Our Vision: Healthy People in Vibrant Communities

Board of Health Meeting Agenda

Location: 1230 Talbot Street, St. Thomas, On
Virtual participation via MS Teams
Thursday, March 26, 2026, at 1:00 p.m.

1.0 Convening the meeting

1.1 Call to order (recognition of quorum, introduction of guests, board of health members and staff)
1.2 Approval of Agenda
1.3 Reminder to disclose any pecuniary interest and the general nature thereof when the item arises, including interests related to a previous meeting the member did not attend
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

2.0 Approval of minutes

2.1 Minutes from February 26, 2026

3.0 Approval of consent agenda items

- No items this month.

4.0 Correspondence received requiring action

- No items this month.

5.0 Agenda items for information, discussion, and decision

5.1 SWPH Report on Age-Friendly Community Strategies for March 26, 2026
5.2 Governance Standing Committee Report for March 26, 2026
5.3 Medical Officer of Health's Report for March 26, 2026
5.4 Chief Executive Officer's Report for March 26, 2026

6.0 New business/other

- No items this month.

7.0 Closed session

Motion to move into a closed session to discuss the following matters pursuant to Section 239(2) of the Municipal Act, 2001:

- (b) personal matters about an identifiable individual, including municipal or local board employees; and (f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose.

8.0 Rising and reporting

9.0 Future meetings and events

- Board of Health Orientation: Thursday, April 23, 2026 at Noon.
- Board of Health Meeting: Thursday, April 23, 2026 at 1:00 p.m.
- Location: Oxford County Administration Building, 21 Reeve St., Woodstock, On
- Virtual participation via MS Teams for Board meeting commencing at 1:00 p.m.

10.0 Adjournment

Accessibility:

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Board of Health Meeting
February 26, 2026

Open Session Minutes

A meeting of the Board of Health for Oxford Elgin St. Thomas Health Unit was held on Thursday, February 26, 2026, commencing at 1:00 p.m.

Present:

Ms. C. Agar	Board Member
Mr. J. Herbert	Board Member
Ms. K. Hobbs	Board Member
Mr. G. Jones	Board Member
Ms. B. Martin	Board Member (Chair)
Mr. D. Mayberry	Board Member
Mr. M. Peterson	Board Member
Mr. L. Rowden	Board Member
Mr. E. Taylor	Board Member
Mr. S. Molnar	Board Member
Mr. D. Shinedling	Board Member (Vice Chair)
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. Gordon	Administrative Assistant
Mr. P. Heywood	Program Director
Ms. S. MacIsaac	Program Director
Mr. D. McDonald	Director, Corporate Services and Human Resources
Ms. M. Nusink	Director, Finance
Ms. C. Richards	Manager, Foundational Standards
Ms. N. Rowe**	Manager, Communications
Mr. Y. Santos	Manager, IT
Ms. A. Dale	Harrison Pensa LLP
Mr. R. McLay	Filion Wakely Thorup Angeletti LLP

Note: ** indicates virtual participation

Regrets:

Mr. J. Couckuyt	Board Member
Mr. J. Palmer	Board Member
Mr. D. Warden	Board Member
Mr. D. Smith	Program Director

1.1 Call to order, recognition of quorum

The meeting was called to order by B. Martin at 1:02 p.m.

B. Martin advised the Board that Marcus Ryan has resigned following his election as Chair of the Western Ontario Wardens' Caucus, citing the significant time commitment associated with the role. The Board extended its appreciation to Marcus Ryan for his service and contributions.

B. Martin advised that Oxford County Council has appointed Jim Palmer, Mayor of Norwich Township, to the Board. The Board welcomed Jim Palmer to the role and he sent his regrets due to a previous commitment.

B. Martin noted her appreciation for members' flexibility in accommodating the meeting location change to St. Thomas due to current technical issues with the A/V equipment in the meeting room at the Oxford County Administration Building.

1.2 Approval of agenda

Resolution # 2026-BOH-0226-1.2
Moved by D. Mayberry
Seconded by M. Peterson

> That the agenda for the Southwestern Public Health Board of Health meeting for February 26, 2026, be approved as amended.
>
> **Carried**.

1.3 Reminder of conflicts of interest

Reminder to disclose any pecuniary interest and the general nature thereof when the item arises, including interests related to a previous meeting the member did not attend.

1.4 Recording of minutes

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.

2.0 Approval of minutes

Resolution # 2026-BOH-0226-2.1
Moved by K. Hobbs
Seconded by G. Jones

> That the minutes for the Southwestern Public Health Board of Health meeting for January 22, 2025, be approved.
>
> **Carried**.

3.0 Consent agenda items

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 the report.

D. Shinedling inquired whether preliminary seasonal projections aligned with actual trends. Dr. Tran advised trends were generally consistent with qualitative expectations informed by Southern Hemisphere data, particularly for influenza and respiratory syncytial virus (RSV).

D. Shinedling also asked about demographic data for those affected by respiratory illnesses. Dr. Tran advised that hospitalizations were primarily among the very young and those over 65, and that RSV hospitalizations were reduced due to recent vaccine programs.

Resolution # 2026-BOH-0226-5.1
Moved by M. Peterson
Seconded by L. Rowden

> That the Board of Health for Southwestern Public Health accept the Medical Officer of Health's Report for February 26, 2026.

Carried.

5.2 Chief Executive Officer's Report

C. St. John reviewed the report and responded to Board questions.

E. Taylor asked whether all locations selling tobacco in the region are inspected. C. St. John clarified that not all locations are inspected. E. Taylor also commented on the expansion of "bring your own" or tailgate-style alcohol events, noting the perceived tension between public health education on alcohol harms and broader availability. C. St. John acknowledged the concern.

M. Peterson asked whether repeat offenders in secondary school tobacco enforcement could lose their licence to sell cigarettes. C. St. John explained that Southwestern Public Health (SWPH) follows a progressive enforcement approach, beginning with education and moving to enforcement where required. P. Heywood added that under the automatic probation process, if a corporation or owner is charged a second time and meets the criteria, the matter may be referred to the Ministry for consideration. If approved, an automatic probation period of six months may be imposed.

M. Peterson also asked about notification processes for communities with high sodium levels in drinking water, particularly in border communities where residents access healthcare providers outside the SWPH jurisdiction. S. MacIsaac confirmed that notices

are sent to healthcare professionals within the SWPH region so they can support patients and respond to inquiries. M. Peterson noted that some residents seek care in Kitchener and their providers may not receive SWPH communications. Dr. N. Tran acknowledged the challenge of cross-jurisdictional communication and suggested two approaches: ensuring information is easily accessible for residents to share with their providers, and exploring information-sharing mechanisms with external healthcare partners, potentially through Ontario Health tables. M. Peterson further suggested direct mail-outs to affected communities. C. St. John noted that public health has previously used utility bill inserts for notifications and agreed to take the suggestion back for consideration.

C. Agar referenced the Board of Health financial controls and, considering recent allegations of financial fraud at regional healthcare organizations, and asked what mechanisms are in place if breaches occur or staff fail to follow established controls, and when the Board would be notified of financial infractions. C. St. John confirmed that SWPH has both external auditors and significant internal controls, and she committed to providing a report outlining the notification and oversight processes.

D. Shinedling asked whether provincial guidance under the Smoke-Free Ontario framework has changed with respect to tobacco and vaping enforcement. C. St. John responded that there have been no substantial recent changes, aside from the 2021 update to the vape protocol.

D. Mayberry inquired about the 64% BORN consent rate, asking whether there is insight into why 36% of families do not consent to follow-up. C. St. John indicated that the reasons are not well understood. C. Richards added that while communication about available supports can always be strengthened, some families may choose not to engage at that time.

Resolution # 2026-BOH-0226-5.2
Moved by S. Molnar
Seconded by G. Jones

> That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's report for February 26, 2026.

Carried.

6.0 New business

No items.

7.0 Closed session

Resolution # 2026-BOH-0226-C7
Moved by E. Taylor
Seconded by M. Peterson

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

- (c) a proposed or pending acquisition or disposition of land by the municipality or local board (re: Woodstock site); and
- (b) personal matters about an identifiable individual, including municipal or local board employees; and (f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose.

Carried.

8.0 Rising and reporting of closed session

Resolution # 2026-BOH-0226-C8
Moved by D. Mayberry
Seconded by S. Molnar

That the Board of Health rise with a report.

Carried.

The Board rose from closed session and reconvened in open session at 4:07 p.m.
D. Shinedling rejoined the meeting at 4:08 p.m.

Resolution # 2026-BOH-0226-C2.0-4.0
Moved by J. Herbert
Seconded by G. Jones

That the Board of Health for Southwestern Public Health approve the appointment of M. Peterson to fill the vacancy on the Special Ad Hoc Building Committee.

Carried.

Resolution # 2026-BOH-0226-C2.0
Moved by D. Mayberry
Seconded by S. Molnar

That the Board of Health for Southwestern Public Health accept the Special Ad Hoc Building Committee Closed Report for February 26, 2026.

Carried.

Resolution # 2026-BOH-0226-C3.0
Moved by G. Jones
Seconded by M. Peterson

That the Board of Health for Southwestern Public Health accept the Chair's Verbal Report for February 26, 2026 and proceed with further direction considered.

Carried.

9.0 Future meetings and events

The next scheduled Board of Health meeting will be:

- Thursday, March 26, 2026
- Orientation at 12:00 p.m. | Meeting at 1:00 p.m.
- Location: 1230 Talbot Street, St. Thomas, ON; virtual participation via MS Teams

10.0 Adjournment

The meeting adjourned at 4:10 p.m.

Resolution # 2026-BOH-0226-10.0
Moved by M. Peterson
Seconded by E. Taylor

That the meeting adjourn to meet again on Thursday, March 26, 2026 at 1:00 p.m.

Carried.

Confirmed: _____

SWPH Report on Age-Friendly Community Strategies

Open Session

Meeting date:	March 26, 2026
Submitted by:	Peter Heywood, Program Director
Submitted to:	Board of Health
Purpose:	☐ Decision ☐ Discussion ☒ Receive and file
Report title:	Supporting Healthy Aging: Age-Friendly Community Strategies for Oxford and Elgin-St. Thomas
Agenda item #:	5.1
Resolution #:	2026-BOH-0326-5.1

1.0 Purpose of this report

To provide information and local context on healthy aging while increasing awareness of local Age-Friendly community strategies in Oxford and Elgin-St. Thomas.

Motion: 2026-BOH-0326-5.1
That the Board of Health for Southwestern Public Health receive the Report on Age-Friendly Community Strategies for Oxford and Elgin-St. Thomas.

2.0 Situation

A 2022 injury situational assessment for Southwestern Public Health (SWPH) found that unintentional injuries continue to place a substantial burden on older adults, their families and caregivers, and our healthcare system. Recent data from 2023 shows that SWPH remains significantly higher than Ontario for emergency department (ED) visits and hospitalizations due to falls, with adults aged 75 and older experiencing some of the highest ED visit rates for falls in the province (1).

Falls are preventable, and their consequences can be reduced through interventions that target multiple risk factors (2). A literature review was conducted to identify risk and protective factors associated with falls among older adults. Many of these risk factors such as social isolation, unsafe environments, and inequities related to gender, culture, ability, income, ageism, and living situations, are shaped by broader physical and social conditions. Healthy aging approaches emphasize optimizing physical, social, and mental well-being throughout the life course, particularly as life expectancy rises and the population of older adults continues to grow (2).

Age-Friendly Communities (AFCs) recognize both the strengths and needs of older adults and work to create inclusive, supportive, and accessible environments where everyone can thrive. Supported by the Public Health Agency of Canada and the Ontario Ministry for Seniors and

Accessibility, AFCs promote healthy aging. Evidence shows that they are an effective public policy option for reducing the risk of falls among older adults. (2)(3).

Given this evidence, SWPH has prioritized AFCs as a primary prevention strategy to address the environmental and social conditions that contribute to fall risk. This approach recognizes that many risk factors for falls are influenced by the environments in which older adults live, work, and connect. AFC strategies take a preventive, community-wide approach that goes beyond individual-level interventions to create healthier, safer, and more inclusive environments for older adults.

3.0 Background

Understanding the region's demographic context helps illustrate why AFC approaches are increasingly important for supporting healthy aging and preventing injuries such as falls.

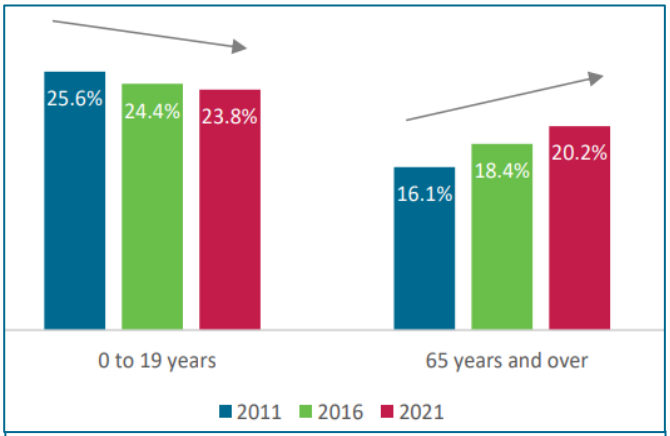

Figure 1: Age Groups, SWPH Region 2011-2021

The SWPH population is aging. Between 2011 and 2021, the proportion of adults aged 65 and over grew from 16.1% to 20.2%, while the proportion of children and youth aged 19 years and under decreased from 25.6% to 23.8% (Figure 1) (3). By municipality, Tillsonburg had the highest proportion of people aged 65 and over at 29.3%, followed by West Elgin at 24% and Central Elgin at 23% (4)

The working-age population aged 15 to 64 is aging, with higher proportions in the 55-59 and 60-64 age groups than in previous years (Figure 2). In 2021, the baby boomer generation included people aged 57 to 75, and by 2029, this whole generation will be of retirement age (3).

The proportion of seniors in low income increased from 16% in 2016 to 25% in 2021 in Elgin St Thomas and from 18% in 2016 to 26% in 2021 in Oxford County. The highest proportion of seniors living on low incomes in Elgin St. Thomas is in Aylmer and Dutton Dunwich at 35%, followed by West Elgin at 32% and Central Elgin at 29%. In Oxford County, the highest proportion of seniors living on low incomes is Tillsonburg at 37%, East Zorra Tavistock at 28%, and Woodstock with 25% (4).

These trends highlight the need for coordinated Age-Friendly Community initiatives across the SWPH region. The following section details the local strategies developed in Elgin St. Thomas and Oxford County, as well as SWPH's role in supporting this effort.

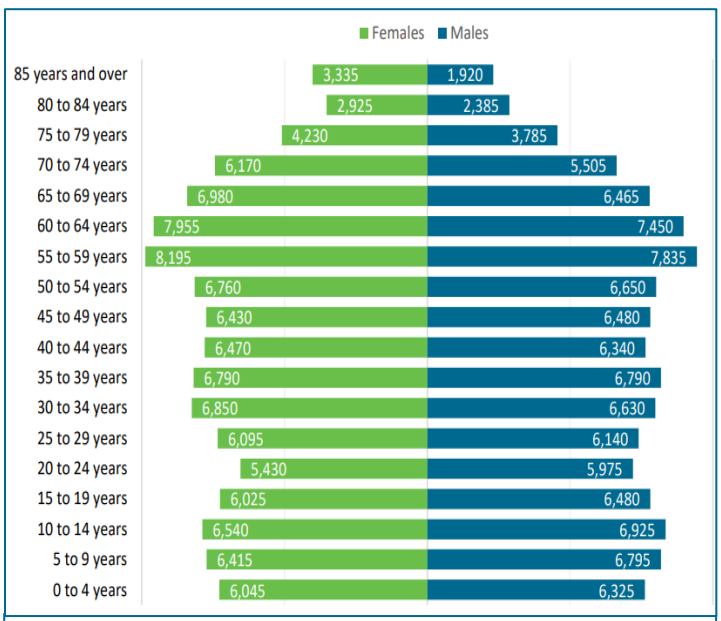

Figure 2: Population Pyramid, SWPH Region, 2021

4.0 Local age-friendly strategies

The local Age-Friendly Strategies were developed throughout 2025 based on community input, with recommendations tailored to local considerations. Guidance documents and supporting toolkits from the Ontario Government were used, with additional support from SWPH and the Ontario Age-Friendly Outreach Program. SWPH is an active member and co-chair of the local Age-Friendly Community committees in Oxford County and Elgin St. Thomas. In this role, SWPH has provided leadership, coordination, and technical public health expertise throughout the development of these strategies. The partners involved include representatives from local organizations working with seniors, municipalities, public health, healthcare organizations, and local seniors. A list of the current steering committee members is included in the strategies appended to this report.

In 2025, local needs assessments were conducted for each region, totalling 641 survey responses, 18 focus groups, and 15 interviews. This data provided a comprehensive understanding of the experiences, challenges, and priorities of adults aged 50 and older in the community. Participants highlighted both the strengths and critical gaps in services, which were organized into five key domains: Healthcare, Housing, Social Participation and Inclusion, Transportation, and Outdoor Spaces and Buildings.

4.1 Summary for Elgin St Thomas

The Elgin St. Thomas Age-Friendly Committee first developed an Age-Friendly Community Plan in 2017. As the community's needs changed, the committee decided to update the data and refresh the plan. A high-level summary of key barriers from the needs assessment identifies:

- Transportation is one of the most significant barriers, especially in rural areas with little or no public transit; information gaps are widespread, and most adults 50+ feel new transportation options are urgently needed.
- Healthcare access is strained, with shortages of practitioners, long wait times, and challenges navigating systems; in home care is limited.
- Housing options for adults 50+ are insufficient, unaffordable, and often inaccessible, with long waitlists and few alternatives between independent living and long-term care. Aging in place is a priority but is hindered by limited support.
- Recreational programs exist and are well used, but transportation, affordability, mobility challenges, and information gaps limit participation.
- Outdoor spaces are generally accessible, but improvements are needed in sidewalk maintenance, snow and ice clearing, shaded areas, wayfinding, and planning for cognitive accessibility.
- Caregivers experience heavy strain, with limited respite options, fragmented communication across providers, and emotional and financial pressures.

The updated Elgin St. Thomas Age-Friendly Strategy was completed in February 2026. It reflects learnings from a partnership evaluation and was created to address local needs with a focus on partnerships and collaboration. There are 17 recommendations, including a range of initiatives to increase connection and awareness of transportation options, support aging in place, increase awareness of programs and services, address ageism, and share data to support advocacy.

4.2 Summary for Oxford County

Partners in Oxford County who support older adults identified a need for a coordinated, community-wide approach to support healthy aging. In response, they formed a collaborative committee to develop a comprehensive Age-Friendly Strategy that strengthens local planning,

enhances partnerships, and ensures that policies, programs, and community spaces meet the diverse needs and abilities of the aging population. A high-level summary of key barriers from the needs assessment identified:

- Transportation emerged as a significant barrier to participation in community life and healthcare access. Rural inaccessibility, limited scheduling, and lack of inter-community transit reinforced dependence on personal vehicles or family support.
- Access to healthcare is a challenge for older adults with long wait times, inconsistent home care, and staffing shortages listed as major concerns. Transportation, affordability, and knowledge gaps further restricted access.
- Caregivers highlighted the fragmentation of services, poor communication, and limited follow-up.
- Appropriate and affordable housing options are scarce, especially in rural areas. Caregivers highlighted high costs at retirement homes, long waitlists for long-term care, and gaps in communication and leadership within facilities.
- Technology, transportation, and cost often limited access to participation in social activities.
- Sidewalk maintenance, accessible washrooms, and safe pedestrian crossings were recurring concerns.

The Oxford Age-Friendly Strategy was finalized in February 2026. The recommendations aim to enhance awareness of program and supports, restore key cognitive health services such as memory clinics, strengthen coordinated geriatric care, advocating for diverse, inclusive housing options, reduce ageism and social isolation with equitable, accessible, and tech supported approaches, improve accessible and affordable transportation through innovation, volunteer programs, and better coordination, and promote age and dementia friendly community design through collaboration.

5.0 Strategic alignment

5.1 External

The original Elgin St. Thomas Age-Friendly Community Plan (2017) is part of the City of St. Thomas's current strategic plan. The committee is currently collaborating with municipal staff from the City of St. Thomas, Elgin County, and the Town of Aylmer on various initiatives. Additionally, the Age-Friendly Committee participates in the Aylmer-Elgin-St. Thomas Community and Safety Well-Being Integration Table meetings, and considerations for age-friendliness have been incorporated into the recent updates of that plan.

The Oxford County Age-Friendly Strategy has been developed, and the Committee is currently awaiting endorsement from municipal and community partners. The Committee is actively establishing partnerships with the Oxford Safe and Well Committee and the Oxford Accessibility Committee. Moving forward, the Committee will be seeking municipal support and formal endorsement for the strategy.

5.2 Internal

This initiative aligns with Southwestern Public Health's 2025-2029 Strategic Plan. It specifically supports our vision of *Healthy people in vibrant communities* and our mission *to lead the way in protecting and promoting the health of all people in our communities, resulting in better health*. The Age-Friendly strategies focus on enhancing both physical and mental health for local older adults, emphasizing primary prevention and health equity.

Age-Friendly work is built on strong partnerships that are essential for maximizing community impact. Additionally, this initiative fosters internal collaboration among various program areas, including climate change, built environment initiatives, and the seniors' dental program.

6.0 Next steps

Both the Elgin St. Thomas and Oxford Age-Friendly Community Strategies are living documents that will evolve alongside community needs, emerging evidence, and local opportunities. Implementation of the strategies will be guided by the committee, in partnership with continued leadership and participation from SWPH. The committees will continue engagement with municipal partners to seek formal endorsement of the strategies. Municipal delegations will be organized to share the needs assessments, outline priority actions, and explore opportunities for sustained collaboration and alignment.

In Elgin St. Thomas, committee partners will prioritize transportation as a foundational enabler of healthy aging. Key actions include re-establishing a transportation working group to enhance coordination among providers and address identified gaps, including developing a resource summarizing available transportation options. The committee will also continue to support efforts to assess the feasibility of a rural transit initiative, as outlined in the Elgin County Transportation Master Plan.

The Oxford Age-Friendly Committee is actively planning an aging well roadshow with events in each of the eight municipalities. These events aim to share information regarding relevant programs and resources, provide educational speakers, and support social connections among residents.

A data-sharing agreement has been established between Public Health Ontario and local paramedics to share previously inaccessible data on falls and lift assists. This pilot project may provide additional insight into where and how falls are occurring in residents' homes, enabling tailored interventions. It will also examine areas or neighbourhoods with higher fall rates so efforts can be concentrated where they are most needed.

A process will be developed to monitor progress, evaluate impact, and share key milestones with the community. Sustaining this work will require ongoing engagement with older adults, caregivers, municipalities, community organizations, and decision-makers to ensure that the SWPH region remains a place where residents can age with dignity, connection, and support.

7.0 Questions for the Board's Discussion

- Were there any elements of these strategies that you are interested in understanding further?

- How and to whom might SWPH advocate to advance key elements of the strategies, such as transportation, housing, and home care supports?

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Age Friendly
ELGIN - ST.THOMAS

Elgin St. Thomas Age Friendly Strategy: *2026 Update*

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About Our Community

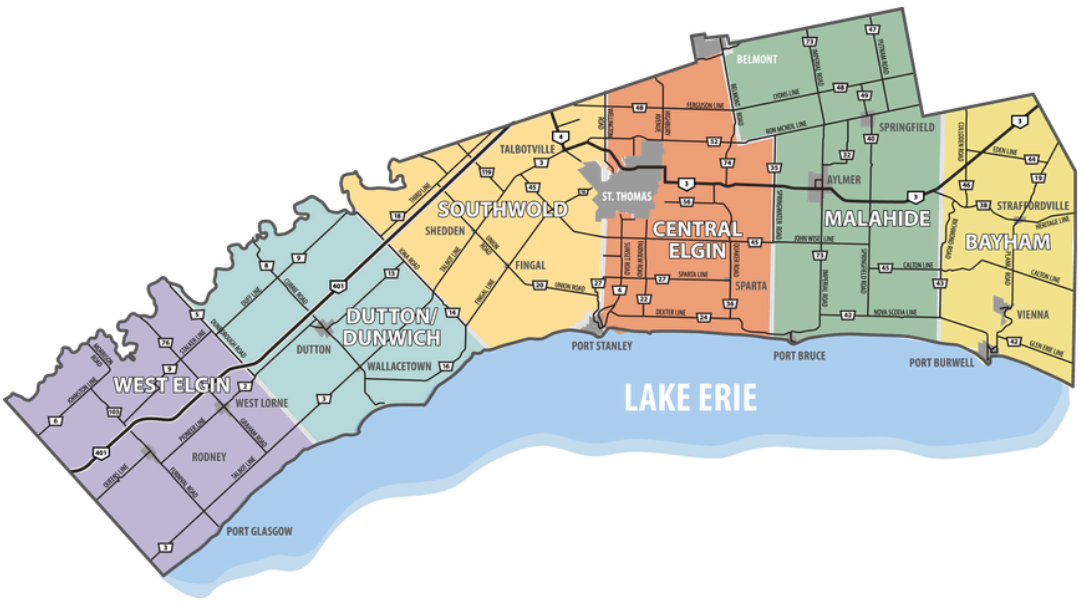
Elgin St. Thomas

The population in Elgin St Thomas is growing and aging:

- Adults 65+ in Southwestern Public Health (SWPH) region (which includes Elgin County, city of St Thomas and Oxford County) rose from 16.1% of the total population to 20.2% between 2011 and 2021 (1). Central Elgin had the largest increase in the senior population between 2016 and 2021, now at 28%, followed by St. Thomas at 22%, and Malahide at 18% (1).
- The working age population in SWPH of 15 to 64 years has also never been older. In 2021, the baby boomer generation included people aged 57 to 75 and by 2029 this whole generation will be of retirement age (1).
- 2% of the overall population predominantly speak a Germanic language within their home. The proportion of this population is concentrated in a few communities including Bayham with 15.1%, followed by Malahide at 12.8%, and Aylmer at 9.0% (2).

The proportion of seniors living with low income is increasing:

- In Elgin St Thomas, 25% of the 65+ population are living with a low income.
- The highest proportion of seniors living with a low income in Elgin St Thomas is in Aylmer and Dutton Dunwich at 35%, followed by West Elgin at 32%, and Central Elgin at 29% (2).



About Our Community

Elgin St. Thomas

- 3.7% of seniors (65 years and older) in SWPH region who were living alone were also living with a low income based on the low income measure after-tax (3).
- One in five seniors lives alone. Women more likely to be widowed (3).
- Falls among seniors are a major concern. SWPH is significantly higher than Ontario for emergency department visits and hospitalizations for injuries related to falls (5).
- Climate change poses emerging risks, as extreme heat days are expected to rise and older adults are more susceptible to health harms related to heat (4).

TABLE 1. 2023 DATA ON EMERGENCY DEPARTMENT VISITS AND HOSPITAL ADMISSIONS RELATED TO FALLS IN SENIORS IN SOUTHWESTERN PUBLIC HEALTH REGION VS. ONTARIO

	Emergency department visits for injuries related to falls (rate per 100,000)		Admissions to hospital for injuries related to falls (rate per 100,000)	
	SWPH	ONTARIO	SWPH	ONTARIO
Ages 65-74	4411.4	3494	780.5	559.3
Ages 75+	10,431.4*	8692.6	2924.5	2558.5

*** 2ND HIGHEST REGION IN ONTARIO**

Aging in Place and Equity Concerns

Aging in place was a key priority identified by our partners. Most seniors want to remain in their homes for as long as possible. Aging in place is the ability for older adults to access services and the health and social supports they need to live safely, independently, and comfortably in their home or community of choice for as long as they wish or are able, regardless of age, income, or capacity (6). Aging in the right place recognizes that healthy aging is best supported when older adults are able to live in settings that reflect their individual circumstances, care needs, and personal preferences (7).

We acknowledge that in some of our smaller communities, it may not be feasible to provide every support or service required for all older adults to remain in their own homes and age in their preferred place, but the committee is committed to promoting the conditions that enable aging in place in the community of Elgin St Thomas.

Anyone can experience barriers to aging in place, but they can be more prevalent for some. The following groups experience disproportionate risks and structural barriers and must be intentionally considered to ensure our strategies promote health equity:

- Senior women can face greater financial vulnerability than senior men because they are more likely to have spent their careers in part-time or lower-paid work, had fewer opportunities to contribute to pensions, and experienced interruptions in employment due to caregiving responsibilities (8). They are also more likely to live alone at older ages (3).

- Older adults living in rural communities are over 50% more likely than urban older adults to be admitted to long-term care when they could have been cared for and supported at home (9). Our local needs assessment highlights the challenges rural communities face such as fewer home and healthcare services being offered, and transportation service gaps which can increase social isolation.

- Low-income older adults are less likely to report having a high level of social support than their high-income counterparts. Lack of social support is a key barrier to aging in place and low-income older adults are more likely to be lonely and isolated. (10, 11).

- Older adults experiencing mental illness are at increased risk of disability, poor physical health, dementia, and reduced quality of life and are more likely to be placed in long-term care facilities (6). They are also vulnerable to low social support, with 1 in 10 reporting a low level of social support compared to 1 in 20 without mental health conditions (10).

Systemic inequities also affect some people including:

- Indigenous older adults are more likely to experience poorer health, social isolation, and low income. Indigenous older adults in Canada have higher rates of chronic disease and other health conditions compared to non-Indigenous older adults. The rate of dementia is 34% higher among First Nations populations, with the age of onset being approximately 10 years younger than the general population (8). Due to historical experiences, ongoing discrimination, and lack of culturally safe services, mistrust of mainstream institutions may prevent Indigenous older adults from seeking support (8, 12).

- Newcomer older adults face greater challenges because language barriers, cultural differences, discrimination, and lower income make it harder to access services and supports. Limited eligibility for government benefits often results in financial insecurity and dependence on family. These factors, along with language barriers, also increase the risk of social isolation (8, 13).

- Older adults living with a disability face challenges due to financial insecurity, lack of accessible housing and transportation, inadequate social or family support, and lack of specialized healthcare. Older adults living with a disability, especially those who have lived with a disability for most of their lives, are more likely to experience low income and financial insecurity as they age than those without a disability (8).

- Older adults who are members of the 2SLGBTQIA+ community face increased barriers due to higher rates of social isolation, the long-term impacts of historical discrimination and internalized stigma, and a greater likelihood of living alone with limited informal caregiving supports (14, 15). They also experience disproportionately higher rates of physical and mental health challenges (16).

Some older adults experience overlapping identities that compound barriers to aging in place. When these factors intersect, challenges like financial insecurity, limited access to services, discrimination, and social isolation are amplified, resulting in greater health and social impacts. To advance health equity, we must consider how systemic factors affect these groups and ensure that our policies and programs respond to their unique needs and experiences.

Elder abuse is also a serious and growing injustice in our community. The magnitude and extent of the elder abuse cases occurring in Ontario is not fully known, due in part to limited data collection and underreported cases. However, studies indicate that between 8% to 10% of older adults experience some form of abuse. The most common form of elder abuse is financial abuse but can also include psychological abuse, physical abuse, sexual abuse and/or neglect (17).

The data used for this report is based on the 65+ age group which is defined as seniors for this work. The age of 50+ was used for the needs assessment to align with the funding and programs that many of the partners provide and this age group is defined as older adults. Although age-based thresholds were required for the assessment, it is acknowledged that age is only a number and does not place people into fixed categories or reflect the diverse strengths and experiences of older adults. Age Friendly Communities are built around the diverse skills, abilities, and experiences of older adults to create environments that ultimately make the community more inclusive, accessible, and supportive for people of all ages.

Background

Elgin St. Thomas has been working towards becoming an Age-Friendly Community since 2017. This 2026 updated strategy builds on that foundation by integrating new local data, community priorities, and a stronger focus on health equity. The steering committee followed the guidance document and supporting toolkits from the Ontario Government (18) with the support of the Ontario Age Friendly Outreach Program. A project plan (19) and ethics approval was completed with the support of SWPH. The same five domain areas from the 2017 community plan were used for the updated needs assessment.

A partnership satisfaction survey was completed for steering committee members. Overall, members were very satisfied with the partnerships, the relationships between organizations, the communication, and the leadership. The questions related to scope of work and the number of goals and strategies in the 2017 plan had lower agreement. The results were reviewed with the steering committee members and there was discussion that the current partnership was effective and should be maintained and that our updated strategy and action plan should include fewer goals with focus on areas with the highest need and where our group can have an impact.

Partnerships and collaborations with community organizations have been central to this work. We recognize and value the efforts already underway through many local partners already working on important initiatives related to many of these domains.

Elder Abuse Elgin shares many of the same priorities as the Age Friendly initiatives, and our groups have been exploring opportunities to align efforts and strengthen our collective impact. Throughout this update, we have worked together to identify recommendations that reflect shared goals and promote a coordinated, collaborative approach across the region.

Vision

To foster a vibrant, inclusive, and equitable community where older adults are connected, respected, and empowered to age with dignity, choice, and belonging.

Guiding Principles

Accessibility - Ensuring all aspects of community life—services, transportation, housing, and public spaces—are physically, socially, and financially accessible to older adults.

Equity, Diversity & Inclusion - Embracing and respecting all identities, cultures, and experiences, fostering a welcoming environment where every older adult feels valued and can participate fully.

Collaboration - Strengthening partnerships among older adult residents, organizations, municipalities, and businesses to advance age-friendly initiatives.

Sustainability & Impact - Focusing on meaningful, measurable actions that create lasting improvements in the lives of older adults.

Connectedness - Promoting social engagement, community participation, and holistic well-being for older adults through inclusive and accessible programs and supports.

Strategic Framework

The Local Needs Assessment

A local needs assessment was completed in 2025. The data collection included a community survey, focus groups, and one on one interviews. Details around eligibility requirements, recruitment strategies, and the questions used can be found in the project plan which is available from SWPH or by contacting the Elgin St Thomas Age Friendly committee co-chair at *mlichti@swpublichealth.ca*.

The needs assessment included data from 239 survey responses, eight focus groups, and seven one on one interviews. The data was analyzed with support from SWPH and provided a comprehensive understanding of the experiences, challenges, and priorities of adults 50+ in the community. The full report Age Friendly Needs Assessment Qualitative and Quantitative Findings – Elgin & ST. Thomas (20) is available from SWPH or by contacting the co-chair at *mlichti@swpublichealth.ca*.

While the needs assessment provided valuable insights from a broad range of older adults, findings should be interpreted with consideration of potential limitations. Participation was voluntary and may underrepresent individuals experiencing the highest levels of isolation, digital exclusion, language barriers, or cognitive impairment although efforts were made to communicate the availability of a translator, if needed, to support our Low German Mennonite community. Quantitative data was primarily drawn from self-reported survey responses, and not all municipalities or demographic groups were equally represented. Despite these limitations, the consistency of themes across data sources strengthens confidence in the findings.

Priority Setting

The steering committee participated in a workshop to review the needs and strengths of our region and create local recommendations. Using the Ontario Age Friendly toolkit, three questions were asked to support which initiatives should be explored for prioritization:

1. **What is already being addressed in our community?**
2. **What priorities (needs) do we still think need attention?**
3. **What can we address with our resources, time, and budget?**

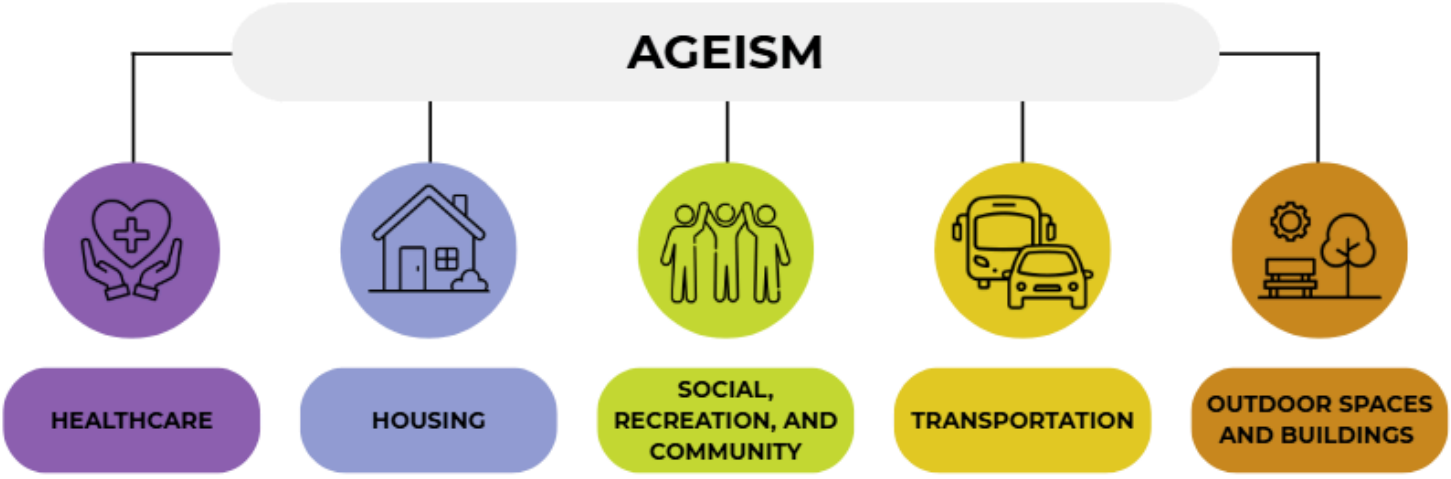
The group then looked at the ideas and potential interventions and used an impact effort grid to support the group with prioritization. Through this process, the committee identified five key domains for focused action that reflect the areas of greatest need and opportunity in Elgin St. Thomas.

Action Planning

Ageism

Ageism was discussed as a mental model and a root cause that needs attention across all five domains. Ageism is a form of discrimination and stereotyping based on age, which predominantly affects older individuals. While age-based prejudice can affect anyone, research shows that older adults are the age group that endures its most harmful effects (21). Ageism is also a key priority for our Elder Abuse Elgin partners. Discriminatory policies, at all levels, create avoidable barriers that compromise older adults' mental, physical, and social well-being. Ageism has been linked to poorer health outcomes, including depression, increased chronic disease, reduced life expectancy, and disengagement from health-promoting behaviours (22).

Through policy change, education, and intergenerational initiatives, it is possible to reduce the prevalence of ageism and its harmful effects on older adults (22, 23). Utilizing these strategies will be prioritized throughout these recommendations as they work towards reducing the underlying issue of ageism.



Focus Areas

Healthcare

Access to healthcare for adults 50+ in Elgin and St. Thomas is limited by shortages of family doctors and nurse practitioners, long wait times, and inconsistent home and palliative care. Many older adults must travel for services, adding financial and logistical burdens. In-home care is available but constrained by staffing shortages, waitlists, and often places a strain on formal and informal caregivers. Barriers such as transportation challenges and difficulties with digital navigation further limit access. Participants emphasized the value of continuity of care, early intervention, and innovative approaches like social prescribing. Despite systemic gaps, community-led support, where available, plays a crucial role in bridging these gaps and enhancing well-being.

Caregivers of adults 50+ in Elgin and St. Thomas face significant challenges balancing employment, multiple care responsibilities, and personal well-being, often experiencing stress, isolation, and limited time for self-care. While respite services, home care, and PSWs provide some support, inconsistent scheduling and fragmented communication add strain.

The steering committee recognized some of the existing work that has been ongoing with new partners such as the Elgin Ontario Health Team and the Regional Geriatric Program of Southwestern Ontario since our 2017 strategy. There was agreement that these groups were best positioned to continue to lead work in the healthcare domain. Our local community paramedicine program has also recently received funding to expand social prescribing initiatives and are working with our local providers to connect to existing services.

Focus Areas

Healthcare

The steering committee also acknowledges the impact from system level issues that lead to constraints such as the availability of healthcare professionals and lack of funding. Canada has not prioritized home and community-based care and there are significant gaps and shortfalls (6, 7). There is a greater allocation in Canada to institutional care than home based care even though home and community-based care is less expensive and preferred by older adults. Research indicates home care services are 40-75% less costly than providing the same care in a long-term care home (6,7).

Sharing our needs assessment data and related research and evidence with local decision makers and political representatives could help to support advocacy for increased funding related to healthcare needs.

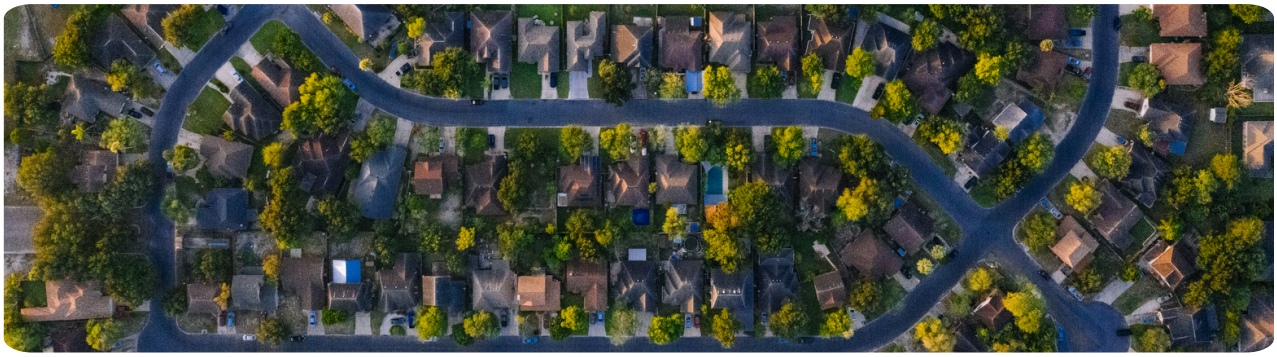
There was discussion around older adults falls and that we could explore additional neighbourhood level falls data to promote fall prevention programs locally and promote mobile services such as the Central Community Health Centre's mobile bus for patients without a family doctor or nurse practitioner. One area that committee members felt was a key role for our group, was to bring older adult voices to primary care and any new healthcare initiatives.

Recommendations

- Partner with older adults and caregivers to co-design primary care and emerging health initiatives, embedding their lived experiences and priorities throughout the process.
- Improve planning and communication regarding home support when patients are discharged.
- Explore ways to expand fall prevention initiatives to those in our community with the highest risk.
- Expand existing local social prescribing programs to connect isolated, community dwelling patients to social opportunities.
- Share our needs assessment data and related research and evidence with local decision makers and relevant local groups to support.

Focus Areas

Housing



Housing options for adults 50+ in Elgin and St. Thomas are limited, unevenly distributed, and often unaffordable. Participants reported long waitlists for seniors' apartments, shortages of accessible and supportive housing, and gaps in intermediate options between independent living and long-term care. Aging in place is a priority for many, but home design limitations, safety concerns, and insufficient support make it challenging.

Innovative models, such as co-housing and intergenerational arrangements, were highlighted as promising solutions. Survey results underscore these challenges, with only 42% of adults 50+ agreeing there are sufficient housing options and 57% disagreeing that sufficient supports exist to help them remain at home. Participants emphasized the need for better information, coordinated support, and policy interventions to ensure safe, affordable, and socially connected housing for older adults.

The steering committee discussed the collaboration that exists currently between planners, developers, and municipalities, and some of the great housing initiatives occurring in Elgin St Thomas. There was discussion around some of the more urgent situations our municipal housing staff have with their current tenants and the lack of awareness of community supports specific for older adults that are available to support them. There is a shortage of LTC homes, which creates long wait lists with several years for admissions. Research suggests that 20%-50% of individuals in Canada on a waitlist for long term care could be safely and cost effectively diverted to independent living if appropriate community and housing services were available and affordable (7).

Focus Areas

Housing

The design of homes influences how likely people are to feel lonely or isolated. Socially connected neighbours are healthier, more resilient, and are often able to stay in their home and community longer as they age.

The Building Social Connections: Toolbox of design actions to nurture wellbeing in multi-unit housing - Hey Neighbour Collective resource was highlighted as a great toolkit to support age friendly senior buildings.

There are also programs such as Canada HomeShare that could be promoted locally to support intergenerational living and education about home-sharing or renting out rooms to support seniors living with seniors.

Recommendations

- Identify and promote alternative housing options for seniors, including shared housing with students, co-housing opportunities, intergenerational living models, or accessible home features
- Identify opportunities to support aging in place through promotion of social programs such as Hey Neighbour in local seniors' buildings.
- Support an Elder Abuse Case Consultation Committee or create a specialized Seniors' Situation Table to address current and potentially complex situations with local seniors.

Focus Areas

Social, Recreation, and Community

Older adults in Elgin St. Thomas have access to a variety of programs and activities, including fitness, arts, technology, and volunteer opportunities supporting social connection and engagement. Barriers such as transportation, mobility, affordability, and limited coordination can restrict participation. Informal networks, peer-led initiatives, and culturally tailored programs help fill gaps. Survey results show that 64% of adults aged 50+ attend social gatherings and activities, reflecting strong overall engagement, though access and information gaps remain for some.

Caregivers of adults 50+ in Elgin and St. Thomas highlighted the need for more coordinated, caregiver-focused services, including support groups, better information-sharing, and recognition of their vital role, particularly during end-of-life care.

The steering committee mentioned that several programs exist in the community to support social connections and inclusion in the community and that accessible and affordable transportation is the main barrier. The Ontario Caregiver Association was mentioned as an important resource that could be promoted more locally to increase awareness about their programs and services. There are also concerns around safety and elder abuse therefore supporting prioritizing safety and prevention initiatives in collaboration with Elder Abuse Elgin.

Focus Areas

Social, Recreation, and Community

Recommendations

- Collaborate with Volunteer Elgin to enhance the volunteer network, strengthen the existing volunteer base, implement consistent recognition/appreciation of senior volunteers, and specifically focus on enhancing the volunteer driver programs.
- Increase awareness of programs and services available in our community, with specific attention to caregivers, senior women living alone, low-income older adults, and rural residents. *
- Develop an ongoing two-way connection with our local municipalities for partnership support, funding, infrastructure, and to share our local needs, initiatives, and progress. *
- Reduce ageism through education, policy recommendations, and promoting intergenerational opportunities. *
- Continue to support the intergenerational program Grandpals© and explore sustainable solutions to continue and expand the program locally.

***These recommendations are applicable to all the domains but listed only here to reduce repetitiveness.**

Focus Areas

Transportation

Transportation is a significant barrier for older adults, especially in rural areas with little or no public transit. Volunteer driver programs and accessible vans provide essential support, but limited availability, high costs, and lack of awareness restrict access for many. Transportation challenges affect not only medical appointments but also social, recreational, and daily activities, impacting independence and quality of life.

Survey results highlight gaps in accessibility: only 20% of adults 50+ agreed that special transit for people with limited mobility is sufficient, and 63% disagreed that adequate information about transportation options is available. Participants emphasized the need for affordable, reliable, and coordinated transportation services to support aging in place and community engagement.

Approximately 75% of respondents agreed that alternative transportation options are needed and a priority to address. Public transit does not exist in rural areas, and it does not meet the needs of older adults. Accessible transportation is limited in availability and affordability, especially for LTC residents, and does not support access to regular appointments and social events.

Focus Areas

Transportation

The steering committee discussed transportation as a foundational enabler of aging in place and an age friendly community. Elgin County has updated their Transportation Master Plan, which includes exploring a rural transit strategy. The City of St Thomas is also in the process of updating their Transportation Master Plan, and it was discussed that better collaboration between transportation providers is necessary.

There is a pilot project with transportation services between London and St Thomas that will continue with a shared cost model between the province and municipalities, but this is not tailored to needs of seniors. It was also noted that some of our community agencies offer great transportation options, but they are generally not able to meet all the needs, and these services do not coordinate with municipal transportation services.

Recommendations

- Re-establish a collaborative transportation working group to enhance coordination across providers and ensure a more seamless, accessible, and responsive transportation system that supports older adults' ability to reach appointments and participate fully in community life.
- Explore alternative ride-share options
- Explore the use of technology to support transit.

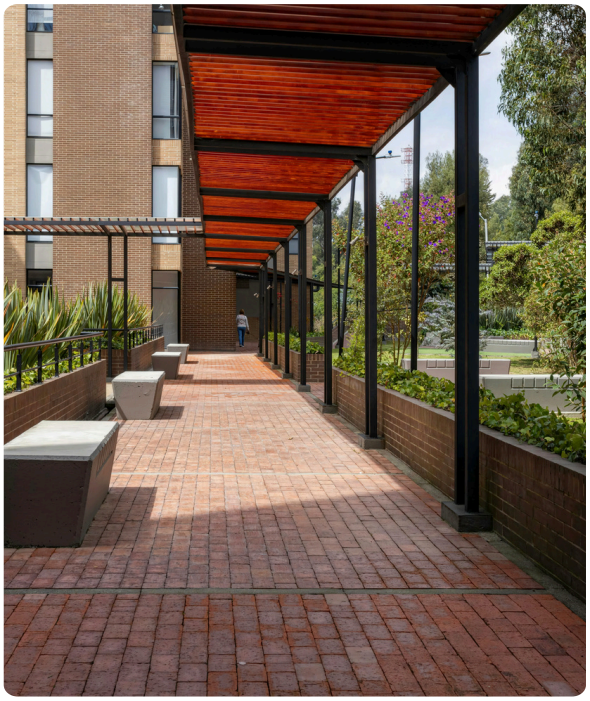
Focus Areas

Outdoor Spaces and Buildings

Outdoor spaces increasingly consider adults 50+, guided by accessibility committees and community input. Key features include accessible paths, benches, ramps, signage, and safe street crossings, with attention to cognitive and sensory needs.

Maintenance, snow removal, and clear wayfinding remain important. Survey results show 68% of adults 50+ find buildings accessible. Shaded areas, cooling spaces, and improved bicycle/scooter lanes were identified as areas for improvement.

The steering committee discussed how our local accessibility committees address accessibility of outdoor spaces and buildings and that we should increase collaboration with those groups to support this work. This work also aligns with municipal and public health priorities around climate change and the built environment. Southwestern Public Health collaborates with local planners and can use the needs assessment data and local older adult considerations to provide feedback and comments related to municipal policy such as official and master plans.



Recommendations

- Collaborate with municipal, built environment, climate, accessibility, and other relevant partners by providing needs assessment data and resources to support, strengthen, and align local planning efforts and decision making.

Next Steps

The Elgin St Thomas Age-Friendly Strategy is intended to be a living document that evolves alongside community needs, emerging evidence, and local opportunities. The Steering Committee will continue to support implementation by identifying lead partners, strengthening collaboration across sectors, and aligning actions with existing municipal, public health, and community planning processes.

A process will be developed to monitor progress, evaluate impact, and share key milestones with the community. Sustaining this work will require ongoing engagement with older adults, caregivers, municipalities, community organizations, and decision-makers to ensure Elgin St Thomas remains a place where people can age with dignity, connection, and support.

The Elgin St. Thomas Age Friendly Committee

The Elgin St Thomas Age Friendly Committee elected to update the 2017 Age Friendly Community Plan. Following the pandemic, it took time and collaboration to re-establish a steering committee and gather momentum through 2022 and 2023. The Age Friendly planning cycle is generally four years, and steering committee members knew the community had changed since 2017, so an updated needs assessment was completed to reflect the current demographics and emerging risks and challenges local older adults face.

This updated Age Friendly Strategy can guide local planning, strengthen partnerships, and ensure that policies, programs, and community spaces reflect the diverse needs and abilities of Elgin St Thomas's aging population.

Steering Committee Members

Meagan Lichti (co-chair)	Southwestern Public Health
Wendy MacMillan (co-chair)	Community Member
Taylor Mooney	City of St Thomas
Brian Masschaele	Elgin County
Lauren Caruana	Elgin Ontario Health Team
Dawn Bacon Kim Snell	Elgin St Thomas Community Paramedicine
Sara Sweeny	Alzheimer Society Southwest Partners
Mona Morsy	VON
Laura Moon	Central Community Health Centre
Michelle Johnston Jenna De Nijs	West Elgin Community Health Centre
Jody Glover	Regional Geriatric Program of Southwestern Ontario
Paula Henderson	Elgin St Thomas Adult Day Programs
Dakota Smith	St. Thomas Public Library
Susie Wray Danielle Broer	Town of Aylmer - Recreation
Ellen Hickey	St Thomas Elgin Social Services
Jo-Ann Hutchison	Ontario Ministry of Tourism, Culture and Gaming
Bonnie Rowe	Elder Abuse Elgin

We gratefully acknowledge the contributions, commitment, and expertise of all steering committee members, whose collective effort was essential to the development of this strategy.

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Age Friendly

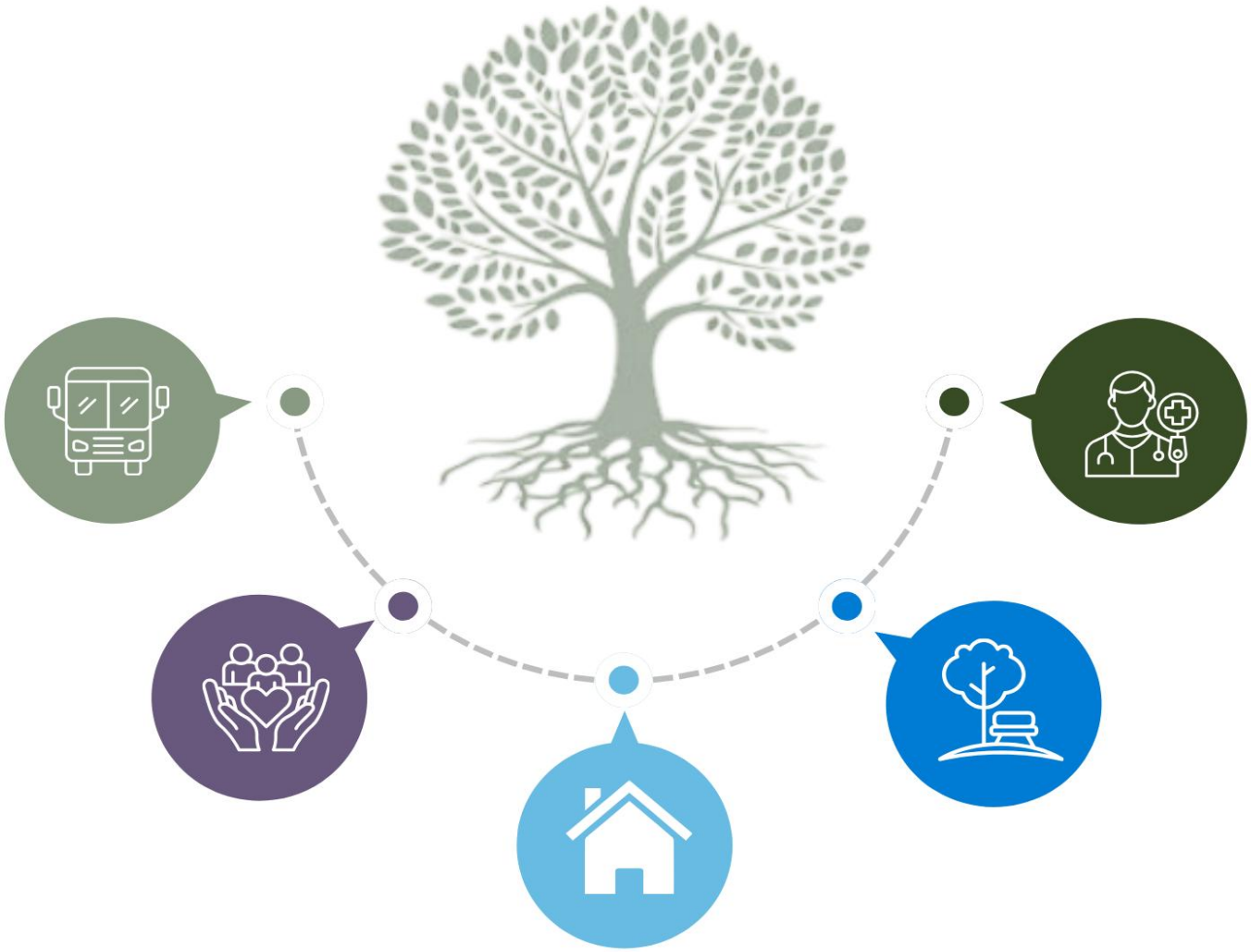
ELGIN - ST.THOMAS

ST. THOMAS
THE RAILWAY CITY

SW SOUTHWESTERN Public Health
Oxford · Elgin · St.Thomas

Elgin County

Oxford Age Friendly Strategy



Prepared by the Oxford Age Friendly Steering Committee

March 2026

Background

Partners working with older adults across Oxford County recognized the need for a coordinated and community wide approach to support healthy aging and aging in place in our community. This led to the formation of a steering committee and the sharing of local data to deepen understanding of the experiences, strengths, and challenges faced by local older adults. Together partners committed to developing a comprehensive and collaborative Age Friendly Strategy to guide local planning, strengthen partnerships, and ensure that policies, programs, and community spaces reflect the diverse needs and abilities of Oxford County's aging population.

Steering Committee Members

We gratefully acknowledge the contributions, commitment, and expertise of all steering committee members, whose collective effort was essential to the development of this strategy.

Meagan Lichti (chair) Rebecca Wallace Malaysia Sandhu	Southwestern Public Health
Kelly Gilson Lindsay Wilson	United Way Oxford
Kristy Van Kooten-Bossence	Ingersoll Services for Seniors
Diana Handsaeme	Tillsonburg and District Multi Service Centre
Emily Porchak	Oxford Ontario Health Team
Maureen Ross Karen Devolin	Community Members
Rebekah Lindsay	Alzheimer Society Southwest Partners
Robin Kish	VON
Cheryl McDonald	Regional Geriatric Program of Southwestern Ontario
Chris Cunningham	Southgate Centre
Jamie Walter	Oxford County Paramedic Services – Community Paramedicine
Doug Ellis	City of Woodstock
Jillian Stephenson	Woodstock Hospital
Jeffrey Davis	Ontario Health at Home

About our Community

- The population in **Oxford County is growing and aging:**
    - According to the 2021 Census, Oxford County's population reached 121,781 in 2021, growing 9.9% compared to Ontario's 5.8%.
    - Adults 65+ in Southwestern Public Health (SWPH) region (which includes Oxford County as well as Elgin County and St Thomas) rose from 16.1% to 20.2% between 2011 and 2021. Tillsonburg has the highest proportion of seniors in the region at 29.3% (1).
    - The working age population in SWPH of 15 to 64 years has also never been older. In 2021, the baby boomer generation included people aged 57 to 75 and by 2029 this whole generation will be of retirement age (1).
- In 2021, **12% of the population in Oxford County are immigrants** with 7.41% being new immigrants in the last 4 years (2). In SWPH's region, almost half of recent immigrants (44%) lived in Woodstock with most newcomers coming from India (1).
- The proportion of seniors living with low income in increasing. **In Oxford County, 25% of the 65+ population are living with a low income.**
    - The highest proportion of seniors living with a low income in Oxford County is in Tillsonburg at 37%, followed by East Zorra Tavistock at 28%, and Woodstock with 25% (3).
- **One in five seniors lives alone**, with women more likely to be widowed (4).
- Climate change poses emerging risks, as extreme heat days are expected to rise and **older adults are more susceptible to health harms related to heat** (5).
- **Falls among seniors are a major concern**. SWPH is significantly higher than Ontario for emergency department visits and hospitalizations for injuries related to falls (6).

Table 1. 2023 Data on Emergency Department Visits and Hospital Admissions Related to Falls in Seniors in Southwestern Public Health Region vs Ontario

2023 Data	Emergency department visits for injuries related to falls (rate per 100,000)		Admissions to hospital for injuries related to falls (rate per 100,000)	
	SWPH	ON	SWPH	ON
Ages 65-74	4411.4	3494	780.5	559.3
Ages 75+	10,431.4*	8692.6	2924.5	2558.5

*2nd highest region in Ontario

Aging in Place and Equity Considerations

Aging in place was a key priority identified by our partners. Most seniors want to remain in their homes for as long as possible. Aging in place is the ability for older adults to access services and the health and social supports they need to live safely, independently, and comfortably in their home or community of choice for as long as they wish or are able, regardless of age, income, or capacity (7). Anyone can experience barriers to aging in place, but they can be more prevalent in some groups. These groups experience disproportionate risks and structural barriers, and must be intentionally considered to ensure our strategies promote health equity:

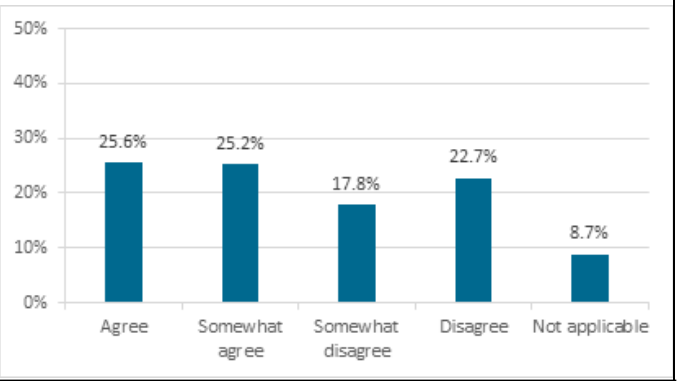


Figure 1: Proportion of adults 50+ who can afford to make changes to their home to continue living in their home if needed (12)

Senior women face greater financial vulnerability than senior men because they are more likely to have spent their careers in part-time or lower-paid work, had fewer opportunities to contribute to pensions, and experienced interruptions in employment due to caregiving responsibilities (8). They are also more likely to live alone at older ages (4).

Older adults living in rural communities are over 50% more likely be admitted to long-term care when they could have been cared for at home compared to older adults in urban areas (9). Our local needs assessment highlights the challenges rural communities face such as fewer home and healthcare services being offered, and transportation service gaps which can increase social isolation.

Low-income older adults are less likely to report having a higher level of social support than their high-income counterparts. Lack of social support is a key barrier to aging in place and low-income older adults are more likely to be lonely and isolated (10, 11).

Older adults experiencing mental illness are at increased risk of disability, poor physical health, dementia, and reduced quality of life and are more likely to be placed in long-term care facilities (7). They are also vulnerable to low social support, with 1 in 10 reporting a low level of social support compared to 1 in 20 without mental health conditions (10).

Systemic inequities also affect people including:

Indigenous older adults are more likely to experience poorer health, social isolation, and low income. Indigenous older adults in Canada have higher rates of chronic disease and other health conditions compared to non-Indigenous older adults. The rate of dementia is 34% higher among First Nations populations, with the age of onset being approximately 10 years younger than the general population (8). Due to historical experiences, ongoing discrimination, and lack of culturally safe services, mistrust of mainstream institutions may prevent Indigenous older adults from seeking support (8, 13).

"The immigrant population has a different perspective of aging and housing. The language issues and how do you find them a place that is comfortable for them. It is hard enough for people who can speak the language."

Quote from the 2025 needs assessment (12)

Newcomer older adults face greater challenges because language barriers, cultural differences, discrimination, and lower income make it harder to access services and supports. Limited eligibility for government benefits often results in financial insecurity and dependence on family. These factors, along with language barriers, also increase the risk of social isolation (8, 14).

Older adults living with a disability face challenges due to financial insecurity, lack of accessible housing and transportation, inadequate social or family support, and lack of specialized healthcare. Older adults living with a disability, especially those who have lived with a disability most of their lives, are more likely to experience low income and financial insecurity as they age than those without a disability (8).

Older adults who are members of the 2SLGBTQIA+ community face increased barriers due to higher rates of social isolation, the long-term impacts of historical discrimination and internalized stigma, and a greater likelihood of living alone with limited informal caregiving supports (15, 16). They also experience disproportionately higher rates of physical and mental health challenges (17).

Some older adults experience overlapping identities that compound barriers to aging in place. When these factors intersect, challenges like financial insecurity, limited access to services, discrimination, and social isolation are amplified, resulting in greater health and social impacts. To advance health equity, we must consider how systemic factors affect these groups and ensure that our policies and programs respond to their unique needs and experiences.

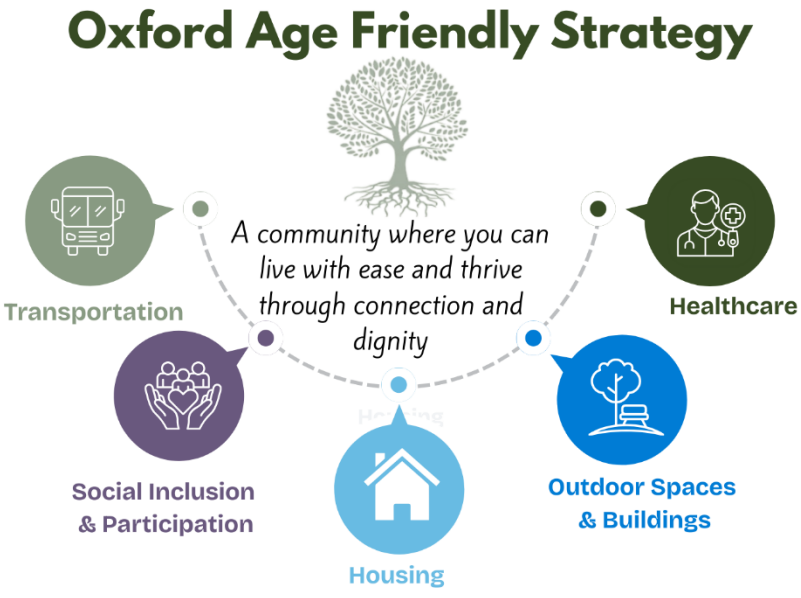
Age Friendly Communities

An age friendly community (AFC) supports older adults to live safely in their community, enjoy good health, and stay involved. It recognizes both the strengths and needs related to the older adult population and works towards creating a safe and healthy environment where everyone can thrive. The AFC framework includes eight key domains: outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community support and health services (18). Creating a local age friendly strategy, informed by our community with local considerations and health equity embedded throughout, can allow all of Oxford County's older adults to live in supportive communities that ensure healthy aging is possible for everyone.

Creating our Local Age Friendly Strategy

The steering committee followed the guidance document and supporting toolkits from the Ontario Government (19) with the support of the Ontario Age Friendly Outreach Program. A project plan (20) and ethics approval was completed with the support of SWPH. The steering committee members participated in a workshop to develop a vision and guiding principles for the strategy. The needs assessment was themed using five domain areas our steering committee members felt were most relevant to the region to keep the size of the assessment and strategy recommendations feasible.

The data used in this report is based on the 65+ age group which is defined as seniors for this work. The age 50+ aligns with the funding and programs that many of the partners follow and this age group was used for the needs assessment and is defined as older adults. Although age-based thresholds were needed for the assessment, it is acknowledged that age is only a number and does not place people into fixed categories or reflect the diverse strengths and experiences of older adults. Age Friendly Communities support the diverse skills and abilities of older adults to create environments that ultimately make the community more inclusive, accessible, and supportive for people of all ages.



The Local Needs Assessment

A local needs assessment was completed in 2025. The data collection included a community survey, focus groups, and one on one interviews. Details around eligibility requirements, recruitment strategies, and the questions used can be found in the project plan (20) which is available from SWPH or by contacting the Oxford Age Friendly committee chair at mlichti@swpublichealth.ca.

The needs assessment included data from 402 survey responses, ten focus groups, and eight one-on-one interviews. It was analyzed with support from SWPH and provided a comprehensive understanding of the experiences, challenges, and priorities of adults 50+ in the community. Participants highlight both strengths and critical gaps across the five domains of Healthcare, Housing, Social Participation & Inclusion, Transportation, and Outdoor Spaces & Buildings. Gaps in one domain often create barriers in others. The full report *Age Friendly Needs Assessment Qualitative and Quantitative Findings - Oxford County* (12) is available from SWPH or by contacting the Oxford Age Friendly committee chair at mlichti@swpublichealth.ca.

While the needs assessment provided valuable insights from a broad range of older adults, findings should be interpreted with consideration of potential limitations. Participation was voluntary and may underrepresent individuals experiencing the highest levels of isolation, digital exclusion, language barriers, or cognitive impairment although efforts were made to communicate the availability of a translator to support our newcomer population. Quantitative data was primarily drawn from self-reported survey responses, and not all municipalities or demographic groups were equally represented. Despite these limitations, the consistency of themes across data sources strengthens confidence in the findings.

Priority Setting and Action Planning:

The steering committee participated in two workshops to review the needs and strengths of our region and create local recommendations. Using the Ontario Age Friendly toolkit, three questions were asked to support which initiatives should be explored for prioritization.

1. What is already being addressed in our community?
2, What priorities (needs) do we still think need attention?
3. What can we address with our resources, time, and budget?

The group then looked at the ideas and potential interventions and used an impact effort grid to support the group with prioritization.

The Vision for Oxford County:

A community where you can live with ease and thrive through connection and dignity.

Guiding Principles:

Inclusivity- Creating a community where everyone feels welcomed, represented, and able to take part in programs, services, and daily life.

Respect- Honouring the wisdom, dignity, and experiences of older adults, and ensuring their voices and choices are valued in decision-making.

Accessibility- Designing safe spaces, affordable services, and easy-to-use information so people can participate and move through the community without barriers.

Equity- Recognizing that different people have different needs, and removing financial, geographic, and systemic barriers so supports are distributed fairly.

Connection- Fostering belonging through relationships, intergenerational opportunities, and community spaces where people look out for and support one another.

Ageism

Ageism was discussed by the steering committee as a mental model and a root cause that needs attention across all domains. Ageism is a form of discrimination and stereotyping based on age, which predominantly affects older individuals. While age-based prejudice can affect anyone, research shows that older adults are the age group that endures its most harmful effects (21).

Discriminatory policies, at all levels, create avoidable barriers that compromise older adults' mental, physical, and social well-being. Ageism has been linked to poorer health outcomes, including depression, increased chronic disease, reduced life expectancy, and disengagement from health-promoting behaviours (22). Through policy change, education, and intergenerational initiatives, it is possible to reduce the prevalence of ageism and its harmful effects on older adults (22, 23). Utilizing these strategies will be prioritized throughout these recommendations as they work towards reducing the underlying issue of ageism.

Healthcare

- Access to healthcare remains one of the greatest challenges.
- While 77.9% of survey respondents reported having a local family doctor or nurse practitioner, only 35.4% felt they could easily access them when ill.
- Wait times, inconsistent home care, and staffing shortages were major concerns.
- Caregivers highlighted the fragmentation of services, poor communication, and limited follow-up, which added to their burden.
- Transportation, affordability, and knowledge gaps further restricted access.
- Programs such as community paramedicine and the Geriatric Emergency Management program initiative were praised and can make a significant difference.

The steering committee recognized local efforts and initiatives but also acknowledged the system level issues that all have a great impact.

- Research indicates home care services are 40-75% less costly than providing the same care in a long-term care home (24) and preferred by older adults
- Local services such as Central Intake through VON and 211 were seen as great assets that could be promoted more locally.
- Navigator roles were seen as fragmented and do not follow through on family needs.
- Caregiver strain and burnout was a concern.
- Dementia care and assessment was also highlighted as an area for improvement as access to a memory clinic in Oxford County has declined which has created delays in diagnosis and increased pressure on specialists while the number of people being diagnosed with dementia continues to grow (25).

Recommendations

Increase awareness for community supports and services with a focus on rural areas, low-income older adults, and caregivers.

Explore ways to reinstate local memory clinics and cognitive assessment services to strengthen early identification and support cognitive health.

Create coordinated access for specialized intra-collaborative geriatric services.

Share our needs assessment and relevant evidence to support advocacy.

Housing

- Appropriate and affordable housing options are scarce, especially in rural areas.
- Only 24.9% of survey respondents agreed that their community offered smaller or alternative housing options.
- Caregivers reinforced these concerns, highlighting high retirement home costs, long waitlists for long-term care, and gaps in communication and leadership within facilities.
- Many emphasized the value of safe, supportive housing that enables independence and keeps families engaged in care.

The steering committee discussed the importance of housing. Approximately 65% of older adults in Canada are part of the missing middle which includes low to middle income older adults who need low to moderate levels of support to age in their communities, but who have few or no housing options that meet their financial, medical, functional, or personal preferences and needs (24, 26). The design of homes influences how likely people are to feel lonely or isolated. Socially connected neighbours are healthier, more resilient, and are often able to stay in their home and community longer as they age. The Building Social Connections: Toolbox of design actions to nurture wellbeing in multi-unit housing - Hey Neighbour Collective resource was highlighted as a great toolkit to support age friendly senior buildings.

- Important local initiatives such as Indwell and the Housing Stability Program were discussed as a strength.
- Improvements around building more senior friendly affordable housing options that include one floor living and accessible community spaces in buildings are needed.
- Programs such as Canada HomeShare could be promoted locally to support intergenerational living.
- Educating younger older adults about housing considerations as they age so people start to think about aging in place at an earlier age was also highlighted.

Recommendations

Increase awareness and education for aging in place considerations and financial literacy.

Explore and promote alternative living arrangements such as intergenerational housing and home-share opportunities using inclusive approaches.

Share our local needs assessment to support advocacy for more seniors focused housing, with particular attention to rural housing gaps.

Social Inclusion and Participation

- Participants highlighted the importance of social gatherings, volunteer opportunities, and programs offered through churches, community centres, and local organizations.
- Older adults expressed both a desire for and barriers to participation in community activities.
- Survey results indicated that 33.2% of respondents agreed that they attend local social gatherings and another 35.2% stated they somewhat agreed.
- Technology, transportation, and cost often limited access.

Loneliness and social isolation are associated with an increased risk of death and higher rates of depression, dementia, stroke, coronary artery disease, disability from chronic diseases, reduced quality of life, and an increased number of falls (24, 27). Members noted that seniors remain the backbone of volunteerism in Oxford County, yet this aging volunteer base is at risk of burnout, highlighting the need to encourage younger volunteers and support employer-supported volunteerism.

- Discussions emphasized the importance of culturally inclusive programming and municipal policies that reflect the diversity of the community,
- Need for reducing stigma around dementia and ageism.
- Opportunities included developing policies that promote inclusive participation across cultures, ages, and abilities.
- Offering education and awareness events on ageism, dementia, and inclusion.
- Leading public campaigns that elevate the contributions of older adults.
- Expanding programming grounded in DEI and cultural humility.
- Advocating for stronger social and recreational supports that reduce isolation and strengthen community connectedness.

Recommendations

Reduce ageism through education, policy recommendations, and promoting intergenerational opportunities (22).

Raise public and health provider awareness about the risks of social isolation and loneliness (24).

Prioritize equity, accessibility and inclusion-based approaches to addressing social isolation and loneliness with particular attention to rural communities, low-income older adults.

Reduce isolation through thoughtful technology solutions that are paired with digital literacy training and affordable access to devices and internet services.

Transportation

- Transportation emerged as a significant barrier to participation in community life and healthcare access.
- Only 25.3% of respondents agreed that community transportation services were available to them and cost was frequently cited as a barrier.
- Rural inaccessibility, limited scheduling, and lack of inter-community transit reinforced dependence on personal vehicles or family support.

A lack of transportation options can limit social participation, leading to social isolation and loneliness which negatively impacts health and well-being. Research has shown that lack of transportation services plays a critical role in older adults having to move into long term care (24). Our rural areas are specifically impacted by this due to the longer distances and no organized transit in most rural municipalities.

- Steering committee members all agreed that transportation is the largest barrier for older adults to age in place.
- Accessible and affordable options, especially for return trips from hospital were highlighted as a local concern.
- Sustainable and affordable options are needed as fixed route bus service in rural areas does not meet the needs of many residents and it is expensive.
- Volunteer driver programs were seen as potentially sustainable options that could be enhanced and supported
- Discussed exploring an app-based booking system where multiple providers could be connected.
- Steering committee members learned of neighbouring transportation services such St Marys & Area Mobility Service that provides some accessible transportation options in the north area of Oxford, that many committee members were not aware of.

Recommendations

Explore innovative transportation solutions while prioritizing affordability and accessibility in transportation systems, particularly in rural areas.

Increase awareness and education about existing transportation options.

Expand and support volunteer driver programs.

Strengthen coordination between local transportation providers.

Outdoor Spaces and Buildings

- Participants described a strong interest in ensuring outdoor spaces were planned with accessibility at the forefront.
- The role of the Accessibility Committees was emphasized for this work.
- Only 15.6% of survey respondents agreed that snow and ice removal considered the needs of older adults.
- Sidewalk maintenance, accessible washrooms, and safe pedestrian crossings were recurring concerns in focus groups.
- Trails were perceived as being poorly maintained which leads to restricted use due to discomfort.
- Crosswalks cause anxiety due to insufficient crossing times, confusing processes and angled parking that reduces visibility.

Improving the age-friendliness of the built environment is a very important step towards facilitating aging in the right place (8). The steering committee discussions centred around the idea of collaboration and partnerships with existing committees and local work for this domain.

- It was acknowledged that the accessibility committee will be an important group to support and collaborate with as they have the expertise and experience with the accessibility legislation.
- Public Health is building stronger partnerships with planning departments which can be used to ensure that age and dementia-friendly considerations are incorporated into community planning and municipal policy documents, including official and master plans.
- The Age- and dementia-inclusive neighbourhood design guidelines — Happy Cities have already been shared and used as a reference when commenting on municipal documents.

Recommendations

Increase awareness of the benefits of age and dementia friendly design principles.

Increase collaboration with community partners to align recommendations for community design.

Identify opportunities to improve maintenance and accessibility of sidewalks and walkways with particular attention to neighbourhoods with higher proportions of low-income older adults.

Explore the possibility of local developer incentive programs to promote age and dementia friendly housing and community design.

Next Steps

The Oxford County Age-Friendly Strategy is intended to be a living document that evolves alongside community needs, emerging evidence, and local opportunities. The Steering Committee will continue to support implementation by identifying lead partners, strengthening collaboration across sectors, and aligning actions with existing municipal, public health, and community planning processes.

A process will be developed to monitor progress, evaluate impact, and share key milestones with the community. Sustaining this work will require ongoing engagement with older adults, caregivers, municipalities, community organizations, and decision-makers to ensure Oxford County remains a place where people can age with dignity, connection, and support.

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Governance Standing Committee Report

Open Session

Meeting date:	March 26, 2026
Submitted by:	Grant Jones, Committee Chair
Submitted to:	Board of Health
Purpose:	☒ Decision ☐ Discussion ☒ Receive and file
Agenda item #	5.2
Resolution #	**2026-BOH-0326-5.2**

1.0 Governance Standing Committee Terms of Reference review (decision):

The Governance Standing Committee (GSC) completed its biennial review of the Governance Standing Committee Terms of Reference (ToR) to ensure continued alignment with the Board's by-laws, legislative responsibilities, and governance best practices. The review confirmed that the ToR remain current and continue to support the Committee's oversight of governance functions, including Board orientation and competency, meeting evaluation, policy and by-law review, and risk oversight. As outlined in the ToR's Terms of Office, Committee members serve a minimum two-year term to support continuity.

No changes to the current Terms of Reference were recommended. Nevertheless, this review served to reaffirm the Committee's mandate and continued alignment with good governance practices.

Motion: 2026- BOH-0326-5.2-1.0
That the Board of Health approve the Governance Standing Committee Terms of Reference as presented.

2.0 Board of Health remuneration policy review (decision):

The Governance Standing Committee reviewed proposed updates to *Policy BOH-FIN-020 Remuneration and Expenses* to ensure the Board's compensation framework remains equitable and reflective of modern governance demands.

The amendments clarify that “official business” includes situations where a Board member is formally appointed to represent Southwestern Public Health on an external board or committee, ensuring members may receive remuneration and travel reimbursement when performing those advocacy or liaison roles if they are not otherwise compensated by the external organization.

The revisions also introduce a provision to address rare circumstances where the Board Chair may be required to dedicate significant additional time to a specific Board matter, such as but not limited to a public health crisis or major organizational transition. While the Chair receives a standard annual honorarium, the amendment allows for the approval of supplemental remuneration during these periods of intensive work at the existing Board established rates. This provision is intended to recognize situations where the demands on the Chair extend well beyond the normal expectations of the role. The Committee noted that these updates remain consistent with the requirements of the Health Protection and Promotion Act and maintain clear administrative procedures for quarterly payments and expense reporting. The Committee supported the proposed updates and is recommending approval by the Board.

Motion: 2026- BOH-0326-5.2-2.0
That the Board of Health approve the amendments to policy *BOH-FIN-020 Remuneration and Expenses* as presented.

Motion: 2026- BOH-0326-5.2
That the Board of Health accept the Governance Standing Committee Open Session Report for March 26, 2026.

TERMS OF REFERENCE

Southwestern Public Health
Governance Standing Committee

Membership:

- A minimum of 5 and a maximum of 6 Board members, one of which must be the Chair or Vice Chair of the Board of Health, serves as Chair of this Committee.
    - **Note**: The Chair of this Standing Committee cannot serve as the Chair of the other Board Standing Committee (Finance and Facilities).
- The Chief Executive Officer is an ex-officio member of the Committee, non-voting. Other staff may attend as required and are non-voting.

Purpose:

1. Act in an advisory capacity to the Board of Health (BOH) on matters related to good governance.
2. Ensure that the Board of Health fulfils its legal, ethical and functional responsibilities through adequate governance policy development, board member recruitment strategies, board training programs, monitoring board activities and evaluation of board members' participation.
3. Oversee the nomination process for Order in Council appointments.

Duties and Responsibilities:

- Review the number of members on the BOH and recommend changes as needed;
- Review the orientation plan for new board members and continuing education program plan for existing board members which includes a framework for what and how information is shared with the BOH;
- Oversee and advise on the selection of Board members for its standing Committees;
- Oversee the process for recruiting and recommending public appointees to the Public Appointment Secretariat;
- Ensure there is a current inventory of Board member knowledge and skills related to Board functions;
- Review and recommend revisions, where necessary, to Board of Health by-laws, policies and procedures;
- Advise the Board or a standing Committee of the Board of all corporate governance issues that the Committee determines ought to be considered by the Board or Committee;
- Ensure there is a process for assessing the effectiveness of the Board and its Committees;
- Identify opportunities for the Board to participate in collaborative governance opportunities within the community that will promote and protect the health of the population;
- Review and recommend to the BOH a risk register for the Health Unit which includes but is not limited to the areas of human resource succession planning, information technology, surge capacity planning, operational risks and legal issues; and
- Ensure performance development reviews for the CEO and the MOH are completed in accordance with policy.

Meetings:

- Approximately three to four meetings will be held annually, with additional meetings at the call of the Chair.
- Meetings of this committee will be held virtually or in person at one of the public health offices.

Specific Roles and Responsibilities:

1. CHAIR (BOARD CHAIR):

a. Chair meeting in accordance with current procedural Bylaw No. 1 Conduct of the Affairs,
b. Guide the meeting according to the agenda and time available,
c. Provide an opportunity for all members of the Committee to participate in the discussion,
d. Ensure adherence to the Terms of Reference,
e. Review and approve the draft minutes before distribution to the Committee members, and
f. Review draft reports to the Board of Health of Committee discussions and recommendations.

2. COMMITTEE MEMBERS:

a. Prepare for each meeting by thoroughly reading all pre-circulated reports in advance of the meetings,
b. Attend and actively participate in the discussion and business of the Committee, and
c. Speak as a collective (with one voice) following Committee decisions on matters.

3. CHIEF EXECUTIVE OFFICER:

a. Update Governance Standing Committee of any relevant concerns or issues as they arise,
b. Provide written reports regarding strategic deliverables to the Committee in advance of each meeting, and
c. Draft written Committee updates regarding achievements to Board of Health as directed.

4. RECORDER OF THE MEETING:

a. Schedule meetings as needed,
b. Book room for meetings,
c. Request agenda items in advance of the meeting,
d. Post agenda and committee packages to the portal at least 3 days prior to the meeting, and
e. Record minutes.

Terms of Office:

- Members shall serve a minimum of two years to provide continuity within the Committee. The term of office for a member may be extended with the approval of the Board of Health.

Minutes:

- Minutes of the Committee shall be taken by the Executive Assistant, reviewed by the CEO, approved and signed by the Committee Chair, and posted to the portal within two weeks following the meeting.

Quorum:

- A quorum of members must be present either in person or via electronic means, before a meeting can proceed. Quorum shall be a majority of the members of the Committee (50% + 1 of committee members appointed).
- A scheduled meeting will be cancelled if the Chair is unable to confirm that a quorum of members can attend. This decision will be based on the members' replies to the meeting invitation.

Decision-Making:

- The Committee will endeavour to reach consensus related to its governance decisions and recommendations and in accordance with OESTHU Bylaw No. 1 - Conduct of the Affairs.

Accountability:

- This Committee reports and makes recommendations to the Board of Health and/or the Chief Executive Officer.

Confidentiality:

- Each member of the Committee has a duty to keep confidential any information which the Committee has identified as such or at the request of the Board of Health.

Date Adopted:

Initial Date: May 1, 2018 by OESTHU Board of Health
Revision: February 3, 2022 by OESTHU Board of Health
(Motion #2022-BOH-0203-5.1)

BOARD OF HEALTH

SECTION:	Financial	APPROVED BY:	Board of Health
NUMBER:	BOH-FIN-020	REVISED:	June 2024
DATE:	May 1, 2018		

Board Members' Remuneration and Expenses

PURPOSE:

To ensure Board of Health (BOH) members receive compensation for their activities on behalf of the Board of Health.

POLICY:

- In accordance with the Health Protection and Promotion Act section 49, each Board member shall receive remuneration for time and reasonable and actual expenses related to meetings/functions of the Board.
- When a municipal representative receives remuneration for time and expenses related to BOH work from their council, Oxford, Elgin, St. Thomas Health Unit (OESTHU) will not issue payment for the same.
- Official Business Definition: For the purposes of this policy, such business includes official meetings at which the member represents the Board, participation on external boards or committees as a formal representative or appointee of SWPH, and attendance at conferences
    - Note: This does not include ceremonial functions or special events.
- Board members attending conferences shall also be reimbursed for travel expenses in accordance with applicable non-union policies and procedures.

PROCEDURE:

1) Remuneration for Board of Health Business
    a) The Executive Assistant will verify Board members attendance by including attendance in the BOH meeting minutes.
    b) Board members shall receive only one fee per day regardless of whether the member attends more than one official function in a day.

c) Payment of remuneration is issued to the Board member (excluding municipal members receiving remuneration from their council) on a quarterly basis.
   i) Remuneration in the amount of $125.00 per day for attending meetings/orientation sessions of three (3) hours or less.
   ii) Remuneration in the amount of $175.00 is paid when the total time spend attending meetings/orientation sessions in a day is more than three (3) hours.

~~ii)~~d) External appointments: Board members (including the Chair) serving as an official representative of SWPH on external boards or committees are entitled to remuneration and expense reimbursement for attendance at those meetings at the rates established in the points above, provided remuneration is not already provided by the external organization.

~~d)~~e) Chair's Annual Remuneration: A one-time payment of $400.00 is payable to the Chair of the Board of Health each year in recognition of the additional work and support of this position regardless of whether the member receives general remuneration from their respective municipal council.

f) Extraordinary circumstances: in addition to the annual payment, the Chair may be eligible for additional remuneration in extraordinary circumstances where significant additional hours are required regarding a specific Board of Health matter.
   i) A detailed account will be sent to the CEO for review and ~~P~~payment will be issued by the finance team at the daily rates specified in point C.

~~e)~~g) Board members who carpool must notify the Executive Assistant of these arrangements at the corresponding meeting~~,~~ to ensure appropriate mileage reimbursement is paid.

~~f)~~h) Finance will issue payment to the Board member on a quarterly basis following receipt of the remuneration form from the Executive Assistant.

2) Other Expenses
   a) Mileage: R ~~r~~eimbursement is in accordance with the current non-union mileage allowance and non-union policy for travel for BOH meeting/functions per kilometre for all travel from the Board member's home to the BOH meeting/function.
   b) General Expenses: Reasonable and actual expenses incurred for items such as accommodation, food, parking, and registration fees are reimbursed to any Board member and subject to any limitations as noted in the applicable policies of the Health Unit.
      ~~b)~~i) Note: Itemized receipts are required.
   c) Exclusions: Expenses incurred with respect to accompanying spouse/family/friend are the responsibility of the Board member.

3) Expense Reports
   a) Following SWPH-issued quarterly payments, Board members will receive a report, via email, noting dates and meetings attended within the payment period and the amount paid for each, from the Executive Assistant.

REFERENCES (including relevant legislation):

- Section 49, Health Protection and Promotion Act.

- 2(4) Health Protection and Promotion Act

NOTE:
Minor Amendment made by CEO March 20, 2023, re: adding orientation session in #1 for procedure clarification.

COMPLIANCE:

Non-compliance with this policy and any associated procedures may result in appropriate disciplinary measures.

REVISION DATES:

March 2024
June 2024

Medical Officer of Health Report

Open Session

Meeting date:	March 26, 2026
Submitted by:	Dr. Ninh Tran, Medical Officer of Health (written as of March 9, 2026)
Submitted to:	Board of Health
Purpose:	☐ Decision ☐ Discussion ☒ Receive and file
Agenda item #	5.3
Resolution #	2026-BOH-0326-5.3

1.0 Respiratory season

The 2025–2026 respiratory season has stabilized and is beginning to resolve. As of the week ending February 28, 2026, influenza and COVID-19 risk levels are currently low, while respiratory syncytial virus (RSV) risk has decreased to moderate.

2.0 An Immunization Action Plan for Ontario: Lessons from the provincial measles outbreak

The Ontario Immunization Advisory Committee (OIAC) recently released *An Immunization Action Plan for Ontario: Lessons from the Provincial Measles Outbreak, January 2026*. The Committee provides scientific and technical advice to Public Health Ontario (PHO) on vaccines and immunization, including program implementation, priority populations, clinical guidance, and vaccine safety and effectiveness.

OIAC is proposing an immunization action plan to strengthen program delivery, improve monitoring of immunization coverage, and modernize immunization information systems. These efforts aim to enhance Ontario's preparedness and response to future outbreaks of vaccine-preventable diseases and support the reverification process for Canada's measles elimination status.

Key areas outlined in the report include:

- Ensuring access to reliable and comprehensive immunization records for all people in Ontario

- Ensuring equitable and timely access to immunization services, including through primary care
- Identifying and addressing immunity gaps to prevent local transmission
- Optimizing implementation of existing policies and programs for routine childhood immunizations across public health units
- Enhancing public health engagement and coordination with primary care and healthcare partners to strengthen preparedness for outbreaks and public health emergencies
- Establishing pathways to streamline sharing of information and resources and reduce duplication across public health units
- Strengthening public confidence in vaccines and trust in the public health system

OIAC's recommendations align with the recent Chief Medical Officer of Health's 2024 Annual report "Protecting Tomorrow: The Future of Immunization in Ontario."

3.0 Committee and Working Group updates

The provincially led PHLT (Public Health and Leadership Table) Section 22 Working Group has developed an operational guidance document to support Medical Officers of Health in meeting new legislative requirements, which mandate Chief Medical Officer of Health approval for any Section 22 Class Orders. This guidance has now been finalized and disseminated for local implementation.

The Oxford and Elgin Ontario Health Teams (OHT) haveapproved a standardized Land Acknowledgement Guideline for OHT-led public-facing activities, which will inform Southwestern Public Health's internal work on Indigenous engagement. The Primary Care Network is advancing its governance model with strong clinician engagement and a structured transition plan. Health Care Connect continues its efforts to attach residents on the January 1, 2026 waitlist ahead of the provincial June 2026 deadline.

Motion: 2026-BOH-0326-5.3
That the Board of Health for Southwestern Public Health accept the Medical Officer of Health's Report for March 26, 2026.

Chief Executive Officer Report

Open Session

Meeting date:	March 26, 2026
Submitted by:	Cynthia St. John, Chief Executive Officer (written as of March 12, 2026)
Submitted to:	Board of Health
Purpose:	☐ Decision ☐ Discussion ☒ Receive and file
Agenda item #	5.4
Resolution #	2026-BOH-0326-5.4

PROGRAM AND SERVICE UPDATES (RECEIVE AND FILE):

1.1 Vision Screening Program Update

Southwestern Public Health (SWPH) is preparing to pilot a vision screening initiative for junior kindergarten students this spring. This pilot is intended as a transition before broader program rollout in the fall for the new school year. The initiative is a response to recent updates in the Ontario Public Health Standards (OPHS), which now require visual health screening for children entering kindergarten. The goal is to support early identification and management of vision concerns, focusing especially on communities with historically limited participation to visual assessments and care.

SWPH's phased in visual screening strategy allows for a gradual implementation of the vision standards. Aside from the actual visual assessment, program evaluation will take place post school screening to identify continuous quality improvement opportunities. While vision screening does not replace an eye exam by a licensed optometrist, early identification of vision disorders such as amblyopia, reduced stereopsis or strabismus, and refractive errors is the primary objective, allowing for prompt intervention and support where needed. Information and insights gathered from the pilot will be used to guide future program development and ensure that the broader implementation is responsive to community needs and compliant with the revised OPHS.

1.2 Exploration of Public Health Actions to Address Online Harms

This update is brought forward following previous Board of Health discussions regarding the history of public health leadership in advancing healthy public policy, including the public smoking ban. Those reflections prompted consideration afterwards by a Board member on how a similar commitment to evidence-informed, values-driven action – particularly when the path

forward is complex – might be applied to the growing issue of online harms affecting children and youth. In response to this interest, an evidence inquiry was initiated to understand the current landscape of online harms legislation and related public health action.

1.2.1 Current landscape regarding online and social media harms

Following the implementation of the Australian youth social media ban (December 10, 2025), numerous other nations, including France, Malaysia, and Spain, are actively pursuing or considering imposing similar restrictions on social media platforms. These policy restrictions, along with advocacy such as the movement born of the book The Anxious Generation, have drawn attention to the growing body of evidence suggesting that, across Canada, digital technology can significantly impact the mental and physical health of youth. Some studies have suggested that beginning around 2010-2012, the rapid adoption of smartphones by adolescents has, at least partially, contributed to the decline in youth mental health. (Twenge et al., 2017; Toigo et al., 2025; Twenge et al., 2018). Establishing direct causality between health and outcomes and social media and digital technology use has been challenging for researchers, given that most studies have not sufficiently considered individual or contextual factors. (Abi-Jaoude et al.)

1.2.2 Summary of findings

Several Bills have been brought forward in recent sessions of Parliament to regulate contributors to online harms. Generally, proposed legislation has focused on three main policy areas: (1) prohibiting certain types of content, (2) increasing the active accountability of social media companies to protect youth, and (3) creating regulatory bodies to monitor and enforce standards for social media companies. The Bills introduced in recent history have faced criticism, typically over data sovereignty and privacy concerns, government overreach on freedom of expression, and reliance on social media companies to self-regulate.

After the prorogation of parliament, the ongoing online harms work, including Bill C-63, died on the paper. In the current sitting, no similar online harms bills have been brought forward, though the Minister of AI confirmed this work was in progress. In Ontario, the Ministry of Education has implemented technology bans in schools, though the degree to which these bans are enforced varies. The MPP for Waterloo has also proposed a motion calling for a report on the addictive nature of social media, and for the government to set requirements for public health units to implement health warnings on social media targeting problematic technology use.

At present, most public health units across Ontario have remained focused on increasing public awareness of this topic and have published information on screen time guidelines and the health impacts of excessive screen time on their websites. Some health units also guide parents to help navigate school device bans and model and set healthy technology-use boundaries with their children.

The Windsor-Essex County Health Unit (WECHU) Board of Health recently passed a resolution stating they will lead collaborative efforts with schools, childcare centres, and community partners to provide consistent messaging and strategies to reduce problematic screen use and its effects. The resolution also included calls to action for healthcare providers and community organizations to develop strategies and integrate digital health and safety awareness into their operations.

Public health can play an important role in promoting healthy digital technology use by increasing digital literacy and promoting healthy online behaviours. From the reviewed literature, education and awareness were identified as key interventions to address problematic technology and social media use. Education to improve digital literacy includes educating youth and parents on the risks of increased screen time, sharing strategies to help foster healthy technology-use habits, and promoting mindfulness, safety, and critical thinking when engaging online. Public health can also provide parents and community partners with consistent, evidence-based messaging and resources for managing and monitoring youth's screen-time, including resources to assist parents in navigating and enforcing the Ontario school digital device ban. Finally, there is an opportunity for public health to lead collaborative efforts, bringing together community partners, parents, and youth to co-design strategies and raise awareness of the negative impacts of technology use across sectors, including education and healthcare.

Moving forward, the evidence and recommendations identified in this inquiry will be applied to identify opportunities to incorporate online harms prevention strategies into program planning.

1.3 Immunization Record Review

Following the 2025/2026 measles outbreak, protection against vaccine preventable diseases (VPD) has become a priority in our region. The VPD team has worked diligently to complete comprehensive immunization record reviews for all elementary students across every grade. This section summarizes the scope, results, and ongoing efforts of SWPH's 2025/2026 immunization record reviews for elementary and secondary students, conducted in accordance with legislative requirements under the Immunization of School Pupils Act (ISPA) and the Ontario Public Health Standards (OPHS).

1.3.1 Collaboration and Outreach

SWPH's annual immunization processes go beyond simple record reviews. They involve collaboration with primary care providers and health system partners, delivery of clinical services for individuals facing barriers, partnerships with school staff and administrators, and ongoing conversations with parents to help them understand and update their children's vaccination status.

1.3.2 Catch-Up Vaccination Clinics

To support students in catching up on vaccinations, clinics were held at Woodstock and St. Thomas locations, as well as Aylmer, Norwich, Ingersoll, Straffordville, Tillsonburg, and West Lorne.

1.3.3 Outreach and Compliance Efforts

SWPH staff invested significant effort in follow-up activities to bring the vast majority of students into compliance with ISPA before suspension. Early outreach and intensive follow-up substantially reduced the number of students requiring suspension.

Measure	Count	% of Students
Students Reviewed (JK to Grade 8)	25295	100%
1st notices issued	1976	7.8%
2nd notices issued (with Order of Suspension if non-compliance by suspension date)	1033	4.1%

Suspended by Order of the Medical Officer of Health (Feb 4, 2026)	250	0.99%
Suspended for full 20 days	64	0.25%

Note: *An additional 1064 elementary students from three private schools were excluded from this review but will be completed in Spring 2026.*

1.3.4 Secondary Student Immunization Review

With the elementary student review completed, SWPH has shifted focus to secondary students across the region. Secondary students often encounter greater barriers to accessing immunization, such as transportation, academic workload, and extracurricular activities. To address these challenges, SWPH's VPD team, in partnership with local schools and school boards, offers onsite school vaccination clinics for secondary students. These clinics are announced well in advance and are well attended.

Measure	Count
Total Students to be reviewed (Grade 9 to Grade 12 – up to 18 years of age)	10268 plus 1064 Elementary students
Total Students Receiving a 1st notice	2697 (26.2%) plus 186 Elementary (17.48%)

The record review process for the remaining elementary and secondary students will continue until May 4, 2026, at which time suspensions will be issued.

Overall, SWPH's VPD team achieved high compliance prior to suspension. Significant staff effort has helped minimize the impact for students and families as they update vaccination records, receive immunizations, and get support throughout the process. Prioritizing access and equity, with continued collaboration from schools, families, and partners, is essential to ensure timely record submission and participation in clinics ahead of the May 4, 2026 secondary student suspension date.

1.4 Environmental Health and IPAC Hub update

1.4.1 System and Provincial Updates

The provincial COVaxON system will be decommissioned on March 13, 2026. Staff are working with provincial partners to transition to updated vaccine inventory and reporting processes.

1.4.2 Service Delivery and Partner Engagement

Seasonal respiratory vaccination clinics are concluding as vaccine supply has largely been utilized. The IPAC Hub saw increased service demand in February across long-term care homes, retirement homes, and other congregate living settings. A regional needs assessment survey received strong engagement from sector partners, with results indicating particular interest in developing an IPAC champion program.

SWPH also welcomes an infectious disease specialist with expertise in tuberculosis to the region, strengthening clinical consultation and care coordination for individuals requiring TB management or immigration medical surveillance.

1.4.3 Organizational Initiatives

Internally, SWPH continues to strengthen infection prevention and control practices through policy updates and organizational assessments scheduled for several program areas in 2026. Environmental Health is also preparing to launch the *Informed Dining* pilot project this spring to support food operators in improving food allergy awareness.

2.0 Privacy and records compliance update (receive and file):

For the 2025 year, SWPH received 29 requests for information from community members under the *Personal Health Information Protection Act* (PHIPA), 6 Freedom of Information (FOI) requests under the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA), 2 Ontario Court of Justic requests for information, and 2 privacy breaches that were remedied and reported to the Information and Privacy Commissioner of Ontario (IPC).

For both privacy incidents, SWPH immediately contained, internally investigated, and responded in accordance with SWPH's legislative obligations. Based on the nature of the breaches [(1) misdirected fax | (2) misdirected email] management reviewed with staff the importance of ensuring correct recipient details are verified prior to sending out correspondence to prevent similar incidents from recurring in the future.

SWPH is an organization that maintains accountability with how we collect, use, and disclose the personal health information of the clients we serve. The daily administration and management of SWPH's privacy and records compliance program is facilitated by the Manager, Privacy and Records Compliance, who reports to the Director, Corporate Services & Human Resources.

The Manager, Privacy and Records Compliance works collaboratively with front line staff, program, and senior leadership to ensure legislative compliance and the adoption of best practices that ensure the safeguard of privacy and records management.

Between policy updates, privacy impact assessments, and training modules, tthe portfolio has focused on providing consultation programs and collaborating on projects to strengthen SWPH's commitment to respecting privacy.

We have continued to meet with program teams, conduct privacy impact assessments, and update available information to community members on our website regarding SWPH's clients and their right to control who sees their information and under what circumstances.

For 2026, SWPH will continue to strengthen our response to the threat of a cyber security incident, proactively manage records retention, continue our focus on how we can apply security and privacy impact assessments to any software solutions that are under consideration, and explore the potential risk and mitigation strategies associated with privacy and records compliance.

At SWPH, we are stewards of considerable information. The Records and Privacy Compliance program has made progress in creating a positive impact on SWPH through the identification, development, and implementation of processes meant to not only strengthen but demonstrate our commitment to protecting and responsibly managing records and the information within in.

Motion: 2026-BOH-0326-5.4
That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Report for March 26, 2026.