

June 25, 2024

Dear Mayors, First Nation Chiefs and Councils,

The Porcupine Health Unit and Timiskaming Health Unit are pleased to provide a merger update specifically related to the governance model of the proposed merged local public health agency: Northeastern Public Health / Santé publique du Nord-Est.¹

Identifying the governance model of the new proposed Board of Health has involved meaningful engagement and discussions with the current Boards of Health of both agencies, with support and guidance from the Board of Health Merger working group. Based on discussions and feedback that has occurred, amendments to the proposed Board make-up have been made throughout this process resulting in a model that we believe balances the needs of all communities, that best reflects the uniqueness of the new district, and that will best support effective delivery of public health planning and delivery. Both the Porcupine (2024-05-23) and Timiskaming (2024-06-12) Boards of Health have carried motions approving the governance model outlined on page 3.

The Board of Health Merger working group was formed to support the creation of the governance model for the new entity and is comprised of an equal number of Board of Health members from both Health Units. They are committed to making decisions in the best interests of strengthening public health programs and services for the newly created northeastern region. They are tasked with determining recommendations on items such as the transitional framework, structure, membership, policies, and bylaws that will govern the new Board of Health. Such recommendations will create the operating framework for the new Board which will assume responsibility on the date determined by provincial legislation - January 1, 2025.

There were many considerations taken into account when working through the process of developing and refining the governance model for the new Board of Health:

- A combination of geographical and population-based considerations.
- Municipalities are encouraged to consider public health skills and interest in their appointments (municipalities can appoint a community member outside of elected officials).
- A mechanism to ensure Indigenous, Francophone, and newcomer representation (under the current HPPA, these would not be separate, additional positions but built into appointee representation).

¹ Note: This is the name that has been submitted in the *Voluntary Merger Proposal Business Case* to the Ministry of Health, however, it does require approval from both the Ministry and the Provincial Government.

- A Board membership size that facilitates efficient governance and that reflects best practice.²
- Communities to be grouped in a way that ensures representation from both rural and small/medium population centers.
- A position on the new Board of Health for the most remote part of the region.

The merged local public health agency will have a combined total of 38 obligatory municipalities. Similar to all Health Units in Northern Ontario, municipalities are clustered together to accommodate the requirements in the Health Protection and Promotion Act (HPPA) which outlines a maximum of 13 municipal members of each board of health.³ The Board of Health Merger working group will be looking at creating policies and recommendations to support municipalities in developing processes to ensure each municipality in each cluster has an opportunity to represent their municipality and cluster on the Board of Health.


Board of Health governance is just one of many planning pathways involved in the massive and complex undertaking of this merger process. Much work is being done supporting all integration pathways, including corporate, workforce, programs and services, and community. We will keep you informed as milestones are met in the merger to strengthen public health.

Please direct any questions or comments to your respective Board of Health Chair, or to [Rachelle Côté \(THU\)](#) or [Lori McCord \(PHU\)](#).

Yours in Health Protection and Health Promotion,



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Medical Officer of Health and Chief
Executive Officer
Porcupine Health Unit



Dr. Glenn Corneil
Acting Medical Officer of Health/Chief
Executive Officer
Timiskaming Health Unit

² Public Health within an Integrated Health System - Report of the Minister's Expert Panel on Public Health. June 9, 2017.

³ Health Protection and Promotion Act. R.S.O. 1990, CHAPTER H.7 s. 48. Consolidation Period: From December 4, 2023 to the e-Laws currency date.

Board of Health Composition for Northeastern Public Health / Santé publique du Nord-Est⁴

Municipality	Current Health Unit Area	Municipal Appointees (13)
City of Timmins	Porcupine Health Unit	3
Temiskaming Shores	Timiskaming Health Unit	2
Kapuskasing	Porcupine Health Unit	1
Kirkland Lake	Timiskaming Health Unit	1
Cochrane, Smooth Rock Falls	Porcupine Health Unit	1
Rural North Hearst, Mattice Val Cote, Moonbeam, Val Rita Harty, Opasatika, Fauquier- Strickland, Hornepayne	Porcupine Health Unit	1
Rural Central - North Iroquois Falls, Black River Matheson	Porcupine Health Unit	1
Rural Central - South Larder Lake, McGarry, Gauthier, Matachewan, Charlton & Dack, Englehart, Chamberlain, Evanturel, James	Timiskaming Health Unit	1
Rural South Armstrong, Brethour, Casey, Cobalt, Coleman, Harley, Harris, Hilliard, Hudson, Kerns, Latchford, Temagami, Thornloe	Timiskaming Health Unit	1
Rural Far North Moosonee (James Bay and Hudson Bay region)	Porcupine Health Unit	1

⁴ Note: This is the name that has been submitted in the Voluntary Merger Proposal Business Case to the Ministry of Health, however, it does require approval from both the Ministry and the Provincial Government.