand assets, Brand Guidelines and Clear Writing Guidelines	Completed																								
Public launch of new brand	Completed																								
Public launch of new social media accounts	Completed																								
Rebranding office spaces	In progess																								
Rebranding program materials (this will be on-going as programs harmonize)	In progess																								
New website developed	**Completed**																								
RFP process to select vendor	Completed																								
Identification of requried and preferred website features	Completed																								
Development of minimally viable product website	Completed																								
Launch of minimally viable product website	Completed																								
Planning for fully functional websites, including required and preferred features	Completed																								
Development of content for fully functional website	Completed																								
Updates to website in phased approach	Completed																								
Launch of fully functional website	Completed																								
Culture - Building Events Completed	Completed																								
Shared values and desired culture developed	Completed																								
Shared values and desired culture facilitated session for executive and directors	Completed																								
Values shared with managers for feedback	Completed																								
Values shared with staff for feedback	Completed																								
Final values communicated to staff	Completed																								
All SEPH leadership meeting	Completed																								
Legacy agency events - executive introductions	Completed																								
Executive visits to offices for "Coffee & Conversation" initiated	Completed																								
All-Staff event completed	Completed																								

	Progress	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
External partner(s) communication tools/materials updated	In progess																								
Evaluation plan developed	**In progress**																								
Process evaluation	***In progress***																								
Change Readiness Survey developed	Completed																								
Change Readiness Survey implemented	In progress																								
Change Management Advisory Group selected	Completed																								
Change Management Advisory Group trained and implemented	Completed																								
Outcome evaluation	***In progress***																								
Determine indicators	In progress																								
Determine methodology	In progress																								
Draft evaluation report	Not started																								

Southeast Public Health

Schedule 9.0

Information Items

Board of Health Meeting – August 26, 2026

9.1 Thunder Bay District Health Unit endorsing recommendations from NEPH urging swift action on measures to improve safety along the Highway 11/17 corridor in Northern Ontario, dated July 20, 2026.

9.2 alPHa InfoBreak, July/August Edition, dated July 22, 2026.

9.3 alPHa Briefing Note re: Governance Continuity & Fiduciary Obligations During Municipal Election Transition, dated July 27, 2026.

9.4 alPHa Correspondence re: Provincial Funding for Local Public Health Agencies, dated August 20, 2026

Thunder Bay District
Health Unit

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Geraldton, ON P0T 1M0
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MANITOUWADGE
1-888-294-6630

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Fax: (807) 825-7774

TBDHU.COM

July 20, 2026

The Right Honourable Mark Carney, Prime Minister of Canada
80 Wellington Street Ottawa, ON K1A 0A2
Sent via email: PM@pm.gc.ca

The Honourable Doug Ford, Premier of Ontario
Legislative Building Queen's Park
Toronto, ON M7A 1A1
Sent via email: Premier@ontario.ca

Re: Improving Highway Safety in Northern Ontario

Dear Prime Minister Carney and Premier Ford,

On June 17, 2026, at a regular meeting of the Board of Health (the Board) for the Thunder Bay District Health Unit (TBDHU), the Board considered a letter from Northeastern Public Health (NEPH), which calls upon Federal and Provincial governments to improve highway safety in Northern Ontario with investments in infrastructure, considerations for equity, and proactive safety measures. The Board also received an update on Ontario's commitment to improve safety measures along the Highway 11/17 corridor, including increased enforcement, infrastructure improvements, and better support for commercial traffic.

The Trans-Canada Highway is a critical lifeline for residents of Northern Ontario, providing essential access to health care, education, employment, and other vital services. However, communities in the Thunder Bay District face significant threats to safety due to inadequate highway infrastructure and challenging road conditions. These risks are compounded by the region's long distances between communities, severe weather, heavy commercial traffic, and wildlife hazards.

Within the TBDHU region, land transport incidents (LTIs) are a cause of concern as they account for the third highest category (6.9%) of all emergency department visits for unintentional injuries. There are typically 1.5 times more LTIs in the TBDHU region compared to provincial rates.

With respect to provincial highways, Ontario Road Safety Annual Report data from 2015-2022 show that provincial highways consistently produced the largest share of roadway deaths in Thunder Bay District. While municipal roads generated many lower severity collisions, highway crashes were far more likely to result in fatal outcomes. This pattern reflects the unique transportation realities of Northwestern Ontario, where residents depend on long stretches of high-speed highways for work, health care, education, and essential services.

Several municipalities and unorganized areas experienced notable increases in collision activity over the 2015-2022 time period. Areas such as Greenstone and Oliver Paipoonge showed growth in reported collisions, reflecting increasing transportation pressures along major highway corridors.

Given the impact of land transport incidents in our catchment area, the TBDHU Board of Health endorses the letter and recommendations put forward by NEPH, and urges swift action on measures to improve safety along the Highway 11/17 corridor in Northern Ontario, a critical segment of the Trans-Canada Highway.

Sincerely,

James McPherson
Chair, Board of Health
Thunder Bay District Health Unit

cc:

The Honourable Steven MacKinnon, Minister of Transport
The Honourable Prabmeet Sarkaria, Minister of Transportation
Marcus Powlowski, MP – Thunder Bay – Rainy River
Patty Hajdu, MP – Thunder Bay- Superior North
Kevin Holland, MPP – Thunder Bay – Atikokan
Lise Vaugeois, MPP – Thunder Bay – Superior North
Northern Ontario Boards of Health
TBDHU District Municipalities

Northeastern
PUBLIC HEALTH
SANTÉ PUBLIQUE
du Nord-Est

January 14, 2026

The Right Honourable Mark Carney, Prime Minister of Canada
80 Wellington Street Ottawa, ON K1A 0A2
Sent via email: PM@pm.gc.ca

The Honourable Doug Ford, Premier of Ontario
Legislative Building Queen's Park
Toronto, ON M7A 1A1
Sent via email: Premier@ontario.ca

Dear Prime Minister Carney and Premier Ford

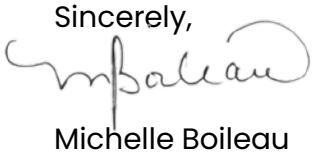
Re: Highway Safety in Northern Ontario

Highway safety in Northern Ontario has been a long-standing concern for Northern communities with tremendous tragic losses of beloved community members, impacts on local economies with frequent inability to access to work, education and necessary social and health care services. In addition, the Board of Health for the Northeastern Health Unit has seen the negative impacts and delays in emergency response systems during public health emergencies across the region. Please find enclosed a resolution along with a Briefing report outlining issues, impacts to public health, evidence and key recommended interventions for the improved development of Northern highways.

The Board of Health respectfully requests careful and urgent consideration of options to address highway safety and accessibility. While ensuring the same standards are available at minimum for residents of Northern Ontario would be preferred with four lane highways that are consistently cleared, FONOM's letter *A Nation-Building Case for a 2+1 Highway for enhanced east-west Canadian trade* issued by the Federation of Northern Ontario Municipalities (FONOM), shared important options for consideration. The Northern population already experiences poorer health outcomes on most indicators compared to the rest of the province, and prioritizing highway safety and accessibility across Northern Ontario is critical to protecting and preserving the health of our communities.

On behalf of the Board of Health, thank you for the attention that you will give to this report.

Sincerely,



Michelle Boileau
Chair, Board of Health
Northeastern Public Health

Copies to:
Right Honourable Mark Carney, Prime Minister of Canada
The Honourable, Steven Mackinnon, Minister of Transportation
Honourable Doug Ford, Premier of Ontario
Honourable Prabmeet Sarkaria, Minister of Transportation
Honourable Jill Dunlop, Minister of Emergency Preparedness and Response
Honourable Sylvia Jones, Minister of Health
Honourable Paul Calandra, Minister of Education
Honourable Michael S. Kerzner, Solicitor General
Honourable George Pirie, Minister Northern Economic Development and Growth, Member of Provincial Parliament – Timmins
Guy Bourgoin, Member of Provincial Parliament – Mushkegowuk – James Bay
John Vanthof, Member of Provincial Parliament – Timiskaming - Cochrane
Bill Rosenberg Member of Provincial Parliament – Algoma – Manitoulin
Dr. Kieran Moore, Chief Medical Officer of Health (CMOH)
NEPH member municipalities
Commissioner Thomas Carrique, Ontario Provincial Police
Ontario Boards of Health
Association of Local Public Health Agencies (alPHa)
Board of Health for the Northeastern Health Unit

Encl: Northeastern Public Health Resolution BOH – 2025-R-51 Improving Highway Safety and Equity in Northern Ontario Early
Northeastern Public Health Briefing Note – Northern Highways
Federation of Northern Ontario Municipalities A Nation Building Case for a 2+ 1 Highway for Enhanced east-west Canadian Trade

Northeastern
PUBLIC HEALTH
SANTÉ PUBLIQUE
du Nord-Est

October 23, 2025

SUBJECT: Improving Highway Safety and Equity in Northern Ontario

At the October 23rd meeting, the Board of Health for the Northeastern Health Unit, supported this motion to highlight the need to address Northern highway safety.

The following motion was read:
MOVED BY: Andrew Marks
SECONDED BY: Jeff Laferriere

Board of Health Resolution #BOH-2025-R-51

WHEREAS Highway safety is a critical public health issue in Northern Ontario, where long distances between communities, severe weather, heavy commercial transport traffic, and wildlife hazards increase risks for residents, service providers, and emergency responders. Spanning more than 11,000 kilometres, Highways 11, 17, 101, and 144 serve as lifelines, connecting Northeastern communities to the rest of the province (2). These routes are vital links in the Trans-Canada Highway system, providing essential access to health care, education, employment, and basic services (1,2); and,

WHEREAS From 2018 to 2022, emergency department visits for motor vehicle collisions in the Northeastern Public Health (NEPH) region were consistently 1.6 to 2.0 times higher than the Ontario average, highlighting both the region's elevated collision risk and its heavy reliance on these critical corridors (8); and,

WHEREAS The Northern region records the highest rate of large-truck collisions in Ontario - 94% higher than the next highest region and over three times higher than the lowest – as well as the highest fatality rate from motor vehicle collisions, 27.8% above the next highest region and 15.5 times higher than the lowest (7,8).; and, serious and fatal collisions along with prolonged road closures, hinder access to goods and essential services, delay emergency response and jeopardize the well-being and safety of Northern Ontaria

WHEREAS Northern communities, including Indigenous and First Nation communities and Francophone populations (32.8% Francophone, 17.5% Indigenous), face significant barriers to health care that are intensified by highway closures, isolating residents from emergency care and essential services. These inequities are further exacerbated for First Nations and Indigenous peoples, rooted in historical trauma and reflected in ongoing disparities in access to care, essential services, and overall health outcomes (3,4,5). Unsafe and unreliable highways deepen these inequities, threaten community well-being, and widen gaps in overall health and quality of life; and,

WHEREAS Limited access to primary care and medical specialists further compounds the challenge. In 2022–2023, more than 170,000 Northern Health Travel Grants were issued to assist 66,000 residents with travel and accommodation for medical needs, demonstrating the region's dependence on long-distance highway travel for essential health care (6); and,

WHEREAS Each year, Northern Ontario roads experience increasing numbers of drivers and collisions, traveling on highways that are substandard, outdated, and unsafe (1). Every day, more than 8,400 trucks transport over $200 million in goods across these same routes, which have limited passing lanes, inadequate shoulders, and numerous high-collision zones (10). Current highway designs lack sufficient median separation, safe passing lanes, and refuge zones, increasing the risk of head-on collisions and dangerous overtaking, especially under winter conditions; and,

WHEREAS Investing in safer Northern Ontario highways is a matter of health equity(10). Residents of Northern Ontario and First Nation communities deserve the same level of safety, accessibility and opportunity as those in southern regions, and the continued loss of life on unsafe roads is unacceptable (9, 10).

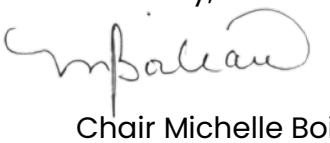
WHEREAS FONOM and Northern municipalities propose the 2+1 upgrade on Highways 11 and 17, including *North Bay to Cochrane* and *Renfrew to Sudbury* in Phase 1, and *Cochrane to Nipigon*, *Thunder Bay to Kenora*, and *Sault Ste. Marie to Sudbury* in Phase 2 recognizing this alternating passing lane design with a crash-rated median barrier is proven, safe and cost-effective fit for Northern Ontario, and reducing fatal crashes by up to 76% (10);

NOW THEREFORE BE IT RESOLVED THAT The Board of Health for the Northeastern Health Unit calls upon the Government of Ontario and Canada to prioritize highway safety and equity across Northern Ontario by:

1. Committing to the full, phased implementation of the 2+1 highway model along Highways 11, 144 and 17 as a priority investment in safety and health equity
2. Collaborating with northern Municipalities, First Nation communities and urban First Nation, inuit and Metis partners to ensure infrastructure planning incorporates health, safety and equity considerations.
3. Designating high-collision and high-risk zones for safety upgrades, with priority for sections that affect emergency response, health-care access, and the delivery of essential goods and services.

CARRIED AS PRESENTED

Sincerely,



Chair Michelle Boileau,
Board of Health for the Northeastern Health Unit

Copies to: Right Honourable Mark Carney, Prime Minister of Canada
The Honourable, Steven Mackinnon, Minister of Transportation
Honourable Doug Ford, Premier of Ontario
Honourable Prabmeet Sarkaria, Minister of Transportation
Honourable Jill Dunlop, Minister of Emergency Preparedness and Response
Honourable Sylvia Jones, Minister of Health
Honourable Paul Calandra, Minister of Education
Honourable Michael S. Kerzner, Solicitor General
Honourable George Pirie, Minister Northern Economic Development and Growth, Member of Provincial Parliament – Timmins
Guy Bourgoin, Member of Provincial Parliament – Mushkegowuk – James Bay
John Vanthof, Member of Provincial Parliament – Timiskaming - Cochrane
Bill Rosenberg Member of Provincial Parliament – Algoma – Manitoulin
Dr. Kieran Moore, Chief Medical Officer of Health (CMOH)
NEPH member municipalities
Commissioner Thomas Carrique, Ontario Provincial Police
Ontario Boards of Health
Association of Local Public Health Agencies (alPHa)
Board of Health for the Northeastern Health Unit

References

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Briefing Note:
Northern Highways

Issue

Northern Ontario highways pose serious risks. Dangerous single lane designs, narrow winding roads, unpaved shoulders, harsh winters, and limited emergency access (i.e. poor cellular service, intermittent patrols, few exits and rest stops). Northern highways carry heavy-load commercial vehicles and residents who rely on them for specialized and life-saving medical care, amenities, employment and education (1, 2). Alongside serious and fatal collisions, prolonged road closures and delays hinder timely access to goods and essential services, slow emergency response time with concern for timely life saving measures and overall well-being of Northern Ontarians.

Background

Road safety is not just a concern – it is a critical public health issue. Every year, Northern Ontario roads see more drivers, and more collisions (1). Northern Ontario highways span over 11, 000 km, with highways 11, 17, 101 and 144 serving as lifelines connecting Northeast communities to the rest of the province (2). These highways are crucial links in the Trans-Canada highway and essential routes for residents who need access to healthcare, education and basic services.

The Impact on Public Health:

During the COVID-19 pandemic and a blastomycosis outbreak in a remote First Nation community, Northern Ontario's single-road access to remote communities failed. A three-day highway closure delayed critical healthcare and access to supplies. Throughout the pandemic, vaccine shipments were constantly at risk from road conditions, and healthcare workers faced dangerous commutes to reach isolated communities.

- The Northeastern region is shared with 11 First Nations, many without road access (3, 4).
- **Rural and Vulnerable Populations:** Higher rates of residents who identify as Francophone (32.8% vs. 3.3% Ontario), Indigenous (17.8 % vs. 2.9% Ontario) (4). The Northeastern Public Health (NEPH) area has a larger rural population (32.9%) compared to the province (13.3%) (17, 18).
- **Poorer Overall Health:** Elevated rates of chronic disease and preventable deaths (associated factors such as smoking and substance use, increased cost of living, and lack of affordable nutritious foods) (5).

- **Lack of Healthcare Services:** 2.5 million in Ontario do not have a family doctor (16). In 2022-2023, about 170,000 Northern Health Travel Grants were issued for 66,000 residents' travel and accommodation needs (6).
- **Increase Use:** In just one year, the number of licensed drivers increased by 170, 877 individuals with a staggering total of 10, 877, 259 driving on Ontario roads in 2021 (1).

Current Status

The Ministry of Transportation has made some initial investments in Northern Ontario's highways, but it is not enough. These efforts are a start, but fall short to the actions needed:

- Expanding parts of Highways 11/17 and 69 (2).
- Piloting a 2+1 passing lane model on highway 11 (7).
- Improvements to and addition of rest areas (2, 8).
- Enhancements the Cochrane by-pass, 11 to 652 (2).

Winter highway clearing is inadequate. The MTO strives for 90% bare pavement, but in Northern Ontario, this translates to subpar standards that fall short of those in other areas of the province. In Northern Ontario, minor highways (servicing 401-800 vehicles per day) only require the center lanes to be cleared within 24 hours after a storm. For local highways (service an average 400 vehicles per day), the standard permits for snow-packed driving surfaces within 24 hours post-storm.

Minor improvements have been announced, yet none address the need for adequate clearing times to meet bare pavement standards, leaving safety compromised:

- 14 new Road Weather Information System (RWIS) stations for winter crews.
- Enhanced use of anti-icing liquids for highway snow clearing.
- Upgrades to the Ontario 511 app (limited cellular service restricts access to this app) (8).

Key Considerations

Human behaviour inevitably increases the risk of highway injuries and deaths with distracted driving, high speeds, substance impairment, and fatigue as major factors (9). In 2022, the Northern region led in motor vehicle collisions due to each of these causal factors: alcohol/drugs, distraction, seatbelt non-use, speed. The Northern region was higher by 2.5 to 4.6 times compared to other regions (10).

The Evidence

- **Injury Rates:** From 2018 to 2022, Northeastern ED visits due to motor vehicle collisions consistently exceeded the Ontario rate – 1.6 to 2.0 times higher than the Ontario average (2018-2022) (11).
- **Truck Collision:** The Northern region reported the highest rate of large trucks collisions in Ontario - 94% higher than the next highest region and 3.1 times higher than the lowest region (11).

- **Cost of Transport-Related Injuries:** In 2019, transport-related injuries in Ontario cost over $1.3. billion annually, with motor vehicle collisions accounting for the highest cost, even before pedestrian and cycling collisions (12).
- **Fatalities:** Between 2018 and 2022 the Northern region recorded the highest fatalities from motor vehicle collisions - 27.8% above the next highest region and 15.5 times higher than the lowest (10, 11).
- **Impact on Emergency Response:** Poor highway conditions and closures have repeatedly prevented paramedics from reaching their regional bases, jeopardizing emergency response:

"Ensuring our highways are properly maintained, especially in Northern Ontario, is critical for the safety of all road users. Improved highway cleaning and maintenance can significantly reduce the risk of motor vehicle collisions, which have devastating consequences for families and communities. Additionally, highway closures not only cost lives but also hinder our ability to respond to emergencies and assign paramedics where they are needed most. Keeping our highways clear is essential for saving lives and ensuring that emergency services can reach those in need without delay." *Marc Renaud, Chief (A) of Cochrane District Paramedic Service*

- **Essential Services Perspective:** Luc Mignault, a local business owner and tow truck operator, highlighted how lengthy highway closures severely impact safe, timely travel across Northern Ontario. Northern Ontario highways require commercial drivers to navigate unique challenges, including rapidly changing weather and remote, single-lane routes. To address these specific risks, additional training and education for drivers of heavy-load vehicles are essential, equipping them to respond safely to Northern Ontario's demanding conditions.
- Public Concern: A 2021 national survey found that road safety to be a top 5 priority of Canadians, yet fewer than half feel safe on our roads (39% vs 46%) (13).

Options

Vision Zero has cut road mortality by 68% in Sweden from 2000 to 2019 and by 50% in Edmonton between 2015 and 2021. A zero-tolerance approach to road injuries demands a system-wide commitment from policy makers, law enforcement, road users and roadway designers (14).

Key interventions are recommended for the improved development of Northern highways:

1. **Target High-Risk Areas:** Assess collision prone sites in the Northeast, especially where vulnerable road-users are at risk (15).
2. **Overhaul Winter Maintenance Standards:** Prioritize timely, effective winter clearing, especially in rural and remote areas and align Northern Ontario's bare pavement standards with the rest of the province. **Equitable standards across Ontario are essential to ensuring safe, accessible roads for all residents, no matter where they live.**
3. **Expand Emergency and Law Enforcement Presence:** Enhanced presence of emergency respondents and law enforcement, for effective intervention.
4. **Strengthen Road Safety Education:** Implement targeted education for both commercial and residential road-users, addressing specific risks on Northern Highways.
5. **Revise Emergency Response Plans:** Update plans for motor vehicle collisions where closures are expected to exceed 8-12 hours, ensuring readiness for extended incidents.

6. **Expand Cellular Coverage:** Commit to improving cellular infrastructure to ensure travelers can access emergency services and real-time updates.
7. **Implement 2+1 Road Designs:** Expand the piloting of 2+1 highway model with alternating passing lanes on major Northern routes to reduce head-on collisions and allow safer passing in high-traffic areas.
8. **Increase Lighting and Signage:** Install better lighting and clear, reflective signage on high-risk stretches to improve visibility, especially in winter conditions.
9. **Install Safety Measures:** Install safety features (i.e., barriers, rumble strips), to prevent vehicles from veering off-road and to reduce the severity of collisions.
10. **Expand and Enhance Rest Stops and Road Shoulders:** Increase the number of safe and accessible rest stops to reduce driver fatigue and support commercial and long-distance drivers. Improve road shoulders to provide essential space for emergency stops and safer travel. Appropriately maintained rest stops.

Conclusion

The built environment has direct impact on preventable road injuries and deaths. Moving to a Vision Zero framework requires action from policy makers and influencers to enact meaningful change. With increasing numbers of vulnerable road users in the Northeast, urgent improvements in infrastructure, highway maintenance, emergency response, and management of highway closures and delays are essential. **Northern Ontario's road safety crisis demands immediate, decisive action.**

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FONOM

Federation of Northern Ontario Municipalities

July 15, 2025

The Right Honourable Mark Carney Prime Minister of Canada

80 Wellington Street Ottawa, ON K1A 0A2

SENT BY EMAIL: PM@pm.gc.ca

The Honourable Doug Ford Premier of Ontario

Legislative Building, Queen's Park

Toronto, ON M7A 1A1

SENT BY EMAIL: Premier@ontario.ca

Dear Prime Minister Carney and Premier Ford,

Subject: *A Nation-Building Case for a 2+1 Highway for enhanced east-west Canadian trade*

in Alignment with Prime Minister Carney's Five Criteria

Purpose

This briefing presents a compelling case for federal investment in upgrading Northern Ontario's Highway 11 and Highway 17, utilizing **the proven 2+1 highway model.** Supported by evidence in infrastructure policy, safety, economic performance, and national security, the proposal aligns directly with the **five nation-building criteria** set out by Prime Minister Carney under the ***Building Canada Act*.**

We propose a two-phase approach:

- **Phase 1**
  - Construct 2+1 on **Highway 11 segments from North Bay to Cochrane**
  - Construct 2+1 on **Highway 17 from Renfrew to Sudbury**

- **Phase 2**
  - Extend the 2+1 **configuration from Cochrane to Nipigon on Highway 11**
  - Construct the 2+1 **configuration from Thunder Bay to Kenora on Highway 11 and 17**
  - Construct 2+1 on **Highway 17 from Sault Ste. Marie to Sudbury**

This initiative is far more than a regional infrastructure upgrade—it is a nation-building investment. It will strengthen Canada's internal connectivity, improve transportation resilience, and contribute to long-term economic growth, safety, and sovereignty.

Background

With the **Building Canada Act** in place, the Government of Canada is proceeding with consultations with provinces, territories and Indigenous rights-holders to determine the initial list of national interest projects. This proposal presents a project deemed of national interest.

The **Building Canada Act** focuses on creating a unified Canadian economy that promotes enhanced trade between the east and west within Canada. It also focuses on the development of major nation-building projects that will likely involve the transportation of large industrial materials for building. With a vast land area and diverse geography, an efficient transportation network is crucial for connectivity and facilitating the movement of materials.

While air and rail form part of Canada's transportation network, **highways and trucking are the backbone of Canada's transportation system**, connecting major cities, towns and rural communities. Trucking companies and drivers rely on governments to ensure a well- connected transportation network, including highways, major routes, border crossings, and ports, for efficient and safe operations. In turn, knowing the most efficient and safe highways and routes helps truckers save time, fuel, and operational costs.

The Trans-Canada Highway itself—of which Highways 17 and 11 are a vital part—is the **longest continuous national highway in the world**, connecting all ten provinces and three territories. During the Great Depression, the federal government funded the highway's early development as a job-creation initiative and a strategic investment in national cohesion. Over $19 million was allocated to the provinces to construct a continuous road, enabling Canadians to travel across the Dominion without entering the United States. **That same nation-building spirit is now needed once again in Northern Ontario.**

Proposal

Except for Newfoundland, Prince Edward Island, and Ontario, most of the routes used by truckers crossing Canada are four-lane highways. In Ontario, truckers heading east from Manitoba or west from Quebec can choose to cross the province via Highway 17, the Trans-Canada Highway, or Highway 11, and what is now known as the **Northern Trans- Canada Route.** Truckers travelling from Toronto to western Canada can choose to take either 1) Highway 69 to Highway 17, then join the **Northern Route** of Highway 11 via West Nipissing and King's Highway 64, or 2) Highway 11 to North Bay, then the **Northern Route**. Almost all sections of Highways 17 and 11 between the Manitoba border and Renfrew in eastern Ontario are two lanes, except for ongoing highway

twinning projects near Nipigon and west of Thunder Bay, as well as a small, complete section east of Sault Ste. Marie. A small section of twinning has also been completed at Arnprior.

With Ontario being Canada's busiest province for truck traffic, these vital highways, which are linked to much of the country's economic activity, need to be considered for continued expansion beyond their existing two-lane profile. From their early days, they have formed part of Canada's **critical national corridor,** from playing a foundational role in connecting Canada's frontier communities to enable economic development and assert national sovereignty across the North. Unfortunately, road safety and infrastructure conditions in northern Ontario are deteriorating, according to the Ontario Trucking Association. Their primary concern is the danger of passing other vehicles. In turn, the Truckers for Safer Highways association recently stated: "People and truckers are dying on these highways!" That is why the Federation of Northern Municipalities, an organization representing 110 cities, towns and municipalities, has been a consistent and vocal advocate for the adoption of the 2+1 highway model in Northern Ontario. This cost-effective, safety-enhancing design has proven successful in many countries, including Sweden, Finland, and Australia. A 2+1 highway expands on a 2-lane road by implementing continuously alternating passing lanes and separates opposing directions of traffic with a crash-rated median barrier, resulting in safety outcomes that are equal to fully twinned highways.

The Government of Ontario is responding and has announced two pivotal initiatives that mark a turning point for Highway 11, offering a clear opportunity for federal collaboration. First, a **pilot project** is scheduled to commence in 2026 on a 2+1 highway segment between **North Bay and Temagami**. Second, the province committed to extending the 2+1 configuration further north, from **Temiskaming Shores to Cochrane**. These two segments lay the groundwork for a scalable, long-term corridor strategy—a shared infrastructure vision well-suited to a federal-provincial nation-building partnership that would see a phased approach to northern Ontario's highway development.

Data from Statistics Canada (see Appendix A) highlights that a five-year average from 2013 to 2017, over 925,000 truck shipments were made between Western Canada and the Toronto/Montreal region via two-lane highways in Northern Ontario. By comparison, 960,005 between Toronto and Montréal, 206,574 between Toronto and Hamilton and 96,607 between Toronto and Windsor — routes served by four-lane highways. Put simply, there is as much transport traffic on Highway 17 and 11 as on the Highway 401 corridor—but it is forced to spread over narrower, less safe roads.

Priority should be given to Highway 11, as it offers a **preferred westward route** for commercial carriers. Compared to Highway 17, it is less hilly reducing fuel consumption and is not subject to frequent closures caused by Lake Superior's weather systems. In short, Highway 11 is more reliable and increasingly indispensable to national logistics and supply chains. Highway 11 will also be critical to the rapidly expanding mining and agriculture sectors in the north that depend on a safe and efficient transportation corridor.

Ministry of Transportation **Annual Average Daily Traffic (AADT)** volumes from 2021 confirm this importance:

- **Near Temiskaming Shores**: 7,800
- **Near Englehart**: 6,100
- **Between Kirkland Lake and Cochrane**: 3,200 to 5,500

These figures **meet or exceed international thresholds** for 2+1 highway justification. In fact, Ontario's Ministry of Transportation and Swedish transport authorities both find 2+1 highways are effective and safe at volumes of up to **18,000–20,000 AADT**, which is well above the current corridor levels of 3,200–7,800. This places Highway 11 within the model's ideal "sweet spot"—not only today, but for decades to come.

Moreover, these traffic counts were gathered during the COVID-19 pandemic, when private vehicle use was depressed. Actual normalized volumes are likely even higher.

Despite this high usage and strategic importance, Highway 11 faces challenges stemming from decades of underinvestment. These include:

- **Substandard Road Geometry**
- **Insufficient passing opportunities**
- **Above-average collision and fatality rates**
- **Regular closures due to weather and accidents**

These weaknesses not only endanger lives but also **disrupt freight movement**, **delay goods**, and **increase costs** for industries that depend on timely delivery. The **2+1 model, featuring a crash-rated median barrier and alternating passing lanes every few kilometres, significantly improves safety and traffic flow at a substantially reduced cost compared to** traditional four-lane twinning. This makes it the ideal design for long rural corridors with steady but moderate traffic, such as Highway 11.

Alignment with Prime Minister Carney's Five Nation-Building Criteria

1. **Strengthen Canada's Autonomy, Resilience, and Security**

- **Strategic Defence Logistics**: Highways 17 and 11 support access to key military and NORAD infrastructure, including CFB North Bay. It also offers critical redundancy should either highway become compromised.
- **Nuclear Waste Transport**: The Nuclear Waste Management Organization has identified these highways for the secure transport of used nuclear reactor rods to a planned long-term storage site in Northwestern Ontario. Enhanced road safety is essential.
- **Emergency and Climate Resilience**: These roads play a vital role in wildfire evacuations and emergency response functions that will only grow more urgent with climate change.
- **Critical Minerals Access**: As Canada builds out its critical minerals sector, Highways 17 and 11 are essential for transporting the tools, supplies, and workforce needed to unlock Northern resource potential.

2. **Deliver Economic Benefits and Support Growth**

- **Economic Resilience and Supply Chain Reliability**: Highways 17 and 11 are a lifeline for national industries such as mining, forestry, agriculture, and manufacturing. Collisions and closures in this corridor disrupt supply chains, delay shipments, and raise costs—undermining productivity and competitiveness. A safer, more reliable route will protect against these losses and help sustain Canada's industrial and export performance, particularly as interprovincial trade barriers ease and east-west commercial traffic increases.
- **Workforce Access and Regional Efficiency:** Improved traffic flow enhances access for workers, goods, and services, strengthening regional economies and making it easier for businesses to attract and retain talent.
- **Job Creation and Indigenous Participation:** Construction and long-term maintenance will create employment opportunities, with strong potential for Indigenous training, contracting, and equity partnerships.
- **Tourism and Local Business Vitality:** As the primary transportation artery for dozens of rural communities, Highways 17 and 11 support tourism, retail, and service sectors. Safer, faster routes help keep these towns economically viable and socially connected.
- **High Return on Investment:** According to the Northern Policy Institute, the proposed 2+1 pilot for Highway 11 delivers a benefit-cost ratio of **1.0 at 20 years**, rising to **3.6 at 60 years**—clear evidence of enduring value.

3. **High Likelihood of Successful Execution**

- **Shovel-Ready Projects**: Ontario's North Bay–Temagami pilot is fully designed and poised to go to tender
- **Provincial Commitment Already Secured**: The province has also announced plans to extend the 2+1 model northward between Temiskaming Shores and Cochrane.
- **Proven Design Model**: The 2+1 design has achieved fatality reductions of up to 76% in countries like Sweden, Finland, and Australia. It offers a practical model for safe, efficient travel across long rural corridors. Ontario's projects benefit from this international evidence.
- **Faster Cheaper Delivery**: By leveraging existing roadbeds, 2+1 roads require less land acquisition and construction time, avoid delays from environmental permitting, and can be implemented in phases. Ontario's own pilot designs incorporate global best practices from around the world.
- **Expandable by Design**: 2+1 highways can be converted to 2+2 highways in the future when traffic volumes warrant it, making 2+1 roads a flexible and cost- efficient steppingstone, ideal for future-proofing national transportation infrastructure.

4. **Advance the Interests of Indigenous Peoples**

- **Early and Ongoing Engagement:** Highways 17 and 11 intersect the traditional territories of several Indigenous Nations. Their early and ongoing involvement ensures meaningful participation and long-term benefits.
- **Pathways to Economic Reconciliation**: Indigenous-led training, employment, and equity stakes can be prioritized into project delivery, creating generational value. With designs that are modular, the Proposal also supports phased contracting models.
- **Improved Safety for Remote Access**: Both Highways are a lifeline for many Indigenous communities, enabling access to healthcare, food, education, and evacuation routes. Safer highways are a matter of equity.

5. **Contribute to Clean Growth and Climate Objectives**

- **Lower Emissions from Freight**: Improved traffic flow reduces idling, braking, and congestion, directly cutting greenhouse gas emissions. Infrastructure for electric vehicle (EV) charging can be integrated into the design.
- **Sustainable Construction Practices**: Ontario's design process is already integrating lower-emission materials and recycled aggregates to help Canada reach its climate goals.
- **Reduced Environmental Footprint**: Compared to full twinning, 2+1 highways use less land, preserve wildlife corridors, and prevent overbuilding—balancing transportation needs with environmental stewardship.

Conclusion

Transforming the Trans-Canada's Highway 17 and its Highway 11 Northern Route into 2+1 corridors is not simply a matter of regional equity—it is a strategic investment in Canada's future. It safeguards our autonomy, strengthens our supply chains, advances reconciliation, and supports economic growth—while reinforcing the vital national bond between northern and southern Canada. FONOM believes this project reflects the values and vision of a confident, resilient country—one that invites its northern regions to be equal partners in prosperity. **We now call on the provincial and federal government to build a Trans-Canada Highway worthy of our national ambitions—modern, safe, autonomous, and truly coast-to-coast.**

Sincerely,

Danny Whalen President Federation of Northern Ontario Municipalities

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Appendix A

Number of Truck Shipments by Routes Note 1						**# of lanes in Ontario**
	2013	**2014**	**2015**	**2016**	**2017**	
Truck shipments to and from major destinations in western Canada to Toronto and Montreal	1,019,899	927,405	986,136	924,682	767,998 **NOTE: 5 year average 2013 to 2017= 925,224**	2 lanes northern Ontario / 4 lanes southern and eastern segments
Truck shipments to and from Toronto and Montreal	867,321	894,068	1,237,732	916,433	884,474 **Note: 5 year average = 960,005**	4+ lanes
Truck shipments to and from Toronto and Windsor	67,119	100,507	97,640	80,267	142,502 **Note: 5 year average= 97,607**	4+ lanes
Truck shipments to and from Toronto and Hamilton	181,567	191,839	186,954	332,986	139,044 **Note: 5 year average= 206,514**	4+ lanes

Note 1: Statistics Canada. Table 23-10-0142-01 Origin and destination of transported commodities, Canadian Freight Analysis Framework (see Appendix A). Shipments represent the aggregate number of shipments transported.

InfoBreak

alPHa's members' portal

alPHa Association of Local PUBLIC HEALTH Agencies

Jul - Aug. 2026

Key Highlights

- *Leader to Leader* article from alPHa Chair, Carmen McGregor (see below).
- Recap of the 2026 alPHa AGM & Conference.
- Information on the July 2026 government relations lunch and learn session, being offered by alPHa.
- 2026 AMO Conference information.
- Welcoming the 2026-2027 alPHa Board of Directors.

Welcome to the summer edition of the alPHa *InfoBreak*! This bi-monthly newsletter remains a timely, relevant, and shareable resource for alPHa Members, and I encourage you to circulate it within your organizations.

From June 8 to 10 in Toronto, the conference continued the important conversation on the role of local public health in Ontario's public health system. This year also marked alPHa's 40th anniversary, an important milestone for our association.

The event opened on Monday with a mobile workshop, followed by an evening reception featuring keynote speaker Pete Bombaci from GenWell, who highlighted the essential role of human connection in community well-being.

Tuesday's program began with remarks from Premier Doug Ford, Deputy Premier and Minister of Health Sylvia Jones, OMA President Dr. Rebecca Hicks, and Mayor Douglas Lawrance, Chair of the Northwestern Health Unit Board of Health.

President Margaret Froh of the Métis Nation of Ontario delivered a powerful keynote, *Advancing Public Health Through Métis Leadership and Partnership in Ontario*, offering important insights into distinctions-based partnerships and Métis leadership in advancing health equity. The Conference and AGM were followed by Section meetings, rounding out a productive and engaging three days.

Thank you to alPHa's co-host, the Northwestern Health Unit; to all presenters and participants; and to event organizer Loretta Ryan and the alPHa Staff team for collectively making the AGM, Conference, and Section meetings a resounding success.

A key component of the AGM is the annual resolution session. The 2026 resolutions, together with the standing resolutions and the 2024–2027 Strategic Plan, pave a clear path for the newly elected alPHa Board of Directors and for your public health association moving forward.

To the 2025–2026 alPHa Board of Directors and its Executive Committee under the leadership of Dr. Hsiu-Li Wang: thank you for your time, commitment, and service to Ontario's public health system over the past year.

As Chair of the 2026–2027 alPHa Board of Directors, I am appreciative of the board's confidence and trust. I look forward to working with this exceptional governance board of public health leaders, with the alPHa Staff, and with you, alPHa Members.

Since taking office, we have hit the ground running. Planning is underway for an exciting year for alPHa including fall workshops and a Winter Symposium. alPHa representatives are participating in provincial committees, focus groups, and public health tables, contributing to the strengthening public health initiative, the review of the Ontario Public Health Standards, and the public health funding review. Collectively, we are advancing a resilient, sufficiently resourced local public health system.

I want to acknowledge the ongoing support of Loretta Ryan, Chief Executive Officer, and the alPHa Staff, who continue to provide essential support to the alPHa Board of Directors, alPHa sections, and to alPHa Members.

The year ahead will be both busy and consequential for alPHa, for local public health, and for Ontario's public health system. I hope you are able to find time this summer to rest, reconnect, and rejuvenate.

In leadership,

Carmen McGregor
Chair, alPHa Board of Directors (2026-2027)

AMO Conference Resources

Next month, many alPHa Members, particularly from the Boards of Health Section, will be attending AMO's 2026 Annual General Meeting and Conference, taking place from August 16-19, 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 2026 Ontario Budget
- PH Matters Infographic: *Public Health Matters #5: A Strong Economy Supported by Healthy Communities* (English language and French language). Other infographics can be found here. The corresponding English language and French language videos are also available.
- 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.

Government Relations Lunch & Learn: Making the Most of Your Interactions with Provincial Decision-Makers

As municipal and public health leaders prepare for the 2026 Association of Municipalities of Ontario (AMO) Conference, alPHa is pleased to offer a special Lunch & Learn designed to help members maximize their interactions with provincial decision-makers. Speakers are Sabine Matheson and John Perenack, Principals, StrategyCorp, in conversation with Loretta Ryan. Registration deadline: 12 p.m. on July 22, 2026.

alPHa Annual General Meeting and Conference: Recap

Thank you to everyone who attended, spoke at, and moderated the 2026 alPHa Annual General Meeting and Conference that was held June 8-10. These important events continued the important conversation on the critical role of local public health in Ontario's public health system. It was only a success because of you and all of your hard work!

On June 9, alPHa's membership debated four Resolutions submitted for consideration as alPHa positions. In passing all four, motions were carried to call for changes to the HBV vaccination schedule (A26-01), building public health inspector (PHI) workforce capacity (A26-02), improved regulations for alcohol labelling (A26-03), and enhancements to the Ontario Works program to improve food security (A26-04). Letters introducing each Resolution have been sent to the relevant decision makers and may be viewed in the correspondence library. We remind our members that these materials are available publicly and their use to reinforce similar local efforts is encouraged.

The Annual General Meeting Report, Annual Report, and other conference-related materials can be found on the Conference webpage. On the Presentations webpage (please note, you will need to be logged into the alPHa website to view the files): PHO/DLSPH HealthMAP, AMO Update - BOH Section Meeting, HPO Resource - Health Promotion and Governance, and LeNoury & Malek - BOH Succession.

The winner of the after-event survey gift card is Joanne King, Renfrew County & District Health Unit. Congratulations!

alPHa Annual General Meeting and Conference: Recap (continued)

A special shoutout goes to Dr. Hsiu-Li Wang for chairing the event. Thank you as well to the alPHa Staff: Loretta Ryan, Gordon Fleming, Melanie Dziengo, and Lynne Russell for all of their hard work on planning the events and for making it all a success!

We would like to thank and acknowledge Northwestern Health Unit for co-hosting the AGM and Conference. Thank you to our platinum level sponsors: The Personal; NaloxOne; Trimedic; GenWell, and Leaders for Leaders, and bronze level sponsor: Mosey and Mosey. Lastly, we would like to acknowledge Dryden Fibre Canada for their event support and for providing trees as a conference gift.

alPHa Annual General Meeting 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: Jamie McPherson, Boards of Health Section, Northwestern Health Unit; Dr. Elspeth 'Pepi' McTavish, Council of Ontario Medical Officers of Health Section, Durham Region Health Department; Dawn Sauvé, Affiliates, Ontario Association of Public Health Dentistry; Susan Stewart, Affiliates, Health Promotion Ontario, and Adalsteinn 'Steini' Brown, Dalla Lana School of Public Health (news release here). To learn more about these award winners, please click here.

Congratulations to the 2026 DSA recipients!

alPHa AGM and Conference: Recap: Margaret Froh, Métis Nation of Ontario (MNO)

Advancing Public Health Through Métis Leadership and Partnership
Highlights from President Margaret Froh's Keynote at the 2026 alPHa Conference

MNO President Margaret Froh delivered a compelling keynote to Ontario's senior public health leaders at the 2026 alPHa Annual General Meeting and Conference, calling for bold, distinctions-based partnerships and a renewed commitment to equity across Ontario's public health system.

President Froh opened by grounding the audience in Métis history through the story of Josette Miner, a midwife and herbalist whose work reflected generations of Métis women carrying knowledge of wellness, caregiving, and traditional medicines. "Public health has always lived in relationships," she said, underscoring that Métis approaches to health and healing long pre-date formal systems and continue to shape community wellness today.

She emphasized that the MNO is a self-governing Indigenous government representing more than 32,000 registered citizens across Ontario. Métis people live in every public health unit catchment area, often without being visibly recognized in service delivery. "Distinctions matter," she stated. "Métis citizens have distinct histories, governance, and priorities, and public health approaches must reflect that reality."

A central focus of her remarks was the long-standing partnership between the MNO and the Institute for Clinical Evaluative Sciences (ICES), which has generated Métis-specific health data since 2008. This research consistently demonstrates higher rates of diabetes, asthma, COPD, and cardiovascular disease among Métis citizens, as well as increased mental health and addictions-related visits during the pandemic. These findings support Ontario Public Health Standards requirements for population health assessment, surveillance, and equity-informed planning, while highlighting opportunities to strengthen prevention, outreach, and follow-up through Métis-specific approaches.

President Froh also highlighted the growing number of Métis learners entering health and public health careers through MNO-supported bursaries, placements, and mentorship opportunities. "Public health systems are strengthened when the people shaping them reflect the communities they serve," she said.
She closed with a clear call to action: deepen distinctions-based partnerships, strengthen culturally safe outreach, and build programs with (not for) Métis communities. "The strongest public health systems are built with the communities they serve. The MNO looks forward to continuing this work together."

Her message resonated strongly with conference delegates, reinforcing that meaningful partnership with Métis communities is essential to advancing health equity and achieving better health outcomes for all Ontarians.

Thank you
2026 alPHa AGM and Conference sponsors!

alPHa would like to thank Northwestern Health Unit for co-hosting the 2026 AGM and Conference. We would also like to thank:

This event is co-hosted by alPHa and Northwestern Health Unit

alPHa Association of Local PUBLIC HEALTH Agencies

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Exclusive alPHa Member Offer: Human Connection 101

GenWell was excited to be part of the alPHa Conference, meet so many members, and share practical tools to support stronger human connection in workplaces and communities. We hope you enjoyed the resources and conversations from the event.

As a follow-up, GenWell is pleased to offer alPHa members a preferred rate on Human Connection 101: Building a Culture of Connection. Designed for senior leaders and/or all staff, this 1.5-hour interactive workshop explores the importance of social health and human connection at work. Participants gain practical tools and ideas to strengthen relationships, build belonging, and create more connected day-to-day work experiences.

The session helps teams understand how human connection can support employee engagement, satisfaction, retention, and cross-functional collaboration. Participants will identify opportunities to strengthen connection across their organization and consider practical behaviours leaders and staff can adopt right away.

Workshop experiences typically begin at $7,500. As a preferred offering for alPHa members, GenWell is pleased to offer this workshop at a special rate of $5,500.

Workshops delivered outside the Greater Toronto Area may include additional travel and accommodation expenses.

To learn more or explore dates, please connect with us at angela@genwellproject.org or visit GenWell.ca.

Stay Healthy This Summer with alPHa's Workplace Health & Wellness Resources

Summer is the perfect time to enjoy the outdoors while making your health and well-being a priority.

As part of alPHa's Workplace Health & Wellness resources, Members have access to a growing collection of downloadable infographics designed to support healthy choices throughout the year. This season, be sure to check out *Refresh Your Summer*, featuring delicious non-alcoholic beverage ideas for staying hydrated whilst embracing the vibrant spirit of summer! Check out these non-alcoholic options that will keep you refreshed all summer long:

It's also vital to prioritize our health, particularly our skin, in the face of continuous exposure to high summer temperatures, and our *Sun Safety* Infographic has practical tips to help protect yourself and your family from harmful UV exposure. Consider the following recommendations to protect your skin while enjoying your summer:

Welcome to the 2026-2027 alPHa Board of Directors!

alPHa is pleased to welcome its Board of Directors for the 2026-2027 term. This dedicated group of public health leaders from across Ontario will guide the association's work over the coming year, bringing a wealth of experience in local public health governance and policy.

Leading the Executive Committee is Carmen McGregor as alPHa Chair, supported by Dr. Pepi McTavish as Vice Chair, Trudy Sachowski as Treasurer, and Dr. Hsiu-Li Wang continuing on as Past Chair. Rounding out the Executive Committee are Ann-Marie Kungl (BOH Section Chair), Dr. Trevor Arnason (COMOH Section Chair), and Cynthia St. John (Affiliate Executive Representative).

They are joined by 14 Members at Large: John Bell, Conny Glenn, Sue Perras, Charles Ozzoude, Dr. Michelle Murti, Dr. Ninh Tran, Dr. Azim Kasmani, Dr. Kit Young Hoon, Caitlyn Paget, Paul Sharma, Shannon Robinson, Heidi Pitfield, Carolyn Doris, and Joanne Figliano-Scott.

alPHa wants to thank all of the board members for their continued commitment to strengthening public health across Ontario, and looks forward to a productive year ahead.

SAVE THE DATE!

INTRODUCING THE

alPHa LEADERSHIP SERIES:

Navigating Change

NOVEMBER 3–6, 2026

HALF-DAYS | ONLINE

More information coming soon!

Co-hosted by Peel Public Health

Peel Region

2026 alPHa Workplace Health and Wellness Month Recap

The alPHa Workplace Health and Wellness Month (WHWM) continues to be a success! The response from the Membership has been overwhelmingly positive. We want to thank so many of you for participating during the month of May. We received many pictures of Members walking, biking, canoeing, doing yoga, and taking care of their physical, mental, and social health.

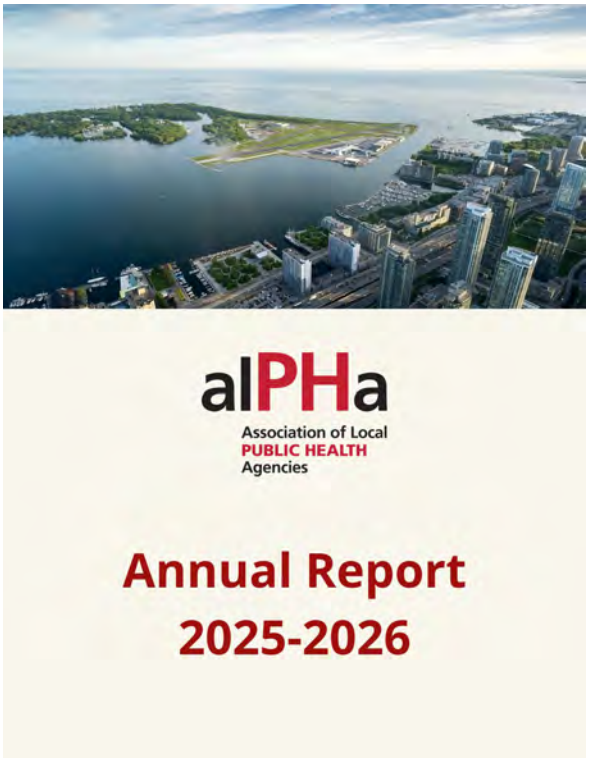
We loved seeing the activities from Renfrew County & District Health Unit, Thunder Bay District Health Unit, North Bay Parry Sound District Health Unit, Northwestern Health Unit, the alPHa Staff, and members of the alPHa Board of Directors! Thank you for your very active participation. On this page is just some of the public health units' activities.

We are not done encouraging you to take care of your physical, mental, and social health. alPHa continues to share information via our newsletter. We also have a dedicated webpage with infographics and other resources, including a WHWM infographic on heart health, active transportation, and GenWell Weekend. Thank you to the alPHa Staff, particularly Lynne Russell, for their work on WHWM and for participating too! Thank you again to everyone who participated.

We would also like to thank Pete Bombaci, from GenWell, for kicking off WHWM . We appreciate his support, and we hope you were able to create meaningful connections at the conference. To learn more about GenWell and their work, please click here.

As promised, we had a draw for a gift card, and the winner is an individual from Durham Region Health Department. Stay healthy and we hope you join us in next year's WHWM!

2025-2026 alPHa Annual Report



alPHa's annual reports highlight the work we do in supporting member health units to improve the health of all Ontarians. To read this year's, please click here.

Leaders FOR Leaders
Developing Leaders. Driving Success.

Quick Wins: Practical leadership and team-building tips you can put into action today.

A Simple Team-Building Activity That Actually Gets People Talking

Public health leaders spend a lot of time bringing people together to solve complex problems. Whether it's a leadership meeting, a project team, a committee, or a staff retreat, one challenge remains the same: How do you get people engaged quickly?

Quick Wins: Practical leadership and team-building tips you can put into action today.

One of our favourite tools is a simple game called **Virtual Scattergories**. It works just as well in person as it does online, takes less than 10 minutes, and creates energy, laughter, and connection before the real work begins.

How It Works

Step 1: Pick a Letter - Choose any letter of the alphabet (although X, Q, and Z tend to create more frustration than fun).

Step 2: Explain the Rules - Participants have three minutes to come up with one answer for each category. Every answer must begin with the chosen letter. Players earn one point for every unique answer. If two people give the same response, neither receives a point. For an added challenge, proper nouns with alliteration (for example, "Candy Cane" for the letter C) earn one point for each alliterating word.

Step 3: Share the Categories: Item that is frozen; Television show; Vegetable; Something that is purple; Type of sport; Flavour of ice cream; Reason a child is grounded; Animal in a zoo; Country; Something found in a forest; Colour, and Celebrity.

Step 4: Start the Timer: Give participants exactly three minutes to complete their answers. For larger groups, place people into pairs or small teams. Virtual breakout rooms work well for this.

Step 5: Reveal the Answers: Go through the categories one at a time. Participants share their responses and score points for answers nobody else chose.

Step 6: Celebrate the Winner: Tally the scores and recognize the winner with a virtual standing ovation, bragging rights, or a small prize.

Why It Works: The best team-building activities aren't necessarily the most elaborate. They're the ones that create connection. This activity encourages creativity, sparks conversation, and lowers barriers between participants. It reminds people that before we tackle complex challenges together, it's worth taking a few minutes to build relationships and have some fun.

Leaders for Leaders works with Public Health Units across Canada to help their teams build trust, accountability, collaboration, and change readiness through workshops and keynotes.
Visit leadersforleaders.ca or email us at info@leadersforleaders.ca.

alPHa Chief Executive Officer featured at the Canadian Society of Association Executive Summer Summit

From Evidence to Influence: Demonstrating ROI in Government Relations

Loretta Ryan, CEO, alPHa, spoke about how to turn complex data into a clear, compelling narrative that resonates with decision-makers. This session explored how alPHa used its Public Health Matters infographics to translate complex evidence into clear, compelling narratives that support government relations objectives. These tools were designed not just to inform, but to influence—helping decision-makers understand how investments in local public health contribute to healthier communities and a stronger economy.

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 - A26-01, HBV Vaccine Schedule
- alPHa Letter - A26-02, PHI Capacity
- alPHa Letter - A26-03, Alcohol Labeling
- alPHa Letter - A26-04, Ontario Works Benefits
- alPHa Letter - OAG Inquiry: Immunization Programs

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.

Updated resources will be released soon. Meanwhile, the ones available on the alPHa website include:

- Orientation Manual for Boards of Health (Revised version to be released soon)
- 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 version to be released soon)
- Risk Management for Health Units
- Healthy Rural Communities Toolkit
- The Canadian Centre on Substance Use and Addiction
- The Ontario Public Health Standards
- Public Appointee Role and Governance Overview (for Provincial Appointees to BOH)
- Ontario Boards of Health by Region
- List of Units sorted by Municipality
- List of Municipalities sorted by Health Unit
- Map: Boards of Health Types NCCHP Report: Profile of Ontario's Public Health System (2021)
- The Municipal Role of Public Health (2022 U of T Report)
- Boards of Health and Ontario Not-For-Profit Corporations Act
- Core Competencies for Public Health in Canada
- BOH Training Courses

Ontario Board of Health Governance Training: Plan Ahead for 2027

With municipal elections approaching in 2026, boards of health across Ontario will soon be welcoming new and returning members. Ensuring board members have a strong understanding of their governance responsibilities is essential to supporting effective public health leadership and decision-making.

To assist boards in preparing for the upcoming term, alPHa continues to offer its Ontario Board of Health Governance Training Program, a comprehensive orientation designed specifically for board of health members. The program provides practical guidance on governance roles and responsibilities, legislative requirements, oversight of public health programs and services, and effective board practices.
Interest in the program has been exceptionally strong, and we are already receiving bookings for early 2027. Boards that anticipate requiring governance training following the municipal elections are encouraged to reserve dates as early as possible to ensure availability.

Whether your board is planning a full orientation for newly appointed members or a refresher session for returning members, early planning will help secure your preferred timing and support a smooth transition into the new board term.

Additional information about the Ontario Board of Health Governance Training Program, including course details and available resources, can be found on alPHa's Board of Health Shared Resources page: https://www.alphaweb.org/page/BOH_Shared_Resources

To discuss training options or reserve a session for your board, please contact alPHa's Chief Executive Officer, Loretta Ryan loretta@alphaweb.org. We would be pleased to work with you to support your board's governance education needs.

Public Health Ontario | Santé publique Ontario

Introducing HEALTHMAP

Chronic disease is increasing in Ontario. By 2040, an estimated 3.1 million adults will be living with a major illness—a 72% increase from 2020—placing growing pressure on the health system.

Public Health Ontario (PHO) and the Dalla Lana School of Public Health (DLSPH) at the University of Toronto have launched HEALTHMAP (Health Evaluation and Action through Long-Term Trends and High-Impact Modeling & Analysis for Prevention), an initiative that uses modelling and analytics to project future chronic disease trends and assess how prevention efforts and policy action could improve population health outcomes.

As part of this work, PHO has released Projected Patterns of Illness in Ontario: Baseline Report, which projects population demographics, multimorbidity and major chronic conditions to 2040 and establishes a baseline for future HEALTHMAP analyses. Visit the HEALTHMAP webpage to learn more about the initiative, modelling approach and phased implementation.

Recently Published Resources

- Focus On: Elevated Indoor Temperatures and Health
- Ebola Disease: How to Self-isolate
- Staff Immunization Coverage Among Hospitals and Long-Term Care Homes in Ontario
- How Vaccine Safety is Monitored in Ontario
- CBRN Hazards
- Risk Communication and Trust in Public Health during the COVID-19 Pandemic
- Insights from Previous Hantavirus (Andes virus) Outbreaks

2025 Annual Surveillance Reports

- Invasive Meningococcal Disease
- Invasive Pneumococcal Disease
- Invasive Haemophilus Influenzae
- Pertussis

Public Health Ontario | Santé publique Ontario

Recently Updated Routine Reports

- SARS-CoV-2 Genomic Surveillance in Ontario
- Ontario Respiratory Virus Tool
- Measles in Ontario
- Legionellosis in Ontario
- Mpox in Ontario
- Invasive Group A Streptococcal (iGAS) Disease in Ontario

Upcoming Events

22 July – PHO Rounds: 2026 Ebola Disease Outbreak Due to Bundibugyo Virus in the Democratic Republic of Congo and Uganda: Ontario Preparedness and Response

Recent Presentations

- PHO Rounds: Evaluating the Impact of Alcohol Availability on Public Services Use in Northwestern Ontario
- PHO Webinar: Compassionate, Evidence-Informed Conversations on Cannabis Use in Pregnancy
- PHO Webinar: Gambling, Gaming, and Youth Mental Health
- PHO Rounds: Linking Public Health Funding to Population Health and Health Equity during a Pandemic: Evidence on COVID-19 outcomes and vaccination from the OPHID study

Dalla Lana School of Public Health

Upcoming DLSPH Events and Webinars

- Indigenous Hand Drumming Circle (Jul. 22, Aug. 5)
- Biiskaabe Zaa'emaanag Birchbark Canoe Project (Aug. 3-15)

Ontario Public Health Directory - May update

The *Ontario Public Health Directory* has been updated and is available on the alPHa website. Please ensure you have the latest version, which has been dated as of **May 13, 2026**. To view the file, log into the alPHa website.

For more information on The Personal, please click here (English) and here for French.

News Releases

The most up to date news releases from the Government of Ontario can be accessed here.

alPHa's mailing address

Please note our mailing address is:

PO Box 73510, RPO Wychwood
Toronto, ON M6C 4A7
For further information, please contact info@alphaweb.org.

Kingsville, Ont. - Photo credit

Governance Continuity & Fiduciary Obligations - During Municipal Election Transition Period
Prepared for the Association of Local Public Health Agencies' Boards of Health Section
July 27, 2026

Purpose
This briefing note provides information related to the governance of Ontario Boards of Health to support continuity during the 2026 municipal election transition. It outlines the statutory framework, identifies governance risks associated with temporary losses of quorum, and recommends practical measures Boards of Health should consider to help ensure uninterrupted oversight and continuity of operations.

The Governance Challenge During Municipal Election Transition
The 2026 municipal elections create a predictable governance risk for Ontario Boards of Health. Beginning November 15, 2026, municipal appointments expire and new municipal appointments may not yet have been made. During this transition period, Boards of Health may temporarily be unable to achieve quorum or exercise their statutory oversight responsibilities.

Boards of Health are statutory corporations under the Health Protection and Promotion Act (HPPA), and their fiduciary and legislative obligations continue uninterrupted regardless of municipal election cycles. Governance continuity is therefore essential to enable Boards of Health to continue meeting their statutory and fiduciary obligations throughout the municipal election transition period.

These responsibilities are grounded in the Board of Health's fiduciary duties of care, and legal compliance. Board of Health members must exercise informed and prudent oversight, act in the best interests of the Board of Health as a statutory corporation, and ensure compliance with the HPPA, the Ontario Public Health Standards (OPHS), and all other applicable statutory obligations. During a governance transition, these duties remain unchanged. Accordingly, Boards of Health should ensure appropriate governance mechanisms are in place before the transition occurs.

Statutory Foundations Supporting Continuity

1. HPPA s.49(7) – Alignment of Terms
Municipally appointed members remain in office no later than when the municipal council term ends on November 15, 2026.

2. HPPA s.57(2) – Officer Continuity

Unless an officer position is held *ex officio* by a Board of Health member and therefore ends when that person's Board of Health term ends, the officer's tenure continues until resignation, lawful removal, or expiry of any fixed officer term.

In contrast, the chair and vice-chair of the Board of Health are elected by the Board of Health for one-year terms; however, the Board of Health may, at the first meeting of the Board of Health each year, re-elect the same person(s) or a new member to fill these positions.

3. HPPA s.52 – Autonomous Corporate Status
Boards of Health are independent corporations, not municipal committees. Municipal 'lame duck' restrictions apply to municipal councils rather than to Boards of Health.

4. Continuing Statutory Obligations
Boards of Health must continue to comply with the HPPA, OPHS, emergency management obligations, financial stewardship, audit, labour, occupational health and safety, procurement, and contract management obligations regardless of Board of Health composition.

Governance Risks During Transition
Despite these statutory protections, Boards of Health may experience delays in municipal appointments, a temporary inability to achieve quorum, scheduling challenges, urgent operational decisions, or emergency public health situations requiring timely action. This represents a significant governance risk requiring proactive planning rather than an administrative matter that can be addressed after the election.

Why Boards of Health Should Consider a Continuity-of-Operations Framework
A pre-authorized, time-limited delegation of administrative authority helps to ensure continuity of operations, compliance with statutory obligations, protection of public assets and legal interests, and clear accountability to the incoming Board of Health. Delegation of administrative authority does not transfer the Board of Health's governance responsibilities; rather, it enables management to continue carrying out operational responsibilities during a temporary disruption in the Board of Health's ability to meet.

Governance Guidance for Boards of Health
The extent of planning required will vary depending on each Board of Health's governance structure, appointment process, existing delegation framework, and whether it is autonomous, regional, single-tier, or multi-municipal.

- Conduct a pre-election governance review of by-laws, municipal agreements (e.g., letters of appointment), delegation-of-authority policies, emergency management responsibilities, financial signing authorities, and Board of Health officer succession.
- Pass a Continuity-of-Operations Resolution before November 2026 defining the transition period, delegated authorities, limits, exclusions, reporting requirements, and alignment with statutory obligations.

- Clarify the Medical Officer of Health and Chief Executive Officer or the Medical Officer of Health/Chief Executive Officer, where those roles are combined to exercise all administrative authorities necessary for the continued operation of the local public health unit during the period commencing November 15, 2026.
- Obtain legal review to confirm alignment with the HPPA, OPHS, Board of Health by-laws, policies and procedures, municipal agreements, and delegation-of-authority.
- Ensure any actions taken under this authority shall be reported to the newly constituted Board of Health at its first regular meeting following the transition period.

Illustrative Example for a 2026 Transition Plan
A governance-mature approach could define a transition window (e.g., November 2026 to February 2027), temporarily delegate operational authority to the Medical Officer of Health and Chief Executive Officer or the Medical Officer of Health/Chief Executive Officer, as appropriate, establish communication protocols, and require a comprehensive report regarding the transition period to the incoming Board of Health.

Model Resolution for Board of Health Consideration
(See Appendix.)

Conclusion
Ontario's public health system depends on Boards of Health exercising disciplined, informed and proactive governance. By planning in advance and adopting appropriately tailored continuity measures, Boards of Health can reduce governance risk, maintain public confidence, and support uninterrupted compliance with statutory obligations throughout the municipal election transition. Proactive governance planning today will help to support an orderly transition to newly constituted Boards of Health in 2027.

Disclaimer
This provides governance guidance only and is not legal advice. Ontario's Boards of Health operate under different governance structures, and each Board of Health should obtain independent legal advice before adopting or implementing a continuity of operations framework or resolution.

Governance Continuity & Fiduciary Obligations During Municipal Election Transition Period
Prepared for the Association of Local Public Health Agencies' Boards of Health Section
Appendix: Model Resolution for Board of Health Consideration
July 27, 2026

Board of Health Continuity of Operations Resolution

WHEREAS the term of office for municipal representatives appointed to the Board of Health expires on November 15, 2026, following the Ontario municipal elections;

AND WHEREAS there may be a period between the expiry of appointments and the appointment of new Board of Health members during which the Board of Health may be unable to achieve quorum or conduct business;

AND WHEREAS it is necessary to ensure the continued delivery of public health programs and services and to meet statutory, contractual, financial, and operational obligations during this transition period;

AND WHEREAS municipal members form the majority of the Board of Health and members appointed by the Lieutenant Governor in Council cannot outnumber them (HPPA s. 49(3)), and quorum is a majority of members (HPPA s. 54);

THEREFORE, BE IT RESOLVED THAT:

1. The Board of Health authorizes the Medical Officer of Health and Chief Executive Officer or the Medical Officer of Health/Chief Executive Officer, where those roles are combined, to exercise all administrative authorities necessary for the continued operation of the local public health unit during the period commencing November 15, 2026, or any earlier date on which the Board of Health loses quorum, and ending upon:
    - the appointment of sufficient Board of Health members to establish quorum; and
    - the appointment of Board of Health officers at the inaugural meeting of the newly constituted Board of Health.
2. Such authority shall be limited to:
    - carrying out approved Board of Health policies and previously approved strategic directions;
    - fulfilling statutory obligations under the *Health Protection and Promotion Act* and other applicable legislation;
    - executing contracts, agreements, and expenditures that are within approved budgets;

- addressing urgent operational, staffing, labour relations, public health, emergency management, procurement, and risk management matters;
- taking actions necessary to protect public health, safety, assets, and the legal interests of the local public health unit.

3. The Medical Officer of Health and Chief Executive Officer or the Medical Officer of Health/Chief Executive Officer, shall not:
   - approve new strategic plans;
   - establish new programs or discontinue existing programs;
   - approve unbudgeted expenditures exceeding $_____;
   - approve borrowing, capital projects, or significant asset acquisitions or disposals;
   - enter into agreements that create material long-term obligations beyond existing Board of Health direction;
   - take actions that would normally require Board of Health approval under legislation, by-law, or Board of Health policy, except where delay would create a significant operational, legal, financial, or public health risk.

4. Nothing in this resolution limits or transfers the powers vested in the Medical Officer of Health personally under the Health Protection and Promotion Act, which the Medical Officer of Health continues to exercise independently.

5. Any actions taken under this authority shall be reported to the newly constituted Board of Health at its first regular meeting following the transition period.

6. This authority is intended solely to maintain continuity of operations and shall be interpreted in a manner consistent with the principles of municipal caretaker conventions and good governance practices.

Disclaimer
This provides governance guidance only and is not legal advice. Ontario's Boards of Health operate under different governance structures, and each Board of Health should obtain independent legal advice before adopting or implementing a continuity of operations framework or resolution.

Schedule 9.4

From: allhealthunits on behalf of alPHa communications
To: "allhealthunits@lists.alphaweb.org"
Cc: board@lists. alphaweb. org
Subject: [allhealthunits] alPHa Letter - Provincial Funding for Local Public Health Agencies
Date: Thursday, August 20, 2026 2:56:53 PM

This sender is trusted.

PLEASE ROUTE TO:

All Board of Health Members
All Members of Regional Health & Social Service Committees
All Senior Public Health Managers

Hello,

Following this week's announcement regarding the extension of the 1 per cent annual increase in provincial base funding for local public health units, alPHa has sent a letter to Minister Jones thanking her for the provincial government's continued commitment to local public health and the greater certainty this provides as boards of health plan and allocate resources for the coming year. The letter acknowledges the province's continued commitment to local public health, while outlining our concerns that a 1 per cent increase is not sufficient to address the ongoing pressures facing boards of health.

We will continue to work with the province to ensure local public health has sufficient, predictable, and sustainable funding to deliver the programs and services required to protect the health of our communities.

Take Care,

Loretta

Loretta Ryan, CAE, RPP
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