
South East Health Unit

formerly



BOARD OF HEALTH MEETING AGENDA PACKAGE

Wednesday, September 24, 2025

at 10:00 a.m.

221 Portsmouth, Kingston

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Meeting ID: 230 240 601 040

Passcode: 4A3wz3jY

For organizers: [Meeting options](#)

**To ensure a quorum we ask that you please RSVP to
Kathleen.Thompson@kflaph.ca or 613-549-1232, ext. 1147.**

Hastings Prince Edward Public Health
179 North Park St.
Belleville, Ontario K8P 4P1
613-966-5500 | 1-800-267-2803
Fax: 613-966-9418

Kingston, Frontenac and Lennox
& Addington Public Health
221 Portsmouth Ave.
Kingston, Ontario K7M 1V5
613-549-1232 | 1-800-267-7875
Fax: 613-549-7896

Leeds, Grenville & Lanark
District Health Unit
458 Laurier Blvd.
Brockville, Ontario K6V 7A3
613-345-5685 | 1-800-660-5853
Fax: 613-345-2879

South East Health Unit

formerly



BOARD OF HEALTH AGENDA

Wednesday, September 24, 2025 – Kingston Office

1. CALL TO ORDER

2. LAND ACKNOWLEDGEMENT

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

3. STATEMENT ON NATIONAL DAY FOR TRUTH AND RECONCILIATION

I want to take this opportunity to acknowledge National Day for Truth and Reconciliation, which is on September 30. As we honour the survivors of residential schools, their families, and communities, we acknowledge that public health has a vital role to play in addressing the lasting legacies of colonialism.

South East Public Health is committed to reconciliation with Indigenous Peoples in what we now call Canada. National Day for Truth and Reconciliation is an opportunity to learn and acknowledge the history of residential schools, intergenerational trauma, and anti-Indigenous racism in the health-care system and beyond. It is also an opportunity to reflect on the work ahead of us as we make a commitment to integrating health equity efforts into our daily work. We recognize that this critical work requires meaningful action, reflection, and dialogue that is not limited to a single day, but sustained throughout the year.

4. ROLL CALL

5. APPROVAL OF THE AGENDA

MOTION: THAT the Board of Health approve the agenda for September 24, 2025 as circulated.

6. APPROVAL OF THE MINUTES OF PREVIOUS MEETING

[Schedule 6](#)

MOTION: THAT the Board of Health approve the minutes of the meeting held on August 27, 2025 as circulated.

7. DISCLOSURE OF PECUNIARY INTEREST

South East Health Unit

8. COMMITTEE REPORTS

8.1. Governance Committee Update (Mayor R. Jones)

[Schedule 8.1](#)

8.1.1. Location of Board and Committee Meetings

MOTION: THAT the Board of Health approve that all meetings of the Board and its associated committees be held at a central location, namely the Kingston office, for in-person attendance, with a virtual attendance option continuing to be made available to all participants.

8.1.2. Risk Management Annual Report

[Schedule 8.1.2](#)

MOTION: THAT the Board of Health receive the Risk Management Annual Report (information item 7.1.2).

9. NEW BUSINESS

9.1. Municipal Levies

[Schedule 9.1](#)

MOTION 1: WHEREAS the Boards of Health of Leeds, Grenville and Lanark District Health Unit (LGLDHU); Kingston Frontenac and Lennox & Addington Public Health (KFLAPH); and Hastings Prince Edward Public Health (HPEPH) unanimously passed motions to submit a business case for the merger1;

AND WHEREAS the Boards of Health of LGLDHU, KFLAPH, and HPEPH unanimously passed motions to merge, based on the confirmation of merger funding received from the Province on December 3, 20242;

AND WHEREAS harmonization of municipal levies is in the spirit of the merger, and provincial funding was requested in the business case and is being received by South East Health Unit (SEHU) to support levy harmonization;

THEREFORE BE IT RESOLVED THAT the South East Board of Health endorse, in principle, the harmonization of municipal levies across obligated municipalities of SEHU.

MOTION 2: WHEREAS the South East Board of Health has endorsed, in principle, the harmonization of municipal levies across obligated municipalities of SEHU;

WHEREAS harmonization of municipal levies at a 75/25 funding split would result in the loss of \$4.3 million in merger funding for levy harmonization, as well as \$3.6 million per year in municipal levies, causing a significant reduction in programs and services;

WHEREAS harmonization of municipal levies at a 70/30 funding split would risk the loss of \$4.3 million in levy harmonization funding and would not achieve the legacy KFLA levels, thereby reducing programs and services;

WHEREAS harmonization of municipal levies at a 67.5/32.5 funding split would not result in the loss of \$4.3 million in levy harmonization funding and would allow all legacy agencies to sustain programs and services;

THEREFORE BE IT RESOLVED THAT the South East Board of Health endorse a phased approach to achieving a harmonized funding ratio of 67.5/32.5, beginning with a 70/30 funding split in 2025 and reaching the target ratio within five years.

9.2. **Merger Updates**

[Schedule 9.2](#)

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

10. INFORMATION ITEMS ([see website](#))

[Schedule 10](#)

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

11. ADJOURNMENT

MOTION: THAT this Board of Health meeting be adjourned.



BOARD OF HEALTH OPEN SESSION MINUTES

Wednesday, August 27, 2025

Brockville

10:00 a.m.

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

In attendance:

In-Person: Mayor Jan O'Neill, Mr. Stephen Bird, Councillor Judy Greenwood-Speers, Mayor Robin Jones, Councillor Sean Kelly, Reeve Richard Kidd, Councillor Anne-Marie Koiner, Councillor Peter McKenna, Councillor Bill Roberts, Warden Nathan Townend.

Virtual: Dr. Jeffrey Allin, Councillor Conny Glenn, Councillor Michael Kotsovos, Councillor Jeff McLaren, Ms. Melanie Paradis, Ms. Barb Proctor, Mr. Chris Seeley

Regrets: Dr. David Pattenden

Officer: Dr. Piotr Oglaza

1. **CALL TO ORDER** – The meeting was called to order at 10:00 a.m. by Chair J. O'Neill.
2. **LAND ACKNOWLEDGEMENT** – Spoken by Chair J. O'Neill.
3. **ROLL CALL** – Conducted by Recorder, H. Bruce.

Dr. P. Oglaza and Chair J. O'Neill thanked Executive Assistant C. Lovell for her dedication to public health, acknowledged her extraordinary commitment to the success of the new entity, and wished her well in her retirement.

4. APPROVAL OF THE AGENDA

It was MOVED by Warden N. Townend and SECONDED by Councillor B. Roberts THAT the Board of Health approve the agenda for August 27, 2025 as circulated.

CARRIED

5. APPROVAL OF THE MINUTES OF PREVIOUS MEETING

It was MOVED by Mayor R. Jones and SECONDED by Councillor S. Kelly THAT the Board of Health approve the minutes of the meeting held on July 23, 2025, as circulated.

CARRIED**6. DISCLOSURE OF PECUNIARY INTEREST** – No conflicts were disclosed.**7. NEW BUSINESS****7.1 Municipal Levies Presentation**

Dr. P. Oglaza advised that the purpose of this discussion is to ensure that the municipalities that form the SEHU are entering into this new entity as equal partners and will be supported by the reallocation of municipal contributions on a per capita basis. The model being forecasted for municipalities provides stability in terms of expectations and that municipal contributions will not increase more than six percent per year. Over the next two years, provincial funding will increase by one percent and there is merger funding available. What is before this Board today is a presentation that illustrates projections over the next five years with a focus on the next two years.

Finance Manager John Wickson outlined the three key themes of the presentation: equal partners, rebalancing, and a phased approach. The 2023 Statement of Financial Position was reviewed and there is a combined \$20 million accumulated surplus for the three legacy health units. Members discussed the differing surplus per capita among legacy HPE, KFLA and LGL and establishing a minimum surplus per capita of \$32.03. Given percentages do not align on a population basis, the next step is rebalancing and reallocating. A 70/30 funding split was estimated in the model presented, which needs to be equal for each municipality.

A request was made for further discussion on the provincial/municipal funding split. Dr. P. Oglaza advised that what is being proposed is maintaining the status quo which results in a 70/30 funding split. If that is done, it comes at a different per capita level and that requires rebalancing to ensure all partners are equal. The decision today is to have a two-year horizon to maintain status quo with different reallocation within the SEHU and make it equitable within the municipalities that are forming the new entity. If the funding split changes to 75/25 there is a drop in the municipal levy by \$2.4 million and that results in services lost.

Legacy LGL was about to reduce services significantly had there not been a merger. The merger is an opportunity with provincial supports to allow service levels to remain the same rather than having to reduce services.

A question was raised about population numbers for Kingston and what the number represents and if it includes students. Dr. P. Oglaza advised that *IntelliHealth Ontario* is being recommended because that is what the Ministry of Health uses for health system planning.

ACTION: Dr. P. Oglaza will provide further details to the Board on IntelliHealth methodology.

Prior to the merger a number of funding splits were presented and 70/30 seemed to be the consistent option. If the merger had not taken place there would have been

serious consequences for all of the legacy Boards as they were not sustainable in the longer term. Chair J. O'Neill asked members if they would like to have another meeting to compare the funding split or carry on with the assumption of a 70/30 split.

Members requested that further discussion take place in September regarding the funding split and that the following information be provided:

- Outline what services may change, how to maintain current services and provide rationale for the 70/30 funding split.
- Go back to municipalities with an understanding of what this means and let them know the Board has done its due diligence.
- The gap that existed in LGL should be included in the briefing note along with background information.
- Follow up on the hypothesis for improved services with supporting data and facts.
- Helpful to know what legacy Boards had in place before the merger.
- Sell the benefits of public health – successes, efficiencies.
- Over six year projections going from 70/30 to 65/35 means for LGL a 57% increase with no mention of service increases or maintenance. It is important to have qualifiers available to the municipalities to be able to show where we are heading and why.
- Given the base funding is under review there may be changes. To forecast longer than two years is not practical.
- There is additional funding from the province to maintain status quo.
- If the ratio is changed to 75/25 that has an impact on FTEs and the ability to maintain services. More operational data is needed to maintain and expand services.
- The one percent base funding across the healthcare system is a challenge and there may be more certainty in a couple of years.
- The province's increase is only one percent and we are already experiencing funding erosion.
- It should be very clear that this is a two-year stop gap and there should be information in the motion about the funding from the province changing.

Dr. Oglaza advised at the April BOH meeting projections were presented on funding streams and if nothing is done there will be a \$15 million deficit. At that meeting, an idea was presented to create new funding buckets of \$5 million and that a percentage of that would come from municipalities. The 70/30 funding split does not address the deficit and there is still a potential decrease in funding in terms of projection. The funding split of 65/35 was the goal to alleviate this. Building on that in September, the concept of creating the \$5 million bucket will be discussed and a presentation given.

Discussion ensued whether motion 2 should be reworded to include an end date.

ACTION: Based on the feedback from board members staff will prepare an enhanced briefing note outlining advantages and disadvantages of the funding split that provides context for the September meeting.

Dr. P. Oglaza advised that further information will be provided on the funding scenarios and he will take direction from the Board in September to build the budget.

Mayor J. O'Neill thanked staff for their presentation and board members for their input.

7.2 Municipal Levies Briefing Note

It was MOVED by Warden N. Townend and SECONDED by Mayor R. Jones that the following motions be deferred until the September meeting:

MOTION 1: THAT the Board of Health approve the use of the Ministry of Health's database, "*IntelliHealth Ontario, Population Estimates and Projections*," as the basis for allocation municipal levies.

MOTION 2: THAT the Board of Health approve that, on a per capita basis, municipal levies will be equal across all municipalities.

MOTION 3: THAT the Board of Health approve that, as presented on August 27, 2025, all municipalities will contribute equally, on a per capita basis, to the creation of the "SEHU Surplus" account as at January 1, 2025; that funding from the Ministry of Health's one-time envelope, "Strengthening Public Health: Voluntary Merger," will be used to augment this account; and that any excess "Legacy Surplus" be transferred to the newly created "Municipal Accounts."

MOTION 4: THAT the Board of Health approve that, as presented on August 27, 2025, the 2025 Municipal Levies be adjusted; that any new excess or deficiency be allocated to or deducted from the newly created Municipal Accounts; and that any further deficiencies be covered by the Ministry of Health's one-time funding envelope, "Strengthening Public Health: Voluntary Merger."

MOTION 5: THAT the Board of Health approve the 2026 Municipal Levies, as presented on August 27, 2025, and authorize the SEHU staff to use them for 2026 planning and budgeting; and that staff work directly with municipal staff to utilize the newly created "Municipal Accounts."

CARRIED

8. CLOSED SESSION

It was MOVED by Warden N. Townend and SECONDED by Mayor R. Jones 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.

CARRIED

9. RISING AND REPORTING OF CLOSED SESSION

No specific action or decision was taken.

10. ADJOURNMENT

It was moved by Councillor S. Kelly and SECONDED by Councillor J. Greenwood-Speers THAT this Board of Health meeting be adjourned at 11:52 a.m.

CARRIED

Jan O'Neill, Board Chair
South East Health Unit

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South East Health Unit

formerly

Schedule 8.1



Board of Health Briefing Note

To:	South East Health Unit Board of Health
Prepared by:	Governance Committee
Approved by:	Dr. Piotr Oglaza, Medical Officer of Health and CEO
Date:	Wednesday, September 24, 2025
Subject:	Summary of Discussion
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.
Background and Current Status	<p>The Board of Health Governance Committee met on Tuesday, September 9, 2025. Below is a summary of the discussion.</p> <p>The Board of Health Self-Evaluation was discussed. As requested, Dr. Oglaza approached the Association of Local Public Health Agencies to query whether they had a standard self-evaluation that all boards could use, but they do not. They indicated that this was something that could be undertaken but would probably not be available until 2027. It was also determined that the evaluation would remain as voluntary.</p> <p>Suzette Taggart, Director of Corporate Services presented the Risk Management Annual Report to the Governance Committee with the recommendation that it be presented to the Board for member awareness.</p> <p>Some updates to By-law #1 were discussed, the main item being the addition of two standing items to the Board agenda: Notice of Motion and Announcements. These will come to the Board in November for approval as per the prescribed schedule.</p> <p>The Governance Committee had a discussion around the location of Board meetings and noted that in-person attendance is consistently highest when meetings are held at a central location. As part of its role in determining effective overall functioning of the Board including balancing efficiency, cost and member availability it is being recommended that the in-person portion of Board meetings going forward be held at the Kingston office with a hybrid option being available as well.</p> <p>When the newly merged Board of Health was first set out, there was equal representation across the Board regions, but since the appointment of provincial</p>

	<p>representatives, the regions are no longer balanced which may impact some of the decisions being made. The Governance Committee discussed requesting the addition of three additional provincial representatives to bring more equality to the different regions.</p>
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	<p>A Board member skills inventory was discussed. Having this type of information will help guide the Board with expertise to meet current and future organizational needs. This expertise contributes to better decision-making, strategic planning and overall Board effectiveness. It was agreed that this would be a voluntary exercise by members and was recommended to be brought before the Board in the future.</p>
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South East Health Unit

formerly

Schedule 8.1.2



Board of Health Briefing Note

To:	South East Health Unit Board of Health
Prepared by:	Suzette Taggart, Director, Corporate Services
Approved by:	Dr. Piotr Oglaza, Medical Officer of Health and CEO
Date:	September 24, 2025
Subject:	Risk Management Annual Report
Nature of Board Engagement	<input checked="" type="checkbox"/> For Information <input type="checkbox"/> Strategic Discussion <input type="checkbox"/> Board approval and motion required <input checked="" type="checkbox"/> Compliance with Accountability Framework <input type="checkbox"/> Compliance with Program Standards
Action Required:	No action required.
Background:	<p>Risk management is a systematic approach to setting the best course of action under uncertainty by identifying, assessing, understanding, acting on, and communicating risk issues. A risk is the chance of something happening that will have an impact on the achievement of objectives. Risk can represent an opportunity or a threat to the achievement of objectives.</p> <p>In the Ontario Public Health Standards' Public Health Accountability Framework, the Boards of Health must ensure that the administration monitors and responds to emerging issues and potential threats to the organization, from both internal and external sources, in a timely and effective manner.</p> <p>In accordance with the agency's Risk Intelligence policy, developed by the South East Board of Health (BOH) on June 25, 2025, all significant risks (i.e., all high risks; medium risks within the control and scope of the BOH) facing South East Health Unit (SEHU) shall be assessed and appropriate mitigation strategies identified and reviewed annually by the BOH.</p>

Using the Ontario Public Service Risk Management Framework, all risks from the legacy agency's risk registers were compiled into one risk register for SEHU. The following draft risk statements outline the high risks for SEHU.

- **Financial:** That insufficient funding and uncertainty regarding changes to the provincial funding model prevents SEHU from fulfilling its mandate and meeting financial commitments.
- **Strategic/Policy:** That SEHU lacks a strategic plan to guide long-term planning, decision making, and overall performance.
- **Information/Knowledge:** That SEHU does not have an integrated information management framework to guide the agency wide information assets.
- **Operational or Service Delivery:** That SEHU is unable to deliver all mandated programs and services because of competing demands that exceed capacity such as emerging and urgent public health issues, changing population health needs, and merger related activities.
- **HR/People:** That SEHU may be unable to attract and retain a workforce during the merger transition because of significant change and uncertainty, resulting in inadequate support to deliver and manage mandated programs and services.
- **Technology:** That IT infrastructure and practices are unable to sustainably support the service and business needs of the merged agency.
- **Security:** That there is an increased threat of cyberattack due to the inherent complexities of combining IT systems, data integration challenges, compromised legitimate user accounts, and inherited existing vulnerabilities.
- **Legal/Compliance:** That there is the potential for disruptions in labour relations, as a result of managing multiple collective agreements, Ontario Public Sector Labour Relations Transition Act (PSLRTA) timelines, challenges to bargaining unit structure, and the complexity of integrating multiple collective agreements.
- **Equity:** That SEHU does not have a plan to address health inequities across the region.
- **Governance/Organization Risk:** That SEHU does not have all administrative, program, and board policies revised and in place to provide sufficient, timely, and appropriate oversight and direction to our agency.

Please see attached Annual Risk Report.

SEHU Annual Risk Report

Risk Category	Risk	Risk Owner	Risk Trend ¹ ↑ ↓ →	Action Plan	Action RAG (red, amber, green) Status
Financial	That insufficient funding and uncertainty regarding changes to the provincial funding model prevents SEHU from fulfilling its mandate and meeting financial commitments.	BOH EC		<ul style="list-style-type: none"> Advocate for board participation in provincial funding model review. Review and determine municipal funding. Implement zero-based budget process for 2026 cost shared budget. Use merger funding to support transition while consolidating and streamlining SEHU operations. In the future, explore alternate funding opportunities. 	High
Strategic/ Policy	That SEHU lacks a strategic plan to guide long-term planning, decision making, and overall performance.	BOH EC		<ul style="list-style-type: none"> Establish merger transition vision and values (compiled from legacy agencies and engaged staff for input) for agency. Prepare for the development of the strategic plan in 2026, including a comprehensive plan to engage with key leaders and our communities. Monitor and review progress on the Ministry's voluntary merger scorecard. 	High
Information/ Knowledge	That SEHU does not have an integrated information management framework to guide the agency wide information assets.	EC OC		<ul style="list-style-type: none"> Create records management policy. Complete file/information architecture for SEHU to support IT tenant transition. Continue to consolidate and use systems, tools, and processes available in legacy agencies as well as invest in new or updated systems such as EMR for documentation. 	High
Operational or Service Delivery	That SEHU is unable to deliver all mandated programs and services because of competing demands that exceed capacity such as emerging and urgent public health issues, changing population health needs, and merger related activities.	EC OC MT		<ul style="list-style-type: none"> Develop program operational plans as program/teams harmonize in the fall. These plans will be informed by population health needs and the revised OPHS. Review and prioritize key activities in the revised OPHS to align capacity with program areas. Update the agency's emergency response plan based on recommendations from the Ministry 	High

				<p>of Emergency Preparedness and Response.</p> <ul style="list-style-type: none"> • Participate in tabletop workshops with community partners and internal staff. • Ensure transparency, advance planning, communication and a clear transition vision for the future state. 	
HR/People	That SEHU may be unable to attract and retain a workforce during the merger transition because of significant change and uncertainty, resulting in inadequate support to deliver and manage mandated programs and services.	EC OC MT		<ul style="list-style-type: none"> • Development an HR strategy (recruitment and retention strategy) that includes succession planning, onboarding programs, transition plans, etc. • Create an organization-wide training and development plan that addresses current program needs and operational/ organizational needs. • Implement change management and culture building activities and other staff engagement plans. • Regularly review revised OPHS to inform operational plans against staffing capacity. • Use additional tools such as LinkedIn, professional organizations for recruitment advertising; employing services of recruitment agencies when required. • Recognize and engage regularly with staff. 	High
Technology	That IT infrastructure and practices are unable to sustainably support the service and business needs of the merged agency.	EC OC MT		<ul style="list-style-type: none"> • Complete computer environment survey to determine future state. • Complete IT policies and procedures. • Provide IT staff with training and development opportunities. • Conduct privacy impact and threat risk assessments prior to adopting new software, technology, etc. 	High
Security	That there is an increased threat of cyberattack due to the inherent complexities of combining IT systems, data integration challenges, compromised legitimate user accounts, and inherited existing vulnerabilities.	EC OC		<ul style="list-style-type: none"> • Complete IT network topology project (e.g., future state planning, cybersecurity analysis and planning; VPN process flow, etc.). • Review third party support for cybersecurity 24/7. • Complete critical IT updates in timely manner. • Enhance IT training to prevent cyberattacks (e.g., phishing awareness, strong passwords, 	High

				<p>secure hardware transportation, etc.).</p> <ul style="list-style-type: none"> Investigate security features for dedicated encrypted process for communication with BOH members. 	
Legal/ Compliance	That there is the potential for disruptions in labour relations, as a result of managing multiple collective agreements, Public Sector Labour Relations Transition Act (PSLRTA) timelines, challenges to bargaining unit structure, and the complexity of integrating multiple collective agreements.	BOH EC OC		<ul style="list-style-type: none"> Attend and participate in Public Sector Relations Transition Act (PSLRTA) to support reestablishing bargaining unit structure and collective agreement for the new agency. Develop tools and support managers with the interpretation and application of multiple collective agreements. 	High
Equity	That SEHU does not have a plan to address health inequities across the region.	BOH EC OC MT		<ul style="list-style-type: none"> Strengthen and maintain partner relationships with groups representing people facing systemic health barriers, including Indigenous Peoples, racial and ethnic minorities, low-income populations, rural and remote communities, and people experiencing homelessness. Identify lead agency Indigenous partner contact for the Indigenous and intergovernmental unit at the Ministry of Health. Consolidate legacy agency's equity, diversity and inclusion strategies for corporate and program operational planning. 	High
Governance/ Organization	That SEHU does not have all administrative, program, and board policies revised and in place to provide sufficient, timely, and appropriate oversight and direction to our agency.	BOH EC OC MT		<ul style="list-style-type: none"> Complete staff allocation based on new interim organizational chart Harmonize and implement program and corporate policy, standard operating procedures, medical directives, guidelines, etc. to ensure compliance with regulations and internal standards. Support board of health to complete board bylaws, policies and procedures. Support employees through change management (e.g., focus on clear and consistent communication, active listening and involvement, providing necessary training and resources, and fostering a supportive environment that acknowledges and 	High

				<div>addresses employee well-being and concerns.</div> <ul style="list-style-type: none">Align vision, values, and operational integration through clear communication and strategic planning.	
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¹Risk trend: is the direction of movement of the residual risk over the most recent reporting period as determined by the risk owner. The actual risk value may not change, but the actions taken over the period may move the trend direction.

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formerly

Schedule 9.1



Board of Health Briefing Note

To:	South East Health Unit Board of Health
Prepared by:	Dr. Piotr Oglaza, Medical Officer of Health/Chief Executive Officer
Date:	September 24, 2025
Subject:	Municipal Levies
Nature of Board Engagement:	<input type="checkbox"/> For Information <input 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
Motion 1:	<p>WHEREAS the Boards of Health of Leeds, Grenville and Lanark District Health Unit (LGLDHU); Kingston Frontenac and Lennox & Addington Public Health (KFLAPH); and Hastings Prince Edward Public Health (HPEPH) unanimously passed motions to submit a business case for the merger¹;</p> <p>AND WHEREAS the Boards of Health of LGLDHU, KFLAPH, and HPEPH unanimously passed motions to merge, based on the confirmation of merger funding received from the Province on December 3, 2024²;</p> <p>AND WHEREAS harmonization of municipal levies is in the spirit of the merger, and provincial funding was requested in the business case and is being received by South East Health Unit (SEHU) to support levy harmonization;</p> <p>THEREFORE BE IT RESOLVED THAT the South East Board of Health endorse, in principle, the harmonization of municipal levies across obligated municipalities of SEHU.</p>
Motion 2:	<p>WHEREAS the South East Board of Health has endorsed, in principle, the harmonization of municipal levies across obligated municipalities of SEHU;</p> <p>WHEREAS harmonization of municipal levies at a 75/25 funding split would result in the loss of \$4.3 million in merger funding for levy harmonization, as well as \$3.6 million per year in municipal levies, causing a significant reduction in programs and services;</p> <p>WHEREAS harmonization of municipal levies at a 70/30 funding split would risk the loss of \$4.3 million in levy harmonization funding and would not achieve the legacy KFLA levels, thereby reducing programs and services;</p> <p>WHEREAS harmonization of municipal levies at a 67.5/32.5 funding split would not result in the loss of \$4.3 million in levy harmonization funding and would allow all legacy agencies to sustain programs and services;</p> <p>THEREFORE BE IT RESOLVED THAT the South East Board of Health endorse a phased approach to achieving a harmonized funding ratio of 67.5/32.5, beginning with a 70/30 funding split in 2025 and reaching the target ratio within five years.</p>

Background:

This briefing note was put together to help provide background and context for the South East Health Unit's Board of Health in preparation of the 2026 budget.

As you all know, a Board of Health and its connecting health unit is governed by the Health Protection and Promotion Act (HPPA), which outlines how expenses of a health unit should be covered. Please refer to Appendix 1 at the end of this briefing note for excerpts from the HPPA relevant to this discussion.

Ultimately, the “obligated municipalities” identified under the HPPA are required to cover 100 percent of the costs of running a health unit.

However, the Ministry of Health may provide financial support for health units across Ontario through a grant to municipalities, with a stipulation of a 75 provincial share and minimum 25 municipal share. While the total costs of operating a health unit change year by year, the Ministry's portion of that funding has remained fairly static, with historical periods of no increase followed by recent increases of 1 percent each year. Since most of the health units' revenue was coming from the 75 percent provincial grant, overall funding for health units has not been able to keep up with rising costs like inflation, the cost of living, and contractual wage increases over the years. All three legacy Boards of Health were aware that these financial pressures were continuing to compound each year, albeit to varying degrees at each of the agencies.

Due to these continued funding pressures, the KFL&A Board of Health has historically contributed more than the province's minimum cost-share requirement, with annual increases over time reaching a roughly 65/35 split. This higher local contribution helped relieve funding pressures, slow the erosion of services, and even support service enhancements for KFL&A residents.

The 65/35 split was never an intentional target set by the KFLA Board of Health. Instead, it developed gradually as KFLA municipalities chose, year after year, to invest more in protecting and strengthening local public health services, while the ministry's grant continued not to keep up with rising costs. If KFL&A had not merged, it is likely that the municipal portion would have continued to grow.

At the same time, the other two legacy agencies remained at a lower funding split. Without the increased municipal funding to shore up continued rising costs at HPE and LGL legacy agencies, both agencies were facing more financial pressure than legacy KFLA.

Had the merger not occurred, HPE was projecting a \$0.7 million deficit for 2025 as a solo agency. Although this would have been covered by what was then a healthy surplus and reserves, this was not a long-term sustainable solution to the agency's funding issues. With reasonable cost control measures, HPE could have operated for another three to five years without material alterations to programs or services. In 2024, the HPE cost-share split was 75/25.

Legacy LGL was projecting a \$1.4 million deficit for 2025 as a solo agency. Its financial strength, based on surplus and reserves, was diminishing each year to dangerously low levels. Without the merger, LGL was in an immediate financial crisis, which would have resulted in material layoffs and losses to programs and services in early 2025. Although the funding split for LGL in 2024 was closer to 72/28, the agency spent beyond its means and provided programs and services with closer to a 67/33 funding split in spending. See Table 1 below, which illustrates LGL's spending in 2024.

Table 1: 2024 Cost Shared budget summary for LGL

	Actuals	Funding Split	Deficit / Projected Deficit	Funding Needed	Required Funding Split
2024 Funding					
Provincial	\$ 9,120,700	72	\$ -	9,120,700	67
Municipal	3,571,648	28	963,561	4,535,209	33
Total	\$ 12,692,348	100	\$ 963,561	13,655,909	100

Prior to the merger, legacy KFLA was in a more sustainable financial position with regards to its surplus and reserves, bolstered by its elevated funding split and cost-control measures revisited year after year. Even though it was projecting no surplus or deficit for 2025, several more years of low or frozen provincial funding increases would have put pressure on municipal levies and would have caused the agency to have to potentially dip into surplus and reserves to ease the financial pressure. KFLA may have been able to operate for another five to seven years with minimal disruption to programs and services.

When offered the chance to voluntarily merge, the legacy boards recognized a rare and valuable opportunity to address these past and future funding shortfalls, backed by substantial provincial one-time funding that would cover merger transition costs, pay out remaining balances on the mortgages, and, most importantly for this conversation, support municipalities to harmonize their municipal funding contributions.

Planning for the unknown:

The Ministry of Health first announced voluntary mergers for Ontario public health units in August 2023 as part of a three-pronged approach to strengthen public health – the two other prongs being the review of the Ontario Public Health Standards (OPHS) and the review of the funding model for public health. Those two reviews are currently underway, and their potential downstream effects remain unknown.

Pre-2024, the Ministry reduced funding for public health units to a 70/30 split, a change that faced significant pushback from municipalities, resulting in mitigation payments for some public health units. In 2024, the province restored the funding split to 75/25. But, as mentioned above, the Ministry's review of the funding formula is currently ongoing, and it's unclear where that review will land. It could result in a gain for the South East Health Unit (SEHU), meaning more provincial funding, a loss, meaning a reduction in provincial funding, or a stay in funding, meaning no significant change in provincial funding.

In addition to setting the funding ratio, ideally the review will give some indication on how provincial funding will change year-over-year. It's still unclear whether the new ratio will keep up with inflation and changes in costs for the years to come. If the year-over-year change in provincial funding is less than the change in costs, that shortfall would then necessarily have to be covered by the municipalities. It's important to keep this in mind as we decide on a future funding split.

What has been presented to municipalities so far:

The Ministry identified early on that there would be additional costs associated with voluntary mergers and therefore offered one-time funding to help with merger-associated costs like supporting municipal levy harmonization, system migration, and business continuity expenses. The Ministry supplied all merging health units with a business case template to apply for this one-time funding. On April 2, 2024 the business case was submitted on behalf of all three legacy organizations. In late 2024, all legacy boards of health received confirmation from the Ministry that the merger and funding for year one, based on the submitted business case, was approved. This then led to the unanimous decision of all three legacy boards to merge into SEHU, as of Jan. 1, 2025.

The submitted business case outlined that all obligated municipalities would harmonize their levies by transitioning to legacy KFLA funding levels. The merger funding that we continue to receive includes budget for municipal levy harmonization, as stipulated in the business case. All legacy boards of health voted in favour of this business case twice. The first time, when it was submitted to the province for consideration, and the second, when the boards voted to merge based on the Ministry's funding letters issued in response to the submitted business case.

It was communicated clearly to municipalities that they would not be responsible for merger transition and stabilization costs, but that municipal levies would need to be harmonized over time. Presentations to councils in March 2024 acknowledged the unknowns that could impact service levels and municipal levy structures, such as the provincial reviews mentioned above.

In April 2025, we brought a presentation with preliminary funding projections to the South East Board of Health. This presentation provided projected impacts on our budget at different municipal funding levels, comparing impacts of the 75/25, 70/30, 72.5/27.5 and 65/35 funding splits.

Table 2: Projected deficit under various funding split scenarios, as presented in April, 2025

	2025	2026	2027	2028	2029	2030
Scenario Description						
75/25, adjusted for population growth	\$ (5,789,935)	\$ (7,863,863)	\$ (9,969,282)	\$ (12,238,389)	\$ (14,635,175)	\$ (17,166,410)
72.5/27.5, adjusted for population growth	(4,283,540)	(6,342,404)	(8,432,608)	(10,686,349)	(13,067,614)	(15,583,173) "Three Buckets"
70/30, adjusted for population growth	(2,669,545)	(4,712,269)	(6,786,172)	(9,023,448)	(11,388,084)	(13,886,848)
65/35, adjusted for population growth	930,905	(1,075,813)	(3,113,352)	(5,313,899)	(7,641,439)	(10,102,736)

During this presentation, it was emphasized that the funding pressures that await us in the future are independent from the merger. It was communicated that these pressures stem from provincial funding not keeping pace with rising costs, which, compounded over just five or six years, become significant. The merger, in fact, is helping to ease the future funding pressures by offering a financial cushion and time to plan accordingly for the future.

In our April discussion, no decision was made on which funding split to choose; however, the SEHU Board directed staff to examine a projected deficit of \$15.6 million, based on a 72.5/27.5 ratio. The goal was to tackle this projected deficit by breaking it down equally into three buckets:

- A. New Funding sources
- B. Additional municipal levies
- C. Operational efficiencies

Since April 2025, significant efforts have been made in finding operational efficiencies. We are now projecting \$1.5 million in savings on this front, and work continues to achieve the directed \$5 million in savings.

To achieve the municipal levies bucket presented above, the harmonized funding split would need to move to approximately 65/35. This would be a significant change for municipalities currently sitting closer to a 75/25 funding split. The table below shows the impacts from changing funding split to 65/35, 70/30 and 67.5/32.5.

Table 3: Projected revenue under various funding split scenarios, as presented in April, 2025

	2025	2026	2027	2028	2029	2030
Funding						
Provincial Funding, Prior Year	\$ 32,439,700	\$ 32,764,097	\$ 33,091,738	\$ 33,422,655	\$ 33,756,882	\$ 34,094,451
Provincial Funding, 1.00% Increase	324,397	327,641	330,917	334,227	337,569	340,945
Provincial Funding	\$ 32,764,097	\$ 33,091,738	\$ 33,422,655	\$ 33,756,882	\$ 34,094,451	\$ 34,435,395

	2030			
	72.5/27.5	65/35	70/30	67.5/32.5
Projection				
Provincial Funding,	\$ 34,435,395	\$ 34,435,395	\$ 34,435,395	\$ 34,435,395
Municipal Funding	13,061,702	18,542,136	14,758,027	16,580,005
Three Buckets, "Municipal Contributions"		\$ 5,480,434	\$ 1,696,325	\$ 3,518,303
Above and Beyond 70/30				\$ 1,821,979

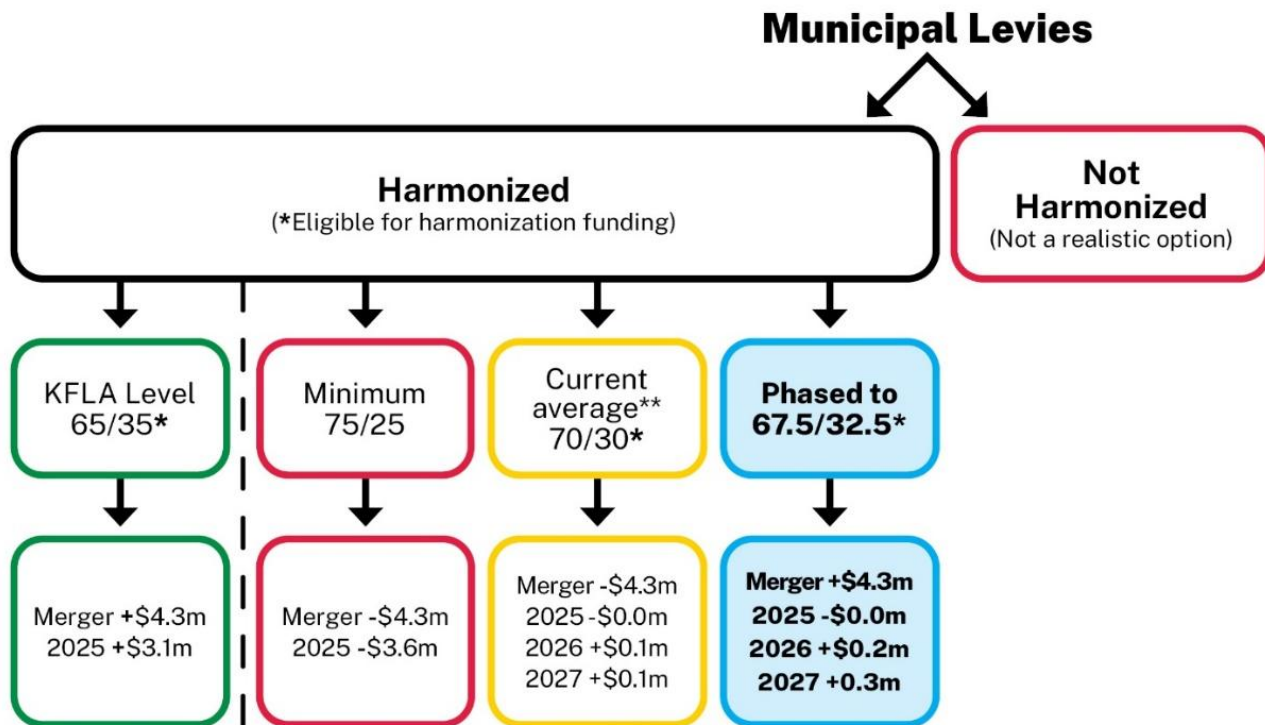
The section in green, the result of a 65/35 ratio, is the only scenario that would ensure that we're addressing the municipal bucket identified by the board in April.

Municipal levy pathway:

From the August 2025 Board meeting, it was understood that for those municipalities starting closer to a 75/25 funding split, moving immediately to 65/35 would be challenging.

In fact, this is not the scenario that was included in the business case. The municipal levy harmonization funding requested in the business case from the Ministry was based on the assumption of a phased approach to reach the agreed funding ratio (i.e., KFLA levels) using Ministry harmonization funding. The Ministry committed to providing approximately \$4.3 million in merger funding over three years to support this phased approach, while the obligated municipalities built up their financial capacity to fund the newly merged health unit at the former KFLA levels.

The following graph helps to illustrate the current municipal levy ratio options before the Board.



** Current average is actually 69.27/30.73

The first question before us is whether we harmonize municipal levies or not. Although the HPPA provides language that would allow for municipalities to contribute to one agency at different funding levels, all obligated municipalities on the Board of Health would need to **agree unanimously** to do so. In addition, failing to harmonize municipal levies would contradict the spirit of the merger business case and would likely result in the Ministry withdrawing \$4.3 million from the municipal levy harmonization funding. Therefore, it is not a realistic option, nor would it contribute to the success of the newly merged agency.

Essentially, the municipal levies must be harmonized. There are four ways to harmonize our levies, presented above:

- Option in Green (65/35):** Harmonize all municipal levies to the legacy KFLA level, as agreed to in our business case. This is the best option for long-term sustainability of programs and services. Nevertheless, we understand that starting at a 65/35 funding split presents real challenges for municipalities. Note that we recommend this option be revisited should the review of the province's funding formula result in a reduction in the Ministry's grant.
- Option in Red (75/25):** Harmonize all municipal levies at the minimum 75/25 funding split. Not only does this negate the spirit of the merger, SEHU would also likely lose \$4.3 million of merger funding for levy harmonization, as well as roughly \$3.6 million per year of municipal levies from the current average. This option would represent a significant reduction in programs and services.
- Option in Yellow (70/30):** Harmonize to the current average funding split across municipalities, approximately 70/30. Taking this option would also risk SEHU losing some or all of the \$4.3 million in levy harmonization funding, as the funding split would not reach the legacy KFLA levels. It would also equate to a reduction in programs and services across the region.
- Option in Blue (Phased to 67.5/32.5):** Harmonize gradually towards the end goal of a 67.5/32.5 split over five years, starting in 2025 with a 70/30 funding split.
 - 2026: 69.25/30.75
 - 2027: 69/31
 - 2028: 68.5/31.5
 - 2029: 68/32
 - 2030: 67.5/32.5

This continual movement towards our intended goal would ensure that SEHU keeps the \$4.3 million in levy harmonization funding. Targeting 62.5/37.5 also signals that the merger will and has led to real cost savings (i.e., mortgage buyouts and operational efficiencies). This option will also give us financial stability to maintain services across the board, and safeguard potential erosion of public health funding in the future, while allowing municipalities to gradually build up to a higher levy.

The year-to-year impacts of the options in 70/30 (yellow) and the phased approach (blue) are included in this package in Appendix 2 for your reference.

It is recommended that the Board endorses the option in blue, a phased approach to reaching the 67.5/32.5 ratio.

References:

1. Legacy Boards of Health passed motions to approve and submit the merger business case proposal to the ministry:

- **KFLAPH on March 27, 2024**

THAT the KFLA Board of Health intends to merge with LGLHU and HPEPH to create the South East Health Unit, subject to the following conditions:

- the Provincial Government approves the intended merger and the KFL&A Board of Health in its sole discretion is satisfied that this approval will enable LGL, KFLA, and HPE to successfully complete the intended merger;
- the Provincial Government commits to provide funding requested in the Voluntary Merger Business Case to support the intended merger, including transition costs and business continuity/stabilization funding in amounts sufficient to ensure program and service delivery stability while change is underway and the Board of Health in its sole discretion is satisfied that this funding commitment will enable LGL, KFLA, and HPE to successfully complete the intended merger;
- the LGL and HPE Boards of Health both express their respective intent to merge with KFLA.

THAT the KFLA Medical Officer of Health/Chief Executive Officer be directed to further collaborate with LGL and HPE to complete a Voluntary Merger Business Case for submission to the Ministry no later than April 2, 2024; AND

THAT the KFLA Voluntary Merger Committee continue its cross-board engagement with LGL and HPE, and report back regularly to the Board of Health on this matter at future meetings to enable subsequent Board of Health engagement and direction as the Board of Health may deem appropriate. Following completion of these matters, the Board of Health will meet for full report, deliberation, and decision-making regarding whether to proceed with the intended merger.

- **HPEPH on March 27, 2024**

THAT Hastings Prince Edward Public Health (HPE) intends to merge with Kingston, Frontenac Lennox and Addington Public Health (KFLA) and Leeds, Grenville and Lanark District Health Unit (LGL) to create the South East Health Unit with the associated conditions as set out below; AND

THAT the HPE Medical Officer of Health and CEO be directed to further collaborate with KFLA and LGL to complete a Voluntary Merger Business Case for submission to the Ministry of Health no later than April 2, 2024; AND

THAT the HPE Merger Committee continue its cross-board engagement with KFLA and LGL, and report back regularly to the Board of Health on this matter at future meetings to enable subsequent Board of Health engagement and direction as the Board of Health may deem appropriate.

- **LGLDHU on March 28, 2024**

Summary:

The Leeds, Grenville and Lanark Board of Health voted in support of the intent to merge with Kingston, Frontenac, and Lennox & Addington Public Health and Hastings Prince Edward Public Health to create the South East Health Unit at its March 28, 2024 meeting. All three Boards approved moving forward with an intent to voluntarily merge and submitted a business case to the Ministry on April 2, 2024.

2. Legacy Boards of Health passed to merge:

- **KFLAPH on December 3, 2024**

WHEREAS:

The Provincial Government has now approved the intended merger;

The Provincial Government has committed to providing sufficient merger funding for all work done in connection with the merger during the period from April 1, 2024 – March 31, 2025, and has also committed to providing continued merger funding for the period up to and including March 31, 2027, and the Board of Health is satisfied that this funding commitment will enable a successful merger;

The Board of Health's negotiation, due diligence, consultations, and merger implementation plans have reinforced the potential benefits of a merger among these three health units.

NOW THEREFORE be it resolved as follows:

The Kingston, Frontenac and Lennox and Addington Health Unit (KFLAPH) merge with Hastings and Prince Edward Counties Health Unit (HPEPH) and Leeds, Grenville and Lanark District Health Unit (LGLDHU) to create a new public health unit known as the South East Health Unit; AND

The KFLAPH hereby reaffirms its intention to continue its cross-board merger engagement with HPEPH and LGLDHU through its representation on the South East Transition Team in accordance with previous Board of Health motion on March 27, 2024; AND

The KFLAPH Board of Health and the Medical Officer of Health/CEO of the organization shall undertake the actions required to be ready for a legal merger by January 1, 2025.

- **HPEPH on December 4, 2024**

WHEREAS:

The Provincial Government has now approved the intended merger;

The Provincial Government has committed to providing sufficient merger funding for all work done in connection with the merger during the period from April 1, 2024 to March 31, 2025 and has also committed to providing continued merger funding for the period up to and including March 31, 2027, and the Board of Health is satisfied that this funding commitment will enable a successful merger;

The Board of Health's negotiation, due diligence, consultations, and merger implementation plans have reinforced the potential benefits of a merger among these three health units;

NOW THEREFORE be it resolved as follows:

1. The Hastings and Prince Edward Counties Health Unit (HPEPH) merge with Kingston, Frontenac and Lennox and Addington Health Unit (KFL&A PH) and the Leeds, Grenville and Lanark District Health Unit (LGLDHU) to create a new public health unit known as the South East Health Unit; AND

2. The HPEPH hereby reaffirms its intention to continue its cross-board merger engagement with KFL&A PH and LGLDHU through its representation on the South East Transition Team in accordance with previous Board of Health motion on March 27, 2024; AND

3. The Hastings Prince Edward Board of Health and the Medical Officer of Health/CEO of the organization shall undertake the actions required to be ready for a legal merger by January 1, 2025.

- **LGLDHU on December 5, 2024**

WHEREAS:

The Provincial Government has now approved the intended merger;

The Provincial Government has committed to providing sufficient merger funding for all work done in connection with the merger during the period from April 1, 2024 – March 31, 2025 and has also committed to providing continued merger funding for the period up to and including March 31, 2027, and the Board of Health is satisfied that this funding commitment will enable a successful merger;

The Board of Health's negotiation, due diligence, consultations, and merger implementation plans have reinforced the potential benefits of a merger among these three health units;

NOW THEREFORE be it resolved as follows:

1. the Leeds, Grenville and Lanark District Health Unit (LGLDHU) merge with Kingston, Frontenac and Lennox and Addington Health Unit (KFL&A PH) and Hastings and Prince Edward Counties Health Unit (HPEPH) to create a new public health unit known as the South East Health Unit; AND
2. the LGLDHU hereby reaffirms its intention to continue its cross-board merger engagement with KFL&A PH and HPEPH through its representation on the South East Transition Team in accordance with the previous Board of Health motion on March 28, 2024; AND
3. the LGLDHU Board of Health and the Medical Officer of Health/CEO of the organization shall undertake the actions required to be ready for a legal merger by January 1st, 2025.

Appendix 1 - Health Protection and Promotion Act (HPPA) Excerpts:

Health Protection and Promotion Act

Section 72

Payment by obligated municipalities

- (1) The obligated municipalities in a health unit shall pay,
- (a) the expenses incurred by or on behalf of the board of health of the health unit in the performance of its functions and duties under this or any other Act; and
 - (b) the expenses incurred by or on behalf of the medical officer of health of the board of health in the performance of his or her functions and duties under this or any other Act. 1997, c. 30, Sched. D, s. 8.

Same

- (2) In discharging their obligations under subsection (1), the obligated municipalities in a health unit shall ensure that the amount paid is sufficient to enable the board of health,
- (a) to provide or ensure the provision of health programs and services in accordance with sections 5, 6 and 7, the regulations and the public health standards; and
 - (b) to comply in all other respects with this Act and the regulations. 1997, c. 30, Sched. D, s. 8; 2017, c. 25, Sched. 3, s. 1 (2).

Agreement

- (3) The obligated municipalities in a health unit shall pay the expenses referred to in subsection (1) in such proportion as is agreed upon among them. 1997, c. 30, Sched. D, s. 8.

If no agreement

- (4) If the obligated municipalities in a health unit fail to agree on the proportion of the expenses referred to in subsection (1) to be paid by each of them, each obligated municipality in the health unit shall pay the proportion of such expenses that is determined in accordance with the regulations. 1997, c. 30, Sched. D, s. 8.

Health Protection and Promotion Act

Ontario Regulation 489/97

Allocation of Board of Health Expenses

1. (1) If the obligated municipalities in a health unit fail to agree on the proportion of the expenses referred to in subsection 72 (1) of the Act to be paid by each of them, each obligated municipality in the health unit shall pay the proportion of the expenses that is determined by dividing its population by the sum of the populations of all the obligated municipalities in the health unit. O. Reg. 489/97, s. 1 (1).
- (2) In this section,
- “population” means, with respect to an obligated municipality, the population of the obligated municipality as determined from the most recent enumeration conducted under section 15 of the Assessment Act. O. Reg. 489/97, s. 1 (2).
- 1.1 (1) Despite section 1, this section applies with respect to the obligated municipalities within the Simcoe Muskoka District Health Unit. O. Reg. 142/05, s. 1.
- (2) If the obligated municipalities fail to agree on the proportion of the expenses referred to in subsection 72 (1) of the Act to be paid by each of them, each obligated municipality shall pay the proportion of the expenses that is determined by the formula,
- $$A = B + C$$
- where,
- A is the amount to be apportioned to the obligated municipality,
- B is the amount obtained by dividing the sum of the assessments of all real property in the obligated municipality by the sum of the assessments of all real property in the obligated municipalities in the Simcoe Muskoka District Health Unit, then multiplying the result by 50 per cent of the expenses of the health unit as determined under subsection 72 (1) of the Act, and
- C is the amount obtained by dividing the population of obligated municipality by the population of the health unit, then multiplying the result by 50 per cent of the expenses of the health unit as determined under subsection 72 (1) of the Act.
- (3) In this section, “assessment”, with respect to real property, means the assessment for the real property made under the Assessment Act according to the last returned assessment roll; (“évaluation”) “population” means population as determined from the most recent enumeration conducted under section 15 of the Assessment Act. (“population”) O. Reg. 142/05, s. 1.
2. Omitted (provides for coming into force of provisions of this Regulation). O. Reg. 489/97, s. 2.

Appendix 2

South East Health Unit

Municipal Levies

Scenario 70/30

2025				
Old Levy	Harmonization			
	Levy at 70/30	Impact	Impact per Capita	

HPE				
County of Hastings	\$ 987,246	\$ 1,166,684	\$ 179,438	\$ 3.71
City of Belleville	1,307,567	1,464,063	156,496	2.58
City of Quinte West	1,105,488	1,211,412	105,924	2.11
County of Prince Edward	610,298	667,916	57,618	2.08
Total HPE	4,010,599	4,510,075	499,476	2.67

KFLA				
City of Kingston	4,467,000	3,521,704	(945,296)	(6.47)
County of Frontenac	864,000	744,112	(119,888)	(3.88)
County of Lennox and Addington	1,443,000	1,144,114	(298,886)	(6.30)
Total KFLA	6,774,000	5,409,930	(1,364,070)	(6.08)

LGLD				
Lanark County	1,387,000	1,733,762	346,762	4.82
Town of Smiths Falls	193,000	238,786	45,786	4.62
United Counties of Leeds and Grenville	1,512,000	1,849,140	337,140	4.40
City of Brockville	462,000	542,170	80,170	3.57
Town of Gananoque	112,000	136,718	24,718	4.36
Town of Prescott	85,000	115,018	30,018	6.29
Total LGLD	3,751,000	4,615,594	864,594	4.52
Total SEHU	\$ 14,535,599	\$ 14,535,599	\$ -	\$ -

Funding			
Provincial Funding	\$ 32,764,097	\$ 32,764,097	\$ -
Municipal Funding	14,535,599	14,535,599	-
Total	\$ 47,299,696	\$ 47,299,696	\$ -

Funding Split		
Provincial Funding	69.27	69.27
Municipal Funding	30.73	30.73
Total	100.00	100.00

2026			
Current Year Levy	Levy Increase	Levy Increase per Capita	Levy Change

\$ 1,178,496	\$ 11,812	\$ 0.24	1.01%
1,478,887	14,824	0.24	1.01%
1,223,692	12,280	0.24	1.01%
674,687	6,771	0.24	1.01%
4,555,762	45,687	0.24	1.01%

3,553,952	32,248	0.22	0.92%
750,905	6,793	0.22	0.91%
1,154,584	10,470	0.22	0.92%
5,459,441	49,511	0.22	0.92%

1,752,619	18,857	0.26	1.09%
241,383	2,597	0.26	1.09%
1,869,212	20,072	0.26	1.09%
548,065	5,895	0.26	1.09%
138,216	1,498	0.26	1.10%
116,257	1,239	0.26	1.08%
4,665,752	50,158	0.26	1.09%
\$ 14,680,955	\$ 145,356	\$ 0.24	1.00%

\$ 33,091,738	\$ 327,641
14,680,955	145,356
\$ 47,772,693	\$ 472,997

69.27
30.73
100.00

2027			
Current Year Levy	Increase	Increase per Capita	Levy Change

\$ 1,189,640	\$ 11,144	\$ 0.23	0.95%
1,492,897	14,010	0.23	0.95%
1,235,283	11,591	0.23	0.95%
681,073	6,386	0.23	0.95%
4,598,893	43,131	0.23	0.95%

3,585,429	31,477	0.21	0.89%
757,564	6,659	0.21	0.89%
1,164,827	10,243	0.21	0.89%
5,507,820	48,379	0.21	0.89%

1,773,369	20,750	0.28	1.18%
244,242	2,859	0.28	1.18%
1,891,375	22,163	0.28	1.19%
554,572	6,507	0.28	1.19%
139,850	1,634	0.28	1.18%
117,643	1,386	0.28	1.19%
4,721,051	55,299	0.28	1.19%
\$ 14,827,764	\$ 146,809	\$ 0.24	1.00%

\$ 33,422,655	\$ 330,917
14,827,764	146,809
\$ 48,250,419	\$ 477,726

69.27
30.73
100.00

Appendix 2

South East Health Unit

Municipal Levies

Scenario 70/30

	2028			
	Current Year Levy	Increase	Increase per Capita	Levy Change
HPE				
County of Hastings	\$ 1,200,842	\$ 11,202	\$ 0.23	0.94%
City of Belleville	1,506,934	14,037	0.22	0.94%
City of Quinte West	1,246,874	11,591	0.22	0.94%
County of Prince Edward	687,462	6,389	0.22	0.94%
Total HPE	4,642,112	43,219	0.22	0.94%
KFLA				
City of Kingston	3,618,250	32,821	0.22	0.92%
County of Frontenac	764,504	6,940	0.22	0.92%
County of Lennox and Addington	1,175,484	10,657	0.22	0.91%
Total KFLA	5,558,238	50,418	0.22	0.92%
LGLD				
Lanark County	1,793,897	20,528	0.28	1.16%
Town of Smiths Falls	247,066	2,824	0.28	1.16%
United Counties of Leeds and Grenville	1,913,252	21,877	0.28	1.16%
City of Brockville	560,982	6,410	0.28	1.16%
Town of Gananoque	141,477	1,627	0.28	1.16%
Town of Prescott	119,018	1,375	0.28	1.17%
Total LGLD	4,775,692	54,641	0.28	1.16%
Total SEHU	\$ 14,976,042	\$ 148,278	\$ 0.24	1.00%
Funding				
Provincial Funding	\$ 33,756,882	\$ 334,227		
Municipal Funding	14,976,042	148,278		
Total	\$ 48,732,924	\$ 482,505		
Funding Split				
Provincial Funding	69.27			
Municipal Funding	30.73			
Total	100.00			

	2029			
	Current Year Levy	Increase	Increase per Capita	Levy Change
\$ 1,212,082	\$ 11,240	\$ 0.22	0.94%	
1,521,053	14,119	0.22	0.94%	
1,258,554	11,680	0.22	0.94%	
693,899	6,437	0.22	0.94%	
4,685,588	43,476	0.22	0.94%	
3,651,639	33,389	0.22	0.92%	
771,547	7,043	0.22	0.92%	
1,186,320	10,836	0.22	0.92%	
5,609,506	51,268	0.22	0.92%	
1,814,582	20,685	0.28	1.15%	
249,908	2,842	0.27	1.15%	
1,935,319	22,067	0.28	1.15%	
567,435	6,453	0.27	1.15%	
143,091	1,614	0.27	1.14%	
120,374	1,356	0.27	1.14%	
4,830,709	55,017	0.28	1.15%	
\$ 15,125,803	\$ 149,761	\$ 0.24	1.00%	
\$ 34,094,451	\$ 337,569			
15,125,803	149,761			
\$ 49,220,254	\$ 487,330			
69.27				
30.73				
100.00				

	2030			
	Current Year Levy	Increase	Increase per Capita	Levy Change
\$ 1,223,394	\$ 11,312	\$ 0.22	0.93%	
1,535,234	14,181	0.22	0.93%	
1,270,309	11,755	0.22	0.93%	
700,388	6,489	0.22	0.94%	
4,729,325	43,737	0.22	0.93%	
3,685,491	33,852	0.22	0.93%	
778,717	7,170	0.22	0.93%	
1,197,325	11,005	0.22	0.93%	
5,661,533	52,027	0.22	0.93%	
1,835,418	20,836	0.27	1.15%	
252,785	2,877	0.28	1.15%	
1,957,542	22,223	0.27	1.15%	
573,960	6,525	0.27	1.15%	
144,735	1,644	0.27	1.15%	
121,763	1,389	0.28	1.15%	
4,886,203	55,494	0.27	1.15%	
\$ 15,277,061	\$ 151,258	\$ 0.24	1.00%	
\$ 34,435,396	\$ 340,945			
15,277,061	151,258			
\$ 49,712,457	\$ 492,203			
69.27				
30.73				
100.00				

Appendix 2

South East Health Unit

Municipal Levies

Scenario Phased

2025				
Old Levy	Harmonization			
	Levy at 70/30	Impact	Impact per Capita	

HPE

County of Hastings	\$ 987,246	\$ 1,166,684	\$ 179,438	\$ 3.71
City of Belleville	1,307,567	1,464,063	156,496	2.58
City of Quinte West	1,105,488	1,211,412	105,924	2.11
County of Prince Edward	610,298	667,916	57,618	2.08
Total HPE	4,010,599	4,510,075	499,476	2.67

KFLA

City of Kingston	4,467,000	3,521,704	(945,296)	(6.47)
County of Frontenac	864,000	744,112	(119,888)	(3.88)
County of Lennox and Addington	1,443,000	1,144,114	(298,886)	(6.30)
Total KFLA	6,774,000	5,409,930	(1,364,070)	(6.08)

LGLD

Lanark County	1,387,000	1,733,762	346,762	4.82
Town of Smiths Falls	193,000	238,786	45,786	4.62
United Counties of Leeds and Grenville	1,512,000	1,849,140	337,140	4.40
City of Brockville	462,000	542,170	80,170	3.57
Town of Gananoque	112,000	136,718	24,718	4.36
Town of Prescott	85,000	115,018	30,018	6.29
Total LGLD	3,751,000	4,615,594	864,594	4.52
Total SEHU	\$ 14,535,599	\$ 14,535,599	\$ -	\$ -

Funding

Provincial Funding	\$ 32,764,097	\$ 32,764,097	\$ -
Municipal Funding	14,535,599	14,535,599	-
Total	\$ 47,299,696	\$ 47,299,696	\$ -

Funding Split

Provincial Funding	69.27	69.27
Municipal Funding	30.73	30.73
Total	100.00	100.00

2026			
Current Year Levy	Levy Increase	Levy Increase per Capita	Levy Change

\$ 1,179,556	\$ 12,872	\$ 0.26	1.10%
1,480,218	16,155	0.26	1.10%
1,224,793	13,381	0.26	1.10%
675,294	7,378	0.26	1.10%
4,559,861	49,786	0.26	1.10%

3,557,150	35,446	0.24	1.01%
751,581	7,469	0.24	1.00%
1,155,623	11,509	0.24	1.01%
5,464,354	54,424	0.24	1.01%

1,754,196	20,434	0.28	1.18%
241,600	2,814	0.28	1.18%
1,870,894	21,754	0.28	1.18%
548,559	6,389	0.28	1.18%
138,340	1,622	0.28	1.19%
116,361	1,343	0.28	1.17%
4,669,950	54,356	0.28	1.18%
\$ 14,694,165	\$ 158,566	\$ 0.26	1.09%

\$ 33,091,738	\$ 327,641
14,694,165	158,566
\$ 47,785,903	\$ 486,207

69.25
30.75
100.00

2027			
Current Year Levy	Increase	Increase per Capita	Levy Change

\$ 1,204,740	\$ 25,184	\$ 0.51	2.14%
1,511,847	31,629	0.51	2.14%
1,250,963	26,170	0.51	2.14%
689,718	14,424	0.51	2.14%
4,657,268	97,407	0.51	2.14%

3,630,940	73,790	0.50	2.07%
767,179	15,598	0.50	2.08%
1,179,612	23,989	0.50	2.08%
5,577,731	113,377	0.50	2.07%

1,795,879	41,683	0.57	2.38%
247,342	5,742	0.57	2.38%
1,915,382	44,488	0.57	2.38%
561,611	13,052	0.57	2.38%
141,625	3,285	0.57	2.37%
119,137	2,776	0.57	2.39%
4,780,976	111,026	0.57	2.38%
\$ 15,015,975	\$ 321,810	\$ 0.52	2.19%

\$ 33,422,655	\$ 330,917
15,015,975	321,810
\$ 48,438,630	\$ 652,727

69.00
31.00
100.00

Appendix 2

South East Health Unit

Municipal Levies

Scenario Phased

	2028			
	Current Year Levy	Increase	Increase per Capita	Levy Change
HPE				
County of Hastings	\$ 1,244,719	\$ 39,979	\$ 0.80	3.32%
City of Belleville	1,561,994	50,147	0.80	3.32%
City of Quinte West	1,292,433	41,470	0.80	3.32%
County of Prince Edward	712,580	22,862	0.80	3.31%
Total HPE	4,811,726	154,458	0.80	3.32%
KFLA				
City of Kingston	3,750,453	119,513	0.80	3.29%
County of Frontenac	792,437	25,258	0.80	3.29%
County of Lennox and Addington	1,218,434	38,822	0.80	3.29%
Total KFLA	5,761,324	183,593	0.80	3.29%
LGLD				
Lanark County	1,859,443	63,564	0.86	3.54%
Town of Smiths Falls	256,093	8,751	0.86	3.54%
United Counties of Leeds and Grenville	1,983,159	67,777	0.86	3.54%
City of Brockville	581,480	19,869	0.86	3.54%
Town of Gananoque	146,647	5,022	0.86	3.55%
Town of Prescott	123,366	4,229	0.86	3.55%
Total LGLD	4,950,188	169,212	0.86	3.54%
Total SEHU	\$ 15,523,238	\$ 507,263	\$ 0.82	3.38%
Funding				
Provincial Funding	\$ 33,756,882	\$ 334,227		
Municipal Funding	15,523,238	507,263		
Total	\$ 49,280,120	\$ 841,490		
Funding Split				
Provincial Funding	68.50			
Municipal Funding	31.50			
Total	100.00			

	2029			
	Current Year Levy	Increase	Increase per Capita	Levy Change
\$ 1,285,696	\$ 40,977	\$ 0.82	3.29%	
1,613,432	51,438	0.82	3.29%	
1,334,991	42,558	0.82	3.29%	
736,042	23,462	0.82	3.29%	
4,970,161	158,435	0.82	3.29%	
3,873,417	122,964	0.81	3.28%	
818,405	25,968	0.81	3.28%	
1,258,369	39,935	0.81	3.28%	
5,950,191	188,867	0.81	3.28%	
1,924,788	65,345	0.87	3.51%	
265,086	8,993	0.87	3.51%	
2,052,858	69,699	0.87	3.51%	
601,897	20,417	0.87	3.51%	
151,782	5,135	0.87	3.50%	
127,685	4,319	0.87	3.50%	
5,124,096	173,908	0.87	3.51%	
\$ 16,044,448	\$ 521,210	\$ 0.83	3.36%	
\$ 34,094,451	\$ 337,569			
16,044,448	521,210			
\$ 50,138,899	\$ 858,779			
68.00				
32.00				
100.00				

	2030			
	Current Year Levy	Increase	Increase per Capita	Levy Change
\$ 1,327,735	\$ 42,039	\$ 0.83	3.27%	
1,666,171	52,739	0.83	3.27%	
1,378,651	43,660	0.83	3.27%	
760,123	24,081	0.83	3.27%	
5,132,680	162,519	0.83	3.27%	
3,999,818	126,401	0.83	3.26%	
845,132	26,727	0.83	3.27%	
1,299,442	41,073	0.83	3.26%	
6,144,392	194,201	0.83	3.26%	
1,991,956	67,168	0.88	3.49%	
274,344	9,258	0.89	3.49%	
2,124,496	71,638	0.88	3.49%	
622,911	21,014	0.89	3.49%	
157,079	5,297	0.89	3.49%	
132,147	4,462	0.89	3.49%	
5,302,933	178,837	0.89	3.49%	
\$ 16,580,005	\$ 535,557	\$ 0.85	3.34%	
\$ 34,435,396	\$ 340,945			
16,580,005	535,557			
\$ 51,015,401	\$ 876,502			
67.50				
32.50				
100.00				

Appendix 2

South East Health Unit

Municipal Levies

Difference Between

70/30 and Phased

HPE

	2025					
	Levy 70/30	Levy Phased	Levy Difference	Per Capita 70/30	Per Capita Phased	Per Capita Difference
County of Hastings	\$ 1,166,684	\$ 1,166,684	\$ -	\$ 24.11	\$ 24.11	\$ -
City of Belleville	1,464,063	1,464,063	-	24.11	24.11	-
City of Quinte West	1,211,412	1,211,412	-	24.11	24.11	-
County of Prince Edward	667,916	667,916	-	24.11	24.11	-
Total HPE	4,510,075	4,510,075	-	24.11	24.11	-

KFLA

City of Kingston	3,521,704	3,521,704	-	24.11	24.11	-
County of Frontenac	744,112	744,112	-	24.11	24.11	-
County of Lennox and Addington	1,144,114	1,144,114	-	24.11	24.11	-
Total KFLA	5,409,930	5,409,930	-	24.11	24.11	-

LGLD

Lanark County	1,733,762	1,733,762	-	24.11	24.11	-
Town of Smiths Falls	238,786	238,786	-	24.11	24.11	-
United Counties of Leeds and Grenville	1,849,140	1,849,140	-	24.11	24.11	-
City of Brockville	542,170	542,170	-	24.11	24.11	-
Town of Gananoque	136,718	136,718	-	24.11	24.11	-
Town of Prescott	115,018	115,018	-	24.11	24.11	-
Total LGLD	4,615,594	4,615,594	-	24.11	24.11	-
Total SEHU	\$ 14,535,599	\$ 14,535,599	\$ -	\$ 24.11	\$ 24.11	\$ -

2026					
Levy 70/30	Levy Phased	Levy Difference	Per Capita 70/30	Per Capita Phased	Per Capita Difference

\$ 1,178,496	\$ 1,179,556	\$ 1,060	\$ 24.10	\$ 24.13	\$ 0.02
1,478,887	1,480,218	1,331	24.10	24.13	0.02
1,223,692	1,224,793	1,101	24.10	24.13	0.02
674,687	675,294	607	24.10	24.13	0.02
4,555,762	4,559,861	4,099	24.10	24.13	0.02

3,553,952	3,557,150	3,198	24.10	24.13	0.02
750,905	751,581	676	24.10	24.13	0.02
1,154,584	1,155,623	1,039	24.10	24.13	0.02
5,459,441	5,464,354	4,913	24.10	24.13	0.02

1,752,619	1,754,196	1,577	24.10	24.13	0.02
241,383	241,600	217	24.10	24.13	0.02
1,869,212	1,870,894	1,682	24.10	24.13	0.02
548,065	548,559	494	24.10	24.13	0.02
138,216	138,340	124	24.10	24.13	0.02
116,257	116,361	104	24.10	24.13	0.02
4,665,752	4,669,950	4,198	24.10	24.13	0.02
\$ 14,680,955	\$ 14,694,165	\$ 13,210	\$ 24.10	\$ 24.13	\$ 0.02

Appendix 2

South East Health Unit

Municipal Levies

Difference Between

70/30 and Phased

2027					
Levy 70/30	Levy Phased	Levy Difference	Per Capita 70/30	Per Capita Phased	Per Capita Difference

HPE

County of Hastings	\$ 1,189,640	\$ 1,204,740	\$ 15,100	\$ 24.14	\$ 24.44	\$ 0.31
City of Belleville	1,492,897	1,511,847	18,950	24.14	24.44	0.31
City of Quinte West	1,235,283	1,250,963	15,680	24.14	24.44	0.31
County of Prince Edward	681,073	689,718	8,645	24.14	24.44	0.31
Total HPE	4,598,893	4,657,268	58,375	24.14	24.44	0.31

KFLA

City of Kingston	3,585,429	3,630,940	45,511	24.14	24.44	0.31
County of Frontenac	757,564	767,179	9,615	24.14	24.44	0.31
County of Lennox and Addington	1,164,827	1,179,612	14,785	24.14	24.44	0.31
Total KFLA	5,507,820	5,577,731	69,911	24.14	24.44	0.31

LGLD

Lanark County	1,773,369	1,795,879	22,510	24.14	24.44	0.31
Town of Smiths Falls	244,242	247,342	3,100	24.14	24.44	0.31
United Counties of Leeds and Grenville	1,891,375	1,915,382	24,007	24.14	24.44	0.31
City of Brockville	554,572	561,611	7,039	24.14	24.44	0.31
Town of Gananoque	139,850	141,625	1,775	24.14	24.44	0.31
Town of Prescott	117,643	119,137	1,494	24.14	24.44	0.31
Total LGLD	4,721,051	4,780,976	59,925	24.14	24.44	0.31
Total SEHU	\$ 14,827,764	\$ 15,015,975	\$ 188,211	\$ 24.14	\$ 24.44	\$ 0.31

Appendix 2

South East Health Unit

Population by Municipality

	2024	2025	2026	2027	2028	2029	2030
HPE							
County of Hastings	47,754	48,385	48,891	49,287	49,722	50,155	50,589
City of Belleville	59,926	60,718	61,353	61,851	62,396	62,940	63,484
City of Quinte West	49,585	50,240	50,766	51,178	51,628	52,078	52,529
County of Prince Edward	27,339	27,700	27,990	28,217	28,465	28,713	28,962
Total HPE	184,604	187,043	189,000	190,533	192,211	193,886	195,564
KFLA							
City of Kingston	144,343	146,053	147,439	148,545	149,817	151,102	152,400
County of Frontenac	30,498	30,860	31,152	31,386	31,655	31,926	32,201
County of Lennox and Addington	46,893	47,449	47,899	48,259	48,672	49,089	49,511
Total KFLA	221,734	224,362	226,490	228,190	230,144	232,117	234,112
LGLD							
Lanark County	71,053	71,903	72,709	73,471	74,278	75,086	75,897
Town of Smiths Falls	9,786	9,903	10,014	10,119	10,230	10,341	10,453
United Counties of Leeds and Grenville	75,781	76,688	77,546	78,360	79,220	80,082	80,947
City of Brockville	22,219	22,485	22,737	22,976	23,228	23,480	23,734
Town of Gananoque	5,603	5,670	5,734	5,794	5,858	5,921	5,985
Town of Prescott	4,714	4,770	4,823	4,874	4,928	4,981	5,035
Total LGLD	189,156	191,419	193,563	195,594	197,742	199,891	202,051
Total SEHU	595,494	602,824	609,053	614,317	620,097	625,894	631,727
Percentage of Total							
HPE	31.00	31.03	31.03	31.02	31.00	30.98	30.96
KFLA	37.24	37.22	37.19	37.15	37.11	37.09	37.06
LGLD	31.76	31.75	31.78	31.84	31.89	31.94	31.98
Year-Over-Year Change							
HPE		1.32	1.05	0.81	0.88	0.87	0.87
KFLA		1.19	0.95	0.75	0.86	0.86	0.86
LGLD		1.20	1.12	1.05	1.10	1.09	1.08
SEHU		1.23	1.03	0.86	0.94	0.93	0.93

South East Health Unit

formerly



Board of Health Briefing Note

To:	South East Health Unit Board of Health
Prepared by:	Katie Jackson, Program Manager, Merger Office
Approved by:	Dr. Piotr Oglaza, Medical Officer of Health and CEO
Date:	September 24, 2025
Subject:	Merger Updates
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.
Branding and Marketing:	<p>The launch of our new name, our new logo and our new colours is taking place on September 29! The full branding suite will be officially unveiled to all staff at our Merger Town Hall being held on September 29. This will be an opportunity to celebrate the achievement of this significant milestone. The public launch of our new brand will be later that day through a media release.</p> <p>The public launch of the new brand will be rolled out in phases, with priority materials ready for the launch date. Additional assets will be developed after the launch date in a priority sequence.</p> <p>Priority materials include, but are not limited to:</p> <ul style="list-style-type: none"> • Brand Guidelines and a one-page reference document – this will allow for consistency in the use and look of our logo and colours. • Clear Writing Guidelines to maintain consistent style and tone. • Facebook, Instagram, and Meta Business accounts with a plan to transition to these new accounts and sunset the legacy accounts over time. • A minimally viable website (more on this below). • Letterhead, envelopes, labels, e-mail signatures, fax cover pages. • Templates for ID badges, business cards, PowerPoint, etc. <p>Signage rebranding will be prioritized in the four largest offices (Belleville, Kingston, Brockville, Smiths Falls).</p>
New Website	Along with the brand launch, we will launch the beginnings of our new website on September 29. This minimally viable website will provide the public with a branded landing page, which will include content that represents our new organization. It will

	allow the Communications Team to promote our new brand identity while redirecting the public to our legacy websites for the region-specific content for which they are searching. Internally, this site will serve as a template that the website project team will build upon over the coming months as they develop the full site. We aim to transition away from our legacy websites and to direct the public to our website by March, 2026.																																
Non-Union Compensation Harmonization	<p>The process to harmonize non-union compensation (wages, benefits, and other terms and conditions of employment) is ongoing and should be completed by the end of November, 2025.</p> <p>The process for unionized employees, following the Public Sector Labour Relations Transition Act, is also ongoing. The next steps are written submissions and a consultation between all parties and the OLRB arbitrator in mid-October.</p>																																
Change Management Training	For staff, we recognize that change can be difficult, and we are committed to supporting our staff through this transformation. All staff were offered a webinar entitled “Navigating Change at Work.” This was offered in May and July. In addition, the webinar “Creating Connections at Work” was offered to all staff in August and September.																																
Change Readiness Assessment	<p>As part of our commitment to a successful public health merger, SEHU has adopted a Change Readiness Assessment to identify key areas of support and concern related to change management. The Change Readiness Assessment measures five key dimensions critical to successful change in a public health merger: commitment, clarity, culture, capacity, and sustainment. The Change Readiness Assessment will be completed quarterly by all staff. The second survey was sent out on June 23 and closed on July 7. The response rate was 24% (n=111 staff).</p> <table><tr><td></td><td></td><td colspan="2">Average Score (out of 5)</td></tr><tr><td>Dimension</td><td>Description</td><td>Mar 31, 2025</td><td>June 30, 2025</td></tr><tr><td>Overall</td><td></td><td>2.7</td><td>2.4</td></tr><tr><td>Commitment</td><td>visibly committed senior leaders, a clear vision</td><td>2.9</td><td>2.6</td></tr><tr><td>Clarity</td><td>clear reasons for merging, process for decision-making, accessible communication channels</td><td>2.7</td><td>2.3</td></tr><tr><td>Culture</td><td>well-defined principles for the merger, staff feel accountable to contribute to successful merger, SEHU will provide improved public health services to communities</td><td>2.6</td><td>2.2</td></tr><tr><td>Capacity</td><td>staff can acquire competencies for effective merged operations, access to appropriate infrastructure, feeling of being appropriately supported</td><td>3.1</td><td>2.9</td></tr><tr><td>Sustainment</td><td>policies and protocols in place, follow-up to address any shortfall, clear plan to track merger’s impact</td><td>2.1</td><td>1.9</td></tr></table> <p>Repeating the Change Readiness Assessment each quarter will allow leadership to monitor readiness scores and trends, and to identify where more initiatives are required.</p> <p>The results of this survey are not surprising given that it was implemented in the middle of assigning staff to future teams. The purpose of this survey is to take a</p>			Average Score (out of 5)		Dimension	Description	Mar 31, 2025	June 30, 2025	Overall		2.7	2.4	Commitment	visibly committed senior leaders, a clear vision	2.9	2.6	Clarity	clear reasons for merging, process for decision-making, accessible communication channels	2.7	2.3	Culture	well-defined principles for the merger, staff feel accountable to contribute to successful merger, SEHU will provide improved public health services to communities	2.6	2.2	Capacity	staff can acquire competencies for effective merged operations, access to appropriate infrastructure, feeling of being appropriately supported	3.1	2.9	Sustainment	policies and protocols in place, follow-up to address any shortfall, clear plan to track merger’s impact	2.1	1.9
		Average Score (out of 5)																															
Dimension	Description	Mar 31, 2025	June 30, 2025																														
Overall		2.7	2.4																														
Commitment	visibly committed senior leaders, a clear vision	2.9	2.6																														
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Capacity	staff can acquire competencies for effective merged operations, access to appropriate infrastructure, feeling of being appropriately supported	3.1	2.9																														
Sustainment	policies and protocols in place, follow-up to address any shortfall, clear plan to track merger’s impact	2.1	1.9																														

	<p>pulse of staff's change readiness and implement actions to support staff through the merger. Actions from these results include:</p> <ul style="list-style-type: none"> • Better promotion of survey given low response rate; • Continue to promote merger purpose and principles to staff; • Continue with staff engagement events, such as coffee chats and Town Halls; • Develop a merger-related training plan; • Leverage the Change Management Advisory Group. <p>To assist with change management across the South East Health Unit, a Change Management Advisory Group (CMAG) has been struck. This committee consists of ten staff from across the organization in a variety of roles. CMAG Members will engage with staff and management to help build a culture that supports managing changes which are happening due to the merger.</p>
Town Hall	<p>The next Town Hall is planned for September 29 when the new brand will be launched. Town Halls also provide opportunities for staff to ask questions and receive updates.</p>
Coffee & Conversation	<p>Results from the Change Readiness Assessments showed that staff were looking for more face-to-face opportunities to meet with the Executive Team. Coffee and Conversations events were held in offices across SEHU: July 11 in Brockville, July 16 in Belleville and July 18 in Kingston. These were optional and informal events for staff to chat with members of our Executive Team. Coffee Chats for October have also been scheduled:</p> <ul style="list-style-type: none"> • Smiths Falls - Oct 16 10am-11am • Belleville - Oct 20 10am-11am • Kingston - Oct 23 10am-11am
Payroll Harmonization	<p>We are working to harmonize our payroll work periods, payroll dates, and payroll systems. This is a necessary step to ensure consistency, efficiency, and compliance across our new organization. Communication on the timelines has been sent out to all staff. This change will not come into effect until February, 2026 to give staff ample time to plan for this change.</p>
Information Technology	<p>During the month of September work is underway to bring all SEHU staff onto a common Microsoft tenant. A Microsoft tenant is a single cloud storage and account system that enables everyone across the agency to interact on their Microsoft products together, whether that is through calendars in Outlook, or messaging in Teams. This significant project will enable communication and collaboration across the organization. Training modules, as well as clear instructions on how to integrate into the new tenant, will be made available to all staff. There will also be real-time support offered during the transition period to help with troubleshooting after the tenant migration.</p> <p>Along with the project to have a common Microsoft tenant for the South East Health Unit, a project to establish the network topology for the organization is also underway. Network topology is the physical or logical arrangement of elements in a telecommunication network, including nodes (like computers) and links (connections). This work will be foundational to establishing new phone lines, fax lines, etc.</p>
Program Harmonization	<p>As a health unit, we offer many different programs and services. We cannot start the harmonization process all at once. The management teams in each portfolio are currently working on identifying which programs will be harmonized first to make it manageable for the organization and have initiated some harmonization projects.</p>

	<p>There are some harmonization projects that cross portfolios. Preliminary work has started on the following cross-portfolio projects:</p>
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- Electronic Medical Record – the project team is going through a process to select a single EMR solution for SEHU.
- Fax system Integration – programs will be determining the number and purpose of fax lines for their teams.
- Client service standards – a harmonized policy and approach is being developed for SEHU.
- Medical directives – harmonized medical directives are being developed for SEHU.

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Listing of Information Items Board of Health Meeting – September 24, 2025

1. South East Health Unit – Preschool Speech and Language 2025-26 “Leading Innovation for Transformation” (LIFT) Action Plan for the Ministry of Children, Community, and Social Services (MCCSS) – dated September 24, 2025.
2. Simcoe Muskoka District Health Unit – 2024 Annual Report – dated September 18, 2025.
3. Algoma Public Health – Board of Health resolution to address food insecurity as an income-based problem that requires income-based solutions – dated September 12, 2025.
4. Windsor-Essex County Health Unit – Board of Health resolution to address the escalating opioid crisis in Windsor-Essex County – dated August 26, 2025.
5. Simcoe Muskoka District Health Unit – Organizational Structure Changes – dated August 6, 2025:
 - Carolyn Shoreman, Vice President of the Community and Family Health Department, is now fulfilling the duties of the Chief Nursing Officer (CNO).
 - Dr. Steve Rebellato, Vice President of the Environmental Health Department, has taken on the new role of Chief Innovation Officer (CINO). This role is accountable for advancing public health outcomes through the ethical and strategic application of advanced analytics, data systems, and innovative public health practices solutions through the use of artificial intelligence (AI).
6. Association of Local Public Health Agencies (aLPHA) – InfoBreak Summer 2025.
7. Middlesex-London Health Unit – Board of Health resolution for Household Food Insecurity: A primer for municipalities report – dated July 24, 2025.
8. City of Belleville support for City of Pickering resolution – raising income amounts for Ontario Works and Ontario Disability Support Program recipients – dated June 6, 2025 (mentioned at the July 23, 2025 meeting by Councillor S. Kelly).

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