

**Board of Health for
Lakelands Public Health
MEETING AGENDA
Wednesday, December 17, 2025, 5:00 – 7:30 p.m.
Port Hope Office, Meeting Rooms 1/2/3
200 Rose Glen Road, Port Hope ON**

1. Call to Order and Land Acknowledgement

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2. Declaration of Pecuniary Interest

3. Adoption of the Agenda

4. Adoption of Regular Minutes

4.1. November 20, 2025

- Cover Report
- a. Minutes, November 20, 2025

5. Business Arising

5.1. Executive Working Group

- Cover Report
- b. Draft By-Law #5 – Duties of Officers and Management of Board (Revised)

6. Medical Officer of Health Update

7. Reports

7.1. Staff Report: Wastewater Surveillance 2026

- Staff Report

8. Consent Items

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

8.1. Correspondence for Information

- Cover Report

- a. LPH Letter – GE Vernova
- b. CMOH Memo – OPHS Delay

8.2. Indigenous Health Advisory Circle

- Cover Report
- a. Minutes, September 12, 2025

9. New Business

10. In-Camera Session (nil)

11. Motions From In Camera Session (nil)

12. Date of Next Meeting

Wednesday, January 21, 2026 - 4:00 p.m. – 6:30 p.m.
Virtual

13. Adjournment

LAKELANDS PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	Meeting Minutes for Approval
DATE:	December 17, 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 Lakelands Public Health approve meeting minutes for November 20, 2025.

ATTACHMENTS

- a. [Draft Minutes, Nov. 20/25](#)

**Board of Health for
Lakelands Public Health
DRAFT MEETING MINUTES
Thursday, November 20, 2025, 1:00 – 3:30 p.m.
Peterborough Office, Multipurpose Rooms
185 King Street, Peterborough, ON**

In Attendance:

Board Members:

**Deputy Mayor Ron Black, Chair
Warden Bonnie Clark
Mayor Olena Hankivsky (virtual, joined at 1:16 p.m.)
Mr. Paul Johnston
Councillor Dan Joyce
Councillor Nodin Knott (virtual, joined at 1:15 p.m.)
Councillor Joy Lachica
Mayor John Logel
Dr. Ramesh Makhija
Mr. David Marshall
Mr. Dan Moloney
Councillor Tracy Richardson
Councillor Keith Riel
Councillor Cecil Ryall (virtual)
Dr. Hans Stelzer (virtual)
Councillor Kathryn Wilson (virtual)**

Staff:

**Dr. Thomas Piggott, Acting Medical Officer of Health & Chief Executive Officer (virtual)
Dr. Natalie Bocking, Acting Deputy Medical Officer of Health
Ms. Alida Gorizzan, Executive Assistant (Recorder)
Ms. Anne Marie Holt, Director, Environmental Health and Infectious Diseases (virtual)
Ms. Michelle McWalters, Executive Assistant
Mr. Larry Stinson, Chief Transformation Officer / Director of Finance, Facilities and IT
Mr. Matthew Vrooman, Director of People & Communications**

1. Call to Order and Land Acknowledgement

Deputy Mayor Black, Chair, called the meeting to order at 5:02 p.m.

2. Declaration of Pecuniary Interest

There were no declarations of conflict of interest.

3. Adoption of the Agenda

The Chair requested an amendment to the agenda to accommodate two delegation requests received, and approved by the Chair, related to item 7.1.

MOTION:

That the agenda be approved as amended.

Moved: Councillor Richardson

Seconded: Warden Clark

Motion carried. (2025-109)

3.1 Delegations

MOTION:

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

- Ms. Jacqueline Wilson, Counsel, Canadian Environmental Law Association
- Mr. Nick Lato, Community Member

Moved: Warden Makhija

Seconded: Mr. Moloney

Motion carried. (2025-110)

4. Adoption of Regular Minutes

4.1. October 15, 2025

That the Board of Health for Lakelands Public Health approve meeting minutes for October 15, 2025.

Moved: Dr. Makhija

Seconded: Councillor Richardson

Motion carried. (2025-111)

5. Business Arising

6. Medical Officer of Health Update

That the Board of Health for Lakelands Public Health receive the oral report, Medical Officer of Health Update, for information.

Moved: Councillor Joyce

Seconded: Warden Clark

Motion carried. (2025-112)

7. Reports

7.1. Staff Report: GE Vernova - Peterborough Site Demolition Request

MOTION:

That the Board of Health for Lakelands Public Health write a letter to GE Vernova to:

- request the company provide a draft demolition plan addressing historic contamination remediation and any hazards of demolition and disposal that could impact public health and safety, present and future;
- request information regarding any historical complaints related to the site and testing;
- strongly encourage GE Vernova to include community engagement, transparency and proactive dialogue in this process; and,
- share copies of this correspondence with local municipalities, First Nations, local Members of Provincial Parliament and the Ministry of the Environment, Conservation and Parks.

Moved: Councillor Lachica

Seconded: Warden Clark

Motion carried. (2025-113)

7.2. Quarterly Reports

MOTION:

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

- Merger Progress Report and Dashboard – Q2 2025
- Ontario Public Health Standards Program Report – Q1–Q3 2025
- Financial Report – Q3 2025

Moved: Councillor Lachica

Seconded: Councillor Riel

Motion carried. (2025-114)

7.3. Report: Governance Working Group Update

An amendment was noted to the meeting schedule shared.

MOTION:

That the Board of Health for Lakelands Public Health:

- receive the staff report, Governance Working Group Update, for information; and,
- confirm the preferred meeting cadence and timing for 2026 to be the third Wednesday of every month from 4:00 – 6:30 p.m. (with the exception of March, July, August and December), dates and locations as follows:
 - January 21, 2026 (Virtual)
 - February 18, 2026 (Peterborough Office)

- April 15, 2026 (Port Hope Office)
- May 20, 2026 (Lindsay Office)
- June 17, 2026 (First Nation location to be determined)
- September 16, 2026 (Peterborough Office)
- October 21, 2026 (Port Hope Office)
- November 18, 2026 (Lindsay Office)

Moved: Councillor Richardson

Seconded: Mayor Logel

Motion carried. (2025-115)

8. Consent Items

MOTION:

That the following items be passed as part of the Consent Agenda: 8.1a,b,c,d,e; 8.2a; 8.3a,b,c.

Moved: Warden Clark

Seconded: Councillor Ryall

Motion carried. (2025-116)

MOTION (8.1a,b,c,d,e):

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

- a. Notice of Ministry Appointments for Provincial Members: Mr. Dan Moloney and Dr. Hans Stelzer (received Oct. 24/25), Dr. Ramesh Makhija (received Nov. 14/25).
- b. alPHa Summary - 2025 Ontario Economic Outlook and Fiscal Review A Plan to Protect Ontario (Nov. 6/25)
- c. alPHa Letter – Minister of Health, Recommendations for Indigenous Membership on Boards of Health (Nov. 10/25)
- d. alPHa Infobreak – November/December 2025
- e. LPH Letter to Ministers Michel & Jones - Strengthening Coordination of Provincial and Federal Dental Programs (Nov. 14/25)

Moved: Warden Clark

Seconded: Councillor Ryall

Motion carried. (2025-116)

MOTION (8.2a):

That the Board of Health for Lakelands Public Health approve the following policy:

- a. Complaints

Moved: Warden Clark

Seconded: Councillor Ryall

Motion carried. (2025-116)

MOTION (8.3a):

That the Board of Health for Lakelands Public Health receive Stewardship Committee minutes from its meeting held on September 29, 2025, for information.

Moved: Warden Clark
Seconded: Councillor Ryall
Motion carried. (2025-116)

MOTION (8.3b):

That the Board of Health for Lakelands Public Health:

- receive the staff report, 2024/2025 Audited Financial Statement - Healthy Babies Healthy Children Program; and
- approve the 2024/2025 Audited Statements for the Healthy Babies Healthy Children Program for Peterborough Public Health and Haliburton, Kawartha Pine Ridge District Health Unit, as recommended by the Stewardship Committee.

Moved: Warden Clark
Seconded: Councillor Ryall
Motion carried. (2025-116)

MOTION (8.3c):

That the Board of Health for Lakelands Public Health:

- receive the staff report, 2024/2025 Infant Child Development Program Audited Financial Statement, for information; and,
- approve the 2024/2025 Audited Statements for the Infant Child Development Program, as recommended by the Stewardship Committee.

Moved: Warden Clark
Seconded: Councillor Ryall
Motion carried. (2025-116)

9. New Business

10. In-Camera Session (nil)

11. Motions From In Camera Session (nil)

12. Date of Next Meeting

Wednesday, December 17, 2025
Education Session - 4:00 – 5:00 p.m.
Regular Meeting – 5:00 – 7:30 p.m.
Port Hope Office, Meeting Rooms 1/2/3
200 Rose Glen Road, Port Hope ON

13. Adjournment

MOTION:

That the meeting be adjourned at 2:53 p.m.

Moved: Dr. Makhija
Motion carried. (2025-117)

LAKELANDS PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	Business Arising – Executive Working Group
DATE:	December 17, 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 Lakelands Public Health approve the following:

- By-Law #5 – Duties of Officers and Management of the Board (revised).

BACKGROUND

Following the November 18, 2025 meeting, staff sought legal counsel from Mr. Harold Van Winssen of Templemann LLP regarding the establishment of an Executive “Advisory Group” or “Committee”. The objective was to ensure that any proposed activities would comply with the Municipal Act.

Based on the nature of the discussions anticipated for these meetings, Mr. Van Winssen advised that forming a Committee or Advisory Group would not be necessary. Rather, he recommended expanding the duties of the Chair and the Medical Officer of Health to incorporate the proposed language outlined in the revised by-law (see Attachment A).

ATTACHMENTS

[a. By-Law #5 – Duties of Officers and Management of the Board](#)

By-Law #5	Duties of Officers and Management of Board of Health
Section	Board of Health
Lead	Board of Health
Approval Level	Board of Health
Original Approval	2025-JAN-02
Reviewed/Revised	2025- APR-16 DEC-17
Next Review	2027- APR-16 DEC-17-
Reference	<i>Health Protection and Promotion Act, R.S.O. 1990, c. H.7, s. 56 (1)</i>

NOTE: This is a CONTROLLED document for internal use only, and any document appearing in a paper form should ALWAYS be checked against the online version prior to use.

Pursuant to Section 56 (2) (b) and (c) of the Ontario *Health Protection and Promotion Act*, RSO 1990, Chapter H7, the Board of Health may pass bylaws respecting the appointment, duties and removal of officers (other than the medical officer of health or an associate medical officer of health) and employees, and the remuneration, pensions and other benefits of officers and employees, as well as any other matter necessary or advisable for the management of the affairs of the board of health.

1. In this by-law:

“Act” means the Ontario *Health Protection and Promotion Act*, RSO 1990, Chapter H7;

“Board” means the Board of Health for Lakelands Public Health (legal name Haliburton Kawartha Northumberland Peterborough Health Unit);

“Chair” means the Chair of the Board elected pursuant to the Act, or in the absence of the Chair of the Board, it means the person designated to act on their behalf with respect to meetings of the Board;

“Vice-Chair” means the Vice-Chair of the Board elected pursuant to the Act:

“Councils” means the municipal councils of the Corporations of:

- a. County of Haliburton;
- b. City of Kawartha Lakes;
- c. County of Northumberland;
- d. City of Peterborough; and
- e. County of Peterborough;

And First Nation Councils where Section 50 agreements are in place.

“Medical Officer of Health” means the Medical Officer of Health of the Board as defined under the Act and its regulations;

“Associate Medical Officer of Health” means the Associate Medical Officer of Health of the Board as defined under the Act and its regulations;

“Business Administrator” means the business administrator of the Board;

“Director of People & Communications” means the Director of People & Communications for the Haliburton Kawartha Northumberland Peterborough Health Unit;

“member” means a member of the Board who is appointed by a Council (inclusive of First Nation Councils where Section 50 agreements are in place) or the Lieutenant Governor-in-Council or a person who is appointed to a committee by the Board;

“committee” means two or more members appointed by the Board to meet and transact business on behalf of the Board;

“meeting” means an official gathering of members of the Board or a Committee to transact business;

“Municipal Act” means the Ontario *Municipal Act, 2001*, SO 2001 c25.

2. Duties of Officers of the Board

2.1 The officers of the Board shall be:

- 2.1.1 the Chair of the Board; and
- 2.1.2 the Vice-Chair of the Board.

2.2 The Chair of the Board is elected at the first meeting of the year and has the following responsibilities:

- Provide leadership to the Board.
- Ensure the Board meets its obligations and fulfills its governance role while respecting and understanding the role of management.
- Preside at all meetings of the Board and ensure meetings are efficient and effective which shall generally include the following tasks:
 - ensure that matters dealt with at Board meetings adequately reflect the Board’s role;
 - ensure that Board meetings are conducted in an orderly manner, in accordance with applicable legislation and Board by-laws and policies;

- facilitate and move forward the business of the Board, ensuring that relevant information is made available to Board members in a timely manner;
- encourage all Board members to actively and respectfully participate in discussions on agenda topics, providing for fair and appropriate debate on issues relevant to the agenda;
- rule on procedural matters during Board meetings; and
- facilitate the Board in reaching consensus, whenever possible.
- Ensure the effectiveness of standing committees of the Board:-
 - The Chair serves as an ex-officio member on all Board committees to which the Chair has not been appointed as a member.
 - As an ex-officio member to all committees, the Chair retains the rights and privileges afforded to other committee members, such as the right to vote, however the Chair is not counted when determining the number required for a quorum of the Committee.
- Represent the Board as required at public or official functions and act as the official spokesperson of the Board, or designate another Board member to do so.
- Oversee the Board's evaluation processes and provide constructive feedback to Board members.
- Sign on behalf of the Board, any class of or particular contract, arrangement, conveyance, mortgage, obligation or other document.
- Serve as a mentor to other Board of Health members and ensure that all Board of Health members contribute fully to the work of the Board.
- Act on non-attendance at Board of Health or Board Committee meetings.
- Support the Medical Officer of Health by carrying out the following responsibilities:
 - Serve as the Board of Health's central point of official communication with the Medical Officer of Health and counsel the Medical Officer of Health regarding the Board's expectations and concerns.
 - Facilitate meetings from time to time with Medical Officer of Health and such other parties as the Chair and/or Medical Officer of Health deem to be helpful in dealing with any particular situation (e.g., Vice-Chair, Chairs of various Committees, First Nations Councillors on the Board, etc.). These meetings may focus on some of the following issues: identifying emerging issues that require Board attention; ensuring Committee and Board activities are coordinated and aligned with strategic priorities; and, fostering co-operative relationships and a collaborative work environment for Board members and the Medical Officer of Health.
 - ~~Facilitate co-operative relationships and foster a collaborative work environment for Board members and the Medical Officer of Health.~~

- Lead in monitoring and evaluating the performance of the Medical Officer of Health. A performance appraisal should be scheduled before the end of the Medical Officer of Health's probationary period, and then at least every two (2) years, preferably around the Medical Officer of Health's anniversary date.
 - Meet with the Medical Officer of Health at the beginning and end of the Chair's term to review the annual work plan, which includes the setting of professional development goals.
 - Review and approve vacation, conference and expense requests for the Medical Officer of Health.
 - Other duties and powers as are from time to time determined by the Board.
- 2.3 The Vice-Chair shall have all the powers and performs all the duties of the Chair of the Board in the absence or disability of the Chair of the Board together with such powers and duties, if any, as may be assigned from time to time by the Board
- 2.4 The terms of all officers of the Board shall expire when their successors are elected and no later than immediately preceding the first meeting of each year as set out in By-law Number 3.

3. Execution of Documents

- 3.1 Except as otherwise directed by the Board or as otherwise expressly set out in any by-law or policy of the Board, the Signing Officers of the Board shall be as follows:

- 3.1.1 Chair of the Board;
- 3.1.2 Vice-Chair of the Board;
- 3.1.3 Medical Officer of Health;
- 3.1.4 Associate Medical Officer of Health;
- 3.1.5 Business Administrator;
- 3.1.6 Director of People & Communications

The above individuals shall be authorized to sign any class of or particular contract, arrangement, conveyance, mortgage, obligation or other document.

- 3.2 A duly-authorized contract, arrangement, conveyance, mortgage, or other document with a pecuniary value of less than \$50,000 shall be signed by any two of the following: the Medical Officer of Health, Associate Medical Officer of Health, Business Administrator, or Director of People & Communications. The second signature for a duly-authorized contract, arrangement, conveyance, mortgage, or other document with a pecuniary value of \$50,000 to less than \$100,000 shall be that of the Medical Officer of Health, or in the absence of the Medical Officer of Health, with their prior, written, explicit approval, the

Associate Medical Officer of Health, Business Administrator, or the Director of People & Communications. For a duly-authorized contract, arrangement, conveyance, mortgage, or other document with a pecuniary value of \$100,000 or more, two signatures shall be required. One signature shall be the Chair of the Board or in the absence of the Chair, the Vice-Chair of the Board. The second signature shall be the Medical Officer of Health or in the absence of the Medical Officer of Health, with their explicit written approval, the Associate Medical Officer of Health, Business Administrator, or the Director of People & Communications.

- 3.3 The Medical Officer of Health, Associate Medical Officer of Health and the Business Administrator are authorized to sign Provincial Accountability Agreements and Service Agreements as required and specified by the relevant Ministry.
- 3.4 An electronic signature may be affixed for the Medical Officer of Health, Associate Medical Officer of Health, Business Administrator, Director of People & Communications, Chair or Vice Chair in compliance with the terms of the agreement, contract or other document, and provided written approval is received from the individual prior to affixing such individual's signature to the document.

This By-law read a first, second and third and final time and passed this 16th day of April, 2025.

Original signed by

Chair, Board of Health

~~Haliburton Kawartha Northumberland~~

~~Peterborough Health Unit~~

~~Lakelands Public Health~~

Original signed by

Medical Officer of Health

~~Haliburton Kawartha Northumberland~~

~~Peterborough Health Unit~~

~~Lakelands Public Health~~

LAKELANDS PUBLIC HEALTH

BOARD OF HEALTH

TITLE:	Wastewater Surveillance 2026
DATE:	December 17, 2025
PREPARED BY:	Carolyn Pigeau, Epidemiologist
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Lakelands Public Health receive the staff report, Wastewater Surveillance 2026, for information.

BACKGROUND

Wastewater monitoring helps scientists and public health officials track disease spread in communities. Since the 1960s, it has been used to detect illnesses like polio through human waste analysis.¹

Fragments of viruses such as SARS-CoV-2 appear in feces days before symptoms and up to three weeks after. These non-infectious fragments enter the sewer system and mix with community wastewater.² Monitoring provides near real-time insight into virus activity, including SARS-CoV-2 and influenza, often before symptoms appear.

In 2020, Ontario's Ministry of the Environment launched the Wastewater Surveillance Initiative (WSI) to detect COVID-19 early and support local public health units. Funding that was available stopped when the WSI program officially ended July 31, 2024.³ It was replaced by a federal program run by the Public Health Agency of Canada that conducts wastewater surveillance at only four municipalities in Ontario: Kingston, London, Peel Region and Toronto.⁴

Peterborough Public Health (PPH) began wastewater surveillance in 2022 in partnership with Trent University. Through the former PPH Board of Health (BOH), PPH secured funding to continue wastewater surveillance in Peterborough until the end of 2025. The former Haliburton, Kawartha, Pine Ridge District Health Unit (HKPR) began wastewater surveillance in Lindsay and Cobourg in August 2021 and later added a site in Minden. Sampling was supported by local municipalities and the Ontario Clean Water Agency (OCWA). Wastewater surveillance in the HKPR region ended in May 2024 when WSI wound down.

Earlier this year, PPH and HKPR merged to form Lakelands Public Health (LPH). The need was identified to determine an approach for the larger LPH geography that was feasible and cost effective.

A meeting with Trent University researchers and LPH Senior Leadership was held October 10, 2025. Trent University noted they could work within a given budget and the highest

efficiency and cost effectiveness for conducting wastewater testing would be sampling sites in multiples of four.

Sampling one site costs \$1,000 per week, but if this were to increase to four sites, the cost would only double to \$2,000 per week. Currently, Trent University is paying for taxis to collect samples which costs an additional \$100 per week/site. LPH could tap into existing Provincial lab couriers (already transporting well water samples from Health Unit offices) or other lab couriers (e.g., LifeLabs) to take over this task, as a means of mitigating these additional costs.

ANALYSIS

Analysis of historical wastewater data

Recently, an analysis of historical wastewater data was completed for both legacy health units. For the City of Peterborough, these findings indicated that wastewater does provide a short lead time prior to laboratory confirmed cases of about 2-3 days and there was evidence that viral signal in wastewater could be seen up to 6 days ahead of reported COVID-19 cases.

For the population centres of Lindsay and Cobourg, analysis showed a strong correlation between wastewater signal by accurate episode date of laboratory confirmed cases during the height of the COVID-19 pandemic in 2021, but the same correlation was not seen in later years. No strong correlation was found to exist between wastewater signal from the Minden water treatment plant and COVID-19 cases in Minden and Haliburton area. Findings from rural areas and Indigenous communities, which have either smaller wastewater systems or septic systems not allowing community sampling are not as reliable. Results can be skewed depending on where samples are taken in relation to the population, and due to many households in rural areas not being on the municipal wastewater system.

For LPH, the value of wastewater surveillance is tracking any increase in signal to warn of an increase in respiratory infections in our area. Due to limitations in funding, it makes sense to limit the timing of surveillance to times where it is most useful, when it can help forecast the start of another wave of respiratory illness. Late summer (mid-August) to early winter (mid-December) is the time frame where surveillance is of greatest value.

The partnership with Trent University to conduct all wastewater sampling and viral signal testing for COVID-19, influenza, and RSV in the Peterborough area has proven to be invaluable both in terms of Trent University's scientific expertise and cost-effective service delivery model. Trent University's proposed costs for an expanded 4-site, 16-week fall/early winter focused wastewater surveillance program across the full LPH jurisdiction are reasonable and manageable within the Health Unit's existing budget.

Preserving this relationship ensures we are prepared for future opportunities — whether expanding surveillance to other illnesses or responding rapidly to emerging threats. Should

a novel pathogen arise, this established partnership enables LPH to act quickly and effectively across all jurisdictions.

CONCLUSIONS

- There is value in continuing the partnership with Trent University to conduct wastewater surveillance for COVID-19, influenza and RSV with an expanded approach that will cover the larger LPH geography.
- Wastewater surveillance to continue for 16-weeks in 2026 (mid-August to mid-December) to monitor the start of the fall respiratory season, at an estimated annual cost of \$32,000.
- Four sampling sites will be chosen to improve coverage across LPH. It is recommended to keep the current Peterborough site and add one sampling site each in Haliburton County, Lindsay, and Northumberland County.

REFERENCES:

¹ Jones, D., et al. Shedding of SARS-CoV-2 in feces and urine and its potential role in person-to-person transmission and the environment-based spread of COVID-19. *Science of The Total Environment*, Volume 749, 20 December 2020, 141364. Retrieved October 16, 2025 from <https://www.sciencedirect.com/science/article/pii/S0048969720348932>.

² Ministry of the Environment, Conservation and Parks, Wastewater Monitoring, retrieved Oct 16, 2025 from <https://www.ontario.ca/page/wastewater-monitoring>, last updated June 5, 2024.

³ Ireland, N. The Canadian Press. (2024). Ontario halts wastewater testing for COVID, other viruses. Retrieved November 5, 2025 from <https://www.cbc.ca/news/canada/toronto/ontario-halts-covid-wastewater-testing-1.7280822>, last updated July 31, 2024.

⁴ Ibid.

⁵ Piggott, T., et al. (Feb/Mar 2023). [Wastewater surveillance for earlier detection of COVID-19 outbreaks, CCDR 49\(2/3\) - Canada.ca](https://www.canada.ca/en/public-health/services/reports-publications/canada-communicable-disease-report-ccdr/monthly-issue/2023-49/issue-2-3-february-march-2023/wastewater-surveillance-earlier-detection-covid-19-outbreaks-ontario.html). Retrieved Oct. 16, 2025 from <https://www.canada.ca/en/public-health/services/reports-publications/canada-communicable-disease-report-ccdr/monthly-issue/2023-49/issue-2-3-february-march-2023/wastewater-surveillance-earlier-detection-covid-19-outbreaks-ontario.html>. Last updated March 8, 2023.

⁶ Schmid, N, et al. Integrative modeling of the spread of serious infectious diseases and corresponding wastewater dynamics. *ScienceDirect. Epidemics*, Volume 51, June 2025, 100836. Retrieved October 16, 2025 from <https://www.sciencedirect.com/science/article/pii/S1755436525000246>.

LAKELANDS PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	Correspondence for Information
DATE:	December 17, 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 Lakelands Public Health receive the following correspondence for information:

- a. LPH Letter to GE Vernova dated November 26, 2025, regarding demolition plans for the GE Peterborough site.
- b. Memo from the Chief Medical Officer of Health dated December 9, 2025, regarding a delay in the release of the final revised Ontario Public Health Standards.

ATTACHMENTS

- a. [GE Vernova Letter](#)
- b. [CMOH Memo](#)

November 26, 2025

GE Vernova

Attn: Jennifer Bush, Sr. Environmental Remedial Manager
Environmental & Properties Risk Team, Global Supply Chain Development
107 Park Street North
Peterborough ON K9J 7B5
Sent Via E-mail: Jennifer.Bush@gevernova.com

Dear Ms. Bush,

RE: Community Request for Draft Demolition Plan and Relevant Historical Information Regarding Health Complaints

On behalf of the Board of Health for Lakelands Public Health, I am writing to make you aware of community concerns that have been brought forward to the Board of Health about potential health impacts of the proposed demolition of buildings at 107 Park Street North, Peterborough, Ontario. At our board meeting on November 20, we received two delegations that spoke to possible health implications from chemicals known to have historically been present at the site.

The team at Lakelands Public Health are committed to working collaboratively with GE Vernova, the City of Peterborough, and the Ministry of the Environment, Conservation and Parks in their respective roles to ensure the public health and safety of the surrounding community. In this regard, we strongly encourage GE Verona to publicly share the draft demolition plan, any relevant historical information about health complaints related to contaminants at the site, to prioritize community engagement, transparency, and proactive dialogue throughout this process.

We appreciate your willingness to work with all partners and look forward to continued collaboration.

Sincerely,

Original signed by

Deputy Mayor Ron Black
Chair, Board of Health

nb/mm

cc: Mr. John Jankowski, Site Leader, GE Vernova Site, Peterborough
Mr. David Bradley, District Manager, Ministry of the Environment, Conservation and Parks
Drinking Water and Environmental Compliance Division, Peterborough District
City of Peterborough
County of Peterborough
Curve Lake First Nation
Hiawatha First Nation
Local Members of Provincial Parliament

Ministry of Health
Office of Chief Medical
Officer of Health, Public
Health
Box 12
Toronto, ON M7A 1N3
Fax.: 416 325-8412

Ministère de la Santé
Bureau du médecin
hygiéniste en chef,
santé publique
Boîte à lettres 12
Toronto, ON M7A 1N3
Téléc. :416 325-8412

December 9, 2025

MEMORANDUM

TO: Public Health Unit Board of Health Chairs, Medical Officers of Health and Chief Executive Officers

FROM: Dr. Kieran Moore, Chief Medical Officer of Health and Assistant Deputy Minister

RE: Revised Ontario Public Health Standards and Protocols

Dear Colleagues,

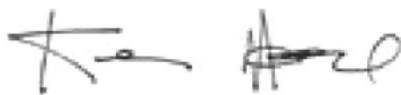
In September 2025, we shared working drafts of several documents to support planning by local Boards of Health in anticipation of a January 2, 2026 implementation date for the revised Ontario Public Health Standards (OPHS) and protocols.

I am writing to inform you that the release of the OPHS will be delayed and the current OPHS, protocols, and guidelines will continue to remain in effect. We will communicate a new release and implementation date as soon as possible. Information regarding Annual Service Plan submissions for 2026 will also be shared shortly.

Thank you for your continued input and collaboration throughout the OPHS review process.

If you have any questions, please contact us at ophs.protocols.moh@ontario.ca.

Sincerely,



Dr. Kieran Michael Moore, MD, CCFP(EM), FCFP, MPH, DTM&H, FRCPC, FCAHS
Chief Medical Officer of Health and Assistant Deputy Minister, Public Health

C: Elizabeth Walker, Executive Lead, Office of the Chief Medical Officer of Health,
Ministry of Health
Senior Leadership Team, Office of the Chief Medical Officer of Health, Public
Health, Ministry of Health
Public Health Unit Business Administrators
Michael Sherar, President and Chief Executive Officer, Public Health Ontario
Loretta Ryan, Chief Executive Officer, Association of Local Public Health
Agencies
Ziyaad Vahed, Director, Ministry of Children, Community and Social Services

LAKELANDS PUBLIC HEALTH
BOARD OF HEALTH

TITLE:	Indigenous Health Advisory Circle Report – Meeting Minutes
DATE:	December 17, 2025
PREPARED BY:	Alida Gorizzan, Executive Assistant, on behalf of Liz Stone, Circle Chair
APPROVED BY:	Dr. Thomas Piggott, Medical Officer of Health & CEO

PROPOSED RECOMMENDATIONS

That the Board of Health for Lakelands Public Health receive Indigenous Health Advisory Circle (IHAC) minutes from its meeting held on September 12, 2025, for information.

BACKGROUND

The IHAC met last on December 12, 2025. At that meeting, the Circle requested that these approved minutes come forward to the Board of Health at its next meeting.

ATTACHMENTS

- a. [IHAC Minutes, September 12, 2025](#)

**Indigenous Health Advisory Circle
MINUTES
Friday, September 12, 2025 – 1:00 p.m. – 2:30 p.m.
Nogojiwanong Friendship Centre
12 Ford Street, Peterborough ON**

In Attendance:

Members:

Deputy Mayor Ron Black (virtual)
Ms. Julie Bothwell
Mr. Paul Johnston (virtual)
Councillor Nodin Knott (virtual)
Ms. Lori Flynn
Councillor Joy Lachica
Mayor John Logel (virtual)
Professor David Newhouse
Ms. Shannon O'Connor (virtual)
Ms. Ashley Safar
Ms. Liz Stone, Chair
Ms. Rebecca Watts
Councillor Kathryn Wilson (virtual)

Staff:

Dr. Thomas Piggott, Medical Officer of Health & Chief Executive Officer
Dr. Natalie Bocking, Deputy Medical Officer of Health
Ms. Wendy Freeburn, Executive Assistant (virtual)
Ms. Alida Gorizzan, Executive Assistant (Recorder)
Ms. Samantha Roan, Manager, Indigenous Health
Ms. Sarah Tsang, Health Equity Coordinator, Foundational Standards (virtual)

Guest:

Ms. Jenn Harrington, Consultant, Arising Collective (virtual)

1. Call to Order and Welcome

Liz Stone, Circle Chair, called the meeting to order at 1:00 p.m. The Chair opened with a warm welcome and expressed gratitude to the Friendship Centre for hosting.

2. Introduction of New Members

New members to the Circle were introduced:

- Shannon O'Connor, Communications Assistant, Nijkiwendidaa Anishnabekwewag Services Circle

- Lori Flynn, Interim Executive Director, Nogojiwanong Friendship Centre

3. **Confirmation of the Agenda**

The agenda was confirmed with the addition of item 5.1, Branding Update.

4. **Minutes of the Previous Meeting**

4.1. June 26, 2025

The minutes were approved as circulated. **ACTION: The minutes will be circulated to the Board of Health at their next meeting.**

5. **Items Arising From the Minutes**

5.1. Branding Update

Dr. Piggott shared an update on the official brand launch of Lakelands Public Health which occurred the day prior at the Port Hope Office. The event included a traditional opening with a prayer and smudge led by Elissa Johnson. A recording of the event is available on the LPH YouTube channel for those who could not attend.

The Chair reviewed the process that was undertaken to develop the new identity and brand as well as the extensive engagement which included listening sessions with Indigenous communities, both at the IHAC table and through outreach. Conversations extended beyond branding to include relationship-building and trust, acknowledging historical challenges and the need for meaningful inclusion.

The marketing team worked closely with Indigenous advisors to ensure the final design was respectful and representative.

6. **New Business**

6.1. **Nogojiwanong Friendship Centre – Overview** (Lori Flynn)

Ms Flynn, Interim Executive Director, provided an overview of the [Nogojiwanong Friendship Centre](#). The Centre has grown significantly over the years and now operates two locations in Peterborough. The main office, located at 580 Cameron Street, houses family health and healing programs, while the second site focuses on intervention-based services.

The Centre recently launched a new website after several months of downtime. This update aims to keep program information current and accessible to the

community. Despite challenges with capacity and prioritization, the organization remains committed to maintaining quality services and strengthening partnerships. Recruitment for a permanent Executive Director is underway, with an announcement expected soon. Lori emphasized the importance of reconnecting with external networks and continuing to build relationships within the community as the organization moves forward.

6.2. Building the Regional Indigenous Health Strategy (Samantha Roan)

Ms. Roan presented a comprehensive vision for advancing Indigenous health within LPH. The strategy is built on three foundational pillars: Reconciliation, Decolonization, and Indigenization, each aimed at creating systemic change and fostering meaningful partnerships.

Reconciliation focuses on creating safe and brave spaces for dialogue, implementing cultural humility workshops, and addressing health equity. Sam emphasized the need to “decentre non-Indigenous experiences” within the health unit, which involves acknowledging unconscious biases and dismantling barriers that prevent equitable care. This pillar also includes building internal relationships and trust through reflective workshops and cultural awareness training.

Decolonization involves reviewing policies and procedures to ensure they align with Indigenous values and practices. Sam highlighted plans to work with Human Resources to embed equity in hiring processes, such as valuing lived experience alongside formal education. Cultural protocols and engagement policies will be developed to guide respectful interactions with Indigenous communities.

Indigenization aims to integrate Indigenous perspectives into organizational culture and operations. This includes embedding cultural practices in onboarding, supporting Indigenous-led initiatives, and collaborating with external partners to strengthen regional health equity. Sam proposed mandatory or performance-linked training for staff and managers to ensure accountability.

Sam noted additional work included creating a regional list of trusted Elders and Knowledge Holders (with vetting/recommendations from IHAC), standardizing honorarium practices, and developing shared resources like an Indigenous health equity library and share vetted cultural resources across organizations.

Sam concluded by stressing the importance of listening and relationship-building as the foundation for all actions. The strategy is not just about

programs but about transforming organizational culture to reflect inclusivity, respect, and reciprocity.

ACTION: Sam will provide updates on engagement activities at the next IHAC meeting. This will be a standing agenda item to track progress.

6.3. HKNP Strategic Plan Development and Indigenous Engagement

Ms. Jenn Harrington from Arising Collective provided an overview of the strategic planning process for Lakelands Public Health, emphasizing that the organization is at the early stages of a comprehensive, three-phase approach:

- Phase 1: Focuses on internal engagement, where staff will participate in small group discussions to define the organization's mission, vision, and values; these conversations will explore organizational culture and how staff envision working together internally and with community partners.
- Phase 2: Involves external engagement beginning in the new year. This phase aims to gather input from key stakeholders, including First Nations, urban Indigenous communities, and other regional partners. Jenn stressed the importance of authentic dialogue and relationship-building during this stage, ensuring that engagement is culturally appropriate and inclusive. She invited feedback from IHAC members on effective strategies for reaching communities, such as open meetings, youth involvement, and leveraging existing advisory committees. Suggestions included meeting people where they are—such as during community events—and using incentives to encourage participation.
- Phase 3: Synthesis of internal and external engagement to develop a strategic plan that reflects shared priorities and values.

Jenn emphasized that the process will build on the recent branding work and aims to create a roadmap for the future of LPH. She noted that IHAC's input will be vital throughout, particularly in shaping engagement methods and ensuring Indigenous perspectives are embedded in the plan. Members provided Jenn with points of contact so that this work can move forward with communities.

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

Friday, October 24, 2025 – 1-230pm
Peterborough CHC, Peterborough Square, 360 George St. N.

8. Adjournment

The meeting was adjourned at 2:25 p.m.