
South East Health Unit

formerly



BOARD OF HEALTH MEETING

AGENDA PACKAGE

(Revised)

WEDNESDAY, MARCH 26, 2025

at 10:30 a.m.

179 North Park Street, Belleville

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

Join Zoom Meeting

<https://ca01web.zoom.us/j/64689337803?pwd=9rQGbk7MAdkSZ33lka2allUa8R3hTv.1>

Meeting ID: 646 8933 7803

Passcode: 039653

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**To ensure a quorum we ask that you please RSVP to
clovell@hpepha.ca or 613-966-5500 Ext. 231.**

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Leeds, Grenville & Lanark
District Health Unit
458 Laurier Blvd.
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BOARD OF HEALTH AGENDA

Wednesday, March 26, 2025 - Belleville

1. CALL TO ORDER

2. LAND ACKNOWLEDGEMENT

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

3. ROLL CALL

4. APPROVAL OF THE AGENDA

MOTION: THAT the Board of Health approve the agenda for March 26 with one change: move the Closed Session (Item #8) to the end of the meeting to be addressed after the Information Items (Item #11).

5. APPROVAL OF THE MINUTES OF PREVIOUS MEETING

[Schedule 5](#)

MOTION: THAT the Board of Health approve the minutes of the meeting held on February 26, 2025 as circulated.

6. DISCLOSURE OF PECUNIARY INTEREST

7. COMMITTEE REPORT

7.1 **Governance Committee Update** – Mayor Robin Jones

MOTION: THAT the Board of Health receive the verbal update from Mayor Jones, the Governance Chair, as presented.

8. CLOSED SESSION

MOTION: THAT the Board of Health convene in closed session for the purposes of a discussion as it relates to Section 239(2) of the Municipal Act, and more specifically (b) personal matters about an identifiable individual, including municipal or local board employees.

9. RISING AND REPORTING OF CLOSED SESSION

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

10. NEW BUSINESS**10.1 Board of Health Meeting Schedule**[Schedule 10.1](#)

MOTION: Board of Health to approve Option 1, 2 or 3 as presented OR as amended through discussion.

10.2 Merger Updates[Schedule 10.2](#)

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

11. INFORMATION ITEMS (see website)[Schedule 11.0](#)

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

12. ADJOURNMENT

MOTION: THAT this Board of Health meeting be adjourned.

South East Health Unit

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BOARD OF HEALTH OPEN SESSION MINUTES

Wednesday, February 26, 2025

Brockville

10:30 a.m. (Lanark Room)

Minutes of the meeting of the South East Health Unit held at 458 Laurier Avenue, Brockville, ON and through in-person and Zoom attendance.

In attendance:

In-Person: Stephen Bird, Councillor Conny Glenn, Councillor Judy Greenwood-Speers, Mayor Robin Jones, Reeve Richard Kidd, Councillor Anne-Marie Koiner, Councillor Peter McKenna, Councillor Jeff McLaren, Mayor Jan O'Neill, Barb Proctor, Warden Nathan Townend

Virtual: Dr. Jeffrey Allin, Councillor Michael Kotsovos, Melanie Paradis, Dr. David Pattenden, Chris Seeley

Regrets: Councillor Sean Kelly, Councillor Bill Roberts

Officers: Dr. Oglaza

1. CALL TO ORDER

Chair O'Neill called the meeting to order at 10:31 a.m.

2. TERRITORIAL ACKNOWLEDGEMENT

Spoken by Chair J. O'Neill.

3. ROLL CALL

Roll call was taken by Recorder, Heather Bruce.

4. APPROVAL OF THE AGENDA

It was MOVED by Councillor P. McKenna and SECONDED by Mayor R. Jones THAT the Board of Health approve the agenda of Wednesday, February 26, 2025.
CARRIED

5. APPROVAL OF PREVIOUS MEETING MINUTES

It was MOVED by Councillor C. Glenn and SECONDED by Dr. D. Pattenden THAT the Board of Health approve the minutes for the meeting of the Board held on Wednesday, January 22, 2025 as amended.
CARRIED

6. DISCLOSURE OF CONFLICT OF INTEREST

No conflicts were declared.

7. COMMITTEE REPORTS

7.1 Finance Committee Update

Councillor A. Koiner advised that she is honoured to chair the Finance Committee and looks forward to working with committee members. The Board Chair is an ex-officio voting member of the committee and in municipal government they are usually a non-voting member. It is being recommended that the Board Governance Committee evaluate the issue. The Finance Committee discussed the proposed 2025 budget and evaluated assumptions for the first South East Health Unit budget and the use of merger funding, and recommend that the Board of Health approve the budget as presented.

7.1.1 *Appointment of Dr. Allin to the Finance Committee*

It was MOVED by Councillor J. Greenwood-Speers and
SECONDED by Reeve R. Kidd THAT the Board of Health approve
appointing Dr. Jeffrey Allin to the Finance Committee.

CARRIED

7.1.2 *2025 Budget*

Dr. Oglaza highlighted planning assumptions for the 2025 budget advising that aside from the three-year funding envelope to cover merger related costs, our operating expenses continue to increase at a rate higher than the regular funding from the province. The provincial grant is increasing by 1% yet operating expenses due to contractual obligations and increased costs are increasing by 5%. This is currently mitigated by the merger related stabilization funding from the province. There is work to be done to plan and prepare for this in future years.

Although merger funding has alleviated occupancy costs, we are reviewing ways to consolidate programs, find efficiencies, and reinvest savings into services. Due to time constraints, full integration won't be feasible this year.

Mayor R. Jones referred to the municipal contribution and requested that a discussion take place to reconsider the percentages based on the mortgages being paid down. A memo explaining the process was requested to know what impact the mortgage payments make and if there should be realignment of the percentages.

Contract harmonization was discussed and is part of eligible merger expenses. Impacts of that harmonization will be carried forward beyond the merger funding. For this budget we have kept municipal contribution increases at the same level that were presented to legacy Boards in 2024 and funds are no longer being drawn from reserves to balance the budget. This will come back to the Board with a discussion regarding municipal contributions.

Ongoing program pressures were discussed. Eligibility for future one-time funding is still undetermined. We expect the province's public health funding review to address these concerns, and we will continue advocating for adequate community funding.

It was MOVED by Councillor A. Koiner and SECONDED by Councillor J. Greenwood-Speers THAT the Board of Health approve the 2025 budget for the cost-shared and related budgets for the South East Health Unit as circulated.

CARRIED

7.2. Governance Committee Update

Mayor R. Jones advised that the Governance Committee met for the first time on February 18 in person in Brockville and Belleville and there are five members on the committee - Councillor J. Greenwood-Speers, S. Bird, B. Proctor, Warden N. Townend and herself as Chair. Meetings have been established going forward and items prioritized. The Governance Committee will look at the question of the ex-officio Chair and whether that is a voting or non-voting position.

How to develop a Board culture will be discussed at the Governance Committee and looking at Board effectiveness is part of the terms of reference. Amy Dale will attend the next Governance Committee to look at policies set aside at the SETT to provide legal advice.

It was MOVED by Warden N. Townend and SECONDED by Mayor R. Jones THAT the Board of Health receive the Finance and Governance Committee updates as reported.

CARRIED

8. NEW BUSINESS

8.1. Merger Progress Update - January 1 to February 19, 2025

It was MOVED by Councillor C. Glenn and SECONDED by S. Bird THAT the Board of Health approve the receipt of the Merger Progress Update as circulated.

CARRIED

A presentation was given to the Board by Deputy MOH Dr. Toumishey and S. Stewart from the Merger Office. Merger activities from January 1, 2025 to February 19, 2025 were reviewed. In the future, the Merger Office will provide the Board a standardized accountability framework for reporting on merger progress.

Board members expressed an interest in participating in the branding and marketing exercise to provide an external view of the organization. Dr. Oglaza advised that the SEHU legal name was developed and finalized at SETT without any broader staff engagement. It was expected that staff will have the opportunity to participate in the development of branding to facilitate building of the new organizational culture. The Board will be kept informed.

The branding and marketing survey will be circulated to staff and there may be an opportunity for a second engagement that could include consultation with the Board.

The merger newsletter is being shared internally at an operational level and a process for Board communication is being developed. Board members expressed an interest in receiving the merger newsletter to keep apprised of progress being made operationally.

Chair J. O'Neill thanked Dr. Toumishey and S. Stewart for their presentation.

8.2. Board of Health Meeting Schedule

Board members noted relatively long travel time to attend Board meetings that for some members exceeds the meeting duration. The need to optimize the use of the in-person meeting time was raised. Serving lunch at board meetings was also discussed. Chair O'Neill expressed her reservations regarding food being provided for regular Board meetings. Reputational risk related to public perception, cost, and adherence to provincial policies were among the considerations for the Board noted by Chair O'Neill.

Through discussion a few comments were brought forward by members:

1. Propose reducing the number of meetings thereby increasing the length of future meetings at which lunch would be provided;
2. Questioned what the impact of changing the schedule would have with regard to Ministry reporting; and
3. Keep existing schedule as circulated and cancel meetings as required.

It was recommended that motions being voted on are written into the agenda to provide clarity for the members.

It was MOVED by Mayor R. Jones and SECONDED by Councillor J. McLaren THAT the Board of Health full meeting schedule be received and approved as circulated AND FURTHER that a discussion occur at the March Board of Health meeting that deals with meeting length, time of day and meals.

A recorded vote was taken with the results as follows:

In Favour		Opposed	Absent
Dr. Jeffrey Allin	Councillor Jeff McLaren	Judy Greenwood-Speers	Councillor Sean Kelly
Stephen Bird	Mayor Jan O'Neill		Councillor Bill Roberts
Councillor Conny Glenn	Melanie Paradis		
Mayor Robin Jones	Dr. David Pattenden		
Reeve Richard Kidd	Barb Proctor		
Councillor Anne-Marie Koiner	Chris Seeley		
Councillor Michael Kotsovos	Warden Nathan Townend		
Councillor Peter McKenna			

(15 in favour/2 in absence/1 opposed/0 abstention) **CARRIED**

9. INFORMATION ITEMS

Chair O'Neill brought to members' attention that the itemized information items can be found on the agency's website.

10. ADJOURNMENT

It was MOVED by Warden N. Townsend and SECONDED by Councillor A. Koiner THAT this meeting of the Board of Health be adjourned at 12:25 p.m.

CARRIED

Jan O'Neill, Board Chair

South East Health Unit

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Board of Health Briefing Note

To:	South East Board of Health
Prepared by:	Dr. Piotr Oglaza, Medical Officer of Health and CEO
Date:	Wednesday, March 26, 2025
Subject:	Board of Health Meeting Schedule
Nature of Board Engagement	<input type="checkbox"/> For Information <input checked="" type="checkbox"/> Strategic Discussion <input checked="" type="checkbox"/> Board approval and motion required <input type="checkbox"/> Compliance with Accountability Framework <input type="checkbox"/> Compliance with Program Standards
Action Required:	MOTION: Board of Health to approve Option 1, 2 or 3 as presented OR as amended through discussion.
Background and Current Status	<p>Board of Health (Board) members have consistently emphasized the importance of in person connection to build relationships and facilitate discussions and decision-making.</p> <p>Board members have also emphasized the importance of rotating the in person meetings between South East Health Unit (SEHU) sites: Belleville, Brockville and Kingston. Given the geographic size of SEHU, this means total travel time could range anywhere from 1 to 5 hours to attend an in person meeting.</p> <p>The board has expressed the need to receive regular updates from staff to ensure merger-related work is progressing as expected at the operational level.</p> <p>All three legacy boards held monthly meetings that typically required 1.5 to 2 hours to complete.</p> <p>Other newly merged groups' meetings are of similar duration.</p> <p>The typical agenda for SEHU monthly meetings would not require more than 2 hours of meeting time.</p> <p>It has been raised that the meeting time to travel time ratio is not favourable. Planning longer, more substantial meetings would be preferred to warrant extended travel time.</p> <p>An assumption is made that generating agenda items or increasing time allotted for discussion solely to extend the meeting time beyond what would be reasonably required is against the spirit of efficiency and therefore not desired by the Board.</p>

Key Considerations and Options	<p>It is important for Board members to acknowledge these competing priorities:</p> <ul style="list-style-type: none"> ▪ In person meetings ▪ Rotation of sites hosting in person meetings ▪ Monthly meeting frequency to receive operational updates ▪ Length of the agenda with monthly meeting frequency ▪ Favourable ratio between travel time and duration of in person meetings <p>The following options recognize that the above competing priorities need to be ranked. More discussion is needed to determine what constitutes a favourable ratio between travel and meeting time. Each option assumes that one or more of the competing priorities are de-emphasized.</p> <p>Option 1</p> <p>Hold monthly meetings in a virtual only format. Move start time to 9:30 am. Plan for quarterly in person meetings with added Board retreat, team building or educational components after the main meeting until approximately 2 pm including lunch.</p> <p>Pros: reduced travel time, more efficient meetings with agenda items focused on timely updates for the Board, more robust opportunities for networking and dedicated time for Board of Health development during in person events. Virtual only format is more equitable and more inclusive for Board members not able to attend hybrid meetings in person. Increased quality of in person interactions during in person meeting days.</p> <p>Cons: Decreased frequency of in person interactions</p> <p>Option 2</p> <p>Hold monthly in person meetings, rotate meeting sites, move start time to 9:30 am. Virtual attendance available.</p> <p>Pros: More meeting time allotted before lunch break to accommodate upper limit required for a typical agenda, continued emphasis on in person format</p> <p>Cons: Does not address concerns related to length of travel potentially exceeding meeting time</p> <p>Option 3</p> <p>Hold monthly in person meetings in a geographical central location (Kingston office). Virtual attendance available.</p> <p>Pros: simplified planning and fewer handovers for staff preparing meetings, minimized extremes in travel time for Board members residing in furthestmost parts of the region, maintained regular in person connection</p> <p>Cons: No site rotation. Does not address concerns related to length of travel potentially exceeding meeting time. The same board members remain disproportionately impacted by longer travel time.</p>
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South East Health Unit

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Board of Health Briefing Note

To:	South East Health Unit Board of Health
Prepared by:	Susan Stewart, Director, Merger Office
Approved by:	Dr. Piotr Oglaza, Medical Officer of Health and CEO
Date:	Wednesday, March 26, 2025
Subject:	Merger Key Updates to Date
Nature of Board Engagement	<input checked="" type="checkbox"/> For Information <input type="checkbox"/> Strategic Discussion <input type="checkbox"/> Board approval and motion required <input type="checkbox"/> Compliance with Accountability Framework <input type="checkbox"/> Compliance with Program Standards
Action Required:	No action required.
Change Management	<p>Change management is the application of tools, processes and principles to manage the human aspects of a change to achieve the desired outcome of a project. The Merger Office is putting together a thoughtful and intentional overarching change management approach for the South East Health Unit. This plan will adapt over time to be responsive to the needs of staff as the merger matures.</p> <p>The change management strategy includes four main components:</p> <ol style="list-style-type: none"> 1. Communication Regular communication is sent out to staff and the Board of Health monthly. 2. Change readiness It is important to regularly assess how staff are perceiving, reacting to, and managing change. To that end, the Merger Office will conduct a survey quarterly to assess change readiness. In addition, the Merger Office is exploring additional ways to assess change readiness across the organization. The intent is to use this information to bolster communication and other supports to help with a smooth transition. 3. Culture We will be planning events to build a unified culture. This work is in the preliminary planning phases. More details will be shared as this work develops. 4. Training In addition, training will be offered to all staff at the South East Health Unit throughout the merger. Initially, members of the Executive Committee, Directors, Managers, and other staff responsible for supporting staff through

	change will attend virtual training in change management in March and early April. All staff will be invited to future virtual and in-person workshops with a focus on well-being and navigating changes at work.
Branding and Marketing	The branding and marketing project continues to move along. The creation of new branding options is underway using the results of engagement sessions held with key groups in the South East Health Unit. An online survey for both staff and Board of Health members to participate in the branding development process is forthcoming.
Organizational Design	<p><u>Corporate Services:</u> Corporate service management will be engaging in strategic planning, with a visioning session including setting goals and defining objectives to provide long-term direction for corporate service. It is expected that this work will be completed in April. This initial work will provide the foundation for corporate service management to determine their functional team units and to work more closely with staff to identify roles and responsibilities to achieve the goals of corporate services.</p> <p><u>Office of the Chief Nursing Officer (CNO):</u> The Office of the CNO is responsible for nursing professional practice, quality and privacy. This office is currently determining ways to support the merger through the above-noted functions.</p> <p><u>Programs and Services:</u> The new management structure for programs and services has been determined and will be communicated to all staff shortly. This new structure will help provide clarity on team structures, team roles and responsibilities, and organizational reporting lines.</p>
Information Technology (IT) Projects	The IT Managers are actively working to have a consolidated platform for enhanced communication between staff at different offices of the South East Health Unit. This is a necessary, but interim, solution that will enable consistent and efficient sharing of merger-related information for all staff of the South East Health Unit. Work is continuing towards delivering a consolidated Microsoft 365 environment with a new email domain.
Integration at Work	<p>The Merger Office is collecting integration success stories to share with staff. This is an opportunity to showcase integration at work by our skilled and dedicated workforce.</p> <p><u>SEHU Rural/Urban Geography</u></p> <p>John Cunningham, an Epidemiologist with the South East Health Unit, explored the distribution of certain demographic and geographic qualities to identify how our merged populations, and geography, may have emergent characteristics that differ from that of our individual legacy health units.</p> <p>All three legacy health units had different urban and rural population distributions according to the 2021 Census of Canada. Given the overall demographic similarities in our populations and geography, one could expect the urban/rural split to be similar between the legacy health units. However, there are sizeable differences in how our populations are distributed.</p> <p><u>Geographic Characteristics:</u> The South East Health Unit occupies a land mass of 22,243 square kilometers (km²) (HPEPH = 7,702 km², KFLAPH = 7,486 km², LGLDHU = 7,055 km²). The perimeter of our new health unit is 2,555 kilometers (HPEPH = 1,052 km, KFLAPH = 903 km, LGLDHU = 600 km). The South East</p>

	<p>Health Unit has about 19,950 km of roads ranging from rural laneways to 400 series highways.</p> <p>The South East Health Unit contains a combination of 49 cities, townships, towns and municipalities (HPEPH = 18, KFLAPH = 9, LGLDHU = 22). These municipalities range in size from 2.6 km² for the Village of Westport to 1,474 km² for the Township of Addington Highlands. The largest population size for a municipality is the City of Kingston at 132,485 people with the smallest being Limerick Township at 436 people. The Town of Carleton Place has the highest population density at 1,259 people per km² whereas Tudor and Cashel Township has the lowest at just 1.7 persons per km².</p> <p><u>Urban/Rural Split:</u> For this work, rural is defined as being any population that resides outside of a Census Metropolitan Area. The urban/rural populations tend to differ by legacy health unit (See Figure 1), and overall, the urban/rural split for the South East Health Unit is quite different from its constituent legacy health unit parts .</p>
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Figure 1: Urban-Rural Classification by Pre-Merger Health Unit Geography

(Statistics Canada, 2021).

Public Health Unit	CSD* Classification	2021 CSD* Population	% of Total 2021 CSD* Population
Legacy HPEPH	Rural	60,266	35.2
	Urban	111,184	64.8
Legacy KFLAPH	Rural	34,416	16.6
	Urban	172,546	83.4
Legacy LGLDHU	Rural	125,588	69.8
	Urban	54,242	30.2
South East Health Unit	Rural	220,270	39.5
	Urban	337,972	60.5

*CSD = Census subdivision (CSD) is the general term used by Statistics Canada for municipalities (as determined by provincial/territorial legislation) or areas treated as municipal equivalents for statistical purposes.

South East Health Unit

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Listing of Information Items Board of Health Meeting – March 26, 2025

1. Association of Local Public Health Agencies - March 2025 InfoBreak
2. Association of Local Public Health Agencies – Board of Health Section Elections
Information at meeting to be held on May 6, 2025. Deadline to register is April 17.

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