



March 27, 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, March 27, 2025 commencing at 1:15 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. S. Molnar	Board Member
Mr. D. Mayberry	Board Member
Mr. M. Peterson	Board Member
Mr. L. Rowden	Board Member
Mr. D. Shinedling	Board Member
Mr. E. Taylor	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. K. Bastian	Manager, Strategic Initiatives
Ms. J. Gordon	Administrative Assistant
Mr. P. Heywood	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

REGRETS:

Mr. M. Ryan	Board Member
Mr. D. Warden	Board Member
Ms. S. MacIsaac	Program Director

**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 1:15 p.m.

Welcome to Councillor Earl Taylor.

The BOH sends on its deep sympathy to M. Ryan on the passing of his father.

1.2 AGENDA

Resolution # (2025-BOH-0327-1.2)

Moved by D. Mayberry

Seconded by J. Herbert

That the agenda for the Southwestern Public Health Board of Health meeting for March 27, 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-0327-2.1)

Moved by G. Jones

Seconded by M. Peterson

That the minutes for the Southwestern Public Health Board of Health meeting for February 27, 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 Medical Officer of Health's Report

Dr. N. Tran reviewed his report.

J. Herbert referenced a recent news article stating that 90% of measles cases affected unvaccinated individuals, primarily children and a few adults, and asked how this compares to data in the Southwestern Public Health (SWPH) region. Dr. Tran confirmed that the main risk factor for measles is vaccination status, noting that over 90% of reported cases—locally and provincially—have not received any measles-containing vaccine. He emphasized that susceptibility to measles is not related to belonging to any particular group but solely to vaccination status.

D. Shinedling asked if there were resources or technologies that could have helped contain the measles outbreak more quickly. Dr. Tran responded that while measles will find those who are unvaccinated regardless of available technology or staff, there were several lessons learned that could have improved efficiency. These included avoiding unnecessary healthcare visits for testing, introducing a self-assessment tool to redirect public inquiries and thereby freeing up staff and resources for more focused case and contact management, and launching an external dashboard to improve data communication. He noted these quality improvement efforts have been shared with other health units.

D. Shinedling also inquired about the potential value of wastewater testing. Dr. Tran explained that while it may support early detection in large urban centers with centralized wastewater systems, it is less practical in Southwestern Public Health's region due to its decentralized infrastructure.

J. Couckuyt referenced a Globe and Mail article in which some parents and grandparents expressed a lack of concern about measles, and noted the article also reported declining vaccine trust and uptake since COVID-19. He asked whether this trend applies to the Southwestern Public Health region.

Dr. Tran responded that SWPH serves a diverse community and works to tailor vaccine messaging to resonate across various groups. He acknowledged concerning trends in both vaccine coverage and public attitudes, noting that skepticism and complacency—especially regarding measles—existed even before COVID. The pandemic further impacted public trust in institutions, creating ongoing challenges in rebuilding confidence. He emphasized that the MMR vaccine is safe, highly effective, and has been widely used since the 1960s, but acknowledged that restoring trust in vaccines will require sustained effort.

B. Martin added that Dr. N. Tran is making an exceptional effort in pointing out the importance of preventing measles rather than undergoing the long-term impacts caused by the disease.

B. Martin asked what vaccination rate is needed to contain measles. Dr. Tran responded that approximately 95% coverage is required to achieve herd immunity. While high overall rates are helpful, uniform distribution is critical, as measles can still spread within pockets of unvaccinated individuals. He noted that SWPH is currently below the herd immunity threshold, even in school settings, which is contributing to ongoing transmission and the rise in cases across additional health units.

S. Molnar commended SWPH for its creative communication efforts, including televised meetings and media partnerships. He suggested that delegations be sent to local municipalities to share accurate information and answer community questions directly. Dr. Tran agreed and noted that SWPH already engages with diverse communities and tailors messaging by audience and medium. He emphasized that vaccination remains the most effective protection, though not everyone is able or willing to be vaccinated. From an infection prevention and control perspective, SWPH is also providing guidance on symptom management and how to reduce transmission.

Resolution # (2025-BOH-0327-5.1)

Moved by S. Molnar

Seconded by J. Couckuyt

That Board of Health for Southwestern Public Health accept the Medical Officer of Health's report for March 27, 2025.

Carried.

5.2 Governance Standing Committee Report

G. Jones reviewed the report.

Resolution # (2025-BOH-0327-5.2)

Moved by D. Shinedling

Seconded by M. Peterson

That Board of Health for Southwestern Public Health accept the Governance Standing Committee Chair's report for March 27, 2025.

Carried.

5.3 Chief Executive Officer's Report

C. St. John reviewed the report.

D. Mayberry inquired about item 1.1 regarding the drug checking kits distribution initiative and asked which partners are involved. C. St. John clarified that the initiative involves SWPH's regular community partners, including Regional HIV/AIDS Connection, CMHA sites, Indwell sites in both Elgin and Oxford, and Oxford County Community Health Centre.

D. Mayberry also asked about the measles one-time funding request, questioning whether it represents additional costs and whether staff are already in place. C. St. John responded that additional staff have been and will continue to be hired to support measles outbreak management.

S. Molnar referenced the one-time funding request regarding Measles outbreak management, asking whether the \$878K figure was current or could increase. C. St. John confirmed the amount may rise and this figure was based upon the date of the report. D. Shinedling inquired about the

Ministry's support, and C. St. John noted that SWPH maintains a strong relationship with the Ministry and the Office of the Chief Medical Officer of Health and remains hopeful about receiving the additional funding especially considering the fact that this health unit's region has had the most cases of any region in Ontario.

C. Agar asked whether the heatADAPT funding could be used directly to support vulnerable individuals. C. St. John responded that the funding is intended to support strategy development, research, and identifying barriers to accessing heat interventions. The work is expected to inform how the community can better respond to extreme heat. C. St. John will follow up with the team and report back with more detail on what is specifically planned for the three focus areas.

L. Rowden referenced successful efforts in British Columbia that led to heat-related policy improvements, emphasizing the value of data in driving effective interventions. C. St. John notes that this is the type of work that public health leads and that this grant will support.

S. Molnar asked if staff resources are associated with the HeatADAPT funding. Cynthia St. John clarified that SWPH's contribution is in-kind and that current staff undertaking this work are eligible under the grant, though this may create gaps elsewhere. S. Molnar noted his overall support for the funding initiative, expressing interest in the partnerships and broader studies on vulnerable populations.

S. Molnar asked whether other jurisdictions are receiving similar funding. Dr. Tran indicated no specific knowledge of other funded areas but committed to bringing further information back. He noted SWPH's approach is with an equity lens and emphasis on the importance of understanding barriers in order to develop effective, targeted solutions.

Resolution # (2025-BOH-0327-5.3-2.1)

Moved by D. Mayberry

Seconded by M. Peterson

That the Board of Health ratify the signing of the HeatADAPT agreement between SWPH and Health Canada.

Carried.

Resolution # (2025-BOH-0327-5.3-2.2)

Moved by J. Herbert

Seconded by M. Peterson

That the Board of Health ratify the signing of the Annual Service Plan for 2025.

Carried.

Resolution # (2025-BOH-0327-5.3)

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 March 27, 2025.

Carried.

6.0 NEW BUSINESS

J. Herbert noted the importance of Board members receiving media updates prior to their release to the public.

7.0 TO CLOSED SESSION

Resolution # (2025-BOH-0327-C7)

Moved by G. Jones

Seconded by M. Peterson

That the Board of Health move to closed session in order to consider one or more 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-0327-C8)

Moved by S. Molnar

Seconded by D. Mayberry

That the Board of Health rise with a report.

Carried.

Resolution # (2025-BOH-0327-C3.1)

Moved by D. Shinedling

Seconded by J. Herbert

That the Board of Health for Southwestern Public Health accept the Governance Standing Committee Chair's Report for March 27, 2025.

Carried.

Resolution # (2025-BOH-0327-C3.2)

Moved by D. Shinedling

Seconded by M. Peterson

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Report for March 27, 2025.

Carried.

Resolution # (2025-BOH-0327-C3.3A)

Moved by G. Jones

Seconded by D. Shinedling

That the Board of Health ratify the tentative memorandum of agreement reached March 21, 2025 between the Board of Health of the Oxford Elgin St. Thomas Health Unit and the Ontario Nurses' Association effective January 1, 2025, until December 31, 2027.

Carried.

Resolution # (2025-BOH-0327-C3.3)

Moved by L. Rowden

Seconded by S. Molnar

That the Board of Health for Southwestern Public Health approve the Director of Corporate Services and Human Resources report dated March 27, 2025.

Carried.

9.0 FUTURE MEETING & EVENTS

10.0 ADJOURNMENT

The meeting adjourned at 2:54 p.m.

Resolution # (2025-BOH-0327-9.0)


Moved by M. Peterson

Seconded by J. Herbert

That the meeting adjourn to meet again on Thursday, April 24, 2025 at 1:00 p.m.

Carried.

Confirmed:

A handwritten signature in cursive script, appearing to read "Benita Peterson", is written over a horizontal line.