Board of Health for the
Haliburton Kawartha Northumberland Peterborough Health Unit
MEETING AGENDA
Wednesday, June 18, 2025, 5:00 – 7:30 p.m.
HKNP Peterborough Office, Multipurpose Rooms,
185 King Street, Peterborough, ON

1. **Call to Order and Land Acknowledgement**

2. **Declaration of Conflict of Interest**

3. **Adoption of the Agenda**

4. **Adoption of Regular Minutes**

   4.1. May 15, 2025

   - Cover Report

   a. Minutes, May 15, 2025

5. **Business Arising**

   5.1. Governance Working Group

6. **Medical Officer of Health Update**

7. **Consent Items to be Considered Separately**

   Board Members: Please identify which items you wish to consider separately from Section 10 and advise the Chair when requested. ***Items: 9.1 a b c 9.2 a b***

8. **Reports**

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

   - Cover Report

   8.2. Report: Measles Update

   - Cover Report

   8.3. Presentation: Merger Update

   - Cover Report

   a. Presentation

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

- Cover Report

a. Resolution Package

9. Consent Items

9.1. Correspondence for Information

- Cover Report

a. alPHa Letter - Tobacco Settlement Investments *(web hyperlink)*
b. alPHa Letter - 2025 Budget *(web hyperlink)*
c. alPHa Letter - Bill 11, HPPA S.22 Amendment *(web hyperlink)*

9.2. Report: Stewardship Committee

- Cover Report

a. Minutes, Apr. 11/25
b. Q1 2025 Financial Report

10. New Business

11. Correspondence

11.1. Correspondence for Direction

- Cover Report

a. IPV/GBV – Windsor Essex *(web hyperlink)*

12. In-Camera Session

The Board will proceed in camera to discuss three items in accordance with the Municipal Act, 2001:

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

13. Motions From In Camera Session

14. Date of Next Meeting

Thursday, September 11, 2025 – 9:00 – 11:30 a.m.
HKNP Port Hope Office
Meeting Rooms 1/2/3, 200 Rose Glen Road, Port Hope ON

15. Adjournment

HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH HEALTH UNIT
BOARD OF HEALTH

TITLE:	Meeting Minutes for Approval
DATE:	June 18, 2025
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

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

ATTACHMENTS

a. Draft Minutes, May 15/25

Board of Health for the
Haliburton Kawartha Northumberland Peterborough Health Unit
DRAFT MEETING MINUTES
Thursday, May 15, 2025, 1:00 – 3:30 p.m.
Hiawatha L.I.F.E. Services and Administration Office
431 Hiawatha Line, Hiawatha First Nation

In Attendance:

Board Members:
Mayor Olena Hankivsky (virtual)
Mr. Paul Johnston
Councillor Dan Joyce
Councillor Joy Lachica
Mayor John Logel
Dr. Ramesh Makhija
Mr. David Marshall
Councillor Tracy Richardson (virtual)
Councillor Keith Riel
Councillor Cecil Ryall, Vice Chair
Dr. Hans Stelzer (virtual)
Councillor Kathryn Wilson

Staff:
Dr. Thomas Piggott, Acting Medical Officer of Health & Chief Executive Officer
Dr. Natalie Bocking, Acting Deputy Medical Officer of Health
Ms. Ashley Beaulac, Manager, Communications
Ms. Alida Gorizzan, Executive Assistant (Recorder)
Ms. Michelle McWalters, Executive Assistant
Mr. Matthew Vrooman, Director of People & Communications

Absent with regrets:
Deputy Mayor Ron Black, Chair
Warden Bonnie Clark
Councillor Nodin Knott
Mr. Dan Moloney

1. **Call to Order**

   Councillor Cecil Ryall, Vice Chair, called the meeting to order at 1:08 p.m.

2. **Welcome – Chief Laurie Carr, Hiawatha First Nation**

   Chief Laurie Carr welcomed the Board of Health to the territory and started the meeting

off in a good way.

3. Declaration of Conflict of Interest

There were no declarations of conflict of interest.

4. Adoption of the Agenda

MOTION:
That the agenda be approved as circulated.
Moved: Dr. Makhija
Seconded: Councillor Riel
Motion carried. (2025-066)

5. Adoption of Regular Minutes

5.1. April 16, 2025

MOTION:
That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit approve meeting minutes for April 16, 2025.
Moved: Mayor Logel
Seconded: Mr. Marshall
Motion carried. (2025-067)

6. Business Arising

6.1. alPHa Membership

Dr. Piggott confirmed that the financial information shared by the Association of Local Public Health Agencies was shared with the Board Chair and met his approval. As such, the membership payment was authorized. Councillor Joyce requested that the financial details be shared with the Board of Health.

MOTION:
That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit receive the alPHa Membership Update for information.
Moved: Mayor Hankivsky
Seconded: Dr. Stelzer
Motion carried. (2025-068)

7. Medical Officer of Health Updates

Dr. Piggott provided an update on the continuation of work related to the merger and that feedback received from the Board of Health retreat was helpful to inform future

reporting. Dr. Bocking provided an update on the provincial measles.

MOTION:
That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit receive the Medical Officer of Health Update for information.
Moved: Dr. Makhija
Seconded: Mayor Logel
Motion carried. (2025-069)

8. Consent Items to be Considered Separately

9. Reports

9.1. Report: Policy Approvals

MOTION:
That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit approve the following policies:

- Board Leadership and Committee Membership Selection; and,
- Health and Safety.

Moved: Councillor Lachica
Seconded: Councillor Richardson
Motion carried. (2025-070)

9.2. Report: Formation of Governance Working Group

The Board was asked to support the formation of a time-limited Governance Working Group which would be struck to meet the following objectives:

1. Review and interpret of results from the forthcoming Board of Health Skills Matrix;
2. Identify Board of Health skills gaps and opportunities to inform future Board member recruitment;
3. Review current provincial appointments and make recommendations on renewal or future new provincial appointments aligned with skills gaps and opportunities; and,
4. Prioritize learning and development opportunities for the Board of Health aligned with the identified skills gaps and opportunities.

A call for expressions of interest (EOI) will be issued and reviewed by Dr. Piggott, the Chair and Vice Chair. The Board will be apprised of the GWG membership at the June meeting.

MOTION:
That the Board of Health for the Haliburton Kawartha Northumberland Peterborough Health Unit approve the establishment of a time-limited Governance Working Group.
Moved: Mayor Hankivsky
Seconded: Councillor Joyce
Motion carried. (2025-071)

9.3. Report: Indigenous Health Advisory Circle

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

- meeting minutes from the Indigenous Health Advisory Circle from February 28, 2025 for information; and,
- interim guidance regarding Land Acknowledgements.

Moved: Mr. Johnston
Seconded: Mayor Logel
Motion carried. (2025-072)

10. Consent Items

11. New Business

12. Correspondence

13. In-Camera Session

MOTION:
That the Board of Health go In Camera at 1:49 p.m. to discuss five items in accordance with the Municipal Act, 2001:

- *Section 239(2)(d) Labour relations or employee negotiations*
- *Section 239(2)(j) a trade secret or scientific, technical, commercial or financial information that belongs to the municipality or local board and has monetary value or potential monetary value*.
- *Section 239(3.1) Education or training*.

Moved: Councillor Riel
Seconded: Dr. Makhija
Motion carried. (2025-073)

MOTION:
That the in-camera session be dissolved, and the membership return to open session at 3:42 p.m.
Moved: Councillor Wilson
Seconded: Mr. Johnston
Motion carried. (2025-073)

14. Motions From In Camera Session

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

- In Camera item 5.1 - Confidential update pertaining to exception Section 239(2)(d)
- In Camera item 6.1 - Confidential update pertaining to exception Section 239(2)(j)
- In Camera item 6.2 - Confidential update pertaining to exception Section 239(2)(d)
- In Camera item 6.3 - Confidential update pertaining to exception Section 239(2)(d)
- In Camera item 6.4 - Confidential update pertaining to exception Section 239(3.1)

Moved: Councillor Lachica
Seconded: Dr. Makhija
Motion carried. (2025-074)

15. Date of Next Meeting

Wednesday, June 18, 2025 – 5:00 p.m. – 7:30 p.m.
Multipurpose Rooms, 185 King Street, Peterborough ON

16. Adjournment

MOTION:
That the meeting be adjourned at 3:44 p.m.
Moved: Councillor Wilson
Seconded: Councillor Joyce
Motion carried. (2025-075)

HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH HEALTH UNIT
BOARD OF HEALTH

TITLE:	Stewardship Committee Report – 2024 Audited Financial Statements
DATE:	June 18, 2025
PREPARED BY:	Alida Gorizzan, Executive Assistant, on behalf of Councillor Ryall, Committee Chair
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

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

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

BACKGROUND

The Committee met last on June 13, 2025. At that meeting, members received an overview of the statements from Mr. Richard Steiginga, Partner at Baker Tilly KDN LLP, and requested that the statements come forward to the Board at its next meeting for approval.

The Board of Health is required by contract to submit the 2024 Audited Financial Statements for Cost-Shared and 100% Funded Programs as part of the annual financial reconciliation with the of Ministry of Health.

The consolidated financial statements have been audited by Baker Tilly KDN LLP in accordance with the Canadian generally accepted auditing standards. The audit concluded that the financial statements present fairly, in all material respects, the financial position of both legacy organizations in accordance with the Canadian Public Sector Accounting Standards.

Please note that statements draft statements are not publicly posted until after they receive Board of Health approval.

Mr. Richard Steiginga, Partner at Baker Tilly KDN LLP will be available at the meeting for questions.

ATTACHMENTS

a. 2024 PPH Draft Audited Financial Statements *(to be circulated separately)*
b. 2024 HKPR Draft Audited Financial Statements *(to be circulated separately)*

HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH HEALTH UNIT
BOARD OF HEALTH

TITLE:	Oral Report: Measles Update
DATE:	June 18, 2025
PREPARED BY:	Dr. Natalie Bocking, Deputy Medical Officer of Health

PROPOSED RECOMMENDATIONS

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

BACKGROUND

Dr. Bocking will provide an update on the recent measles response throughout the region and the provincial context.

HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH HEALTH UNIT
BOARD OF HEALTH

TITLE:	Presentation: Merger Update
DATE:	June 18, 2025
PREPARED BY:	Larry Stinson, Chief Transformation Officer
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

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

- Presentation: Merger Update
- Presenter: Mr. Larry Stinson, Chief Transformation Officer

ATTACHMENTS

a. Presentation

Board of Health Merger Update

Date: June 18, 2025

Presenter: Larry Stinson, Chief Transformation Officer

Haliburton, Kawartha, Pine Ridge District Health Unit

Peterborough Public Health

MergerMap

A timeline for our collective Heath Units merging.

"Create our path, connect our roots, cultivate our future."

2024 Discovery

PRE-APPROVAL, PRE-MERGER

Last update as of June 11, 2025.

Milestones

JANUARY TO FEBRUARY
Feasibility and Assessment Report

FEBRUARY
Decision to Pursue Voluntary Merger

MARCH TO APRIL
Business Case Submission

JULY TO DECEMBER
Provincial Review and Decision

DECEMBER
Merger Approved by Ministry and Board of Health

Stepping Stones

- MARCH | Synchronize internal communications.
- APRIL | Identify organizational "must-haves" upon merging.
- MAY | Review finance and human resources needs.
- MAY | Joint Senior Leadership and Management Team Meeting.
- JUNE | Joint All Staff Virtual Meeting.
- JUNE | Begin IT assessment.
- JUNE | Prepare decision-making model and process to guide merger related decisions.
- JUNE | Identify and develop plan to resolve business support needs.
- JULY | Begin drafting new leadership and organizational structure.
- JULY | Begin program harmonization.
- JULY | Communication to municipalities on new Board of Health appointments.
- JULY | RFP issued for new branding and organizational identity.
- NOVEMBER | Staff engagement on name.
- NOVEMBER | PPH Farewell Event.
- NOVEMBER | Managers and Directors trained by Prosci on Managing Teams through Change.
- OCTOBER | Employee Engagement Activities.
- AUGUST | Establish Employee Transition Guide.
- SEPTEMBER | Begin new branding and organization identity.
- DECEMBER | Develop and test shared payroll and information systems.

Business Supports · Communications and Engagement · Employee Engagement · Governance · Learning and Development · Milestone · Program Harmonization · Organizational Culture · Project Management

"Create our path, connect our roots, cultivate our future."

MergerMap

A timeline for our collective Heath Units merging.

Last update as of June 11, 2025.

2025

LEGALLY MERGED. TRANSFORMATION BEGINS.

Milestones

JANUARY TO APRIL

Merge Entities with New Name

JANUARY TO APRIL

Begin Program Harmonization and Evaluation

PHASE ONE

JANUARY TO APRIL

Board of Health Training and Orientation

MARCH TO JUNE

Begin Union Harmonization

FALL

Launch Visual Brand and Name Externally

PROVINCIAL FUNDING APPROVAL

FINAL BOARD OF HEALTH APPROVAL

Stepping Stones

- JANUARY | Legally merged.
- JANUARY | Begin Change Management Strategy
- FEBRUARY | Begin drafting People Leader Development Plan.
- FEBRUARY | Launch new learning development priorities.
- MARCH | Banking and ADP aligned.
- MARCH | Programs and policy harmonization begins.
- MARCH | Senior Leadership structure established.
- MARCH | Staff well-being fund launched.
- MARCH | Name launched internally.
- MARCH | Leadership transition mapping begins.
- APRIL | Indigenous engagement on brand begins.
- APRIL | Management Structure established.
- MAY | Year Two merger budget submitted to the province.
- MAY | Transformation Steering Committee and Team established.
- MAY | Brand identity engagement with staff begins.
- MAY | Launch Transformation Site.
- JUNE | HKPR Farewell Event.
- JUNE | IT integration working group established.
- JUNE | Management Team holds first team meeting.
- JUNE | PSLRTA inaugural hearing.
- JULY | Non-union market compensation harmonization.
- JULY | Launch visual brand internally.
- SEPTEMBER | Staff engagement for strategic planning begins focus on mission, vision and values, and culture.

Business Supports · Communications and Engagement · Employee Engagement · Governance · Learning and Development · Milestone · Program Harmonization · Organizational Culture · Project Management

"Create our path, connect our roots, cultivate our future."

MergerMap

A timeline for our collective Heath Units merging.

2026 Evaluate and Perform

Last update as of June 26, 2024.

Milestones

JANUARY TO DECEMBER

New Strategic Plan For Years to Come

JANUARY TO MARCH

Evaluation Begins

Stepping Stones

Business Supports | Communications and Engagement | Employee Engagement | Governance | Learning and Development | Milestone | Program Harmonization | Organizational Culture | Project Management

Structure & Planning

- Transformation Team Assignments and Structure
- Project Registry
- PSLRTA Meeting (first)
- Year 2 Merger Budget
- Ministry Community of Practice (CoP) for Merger Evaluation & Information Technology

Projects

- Insurance Transition
- Confirmed Charitable Status
- Branding
- Program Harmonization (pilots/CoP)
- Information Technology Integration Plan

Supports

- Health Spending Account (access)
- Learning & Development for Leaders
  - Coaching Sessions for Change Management
  - CQI Session by Leading Edge
  - Project Management Orientation for Transformation Team
  - Crucial Conversations: Accountability
  - Queens University Course: Industrial Relations
  - SLT Session: Successful Teams

Future Merger Updates

- Next Board update scheduled for September
- Regular update cadence will be formalized with more quantitative reporting (metrics) when available
- Incorporating feedback from Board Retreat
  - Efficiencies and Program Delivery Enhancements
  - Stakeholder/Public Awareness
  - Success Stories
  - Staff Engagement and Satisfaction

HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH HEALTH UNIT
BOARD OF HEALTH

TITLE:	Association of Local Public Health Agencies (alPHa) Annual General Meeting – Resolutions for Consideration
DATE:	June 18, 2025
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

RECOMMENDATION

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

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

BACKGROUND

The alPHa Annual General Meeting will take place on June 19, 2025. The Board Chair, Dr. Piggott, Dr. Bocking and additional staff will be in attendance. A voting registration form has been submitted for HKNP.

A note that resolution A25-01, led by Simcoe Muskoka, was developed in consultation with Durham and HKNP staff.

ATTACHMENTS

a. alPHa AGM Resolutions

To:	Chairs and Members of Boards of Health Medical Officers of Health and Associate Medical Officers of Health alPHa Board of Directors Presidents of Affiliate Organizations
From:	Loretta Ryan, Chief Executive Officer
Subject:	***alPHa Resolutions for Consideration at the June 19, 2025 Annual General Meeting***
Date:	May 15, 2025

Please find enclosed the Resolutions to be considered at the Resolutions Session taking place at the 2025 Annual General Meeting (AGM) and important information on voting procedures.

Two Resolutions were received prior to this year's deadlines, and these were reviewed by the alPHa Executive Committee on May 13. Both were recommended to go forward for consideration at the Resolutions Session.

NOTE ON LATE RESOLUTIONS:

Late Resolutions are permitted under alPHa's governing policies and procedures. These are not reviewed by the alPHa Executive Committee, and are, therefore, subject to additional requirements for consideration by the membership. Please note that any Late Resolutions received by alPHa will be made available for review in advance wherever possible, but introduction of such Resolutions is permitted up to and including during the meeting itself.

Late Resolutions will only be debated at the AGM if time allows, and are subject to a two-thirds majority vote to be heard prior to opening debate. Please be reminded that such Resolutions are otherwise subject to the same criteria as all other submitted Resolutions, including the requirement that they be sponsored by a recognized alPHa committee and not an individual acting alone. Please see the Procedural Guidelines for alPHa Resolutions for more details.

IMPORTANT NOTE FOR VOTING DELEGATES:

Members must register to vote at the Resolutions Session by filling out the attached registration form, wherein member health units must indicate whom they are designating as voting delegates, and which delegates will require a proxy vote.

Eligible voting delegates include Medical Officers of Health, Associate Medical Officers of Health, Acting Medical Officers of Health, members of a Board of Health, and senior members in any of alPHa's Affiliate

Member Organizations. Each delegate will be voting on behalf of their health unit and only one proxy vote is allowed per person, up to the maximum total allocated per health unit. Voting delegates must be representing a member in good standing, i.e. an Ontario Board of Health that has paid its annual membership dues in full.

The completed registration form must be received as a PDF by Melanie Dziengo (communications@alphaweb.org) no later than 4:30 p.m. on Thursday, June 5, 2025.

If you have any questions on the above, please contact Loretta Ryan, Chief Executive Officer, loretta@alphaweb.org /416-595-0006, x 222.

Enclosures:

- Resolutions Voting Registration Form
- Number of Resolutions Votes Allocated per Health Unit (revised, 2025)
- 2025 Resolutions for Consideration

PO Box 73510, RPO Wychwood
Toronto, Ontario M6C 4A7
E-mail: info@alphaweb.org

2025 alPHa Annual General Meeting
Resolutions Session
REGISTRATION FORM FOR VOTING
PLEASE RETURN AS A PDF

Health Unit _____

Contact Person & Title _____

Phone Number & E-mail _____

Name(s) of Voting Delegate(s):

Name and email address	**Proxy*** (Check this box if the person requires a proxy voting card. Only one proxy is allowed per delegate.)	**Is this person registered to attend the alPHa Annual Conference? (Y/N)**
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

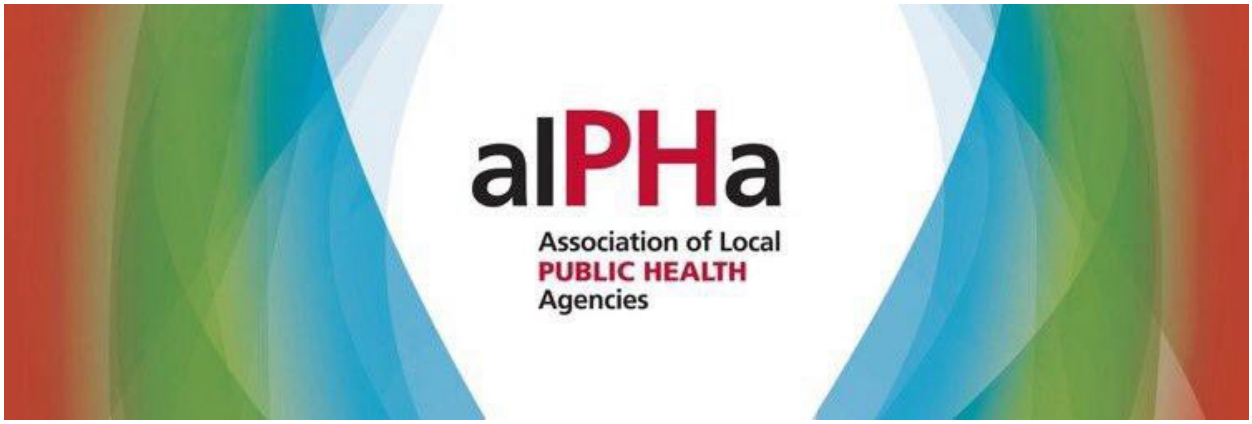
* Each voting delegate may carry their own vote plus one proxy vote for an absent delegate. For any health unit, the total number of regular plus proxy votes cannot exceed the total number of voting delegates allotted to that health unit.

Please email this form to Melanie Dziengo (communications@alphaweb.org) by 4:30 p.m. on Thursday, June 5, 2025.

alPHa
Association of Local
PUBLIC HEALTH
Agencies

Allocation of Votes: alPHa Resolutions Revised 2025		
Health Unit	**Population**	**Voting Delegates**
TORONTO*	2,794,356	**20**
POPULATION 1,000,000 and OVER **		**8**
Ottawa	1,017,449	
Peel	1,451,022	
York	1,173,334	
POPULATION OVER 400,000		**7**
Durham	696,992	
Halton	596,637	
Hamilton	569,353	
Middlesex-London	500,563	
Niagara	477,941	
Simcoe-Muskoka	599,843	
South East****	558,292	
Waterloo	587,165	
Windsor Essex***	422,860	
POPULATION 300,001 – 400,000		**6**
Haliburton-Kawartha-Northumberland-Peterborough****	336,864	
Wellington-Dufferin-Guelph	307,283	
POPULATION 200,000 – 300,000		**5**
Eastern Ontario	210,276	
Grand Erie****	261,643	
Southwestern***	216,533	
Sudbury***	202,431	
POPULATION UNDER 200,000		**4**
Algoma	112,764	
Chatham-Kent	104,316	
Grey Bruce	174,301	
Huron Perth	142,931	
Lambton	128,154	
North Bay-Parry Sound	129,362	
Northeastern****	113,582	
Northwestern	77,338	
Renfrew	107,522	
Thunder Bay	152,885	

* total number of votes for Toronto endorsed by membership at 1998 Annual Conference
**new allocation category of population >1M endorsed by membership at 2023 Annual Conference
*** denotes health units that have moved into a different allocation category based on latest census data
****denotes new post-merger health units as of January 1, 2025
Health Unit population statistics taken from: Statistics Canada – 2021 Census Profiles – Sorted by Health Region



Resolutions for Consideration
2025

Resolutions Session
2025 Annual General Meeting
Thursday, June 19, 2025

Resolution #	Title	Sponsor	Page
A25-01	Integrating the Ontario Early Adversity and Resilience Framework into Public Health Practice to Improve Population Health Outcomes	Boards of Health for the Simcoe Muskoka District, Durham Region Health Department, and Haliburton Kawartha Northumberland Peterborough Health Unit	3
A25-02	Indigenous Representation on Boards of Health	Board of Health for Public Health Sudbury & Districts	11

alPHa RESOLUTION A25-01

TITLE: **Integrating the Ontario Early Adversity and Resilience Framework into Public Health Practice to Improve Population Health Outcomes**

SPONSOR: **Boards of Health for the Simcoe Muskoka District Health Unit, Durham Region Health Department, and Haliburton Kawartha Northumberland Peterborough Health Unit**

WHEREAS Early life adversity is common; approximately 60% of the population has experienced at least one adverse childhood event, and 12–16% have experienced four or more. (Madigan et al., 2023; Joshi, 2021).

WHEREAS Not all children have an equal opportunity to thrive, and some can face increased adversity due to systemic inequities, like poverty.

WHEREAS Exposure to early life adversity, without the benefit of safe, stable, nurturing relationships and environments, can result in prolonged toxic stress, disrupting normal growth and development and leading to long-term impacts on physical and mental health. (Center on the Developing Child, Harvard University, 2021).

WHEREAS Early life adversity is preventable, and resilience can be fostered through investments in protective factors at the individual, family, and community levels.

WHEREAS Preventing adverse childhood experiences has been shown to significantly reduce chronic health conditions and risk factors.

WHEREAS Public Health, in collaboration with community partners, plays a vital role in leading and fostering efforts to address early life adversity and promote resilience.

WHEREAS The Public Health Ontario Adverse Childhood Experiences & Resilience Community of Practice has adapted a framework from Fraser Health Population and Public Health (2022) to develop the Ontario Early Adversity and Resilience Framework, to provide Public Health Units, municipal and provincial governments, and community partners in Ontario with tools to collaboratively prevent and address early adverse childhood events and increase resiliency within their communities.

WHEREAS Past alPHa resolutions have supported the development of early childhood resilience by promoting positive environments for children, such as A19-8, Promoting Resilience through Early Childhood Development Programming, A11-8, Public Health Supporting Early Learning and Care, and A19-9, Public Health Support for Accessible, Affordable, Quality Licensed Child Care.

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies endorses the Ontario Early Adversity and Resilience Framework as a comprehensive resource for public health practice in Ontario.

AND FURTHER that alPHa write a letter to the Chief Medical Officer of Health (CMOH) recommending that the Ontario Early Adversity and Resilience Framework be referenced within the upcoming version of the Ontario Public Health Standards as a key resource for implementing the related standards, including health equity, comprehensive health promotion, and substance use prevention.

AND FURTHER that alPHa write a letter to the Minister of Health, the Minister of Children, Community and Social services, and the Associate Minister of Mental Health and Addictions, with a copy to the CMOH, sharing this Framework as a potential foundational document across sectors that are working to prevent early adversity and promote resilience, and to help illustrate the role of local public health in this work.

Backgrounder

The [Ontario Early Adversity and Resilience (OEAR) Framework] was developed through collaboration within the Public Health Ontario Adverse Childhood Experiences and Resilience Community of Practice (ACER CoP). This group brings together public health practitioners from various program areas, including Healthy Growth and Development, Child and Family Health, Healthy Babies Healthy Children, Chronic Disease and Injury Prevention, and other program areas involved in work related to ACEs or resilience, along with community partners involved in regional ACEs and resilience coalitions. By facilitating knowledge exchange, supporting the development of best practices, and coordinating research and interventions, the ACER CoP works to strengthen public health capacity, advocate for evidence-based policies, and advance a standardized provincial strategy to address ACEs and resilience in Ontario.

Adapted from *Fraser Health's Population and Public Health: A Health Promotion Strategy to Prevent Adverse Childhood Experiences and Foster Resilient Children, Families, and Communities (2022-2027)*, the Ontario Early Adversity and Resilience framework provides a structured approach to addressing early life adversity. It serves as a resource for communities and decision-makers by promoting evidence-based strategies at all socio-ecological levels, simplifying complex concepts to enhance understanding, and fostering a shared language around adversity and resilience. Additionally, it encourages collective responsibility through cross-sector collaboration and strengthens the impact of initiatives aimed at reducing adversity and building community resilience (Dawdy et al., 2025).

The OEAR framework is built on four focus areas, five pathways to change, and ten guiding principles that work together to address ACEs and foster resilience in a comprehensive and integrated manner. The four focus areas—socially connected, equitable, and inclusive communities; social-emotional development and resilience; reproductive health and rights; and responsive and culturally safe parenting/caregiving—target essential aspects of children's development and well-being. The five pathways to change—shifting social norms, integrating upstream strategies, influencing public policy, lessening harm, and utilizing data—provide a strategic approach to implementing effective interventions within these focus areas. Underpinning this framework, the ten guiding principles ensure that all interventions are grounded in core values such as equity, cultural safety, collaboration, and evidence-based practices. This alignment creates a cohesive and impactful approach to enhancing child health outcomes and building resilient communities (Dawdy et al., 2025).

Adverse Childhood Experiences represent a significant Public Health threat and should be considered an important primordial cause of chronic disease. In 1998, a groundbreaking study by Felitti et al., was published exploring the relationship between childhood experience of traumatic events to adult health risk behaviour and chronic disease. Findings demonstrated that a single adverse childhood event raises the odds of poor adult health outcomes by a marginal amount, with each additional ACE experienced representing a proportionate increase. Study after study completed since, has shown a consistent, graded or dose-response relationship between the number of ACEs experienced in childhood and the increased likelihood of poor adult health outcomes. ACEs are widespread and their cost to individuals,

families, communities, and society is substantial. Calls for action to address ACEs have been growing around the world. Frameworks, such as the Fraser Health and Ontario Early Adversity and Resilience framework, have been developed to mitigate and potentially eliminate the impact of toxic stress from early life adversity. Efforts to address chronic diseases are incomplete if the impact ACEs have on later adult health outcomes is not taken into consideration.

Felitti and colleagues, 1998, defined ACEs as exposure to one or more categories of childhood maltreatment (physical, emotional, or sexual abuse, and neglect) or family challenges such as separation or divorce, incarceration, caregiver mental illness, substance abuse, or domestic violence occurring within the first 18 years of life. They are now well established and can be divided into two main categories:

- Harms that affect children directly (physical abuse, sexual abuse, emotional abuse, physical neglect, and emotional neglect)
- Household challenges that increase children's exposure to trauma in their living environment (intimate partner violence, substance abuse, mental illness, incarceration of a family member and parental separation/divorce). (Hughes et al., 2017)

It is now recognized that many other negative experiences in childhood have the potential to contribute to poor health outcomes. Accordingly, ACEs research has expanded to explore the impact of structural violence, historical/intergenerational trauma (i.e., disconnecting certain cultures from their families, relationships, and cultural practices) and adversities external to the family environment such as war, climate events, being a victim of crime, economic disadvantage, homelessness, discrimination, peer victimization, low birth weight, and child disability. Research indicates that all sources of early adversity have similar impacts on later health outcomes. In fact, "the predictive value of ACE models improves when other adversities such as peer victimization and low family income are included in ACE questionnaires" (Asmussen et al., 2020; Carsley & Oei, 2020; Asmussen et al., 2020).

The number of ACEs experienced by an individual represents their score. Higher ACE scores are associated with increased risk of chronic illness and a shortened life span. Cubbin, Kim & Panisch (2019) found the likelihood for development of one or more chronic diseases increased by ten percent with every additional ACE reported by the individual. Research shows that individuals with at least four ACEs have an increased risk of all negative health outcomes (Neves et al., 2021). ACEs are strongly associated with such health endangering behaviours as sexual risk-taking, smoking, inactivity, alcohol abuse, problematic drug use and violence (both interpersonal and self-directed, including suicide) (Neves et al., 2021 & Novais et al., 2021). They have also been linked to many persistent chronic health conditions including poor mental health, heart disease, chronic lower respiratory disease, obesity, cancer, and diabetes, as well as premature mortality (Grummit et al., 2021 & Novais et al., 2021)). Additionally, ACE factors have been linked to specific "pathologies, namely, hypercholesterolemia, stroke, high blood pressure, diabetes, rheumatoid arthritis, neoplasia, depression, and anxiety disorder" (Novais et al., 2021, p. 9).

Approximately half to two-thirds of participants in population-based studies report having experienced at least one ACE (Carsley & Oei, 2020). A cross-sectional analysis of the Canadian Longitudinal Study on Aging among individuals 45 to 85 years found that ACEs are highly prevalent across all demographic groups (Joshi et al., 2021). Although ACEs are experienced universally, it is important to understand that their long-term impact may be different depending on the influence social determinants of health play on the child and family. Indeed, research has shown that childhood maltreatment and family dysfunction rarely happen in the absence of other adversities. Multiple circumstances involving the

child, family, community, and society work together to increase or decrease the risk of poor adult outcomes for children who have experienced ACEs (Asmussen et al., 2020).

ACEs can lead to toxic stress, which has a profound impact on development. Some forms of stress are considered a normal and essential part of healthy development such as positive stress (e.g., the first day of school). More intense stress responses can be characterized as tolerable stress (e.g., loss of a loved one) when it is time-limited and buffered by supportive relationships with adults who help the child adapt. However, severe or prolonged stress without adequate support can lead to chronic activation of the stress response system, leading to elevated levels of stress hormones (toxic stress) and disruption of healthy brain development, causing wear and tear on vital systems like the cardiovascular and immune responses (Center on the Developing Child, Harvard University, 2021). Persistent exposure to toxic stress, whether from ongoing occurrences or various triggers, can severely impact an individual's physical and mental well-being over the long term. Sensitive and responsive caregiving is crucial in regulating stress hormones and building resilience into adulthood.

Exposure to toxic stress from early life adversity incurs significant costs for individuals, communities, and society. If unaddressed, it can impair academic performance, hinder work productivity, damage relationships, increase the risk of suicide and violence, and reduce life expectancy (Prevention Institute, 2017). At the community level, this stress erodes cohesion, promotes harmful norms, and amplifies individual trauma, leading to lower academic achievement, reduced economic productivity, and poorer health outcomes (Prevention Institute, 2017). The financial burden on society is also immense. In Europe and North America, the annual costs of ACEs are estimated at $581 billion (US) and $748 billion (US), respectively, with over 75% of these costs attributed to individuals with two or more ACEs (Bellis et al., 2019). According to Hughes et al. (2021), these costs account for between 1.1% and 6.0% of European countries' GDPs. A 10% reduction in ACE prevalence could result in annual savings of $105 billion and 3 million Disability-adjusted Life Years (DALYs), underscoring the economic benefits of investing in safe, nurturing childhoods to alleviate pressures on healthcare systems (Bellis et al., 2019).

While some individuals exposed to childhood adversity may develop chronic health issues or engage in health-endangering behaviors, others demonstrate greater resilience, maintaining positive mental health despite experiencing toxic stress. Resilience is the ability to adapt, recover, and thrive in the face of adversity. It is not a fixed trait, but a dynamic process influenced by both genetic factors and environmental conditions. This variation highlights the complex interplay between biology and environment in shaping responses to adversity. Resilience can be developed and strengthened over time through safe, stable, and nurturing relationships, social support, and access to resources. Evidence-based approaches exist to enhance resilience at both individual and community levels, helping to prevent and mitigate the effects of early life adversity while promoting long-term well-being. (Alberta Family Wellness, 2015)

At the individual level, resilience is strengthened when protective factors—such as biological, emotional, cognitive, and social supports—are reinforced through daily interactions and targeted interventions. Examples of these strategies include strengthening economic supports for families, promoting social norms that protect against violence and adversity, ensuring children have a strong start in life, teaching stress management and problem-solving skills, connecting youth with caring adults and structured activities, and providing timely interventions to reduce both immediate and long-term harm. These approaches aim to shift norms, environments, and behaviours in ways that not only mitigate the impact of toxic stress but also prevent it from being experienced in the first place. (Shern et al., 2014; Centers for Disease Control and Prevention, 2019)

At the community level, collective resilience is fostered through opportunities for stable, trusting relationships; participation in group activities such as sports or clubs; and accessible, supportive public services. However, some communities have fewer resources—whether in economic opportunities, access to green spaces that support mental well-being, or the presence of positive role models within social networks. These areas are often characterized by neglect, substandard housing, and high levels of individual, family, and community violence. Addressing trauma at a community level requires coordinated efforts across policy, programs, and legal frameworks. Healing through culturally relevant practices and the development of trusting relationships is essential. Participatory frameworks, which empower communities to advocate for their needs, are most effective when supported by a multisectoral collective of agencies working together to determine how best to provide necessary supports (Ellis & Dietz, 2017; Pinderhughes, Davis & Williams, 2015).

ACEs are increasingly recognized as a significant determinant of public health, emphasizing the vital role public health units can play in prevention. Addressing early life adversity through primordial prevention—an upstream approach that reduces risk factors before they lead to poor health outcomes—can help lower substance use, reduce chronic disease, and improve overall population health. With their focus on prevention and broad population-level impact, public health units are well-positioned to lead these efforts. They can convene partners to plan, prioritize, and implement strategies that prevent and mitigate early adversity, ultimately strengthening community well-being (Carsley et al., 2022; Centers for Disease Control and Prevention, 2019).

Addressing adverse childhood experiences is not just a public health priority—it is an essential strategy for building healthier, more resilient communities. Investing in early prevention and mitigation strategies will not only improve individual health outcomes but also reduce societal costs and strengthen population health for future generations.

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alPHa
Association of Local PUBLIC HEALTH Agencies

alPHa RESOLUTION A25-02

TITLE: **Indigenous Representation on Boards of Health**

SPONSOR: **Board of Health for Public Health Sudbury & Districts**

WHEREAS 22% of all Indigenous Peoples in Canada reside in Ontario. Indigenous people disproportionately experience "poorer reported physical and mental health status, and a higher prevalence of chronic conditions (e.g. asthma and diabetes) as well as disabilities compared to non-Indigenous people" [i,ii]. In addition, "the life expectancy of First Nations people, Métis and Inuit has been shown to be consistently and significantly lower than that of the non-Indigenous population."[iii] These poorer health outcomes are a direct result of the Canadian government's genocidal policies, which have had and continue to have a reverberating impact on today's systems; and

WHEREAS the Association of Local Public Health Agencies and Boards of Health play a crucial role in addressing the health disparities faced by the Indigenous population as per the Ontario Public Health Standards, *Relationships with Indigenous Communities Guideline*, 2018; and

WHEREAS Indigenous peoples have the inherent right to self-determination, which includes the right to actively participate in decisions that affect their health and well-being; and

WHEREAS meaningful Indigenous representation in decision-making processes is essential to ensuring that public health policies and programs adequately reflect the needs, priorities, and self-determined aspirations of Indigenous peoples; and

WHEREAS the Truth and Reconciliation Call to Action 23, which calls upon all levels of government to "Increase the number of [Indigenous] professionals working in the health-care field;"[iv] and

WHEREAS the Ontario Public Health Standards advises "Selection of board of health members based on skills, knowledge, competencies and representatives of the community, where boards of health are able to recommend the recruitment of members to the appointing body;"[v]

NOW THEREFORE BE IT RESOLVED THAT the Association of Local Public Health Agencies call upon the Government of Ontario to ensure Indigenous representation on all local Boards of Health.

AND FURTHER THAT Indigenous representatives be verifiably Indigenous, grounded in community, with lived experience, from the territory in which they will represent on a Board of Health.

AND FURTHER THAT the Minister of Health and local Boards of Health be so advised.

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HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH HEALTH UNIT
BOARD OF HEALTH

TITLE:	Correspondence for Information
DATE:	June 18, 2025
PREPARED BY:	Alida Gorizzan, Executive Assistant
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

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

a. Letter dated June 12, 2025 from the Association of Local Public Heatlh Agencies (alPHa) to Minister Jones regarding investing proceeds of tobacco settlement to strengthen public health.
b. Letter dated May 25, 2025 from alPHa to Minister Jones regarding the 2025 provincial budget & support for public health.
c. Letter dated May 13, 2025 from alPHa to Minister Jones regarding Section 22 Class Orders (proposed changes to Bill 11, Schedule 4, Amendment to the *Health Protection and Promotion Act)*.

ATTACHMENTS

a. alPHa Letter - Tobacco Settlement Investments *(web hyperlink)*
b. alPHa Letter - 2025 Budget *(web hyperlink)*
c. alPHa Letter - Bill 11, HPPA S.22 Amendment *(web hyperlink)*

HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH HEALTH UNIT
BOARD OF HEALTH

TITLE:	Report: Stewardship Committee
DATE:	June 18, 2025
PREPARED BY:	Alida Gorizzan, Executive Assistant, on behalf of Councillor Ryall, Committee Chair
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

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

- Stewardship Committee Minutes, April 11, 2025
- Q1 2025 Financial Report

BACKGROUND

The Stewardship Committee met last on June 13, 2025. At that meeting, the Committee requested these items come forward to the Board of Health at its next meeting.

ATTACHMENTS

a. Minutes, April 11/25
b. Q1 2025 Financial Report

Board of Health for the
Haliburton Kawartha Northumberland Peterborough Health Unit
MINUTES
Stewardship Committee Meeting
Friday, April 11, 2025, 12:00 p.m. - 1:30 p.m.
Virtual

Attendance:

Chair Cecil Ryall
Vice Chair Daniel Moloney (exited 1:27 p.m.)
Dr. Hans Stelzer
Deputy Mayor Ron Black
Mr. David Marshall
Councillor Keith Riel
Councillor Kathryn Wilson
Councillor Tracy Richardson

HKNP Staff in Attendance:

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

Regrets:

Dr. Natalie Bocking

1. Call to Order

Cecil Ryall, Chair of the HKNP Stewardship Committee, called the meeting to order at 12:01pm

Land Acknowledgement

We respectfully acknowledge that we are on the Treaty 20 and traditional territory of the Mississauga Anishnaabeg. We offer our gratitude to the First Nations for their care for, and teachings about, our earth and our relations. May we honour those teachings.

2. Confirmation of the Agenda

The agenda was approved as presented.

MOTION:
That the agenda be approved as circulated

Moved: Councillor Riel
Seconded: Councillor Wilson
Motion carried: (2025-008-SC)

3. Declaration of Pecuniary Interest

4. Consent Items to be Considered Separately (nil)

5. Delegations and Presentations (nil)

6. Confirmation of the Minutes of the Previous Meeting

6.1. Stewardship Committee Minutes – February 10, 2025

A brief discussion related to previous meeting harmonization topics was had by Stewardship Committee members. Mr. Marshall acknowledged that a request to build out information related to harmonization was shown (via bullet points) in the minutes from February 10, and though helpful, it is important to capture the request as an action, which was agreed upon by all.

Stewardship Committee members were advised that there is an urgency to discuss and pass the budget at this meeting, with discussion related to harmonization being ready for the June meeting.

Dr. Piggott advised that there is an intent to bring preliminary forecast information to the Haliburton Kawartha Northumberland Peterborough (HKNP) Board of Health (BOH) Retreat on May 1st, 2025.

Members were reminded by the HKNP BOH Chair that in a previous agenda package, scenarios were presented regarding harmonization, these documents will be hyperlinked for member ease of access at the June Stewardship Committee meeting.

Stewardship Committee members were reminded that Strategic Planning will be discussed in the Fall (2025)

MOTION:
That the Stewardship Committee for the Board of Health of the Haliburton, Kawartha, Northumberland, Peterborough Health Unit approve the minutes from February 10, 2025, meeting **with the edit to include attendance**
Moved: Councillor Richardson
Seconded: Dr. Stelzer
Motion carried: (2025-009-SC)

7. Business Arising from the Minutes (nil)

8. Staff Reports

8.1. Staff Report: 2025-2026 Merger Budget

Larry Stinson shared the 2025-2026 Merger Budget document with Stewardship Committee members, which can be viewed in the agenda package.

Members were advised of changes in expenses related to Year 1 funding, such as staffing (which increased) but highlighted changes that will lead to future state savings, such as positions being removed from the forecasted spending. Other notes affecting numbers included IT with delays in integration and changing to cloud-based subscriptions.

A high-level discussion on reserves and looking forward to funding included noting combined legacy organization reserves of approximately $3,000,000, as well as the possibility of advocacy for one-time requests to continue funding post-merger or to reallocate funds if needed.

The Stewardship Committee provided their approval of the 2025-2026 Year 2 Merger Budget.

MOTION:
That the Stewardship Committee recommend that the approval of the 2025-2026 Year 2 Merger Budget (revised from original business case submission) for submission to the Ministry of Health (deadline with extension Apr 14, 2025)
Moved: Mr. Moloney
Seconded: Mr. Marshall
Motion carried: (2025-010-SC)

8.2. Policies and By-Laws for Review

History was provided to Stewardship Committee members related to the policies and by-laws brought forward. In discussion, members expressed a desire to have sustainability and buy local language included in the Procurement Policy.

MOTION:
That the Stewardship Committee recommend the following items for Board of Health approval:
a. Procurement – Policy (new) with amendment (with the proposed revised edits to sustainability and buy local)
b. By-Law 2 – Banking and Finance (revised)
c. By-Law 5 – Duties of Officers and Management of Board (revised)
Moved: Mr. Marshall
Seconded: Mr. Moloney
Motion carried: (2025-011-SC)

9. Consent Items (nil)

10. New Business

11. In Camera to Discuss Confidential Matters (nil)

12. Motions for Open Session (nil)

13. Date, Time, and Place of the Next Meeting

The next meeting date will be determined via poll of members.

Confirmation was given related to Larry Stinson and Dr. Piggott providing a financial forecast for 2027 on May 1st BOH Retreat.

Stewardship Committee members express a desire that harmonization be discussed in May, if feasible.

Action items:

Action: Larry Stinson to provide harmonization information related to mid-level, 3 years – 5 years, 3-5 scenarios, then mid-level to high-level from 3 – 6 years, with assuming variables, for June meeting.

Action: The Stewardship Committee members request that an analysis of current per capita funding be provided, with a feasibility study, be completed and circulated. (timeline not specified)

Action: Discussion to take place at the next Stewardship Committee meeting related to harmonization and future state.

14. Adjournment

The meeting was adjourned at 1:30 p.m.

Moved: Deputy Mayor Black
Seconded: Councillor Riel
Motion carried: (2025-012-SC)

Financial Update Q1 2025 (Finance Manager: Dale Bolton)

Programs Funded January 1 to December 31, 2025

	Funding Type	2025 Net Budget Approval	YTD Budget $ Based on 2025 Submission (100%)	Year To Date Expenditures to Mar 31	Year to Date % of Budget	Year to Date Variance Under/(Over)	Comments
Mandatory Public Health Programs - all combined cost-shared	MOHLTC Cost Shared (CS)	30,919,701	7,729,925	7,614,335	24.6%	115,590	Year-to-date underspending from January through March based on the approved cost-shared budget for HKNP Health Unit. The total funding includes MOH and local partners. The Ministry approved for 2025 includes a 1% increase over each legacy health unit's prior year cost-shared funding.Through the first quarter, expenditures net of offset revenue are $7,614,335. Expenditures are just below budget at 24.6% based on the approved BOH budget. Underspending at this time is due to some position gapping and timing of planned program spending during year. Through the balance of the year, expenditures will increase and will be on track to spend in full as program staff fulfill program harmonization and operational plans.

100% Program funded January 1 to December 31, 2025

	Funding Type	2025 Budget Approval	YTD Budget $ Based on 2025 Submission (100%)	Year To Date Expenditures to Mar 31	Year to Date % of Budget	Year to Date Variance Under/(Over)	Comments
Ontario Seniors Dental	100%	2,083,600	520,900	430,140	20.6%	90,760	The 2025 Budget Submission represents the consolidated program budget for both legacy PPH and HKPR. The Year to Date expenditures are below budget at 20.6% for the first quarter. Current underspending relates primarily to underspending in budgeted professional services as a previous contracted dental service provider legacy HKPR is no longer providing services in the Haliburton area at this time. Anticipate program spending will be on track through the end of the year and budget spent in full.

One-Time Funding funded April 1, 2024 to March 31, 2025							
	Funding Type	2024 - 2025 Approved Budget	2024/25 YTD Budget $ (100%)	Year To Date Expenditures to Mar 31	Year to Date % of Budget Approval	Year to Date Variance Under/(Over)	Comments
IPAC HUB - Infectious Disease	100% MOH	415,832	415,832	409,940	98.6%	5,892	IPAC HUB program commenced in July 2024. Preliminary planning commenced in May 2024 and program staff commencing in September 2024. Underspending for the year of $5,892 primarily relates to reduced spending in travel cost. Balance owing will be returned to the province, pending final audit for the year.

Programs funded April 1, 2024 to March 31, 2025 - MCCSS							
	Funding Type	2024 - 2025 Approved Budget	YTD Budget $ (100%)	Year To Date Expenditures to Mar 31	Year to Date % of Budget Approval	Year to Date Variance Under/(Over)	Comments
Infant Child and Development Program - Legacy PPH	100% MCCSS	253,283	253,283	253,283	100.0%	-	Program operated within budget for the year. Final audit for program fiscal year pending.
Healthy Babies, Healthy Children - Legacy PPH	100% MCCSS	1,018,064	1,018,064	1,018,064	100.0%	-	Program operated within budget for the year. Final audit for program fiscal year pending.
Healthy Babies, Healthy Children - Legacy HKPR	100% MCCSS	1,088,967	1,088,967	1,088,967	100.0%	-	Program operated within budget for the year. Final audit for program fiscal year pending.
Total - All Programs		**35,809,447**	**11,056,971**	**10,844,729**	**30.3%**	**212,242**	

HALIBURTON KAWARTHA NORTHUMBERLAND PETERBOROUGH HEALTH UNIT
BOARD OF HEALTH

TITLE:	Correspondence for Direction – Intimate Partner/Gender Based Violence, Windsor Essex County Health Unit (WECHU)
DATE:	June 18, 2025
PREPARED BY:	Kara Koteles Public Health Nurse; Jennifer Valcamp, Health Promoter
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

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

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

BACKGROUND

Intimate Partner Violence (IPV)/Gender Based Violence (GBV) includes physical, sexual and/or emotional harm toward a current or former intimate partner. Exposure to IPV is associated with negative impacts to social functioning, mental health, and physical health. Almost half (44%) of the women living in Canada have been a victim of Domestic Violence/IPV, and this alarming number may be an under-representation as extensive research indicates many survivors do not report their experiences. In Ontario, it is estimated that while 80% of survivors tell family or friends, only 30% formally report their abuse to the police.[1] It is well established through research that children exposed to violence, either directly or through witnessing interparental violence, are at risk of intimate partner violence in adolescence and adulthood.[2] IPV is recognized as an adverse childhood experience (ACE), and ACEs are associated with the increased risk of serious physical, mental and neurobiological problems.[3] Research indicates that IPV starts early in the lifespan, indicating the need for early prevention efforts and interventions targeting adolescents and young adults.[4]

IPV/GBV and family violence are complex issues that require addressing the root causes and supporting survivors, their children, and their families. A public health approach to preventing violence involves focusing on mitigating upstream factors that increase the likelihood of violence and strengthen factors that promote healthy relationships. Both legacy PPH and HKPR health units had completed work and advocacy relating to IPV/GBV.

The Haliburton Kawartha Northumberland Peterborough Health Unit (HKNPHU) contributes to prevention and protection of families through the delivery of programming such as the Healthy Babies Healthy Children (HBHC) program and the Nurse Family Partnership (NFP) program. Through its strategic plan, legacy PPH has prioritized activities that reduce the risk of Adverse Childhood Experiences, including IPV, by mobilizing community partners to address ACEs as a community. Legacy PPH is currently a member of the Peterborough Domestic Abuse Network (PDAN), which is committed to ending IPV. Legacy HKPR has accepted an invitation to join the Northumberland Violence Against Women Coordination Committee (NVAWCC).

In 2016, legacy PPH provided a letter of support for provincial legislation that would allow workplace leaves for those experiencing domestic and sexual violence, including for those workers involved with temporary agencies and other forms of precarious employment. Additionally in January 2024, legacy PPH provided a letter of support to request the Province of Ontario to support North Bay Parry Sound District Health Unit's (NBPSDHU) request to invest in surveillance and data-informed strategies. These strategies aim to monitor trends and reduce IPV, reduce ACEs, and increase resilience and protective factors to decrease the likelihood of future risk, such as becoming a victim or perpetrator of violence.

The current momentum for this Board of Health correspondence comes from Coroner's Inquest into deaths of Carol Culleton, Anatasia Kuzyk and Nathalie Warmerdam ("the Renfrew Inquest"). The first of eighty-six recommendations of the Renfrew Inquest is for the Government of Ontario to formally declare Intimate partner violence as an epidemic.[5] Bill 173, the Intimate Partner Violence Epidemic Act, 2024, would establish provincial recognition that intimate partner violence is at crisis level in Ontario. Legacy PPH supported PDAN's April 2024 letter to support Bill 173, the Intimate Partner Violence Epidemic Act, 2024. The City of Peterborough, the County of Peterborough, City of Kawartha Lakes and Haliburton Minden County Council have all declared Intimate Partner Violence an epidemic. A recent 2024 Peterborough City and County Public Perceptions and Paths to Prevention Survey, conducted by Trent University in partnership with the PDAN, asked 199 participants whether they agreed with labeling domestic violence (intimate partner violence) as an epidemic. An overwhelming 95% either strongly or somewhat agreed.[6]

Recommendation ten from the Renfrew Inquest is to encourage IPV be integrated into every municipality's Community Safety and Well-being plan.[7] In the regions served by HKNPHU, the Community Safety and Wellbeing Plans (CSWP) have not included IPV/GBV

within their 2021-2025 plans. Ontario municipal CSWPs are required to be renewed in 2026. Involving HKNPHU staff in the CSWP renewal process will directly enhance collaboration with public health and municipalities. Their engagement will reinforce partnerships, integrate preventative strategies, and ensure mutual priorities are effectively addressed. Their expertise will help shape programs and policies that proactively prevent IPV and overall community health.

ATTACHMENTS

a. WECHU Resolution, 2024-12-05 *(web hyperlink)*

REFERENCES

[1] Government of Ontario. (December 5. 2023). Intimate partner violence. Government of Ontario. https://www.ontario.ca/page/intimate-partner-violence

[2] Niolon, P. H., et al. (2017). Intimate partner violence prevention resource for action: A compilation of the best available evidence. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

[3] Centers for Disease Control and Prevention. (2019). Adverse childhood experiences (ACEs): Prevention resource for action: A compilation of the best available evidence. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

[4] Niolon, P. H., et al. (2017). Intimate partner violence prevention resource for action: A compilation of the best available evidence. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

[5] Coroner's Jury [names redacted]. (June 28, 2022). Culleton, Kuzyk & Warmerdam Inquest: Jury recommendations. Verdict of Coroner's Jury. Office of the Chief Coroner.

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

[7] Coroner's Jury [names redacted]. (June 28, 2022). Culleton, Kuzyk & Warmerdam Inquest: Jury recommendations. Verdict of Coroner's Jury. Office of the Chief Coroner.