Our Vision:
Healthy People in Vibrant Communities

BOARD OF HEALTH MEETING
AGENDA

Woodstock Site: Oxford County Administration Building
21 Reeve Street, Woodstock, ON
Virtual Participation: MS Teams
Thursday, June 26, 2025, at 1:00 p.m.

ITEM	AGENDA ITEM	LEAD	EXPECTED OUTCOME
1.0 CONVENING THE MEETING			
1.1	Call to Order, Recognition of Quorum • Introduction of Guests, Board of Health Members and Staff	Bernia Martin	
1.2	Approval of Agenda	Bernia Martin	Decision
1.3	Reminder to disclose Pecuniary Interest and the General Nature Thereof when Item Arises including any related to a previous meeting that the member was not in attendance for.	Bernia Martin	
1.4	Reminder that meetings are recorded for minute-taking purposes, and open session portions are publicly available for viewing for 30 days after being posted on Southwestern Public Health's website.	Bernia Martin	
2.0 APPROVAL OF MINUTES			
2.1	Approval of Minutes • May 22, 2025	Bernia Martin	Decision
3.0 APPROVAL OF CONSENT AGENDA ITEMS			
3.1	alPHa Letter regarding Investing Proceeds of Tobacco Settlement to Strengthen Public Health, June 12, 2025 *The Association of Local Public Health Agencies urges the Ontario government to allocate a significant portion of its expected $7.1 billion tobacco settlement towards renewing the Smoke-Free Ontario strategy. They note this investment is crucial for addressing ongoing smoking-related health costs and the rising complexities of vaping and other nicotine products.*		Receive and File
4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION			
4.1	CIPHI and ASPHIO Letter regarding the Auditor General's report on Non-Municipal Report on Non-Municipal Drinking Water Safety, May 28, 2025 *The Canadian Institute of Public Health Inspectors and the Association of Supervisors of Public Health Inspectors of Ontario jointly express their strong support for implementing the recommendations from the Auditor General's 2025 report on non-municipal drinking water safety. They offer their support to the Minister of Health to enhance inspections, improve workforce training, and modernize data systems, while noting that sustainable funding is essential to address these challenges.*		Decision
5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.ACCEPTANCE.DECISION			
5.1	SWPH Adverse Childhood Experiences Health Status Report for June 26, 2025	Jenny Santos Lindsay Mallot	Receive and File

ITEM	AGENDA ITEM	LEAD	EXPECTED OUTCOME
5.2	SWPH 2025-2029 Strategic Plan Report for June 26, 2025	Kerry Bastian Corinne Walsh	Decision
5.3	Medical Officer of Health Report for June 26, 2025	Dr. N. Tran	Receive and File
5.4	Chief Executive Officer's Report for June 26, 2025	Cynthia St. John	Decision
6.0 NEW BUSINESS/OTHER			
7.0 CLOSED SESSION			
8.0 RISING AND REPORTING OF THE CLOSED SESSION			
9.0 FUTURE MEETINGS & EVENTS			

9.1	• Board of Health Orientation: Thursday, September 25, 2025 at 12:00 p.m.
	• Board of Health Meeting: Thursday, September 25, 2025 at 1:00 p.m.
	  ○ St. Thomas Site; 1230 Talbot Street, St. Thomas, ON
	  ○ Virtual Participation: MS Teams		

10.0 ADJOURNMENT			

May 22, 2025
Board of Health Meeting
OPEN SESSION MINUTES

A meeting of the Board of Health for Oxford Elgin St. Thomas Health Unit was held on Thursday, May 22, 2025, commencing at 1:05 p.m.

PRESENT:

Ms. C. Agar	Board Member
Mr. J. Couckuyt	Board Member
Mr. G. Jones	Board Member (Vice Chair)
Mr. J. Herbert	Board Member
Ms. B. Martin	Board Member (Chair)
Mr. D. Mayberry	Board Member
Mr. S. Molnar	Board Member
Mr. M. Peterson	Board Member
Mr. L. Rowden	Board Member
Mr. M. Ryan	Board Member
Mr. D. Warden	Board Member
Dr. N. Tran	Medical Officer of Health (ex officio)
Ms. C. St. John	Chief Executive Officer (ex officio)
Ms. W. Lee	Executive Assistant

GUESTS:

Ms. J. Buchanan	CPA, Graham Scott Enns
Ms. L. Crandall*	Health Promoter
Ms. J. Gordon	Administrative Assistant
Mr. P. Heywood	Program Director
Ms. E. Kyriakopoulos	Tobacco Enforcement Officer
Ms. S. MacIsaac	Program Director
Mr. D. McDonald	Director, Corporate Services and Human Resources
Ms. M. Nusink	Director, Finance
Ms. C. Richards	Manager, Foundation Standards
Ms. N. Rowe*	Manager, Communications
Mr. I. Santos	Manager, Information Technology
Mr. D. Smith	Program Director
Mr. C. Trafagander	Tobacco Enforcement Officer
Ms. K. Vanderhoeven*	Health Promoter
Ms. M. Van Wylie	Manager, Chronic Disease and Injury Prevention

REGRETS:

Mr. D. Shinedling	Board Member
Mr. E. Taylor	Board Member

**Represents virtual participation*

REMINDER OF DISCLOSURE OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF WHEN ITEM ARISES

1.1 CALL TO ORDER, RECOGNITION OF QUORUM

The meeting was called to order at 1:05 p.m.

1.2 AGENDA

Resolution # (2025-BOH-0522-1.2)
Moved by D. Warden
Seconded by D. Mayberry

That the agenda for the Southwestern Public Health Board of Health meeting for May 22, 2025, be approved.

Carried.

1.3 Reminder to disclose Pecuniary Interest and the General Nature Thereof when Item Arises.

2.0 APPROVAL OF MINUTES

Resolution # (2025-BOH-0522-2.1)
Moved by J. Herbert
Seconded by M. Peterson

That the minutes for the Southwestern Public Health Board of Health meeting for April 24, 2025, be approved.

Carried.

3.0 CONSENT AGENDA

No Items.

4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION

No items.

5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.DECISION

5.1 SWPH SFOA Progressive Enforcement Report for May 22, 2025

E. Kyriakopoulos, C. Trafagander, and M. Van Wylie reviewed the report.

M. Peterson raised concerns about local youth vaping rates, which appear nearly double those in other jurisdictions. He referenced a recent Police Services Board meeting that noted a rise in impaired charges, potentially linked to increased accessibility of substances like tobacco, vaping products, and alcohol. He asked what might be driving these differences locally and what could be done to address them. M. Van Wylie agreed the rates are concerning and said while some risk and protective factors are known, more local data is needed. Marcia emphasized the potential of the Icelandic prevention model, noting that additional data will be obtained through its implementation and that other rural jurisdictions are seeing similar rates.

J. Herbert asked whether most charges stem from high schools. C. Trafagander clarified that while schools generate many reports, most charges are against retailers. J. Herbert asked about the authority of Tobacco Enforcement Officers (TEOs), warning levels, and the use of progressive enforcement. C. Trafagander explained that there is a one-strike policy, with a different enforcement approach for youth under 16 years old. Parents are usually involved, and while youth can be fined $350, no cases have gone to court yet. C. Agar raised the question of whether part-time TEO should be expanded to full-time, suggesting it as something for consideration. She also referred to a 2016 report on smoking on beaches and asked whether the Board could encourage municipalities to revisit such measures and prioritize licensing discussions. M. Van Wylie confirmed that SWPH is in the early planning stages of exploring municipal policy changes and would welcome opportunities to pursue local policy solutions. C. St. John added that staffing capacity is regularly considered during the budget process and encouraged municipal representatives to speak out on advocacy opportunities.

S. Molnar praised the report's authors for their courage and conviction. He asked for clarification regarding the sale of vaping products by underage store staff. C. Trafagander explained that staff are trained to request ID and ensure proper sales practices. S. Molnar noted that the transaction rate was relatively low and asked whether the legal purchasing age differed for tobacco and vape products. C. Trafagander confirmed the age limit is the same. S. Molnar then asked if the only identifiable penalty applies to retailers and not purchasers. C. Trafagander confirmed that the SFOA governs sales but not possession. It is not an offence for a youthto be in possession of cannabis or tobacco under the Act.

J. Couckuyt noted the lack of municipal funding for tobacco enforcement at public beaches and pointed out that the report relied on data from 2019, hoping for more recent statistics. He also asked whether schools issue their own consequences when enforcement occurs on-site.
B. Martin clarified that schools may issue disciplinary actions, but possession by youth is not an offence under the SFOA. C. Trafagander confirmed that TEOs only act under the legislation and cannot impose school-based penalties and that the SFOA focuses on enforcement at the point of sale.

M. Ryan questioned if the Board should send formal letters to municipal councils, urging them to take action against smoking on public beaches. M. Van Wylie said SWPH is open to further engagement and continues to build relationships with municipalities.

D. Mayberry raised questions about the reported percentages, asking if those figures represented all youth or all retailers. C. Trafagander acknowledged the complexity of interpreting those figures and attributed the high rate of youth access to various factors. M. Van Wylie noted that the goal remains to reduce youth access. The reported percentage is based on a youth survey on purchasing behaviours. D. Mayberry expressed concern that the report could be misread as indicating 10% of all youth obtain vape products. P. Heywood noted that compliance rates are a snapshot in time and may vary across enforcement cycles. D. Mayberry agreed and emphasized the importance of municipalities understanding that context.

M. Peterson added that his municipality prohibits smoking in parks and stressed that enforcement ultimately falls to local governments. He asked about the fine for businesses found supplying to youth. C. Trafagander replied that the certificate of offence carries a $490 fine for first-time violations, with the possibility of increased fines or license suspension for repeat offences.

S. Molnar asked whether there were reports of illegal tobacco sales outside retail environments, such as through informal channels like gas stations. C. Trafagander confirmed that such sales are prohibited and monitored under different legislation enforced by Tobacco and Fuel Inspectors.

D. Warden asked about distance regulations for smoking near buildings. C. Trafagander responded that the SFOA outlines restrictions only for specific facilities, such as hospitals and schools, while most public distance regulations fall under municipal bylaws. Municipalities are responsible for signage and enforcement in these cases.

M. Ryan moved to amend the original motion from “receive and file” to “adopt the report,” and D. Mayberry seconded the amendment. D. Warden asked whether this change in wording would assist staff in their efforts. C. St. John acknowledged the team’s work and stated that while the language shift may not alter operations significantly, it would not hurt to share the report with municipalities as part of ongoing conversations. The motion to amend was carried.

J. Herbert requested a recorded vote on the amended resolution to adopt the report. D. Warden noted the motion is a recommendation for municipalities to review their bylaws and that while the Board can make the request, municipalities are not obligated to act. S. Molnar inquired whether the recommendation would go to all municipalities or only the three obligated ones. C. St. John advised that it be sent to all municipalities. S. Molnar expressed hope that municipalities would be supportive, particularly as the issue affects areas beyond Elgin County, including beaches elsewhere. D. Warden asked whether municipalities could be asked to respond, and C. St. John confirmed that staff would report back on municipal uptake. B. Martin added that the process will unfold gradually, with staff following the next steps outlined in the adopted report.

Resolution # (2025-BOH-0522-5.1-1)
Moved by M. Ryan
Seconded by D. Mayberry

> That the Board of Health for Southwestern Public Health amend the proposed resolution with the following statements:

…adopt the SWPH Report…
…And further that this report be circulated to area municipalities asking and encouraging their support in reviewing their bylaws.

Carried.

Resolution # (2025-BOH-0522-5.1)
Moved by M. Ryan
Seconded by D. Mayberry

That the Board of Health for Southwestern Public Health adopt the SWPH Report on Progressive Enforcement Activities Supporting the Smoke-Free Ontario Act (SFOA) in 2024 for May 22, 2025.
And further that this report be circulated to area municipalities asking and encouraging their support in reviewing their bylaws.

Carried.

Agar, Catherine	Yea
Couckuyt, Jack	Yea
Herbert, Jim	Yea
Jones, Grant	Yea
Martin, Bernia	Yea
Mayberry, David	Yea
Molnar, Stephen	Yea
Peterson, Mark	Yea
Rowden, Lee	Yea
Ryan, Marcus	Yea
Warden, David	Yea

The Chair thanked the Tobacco Enforcement Officers, who left the meeting at 2:04 p.m.

5.2 Graham Scott Enns: SWPH Audited Financial Statements Report for May 22, 2025

Jennifer Buchanan CPA for Graham Scott Enns reviewed the report.

C. Agar raised questions regarding the clarity of Note 8 on page 16, specifically the description of the April 8, 2024, loan amendment. She noted that the terminology should reflect that the banker's acceptance (BA) was converted to a CORRA-based loan rather than referring to it as a restructured construction loan, which had been in place since 2013. J. Buchanan agreed and indicated she would revise the language accordingly. C. Agar also flagged that the amortization period is actually 19 years rather than the 30 years suggested in the draft. M. Nusink confirmed that although the term extends to 2044, the amortization is indeed 19 years. J. Buchanan

committed to clarifying both the remaining maturity and related terminology in the finalized note.

J. Couckuyt directed attention to page 5, questioning the significant increase—over 30%—in operating grants from municipalities between 2022 and 2023, asking whether this was attributable to the "move the needle" funding initiative. M. Nusink confirmed that a large portion of the increase was due to the $736,000 levy to municipalities for this initiative and noted that it has since been annualized.

J. Buchanan then summarized the contents of the audit findings letter, noting that no issues were identified during the audit. She reported no significant difficulties with management, no changes to accounting policies apart from the required adoption of PS 3400, no significant internal control deficiencies, no uncorrected misstatements, and no other matters of concern.

B. Martin acknowledged that motions regarding the audited financial statements would be brought forward during the CEO's report. She appreciated the thoroughness of the audit and the positive relationship with Graham Scott Enns. C. St. John echoed this, commending J. Buchanan and her team for their ongoing professionalism and guidance throughout the year, not just during the audit process.

5.3 Medical Officer of Health's Report

Dr. N. Tran reviewed the report.

G. Jones inquired whether the Ministry of Natural Resources continues to conduct rabies baiting through aerial distribution. Dr. N. Tran confirmed that the program is still active, targeting wildlife in specific areas by using vaccine-laced bait to reduce the risk of rabies.

B. Martin asked whether there are any free or subsidized rabies vaccination programs available for pet owners. Dr. N. Tran indicated that while there is currently no formal program, SWPH is actively working with local veterinarians to generate interest in offering low-cost rabies vaccinations, ideally at least once annually. S. MacIsaac added that while there is no confirmed partner at this time, some local veterinarians have previously provided the service, and planning is ongoing.

B. Martin concluded the discussion by reminding the group that tick-borne diseases affect not only humans but also pets and can also serve as a vector for transmission.

Resolution # (2025-BOH-0522-5.3)
Moved by G. Jones
Seconded by D. Warden

> That Board of Health for Southwestern Public Health accept the Medical Officer of Health's report for May 22, 2025.

Carried.

5.4 Chief Executive Officer's Report

C. St. John reviewed the report.

C. Agar inquired about the availability of in-person prenatal classes, referencing the Baby Bump program. C. St. John responded that this is connected to the Nurse-Family Partnership (NFP) program and invited D. Smith to elaborate. D. Smith explained that while in-person prenatal classes were previously offered, they typically attracted individuals from higher socioeconomic backgrounds, rather than the vulnerable populations the health unit aims to support. As a result, the health unit pivoted to an online prenatal education model to increase accessibility. However, in-person options are still available through the St. Thomas Elgin General Hospital (STEGH), contingent on completion of the online module. Since in-person sessions are not currently offered at hospitals in Oxford County, SWPH has begun offering similar content internally at its Woodstock site and is working with local hospitals to expand access to in-person sessions. Additionally, one-on-one prenatal support is available for vulnerable individuals through the Healthy Growth and Development team. The NFP program remains a key in-person initiative, targeting first-time pregnancies in individuals aged 15 to 24. Nurses meet clients in locations of their choosing, including homes and coffee shops, offering weekly support through pregnancy and beyond. The program is made possible by additional funding approved by the Board of Health.

C. Agar raised a question regarding the first quarter budget, noting that immunization spending appeared underutilized despite the increased workload related to measles vaccinations. C. St. John acknowledged that there have been extra costs and deferred to M. Nusink for more details. M. Nusink explained that SWPH received unexpected one-time funding in the first quarter for COVID-19 and RSV response, which helped offset other expenditures. These funds had not been anticipated during the budgeting process and are not expected to recur. She noted that measles-related expenditures are being tracked in the event the Ministry requests a funding submission.

C. Agar asked about the HeatAdapt project, seeking clarification on whether existing Canadian research was being used to avoid duplication. She also voiced concern that the funding might not directly benefit vulnerable populations in the region, but instead fund external research students. S. MacIsaac responded that while there is national research on heat adaptation, this initiative provides an opportunity for SWPH to contribute local data and insights that will inform federal-level strategies. The University of Waterloo was engaged due to its specialized expertise in climate change and public health. Importantly, the research will use local data from municipalities in the SWPH region to identify and address the needs of those most vulnerable to extreme heat.

Resolution # (2025-BOH-0522-5.4-2.1)
Moved by G. Jones
Seconded by C. Agar

> That the Board of Health for Southwestern Public Health approve the audited financial statements as amended for the period ending December 31, 2024.

Carried.

Resolution # (2025-BOH-0522-5.4-2.2)
Moved by D. Warden
Seconded by M. Ryan

That the Board of Health appoint Graham Scott Enns as the auditing firm for the year ending December 31, 2025.

Carried.

Resolution # (2025-BOH-0522-5.4-2.3)
Moved by M. Ryan
Seconded by M. Peterson

That the Board of Health for Southwestern Public Health approve the sewage inspection program deferred revenues in the amount of $17,175 be moved to the Board of Health reserve fund.

Carried.

Resolution # (2025-BOH-0522-5.4-2.4)
Moved by M. Peterson
Seconded by D. Warden

That the Board of Health approve the first quarter financial statements for Southwestern Public Health.

Carried.

Resolution # (2025-BOH-0522-5.4)
Moved by D. Mayberry
Seconded by S. Molnar

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's report for May 22, 2025.

Carried.

6.0 NEW BUSINESS

J. Herbert thanked Dr. N. Tran for his delegation to St. Thomas and B. Martin thanked Dr. N. Tran for his presentation to Oxford County. M. Peterson thought Dr. N. Tran's presentation was leaderful.

S. Molnar left at 3:02 p.m.

7.0 TO CLOSED SESSION

Resolution # (2025-BOH-0522-C7)
Moved by J. Couckuyt
Seconded by D. Mayberry

That the Board of Health move to closed session in order to consider one or more of the following, as outlined in the Ontario Municipal Act:

(a) the security of the property of the municipality or local board;
(b) personal matters about an identifiable individual, including municipal or local board employees;
(c) a proposed or pending acquisition or disposition of land by the municipality or local board;
(d) labour relations or employee negotiations;
(e) litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board;
(f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose;
(g) a matter in respect of which a council, board, committee or other body may hold a closed meeting under another Act;
(h) information explicitly supplied in confidence to the municipality or local board by Canada, a province or territory or a Crown agency of any of them;
(i) a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the municipality or local board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organization;
(j) a trade secret or scientific, technical, commercial or financial information that belongs to the municipality or local board and has monetary value or potential monetary value; or
(k) a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the municipality or local board. 2001, c. 25, s. 239 (2); 2017, c. 10, Sched. 1, s. 26.
Other Criteria:
(a) a request under the Municipal Freedom of Information and Protection of Privacy Act, if the council, board, commission or other body is the head of an institution for the purposes of that Act; or
(b) an ongoing investigation respecting the municipality, a local board or a municipally controlled corporation by the Ombudsman appointed under the Ombudsman Act, an Ombudsman referred to in subsection 223.13 (1) of this Act, or the investigator referred to in subsection 239.2 (1). 2014, c. 13, Sched. 9, s. 22.

Carried.

8.0 RISING AND REPORTING OF CLOSED SESSION

Resolution # (2025-BOH-0522-C8)
Moved by D. Warden
Seconded by G. Jones

That the Board of Health rise with a report.

Carried.

Resolution # (2025-BOH-0522-C3.1)
Moved by M. Peterson
Seconded by J. Couckuyt

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Report for May 22, 2025.

Carried.

9.0 FUTURE MEETING & EVENTS

10.0 ADJOURNMENT

The meeting adjourned at 3:18 p.m.

Resolution # (2025-BOH-0522-9.0)
Moved by M. Peterson
Seconded by D. Warden

That the meeting adjourn to meet again on Thursday, June 26, 2025 at 1:00 p.m.

Carried.

Confirmed: _____

alPHa
Association of Local PUBLIC HEALTH Agencies

alPHa's members are the public health units in Ontario.

alPHa Sections:

Boards of Health Section

Council of Ontario Medical Officers of Health (COMOH)

Affiliate Organizations:

Association of Ontario Public Health Business Administrators

Association of Public Health Epidemiologists in Ontario

Association of Supervisors of Public Health Inspectors of Ontario

Health Promotion Ontario

Ontario Association of Public Health Dentistry

Ontario Association of Public Health Nursing Leaders

Ontario Dietitians in Public Health

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Hon. Sylvia Jones
Minister of Health College Park 5th Flr,
777 Bay St
Toronto, ON M7A 2J3

June 12, 2025

Dear Minister Jones,

Re: Investing proceeds of tobacco settlement to strengthen public health

On behalf of the Association of Local Public Health Agencies (alPHa) and its Boards of Health Section, Council of Ontario Medical Officers of Health Section, and Affiliate organizations, I am writing to strongly urge the Government of Ontario to invest a significant portion of the $7.1B it will be receiving as part of the historic Canadian tobacco settlement to reinforce and renew the Smoke-Free Ontario strategy.

We appreciate that this settlement is predicated upon the recovery of past smoking-related health-care costs, but as the strategy's own preamble notes, 1.5 million Ontarians continue to smoke and tobacco remains the leading cause of preventable disease and premature death in Ontario, killing 16,000 people a year. Health care costs will therefore continue to mount if this is left unaddressed.

In 2023, the alPHa membership passed a resolution calling on the Government of Ontario to implement a renewed smoking, vaping, and nicotine strategy (A23-2, attached). In addition to the prevalence of tobacco use having stalled after decades of significant decline, the landscape has become far more complicated with the rise of vaping and other nicotine delivery methods, as well as increasing cannabis use following legalization.

In 2024, Ontario's Chief Medical Officer of Health echoed this call in his 2023 Annual Report (*Balancing Act: An All-of-Society Approach to Substance Use and Harms*), making specific recommendations for targets, health promotion activities, and regulations to create "a comprehensive, coherent public health-oriented framework for regulating vaping and all nicotine-containing products" (p.48).

We believe this settlement presents an unprecedented and crucial opportunity to return Ontario to the forefront of the global fight against the public health impacts of commercial tobacco, and the aim to achieve the Canada's Tobacco Strategy target of less than 5% commercial tobacco use by 2035, inclusive of other nicotine delivery products.

We would be pleased to speak further on this matter with you and your staff. To schedule a meeting, please have your staff contact Loretta Ryan, Chief Executive Officer, alPHa, at loretta@alphaweb.org or 416-595-0006 ext. 222.

Sincerely,

Trudy Sachowski,
alPHa Chair

Copy: Hon. Peter Bethlenfalvy, Minister of Finance
Deborah Richardson, Deputy Minister of Health
Dr. Kieran Moore, Chief Medical Officer of Health
Elizabeth Walker, Executive Lead, Office of the Chief Medical Officer of Health

Encl.

The Association of Local Public Health Agencies (alPHa) is a not-for-profit organization that provides leadership to Ontario's boards of health. alPHa represents all of Ontario's 34 boards of health, medical officers and associate medical officers of health, and senior public health managers in each of the public health disciplines – nursing, inspections, nutrition, dentistry, health promotion, epidemiology, and business administration. As public health leaders, alPHa advises and lends expertise to members on the governance, administration, and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective, and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHa's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.

Association of Local PUBLIC HEALTH Agencies

RESOLUTION A23-02

TITLE: **Toward a Renewed Smoking, Vaping, and Nicotine Strategy in Ontario**

SPONSOR: **Simcoe Muskoka District Health Unit (SMDHU)**

WHEREAS commercial tobacco use remains the leading preventable cause of death and disease in Ontario and Canada; and

WHEREAS the direct and indirect financial costs of tobacco smoking are substantial and were estimated at $7 billion in Cancer Care Ontario and Public Health Ontario's 2019 report The Burden of Chronic Diseases in Ontario; and

WHEREAS the prevalence of cigarette smoking among Ontarians aged 15 years and older in 2020 was 9.9%, amounting to 1,222,000 people; and

WHEREAS the commercial tobacco control landscape has become more complex with the rapid rise of vaping among youth, as well as the concerning prevalence of waterpipe and cannabis smoking; and

WHEREAS the membership previously carried resolution A21-1 proposing policy measures to address youth vaping for implementation at the provincial and federal levels, several of which have yet to be implemented; and

WHEREAS the membership previously carried resolution A17-5 recommending that the provincial tobacco control strategy be aligned with the tobacco endgame in Canada; and

WHEREAS Ontario and Canada have made great strides in commercial tobacco control in Ontario, which are now endangered by the lack of a provincial strategy and infrastructure to support its continuation; and

WHEREAS disproportionate commercial tobacco and nicotine use and associated health burdens exist among certain priority populations;

NOW THEREFORE BE IT RESOLVED that the Association of Local Public Health Agencies write to the Ontario Minister of Health recommending that a renewed and comprehensive smoking, vaping, and nicotine strategy be developed with the support of a multidisciplinary panel of experts, local public health, and people with lived experience;

AND FURTHER that the Association of Local Public Health Agencies recommend that, in the development of a target for such a provincial strategy, the expert panel examine the sufficiency and inclusiveness of Canada's Tobacco Strategy target of less than 5% commercial tobacco use by 2035 with respect to all nicotine delivery products;

AND FURTHER that the Association of Local Public Health Agencies recommend that the pursuit of health equity be foundational to such a provincial strategy;

AND FURTHER that a copy be sent to the Chief Medical Officer of Health of Ontario.

BACKGROUND:
TOWARD A RENEWED COMMERCIAL TOBACCO AND NICOTINE STRATEGY IN ONTARIO

1. Commercial Tobacco

Canada has made great strides in commercial tobacco[1] control, and Ontario has until recent years been a leader among our provinces and territories, having made tremendous progress in decreasing smoking rates and in turn the negative health outcomes of smoking. Smoking prevalence among Canadians and Ontarians 15 years and older have dropped from 25% and 23%, respectively, in 1999 down to around 10% in 2020.[1] This decrease is representative of a remarkable downward trend nationally and provincially that appear to be on track to reach the endgame goal of less than 5% tobacco use by 2035, a target adopted by the federal government in Canada's Tobacco Strategy[2] and previously recommended for adoption in Ontario[3]. The recent Report of the First Legislative Review of the *Tobacco and Vaping Products Act* elaborates on this trend, noting that "declines in the number of young persons who smoke played an important role in declining prevalence rates overall; smoking rates among Canadians aged 15-19 are currently at an all-time low."[4]

However, it is crucial to note that this progress was achieved over decades, with explicit commercial tobacco control strategies in place to guide tobacco control research, policy development, and policy implementation; all this work was also undergirded by a robust infrastructure. Recent examples of progress in the federal policy arena include the implementation of policies around plain and standardized packaging for commercial tobacco products and enhanced package health warnings, as well as a ban on flavours in cigarettes and most cigars. Provincially, Ontario has strengthened its commercial tobacco contraband measures.

While Canada retains a strategy, Ontario is now operating without one—and there is still much work to be done: Tobacco use remains the leading preventable cause of death and disability in Canada,[5,6] killing approximately 48,000 Canadians each year,[2] of which nearly 17,000 are Ontarians.[7] The Ontario Public Health Standards' *Tobacco, Vapour and Smoke Guideline, 2021* states that "[e]very day tobacco kills more Ontarians than alcohol, illegal drugs, accidents, suicides and homicides combined. People who use tobacco are more likely to go to the hospital and stay longer. They are also likely to die younger."[8] The economic burden is similarly immense: While updated data on the economic burden of tobacco use is needed, 2017 data indicated health care costs of $6.1 billion and overall costs of $12.3 billion nationally.[9] In Ontario, a separate report determined the overall annual economic burden of tobacco smoking to be around $7 billion, exceeding that of alcohol consumption, physical inactivity, or unhealthy eating, taken separately.[10]

2. Vaping

The landscape of commercial tobacco and nicotine products has become more complex with the advent of vaping products containing nicotine, which includes electronic cigarettes (e-cigarettes), the primary users of which are youth. Vaping is the "act of inhaling and exhaling an aerosol produced by a vaping product, such as an electronic cigarette."[11] Most vaping devices use electrical power from a battery to heat a liquid solution to produce an aerosol that is breathed in by the user through the mouthpiece. Most vaping liquids contain nicotine, the levels of which range from very low to more than what is found in a typical tobacco cigarette, together with flavouring compounds that are dissolved in a liquid mixture

[1] Commercial tobacco is distinct from traditional or ceremonial use of tobacco by Indigenous peoples. In the implementation and enforcement of the *Smoke-Free Ontario Act, 2017*, the Ministry of Health protects the use of tobacco by Indigenous peoples and communities when used for traditional or ceremonial purposes.

composed typically of propylene glycol and/or glycerol (i.e., vegetable glycerin).[11] Some vaping liquids also contain cannabis.[12]

National data from 2021 indicates that 13% of adolescents aged 15 to 19 years and 17% of young adults aged 20 to 24 years in Canada reported having vaped at least once during the 30-day period before the survey, compared with 4% of adults aged 25 or older.[13] Provincially, there has been a meteoric rise in youth vaping rates in recent years: According to the Ontario Student Drug and Health Survey, grade 7–12 students who reported used vaping products in the past year doubled from 11% in 2017 to 23% in 2019, with 13%—representing approximately 105,600 students—vaping weekly or daily.[14] These rates are particularly alarming among students in higher grades: The 2019 survey indicated that 35% of students in grade 12 vaped in the past year, of which 21% were vaping weekly or daily.[14] Moreover, among students who vaped in the past year, those who reported using a nicotine-containing product doubled from 28% in 2017 to 56% in 2019.[14] The more recent 2021 survey noted a decrease of past-year vaping among students to 15%. However, those who reported using a nicotine-containing product increased further to 84%, implying that the overall percentage of students vaping nicotine-containing products remained approximately the same as in 2019. There are several challenges to interpretation of the 2021 survey results. For example, the change to an online mode of questionnaire delivery for 2021 led to dramatically decreased response rates that may impact the provincial representativeness of the results.[15] The report also indicates that "because of the significant changes to the methodology in 2021, caution is warranted when comparing these estimates with those from previous OSDUHS cycles."[15] More broadly, both the COVID-19 pandemic as well as changes to the federal and provincial regulatory and policy environments since 2019 have likely impacted the prevalence of youth vaping; however, longitudinal assessments have been disrupted by the pandemic and therefore the extent of impacts is unknown. Further monitoring, data collection and evaluation is needed to understand the impact of these changes and events on adolescent vaping initiation, escalation, and overall prevalence.

Regardless of the method of delivery, the highly addictive effects of nicotine are fundamentally the same, and may have particularly insidious effects on the developing brains of youth.[16,17] Although vaping products have been advertised in part as a harm reduction and smoking cessation product that may reduce health risks and possibly save lives for people who smoke, with some evidence to support this claim,[18,19] there has been no discernible population-level change in smoking cessation rates since vaping products entered the market.[20] Therefore, any individual-level efficacy of vaping products as a smoking cessation tool does not appear to translate to population-level impact. Furthermore, the vast majority of uptake has been among youth without a smoking history. In fact, among those who reported having vaped in the past 30 days, a majority (61%) of youth aged 15 to 19 and more than one-quarter (27%) of young adults aged 20 to 24 had never tried a tobacco cigarette in their life, which suggests that the majority of youth are not using vaping devices to reduce or quit smoking.[13] Therefore, the current evidence around the benefits of vaping products for the purpose of smoking cessation, while still evolving, is not of relevance to youth. In contrast, the evidence to date around the harms of vaping is becoming increasingly clear; in particular, people who vape but do not smoke are on average around three times more likely than those who do not vape to initiate cigarette smoking,[21,22] lending credence to the concern of a gateway effect. Additional evidence of harms from vaping includes the following:

- A variety of substances known to be toxic, carcinogenic, or cause disease have been identified in vaping products.[23]
- Intentional or accidental exposure to nicotine e-liquids can lead to poisoning, which can be lethal, with a significant number of accidental poisonings occurring in children under the age of six.[21]
- Vaping can cause burns and injuries, which can be lethal.[21]
- Vaping can cause respiratory disease in the form of E-cigarette or Vaping Use-Associated Lung Injury (EVALI).[21]
- Vaping can lead to seizures.[21]

- Vaping products contribute to environmental waste.[21]

Moreover, there are differences between vaping and smoking dependence that may impact attempts to quit, including the greater variability in vaping products compared to cigarettes, the discreteness and convenience of vaping, and the greater social acceptability of vaping among youth.[24] To address the rise of vaping, Ontario has required retail registration with local public health units for sale of flavoured vaping products (except mint-menthol or tobacco flavours), restricted sale of flavoured products (except mint-menthol and tobacco flavours) to specialty vape stores, banned sale of vaping products in several public premises, and banned their use in most public premises, though with notable exceptions such as post-secondary institutions. There are also several promising local and regional campaigns such as "Not an Experiment"[25] aiming to raise awareness among youth, parents, and educators about the risks of vaping. However, more control measures and interventions, as well as evaluation of their effectiveness, are needed to protect youth from the harms of both vaping as well as all future commercial nicotine delivery products.

3. Waterpipe smoking

Also referred to as "shisha" or "hookah", waterpipe smoking involves smoking a heated tobacco or non-tobacco "herbal" product.[26] Its increase in prevalence globally may be explained in part by misconceptions of lesser harm relative to other forms of tobacco smoking, its social nature, and the availability of various flavours and nicotine-free products.[26] However, waterpipe smoking of both tobacco and non-tobacco products results in inhalation of various carcinogens and toxins, and results in similar negative health effects to cigarette smoking.[26] Moreover, while the *Smoke-Free Ontario Act, 2017* prohibits the use of tobacco in waterpipes in restaurants and bar patios, the use of non-tobacco products in waterpipes is still permitted, impacting not only waterpipe smokers but also the public through secondhand and thirdhand smoke.[26]

4. Cannabis smoking

Cannabis, which can be consumed by various means including smoking, vaping, and ingestion, refers to all products derived from the *Cannabis sativa* plant, and can consist of up to approximately 540 different chemical substances, among which the main psychoactive constituent is tetrahydrocannabinol (THC).[27] The federal *Cannabis Act* came into force in October 2018, resulting in legalization and regulation of production, distribution, sale, import, export, and possession of cannabis for adults of legal age.[28] The 2021 Canadian Cannabis Survey indicates that approximately 25% of Canadians have reported using cannabis in the past 12 months, of whom 74% reported smoking as one method of cannabis consumption.[12] In addition to an array of health effects associated with cannabis consumption, smoked cannabis in particular can increase risk of bronchitis, lung infections, and chronic cough.[29] The *Smoke-Free Ontario Act, 2017* prohibits the smoking of cannabis in enclosed workplaces, enclosed public places, and other designated places.

5. Ontario's commercial tobacco and nicotine control landscape

Despite concerted efforts through research and reports providing evidence-informed recommendations towards a "tobacco endgame" culminating in the *Smoke-Free Ontario Modernization* report in 2017,[3] there has been limited incorporation of these recommendations into the province's approach to commercial tobacco and nicotine control.[30] For example, actions to increase the cost of commercial tobacco products through tax and other pricing policies have been limited; Ontario continues to have the second lowest retail price and total tobacco tax for tobacco products in Canada.[31,32] Moreover, among the many programs and services that have been lost during the COVID-19 pandemic, commercial tobacco and nicotine prevention, protection, and cessation programs have been significantly impacted. Indeed, the

broader commercial tobacco control infrastructure in Ontario has declined substantially both before and during the pandemic, a decline that is closely tied to the loss of a provincial strategy. With the loss of the Smoke-Free Ontario Strategy, the following crucial infrastructure has been lost: the Smoking and Health Action Foundation, the Leave the Pack Behind program, the Youth Advocacy Training Institute as well as the associated youth advocacy programming, the Program Training and Consultation Centre, funding to public health units for youth and young adults as staff, Smokers' Helpline telephone counselling, Registered Nurses Association of Ontario special projects for tobacco control, Heart & Stroke Foundation of Ontario mass media campaigns, and provincial mass media campaigns. In addition, provincial funding has been reduced for monitoring, research, and evaluation, which has impacted the activities of organizations such as the Ontario Tobacco Research Unit. Funding from other sources such as NGOs has also been lost for organizations such as the Ontario Campaign for Action on Tobacco. Furthermore, many stakeholder engagement opportunities at the provincial level, such as through the Tobacco Control System Committee, the Youth Prevention Task Force, the Communications and Marketing Advisory Committee, the Protection and Enforcement Task Force, the Research and Evaluation Task Force, the Capacity Building and Training Task Force, and monthly calls between Tobacco Control Area Networks and Ministry staff, have been discontinued. Finally, organizations such as Public Health Ontario have had a reduced focus on commercial tobacco and nicotine as an inevitable consequence of the significant resources that have been committed to combatting the COVID-19 pandemic, although their recent re-engagement in this area is inspiring.

These setbacks are compounded by ongoing inequities in the health impacts of tobacco and nicotine use among certain populations. Smoking is a socioeconomically stratified behaviour, as evidenced by decreasing prevalence rates with increasing education.[33] Disproportionate commercial tobacco and nicotine use and associated health burdens exist among Indigenous populations, members of the LGBTQ2S+ community, low-income populations, people with less formal education, people working in certain occupations (e.g., trades), individuals with mental health needs, individuals who use other substances, and incarcerated individuals.[2,9,31,34] Moreover, while reaching less than 5% tobacco use by 2035 may be possible with current strategies, such a target on its own does not sufficiently address this disproportionate burden among these populations. When addressing such health inequities among Indigenous peoples, it is also important to take a culturally safe approach that distinguishes between commercial tobacco use and traditional or ceremonial use of tobacco.

6. Examining the policy options

In late 2022, the Simcoe Muskoka District Health Unit (SMDHU) performed a brief jurisdictional scan focusing on recently implemented commercial tobacco and nicotine control policies (see Appendix A) and explored the grey literature to both identify existing policies at the federal and provincial levels, as well as determine some of the priority areas for action for a renewed smoking and nicotine strategy. SMDHU also conducted a conversation with key informants, the key points of which were summarized through the lens of an adapted version of the World Health Organization's MPOWER framework[2] (see Appendix B).[36]

Given the relative recency of vaping as a phenomenon, evidence is emerging related to the effectiveness of interventions to reduce vaping[23,37–41] as well the cost-effectiveness of doing so.[42] Lessons learned from interventions used to combat commercial tobacco use may also be applied to address vaping.[40] However, evaluation will be needed to confirm effectiveness. There have already been a variety of effective

[2] The World Health Organization Framework Convention on Tobacco Control (FCTC) is a legally binding international health treaty on tobacco control, which 182 countries including Canada have ratified.[35] To help countries reduce demand for tobacco, the WHO developed the MPOWER measures: Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco use; Warn about the dangers of tobacco; Enforce bans on tobacco advertising, promotion and sponsorship; and Raise taxes on tobacco.[36]

commercial tobacco and nicotine control interventions implemented in Ontario and other Canadian jurisdictions over the years, but a coordinated, comprehensive, multi-level, evidence-informed, and enduring strategy is needed to achieve the target of less than 5% tobacco use by 2035. Such a strategy would continue to be informed by evidence and focus on the traditional pillars of prevention, cessation, and protection, as well as industry denormalization and engagement of disproportionately impacted groups such as First Nations, Inuit and Métis (FNIM) organizations and communities.[3,9,34,43,44] However, for such a strategy to work, there must be provincial and federal commitments to strong regulations around all alternative methods of nicotine delivery. In particular, the Council of the Chief Medical Officers of Health has recommended a "broad regulatory approach to all alternative methods of nicotine delivery (i.e. other than tobacco products) that offers strong youth protection while allowing appropriate access for adult who smoke to products if they are proven effective in decreasing or stopping the use of all nicotine-containing products."[45]

7. Conclusion

Despite significant progress in commercial tobacco control, the health and economic burdens of tobacco-related disease in Canada remain unconscionably high. Moreover, vaping, waterpipe smoking, and cannabis smoking have added further complexity to the smoking and nicotine control landscape that risks undoing the tremendous progress that has been made. A coordinated, comprehensive, and enduring provincial smoking and nicotine control strategy is needed to save lives, protect young minds, reduce health inequities, and save money.

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Appendix A: Jurisdictional Scan of Tobacco and Nicotine Control Policies in Canada

Summary: A jurisdictional scan of Canadian federal, provincial, and territorial tobacco and nicotine control strategies was performed. An array of pre-existing documents[32,46–48] (environmental scans, briefing notes, etc.) produced by Physicians for a Smoke-Free Canada (PSC) cover similar objectives, and therefore constitute a major contribution to this scan. Overall, strategies have continued to focus on efforts surrounding the four pillars of prevention, cessation, protection and denormalization, with varying degrees of emphasis on each. However, the last few years have seen a deceleration in commercial tobacco control efforts, while vaping products have taken the spotlight, particularly following the amendment of the *Tobacco Act* in 2018 to become the *Tobacco and Vaping Products Act* (TVPA).

With respect to commercial tobacco control, the following recent changes have occurred at the federal, provincial, and/or territorial levels:

- plain and standardized packaging
- enhanced package health warnings
- ban on flavours in cigarettes and most cigars including menthol and cloves
- additional contraband measures in some jurisdictions

With respect to vaping control, the following recent changes have occurred at the federal, provincial, and/or territorial levels:

- taxes on vaping products
- retail licensing/registration
- minimum age restrictions
- requiring proof of age in stores
- display bans in stores
- restriction to sale in specialty vape stores
- bans on internet sales
- bans on incentives to retailers
- bans on non-tobacco flavours
- bans on various forms of advertisement
- restrictions on nicotine content
- health warnings

There are also plans at the federal level for implementing "reporting requirements that would require vaping product manufacturers to submit information to Health Canada about sales and ingredients used in vaping products."[4]

Limitations: While such a scan would be most useful if it summarized the implementation of the jurisdictional strategies that were identified (in addition to effects of implementation, technical feasibility, political viability, alignment with the Canadian regulatory landscape, etc.), the scan was largely limited to information that could be gleaned from web-based searches of the grey literature. Furthermore, jurisdictions outside of Canada such as New Zealand,[49] Australia,[50,51] Finland[52] and California[53] may provide further insights into tobacco and nicotine control, but were not covered in this scan.

Table A1: Jurisdictional Scan Results

F/P/T	Strategic Document	Alignment with Endgame Target[47] (less than 5% by 2035)	Recent Policy Implementation[4,32,44,46] (listed if not already implemented in Ontario)
Fed	Canada's Tobacco Strategy[2] (2018)	• Supports endgame goal of less than 5% by 2035. • Note: In 2020/2021, Health Canada changed its progress indicator from "percentage of Canadians (aged 15+) who have used any tobacco product in the last 30 days" to "Percentage of Canadians (aged 15+) who are current cigarette smokers."[54]	• Vaping products: ban on ads in stores (except age-restricted stores), display ban, ban on broadcast ads, ban on billboards/outdoor signs, ban on lifestyle ads, ban on sponsorships, ban on youth-appealing ads, health warnings / labelling requirements, restriction on nicotine content (max 20 mg/mL), excise tax, plan to ban all flavours except tobacco and mint-menthol, plan to impose vaping product reporting requirements, compliance and enforcement activities • Tobacco products: Plain and standardized packaging, enhanced package health warnings, ban on flavours in cigarettes and most cigars including menthol and cloves
BC	BC's Tobacco Control Strategy: targeting our efforts[55]	• No endorsement of endgame goal • BC's 2013 Guiding Framework for Public Health[56] targets a reduction of smoking to 10% by 2023. • In the 2018 report First to 5% by 2035[57], the Clean Air Coalition of BC recommended that BC be the first jurisdiction to achieve 5% by 2035, but there is no evidence of endorsement by government.	• Vaping products: tax, retail notification and reporting requirement, sale of flavoured products restricted to specialty vape stores, ban on sale and use in some public premises • Tobacco products: subsidized nicotine replacement therapy (NRT) to all residents, second highest level of overall taxation on cigarettes ($15.30 for a 20-pack), highly regarded stop-smoking service model, some exemplary practices in Indigenous stewardship
AB	Creating Tobacco-free Futures: Alberta's Strategy to Prevent and Reduce Tobacco Use 2012-2022[58]	• No endorsement of endgame goal • 10-year targets set for 2022: - Albertans ages 15 and over: 12 % - Albertans ages 12 to 19: 6% - Albertans ages 20 to 24: 20% - Pregnant women in Alberta: 11%	• Vaping products: ban on possession below minimum legal age, ban on sale in some public premises, ban on use in most public premises including outdoor cultural events

F/P/T	Strategic Document	Alignment with Endgame Target[47] (less than 5% by 2035)	Recent Policy Implementation[4,32,44,46] (listed if not already implemented in Ontario)
		- Reduce estimated per capita tobacco sales by 50 per cent to 745 units in 2022.	
SK	No strategic document identified. Public-facing Information available on their Tobacco and Vapour Products webpage.	• No endorsement of endgame goal • The Saskatchewan Coalition for Tobacco Reduction produced a report entitled Protecting our Future: Recommendations to reduce tobacco use in Saskatchewan, but this document does not appear to have been endorsement by government.	• Vaping products: tax, ban on sale and use in some public premises
MB	No strategic document identified. Public-facing information available on their Smoking, Vaping Control & Cessation webpage.	• No endorsement of endgame goal	• Vaping products: ban on sale and use in some public premises
ON	Smoke-Free Ontario: The Next Chapter - 2018[30] Note: This strategy was neither adopted nor implemented by the present government.	• No endorsement of endgame goal • Reduce smoking to 10% by 2023 • Reduce the number of smoking-related deaths by 5,000 each year. • Reduce exposure to the harmful effects of tobacco and the potentially harmful effects of other inhaled substances and emerging products (including medical cannabis).	• Vaping products: retail registration with local public health unit required for sale of flavoured products (not tobacco or mint-menthol), sale of flavoured products (except tobacco and menthol) restricted to specialty vape stores, ban on sale in several public premises, ban on use in most public premises (post-secondary institutions excluded) • Tobacco products: additional contraband measures
QC	Stratégie pour un Québec sans tabac 2020-2025[59] (see Appendix A for summary English translation)	• No endorsement of endgame goal • Reduce smoking to 10% by 2025.	• Vaping products: retail notification requirement, ban on internet sale and on incentives to vaping product retailers, ban on sale in most public premises, ban on use in many public premises • Tobacco products: subsidized nicotine replacement therapy (NRT) to all residents
NB	New Brunswick's Tobacco-Free	• **Supports endgame goal of less than 5% by 2035.**	• Vaping products: retail licensing/registration, ban on all

F/P/T	Strategic Document	Alignment with Endgame Target[47] (less than 5% by 2035)	Recent Policy Implementation[4,32,44,46] (listed if not already implemented in Ontario)
	Living Strategy: A Tobacco and Smoke-Free Province for All[60] (2019-2023) was produced by the NB Anti-Tobacco Coalition, funded by the Government of NB.		flavours except tobacco, ban on use in most public premises
NS	Moving toward a Tobacco-Free Nova Scotia: Comprehensive Tobacco Control Strategy for Nova Scotia[61] (2011) Public-facing information available on their Tobacco Free Nova Scotia webpage.	• No endorsement of endgame goal • Decrease tobacco use rates individuals aged 15-19 years to 10%, 20-24 years to 20%, and 25 years and older to 15%.	• Vaping products: retail licensing/registration, tax, ban on all flavours except tobacco, ban on sale and use in most public premises (post-secondary institutions included)
PEI	No strategic document specific to tobacco control identified. Tobacco control is addressed in PEI's Wellness Strategy[62] (2015-2018)	• No endorsement of endgame goal	• Vaping products: Sale restricted to age 21 years and above and only in specialty stores, ban on all flavours except tobacco, ban on sale in many public premises, ban on use in several public premises (post-secondary institutions included)
NL	Tobacco and Vaping Reduction Strategy[63] (2021) produced by the Newfoundland and Labrador Alliance for the Control of Tobacco, which is an alliance of government and non-government partners.	• No endorsement of endgame goal Action areas: • Community capacity building • Education and awareness • Healthy public policy • Cessation and treatment services • Research, monitoring and evaluation	• Vaping products: retail licensing/registration, tax, ban on sale in many public premises, ban on use in several public premises (post-secondary institutions included) • Highest level of overall taxation on cigarettes ($15.71 for a 20-pack)
YT	No strategic document identified. Public-facing information available on	• No endorsement of endgame goal	• Vaping products: ban on use in many public premises

F/P/T	Strategic Document	Alignment with Endgame Target[47] (less than 5% by 2035)	Recent Policy Implementation[4,32,44,46] (listed if not already implemented in Ontario)
	government webpage.		
NWT	No strategic document identified. Public-facing information available on Tobacco Control webpage.	• No endorsement of endgame goal	• Vaping products: ban on all flavours except tobacco, ban on possession below minimum legal age, ban on sale in some public premises, ban on use in many public premises
NU	Nunavut Tobacco Reduction Framework for Action[64] (2011-2016)	• No endorsement of endgame goal • Guiding principles draw from Inuit culture and practices. • Supports a coordinated communications plan using a range of media tools and using both universal and targeted approaches (including youth, pregnant women and their partners, and parents and Elders). • Younger age group is targeted through school and community youth programs because youth initiate tobacco use largely between 8 and 16 years of age.	• Vaping products (per Tobacco and Smoking Act[65], which received Assent on June 8, 2021, but is not anticipated to come into force until 2023): plan to consider vaping product price restrictions, plan to ban incentives to vaping product retailers, plan to ban sale and use in most public premises, plan to ban all flavours except tobacco and any product designed for use as flavouring for any smoking product, plan to make all publicly funding housing smoke-free, plan for biennial reporting requirements for vape retailers

Appendix B: Priorities for a Provincial Smoking and Nicotine Strategy — Key Informant Conversation Summary

To inform the call for a renewed and comprehensive provincial commercial tobacco and nicotine strategy, the Simcoe Muskoka District Health Unit (SMDHU) conducted a conversation on November 17, 2022, with a panel of key informants with extensive experience in commercial tobacco control in Ontario and Canada, in addition to following up individually upon request from some key informants for further discussion. The meeting was framed as an informal discussion around commercial tobacco and nicotine control, using past strategies and reports as a springboard to identify provincial priorities for a renewed commercial tobacco and nicotine strategy, as well as federal priorities to address relevant policy gaps.

Participants included:

- John Atkinson, Executive Director, Ontario Public Health Association
- Cindy Baker-Barill, Smoke-Free Program Manager, Smoke-Free Program and Central East Tobacco Control Area Network, Environmental Health Department, SMDHU
- Hillary Buchan-Terrell, Advocacy Manager (Ontario), Canadian Cancer Society
- Cynthia Callard, Executive Director, Physicians for a Smoke-Free Canada
- Vito Chiefari, Manager, Health Protection, Community & Health Services Dept, York Region
- Rob Cunningham, Senior Policy Analyst, Canadian Cancer Society
- Dr. Charles Gardner, Medical Officer of Health and Chief Executive Officer, SMDHU
- Dr. Lesley James, Director, Health Policy & Systems, Heart & Stroke Foundation
- David Neeson, Supervisor, Tobacco and Electronic Cigarette Control Team, Health Protection Division, Community and Health Services, York Region
- Michael Perley, former Director, Ontario Campaign for Action on Tobacco
- Dr. Emil Prikryl, Public Health and Preventive Medicine Resident, NOSM University
- Dr. Steven Rebellato, Vice President, Environmental Health Department, SMDHU
- Dr. Robert Schwartz, Executive Director, Ontario Tobacco Research Unit and Professor, Dalla Lana School of Public Health
- Linda Stobo, Program Manager, Substance Use Program, Healthy Living Division, Middlesex-London Health Unit
- Melissa van Zandvoort, Health Promotion Specialist, Smoke-Free Program and Central East Tobacco Control Area Network, Environmental Health Department, SMDHU

While it is our recommendation that the development of a renewed strategy be supported by a multidisciplinary panel of experts, Table B1 frames the priorities identified during the key informant conversation through the lens of an expanded version of the World Health Organization's MPOWER framework (i.e., MPOWER+):

Table B1: Priorities within the MPOWER+ Framework

MPOWER+ Measure	Priorities
Monitor tobacco and vaping use and prevention, cessation and protection/enforcement programs and policies.	• Re-invest in research/monitoring and evaluation to ensure practice and policy decisions are based on evidence. • Continue to explore age restrictions for smoking and vaping.
Protect people from tobacco smoke and e-cigarette aerosol.	• Further expand smoke- and vape-free public places. • Continue to increase access to smoke- and vape-free housing. • Direct focus towards consumer rights to be protected from marketing of nicotine products.
Offer help to quit smoking and vaping.	• Increase subsidization of smoking cessation pharmacotherapy for all residents.
Warn about the dangers of commercial tobacco and vaping products.	• Implement mass media and social marketing campaigns of greater intensity and duration targeted at youth and young adults addressing the real and potential harms of vaping such as its impacts on mental health, addiction, and environmental waste. • Implement mass media and social marketing campaigns of greater intensity and duration targeted at high-risk populations addressing the harms of smoking and the benefits of quitting.
Enforce bans on commercial tobacco and vaping product advertising, promotion and sponsorship.	• Return the focus of nicotine control efforts to the industry through activities such as leveraging litigation opportunities to further denormalize the industry and hold industry accountable for past and future harms to society. • Ban all flavours except tobacco flavour (if not achieved federally). • Restrict availability in brick-and-mortar settings and online access. • Strengthen retail registration and licensing requirements. • Further regulate vaping product design (e.g., plain and standardized packaging for vaping, health warnings). • Intensify tobacco and vaping product advertising promotion and sponsorship bans.

MPOWER+ Measure	Priorities
	• Ensure continued funding for enforcement through the *Smoke-Free Ontario Act, 2017*.
Raise taxes on commercial tobacco and vaping products.	• Implement a tax on vaping products, as well as regulatory fees as a means of cost recovery. • Further increase taxes on combustible tobacco products.
+ **Add** a strong health equity lens by linking commercial tobacco and nicotine control approaches to broader objectives addressing health inequities. **Add** bold interventions as indicated by evidence to further reduce the supply, demand, and access of all current and future industry nicotine delivery systems.	• Address the disproportionate use of commercial tobacco and nicotine use and associated health burdens among Indigenous populations, members of the LGBTQ2S+ community, youth, low-income populations, people with less formal education, people working in certain occupations (e.g., trades), individuals with mental health needs, individuals who use other substances, and incarcerated individuals. • Implement recommendations from the Council of Chief Medical Officers of Health to develop a "broad regulatory approach to all alternative methods of nicotine delivery (i.e. other than tobacco products) that offers strong youth protection while allowing appropriate access for adult smokers to products if they are proven effective in decreasing or stopping the use of all nicotine-containing products."[45]

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Association of Supervisors of Public Health Inspectors of Ontario (ASPHIO)
Email: chair@asphio.ca

May 28, 2025

Honourable Sylvia Jones
Deputy Premier and Minister of Health
Ministry of Health
5th Floor
777 Bay St.
Toronto, ON, Canada M7A 2J3

Subject: Joint Statement from CIPHI and ASPHIO: Supporting the Implementation of Recommendations from the Auditor General's 2025 Report on Non-Municipal Drinking Water Safety

Dear Minister,

On behalf of the Canadian Institute of Public Health Inspectors (CIPHI (ON Br.) and the Association of Supervisors of Public Health Inspectors of Ontario (ASPHIO), we extend our appreciation for the comprehensive 2025 Special Report by the Auditor General of Ontario on the Safety of Non-Municipal Drinking Water. We commend the Ministry of Health for accepting all 10 recommendations aimed at the Ministry of Health and for its commitment to strengthening Ontario's public health infrastructure.

We write to express our strong support for the Ministry's efforts and to offer our collaboration in implementing several key recommendations from the report. As outlined in the *ASPHIO White Paper (June 2023)*, public health inspectors (PHIs) are uniquely positioned to support these efforts through specialized training, regulatory expertise, and community engagement skills.

Ontario's Public Health Units (PHUs) and their dedicated public health inspectors are vital in ensuring millions of people have access to safe drinking water. Although there are ongoing challenges regarding capacity due to recruitment challenges in the northern and rural regions of Ontario, and an increasing workload, Public health inspectors excel in conducting risk assessments and inspections of small drinking-water systems, issuing advisories to protect public health, providing education and outreach to private well owners and system operators, and facilitating access to free water testing through Public Health Ontario laboratories. Thanks to these concerted efforts, over 98% of water samples meet

Ontario Drinking Water Quality Standards, highlighting the crucial role PHIs play in safeguarding our communities' health and well-being.

1. Enhancing Oversight and Inspection Capacity (Recommendations 2–4, 6, 7)

The Auditor General's report highlights inspection backlogs and inconsistent enforcement across PHUs. ASPHIO and CIPHI can support the Ministry by:

- Assisting in the development of standardized inspection protocols and risk assessment tools.
- Supporting inter-public health unit (PHU) mentorship and training programs to build inspection capacity, especially in under-resourced regions.
- Collaborating on the design of performance indicators to track inspection frequency, compliance, and enforcement outcomes.
- Assisting in evaluating Small Drinking Water System definitions about short-term rental properties and supporting the development of strategic direction, including considerations related to PHU budget implications.
- Engaging with PHUs to validate the need to secure additional and sustainable funding for timely inspections and consistent enforcement.

2. Improving Training and Workforce Development (Recommendations 5, 17)

The ASPHIO White Paper emphasizes the urgent need for a resilient PHI workforce. In addition, CIPHI's Continuing Professional Competencies (CPC) promotes workforce development by ensuring that public health inspectors maintain and enhance their professional and technical skills and knowledge while meeting the standards for maintaining the CPHI(C) credential. We recommend:

- Expanding tuition support and Ministry-funded practicum placements for PHI students, particularly in Northern and rural Ontario.
- Developing standardized onboarding and continuing education modules in partnership with academic institutions and the Walkerton Clean Water Centre.

3. Public Education and Outreach (Recommendations 11, 12, 16)

To address low testing rates among private well owners and improve awareness of water safety:

- CIPHI and ASPHIO can assist in reviewing and disseminating public education campaigns on the risks of untreated water and the availability of free testing.
- We can help standardize educational materials across PHUs to ensure consistency and clarity.

- We can support PHO's role in developing risk communication tools and contribute PHI expertise to these efforts.

4. Data Modernization and Program Evaluation (Recommendations 6, 7, 8)

The lack of integrated data systems hinders effective oversight. We propose:

- Participating in Ministry-led consultations to modernize IT systems (e.g., RCat, LRMA, DWARS) and ensure they meet the operational needs of PHUs.
- Supporting the development of standardized provincial indicators to evaluate environmental health program outcomes.

5. Preparedness for Future Drinking Water Emergencies

Public health inspectors played a critical role during the COVID-19 pandemic. To ensure readiness for future public health emergencies:

- We recommend sustained investment in PHI surge capacity, cross-training, and emergency preparedness planning.
- ASPHIO and CIPHI are prepared to assist in scenario planning and tabletop exercises to test and refine emergency response protocols.

We are dedicated to collaborating with the Ministry of Health and local public health units to ensure the safety of Ontario's drinking water and the resilience of our public health system. Securing sustainable funding for public health inspectors and public health programming is essential to promoting community well-being. These investments will lead to healthier living conditions and improved health outcomes.

By leveraging the expertise of CIPHI (ON Br.) and ASPHIO, as well as the knowledge and experience of its members, we can further enhance a public health system capable of successfully implementing the Auditor's recommendations and addressing contemporary challenges. We welcome the opportunity to meet and discuss how our associations can contribute to effectively implementing these recommendations.

Yours sincerely,

Ken Diplock, Ph.D., CPHI(C)
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1. Association of Supervisors Public Health Inspectors of Ontario (ASPHIO). (2023). Highlighting the vital role of public health inspectors within a responsive and effective public health workforce: A report to the Ontario Ministry of Health. Retrieved from https://ciphi.ca/on/documents-ontario/

Adverse Childhood Experiences (ACEs) in the SWPH Region

Health Status Report
Southwestern Public Health
April 2025

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Contents

Summary

Adverse childhood experiences (ACEs) are considered risk factors for poor health outcomes if they are experienced in childhood, especially if more than one is experienced. These experiences can include parental characteristics as well as behaviours such as separation or divorce, substance abuse, and abuse and neglect.

Overall, more parents in the SWPH region report certain characteristics or behaviours indicative of ACEs compared to parents across Ontario. Most significantly, nearly 12% more local parents report having either a mood or anxiety disorder (24.1% versus 12.5%, respectively), 5% more reported having consulted with a mental health professional (20.4% versus 15.4%, respectively), and there has been a larger increase in the number of lone-parent families in the SWPH region (5.9% versus 3.9%, respectively) whom also have a lower median-income (after-tax) compared to lone-parent families in Ontario.

The data highlights the importance of mitigating the impact of ACEs in our community in order to decrease the risk for long-term physical, mental, and social well-being of local children.

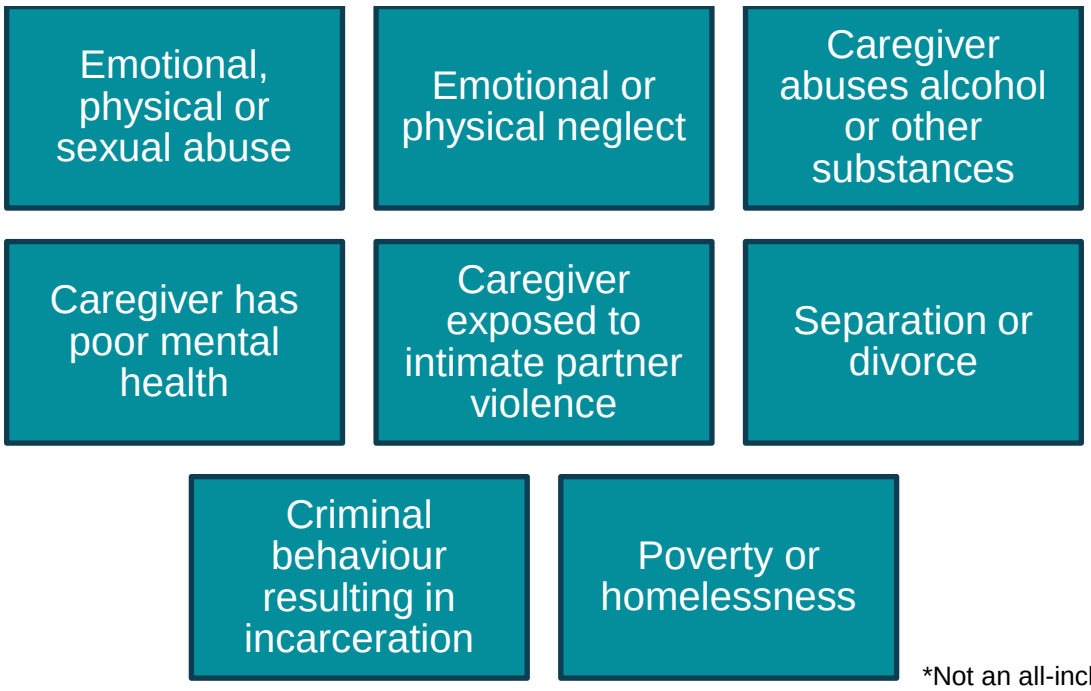
Adverse Childhood Experiences (ACEs)

What are Adverse Childhood Experiences?

Adverse childhood experiences (ACEs) are potentially traumatic or stressful events that occur in childhood and adolescence (within the first 18 years of life). They are also risk factors for poor health outcomes, especially if a child experiences more than one.[1,2] These experiences can either be prolonged over time or they can be a single occurrence. They can be the result of parental characteristics (i.e. lack of education, unemployment, or low-income status) as well as specific experiences either witnessed or experienced by the child (i.e. violence or neglect) (**Figure 1**). ACEs can be associated with many lasting negative impacts; however, they may be mitigated by positive interpersonal experiences with family and friends and by building resilience and other protective factors.[1-3]

Figure 1.

Examples of most common adverse childhood experiences (ACEs)



*Not an all-inclusive list

These lasting negative impacts can materialize in a variety of poor health outcomes in adulthood such as **physical outcomes** (i.e. heart disease, obesity), **mental health outcomes**

(i.e. depression, suicide), **behavioural risk factors** (i.e. substance use), and can affect **educational attainment or work performance** (i.e. lack of education, absenteeism).[3]

ACEs and Public Health

Given the evidence of lasting health effects, ACEs are of great public health concern. One key role of public health is in the implementation of upstream interventions to mitigate the risk of these traumatic experiences once they have occurred, as well as preventing them from occurring. This can be achieved through a variety of activities and could include providing recommendations for local programs in the community to support mental and emotional well-being once experiences have occurred or by promoting safe, stable, nurturing relationships and environments for children.[4]

ACEs in the Southwestern Public Health Region

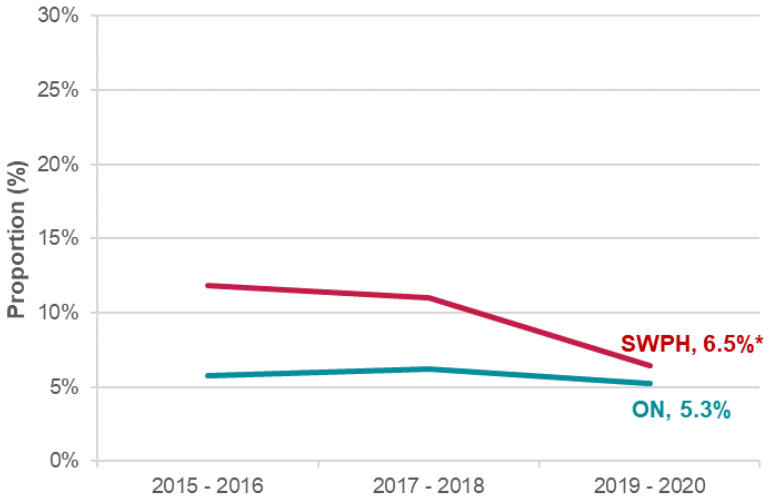
Parental Characteristics

Marital Status

Over time, the proportion of parents in the SWPH region who reported being separated or divorced decreased significantly, dropping by nearly 50%. Although there was also a decrease in Ontario, it was marginal in comparison (**Figure 2**).

Figure 2

Over time, fewer parents in the SWPH region reported being separated or divorced.



Data source: Canadian Community Health Survey (CCHS), StatsCan, 2015/16, 2017/18, 2019/20

*Interpret with caution due to small numbers

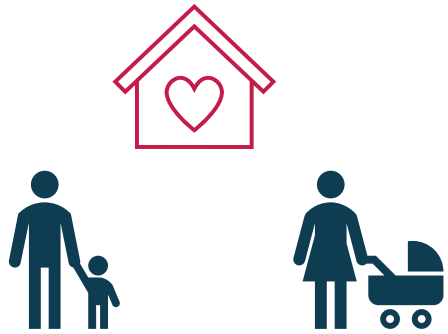
Single Parent Households

The number of households in the SWPH region that consisted of a one-parent family (regardless of the gender of the parent/guardian) increased between 2016 and 2021. This is due in part to the population increase in the region, as the number of two-parent families also increased, but the percentage increase was slightly higher for one-parent households. Further, the increase was a little higher locally compared to Ontario (**Table 1**).

Table 1. Percent (%) increase in the number of single-parent households between 2016 and 2021

Geography	Per cent increase*
Ontario	3.9%
Southwestern Public Health	5.9%

*between 2016 and 2021 StatsCan census



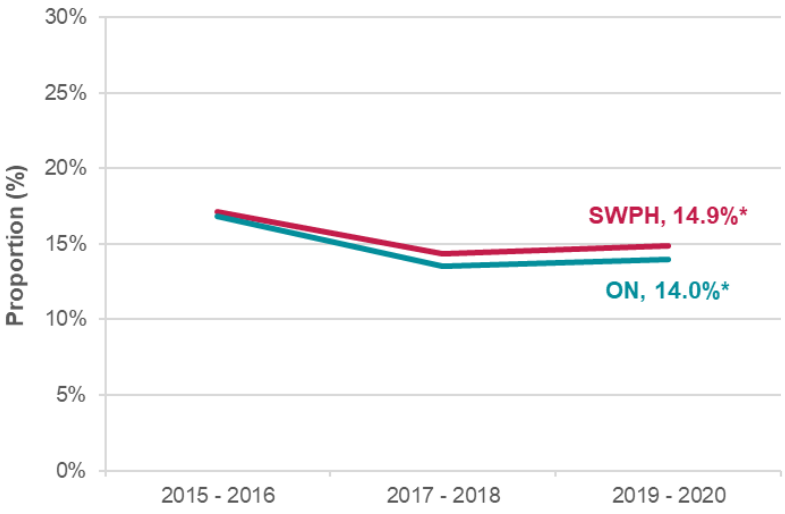
Educational attainment

Low parental education, often also associated with low income, may impact parenting methods which may increase the risk of the parent exposing their child(ren) to one or more ACEs.[5]

Since 2015/16, the proportion of parents in the SWPH region who reported not having at least a secondary school education has remained relatively stable, with a slight decrease into 2019/20 (17.2% in 2015/16 versus 14.9% in 2019/20) (**Figure 3**). This is comparable to the province.

Figure 3

The proportion of parents in the SWPH region who reported having less than a secondary school education has stayed relatively stable over time, comparable to Ontario.



*Interpret with caution due to small numbers

Median household Income

Living in a household that is at or below the poverty line is associated with an increased risk of experiencing various ACEs, which is often also associated with parents who have less than a secondary school education.[6]

In the SWPH region, there were increases in the median household income (after tax) among both one and two-parent households, with one-parent households seeing the larger increase. Overall, the percent increases in Oxford and St. Thomas Elgin were comparable to Ontario. One-parent households had a larger percent increase in household income between 2015 and 2020 (16 – 19% across geography) compared to two-parent households (8 – 13% across geography).

Data source:
Statistics Canada. 2016 & 2021 Census of Canda

Median household income (after tax) of both one- & two-parent households in SWPH lower compared to ON

In 2020, the median household income for one-parent households in Oxford County was $63,600 and it was $60,000 in Elgin St. Thomas, which was lower compared to $65,000 (after tax) in Ontario (**Table 2**).

Of Note: Given that this data comes from the Canadian Census, this may include families who qualified for income supplement programs during the COVID-19 pandemic (between March 15, 2020 and May 7, 2022). These supplements could have had an impact on this income data.[7]

Table 2. Median income (after-tax) in dollars ($) in 2020, by geography

1 Parent Household	
Oxford:	63,600
Elgin St. Thomas:	60,000
Ontario:	65,000

2 Parent Household	
Oxford:	110,000
Elgin St. Thomas:	108,000
Ontario:	118,000

Health Status & Behaviours

Self-perceived mental health status

In 2019/20, the proportion of parents in the SWPH region who reported their self-perceived mental health as fair or poor was nearly 2x the proportion of parents in Ontario (17.9% versus 10.2%, respectively). Unfortunately, this couldn't be compared over time because the sample sizes of the parent subgroup were too small to report on for the 2015/16 and 17/18 cycles of the CCHS.

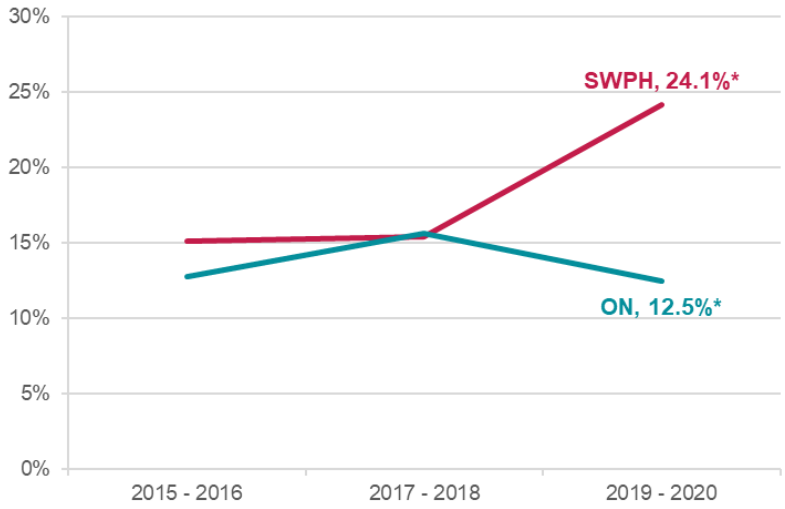
Has a mood or anxiety disorder

Whether a parent reported having a mood or anxiety disorder was asked separately in the survey and then later combined during data analysis. Examples of disorders included are depression, bipolar, mania, or dysthymia (mood) and phobia, obsessive-compulsive disorder (OCD), or panic disorder (anxiety). It's important to note that anxiety and mood disorders were self-reported and may not have been diagnosed by a healthcare professional.

In 2019/20, over 2x more parents in the SWPH region reported having either a mood or anxiety disorder compared to parents across Ontario (24.1% versus 12.5%, respectively). This difference was substantially higher compared to the previous CCHS cycles in 2015/16 and 2017/18, where the local proportion was comparable to the provincial proportion (**Figure 4**).

Figure 4

The proportion of parents in the SWPH region who reported having either a mood or an anxiety disorder increased substantially in 2019/20 yet decreased in Ontario.



*Interpret with caution due to small numbers

One category of mental health condition did not have a bigger impact on this number than another, as the proportion of parents in the SWPH region reporting a mood or an anxiety disorder separately was roughly the same (not shown).

Mental health needs not met

In 2019/20, the proportion of parents in the SWPH region reporting that they had mental health needs that were not met in the previous 12 months was slightly higher compared to Ontario (5.7%* versus 4.9%, respectively).

Consulted a mental health professional

In 2019/20, more parents in the SWPH region also reported having consulted a mental health professional in the last 12 months than parents in Ontario. About 1 in 5 (or 20.4%*) local parents reported seeing a mental health professional in the last 12 months (compared to 15.4%).

Consulting a mental health professional could be seen as a proxy for mental illness and represent a risk factor, but at the same time, this could also represent a protective factor if parents who recognized they were struggling with their mental health sought support.

Any substance use in the last 12 months

Having a parent or guardian who abuses legal substances such as alcohol and cannabis or who uses illicit drugs of any kind, can be associated with children developing a substance use problem themselves in addition to other poor mental health outcomes.[8]

In 2019/20, as much as three quarters (75.4%) of parents in the SWPH region reported regularly consuming alcohol in the last year, which was comparable to parents in Ontario.

Fewer parents in the SWPH region reported using cannabis[μ] compared to parents in Ontario since 2017/18. Following legalization, the proportion of local parents reporting cannabis use increased from 8.2%* in 2017/18 to 20.1% in 2019/20. This percent increase was similar among parents in Ontario (11.9%* to 23.7%, respectively).

μ more than once in the past year

*Interpret with caution due to small numbers

Alcohol abuse, cannabis use, or illicit drug use

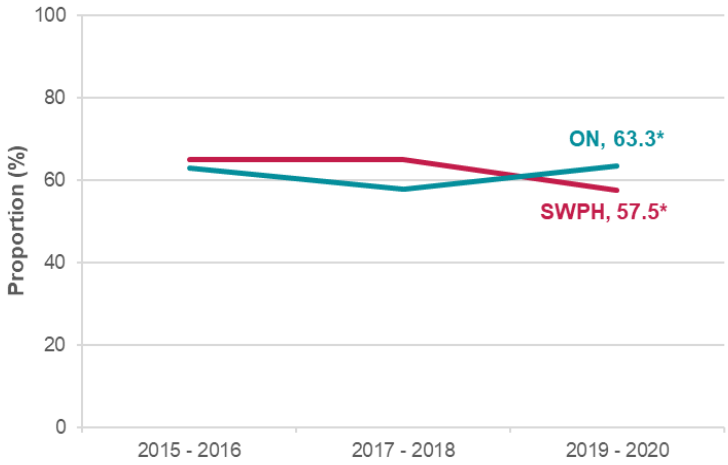
Parents in the SWPH region who reported being either regular alcohol drinkers, cannabis users or other illicit drug users (illicit drug use was only included in the 2015/16 and 2017/18 proportions in the following graph) were grouped together to take a look at collectively, who is using substances.

Nearly 58% of parents in the SWPH region reported being either regular alcohol drinkers or using any cannabis or other illicit drugs in 2019/20 (**Figure 5**). This was less than the local

proportion in 2015/16 and 2017/18 (64.8% and 65.0%, respectively), and was lower compared to the province (63.6%), which increased in 2019/20 (**Figure 5**).

Figure 5

In 2019/20, over half of parents in the SWPH region reported being either regular alcohol drinkers or using cannabis or any other illicit drug.



*Interpret with caution due to small numbers

Childhood Experiences

Violence in Childhood

Since the long-term negative effects on a child who experiences either violence (domestic violence occurrences between parents or guardians/other adults) or abuse and neglect in the home are well documented, these types of situations are also significant ACEs.[9]

The 2019/20 cycle of the CCHS included a module regarding physical and sexual abuse, including a question about whether respondents had experienced one parent or guardian hit the other or hit another adult. There are also several questions relating to personal experiences of both physical and sexual abuse and how many times they were experienced.

All of the questions in this module were asked of respondents over the age of 25 and were framed by the frequency of the event before the age of 16.

Intimate partner violence

Although we do not have any local data available for rates of intimate partner violence, Canadian data suggests that intimate partner violence (police-reported) is increasing over time.[10] As of 2022, the rate of intimate-partner violence across Canada was approximately 344.0 per 100,000, with females having a rate more than 4x higher than males.[10] This can be used as a general estimate of the local situation in lieu of local data.

Witnessed domestic violence

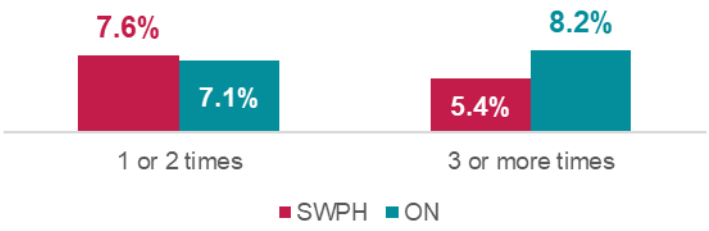
Domestic violence (or family violence) includes different forms of physical and emotional abuse intended to control or manipulate someone in the home (including an intimate partner, a child, or anyone else who may be living in the family home).[11]

Data source: Canadian Community Health Survey (CCHS), StatsCan, 2019/20

SWPH residents over the age of 25 reported having seen or heard any one of their parents, stepparents or guardians hit each other or another adult at home with a higher frequency compared to Ontario. In 2019/20, 8.2% of local residents reported witnessing domestic violence at least 3 times compared to 5.4% across Ontario (**Figure 6**). This was a little higher compared to only 1 or 2 times, which was by more residents in Ontario (**Figure 6**).

Figure 6

More residents in the SWPH region reported witnessing a guardian hit another adult compared to residents of Ontario.



Experienced physical or sexual abuse

In 2019/20, nearly 20% of respondents over the age of 25 in the SWPH region reported experiencing either physical or sexual abuse by an adult before they were 16.

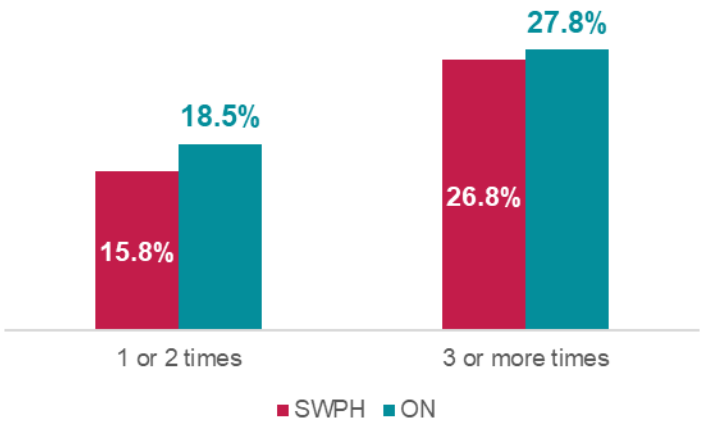
The proportion of SWPH residents who reported experiencing either physical or sexual abuse 1 or 2 times versus 3+ times was comparable to residents across Ontario (**Figure 7**).

1 in 5

report experiencing physical or sexual abuse 1 or 2 times before the age of 16

Figure 7

In 2019/20, over 15% of SWPH residents reported experiencing either physical or sexual abuse, similar to Ontario.



This data was also analyzed by the birth year of the respondents and they were grouped by generation: *baby boomers* (1964 & under), *gen X* (born between 1965 and 1979), and *millennials* (born between 1980 and 1995). In 2019/20, one significant finding regarding physical and sexual abuse was that the occurrence of sexual abuse was reported significantly less often among millennials compared to both baby boomers and gen x (6% versus 12% and 11%, respectively).

Comparing ACEs

Across the different risk factors for ACEs, local parents reported less favourable outcomes compared to parents across Ontario (**Figure 8**). Research suggests experiencing multiple ACEs increases a child's risk of negative health conditions and poor health behaviours,[2,12] so this finding increases the importance of prevention work in our communities. SWPH can support efforts to mitigate the impacts of ACEs through strategies such as building resilience and increasing awareness of ACEs in our planned community activities.[2]

Figure 8. Adverse childhood experiences summary, SWPH vs. ON, 2019/20

Conclusion

Parents in the SWPH region are reporting various characteristics and behaviours indicative of exposure to ACEs for children in the community. This highlights the importance of mitigating the impact of ACEs in the community in order to decrease the risk for long-term physical, mental, and social well-being of local children.

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BOARD REPORT

SWPH 2025-2029 Strategic Plan Report

MEETING DATE:	June 26, 2025
SUBMITTED BY:	K. Bastian, Manager, Strategic Initiatives (written as of June 12, 2025)
SUBMITTED TO:	Board of Health
PURPOSE:	☒ Decision ☐ Discussion ☐ Receive and File
AGENDA ITEM #	5.2
RESOLUTION #	**2025-BOH-0626-5.2**
REPORT TITLE:	SWPH 2025-2029 Strategic Plan Report for June 26, 2025

Strategic Plan 2025–2029

As we present Southwestern Public Health's proposed new strategic plan for the Board's review and approval, we offer a brief overview of the process that brought us here and the next steps ahead.

Why We Plan

Keeping an up-to-date strategic plan is not just a governance requirement, it is a vital tool that helps us stay focused on our purpose and the areas of our work that have the greatest positive impact. The plan connects our daily work to our organization's vision, mission, and values and sets out key priorities, goals, and strategies for the next five years, showing where we will focus our efforts and resources. These guide our programs and services so that work is aligned across the organization and coordinated with broader organizational objectives.

The Planning Process

Strategic planning began in Fall 2024 with a robust, inclusive process shaped by three phases: Evidence & Engage, Envision, and Enact. Hundreds of people took part, including members of the public, municipal and community partners, front line staff, the Leadership and Executive Senior Leadership Teams, the Board of Health, and a Strategic Planning Steering Committee. We gathered input through surveys, interviews, and town halls, and reviewed population health data, trends, and an environmental scan to ground decisions in evidence. Throughout the process, leaders and the Committee reflected deeply to ensure the plan is responsive to community needs and organizational realities. This approach has resulted in a thoughtful, evidence-informed planning process.

Vision, Mission, Values, and Areas of Focus, Goals, and Priorities

Through this planning process, Southwestern Public Health took time to refresh its cornerstone elements of vision, mission, and values as well as identify the areas it will focus on over the next five years.

Vision: Healthy people in vibrant communities.

Mission: We lead the way in protecting and promoting the health of all people in our communities, resulting in better health.

Values: ***Accountable:*** We act responsibly and lead with integrity.

Collaborative: We partner for action to serve our communities.

Equitable: We champion access, inclusion, and opportunities for all.

Evidence-informed: We make decisions based on accurate, reliable data and information.

Strategic: We prepare today for tomorrow's challenges and opportunities.

Rooted in our vision, mission, and values, our new strategic plan establishes three key Areas of Focus that will steer our work. Each area is tied to our mission and addresses pressing needs identified through the planning process:

AREA OF FOCUS *(Broad area to direct our work over the next five years)*	**GOAL** *(What we seek to achieve in this area over the next five years)*	**PRIORITIES** *(How we will work toward our goal)*
Population Health	Improve health outcomes in Oxford County, Elgin County, and the City of St. Thomas	• Priority 1: Existing and Emerging Infectious Diseases – Reducing cases and impact • Priority 2: Mental Health and Substance Use – Focusing on prevention • Priority 3: Health Equity – Addressing barriers and avoidable, unjust differences
Service Excellence	Enhance the effectiveness and efficiency of programs and services	• Priority 1: Partnerships – Collaborating for action • Priority 2: Innovation and Improvement – Strengthening quality programs and services
Organizational Resilience	Be engaged, skilled, and adaptable	• Priority 1: Leaderful Culture – Fostering a continuous learning mindset • Priority 2: Readiness – Preparing for the future • Priority 3: Healthy Workplace – Creating an environment for staff to thrive

Implementation, Monitoring, and Next Steps

Southwestern Public Health will bring this strategic plan to life by developing detailed program plans that outline specific actions, timelines, resources, and performance indicators. This practical roadmap will guide our work and support accountability across the organization.

We will monitor our progress regularly and share updates on our successes and challenges through scheduled reports. These tools will help track our results, keep the Board, partners, and community informed about our progress, and ensure transparency. As we move forward, we know we will learn greatly from both our successes and challenges, making adjustments as needed to continuously improve our programs and services. In this way, the strategic plan becomes a living roadmap, guiding us while remaining adaptable as circumstances change.

MOTION: 2025-BOH-0626-5.2
That the Board of Health for Southwestern Public Health approve the Southwestern Public Health 2025-2029 Strategic Plan for June 26, 2025.

SOUTHWESTERN Public Health
Oxford • Elgin • St.Thomas

Southwestern Public Health

Strategic Plan, 2025–2029

Seated: L-R: Cynthia St. John (CEO), Bernia Martin (Chair), Grant Jones (Vice-Chair), Jim Herbert. **Middle Row**: Dr. Ninh Tran (MOH), Jack Couckuyt, Lee Rowden, Catherine Agar. **Back Row:** Davin Shinedling, Marcus Ryan, David Mayberry, Steven Molnar, Mark Peterson, David Warden. **Absent:** Earl Taylor

Letter from the Board of Health

Since its formation in 2018, Southwestern Public Health has overcome numerous challenges to set a commendable standard for population health in rural Ontario.

Coming together as one organization is a significant undertaking, and to do that while navigating a global pandemic is truly remarkable. The strategic work accomplished throughout such challenging moments is a testament to the forward-thinking vision and collaborative spirit embodied by a committed and resilient staff and strong leadership. By prioritizing the health and well-being of those who reside in Oxford County, Elgin County, and the City of St. Thomas, they have demonstrated a profound understanding of the unique health challenges faced by these communities, collaborated to improve access to essential health resources, and empowered individuals to make informed health decisions for themselves and their families.

This is how we contribute to having healthy people in vibrant communities.

As we look to the next five years, we are confident that Southwestern Public Health will build on this strong foundation and adapt to the challenges and opportunities that lay ahead. The Board of Health is supportive of our organization's determination and leaderful approach. We are eager to see this new strategic plan continue public health's momentum in the communities we serve.

Letter from the CEO & MOH

Our journey as a new organization began in 2018 with the merger of two established health units, integrating diverse expertise and resources to become Southwestern Public Health. This milestone marked the start of a new chapter – one defined by collaboration, shared purpose, and a strengthened commitment to serve our communities with excellence.

The global COVID-19 pandemic came at a time when we were focused on building teams and establishing our mission, vision, and values as our compass. This period tested our resilience, adaptability, and capabilities to reveal our strengths and areas of growth.

While we planned for what we could, we also demonstrated adaptability in responding to unforeseen circumstances. This experience reinforced the importance of a strong foundation in service quality, evidence-informed programming, a healthy workplace, and strong community partnerships – all essential to improving population health.

Through this new strategic plan, we are focusing on areas where we are most needed and can positively impact through clear goals and measurable objectives.

We are grateful to our municipalities, community partners, members of the public, Board of Health, and staff whose consultation and insights informed this new strategic plan, and to the Steering Committee who ensured the process was inclusive, forward-focused, and grounded in our organizational values. Your voices enriched our conversations and shaped the priorities of this plan.

Thank you for your continued support. Together, we will navigate the road ahead and strengthen the trust of our communities.

Dr. Ninh Tran
Medical Officer of Health

Cynthia St. John
Chief Executive Officer

About Southwestern Public Health's Strategic Plan

The Southwestern Public Health strategic plan is a five-year roadmap to further strengthen our organization, enhance programs and services, and meaningfully improve population health. The plan is not an exhaustive list of our work; rather, it is a guide for prioritizing our efforts and resources where they will have the greatest impact.

In charting our course for the future, the planning process has been bold in vision, inclusive in approach, focused on measurement, and ambitious in setting goals. Developing the plan was a robust process firmly established in principles of listening, equity, collaboration, responsiveness to local needs, and thinking forward. The planning process included:

Evidence & Engage

Envision

Enact

Evidence & Engage:

Southwestern Public Health's Board of Health and Leadership engaged with hundreds of people, including members of the public, municipal and community partners, staff, and a Strategic Planning Steering Committee. Local population health data and trends from the wider environment were also considered. Examining local evidence and engaging communities cultivated a deeper understanding of the diverse needs, strengths, and challenges of the organization and local area.

Envision:

Grounded in community insights and data, Southwestern Public Health's Board of Health and Leadership Teams engaged in thoughtful, in-depth discussions. Their dialogue and discernment affirmed five core organizational values and identified three timely, responsive areas of focus to drive meaningful change.

Enact:

Southwestern Public Health will focus on developing detailed program plans for each area of focus with measurable objectives and timelines led by designated staff and supported by internal working groups. Progress will be tracked through regular updates and shared publicly via an online dashboard, ensuring transparency and accountability in advancing strategic goals and the shared vision of healthy people in vibrant communities.

VISION

Healthy people in vibrant communities.

MISSION

We lead the way in protecting & promoting the health of all people in our communities, resulting in better health.

VALUES

Accountable
We act responsibly and lead with integrity.

Collaborative
We partner for action to serve our communities.

Equitable
We champion access, inclusion, and opportunities for all.

Evidence-Informed
We make decisions based on accurate, reliable data and information.

Strategic
We prepare today for tomorrow's challenges and opportunities.

Areas of Focus

Population Health

Service Excellence

Organizational Resilience

Population Health

GOAL

Improve health outcomes in Oxford County, Elgin County, and the City of St. Thomas

PRIORITY 1

Existing and Emerging Infectious Diseases:
Reducing cases and impact

PRIORITY 2

Mental Health and Substance Use:
Focusing on prevention

PRIORITY 3

Health Equity:
Addressing barriers and avoidable, unjust differences

Population Health:

Southwestern Public Health is dedicated to improving population health with a focused, equity-driven approach. Over the next five years, the efforts will centre on three key areas: existing and emerging infectious diseases, mental health and substance use, and health equity.

To mitigate infectious diseases like influenza and syphilis, Southwestern Public Health will further strengthen prevention-based programs and develop preparedness plans for new diseases.

Addressing mental health and substance use, the focus will be on prevention: creating supportive environments, helping youth establish a sense of belonging, delaying the age of initiation of substance use, and reducing the risk of substance-related harms.

Health equity is central to all efforts. Southwestern Public Health will identify and address systemic barriers that lead to unequal differences in health outcomes across population groups. This includes increasing access to services for children and youth, seniors, and those with low income.

By focusing on these areas, Southwestern Public Health aims to build a healthier, more inclusive community, ready to face future health challenges and realize opportunities.

Service Excellence

GOAL

Enhance the effectiveness and efficiency of programs and services

PRIORITY 1

Partnerships:
Collaborating for action

PRIORITY 2

Innovation and Improvement:
Strengthening quality programs and services

Service Excellence

Southwestern Public Health is dedicated to delivering high-quality public health programs and services with a focus on strengthening key partnerships and fostering continuous improvement and innovation.

Strong partnerships are central to amplifying impact. By collaborating with community agencies and partners in healthcare, education, and government, resources can be shared, any duplication reduced, and a greater impact on health achieved. Clear communication and well-defined roles and responsibilities will ensure collaborations are aligned and effective.

Innovation and continuous improvement ensure programs and services remain effective and continue to use resources responsibly. Southwestern Public Health will strengthen data-quality practices, improve client experiences, and leverage innovative approaches and technologies to find efficiencies and bolster effectiveness.

These priorities will enhance the effectiveness and efficiency of programs and services, improving population health.

Organizational Resilience

GOAL

Be engaged, skilled, and adaptable

PRIORITY 1

Leaderful Culture:

Fostering a continuous learning mindset

PRIORITY 2

Readiness:

Preparing for the future

PRIORITY 3

Healthy Workplace:

Creating an environment for staff to thrive

Organizational Resilience

Southwestern Public Health is dedicated to strengthening organizational resilience to seamlessly adapt, lead, and deliver essential services, especially during disruption and change. Over the next five years, three priorities will be centred: leaderful culture, organizational readiness, and workplace health.

A leaderful culture recognizes leaders at all levels. The aim is to cultivate a culture where everyone – regardless of role – embraces continuous learning, sets clear development goals, and engages in meaningful feedback to grow and lead with confidence.

The COVID-19 pandemic highlighted the need for organizational readiness. To meet future challenges head-on, Southwestern Public Health will aim for fiscal stability and proactively prepare for potential threats, including extreme weather, cyber security, and emerging infectious diseases.

A healthy workplace is crucial for resilience. Efforts will focus on enhancing staff engagement, ensuring workplace safety, and sustaining a skilled public health workforce.

Through these priorities, Southwestern Public Health will build a resilient, flexible organization, ready to face future challenges with confidence, care, and the public's trust.

About Southwestern Public Health

Southwestern Public Health (SWPH) is one of 29 public health units in Ontario. We work with municipalities, community agencies, health and social services, schools, and other local partners to further improve the health of the residents of Oxford County, Elgin County, and the City of St. Thomas.

Our programs respond to public health emergencies; promote healthy lifestyles; help prevent injuries, illness, and disease; and promote positive change and social conditions that improve health for everyone. We deliver mandated programs under the Ontario Public Health Standards and we are legislated by the Ontario Health Protection and Promotion Act.

SWPH is governed by a Board of Health comprised of municipal and provincial appointees. We are primarily funded by the Ministry of Health, the Ministry of Children, Community, and Social Services and local municipalities.


SOUTHWESTERN
Public Health
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Medical Officer of Health

Report to the Board

MEETING DATE:	June 26, 2025
SUBMITTED BY:	Dr. Ninh Tran, Medical Officer of Health (written as of June 10, 2025)
SUBMITTED TO:	Board of Health
PURPOSE:	☐ Decision ☐ Discussion ☒ Receive and File
AGENDA ITEM #	5.3
RESOLUTION #	**2025-BOH-0626-5.3**

1.0 MEASLES

1.1 Measles-related Death

On June 5, 2025, Ontario's Chief Medical Officer of Health (CMOH) reported a measles-related death in an infant whose family resides in the Southwestern Public Health (SWPH) region. This heartbreaking news underscores the seriousness of this ongoing outbreak. We extend our deepest condolences to the family and all those affected by this tragic loss. Our team members have reached out to the family to offer support and we continue to work closely with community partners to respond with care and compassion.

1.2 Current Case Count and Impact

The number of measles cases in the SWPH region continues to increase. Since October 2024, 739 cases have been reported as of June 10, 2025. The vast majority are among individuals who are not fully vaccinated, with most being entirely unvaccinated. Notably, 74.2% of cases are in individuals 18 years of age and younger.

To date, 50 individuals (6.8% of reported cases) have required hospitalization, and there has been one confirmed death. These proportions have remained relatively consistent since the last Board of Health update.

As we head into the summer months, SWPH continues to field questions from local, national, and international media; collaborates actively with Public Health Ontario (PHO) laboratories and the Office of the Chief Medical Officer of Health (OCMOH) on local case management and surveillance; and works closely with local agencies, partners, and community leaders to reduce misinformation, increase vaccination uptake, and support affected individuals and families.

2.0 AMENDMENTS TO THE HEALTH PROTECTION AND PROMOTION ACT, SECTION 22 CLASS ORDERS

The provincial government has passed Bill 11, the More Convenient Care Act, 2025, which includes amendments to Section 22 of the Health Protection and Promotion Act, 1990 (HPPA), effective June 5, 2025. These changes now require a local MOH to notify and obtain written approval from Ontario's Chief Medical Officer of Health (CMOH) prior to issuing a Section 22 Class Order.

A Section 22 Class Order is a legal tool used by a local MOH to respond quickly to communicable disease risks by requiring specific actions from a defined group of people (a "class") such as isolating, getting tested, or taking other health-protective measures. It is intended for situations where a serious public health risk exists and broad, swift action is needed to protect the community. Historically, Class Orders have been used in situations like tuberculosis exposures, sexually transmitted disease management, and COVID-19 surges.

The recent legislative change introduces a new oversight mechanism by requiring prior approval from the CMOH before a Class Order can be issued. To support implementation of this requirement, the OCMOH has formed a time-limited working group, which includes several local MOHs, including myself, to co-develop an operational guidance document. This resource will clarify roles, expectations, and processes for obtaining CMOH approval.

Until that guidance is finalized, local MOHs are expected to notify the OCMOH as soon as we become aware of a communicable disease risk that could necessitate a Class Order. This early notice will allow for provincial and legal consultation and coordination ahead of any formal request for CMOH approval.

3.0 INDIGENOUS ENGAGEMENT

In follow-up to the 2024-BOH-0328-5.1 report on *Southwestern Public Health Engagement with Local First Nations*, SWPH has taken the following actions:

Mandatory Indigenous Cultural Safety Training

SWPH has made Indigenous Cultural Safety training a mandatory requirement for all staff. In 2024, all SWPH staff completed the Ontario Health Indigenous Cultural Safety Training course virtually. In addition, members of the Health Equity and Priority Populations Committee participated in the San'yas Anti-Racism Indigenous Cultural Safety Training Program, which provides a deeper exploration of anti-racism and Indigenous-specific contexts.

Coordination with Local, Regional, and Provincial Partners

Through our ongoing participation with local Ontario Health Teams (OHTs), SWPH continues to be informed of Indigenous engagement and initiatives at the OHT level. This includes speaker sessions, support for training opportunities, and frameworks identifying opportunities for future collaboration.

At the provincial level, the Office of the Chief Medical Officer of Health (OCMOH), Public Health Division, is developing a registry of Indigenous leads and/or liaison positions within each public

health unit. This work is part of an ongoing provincial initiative to strengthen relationships with Indigenous partners across the system. SWPH has identified and provided a local contact to support this effort.

Identifying Potential Areas of Focus and Processes for Indigenous Engagement

To support alignment and consistency with local and provincial efforts, SWPH undertook a review of key documents to identify potential areas of focus and best practices for Indigenous engagement. These included:

- *Ontario Public Health Standards*
- *Annual Service Plan Reporting Requirements for Public Health Agencies*
- *Ontario Health's SAA Local Obligations: Advance Indigenous Health Strategies and Outcomes Survey*
- *First Nation, Inuit, and Métis Community Engagement Guide for Public Health Agencies (2025)*, by the Indigenous Primary Health Care Council
- Practices of select public health agencies and local health organizations

Preliminary Areas of Focus Identified:

- Land acknowledgment
- Cultural safety training
- Access to culturally safe care
- Organizational cultural competency
- Sustainable engagement practices
- Program planning and service delivery
- Data access and training

Emerging Process Considerations:

Engaging with First Nations, Inuit, and Métis (FNIM) communities must be approached thoughtfully, and substantial preparatory work is required. Key steps identified include:

- Assess Organizational Readiness –ensuring all staff receive cultural safety training
- Learn About the Local FNIM Community – including understanding the size, governance, teachings, and conducting an environmental scan to create a comprehensive list of local FNIM communities and organizations
- Learn from the FNIM Community – through respectful relationship-building and dialogue
- Develop an Engagement Plan – grounded in trust, reciprocity, and transparency

Next Steps

SWPH will establish a dedicated internal working group in Fall 2025 to support and advance this initiative.

MOTION: 2025-BOH-0626-5.3
That the Board of Health for Southwestern Public Health accept the Medical Officer of Health's Report for June 26, 2025.

CEO REPORT

Open Session

MEETING DATE:	June 26, 2025
SUBMITTED BY:	Cynthia St. John, Chief Executive Officer (written as of June 13, 2025)
SUBMITTED TO:	Board of Health
PURPOSE:	☐ Decision ☐ Discussion ☒ Receive and File
AGENDA ITEM #	5.4
RESOLUTION #	**2025-BOH-0626-5.4**

1.0 PROGRAM AND SERVICE UPDATES (RECEIVE AND FILE):

1.1 ORAL HEALTH MONTH: SOCIAL MEDIA ENGAGEMENT ANALYTICS

In April, Southwestern Public Health (SWPH) designed a digital campaign to promote the importance of oral health and increase awareness and use of the Healthy Smiles Ontario and Ontario Seniors Dental Care Program, in line with the Oral Health Protocol (2021).

The campaign included print, digital, and social media (Facebook, Instagram, and YouTube), in an effort to target eligible individuals, their families, and support networks.

The promotional efforts on these social media platforms generated a great response and interest from social media users. Approximately 700 user clicks for Healthy Smiles Ontario and the Ontario Seniors Dental Care Program, respectively. Notably, 83% of views for the promotional advertisements came from non-followers to the existing program content online, indicating successful outreach beyond existing audiences.

This campaign activity also led to a noticeable increase in visits to SWPH's oral health webpages this past April:

- **Mobile Dental Clinics**: ~80 visits (See Figure 1).
- **Dental Services for Children and Youth**: ~125 visits (See Figure 2).
- **Dental Services for Seniors**: ~170 visits (See Figure 3).

The campaign successfully raised awareness of oral health's role in overall well-being and promoted access to key dental programs for SWPH.

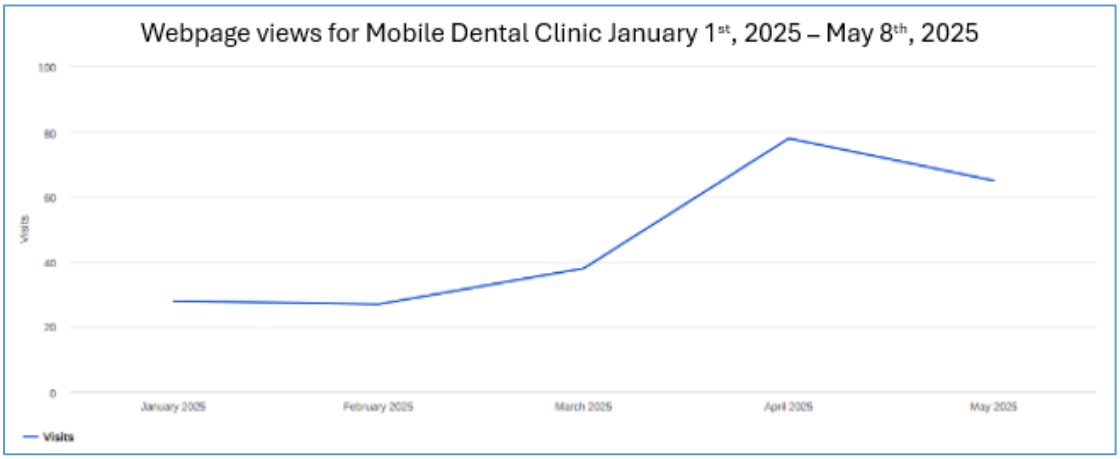

Figure 1 - Monthly webpage visits for the Southwestern Public Health Mobile Dental Clinic landing page. SOURCE: Site Improve.

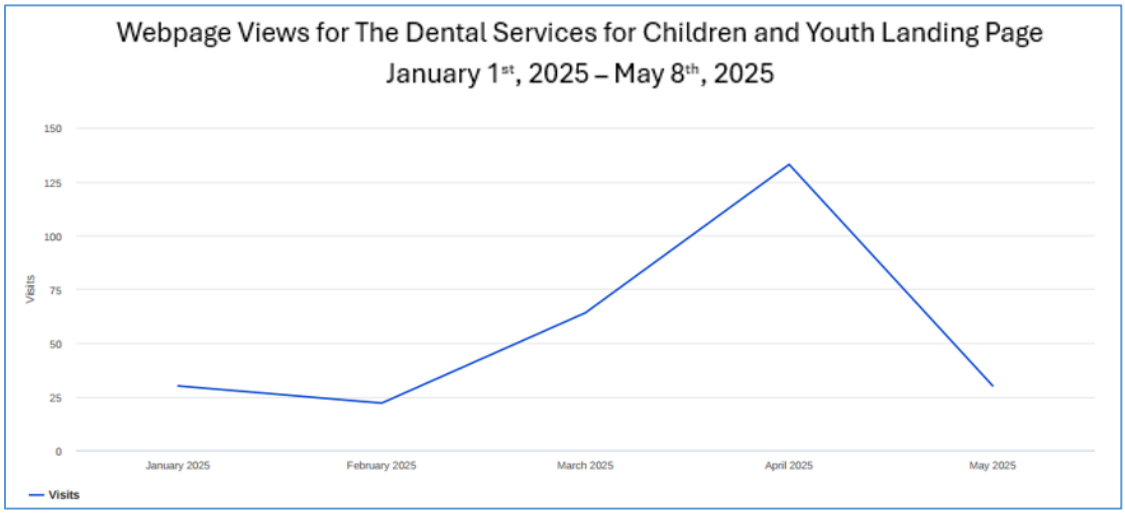

Figure 2 - Monthly webpage visits for the Southwestern Public Health Dental Services for Children and Youth landing page. SOURCE: Site Improve.

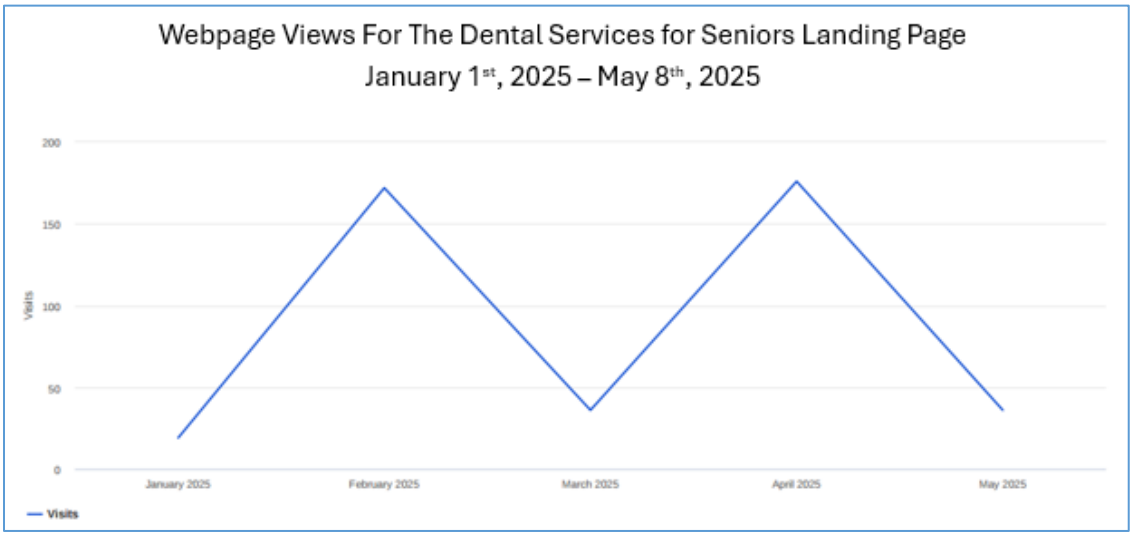

Figure 3 - Monthly webpage visits for the Southwestern Public Health Dental Services for Seniors landing page. SOURCE: Site Improve.

1.2 EMERGENCY PREPAREDNESS: AIR QUALITY

During the 2023 wildfire season, Ontario experienced historic levels of wildfire smoke originating from as far away as British Columbia. In anticipation of another active wildfire season across the country, Southwestern Public Health (SWPH) is working closely with community partners to mitigate health risks associated with wildfire smoke.

SWPH uses data from Environment and Climate Change Canada and Ontario's Ministry of the Environment, Conservation and Parks to inform decisions on issuing air quality advisories. Air quality is monitored throughout the day.

Proactive messaging has been shared with boards of education, local municipalities, health partners, and community emergency management coordinators. SWPH's public-facing website and internal staff portal, have also been updated with health advice and links for checking current air quality conditions in the region.

Over the past few weeks, air quality in our region has been affected by wildfires in Northern Ontario and other parts of Canada. The Ontario Air Quality Health Index (AQHI), provided by the Ministry of the Environment, Conservation and Parks, tracks air quality levels. In the early part of June, a high-risk level (8) was recorded in our area. To receive alerts about air quality, please visit: Air Quality Ontario.

SWPH staff advise residents to monitor the AQHI to assess the risk of smoke pollution to their health, as conditions and associated health risks can change rapidly. Wildfire smoke can adversely affect health, even if it is not detectable by smell. Symptoms of smoke exposure may include sore or watery eyes, runny nose, eye irritation, coughing, and headaches.

Staff's key recommendations include:

- ***Stay indoors*** if you experience breathing difficulties. Find a cool, ventilated indoor space. Air conditioners and filtered air may be beneficial. Opening windows may introduce more particulate indoors from polluted air. If your home is not air-conditioned, consider visiting public places such as libraries, shopping malls, or recreation centres.
- ***Keep your home cool***. While keeping doors and windows closed helps reduce smoke exposure, ensure your indoor space does not become excessively warm, as prolonged heat exposure can also cause illness.
- ***If you must be outdoors, wear a well-fitted respirator mask*** (such as a NIOSH-certified N95 or equivalent) that seals tightly around your face. These masks can help reduce exposure to fine particles in smoke, which are the primary health concern. However, they do not protect against gases in smoke. Listen to your body and reduce or stop activity if symptoms arise.
    - *Local Mask Distribution*: On days with high-risk air quality, SWPH partners with local libraries to distribute respirator masks to at-risk individuals. Masks are available at the following locations:
        - Southwestern Public Health at the St. Thomas and Woodstock sites
        - Woodstock Public Library
        - Oxford County Libraries: Brownsville, Burgessville, Embro, Harrington, Ingersoll, Innerkip, Mount Elgin, Norwich, Otterville, Plattsville, Princeton, Tavistock, Thamesford, Tillsonburg
        - St. Thomas Public Library

- Elgin County Libraries: Aylmer, Belmont, Dutton, Port Burwell, Port Stanley, Rodney, Shedden, Springfield, Straffordville, West Lorne

1.3 VACCINE PREVENTABLE DISEASE

The first half of 2025 has been a challenging six months for our staff and their efforts to contain the spread of highly infectious measles. With the re-emergence of this disease, SWPH's Vaccine Preventable Diseases (VPD) team has also balanced the need to closeout the school year with a successful elementary school immunization record review, resulting in minimal disruption to students. Below is a narrative that articulates where the VPD team started this year and where they are now with respect to vaccine preventable disease work and what can support this work to be even more efficient.

The school immunization record review campaign began in January 2025 with a comprehensive review of immunization records for every elementary school student within SWPH's jurisdiction. This included nearly 26,000 (25,806) students enrolled in public and private elementary schools across the region. Of these, 2,898 students (or approximately 11.22%) were found to be missing required immunizations or corresponding documentation, triggering letters home to parents requesting action.

Following this initial outreach, 1,374 students remained flagged for missing immunizations or incomplete records under the Immunization of School Pupils Act (ISPA). These students received a second notice warning of impending suspension from school.

Originally scheduled for March 25, suspensions were postponed due to capacity constraints stemming from the ongoing measles outbreak. Parents were notified of the delay via school communications.

By the revised suspension date of May 22, only 159 students remained non-compliant with ISPA and were suspended from school. As of June 9, 2025, fewer than 70 students (just 0.27% of all elementary students) remain suspended.

This outstanding result reflects the tireless efforts of SWPH's VPD team, who engaged with students, families, schools, and health care providers to ensure immunization records were up to date in the provincial immunization repository, *Panorama*. The team managed a high volume of incoming phone calls, emails, faxes, and paper records to ensure data accuracy.

Too often, the VPD team must de-escalate concerns and explain ISPA requirements to frustrated parents and guardians. Schools, too, express frustration with the consequences of suspending students under the Medical Officer of Health's authority. The current reliance on parents to report immunizations to public health units is outdated, leading to frequent back-and-forth with health care providers, many of whom are already overburdened and see this task as an unwelcome strain on limited resources.

While necessary and effective, the ISPA immunization enforcement process would benefit tremendously from a centralized immunization registry for Ontario.

With measles still circulating, the need for timely, accurate, and coordinated access to immunization records has never been more urgent. The Board of Health is urged to echo the Public Health Ontario's call to action as outlined in the Ontario Immunization Advisory Committee (OIAC) Guiding Principles:

- *All people in Ontario and their health care providers require equitable and timely access to their complete immunization record to make informed health decisions.*
- *Health care providers and public health require an immunization registry to assess, maintain, and document immunizations to deliver vaccines efficiently and appropriately across the health system.*
- *Public health, policymakers, and researchers require real-time, individual-level immunization data to monitor vaccine uptake, safety, effectiveness, and impact—and to ensure the best use of limited health care resources.*

SWPH will support and amplify this call to action by advocating for Ministry-level investment in centralized, standardized immunization reporting tools. Recording all administered vaccines in Ontario at the time they are given within a single, accessible registry will ensure vital information is available when it's needed most. The truth is, we do not know which vaccine-preventable disease will challenge our community next, but we must ensure our systems are ready to respond swiftly and effectively.

MOTION: 2025-BOH-0626-5.4-1.3
That the Board of Health for Southwestern Public Health send a letter to the Ministry of Health and the Province of Ontario in support of continued investment in and accelerated implementation of standardized immunization reporting tools and a provincial registry.

1.4 SUBSTANCE USE AND HARM REDUCTION: HARM REDUCTION PROGRAM ENHANCEMENT

SWPH submitted the 2024 Needle Syringe Program (NSP) Activity Report to the Ministry of Health, which provided a comprehensive overview of the NSP activities conducted by Southwestern Public Health (SWPH) from January to December 2024. The report highlighted the core NSP activities of SWPH, which operates multiple access points, including fixed sites, partner and satellite sites, outreach and mobile services, and disposal bins in various locations across the region. Despite the NSP program's extensive reach, gaps were identified in smaller towns and communities served within the Public Health Unit (PHU) area, where supplies are needed but currently inaccessible. Additionally, the NSP program identified that while outreach is available in the region, it is limited and only provided one day a week in each County. Another limitation is inadequate needle disposal options in the East Region of Elgin County. In response to these findings, SWPH has been collaborating with partners to provide kiosks and other disposal options in areas where they are most needed.

The NSP program recorded a total of 3,910 visits from clients with an average age of 42. Clean equipment was provided to clients to help reduce the spread of bloodborne infections. The NSP program also offered various services, including testing for HIV, Hepatitis B, Hepatitis C, and other sexually transmitted infections (STIs).

The NSP also sought to provide education and awareness through drug information, counseling, safer sex education, basic wound care, referrals for additional testing, addiction treatment, social services, and other types of support in accordance with the client needs.

In addition to the 2024 Needle Syringe Program (NSP) Activity Report submitted, SWPH also submitted the 2024 Harm Reduction Program Enhancement (HRPE) Activity Report. This report outlined the initiatives undertook by SWPH to address opioid-related issues. The HRPE funding supported various activities, including the implementation and expansion of the community opioid and other drug response initiatives, acting as naloxone distribution leads, enhancing early warning systems for timely identification, and response to opioid overdoses. The report highlighted the collaborative efforts between SWPH and community organizations to improve public health outcomes.

Key initiatives of the Harm Reduction Enhancement Program included the development of SWPH's community drug response plan, stakeholder engagement, and the timely entry of data into the Ontario Harm Reduction Database. The Elgin Mental Health Substance Use & Addictions Coalition (EMHSUAC) and the Oxford Mental Health and Addictions Action Coalition (OMHAAC) played significant roles in addressing substance use-related harms through collaboration, supportive environments, and policy solutions. The report also highlighted the work completed in 2024 around anti-stigma training for first responders, healthcare providers, and social services staff to improve interactions and health outcomes for individuals who use substances.

1.5 CHRONIC DISEASE AND INJURY PREVENTION

1.5.1 HPHAC Grant: Pharmacy Smoking Cessation Partnership

In 2021, Southwestern Public Health was awarded a five-year grant from the Public Health Agency of Canada (PHAC). This funding has been used to expand partnerships with local pharmacies in Oxford County, Elgin County, and the City of St. Thomas to provide smoking cessation counselling and no cost Nicotine Replacement Therapy to low-income residents who want to quit smoking.

Over the past four years, the Pharmacy Smoking Cessation Partnership has experienced significant growth and evolution. The network of pharmacies offering the program has continued to expand both organically and through active recruitment over the past four years. In 2022, there were eleven active pharmacies; today, that number has grown to seventeen pharmacies within the SWPH region.

In 2024, the Smoking Cessation Partnership Model was formally expanded through a collaboration with the Middlesex-London Health Unit (MLHU). As a result, six additional pharmacies in the Middlesex-London region joined the initiative, bringing the total number of participating pharmacies to 23, exceeding the original target of 20. In addition to the exceeded target, six additional pharmacies within the SWPH region have expressed interest in joining, reflecting growing awareness and demand for pharmacy-based smoking cessation services.

An important aspect of the Pharmacy Smoking Cessation Partnership has been to build upon our relationships with community partners who either offer smoking cessation services or work with the identified priority populations. These partners include our local Community Health Centres, Oxford County, the City of St. Thomas Social Services, CMHA Thames Valley, and the Elgin and Oxford Ontario Health Teams, among others. The Southwest Smoking Cessation Community of Practice (CoP) has played a vital role in fostering collaboration and knowledge exchange. This past March, a meeting offering an opportunity for guest speakers and knowledge exchange. Through this event, the CoP welcomed five new members.

Program evaluation remains a critical component of the PHAC grant. Phase 1 is focused on assessing the impact of NRT and counselling on three client outcomes: quit rates, reduction in cigarette consumption, and duration of abstinence. Client data from intake forms and six-month follow-up calls will continue to be collected until the end of the program. The results from the Phase 1 component of the evaluation will be analyzed and shared in late June 2026. Phase 2 of the evaluation, completed in the spring and summer of 2023, examined the collaboration between SWPH, local pharmacists, and referring agencies. Findings from the Phase 2 evaluation helped identify ten critical elements essential for effective program implementation. Following the program's expansion into Middlesex-London, a Phase 2 follow-up evaluation was conducted in 2024 and concluded in early 2025. This included check-in meetings with all participating pharmacies and an online survey completed by pharmacists to identify factors influencing program delivery and fidelity, as well as their impact on client outcomes. Preliminary findings from this phase of the evaluation suggest a correlation between a pharmacy's fidelity to the program model and client retention. Client health outcomes will be compared to pharmacy fidelity and client retention once all six-month follow-up data is collected.

To date, 283 individuals have committed to the journey to quit smoking through the Pharmacy Smoking Cessation Partnership. The majority of clients are over 60 years old, with an even gender distribution. At the time of discharge, 49% had indicated that they had quit smoking, and of those, 56% achieved the remarkable milestone of remaining smoke-free at six months. Daily smoking rates dropped significantly from 95% at intake to 68% at 6-month follow-up, and average daily cigarette use declined from 20 to 14 cigarettes smoked. Most referrals came directly from pharmacies, followed by SWPH, highlighting the collaborative spirit of this initiative. Increased pharmacist engagement, annual check-ins, and stable program leadership have strengthened implementation and partnerships, positioning the program for continued success.

As we enter the final year (April 1, 2025, to August 31, 2026) of the PHAC grant, Phase 1 evaluation activities will continue, with final reporting anticipated in the fall of 2026. In parallel, efforts are underway to define a timeline and develop a sustainability plan and explore opportunities to share program outcomes at local, regional, and potentially provincial levels.

1.5.2 Household Food Insecurity: A Primer for Municipalities

SWPH continues to monitor and report on household food insecurity (HFI) as a key public health issue. HFI is defined as the inadequate or insecure access to food due to financial constraints. While food programs such as food banks and community meals can provide short-term relief from hunger, they do not address the root cause. Research consistently shows that HFI is most effectively reduced through income-based solutions.

In collaboration with Ontario Dietitians in Public Health (ODPH), SWPH contributed to the development of a municipal resource template focused on addressing HFI. We have since adapted this template to reflect our local context and priorities. The resulting resource, *Household Food Insecurity: A Primer for Municipalities* (attached), outlines a range of strategies that municipalities can consider to address household food insecurity (HFI) and poverty in their communities. These strategies are divided into two categories:

- Income-based strategies, which are the most effective in reducing HFI, and
- Affordability-focused strategies, which do not directly reduce HFI but can help ease financial strain and support overall well-being when implemented alongside income-based approaches.

Additional details and opportunities for action related to each of the strategies below can be found in the attached resource, which outlines specific considerations and examples municipalities can consider to support local implementation.

Income-Based Strategies:

1. Raise awareness within the community about household food insecurity and its connection to income.
2. Create or support a municipal poverty reduction strategy.
3. Provide leadership and support to local partnerships working to reduce household food insecurity and/or poverty.
4. Support Living Wage certification.
5. Support free income tax filing clinics for households who need them the most.
6. Participate in conversations with the provincial government on income-based policies and income support programs.
7. Participate in conversations with the federal government on income-based policies and income support programs.

Affordability-Focused Strategies:

1. Support affordable housing.
2. Improve the affordability and accessibility of local public programs and services.

Southwestern Public Health plans to share this resource with various community partners, including local poverty reduction committees, Safe and Well committees, municipalities, and food security partners, among others. As part of this outreach, we will explore how the strategies align with existing local initiatives and identify opportunities for further action. We will report back on our outreach with our community and municipal partners in this regard.

In addition, SWPH has recently completed the 2025 Nutritious Food Basket data collection. Later this year, we will continue this work by gathering updated income and housing cost data to complete the full affordability analysis. This information will be shared with the Board of Health and community partners to continue raising awareness about the connection between household food insecurity and income, in alignment with Strategy 1 of the attached resource.

2.0 FINANCIAL MATTERS (DECISION):

2.1 HEALTHY BABIES HEALTHY CHILDREN (HBHC) AND PRE AND POST NATAL NURSE PRACTITIONER (PPNP) AUDITED STATEMENTS (DECISION):

I am pleased to report that the audit of our financial statements for the period ending March 31, 2025 has been completed by Graham Scott Enns for our Healthy Babies Healthy Children (HBHC) Program and our Pre and Post Natal Nurse Practitioner (PPNP) Program. The audit was managed again this year by Scott Westelaken and overseen by Jennifer Buchanan.

The audited statements are attached for your review. There were no issues, and no material errors noted. An engagement letter is required to be signed by the Board of Health Chair for the completion of this work. This will be signed by Bernia Martin on behalf of the Board, following approval of the statements, and is attached for your reference.

MOTION: 2025-BOH-0626-5.4-2.1
That the Board of Health approve the audited financial statements for the Healthy Babies Healthy Children Program and the Pre and Post Natal Nurse Practitioner program for the period ending March 31, 2025 and that the Board of Health approve the signing of the Engagement Letter.

2.2 2024 PROGRAM-BASED GRANTS AND ANNUAL RECONCILIATION (RECEIVE AND FILE):

The 2024 program-based grants and annual reconciliation report has been completed and submitted to the Ministry of Health. The reconciliation is signed by the Board Chair and Chief Executive Officer (CEO) and it was submitted before the deadline of June 30, 2025. The reconciliation package is taking our audited financial statements already approved by the Board together with narratives that describe the work completed and submitting the information using the Ministry templates. The reconciliation package is quite large and formatted according to Ministry direction; as such, it is not attached to this package. Board members can locate that information via the Board portal.

MOTION: 2025-BOH-0626-5.4-2.2
That the Board of Health for Southwestern Public Health ratify the Board of Health Chair and CEO's signing of the 2024 program-based grants annual reconciliation report as noted.

2.3 MINISTRY SETTLEMENT FORMS (DECISION):

The Public Health Funding and Accountability Agreement between the health unit and the Ministry of Health requires that the Program-Based Grants Annual Reconciliation Report be submitted to the ministry annually. The 2024 report has been prepared by the health unit's auditors', Grahams Scott Enns, and reviewed by myself and finance staff. The report is a summary of the audited financial statements, and it is required to be signed by the CEO and the Board of Health Chair. The deadline for submission to the Ministry of Health on behalf of the Board, is June 30, 2025.

MOTION: 2025-BOH-0626-5.4-2.3
That the Board of Health for Southwestern Public Health approve the signing of the 2025 program-based grants annual reconciliation report as presented.

3.0 FACILITIES UPDATE (RECEIVE AND FILE)

Pre-covid the Board of Health directed staff to install electric vehicle charging stations at our St. Thomas site. Installing an EV charging station offers numerous benefits, including promoting environmental sustainability by encouraging the use of electric vehicles, which reduce harmful emissions and improve local air quality. It also enhances accessibility and convenience for both staff and visitors who drive EVs, potentially increasing community engagement with the health unit. Moreover, it demonstrates leadership in green infrastructure, aligning the facility with broader

governmental and public health goals related to climate change mitigation and sustainable development.

SWPH has completed the installation of an electric vehicle charging station at its St. Thomas site. The charger is equipped with two charging heads, allowing it to charge two vehicles simultaneously. The EV was installed on a pedestal mount in the east parking lot and the parking spaces are identified using green EV icons. The stations are available for use at a rate of $2/hour which his comparable to other agencies in the vicinity.

An additional 40-amp service was installed to allow for future expansion of EV chargers.

The unit has been in place now for approximately a month and has been communicated to staff via our internal intranet. We will be showcasing this to the public via our website starting in July.

MOTION: 2025-BOH-0626-5.4
That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Report for June 26, 2025.

SOUTHWESTERN Public Health
Oxford • Elgin • St.Thomas

Household Food Insecurity: A Primer for Municipalities

2025 Report

Household Food Insecurity: A Primer for Municipalities

Strategies for Municipalities

Household food insecurity is the inadequate or insecure access to food due to financial constraints.[1] While food programs – such as community gardens, community meals, and food banks – can offer temporary relief from hunger, they do not address the root cause. Research consistently shows that household food insecurity is most effectively reduced through income-based solutions.[1]

Household food insecurity and poverty are pressing issues that municipalities can help address. This resource outlines a range of income-based strategies that municipalities can implement to make a meaningful impact in their communities. It also includes affordability-focused strategies, which can help reduce financial strain and contribute to more inclusive, resilient communities.

Adapted from:
"Food Insecurity: A Primer for Municipalities" developed by the Ontario Dietitians in Public Health (ODPH) Food Insecurity Workgroup (www.odph.ca).

Adapted by:
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May 2025

Food Insecurity in Oxford, Elgin, and St. Thomas

Food insecurity means not having enough money for food [1]

The number of households affected is at a new record high. In 2020-2021, (19.2%) of households were food insecure [2]

1 in 5

Food Affordability

After rent and food, many don't have enough left for other monthly expenses [3]

Single parent of 2 on Ontario Works

$271

Single person on Ontario Works

-$504

Wages

Having a job does not guarantee food security

In 2022, 58.6% of food-insecure households in Ontario depended on employment income [1]

Food Insecurity Takes a Toll on our Community

Physical and mental health

- ↑ risk of diabetes and heart disease [1]
- ↑ risk of depression, anxiety and mood disorders [1]

Healthcare costs

23%-121% higher health care costs [1]

In 2017, Ontario municipal governments contributed $2.1 billion for health care costs [4]

Community well-being

- ↑ barriers to employment [5]
- ↑ social isolation [5]

impede people's ability to advance in life [5]

Solutions

Food insecurity is an income problem that requires income solutions

Municipalities can support policies and initiatives that improve the finances of households with low incomes and advocate for a stronger social safety net

Strategies to Improve Incomes:

1. Raise awareness within the community about household food insecurity and its connection to income

- Utilize reports from public health units to obtain local data on household food insecurity and food affordability (e.g. Southwestern Public Health, 2023 food affordability data; Southwestern Public Health, 2024 food affordability data; PHO Household Food Insecurity Snapshot)
- Engage with community partners to promote the need for long-term solutions to household food insecurity (e.g., fund forum)
- Communicate about household food insecurity from a poverty reduction perspective (e.g., need for income-based solutions), not an issue of food access or food literacy (e.g., more food banks or food literacy programs)
- Declare household food insecurity an emergency (e.g., City of Kingston Council, 2025; Mississauga, 2024; Toronto City Council, 2024; City of Brantford, 2025)

Resource: Position Statement and Recommendations on Responses to Food Insecurity

2. Create or support a municipal poverty reduction strategy

Municipal poverty reduction strategies address specific challenges and action plans tailored to the municipality complementing provincial and federal level strategies (e.g., Ottawa (2025-2029); Toronto (2019-2022))[6]

- Provide funds to implement action(s) from a Poverty Reduction Strategy
- Allocate higher amounts of funding towards food and housing insecurity
- Actively engage people who have lived and/or living experience of household food insecurity and/or poverty

Resource: Tamarack Institute Ending Poverty Network for Change

Strategies to Improve Incomes:

3. Provide leadership and support to local partnerships working to reduce household food insecurity and/or poverty (e.g., poverty reduction committees, local food councils, basic income groups)

- Explore forming a local partnership, if not already operating
- Support the advocacy work of local partnerships (e.g., endorsing advocacy letters)
- Collaborate with community partners to determine local priorities for action to address household food insecurity and poverty
- Become a member of a local partnership
- Provide funding (e.g., supporting a specific action item)

Resource: Food Systems Planning in Canada: A toolkit of priority practices for planners

4. Support living wage certification

Ontario's minimum wage is less than a living wage. A living wage is the hourly pay a worker must earn to afford their basic needs and engage in their community based on regional living costs.[7] Paying a living wage benefits employers (e.g., employee retention), employees (e.g. afford housing and food), and the community (e.g., money spent locally).[8,9]

The minimal annual employer certification fee helps support the Ontario Living Wage Network to calculate the living wage and advance the living wage movement.

- Become a Living Wage employer and recertify annually (e.g., Township of Blandford-Blenheim, City of Waterloo, Corporation of the City of St. Catharines)
- Encourage local businesses to become Living Wage employers (e.g., provide education and awareness, incentives like public recognition of local Living Wage employers, community engagement and support)
- Provide support for local businesses to become certified (e.g., practical guidance, marketing incentives, and policy support)

Resource: Living Wage Certification Process

Strategies to Improve Incomes:

5. Support free income tax filing clinics for households who need them the most

Filing income taxes is essential to be eligible for subsidized housing and receiving federal government benefits and credits. In 2024, nearly $850 million was received in refunds, credits, and benefits entitlements by 257,610 Ontario residents through the Community Volunteer Income Tax Program (CVITP).[10] These clinics are available to individuals and families with modest incomes, as outlined in the CVITP eligibility criteria.[11]

- Promote clinics and help to recruit volunteers
- Provide subsidized transportation to clinics (e.g., transportation vouchers)
- Provide community spaces for clinics at no cost
- Support systems navigation at clinics (e.g., promote community resources and governmental benefits, referrals to community resources)
- Coordinate existing income tax clinics and improve client support at tax clinics by offering more super clinics in the community
- Advocate for policies that simplify tax filing for clients living with a low income (e.g., automated system using existing information)
- Explore the promotion of virtual tax-filing in partnership with local organizations and Prosper Canada

Resource: Guide to Hosting an Enhanced Free Community Volunteer Income Tax Program (CVITP)

Strategies to Improve Incomes:

6. Participate in conversations with the provincial government on income-based policies and income support programs

The current income support system in Ontario is not adequate for households to cover their basic needs and live with dignity.[1]

- Engage with the provincial government to:
  - Encourage raising the minimum wage to be on par with the cost of living (living wage)
  - Recommend increasing social assistance rates (Ontario Works and Ontario Disability Support Program) to reflect the real cost of living (Prince Edward-Lennox & Addington, 2025; Niagara Region, 2024; Prince Edward County, 2024; Middlesex-London Board of Health, 2023; Simcoe-Muskoka District Health Unit, 2025)
  - Propose indexing Ontario Works (OW) rates to inflation and increasing the amount of income exempt from reduction of benefits to better support those working toward leaving the OW program (e.g., Orangeville, 2023; AMO, 2024)
  - Collaborate with the federal government to implement a basic income (e.g., Kitchener City Council, 2024; Region of Waterloo, 2023; Halton Region, 2023; Hamilton City Council, 2023)
- Support the advocacy work of local partnerships (e.g., endorse advocacy letters sent to the provincial government by local partnerships)
- Endorse basic income (e.g., Municipality of Chatham-Kent Council, 2024; Ottawa City Council, 2024; numerous Ontario municipalities)

Resource: PROOF – Identifying Policy Options to Reduce Household Food Insecurity in Canada

Strategies to Improve Incomes:

7. Participate in conversations with the federal government on income-based policies and income support programs

The current income support system in Canada is not adequate for households to cover their basic needs and live with dignity.[1]

- Engage with the federal government to:
  - Encourage expansion of the Canada Child Benefit (CCB) by increasing the amount for lowest income households and equalizing the benefit for families with children over 6 years old
  - Recommend enhancements to the Canada Disability Benefit (CDB) by increasing the benefit amount and simplifying the application process by working with provinces and territories to automatically enroll recipients of provincial and territorial disability support programs
  - Collaborate with the provincial government to implement a basic income (e.g., Kitchener City Council, 2024; Region of Waterloo, 2023; Halton Region, 2023; Hamilton City Council, 2023)
- Support the advocacy work of local partnerships (e.g., endorse advocacy letters sent to the federal government by local partnerships)
- Endorse basic income (e.g., Municipality of Chatham-Kent Council, 2024; Ottawa City Council, 2024; numerous Ontario municipalities)

Resource: PROOF – Identifying Policy Options to Reduce Household Food Insecurity in Canada

Strategies to Make Life More Affordable:

8. Support affordable housing

Access to safe, adequate, and affordable housing is a key social determinant of health.[12] High housing costs may reduce the resources available to purchase other necessities, such as food. Municipalities and regional governments play a critical role in shaping housing affordability through land use planning, investment, and policy advocacy.

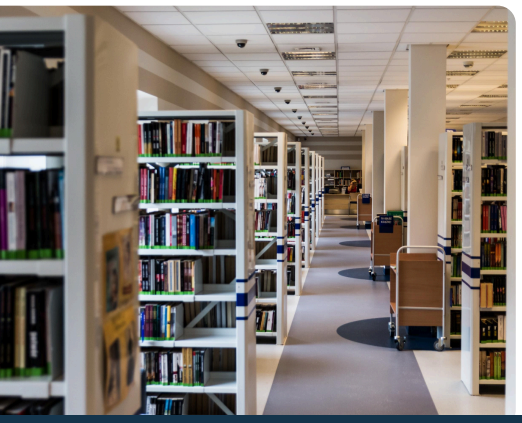
- Update local land use planning policies (e.g. Official Plans, zoning bylaws, Master Plans, Local Plans) to support affordable housing through:
  - Promoting urban intensification instead of urban sprawl
  - Increasing the diversity of housing types within urban areas, including different housing forms, diverse tenures, diverse densities, various affordability levels and housing support services
  - Encouraging mixed-use development near employment, services, and social infrastructure (e.g., schools, parks, childcare) (e.g., Ottawa, 2021)
  - Limiting or prohibiting the demolition or conversion of affordable rental housing unless equivalent replacement units are provided that maintain the number, size, type, and affordability of the original units
- Collaborate with provincial and federal governments on strategies to improve affordable housing through land use planning, such as development incentives (e.g., tax breaks), policy directions (e.g., inclusionary zoning), and expediated planning and streamlined approval processes
- Invest in a range of housing options including assisted and supportive housing, and below-market housing for moderate-income households
- Participate in conversations with provincial government on affordable housing policies and initiatives, including:
  - Rent control for all units, including vacant ones
  - Vacancy control to limit rent increases between tenancies
  - Renoviction bans
  - Reform of N12 eviction notices (e.g., longer notice periods, increased compensation, restrictions on corporate landlords)
- Participate in conversations with the federal government to expand the National Housing Strategy and increase funding for deeply affordable housing

Resources: Canadian Centre for Housing Rights, Homeward Bound: How to Create Deeply Affordable Housing; Ontario ACORN

Strategies to Make Life More Affordable:

9. Improve the affordability and accessibility of local public programs and services

- Invest in accessible and affordable transportation by providing subsidized transportation passes (e.g., Halton Region, Ottawa, Toronto).
- Offer childcare subsidies to eligible families, prioritizing individuals that are most financially in need.
- Provide discounted and/or subsidized recreation programs at municipal facilities (e.g., Ottawa's Play Free).
- Implement Community/Systems Navigator roles in municipalities, libraries, and other community organizations to support residents with applications to housing programs, social assistance, free income tax clinics, and other necessary supports (e.g., Durham, Middlesex County).
- Streamline access to multiple services (e.g., housing, legal aid, employment services) in one location, as applicable.



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SW
SOUTHWESTERN
Public Health
Oxford • Elgin • St.Thomas

SOUTHWESTERN PUBLIC HEALTH
HEALTHY BABIES HEALTHY CHILDREN

Statement of Revenue and Expenditures

March 31, 2025

SOUTHWESTERN PUBLIC HEALTH
HEALTHY BABIES HEALTHY CHILDREN

Statement of Revenue and Expenditures

For The Year Ended March 31, 2025

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INDEPENDENT AUDITORS' REPORT

To the Ministry of Children, Community and Social Services:

Opinion
We have audited the financial statements of revenues and expenditures of Southwestern Public Health - Healthy Babies Healthy Children program for the year ended March 31, 2025. This statement has been prepared by management in accordance with the terms and conditions of the service agreement dated April 1, 2024 with the Province of Ontario, represented by the Ministry of Children, Community and Social Services and the Southwestern Public Health.

In our opinion, the statement of revenues and expenditures of the Southwestern Public Health - Healthy Babies Healthy Children program for the year ended March 31, 2025 is prepared, in all material respects, in accordance with the terms and conditions issued by Ministry of Children, Community and Social Services.

Basis for Opinion
We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the organization in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements
Management is responsible for the preparation and fair presentation of the financial statements in accordance with the terms and conditions issued by the Ministry of Children, Community and Social Services, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the organization's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the organization or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the organization's financial reporting process.

Auditors' Responsibilities for the Audit of the Financial Statements
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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INDEPENDENT AUDITORS' REPORT (CONTINUED)

Auditors' Responsibilities for the Audit of the Financial Statements (Continued)
As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the organization's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the organization's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the organization to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Graham Scott Enns LLP

June 2, 2025

CHARTERED PROFESSIONAL ACCOUNTANTS
Licensed Public Accountants

Southwestern Public Health
Healthy Babies Healthy Children
Statement of Revenue and Expenditures
For The Year Ended March 31, 2025

	Budget $	**Actual $**
REVENUE		
Grant - Ministry of Children, Community and Social Services	1,775,617	**1,775,617**
EXPENDITURES		
Salaries and benefits		
Public health nurses	616,568	**670,205**
Lay home visitors	326,903	**314,718**
Benefits	341,151	**351,140**
Management co-coordinator	63,084	**68,452**
Clerical	102,400	**61,806**
Directors	15,052	**16,221**
Total salaries and benefits	1,465,158	**1,482,542**
Operating costs		
Allocated expenses	209,421	**204,040**
Travel	24,175	**33,593**
Professional development and training	28,539	**18,291**
Program resources	15,015	**14,060**
Office supplies	14,625	**10,958**
Communication	14,284	**7,880**
Audit	2,400	**2,400**
Public awareness/promotion	2,000	**1,776**
Meetings	-	**77**
Total operating costs	310,459	**293,075**
TOTAL EXPENDITURES	1,775,617	**1,775,617**
DUE TO MINISTRY OF CHILDREN, COMMUNITY AND SOCIAL SERVICES	-	**-**

Southwestern Public Health
Healthy Babies Healthy Children
Notes to the Statement of Revenue and Expenditures
March 31, 2025

1. SIGNIFICANT ACCOUNTING POLICIES

The statement of revenue and expenditures is the representation of management prepared using accounting principles that are prescribed by the Ministry of Children, Community and Social Services (Ministry). The following are the projects significant accounting policies:

Basis of Accounting

Revenues from government grants are recognized over the period for which the grant was given. Other revenues are recognized as they are earned and measurable.

Expenses are reported on the accrual basis of accounting except for the treatment of accrued vacation pay which is recorded when paid in accordance with Ministry guidelines.

Capital assets acquired, if any, are expensed in the year of acquisition. Amortization of capital assets over their estimated useful life is not recognized as an allowable expense for Ministry purposes.

2. MINISTRY OF CHILDREN, COMMUNITY AND SOCIAL SERVICES GRANT

The Ministry provides an operating grant for the Healthy Babies Healthy Children program which is administered by Southwestern Public Health. The amount of grant is based upon approved allowable costs and is subject to final determination by the Ministry.

SOUTHWESTERN PUBLIC HEALTH
PRE AND POST NATAL NURSE PRACTITIONER'S PROGRAM

Statement of Revenue and Expenditures

March 31, 2025

SOUTHWESTERN PUBLIC HEALTH
PRE AND POST NATAL NURSE PRACTITIONER'S PROGRAM

Statement of Revenue and Expenditures

For The Year Ended March 31, 2025

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INDEPENDENT AUDITORS' REPORT

To the Ministry of Children, Community and Social Services:

Opinion
We have audited the financial statements of revenues and expenditures of Southwestern Public Health - Pre and Post Natal Nurse Practitioner's program for the year ended March 31, 2025. This statement has been prepared by management in accordance with the terms and conditions of the service agreement dated April 1, 2024 with the Province of Ontario, represented by the Ministry of Children, Community and Social Services and the Southwestern Public Health.

In our opinion, the statement of revnues and expenditures of the Southwestern Public Health - Pre and Post Natal Nurse Practitioner's program for the year ended March 31, 2025 is prepared, in all material respects, in accordance with the terms and conditions issued by Ministry of Chilren, Community and Social Servies.

Basis for Opinion
We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the organization in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements
Management is responsible for the preparation and fair presentation of the financial statements in accordance with the terms and conditions issued by the Minstry of Children, Community and Social Services, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the organization's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the organization or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the organization's financial reporting process.

Auditors' Responsibilities for the Audit of the Financial Statements
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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INDEPENDENT AUDITORS' REPORT (CONTINUED)

Auditors' Responsibilities for the Audit of the Financial Statements (Continued)
As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the organization's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the organization's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the organization to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Graham Scott Enns LLP

June 2, 2025

CHARTERED PROFESSIONAL ACCOUNTANTS
Licensed Public Accountants

Southwestern Public Health
Pre and Post Natal Nurse Practitioner's Program
Statement of Revenue and Expenditures
For the Year Ended March 31, 2025

	Budget $	**Actual** **$**
REVENUE		
Grant - Ministry of Children, Community and Social Services	139,000	**139,000**
EXPENDITURES		
Purchased services	139,000	**139,000**
TOTAL EXPENDITURES	139,000	**139,000**
DUE TO MINISTRY OF CHILDREN, COMMUNITY AND SOCIAL SERVICES	-	-

Southwestern Public Health
Pre and Post Natal Nurse Practitioner's Program
Notes to the Statement of Revenue and Expenditures
March 31, 2025

1. SIGNIFICANT ACCOUNTING POLICIES

The statement of revenue and expenditures is the representation of management prepared using accounting principles that are prescribed by the Ministry of Children, Community and Social Services (Ministry). The following are the projects significant accounting policies:

Basis of Accounting

Revenues from government grants are recognized over the period for which the grant was given. Other revenues are recognized as they are earned and measurable.

Expenses are reported on the accrual basis of accounting except for the treatment of accrued vacation pay which is recorded when paid in accordance with Ministry guidelines.

Capital assets acquired, if any, are expensed in the year of acquisition. Amortization of capital assets over their estimated useful life is not recognized as an allowable expense for Ministry purposes.

2. MINISTRY OF CHILDREN, COMMUNITY AND SOCIAL SERVICES GRANT

The Ministry provides an operating grant for the Pre and Post Natal Nurse Practitioner's Program which is administered together with a local community partner agency. The amount of grant is based upon approved allowable costs and is subject to final determination by the Ministry.

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May 1, 2025

1230 Talbot Street
St. Thomas, ON, N5P 1G9

Dear Members of the Board of Health:

The Objective and Scope of the Audit

You have requested that we audit the auditedfinancial statements of reveneus and expenditures of Southwestern Public Health - Healthy Babies Healthy Chrildren program and Pre and Post Natal Nurse Practitioner's program for the year ended March 31, 2025.

We are pleased to confirm our acceptance and our understanding of this audit engagement by means of this letter. Our audit will be conducted with the objective of our expressing an opinion on the financial statements.

The Responsibilities of the Auditor

We will conduct our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements. As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

a. Identify and assess the risks of material misstatement of the financial statements (whether due to fraud or error), design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control.

b. Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. However, we will communicate to you in writing concerning any significant deficiencies in internal control relevant to the audit of the financial statements that we have identified during the audit.

c. Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

d. Conclude on the appropriateness of management's use of the going-concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the entity to cease to continue as a going concern.

e. Evaluate the overall presentation, structure and content of the financial statements (including the disclosures) and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

Because of the inherent limitations of an audit, together with the inherent limitations of internal control, there is an unavoidable risk that some material misstatements may not be detected, even though the audit is properly planned and performed in accordance with Canadian generally accepted auditing standards.

The Responsibilities of Management

Our audit will be conducted on the basis that management and those charged with governance, acknowledge and understand that they have responsibility:

a. For the preparation and fair presentation of the financial statements in accordance with Ministry of Children, Community and Social Services

b. For the design and implementation of such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

c. To provide us with timely:

    i. Access to all information of which management is aware that is relevant to the preparation of the financial statements (such as records, documentation and other matters);

    ii. Information about all known or suspected fraud, any allegations of fraud or suspected fraud and any known or probable instances of noncompliance with legislative or regulatory requirements;

    iii. Additional information that we may request from management for the purpose of the audit; and

    iv. Unrestricted access to persons within from whom we determine it necessary to obtain audit evidence.

As part of our audit process:

a. We will make inquiries of management about the representations contained in the financial statements. At the conclusion of the audit, we will request from management and those charged with governance written confirmation concerning those representations. If such representations are not provided in writing, management acknowledges and understands that we would be required to disclaim an audit opinion.

b. We will communicate any misstatements identified during the audit other than those that are clearly trivial. We request that management correct all the misstatements communicated.

Form and Content of Audit Opinion

Unless unanticipated difficulties are encountered, our report will be substantially in the form contained below.

INDEPENDENT AUDITORS' REPORT

To the Members of **Southwestern Public Health - HBHC and PPNP**:

Opinion
We have audited the financial statements of revenues and expenditures of **Southwestern Public Health - HBHC and PPNP**, for the year ended March 31, 2025. This statement was been prepared by management in accordance with the terms of the serivce agreement dated April 1, 2024 with the Province of Ontario, represented by the Ministry of Children, Community and Social Services and the Southwestern Public Health.

In our opinion, the organization's financial statements of revenues and expenditures of **Southwestern Public Health - HBHC and PPNP** for the year end is prepared , in all material respects, and in accordance with the terms and conditions issues by Ministry of Children, Community and Social Services.

Basis for Opinion
We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the organization in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements
Management is responsible for the preparation and fair presentation of the financial statements in accordance with Ministry of Children, Community and Social Services, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the organization's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the organization or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the organization's financial reporting process.

Auditors' Responsibilities for the Audit of the Financial Statements
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

INDEPENDENT AUDITORS' REPORT (CONTINUED)

Auditors' Responsibilities for the Audit of the Financial Statements (Continued)
As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the organization's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the organization's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the organization to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

CHARTERED PROFESSIONAL ACCOUNTANTS
Licensed Public Accountants

If we conclude that a modification to our opinion on the financial statements is necessary, we will discuss the reasons with you in advance.

Confidentiality

One of the underlying principles of the profession is a duty of confidentiality with respect to client affairs. Each professional accountant must preserve the secrecy of all confidential information that becomes known during the practice of the profession. Accordingly, we will not provide any third party with confidential information concerning the affairs of unless:

a. We have been specifically authorized with prior consent;

b. We have been ordered or expressly authorized by law or by the Code of Professional Conduct/Code of Ethics; or

c. The information requested is (or enters into) public domain.

Communications

In performing our services, we will send messages and documents electronically. As such communications can be intercepted, misdirected, infected by a virus, or otherwise used or communicated by an unintended third party, we cannot guarantee or warrant that communications from us will be properly delivered only to the addressee. Therefore, we specifically disclaim, and you release us from, any liability or responsibility whatsoever for interception or unintentional disclosure of communications transmitted by us in connection with the performance of this engagement. In that regard, you agree that we shall have no liability for any loss or damage to any person or entity resulting from such communications, including any that are consequential, incidental, direct, indirect, punitive, exemplary or special damages (such as loss of data, revenues or anticipated profits). If you do not consent to our use of electronic communications, please notify us in writing.

We offer you the opportunity to communicate by a secure online portal, however if you choose to communicate by email you understand that transmitting information poses the risks noted above. You should not agree to communicate with the firm via email without understanding and accepting these risks.

Use of Information

It is acknowledged that we will have access to all personal information in your custody that we require to complete our engagement. Our services are provided on the basis that:

a. You represent to us that management has obtained any required consents for collection, use and disclosure to us of personal information required under applicable privacy legislation; and
b. We will hold all personal information in compliance with our Privacy Statement.

Use and Distribution of our Report

The examination of the financial statements and the issuance of our audit opinion are solely for the use of and those to whom our report is specifically addressed by us. We make no representations of any kind to any third party in respect of these financial statements or our audit report, and we accept no responsibility for their use by any third party or any liability to anyone other than .

For greater clarity, our audit will not be planned or conducted for any third party or for any specific transaction. Accordingly, items of possible interest to a third party may not be addressed and matters may exist that would be assessed differently by a third party, including, without limitation, in connection with a specific transaction. Our audit report should not be circulated (beyond) or relied upon by any third party for any purpose, without our prior written consent.

You agree that our name may be used only with our prior written consent and that any information to which we have attached a communication be issued with that communication, unless otherwise agreed to by us in writing.

Reproduction of Auditor's Report

If reproduction or publication of our audit report (or reference to our report) is planned in an annual report or other document, including electronic filings or posting of the report on a website, a copy of the entire document should be submitted to us in sufficient time for our review before the publication or posting process begins.

Management is responsible for the accurate reproduction of the financial statements, the auditor's report and other related information contained in an annual report or other public document (electronic or paper-based). This includes any incorporation by reference to either full or summarized financial statements that we have audited.

We are not required to read the information contained in your website or to consider the consistency of other information on the electronic site with the original document.

Ownership

The working papers, files, other materials, reports and work created, developed or performed by us during the course of the engagement are the property of our Firm, constitute confidential information and will be retained by us in accordance with our Firm's policies and procedures.

During the course of our work, we may provide, for your own use, certain software, spreadsheets and other intellectual property to assist with the provision of our services. Such software, spreadsheets and other intellectual property must not be copied, distributed or used for any other purpose. We also do not provide any warranties in relation to these items and will not be liable for any damage or loss incurred by you in connection with your use of them.

We retain the copyright and all intellectual property rights in any original materials provided to you.

File Inspections

In accordance with professional regulations (and by our Firm's policy), our client files may periodically be reviewed by practice inspectors and by other engagement file reviewers to ensure that we are adhering to our professional and Firm's standards. File reviewers are required to maintain confidentiality of client information.

Accounting Advice

Except as outlined in this letter, the audit engagement does not contemplate the provision of specific accounting advice or opinions or the issuance of a written report on the application of accounting standards to specific transactions and to the facts and circumstances of the entity. Such services, if requested, would be provided under a separate engagement.

Other Services

In addition to the audit services referred to above, we will, as allowed by the Code of Professional Conduct/Code of Ethics, prepare your federal and provincial income tax returns and other special reports as required. Management will provide the information necessary to complete these returns/reports and will file them with the appropriate authorities on a timely basis.

Governing Legislation

This engagement letter is subject to, and governed by, the laws of the Province of Ontario. The Province of Ontario will have exclusive jurisdiction in relation to any claim, dispute or difference concerning this engagement letter and any matter arising from it. Each party irrevocably waives any right it may have to object to any action being brought in those courts to claim that the action has been brought in an inappropriate forum or to claim that those courts do not have jurisdiction.

Dispute Resolution

You agree that:

a. Any dispute that may arise regarding the meaning, performance or enforcement of this engagement will, prior to resorting to litigation, be submitted to mediation; and

b. You will engage in the mediation process in good faith once a written request to mediate has been given by any party to the engagement.

Indemnity

hereby agrees to indemnify, defend (by counsel retained and instructed by us) and hold harmless our Firm, and its partners, agents or employees, from and against any and all losses, costs (including solicitors' fees), damages, expenses, claims, demands or liabilities arising out of or in consequence of:

(a) The breach by , or its directors, officers, agents, or employees, of any of the covenants made by herein, including, without restricting the generality of the foregoing, the misuse of, or the unauthorized dissemination of, our engagement report or the financial statements in reference to which the engagement report is issued, or any other work product made available to you by our Firm.

(b) A misrepresentation by a member of your management or board of directors.

Time Frames

We will use all reasonable efforts to complete the engagement as described in this letter within the agreed upon time frames. However, we shall not be liable for failures or delays in performance that arise from causes beyond our control, including the untimely performance by of its obligations.

Fees

Fees at Regular Billing Rates

Our professional fees will be based on our regular billing rates, plus direct out-of-pocket expenses and applicable HST, and are due when rendered. Fees for any additional services will be established separately.

Fees will be rendered as work progresses and are payable on presentation.

Our fees and costs will be billed monthly and are payable upon receipt. Invoices unpaid 30 days past the billing date may be deemed delinquent and are subject to an interest charge of 1.0% per month. We reserve the right to suspend our services or to withdraw from this engagement in the event that any of our invoices are deemed delinquent. In the event that any collection action is required to collect unpaid balances due to us, you agree to reimburse us for our costs of collection, including lawyers' fees.

Costs of Responding to Government or Legal Processes

In the event we are required to respond to a subpoena, court order, government agency or other legal process for the production of documents and/or testimony relative to information we obtained and/or prepared during the course of this engagement, you agree to compensate us at our normal hourly rates for the time we expend in connection with such response and to reimburse us for all of our out-of-pocket costs (including applicable GST/HST) incurred.

Termination

If we elect to terminate our services for nonpayment, or for any other reason provided for in this letter, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed our report. You will be obligated to compensate us for all time expended and to reimburse us for all of our out-of-pocket costs through to the date of termination.

Management acknowledges and understands that failure to fulfill its obligations as set out in this engagement letter will result, upon written notice, in the termination of the engagement.

Either party may terminate this agreement for any reason upon providing written notice to the other party. If early termination takes place, shall be responsible for all time and expenses incurred up to the termination date.

If we are unable to complete the audit or are unable to form, or have not formed, an opinion on the financial statements, we may withdraw from the audit before issuing an auditor's report, or we may disclaim an opinion on the financial statements. If this occurs, we will communicate the reasons and provide details.

Survival of Terms

This engagement letter will continue in force for subsequent audits unless terminated by either party by written notice prior to the commencement of the subsequent audit.

Conclusion

This engagement letter includes the relevant terms that will govern the engagement for which it has been prepared. The terms of this letter supersede any prior oral or written representations or commitments by or between the parties. Any material changes or additions to the terms set forth in this letter will only become effective if evidenced by a written amendment to this letter, signed by all of the parties.

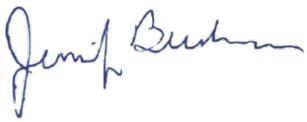
If you have any questions about the contents of this letter, please raise them with us. If the services outlined are in accordance with your requirements, and if the above terms are acceptable to you, please sign the copy of this letter in the space provided and return it to us.

We appreciate the opportunity of continuing to be of service to your organization.

Sincerely,

GRAHAM SCOTT ENNS LLP

CHARTERED PROFESSIONAL ACCOUNTANTS



Jennifer Buchanan CPA, CA
Partner

Acknowledged and agreed on behalf of by:

_____

Members of the Board of Health

Oxford Elgin St. Thomas Health Unit

1230 Talbot Street
St. Thomas, ON
N5P 1G9

June 26, 2025

Graham Scott Enns LLP
450 Sunset Drive
St. Thomas, Ontario
N5R 5V1

Dear Sir/Madam:

This representation letter is provided in connection with your audit of the 2024 Annual Reconciliation (Certificate of Settlement) Report of Oxford Elgin St. Thomas Health Unit for the year ended December 31, 2024 for the purpose of expressing an opinion as to whether the 2024 Annual Reconciliation (Certificate of Settlement) Report are presented fairly, in all material respects, in accordance with the Transfer Payment Agreements between the Ministry of Health (the "ministry") and the Board of Health and the "Instructions for Completion of the 2024 Year-End Settlement".

In making the representations outlined below, we took the time necessary to appropriately inform ourselves on the subject matter through inquiries of entity personnel with relevant knowledge and experience, and, where appropriate, by inspecting supporting documentation.

We confirm that (to the best of our knowledge and belief):

- We have fulfilled our responsibilities, as set out in the terms of the audit engagement dated March 31, 2025 for the preparation of the 2024 Annual Reconciliation (Certificate of Settlement) Report in accordance with the Transfer Payment Agreements between the Ministry of Health (the "ministry") and the Board of Health and the "Instructions for Completion of the 2024 Year-End Settlement"; in particular, the 2024 Annual Reconciliation (Certificate of Settlement) Report are fairly presented in accordance therewith.
- Significant assumptions used by us in making accounting estimates, including those measured at fair value, are reasonable.
- Related-party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of the Transfer Payment Agreements between the Ministry of Health (the "ministry") and the Board of Health and the "Instructions for Completion of the 2024 Year-End Settlement".
- All events subsequent to the date of the 2024 Annual Reconciliation (Certificate of Settlement) Report and for which the Transfer Payment Agreements between the Ministry of Health (the "ministry") and the Board of Health and the "Instructions for Completion of the 2024 Year-End Settlement" require adjustment or disclosure have been adjusted or disclosed.
- The effects of uncorrected misstatements are immaterial, both individually and in the aggregate, to the 2024 Annual Reconciliation (Certificate of Settlement) Report as a whole. A list of the uncorrected misstatements is attached to the representation letter.
- We have disclosed that all known actual or possible litigation and claims whose effects should be

considered when preparing the financial statements have been disclosed

Information Provided

- We have provided you with:
  - access to all information of which we are aware that is relevant to the preparation of the 2024 Annual Reconciliation (Certificate of Settlement) Report such as records, documentation and other matters;
  - additional information that you have requested from us for the purpose of the audit; and
  - unrestricted access to persons within the entity from whom you determined it necessary to obtain audit evidence.
- All transactions have been recorded in the accounting records and are reflected in the 2024 Annual Reconciliation (Certificate of Settlement) Report.
- We have disclosed to you the results of our assessment of the risk that the 2024 Annual Reconciliation (Certificate of Settlement) Report may be materially misstated as a result of fraud.
- We have disclosed to you all information in relation to fraud or suspected fraud that we are aware of and that affects the entity and involves:
  - management;
  - employees who have significant roles in internal control; or
  - others where the fraud could have a material effect on the 2024 Annual Reconciliation (Certificate of Settlement) Report.
- We have disclosed to you all information in relation to allegations of fraud, or suspected fraud, affecting the entity's 2024 Annual Reconciliation (Certificate of Settlement) Report communicated by employees, former employees, analysts, regulators or others.
- We have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing 2024 Annual Reconciliation (Certificate of Settlement) Report.
- We have disclosed to you the identity of the entity's related parties and all the related-party relationships and transactions of which we are aware.
- We have acknowledged responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud

Yours truly,

_____

Cynthia St. John, Executive Director

_____

Monica Nusink, Director of Finance

Southwestern Public Health

1230 Talbot Street
St Thomas ON
N5P 1G9

June 26, 2025

Graham Scott Enns LLP
450 Sunset Drive
St. Thomas, Ontario
N5R 5V1

Dear Sir/Madame:

This representation letter is provided in connection with your review of the Settlement Reconciliation Schedules of Southwestern Public Health for the year ended December 31, 2024 for the purposes of you expressing a conclusion that, based on your review, nothing has come to your attention that causes you to believe that the financial schedules of Southwestern Public Health do not present fairly, in all material respects, the financial schedules of Southwestern Public Health for the year ended December 31, 2024, in accordance with the financial reporting requirements of the Ministry of Health and the Board of Health and the "Instructions for Completion of the 2024 Year-End Settlement".

Certain representations in this letter are described as being limited to matters that are material. Misstatements (including omissions) are considered to be material if they, individually or in the aggregate, could reasonably be expected to influence the economic decisions of users taken on the basis of the financial schedules.

In making the representations outlined below, we took the time necessary to appropriately inform ourselves on the subject matter through inquiries of entity personnel with relevant knowledge and experience, and, where appropriate, by inspecting supporting documentation.

We confirm, to the best of our knowledge and belief, the following representations made to you during your review:

Financial Schedules

- We have fulfilled our responsibilities, as set out in the terms of the engagement letter dated March 31, 2025, for the preparation and fair presentation of the financial schedules in accordance with the financial reporting requirements of the Ministry of Health and the Board of Health and the "Instructions for Completion of the 2024 Year-End Settlement".

- Management or other appropriate persons (such as those charged with governance) have accepted responsibility for the financial statements, including the related notes.

Information Provided

- We have provided you with:
  - Access to all information of which we are aware that is relevant to the preparation and fair presentation of the financial schedules, such as records, documentation and other matters;
  - Additional information that you have requested from us for the purpose of the review; and

- Unrestricted access to persons within the entity from whom you determined it necessary to obtain evidence.

- All transactions have been recorded in the accounting records and are reflected in the financial schedules.
- We have disclosed to you:
  - The identity of the entity's related parties and all the related-party relationships and transactions of which we are aware;
  - Significant facts relating to any fraud or suspected fraud known to us that may have affected the entity;
  - Known actual or possible non-compliance with laws and regulations for which the effects of non-compliance impact the financial schedules of the Elgin St. Thomas Health Unit;
  - All information relevant to use of the going concern assumption in the financial statements;
  - All events occurring subsequent to the date of the financial schedules that may require adjustment or disclosure;
  - Material commitments, contractual obligations or contingencies that have affected or may affect the entity's financial schedules, including disclosures; and
  - Material non-monetary transactions or transactions for no consideration undertaken by the entity in the financial reporting period under consideration.

Other Representations

- **Fair values of financial instruments**

  We believe that the significant assumptions used in arriving at the fair values of financial instruments, as measured and disclosed in the Settlement Reconciliation Schedules, are reasonable and appropriate in the circumstances.

- **Material transactions**

  There are no material transactions that have not been properly recorded in the accounting records underlying the Settlement Reconciliation Schedules.

- **Related-party transactions**

  All related-party transactions have been appropriately measured and disclosed in the Settlement Reconciliation Schedules.

- **Estimates**

  The nature of all material measurement uncertainties has been appropriately disclosed in the Settlement Reconciliation Schedules, including all estimates where it is reasonably possible that the estimate will change in the near term and the effect of the change could be material to the Settlement Reconciliation Schedules.

- **Claims**

  We have informed you of all outstanding and possible claims, whether or not they have been discussed with legal counsel.

- **Liabilities and contingencies**

  All liabilities and contingencies, including those associated with guarantees, whether written or oral, have been disclosed to you and are appropriately reflected in the Settlement Reconciliation Schedules.

- **Ownership**

  The company has satisfactory title to all assets, and there are no liens or encumbrances on the company's assets.

- **Compliance**

  We have disclosed to you, and the company has complied with, all aspects of contractual agreements that could have a material effect on the Settlement Reconciliation Schedules in the event of non-compliance, including all covenants, conditions or other requirements of all outstanding debt.

Yours truly,

_____

Cynthia St. John, Chief Executive Officer

_____

Monica Nusink, Director of Finance

OXFORD ELGIN ST. THOMAS HEALTH UNIT

operating as

SOUTHWESTERN PUBLIC HEALTH

Unaudited Supplemental Information

December 31, 2024

OXFORD ELGIN ST. THOMAS HEALTH UNIT

operating as

SOUTHWESTERN PUBLIC HEALTH

Unaudited Supplemental Information

For the Year Ended December 31, 2024

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GRAHAM SCOTT ENNS LLP
CHARTERED PROFESSIONAL ACCOUNTANTS

P. 519-633-0700 · F. 519-633-7009
450 Sunset Drive, St. Thomas, ON N5R 5V1

P. 519-773-9265 · F. 519-773-9683
25 John Street South, Aylmer, ON N5H 2C1

www.grahamscottenns.com

REVIEW ENGAGEMENT REPORT

To the Directors of **Oxford Elgin St. Thomas Health Unit**

We have reviewed the accompanying Settlement Reconciliation Schedules (the "Schedules") of the Oxford Elgin St. Thomas Health Unit for the year ended December 31, 2024 to meet the financial reporting requirements of the Ministry of Health and the Board of Health and the "Instructions for Completion of the 2024 Year-End Settlement".

Management's Responsibilities for the Financial Schedules

Management is responsible for the preparation and fair presentation of these financial schedules in accordance with the financial reporting requirements of the Ministry of Health and the Board of Health and the 'Instructions for Completion of the 2024 Year-End Settlement', and for such internal control as management determines necessary to enable the preparation of financial schedules that are free from material misstatement, whether due to fraud or error.

Practitioner's Responsibility

Our responsibility is to express a conclusion on the accompanying financial schedules based on our review. We conducted our review in accordance with Canadian generally accepted standards for review engagements, which require us to comply with relevant ethical requirements.

A review of financial schedules in accordance with Canadian generally accepted standards for review engagements is a limited assurance engagement. The practitioner performs procedures, primarily consisting of making inquiries of management and others within the entity, as appropriate, and applying analytical procedures, and evaluates the evidence obtained.

The procedures performed in a review are substantially less in extent than, and vary in nature from, those performed in an audit conducted in accordance with Canadian generally accepted auditing standards. Accordingly, we do not express an audit opinion on these financial statements.

Conclusion

Based on our review, nothing has come to our attention that causes us to believe that these financial schedules for the year ended December 31, 2024 are not, in all material aspects, in accordance with the financial reporting requirements of the Ministry of Health and the Board of Health and the "Instructions for Completion of the 2024 Year-End Settlement".

The schedule of revenues and expenditures, has not been, and was not intended to be, prepared in accordance with Canadian generally accepted accounting principles, is solely for the information and use of the addressee and the Ministry of Health and Board of Health for the stated purpose, and is not intended to be and should not be used by anyone other than the specified users, or for any other purpose.

St. Thomas, Ontario
Reporting Date

Graham Scott Enns LLP
CHARTERED ACCOUNTANTS
Licensed Public Accountants

Southwestern Public Health
Settlement Reconciliation Schedules
For the Year Ended December 31, 2024

Reflow = due from Ministry
(Recovery) = due to Ministry

		Programs	Approved	Cashflow Received in 2023	Cashflow Received in 2024	If applicable Cashflow Received in Q1 2025	If applicable Q4 Adjustment in Q1 2025	Funding Received	2023 Expenditures per AFS	2024 Expenditure per AFS	PSAB to Ministry Adjustments (Note 1)	Offset Revenue (Note 2)	Ministry Expenditures @ 70% or 100%	Eligible Expenditure	Reflow/ (Recovery)
2023 One Time Funding Approved to March 31, 2024	Operating Funding @100%	Mandatory Programs: Needle Syringe Program (100%)	55,000	41,249	13,751			55,000	11,606	36,779			48,385	48,385	(6,615)
		Mandatory Programs: New Purpose-Built Vaccine Refrigerators (100%)	32,600	24,447	8,153			32,600	32,600				32,600	32,600	-
		Mandatory Programs: Public Health Inspector Practicum Program (100%)	20,000	14,998	5,002			20,000	20,000				20,000	20,000	-
		Infection Prevention and Control Hub Program (100%)	582,500	436,878	145,622			582,500	371,805	175,716			547,521	547,521	(34,979)
		School-Focused Nurse Initiatives (100%) - April - June 2023)	225,000	225,000				225,000	225,000				225,000	225,000	-
		COVID-19: Vaccine Program Enchancement	257,800		257,800			257,800		178,963			178,963	178,963	(78,837)
		Respiratory Syncytial Virus (RSV)	313,000	-	313,000			313,000	-				-	-	(313,000)
		Strengthening Public Health	75,000	-	75,000			75,000		23,914			23,914	23,914	(51,086)
								-					-	-	-
		Total	**1,560,900**	**742,572**	**818,328**	**-**	**-**	**1,560,900**	**661,011**	**415,372**	**-**	**-**	**1,076,383**	**1,076,383**	**(484,517)**
	Capital Funding @100%	Ontario Seniors Dental Care Program Capital: New Fixed Site - Oxford	1,540,000					-			-		-	-	-
								-	-				-	-	-
					-			-	-	-	-		-	-	-
		Total	**1,540,000**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Base Funding	Mandatory Programs (70%)	Mandatory Programs	**12,822,600**		**12,822,597**			**12,822,597**		**19,705,725**	**173,088**	**(332,922)**	**13,682,124**	**12,822,600**	**3**
	Operating Funding @100%	MOH	178,700		142,154			142,154		85,590			85,590	85,590	(56,564)
		Senior Dental Care Program	1,061,100		1,061,100			1,061,100		1,039,965	30,329	(9,194)	1,061,100	1,061,100	-
		Total	**1,239,800**	**-**	**1,203,254**	**-**	**-**	**1,203,254**	**-**	**1,125,555**	**30,329**	**(9,194)**	**1,146,690**	**1,146,690**	**(56,564)**
2024 One Time Funding Approved to December 31, 2024	Operating Funding @100%							-					-	-	-
								-					-	-	-
								-					-	-	-
		Total	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
2024 One Time Funding Approved to March 31, 2025	Operating Funding @100%							-					-	-	-
		IPAC - Base Funding	205,150		-			-		205,150			205,150	205,150	205,150
		IPAC - OTF	205,150					-		84,709			84,709	84,709	84,709
		COVID-19: Vaccine Program	413,500	-	-	-		-		264,665			264,665	264,665	264,665
		PHI	20,000	-	-	-		-		20,000			20,000	20,000	20,000
								-					-	-	-
		Total	**843,800**	**-**	**-**	**-**	**-**	**-**	**-**	**574,524**	**-**	**-**	**574,524**	**574,524**	**574,524**
	Capital Funding @100%		1,540,000		-			-		-			-	-	-
								-					-	-	-
		Total	**1,540,000**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Included on 2024 Settlment			17,163,300	742,572	14,844,179	-	-	15,586,751	661,011	21,246,652	203,417	(342,116)	15,905,196	15,045,673	(541,078)
To be Settled in 2025			2,383,800	-	-	-	-	-	-	574,524	-	-	574,524	574,524	574,524
Total			**19,547,100**	**742,572**	**14,844,179**	**-**	**-**	**15,586,751**	**661,011**	**21,821,176**	**203,417**	**(342,116)**	**16,479,720**	**15,620,196**	**33,445**

Settlement Reconciliation Schedules
For the Year Ended December 31, 2024

Reconciliation to Audited Financial Statements (AFS):	**$**
	2024
Total Expenditures (12 months)	24,034,827
Deduct Non-Ministry Programs:	
HBHC	1,777,905
PNPN	139,848
Low German Partnership	4,125
PHAC	272,772
LDCP	19,001
	21,821,176
Per '2024 Expenditure per AFS' on Reconciliation	21,821,176
	0

Note 1: PSAB to Ministy Adjustments - Mandatory

Salaries and wages to excluded unpaid vacation and compensating time	-$	7,786
Capital asset additions - Ministry programs	$	470,964
Amortization of capital assets	-$	538,090
Debt principal repayments	$	248,000
	$	173,088

Note 2: Offset Revenue

Interest Income	$	226,962
Clinics	$	48,830
Other fees and recoveries	$	57,130
Senior Dental offset revenue	$	9,194
HBHC offset revenue		
	$	342,116