



Our Vision:
Healthy People in Vibrant Communities

BOARD OF HEALTH MEETING AGENDA

St. Thomas Site: 1230 Talbot Street, St. Thomas, ON

Virtual Participation: MS Teams

Thursday, May 22, 2025, at 1:00 p.m.

ITEM	AGENDA ITEM	LEAD	EXPECTED OUTCOME
1.0 CONVENING THE MEETING			
1.1	Call to Order, Recognition of Quorum <ul style="list-style-type: none">Introduction of Guests, Board of Health Members and Staff	Bernia Martin	
1.2	Approval of Agenda	Bernia Martin	Decision
1.3	Reminder to disclose Pecuniary Interest and the General Nature Thereof when Item Arises including any related to a previous meeting that the member was not in attendance for.	Bernia Martin	
1.4	Reminder that meetings are recorded for minute-taking purposes, and open session portions are publicly available for viewing for 30 days after being posted on Southwestern Public Health’s website.	Bernia Martin	
2.0 APPROVAL OF MINUTES			
2.1	Approval of Minutes: April 24, 2025	Bernia Martin	Decision
3.0 APPROVAL OF CONSENT AGENDA ITEMS			
4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION			
5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.ACCEPTANCE.DECISION			
5.1	SWPH SFOA Progressive Enforcement Report for May 22, 2025	Cameron Trafagander Efstathia Kyriakopoulos	Receive and File
5.2	Graham Scott Enns: SWPH Audited Financial Statements Report for May 22, 2025	Jennifer Buchanan	Presentation
5.3	Medical Officer of Health Report for May 22, 2025	Dr. Ninh Tran	Receive and File
5.4	Chief Executive Officer’s Report for May 22, 2025	Cynthia St. John	Decision
6.0 NEW BUSINESS/OTHER			
7.0 CLOSED SESSION			
8.0 RISING AND REPORTING OF THE CLOSED SESSION			
9.0 FUTURE MEETINGS & EVENTS			
9.1	<ul style="list-style-type: none">Board of Health Orientation: Thursday, June 26, 2025 at 12:00 p.m.Board of Health Meeting: Thursday, June 26, 2025 at 1:00 p.m.<ul style="list-style-type: none">Woodstock: Oxford County Administration Building, 21 Reeve Street, Woodstock, ONVirtual Participation: MS Teams		
10.0 ADJOURNMENT			



April 24, 2025
Board of Health Meeting
OPEN SESSION MINUTES

A meeting of the Board of Health for Oxford Elgin St. Thomas Health Unit was held on Thursday, April 24, 2025 commencing at 2:07 p.m.

PRESENT:

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

GUESTS:

Ms. K. Bastian	Manager, Strategic Initiatives
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, Foundation Standards
Ms. N. Rowe*	Manager, Communications
Mr. I. Santos	Manager, Information Technology
Mr. D. Smith	Program Director

REGRETS:

Mr. S. Molnar	Board Member
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**Represents virtual participation*

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

1.1 CALL TO ORDER, RECOGNITION OF QUORUM

The meeting was called to order at 2:07 p.m.

1.2 AGENDA

Resolution # (2025-BOH-0424-1.2)

Moved by D. Shinedling

Seconded by M. Ryan

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

Carried.

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

2.0 APPROVAL OF MINUTES

Resolution # (2025-BOH-0424-2.1)

Moved by J. Herbert

Seconded by D. Warden

That the minutes for the Southwestern Public Health Board of Health meeting for March 27, 2025 be approved.

Carried.

3.0 CONSENT AGENDA

No Items.

4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION

No items.

5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.DECISION

5.1 Medical Officer of Health's Report

Dr. N. Tran reviewed his report.

D. Shinedling commended Dr. Tran and the communications team at Southwestern Public Health (SWPH) for their thoughtful media engagement, noting that recent coverage demonstrated strong leadership and sensitive messaging. Dr. Tran recognized the communications team's efforts in responding to inquiries, identifying opportunities, and helping frame messages effectively, which has contributed to showcasing the organization in many positive ways.

Resolution # (2025-BOH-0424-5.1)

Moved by D. Warden

Seconded by G. Jones

That Board of Health for Southwestern Public Health accept the Medical Officer of Health's report for April 24, 2025.

Carried.

5.2 Chief Executive Officer's Report

C. St. John reviewed the report.

M. Peterson commended staff on the significant reduction in vaccine-preventable disease rates, noting it was the lowest he had seen. He remarked on the contrast between SWPH's results and a recent news story where thousands of students were suspended for outdated immunizations at another health unit. He praised the team for their excellent work in achieving this milestone.

M. Ryan shared concerns about recent social media commentary unfairly targeting rural residents for driving negative public health statistics. He appreciated the monthly reports from staff, noting that they helped him counter misinformation with accurate data and strengthened his ability to respond with a more informed stance.

C. Agar followed up on a previous inquiry regarding HeatADAPT funding. She asked how the funds were being spent and whether they would support vulnerable populations, referencing the program's objectives. C. St. John confirmed that an update would be included in the CEO report at the next Board meeting.

D. Shinedling asked for more information about the increase in BORN screening rates. He was curious about how these rates improved so quickly. D. Smith explained that hospital liaisons—public health nurses embedded in local hospitals—have been instrumental in working directly with both administration and clients. Their ongoing presence and education efforts helped reinforce the importance of the screen and contributed to the improvement.

D. Shinedling then asked if any modelling had been done to forecast future trends in screening rates. C. Richards responded that the Foundational Standards team does not currently conduct such modelling but appreciated the suggestion.

D. Shinedling also asked whether SWPH is aligning with provincial procurement guidelines regarding purchasing Canadian products. C. St. John confirmed that this is currently under review.

M. Ryan raised a question about how SWPH's funding compares to other public health units, particularly in terms of per-resident or per-client funding. He suggested that more detailed analysis could help support advocacy for more equitable funding allocations. M. Nusink responded that while SWPH has conducted broad comparisons, it has not yet analyzed funding to

such a granular level. She noted that obtaining this level of detail would be difficult, as many health units are not inclined to share their internal financial breakdowns.

C. St. John added that this lack of data-sharing amongst health units is an ongoing challenge. She noted that funding equity has been raised with the Ministry through the Association of Ontario Public Health Business Administrators (AOPHBA) and is under consideration as part of the funding review process for 2025.

M. Ryan emphasized the importance of SWPH taking a leadership role by proactively gathering its own comparative data, rather than waiting for the Ministry or other health units to do so. He expressed that a strong, evidence-based advocacy position could be more effective in influencing funding decisions.

D. Mayberry expressed caution about how far SWPH should go in inviting comparisons. He noted that there are many complexities and variations across health units, and going too deep into these details might lead to unproductive comparisons or misinterpretations.

D. Mayberry thanked staff for the encouraging progress and positive outcomes shared in the report.

Resolution # (2025-BOH-0424-5.2-3.2)

Moved by M. Peterson

Seconded by D. Shinedling

That the Board of Health for Southwestern Public Health accept the Amending Agreement between the Ministry of Health and Southwestern Public Health effective January 1, 2024.

Carried.

Resolution # (2025-BOH-0424-5.2-3.3)

Moved by M. Peterson

Seconded by D. Warden

That the Board of Health for Southwestern Public Health accept the Amending Agreement between the Ministry of Health and Southwestern Public Health effective January 1, 2025.

Carried.

Resolution # (2025-BOH-0424-5.2)

Moved by J. Herbert

Seconded by J. Couckuyt

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's report for April 24, 2025.

Carried.

6.0 NEW BUSINESS

7.0 TO CLOSED SESSION

Resolution # (2025-BOH-0424-C7)

Moved by D. Warden

Seconded by G. Jones

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

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

Other Criteria:

- (a) a request under the Municipal Freedom of Information and Protection of Privacy Act, if the council, board, commission or other body is the head of an institution for the purposes of that Act; or
- (b) an ongoing investigation respecting the municipality, a local board or a municipally controlled corporation by the Ombudsman appointed under the Ombudsman Act, an Ombudsman referred to in subsection 223.13 (1) of this Act, or the investigator referred to in subsection 239.2 (1). 2014, c. 13, Sched. 9, s. 22.

Carried.

8.0 RISING AND REPORTING OF CLOSED SESSION

Resolution # (2025-BOH-0424-C8)

Moved by M. Ryan

Seconded by M. Peterson

That the Board of Health rise with a report.

Carried.

Resolution # (2025-BOH-0424-C3.1)

Moved by D. Warden

Seconded by D. Shinedling

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Report for April 24, 2025.

Carried.

Resolution # (2025-BOH-0424-C3.2)

Moved by D. Mayberry

Seconded by J. Herbert

That the Board of Health for Southwestern Public Health approve the Special Ad Hoc Building Committee Report for April 24, 2025, and the recommendations contained therein.

Carried.

9.0 FUTURE MEETING & EVENTS

10.0 ADJOURNMENT

The meeting adjourned at 3:04 p.m.

Resolution # (2025-BOH-0424-9.0)

Moved by M. Peterson

Seconded by J. Herbert

That the meeting adjourn to meet again on Thursday, May 22, 2025 at 1:00 p.m.

Carried.

Confirmed: _____

MEETING DATE:	May 22, 2025
SUBMITTED BY:	Peter Heywood, Program Director
SUBMITTED TO:	Board of Health
PURPOSE:	<input checked="" type="checkbox"/> Receive and File
AGENDA ITEM #	5.1
RESOLUTION #	2025-BOH-0522-5.1
REPORT TITLE	SWPH Progressive Enforcement Activities Supporting the Smoke-Free Ontario Act (SFOA) in 2024

Purpose of This Report

Occasionally, the Board of Health receives detailed reports on program and service delivery to enhance understanding of specific initiatives. This report aims to provide the Board with deeper insights into Southwestern Public Health's (SWPH) efforts in tobacco and vapour control and our progressive enforcement activities aimed at reducing tobacco and nicotine use in our region.

Situation

Over the past 20 years, there has been a significant decrease in the number of Ontario adults who smoke tobacco.¹ However, smoking tobacco continues to be the leading preventable cause of cancers and premature death in Canada.¹ As cigarette smoking has decreased over time, the use of electronic cigarettes or vapes has been on the rise, especially among youth.

Currently, the evidence connecting electronic cigarette use and cancer is limited. What is concerning is that vapes often have harmful chemicals and high concentrations of nicotine, which can negatively impact lung health and brain development.¹⁻³ Research has shown that youth report the appealing flavours as a primary reason for trying and continuing to use vaping products.⁴ Additionally, youth who use vapes may be more likely to become cigarette smokers in the future.²

Local Tobacco and Vape Trends

Within the SWPH region, the proportion of adult residents in 2019/2020 who reported being a daily smoker is 17.2%, compared to Ontario at 10%, with daily smoking being more common in males (21.4%) than females (13%).⁵

The age of initiation is earlier in the SWPH region for having smoked an entire cigarette at 16 years old, compared to 17 years in Ontario.⁵ In 2019, 9.6% of SWPH youth reported smoking tobacco cigarettes, which is significantly more than youth in Ontario (5.0%).⁶ Male youth reported smoking tobacco cigarettes in the past 12 months more than female youth in the SWPH region (11.7% versus 7.4%, respectively).⁶ In 2019, vape use among youth in the SWPH region was significantly higher in SWPH than Ontario (32% compared to 22.7%, respectively),⁶ with females (34.1%) being slightly more likely than males (30%) to use vapes.⁶

Youth Access to Tobacco and Vapour Products

The Ontario Student Drug Use and Health Survey (2023) found that youth reported that the most common source of obtaining tobacco cigarettes and electronic cigarettes is through friends.⁷ Sixty-seven (67%) of Ontario youth perceive vapes/e-cigarettes to be “fairly easy” or “very easy” to obtain, followed by tobacco cigarettes (48%).⁷ Youth accessed tobacco cigarettes primarily through friends (50%), family members (12%), don’t remember (11%), a corner store, grocery store, or gas station (10%), someone else (8%), or another source not listed (7%).⁷

Tobacco and Vapour Control Program

Public health employs a three-pillar approach to address tobacco and nicotine use, known as comprehensive tobacco control. The three pillars are prevention, cessation, and protection. Southwestern Public Health (SWPH) implements various interventions within these pillars to tackle this significant community health issue. This report will focus specifically on the protection aspect of these interventions and will highlight additional evidence-based initiatives, along with progressive enforcement activities aimed at reducing tobacco and nicotine use in our region.

Local Public Health Agencies (LPHAs) in Ontario are required to follow the Ontario Public Health Standards, 2021, along with the Tobacco, Vapour, and Smoke Protocol and Guidelines, 2021. These regulations mandate the enforcement of the Smoke-Free Ontario Act, 2017 (SFOA) and its related regulations. To meet these requirements, local public health agencies employ provincial offence officers, commonly referred to as tobacco enforcement officers (TEOs) or tobacco control officers.

In June 2023, the Board of Health approved additional funding for tobacco enforcement to address the increasing demand in schools. With this funding, SWPH hired a part-time Tobacco Enforcement Officer (0.5 full-time equivalent) to provide enhanced services to local schools and tackle the rising rates of youth vaping in the region.

The addition of this part-time position has had a positive impact on the program. The enhancements made possible with these additional resources include:

- Increased TEO presence in schools;
- The opportunity to provide group educational sessions in schools;
- Increased capacity for illegal product seizure;
- Increase capacity for enforcement activities, as needed;
- Increased support for local healthy policy development; and
- Improved response rate to complaints and public inquiries

Smoke-Free Ontario Act

The SFOA was enacted in 2006 and regulated all enclosed public places and workplaces to be 100% smoke-free.⁸ Additional changes were made over the next decade, restricting where

people could smoke cigarettes (in vehicles with children under sixteen, outdoor hospitality patios, hospital grounds, etc.), and during this time, there began an emergence of electronic cigarette use, and the legalization of cannabis in Canada was on the horizon.⁸ The SFOA was passed on October 17, 2018 (the same day cannabis became legal) and restricts the use of vaping products and cannabis anywhere smoking is prohibited.⁸ Further restrictions were added that prohibit smoking, vaping and cannabis use in the following areas, including:

- 9 metres perimeter around restaurant or bar patios
- 20 metres perimeter around school property
- 20 metres perimeter around children's playgrounds and publicly owned sporting areas
- 20 metres perimeter around the community recreational facility grounds⁸

The Smoke-Free Ontario Act (SFOA) *also* regulates the sale, supply, use, display, and promotion of tobacco and vapour products in Ontario. In addition to the responsibilities mandated in the protocol, Tobacco Enforcement Officers (TEOs) are tasked with responding to complaints related to the SFOA and applying appropriate levels of progressive enforcement based on the severity of the violation, the degree of noncompliance, and the likelihood of reoffending.

Progressive Enforcement is a discretionary tool that TEOs use to ensure compliance with the SFOA. This approach includes education, warnings, and the issuance of Part I Provincial Offence Notice (PON (tickets) or Part III (summons) charges, while considering the frequency, severity, and probability of continued or repeated noncompliance. The role of a TEO can be divided into two main areas:

1. Mandated Responsibilities (Inspections)
2. Dynamic Responsibilities (SFOA complaints and inquiries)

Mandated Responsibilities

Several mandated inspections must be completed within each calendar year. These include:

- Display, Promotion and Handling (DPH) inspections ensure regulatory compliance with all tobacco and vapour vendors by verifying that all signage required by law is posted, that no tobacco or vapour products are illegally promoted within the retail establishment, and that no prohibited product under the SFOA is sold or offered for sale.
- Youth Access (YA) inspections evaluate tobacco and vapour retailers to ensure compliance with proper identification practices and prevent the sale of tobacco and vapour products to minors.
- Secondary school inspections ensure compliance with the SFOA in designated protected areas. These inspections verify that the required non-smoking and non-vaping signage is prominently displayed at all entrances, exits, and bathrooms.

SWPH has approximately 149 Tobacco Retailers, 147 Vapour Retailers (24 Specialty Vape Stores), and 15 Secondary Schools.

2024 Program Statistics

In 2024, SWPH's TEOs conducted 758 mandated inspections, issued twenty written warnings, and laid 18 charges. Table 1 presents a detailed breakdown of this data by inspection type.

Table 1. - Total number of mandated SFOA inspections conducted in 2024 and non-compliant enforcement outcome

Inspection Type	Number of Inspections	Completion Rate	Warnings Issued	Charges Laid
Display, Promotion and Handling: Tobacco	151	100%	1	0
Display, Promotion and Handling: Vapour	163	97.84%	1	4
Youth Access: Tobacco	289	97.22%	12	4
Youth Access: Vapour	143	97.12%	6	10
Secondary School Compliance*	12	80%	0	0

In Ontario, LPHAs must publicly disclose owners' convictions related to the sale of tobacco and vapour products to minors. This requirement is part of the SFOA. A summary report of convictions within the last five years involving retailers in SWPH's jurisdiction is posted on our Health Inspect disclosure webpage.

*The school year is 2024-2025, and we expect to complete 100% of inspections.

SFOA Complaints/Inquiries

All complaints regarding retailers, prohibited places, and workplaces are reviewed and responded to promptly. These complaints range from individuals smoking in prohibited places (e.g., school, workplace, or public place) to the sale of prohibited tobacco/vapour products.

Complaints that are not related to schools typically involve issues such as smoking inside warehouses, factories, long-term care homes, and workplace vehicles. There may also be reports of tobacco or vapour retailers in the area supplying tobacco or vapour products to individuals under the age of 19. In 2024, there were 132 complaints under the Smoke-Free Ontario Act (SFOA).

- 117 School Reports of Offence
- 15 complaints of other SFOA-related offences.

School Reports of Offence

During the 2023/2024 school year, 109 warnings were issued to secondary school students, and three received a Part I Provincial Offence Notice (PON). TEOs takes a progressive enforcement approach for people under 16 and those over 16, including a warning/education on the 1st offence. Further offences are illustrated in Table 2.

Table 2: Youth tobacco and vaping progressive enforcement approach: Offence and consequence

Under the age of 16	Over the age of 16
1 st Offence: Warning/Education	1 st Offence: Warning/Education
2 nd Offence: Youth Tobacco and Vaping Intervention Program (Warning)	2 nd Offence: Part I
3 rd Offence: Part III (unless >16)	3 rd Offence: Part III

Emerging Issues in Tobacco Enforcement

Specialty Vape Stores

Specialty Vape Stores (SVS) are vapour retailers exempt from the provincial ban on selling flavoured vapour products. They are permitted to display and allow for sampling of vapour products within the confines of the store. To open an SVS, registrants must complete the provincial SVS Registration form and submit it to their LPHA for approval.

SWPH currently has 24 registered SVSs in the region and has seen an increase in registrants over the past three years. This increase has also been observed across the province. This surge may be attributed to the lack of stringent guidelines and legislation governing the establishment and operation of these stores. Several factors, such as lack of space requirements, streamlined application processes, and minimal regulatory barriers, have contributed to the increase in SVS registrations in Ontario.⁹

Tobaccoless Nicotine Pouches

Tobaccoless nicotine pouches pose significant risks, especially to youth and young adults. Although marketed as safer than traditional tobacco products, they still deliver high levels of addictive nicotine, leading to health issues like cardiovascular problems and potential impacts on brain development.¹⁰ Their appealing flavours and discreet usage increase their attractiveness to young users.¹¹ In 2024, Health Canada implemented measures to combat this, prohibiting marketing to youth, restricting flavours to mint or menthol, and requiring sales to be conducted by pharmacists. While these regulations are a positive step, online sales remain a concern, necessitating stricter oversight.

Assessment

Municipal Level Policy Considerations

Federal and provincial policies primarily guide the regulation of tobacco and nicotine control. However, research indicates that local policies can significantly impact usage and health outcomes. Below are two municipal policy options for discussion and consideration.

Retail Licensing Fees

Policies affecting the density of SVSs impact youth access to vaping products. One effective strategy is implementing licensing fees for retailers. Specialty tobacconists and SVSs must register with their LPHA; the process does not include fees. However, various municipalities in Ontario have established licensing processes for tobacco and vape retailers, which include restrictions and fees.

To our knowledge, no municipalities in the SWPH region have licensing fees. The increasing number of SVSs raises concerns about youth access, highlighting the need for a licensing fee strategy to protect public health. A 2024 Public Health Ontario report noted that higher licensing fees can reduce retail outlet density, and early findings indicate that licensing requirements for vaping products can decrease youth intentions to start vaping.¹²

Smoke-Free Outdoor Spaces By-Laws

The positive impact of smoke-free outdoor spaces is well recognized, as they protect against second-hand smoke and discourage tobacco use. Reducing the visibility of smoking and vaping

makes it less acceptable to young people and helps people who have quit smoking and vaping to avoid relapse.

While the SFOA prohibits smoking in many public areas, municipal bylaws are still needed to cover the gaps in places like parks and beaches.⁸ Many municipalities have smoke-free park bylaws, but beaches in the SWPH region remain unregulated. With many people gathering at beaches, a smoke-free beach bylaw would be beneficial.

In 2016, SWPH conducted a poll at Port Stanley Beach and online to gauge support for smoke-free beaches. A total of 1,612 responses were received. Overall, 72% supported smoke-free beaches, with 88% in favour among beachgoers.¹³

Four Elgin County beaches (Port Glasgow, Port Stanley, Port Bruce, Port Burwell) in the SWPH region do not have a smoke-free beach bylaw. This presents an opportunity for SWPH to collaborate with local municipalities to support this bylaw development.

Next Steps

1. SWPH staff will collaborate with area municipalities to explore the implementation of a licensing fee for all new vape and tobacco retailers.
2. SWPH staff will collaborate with the local municipalities within Elgin County that have beaches to explore the development of smoke-free policies for public beaches.

Conclusion

Tobacco and vapour use continue to pose significant challenges to public health in the SWPH region. Recently, increased investment in the tobacco and vapour enforcement program has led to several enhancements aimed at addressing these issues more effectively. In Ontario and within the SWPH region, there has been a notable rise in the density of SVSs. This surge is attributed mainly to the absence of stringent regulatory measures, which raises serious public health concerns, particularly for priority populations, including youth. This situation underscores the need for comprehensive and cohesive legislation to mitigate health risks and establish necessary oversight.

Implementing smoke-free bylaws to limit smoking and vaping in public areas can significantly bolster public health initiatives. Such measures would diminish exposure to second-hand smoke and reduce litter associated with tobacco products. Additionally, these bylaws would foster healthier environments and deter tobacco and vapour use, particularly among youth, helping cultivate a community that prioritizes the well-being of all its members.

MOTION: 2025-BOH-0522-5.1

That the Board of Health for Southwestern Public Health receive and file the SWPH Report on Progressive Enforcement Activities Supporting the Smoke-Free Ontario Act (SFOA) in 2024 for May 22, 2025.

References

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2. CDC. Health effects of vaping [Internet]. 2025 [cited 2025 Apr 22]. Available from: <https://www.cdc.gov/tobacco/e-cigarettes/health-effects.html>
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OXFORD ELGIN ST. THOMAS HEALTH UNIT

Operating as

SOUTHWESTERN PUBLIC HEALTH

Financial Statements

December 31, 2024

Draft

SOUTHWESTERN PUBLIC HEALTH

Financial Statements

For the Year Ended December 31, 2024

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MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL REPORTING

The accompanying financial statements are the responsibility of the management of Southwestern Public Health and have been prepared in accordance with Canadian public sector accounting standards.

These financial statements include:

- Independent Auditors' report
- Statement of Financial Position
- Statement of Operations and Accumulated Surplus
- Statement of Change in Net Financial Debt
- Statement of Remeasurement Gains and Losses
- Statement of Cash Flows
- Notes to the Financial Statements
- Schedule of Expenditures

The Chief Executive Officer and the Chief Financial Officer are responsible for ensuring that management fulfills its responsibility for financial reporting and is ultimately responsible for reviewing the financial statements before they are submitted to the Board for approval.

The integrity and reliability of Southwestern Public Health reporting systems are achieved through the use of formal policies and procedures, the careful selection of employees and an appropriate division of responsibilities. These systems are designed to provide reasonable assurance that the financial information is reliable and accurate.

The financial statements have been audited on behalf of the Board of Health, Inhabitants and Ratepayers of the participating municipalities of the County of Oxford, County of Elgin and City of St. Thomas by Graham Scott Enns LLP in accordance with Canadian generally accepted auditing standards.

Cynthia St. John
Chief Executive Officer

Monica Nusink
Chief Financial Officer

St. Thomas, Ontario
May 22, 2025



GRAHAM SCOTT ENNS LLP
CHARTERED PROFESSIONAL ACCOUNTANTS

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INDEPENDENT AUDITORS' REPORT

To the **Board of Health, Members of Council, Inhabitants and Ratepayers** of
the participating municipalities of the County of Oxford, County of Elgin and City of St. Thomas:

Opinion

We have audited the financial statements of **Southwestern Public Health**, which comprise the statement of financial position as at December 31, 2024, and the statement of operations and accumulated surplus, statement of changes in net debt, statement of remeasurement gains and losses, statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the organization's financial statements present fairly, in all material respects, the financial position of the organization as at December 31, 2024, and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

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

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.



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INDEPENDENT AUDITORS' REPORT (CONTINUED)

Auditors' Responsibilities for the Audit of the Financial Statements (Continued)

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

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

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

St. Thomas, Ontario

May 22, 2025

Graham Scott Enns LLP
CHARTERED PROFESSIONAL ACCOUNTANTS
Licensed Public Accountants

SOUTHWESTERN PUBLIC HEALTH

Statement of Financial Position December 31, 2024

	2024 \$	(Note 12) 2023 \$
FINANCIAL ASSETS		
Cash	5,072,976	3,991,551
Accounts receivable	799,681	424,800
Government remittance receivable	<u>174,770</u>	<u>117,509</u>
	<u>6,047,427</u>	<u>4,533,860</u>
FINANCIAL LIABILITIES		
Accounts payable and accrued liabilities	1,673,254	1,391,252
Deferred revenue (Note 6)	98,205	1,823,921
Due to Province of Ontario (Note 12)	3,023,442	1,034,207
Long-term debt (Note 8)	6,681,000	6,929,000
Derivative (Note 9)	<u>263,439</u>	<u>371,197</u>
	<u>11,739,340</u>	<u>11,549,577</u>
NET FINANCIAL DEBT (PAGE 6)	<u>(5,691,913)</u>	<u>(7,015,717)</u>
NON-FINANCIAL ASSETS		
Prepaid expenses	117,343	80,364
Tangible capital assets (Note 7)	<u>9,346,881</u>	<u>9,381,629</u>
	<u>9,464,224</u>	<u>9,461,993</u>
TOTAL NET ASSETS	<u>3,772,311</u>	<u>2,446,276</u>
TOTAL NET ASSETS ARE COMPRISED OF THE FOLLOWING:		
ACCUMULATED SURPLUS (NOTE 5)	4,035,750	2,817,473
ACCUMULATED REMEASUREMENT GAINS AND LOSSES (PAGE 7)	<u>(263,439)</u>	<u>(371,197)</u>
	<u>3,772,311</u>	<u>2,446,276</u>

Approved by the Board:

_____ Director

_____ Director

The accompanying notes are an integral part of these financial statements.

SOUTHWESTERN PUBLIC HEALTH

Statement of Operations and Accumulated Surplus For the Year Ended December 31, 2024

	(Note 16) Budget 2024 <u>\$</u>	2024 <u>\$</u>	(Note 12) 2023 <u>\$</u>
REVENUES			
Operating grants			
Municipal:			
County of Elgin	1,852,600	1,852,600	1,351,194
City of St. Thomas	1,528,845	1,528,845	1,115,063
County of Oxford	4,346,038	4,346,038	3,169,783
Province of Ontario (Note 10)	17,490,719	16,887,607	17,209,082
Public Health Agency of Canada (Note 11)	269,487	272,773	182,940
Locally Driven Collaborative Projects	<u>-</u>	<u>19,000</u>	<u>4,894</u>
Total operating grants	<u>25,487,689</u>	<u>24,906,863</u>	<u>23,032,956</u>
Other:			
Other fees and recoveries	54,575	94,243	121,776
Clinics	24,000	25,036	23,880
Interest	<u>57,000</u>	<u>226,962</u>	<u>221,209</u>
Total other revenue	<u>135,575</u>	<u>346,241</u>	<u>366,865</u>
TOTAL REVENUES	25,623,264	25,253,104	23,399,821
EXPENDITURES - SCHEDULE (PAGE 25)	<u>25,623,264</u>	<u>24,034,827</u>	<u>22,821,425</u>
EXCESS OF REVENUES OVER EXPENDITURES	-	1,218,277	578,396
ACCUMULATED SURPLUS, BEGINNING OF YEAR, AS PREVIOUSLY STATED	<u>2,817,473</u>	<u>2,817,473</u>	<u>2,436,767</u>
PRIOR PERIOD ADJUSTMENT - SETTLEMENTS (NOTE 12)	<u>-</u>	<u>-</u>	<u>(197,690)</u>
SURPLUS, BEGINNING OF YEAR, AS RESTATED	<u>2,817,473</u>	<u>2,817,473</u>	<u>2,239,077</u>
ACCUMULATED SURPLUS, END OF YEAR (NOTE 5)	<u>2,817,473</u>	<u>4,035,750</u>	<u>2,817,473</u>

The accompanying notes are an integral part of these financial statements.

SOUTHWESTERN PUBLIC HEALTH

Statement of Change in Net Financial Debt For the Year Ended December 31, 2024

	(Note 16) Budget 2024 \$	2024 \$	2023 \$
EXCESS OF REVENUES OVER EXPENDITURES	-	1,218,277	578,396
Amortization of tangible capital assets	-	538,090	604,734
Acquisition of tangible capital assets	-	(503,342)	(686,495)
Change in prepaid expenses	-	(36,979)	(16,834)
Prior period adjustment (Note 12)	-	-	(197,690)
Remeasurement gain	-	107,758	271,154
DECREASE IN NET FINANCIAL DEBT	-	1,323,804	553,265
NET FINANCIAL DEBT, BEGINNING OF YEAR	<u>(7,015,717)</u>	<u>(7,015,717)</u>	<u>(7,568,982)</u>
NET FINANCIAL DEBT, END OF YEAR	<u><u>(7,015,717)</u></u>	<u><u>(5,691,913)</u></u>	<u><u>(7,015,717)</u></u>

Draft

The accompanying notes are an integral part of these financial statements.

SOUTHWESTERN PUBLIC HEALTH

Statement of Remeasurement Gains and Losses For the Year Ended December 31, 2024

	2024	(Note 12) 2023
	<u>\$</u>	<u>\$</u>
ACCUMULATED REMEASUREMENT GAINS AND (LOSSES), BEGINNING OF YEAR	(371,197)	(642,351)
Unrealized gains attributable to derivatives	<u>107,758</u>	<u>271,154</u>
ACCUMULATED REMEASUREMENT GAINS AND (LOSSES), END OF YEAR	<u>(263,439)</u>	<u>(371,197)</u>

Draft

The accompanying notes are an integral part of these financial statements.

SOUTHWESTERN PUBLIC HEALTH

Statement of Cash Flows For the Year Ended December 31, 2024

	2024 \$	(Note 12) 2023 \$
OPERATING ACTIVITIES		
Excess of revenues over expenditures	1,218,277	578,396
Items not involving cash:		
Amortization of tangible capital assets	538,090	604,734
Prior period adjustment (Note 12)	<u>-</u>	<u>(197,690)</u>
	<u>538,090</u>	<u>407,044</u>
Change in non-cash working capital balances:		
Accounts receivable	(374,881)	(122,435)
Government remittances receivable	(57,261)	8,746
Prepaid expenses	(36,979)	(16,834)
Accounts payable and accrued liabilities	282,002	(368,918)
Deferred revenue	(1,725,716)	(16,162)
Due to Province of Ontario	<u>1,989,235</u>	<u>(3,718,016)</u>
	<u>1,832,767</u>	<u>(3,248,179)</u>
CAPITAL ACTIVITIES		
Net acquisition of tangible capital assets	<u>(503,342)</u>	<u>(686,495)</u>
FINANCING ACTIVITIES		
Repayment to long-term debt	<u>(248,000)</u>	<u>(241,000)</u>
NET CHANGE IN CASH DURING THE YEAR	1,081,425	(4,175,674)
CASH, BEGINNING OF YEAR	<u>3,991,551</u>	<u>8,167,225</u>
CASH, END OF YEAR	<u><u>5,072,976</u></u>	<u><u>3,991,551</u></u>

The accompanying notes are an integral part of these financial statements.

SOUTHWESTERN PUBLIC HEALTH

Notes to the Financial Statements For the Year Ended December 31, 2024

PURPOSE OF ORGANIZATION

Southwestern Public Health (the "organization") provides public health services to the residents of the City of St. Thomas, County of Elgin and the County of Oxford and is accountable to the Province of Ontario as outlined in the Health Protection and Promotion Act.

1. CHANGE IN ACCOUNTING POLICIES

On January 1, 2024 the organization adopted accounting policies to conform to new standards issued under Canadian Public Sector Accounting Standards. The organization adopted the following standards which had the following impact:

- PS 3400 - Revenue - This standard will impact the timing of the revenue reported by the organization. There is no impact on the organization's financial reporting as a result of the adoption of this standard.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements of the organization are prepared by management in accordance with Canadian Public Sector Accounting Standards. Significant aspects of the accounting policies adopted by the organization are as follows:

Basis of Accounting

The financial statements are prepared using the accrual basis of accounting. The accrual basis of accounting records revenue as it is earned and measurable. Expenses are recognized as they are incurred and measurable based upon receipt of goods or services and/or the creation of a legal obligation to pay.

Revenue Recognition

Government transfers are recognized in the financial statements as revenues in the financial period in which events giving rise to the transfer occur, providing the transfers are authorized, any eligibility criteria have been met including performance and return requirements, and reasonable estimates of the amounts can be determined. Any amount received but restricted is recorded as deferred revenue in accordance with Section 3100 of the Public Sector Accounting Handbook and recognized as revenue in the period in which the resources are used for the purpose specified.

Unrestricted contributions are recognized as revenues when received or receivable if the amount to be received is reasonable estimated and collection is reasonable assured.

SOUTHWESTERN PUBLIC HEALTH

Notes to the Financial Statements For the Year Ended December 31, 2024

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Accounting Estimates

The preparation of these financial statements is in conformity with Canadian Public Sector Accounting Standards which requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenditures during the current period. These estimates are reviewed periodically and adjustments are made to income as appropriate in the year they become known.

In particular, the organization uses estimates when accounting for certain items, including:

Due to Province of Ontario
Useful lives of tangible capital assets

Tangible Capital Assets

Tangible capital assets are recorded at cost, which includes all amounts that are directly attributable to acquisition, construction, development or betterment of the asset. The cost, less residual value, of the tangible capital assets, excluding land are amortized on a straight-line basis over their estimated useful lives as follows:

Land improvements	20 years
Building	40 years
Roof	20 years
Component equipment	24 years
Computer equipment	4 years

Amortization begins the first month of the year following the year the asset is placed in service and to the year of disposal. Assets under construction are not amortized until the asset is available for productive use.

Deferred Revenue

The organization administers other public health programs funded by the Province of Ontario and reported on a Provincial fiscal year end of March 31st. Any unexpended funding for these programs at December 31st is reported as deferred revenue on the statement of financial position. Additionally the organization receives certain grants and other funding from external sources for administering public health programs and may defer funds not spent at December 31st if the respective funding agreement has a term beyond the year end.

SOUTHWESTERN PUBLIC HEALTH

Notes to the Financial Statements For the Year Ended December 31, 2024

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Financial Instruments

The organization's financial instruments consist of cash , accounts receivable, accounts payable and accrued liabilities, deferred revenues, due to Province, long-term debt, and derivatives.

The organization's financial instruments are measured as follows:

- i. Cash at fair value;
- ii. Portfolio investments at fair value (if any);
- iii. Accounts receivable at amortized cost;
- iv. Accounts payable and accrued liabilities at amortized cost;
- v. Long-term debt at amortized cost;
- vi. Derivative at fair value.

The fair value is determined as follows:

- i. Level 1 - Fair value measurements are those derived from quoted prices (in active markets);
- ii. Level 2 - Fair value measurements are those derived from inputs other than quoted prices included within Level 1 that are observable for the assets, either directly (i.e. as prices) or indirectly (i.e. derived from prices);
- iii. Level 3 - Fair value measurements are those derived from valuation techniques that include inputs for the asset that are not based on observable data (unobservable inputs).

For financial instruments measured using amortized cost the transaction costs and any other fees are expensed as incurred.

Unrealized gains and losses from changes in the fair value of financial instruments are recognized in the statement of remeasurement gains and losses.

All financial assets are tested annually for impairment. When financial assets are impaired, impairment losses are recorded in the statement of operations.

The organization uses derivative financial instruments, including an interest rate swap agreement, in its management of exposures to fluctuations in interest rates. An interest rate swap is a derivative financial contract between two parties who agree to exchange fixed rate interest payments for floating rate payments on a predetermined notional amount and term. Derivatives are recorded at fair value and in determining the fair value, the credit risk of both counterparts are considered.

SOUTHWESTERN PUBLIC HEALTH

Notes to the Financial Statements For the Year Ended December 31, 2024

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Employee Benefit Plans

The organization accounts for its participation in the Ontario Municipal Employees Retirement System (OMERS), a multi-employer public sector pension fund, as a defined contribution plan. The OMERS plan specifies the retirement benefits to be received by the employees based on the length of service and pay rates. Employee benefits include post employment benefits. Post employment benefits are subject to actuarial valuations and are accrued in accordance with the projected benefit method, prorated on service and management's best estimate of salary escalation and retirement ages of employees. Any actuarial gains and losses related to past service of employees are amortized over the expected average remaining service period.

Asset retirement obligations

The organization may be exposed to obligations of remediation associated with their tangible capital assets. If a legal obligation exists of remediation for a tangible capital asset then the organization would be required to set up an estimated future cost and liability associated with these obligations. As at December 31, 2024 there were no tangible capital assets that organization has controlled, constructed, owned or used that would have a legal obligation of remediation.

3. RECONCILIATION FOR MINISTRY OF HEALTH SETTLEMENT PURPOSES

	2024	2023
	\$	\$
Excess of Revenues over Expenditures	1,218,277	578,396
Reconciling items:		
Principal portion of long-term debt	(248,000)	(241,000)
Vacation and compensating time change	(7,785)	25,506
Amortization	538,090	604,734
Eligible expenses transferred to tangible capital assets	<u>(503,342)</u>	<u>(686,495)</u>
Excess of Revenues over Expenditures for Ministry of Health Purposes	<u>997,240</u>	<u>281,141</u>

4. LINE OF CREDIT

The organization has a revolving line of credit with Royal Bank of Canada. The line of credit bears interest at a rate of prime plus 0.25% and are authorized to a maximum of \$800,000. Amounts are advanced and repaid in increments of \$5,000. At year end, the organization has been advanced \$nil (2023 - \$nil) on this facility.

SOUTHWESTERN PUBLIC HEALTH

Notes to the Financial Statements For the Year Ended December 31, 2024

5. ACCUMULATED SURPLUS

The accumulated surplus consists of the following individual fund surplus/(deficit) and reserves as follows:

	2024	(Note 12) 2023
	<u>\$</u>	<u>\$</u>
SURPLUS		
General reserve	120,053	307,034
Prior period adjustment (Note 12)	-	(197,690)
Levy to be returned to Municipalities	255,500	255,500
Contingency reserve, set aside by the Board	994,316	-
Invested in tangible capital assets	<u>9,346,881</u>	<u>9,381,629</u>
	10,716,750	9,746,473
AMOUNTS TO BE RECOVERED		
Net long-term debt	<u>(6,681,000)</u>	<u>(6,929,000)</u>
ACCUMULATED SURPLUS	<u><u>4,035,750</u></u>	<u><u>2,817,473</u></u>

Per the existing Board of Health policy concerning reserve funds and an established maximum of 5% of total operating budgets for unforeseen program and service expenditures.

6. DEFERRED REVENUE

	2024	2023
	<u>\$</u>	<u>\$</u>
Low German Needs Assessment	63,267	67,392
Sewage Inspection Program	17,175	17,175
Public Health Agency of Canada	9,067	9,067
Healthy Babies Healthy Children (March 31, 2025)	8,696	-
IPAC Hub Infection (March 31, 2024)	-	65,073
Locally Driven Collaborative Projects (March 31, 2024)	-	53,222
Healthy Babies Healthy Children (March 31, 2024)	-	41,503
Needle Syringe Program (March 31, 2024)	-	29,643
Prenatal and Postnatal Nurse Practitioner (March 31, 2024)	-	846
Ontario Seniors Dental Care Program Capital:		
New Fixed Site (March 31, 2024)	<u>-</u>	<u>1,540,000</u>
Total Deferred Revenue	<u><u>98,205</u></u>	<u><u>1,823,921</u></u>

SOUTHWESTERN PUBLIC HEALTH

Notes to the Financial Statements For the Year Ended December 31, 2024

7. TANGIBLE CAPITAL ASSETS

December 31, 2024

Cost	Opening \$	Additions \$	Disposals \$	Ending \$
Land	572,909	-	-	572,909
Land improvements	161,330	-	-	161,330
Building	7,984,713	180,741	-	8,165,454
Roof	157,000	-	-	157,000
Building component equipment	2,484,109	122,947	-	2,607,056
Computer equipment	<u>2,709,968</u>	<u>199,654</u>	<u>-</u>	<u>2,909,622</u>
	<u>14,070,029</u>	<u>503,342</u>	<u>-</u>	<u>14,573,371</u>
Accumulated Amortization	Opening \$	Amortization \$	Disposals \$	Ending \$
Land improvements	22,603	8,067	-	80,670
Building	1,740,348	199,618	-	1,909,966
Roof	78,650	7,850	-	78,500
Building component equipment	604,571	89,050	-	693,621
Computer equipment	<u>2,230,228</u>	<u>233,505</u>	<u>-</u>	<u>2,463,733</u>
	<u>4,688,400</u>	<u>538,090</u>	<u>-</u>	<u>5,226,490</u>
Net Book Value	Opening \$			Ending \$
Land	572,909			572,909
Land improvements	88,727			80,660
Building	6,274,365			6,255,488
Roof	86,350			78,500
Building component equipment	1,879,538			1,913,435
Computer equipment	<u>479,740</u>			<u>445,889</u>
	<u>9,381,629</u>			<u>9,346,881</u>

SOUTHWESTERN PUBLIC HEALTH

Notes to the Financial Statements For the Year Ended December 31, 2024

7. TANGIBLE CAPITAL ASSETS (CONTINUED)

December 31, 2023

Cost	Opening \$	Additions \$	Disposals \$	Ending \$
Land	572,909	-	-	572,909
Land improvements	161,330	-	-	161,330
Building	7,971,153	13,560	-	7,984,713
Roof	157,000	-	-	157,000
Building component equipment	1,934,844	549,265	-	2,484,109
Computer equipment	<u>2,586,298</u>	<u>123,670</u>	<u>-</u>	<u>2,709,968</u>
	<u>13,383,534</u>	<u>686,495</u>	<u>-</u>	<u>14,070,029</u>
Accumulated Amortization	Opening \$	Amortization \$	Disposals \$	Ending \$
Land improvements	64,536	8,067	-	72,603
Building	1,541,969	199,279	-	1,710,348
Roof	62,800	7,850	-	70,650
Building component equipment	538,406	66,165	-	604,571
Computer equipment	<u>1,906,855</u>	<u>323,373</u>	<u>-</u>	<u>2,230,228</u>
	<u>4,083,666</u>	<u>604,734</u>	<u>-</u>	<u>4,688,400</u>
Net Book Value	Opening \$			Ending \$
Land	572,909			572,909
Land improvements	96,794			88,727
Building	6,460,084			6,274,365
Roof	94,200			86,350
Building component equipment	1,396,438			1,879,538
Computer equipment	<u>679,443</u>			<u>479,740</u>
	<u>9,299,868</u>			<u>9,381,629</u>

SOUTHWESTERN PUBLIC HEALTH

Notes to the Financial Statements For the Year Ended December 31, 2024

8. LONG-TERM DEBT

The balance of long-term debt reported on the Statement of Financial Position is made up of the following:

	2024	2023
	<u>\$</u>	<u>\$</u>
RBC bankers' acceptance to finance construction of new office building	6,944,439	7,300,197
Fair value of financial derivative (Note 9)	<u>263,439</u>	<u>371,197</u>
Long-term debt	<u><u>6,681,000</u></u>	<u><u>6,929,000</u></u>

Principal payments relating to the long-term debt outstanding are due as follows:

2025	2026	2027	2028	2029	Thereafter	Total
<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>	<u>\$</u>
<u>257,000</u>	<u>265,000</u>	<u>274,000</u>	<u>283,000</u>	<u>292,000</u>	<u>5,573,439</u>	<u>6,944,439</u>

On April 8, 2024 the organization restructured the short term construction loan into long-term financing. The organization was advanced \$6,868,000 in a 32 day banker acceptance notes at the CORRA rate of 2.56% plus a credit spread of 0.69%. The organization at the same time entered into an interest rate swap contract to fix the interest rate on their long-term financing at 2.56% for a 30 year time frame. As a result of these transactions, the organization had fixed their rate on this debt obligation at 2.56% plus the credit spread. The credit spread is reviewed every year to determine if the risk assessment of the organization has changed from the last review at which point the rate could increase if additional risk is determined.

9. DERIVATIVES

The organization has entered into an interest rate swap agreement as a result of the debt disclosed in (Note 8). As a result if the organization were to repay the long-term debt at December 31, 2024 an additional cost of \$263,439 would be incurred. The organization intends to carry the long-term debt to full maturity thereby eliminating the loss.

	2024	2023
	<u>\$</u>	<u>\$</u>
Fair value of Financial Derivatives Beginning of Year	371,197	642,351
Unrealized (Gain)/Losses	<u>(107,758)</u>	<u>(271,154)</u>
Fair Value of Financial Derivatives (Note 8)	<u><u>263,439</u></u>	<u><u>371,197</u></u>

Financial Derivatives are classified as Level 3

SOUTHWESTERN PUBLIC HEALTH

Notes to the Financial Statements For the Year Ended December 31, 2024

10. PROVINCE OF ONTARIO

	2024	2023
	<u>\$</u>	<u>\$</u>
COST SHARED PROGRAMS		
General Public Health Programs	12,822,597	12,667,878

OTHER PROGRAMS AND ONE TIME FUNDING

Ministry Programs - 100% Funding

Infection Prevention and Control Hub (March 31, 2023)	-	24,787
Infection Prevention and Control Hub (March 31, 2024)	175,716	371,805
Infection Prevention and Control Hub (March 31, 2025)	289,859	-
Medical Officer of Health Compensation Initiative	96,261	62,632
Merger Costs (March 31, 2024)	23,914	-
Mobile Dental Clinic (March 31, 2023)	-	453,910
Needle Syringe Program (March 31, 2023)	-	25,099
Needle Syringe Program (March 31, 2024)	36,779	11,606
Ontario Seniors Dental Care Program	1,061,100	1,061,106
Public Health Inspector Practicum Program (March 31, 2023)	-	393
Public Health Inspector Practicum Program (March 31, 2024)	-	20,000
Public Health Inspector Practicum Program (March 31, 2025)	20,000	-
School-Focused Nurses Initiative (March 31, 2023)	-	225,000
School-Focused Nurses Initiative (June 30, 2023)	-	225,000
COVID-19: Vaccine Program (December 31, 2023)	-	219,547
COVID-19: Vaccine Program (March 31, 2024)	178,963	-
COVID-19: Vaccine Program (March 31, 2025)	264,665	-
Vaccine Fridge (March 31, 2024)	<u>-</u>	<u>32,600</u>
Total Ministry Programs- 100% Funding	<u>2,147,257</u>	<u>2,733,485</u>

Other Programs

Prenatal and Postnatal Nurse Practitioner Services (March 31, 2023)	-	34,744
Prenatal and Postnatal Nurse Practitioner Services (March 31, 2024)	35,590	103,410
Prenatal and Postnatal Nurse Practitioner Services (March 31, 2025)	104,258	-
Healthy Babies Healthy Children (March 31, 2023)	-	470,919
Healthy Babies Healthy Children (March 31, 2024)	454,893	1,198,646
Healthy Babies Healthy Children (March 31, 2025)	<u>1,323,012</u>	<u>-</u>
Total other programs	<u>1,917,753</u>	<u>1,807,719</u>
Total Province of Ontario grants	<u>16,887,607</u>	<u>17,209,082</u>

SOUTHWESTERN PUBLIC HEALTH

Notes to the Financial Statements For the Year Ended December 31, 2024

11. PUBLIC HEALTH AGENCY OF CANADA

The organization receives funding from the Public Health Agency of Canada for funds to carry out the Smoking Cessation project. Any unexpended funding for this program at December 31st is reported as deferred revenue on the statement of financial position.

	2024 \$	2023 \$
Revenue		
Revenue (March 31, 2023)	-	62,974
Revenue (March 31, 2024)	105,072	119,966
Revenue (March 31, 2025)	<u>167,701</u>	<u>-</u>
	<u>272,773</u>	<u>182,940</u>
Expenditure		
Purchased services (March 31, 2023)	-	46,102
Purchased services (March 31, 2024)	78,562	52,132
Purchased services (March 31, 2025)	83,203	-
Salaries (March 31, 2023)	-	14,952
Salaries (March 31, 2024)	20,098	55,643
Salaries (March 31, 2025)	67,677	-
Benefits (March 31, 2023)	-	1,792
Benefits (March 31, 2024)	6,411	12,012
Benefits (March 31, 2025)	16,689	-
Travel (March 31, 2023)	-	127
Travel (March 31, 2024)	-	180
Travel (March 31, 2025)	<u>133</u>	<u>-</u>
	<u>272,773</u>	<u>182,940</u>
Program excess of revenue over expenditures	<u>-</u>	<u>-</u>

Draft

SOUTHWESTERN PUBLIC HEALTH

Notes to the Financial Statements For the Year Ended December 31, 2024

12. PRIOR PERIOD ADJUSTMENT - SETTLEMENTS

In December 2024, the organization finalized 2017 to 2021 settlements with the Ministry of Health.

The result of finalizing the 2020 settlement increased the liabilities and decreased the surplus of the organization as of the end of 2020:

Increase in due to Province of Ontario	<u>(197,690)</u>
Increase in net financial debt	(197,690)
Decrease in accumulated surplus	<u><u>(197,690)</u></u>

The net impact on the opening numbers for 2023 in the financial position were as follows:

Increase in due to Province of Ontario	<u>(197,690)</u>
Increase in net financial debt	(197,690)
Decrease in accumulated surplus	<u><u>(197,690)</u></u>

Draft

SOUTHWESTERN PUBLIC HEALTH

Notes to the Financial Statements For the Year Ended December 31, 2024

13. CASH FLOW FROM THE PROVINCE OF ONTARIO MINISTRIES OF HEALTH AND CHILDREN, COMMUNITY AND SOCIAL SERVICES

The organization receives annual funding and one time funding ("OTF") from the Province of Ontario Ministry of Health ("MOH") and the Ministry of Children, Community and Social Services ("MCCSS") to carry out general public health programs and related health programs and services. Funding provided from the Ministry for the year ended December 31, 2024 is as follows:

	MOH \$	MCCSS \$
COVID - Vaccination (March 31, 2024)	257,800	-
General Public Health Programs	12,822,597	-
Infection Prevention and Control Hub (March 31, 2024)	145,622	-
Medical Officer of Health Compensation Initiative	178,169	-
Needle Syringe Program - OTF (March 31, 2024)	13,751	-
Merger Planning (March 31, 2024)	75,000	-
Ontario Senior Dental Care Program	1,061,100	-
Ontario Seniors Dental Care Program Capital:		
Public Health Inspector Practicum Program OTF (March 31, 2024)	5,002	-
Respiratory Syncytial Virus Prevention (March 31, 2024)	313,000	-
Vaccine Fridge (March 31, 2024)	8,153	-
Healthy Babies Healthy Children (March 31, 2024)	-	413,382
Healthy Babies Healthy Children (March 31, 2025)	-	1,331,708
Prenatal and Postnatal Nurse Practitioner (March 31, 2024)	-	34,752
Prenatal and Postnatal Nurse Practitioner (March 31, 2025)	-	104,256
	<u>14,880,194</u>	<u>1,884,098</u>

SOUTHWESTERN PUBLIC HEALTH

Notes to the Financial Statements For the Year Ended December 31, 2024

14. PUBLIC SECTOR SALARY DISCLOSURE ACT 1996

The Public Sector Salary Disclosure Act, 1996 (the "Act") requires the disclosure of the salaries and benefits of employees in the public sector who are paid a salary of \$100,000 or more in a year. The organization complies with the Act by providing the information to the Ontario Ministry of Health for disclosure on the public website at www.ontario.ca/page/public-sector-salary-disclosure.

15. PENSION AGREEMENTS

The organization makes contributions to the Ontario Municipal Employees Retirement Fund (OMERS), which is a multi-employer plan, on behalf of members of its staff. The plan is a defined benefit plan which specifies the amount of the retirement benefit to be received by the employees based on the length of service and rates of pay. Each year, an independent actuary determines the funding status of OMERS Primary Pension Plan (the Plan) by comparing the actuarial value of invested assets to the estimated present value of all pension benefits the members have earned to date. The most recent actuarial valuation of the Plan was conducted December 31, 2024, and the results of this valuation disclosed actuarial liabilities of \$142.5 billion in respect of benefits accrued for service with actuarial assets at that date of \$139.6 billion leaving an actuarial deficit of \$2.9 billion.

Since any surpluses or deficits are a joint responsibility of all Ontario municipalities and their employees, the organization does not recognize any share of the OMERS Pension surplus or deficit in these financial statements.

The amount contributed to OMERS for the year ended December 31, 2024 was \$1,368,453 (2023 - \$1,271,862). OMERS contribution rates for 2024 and 2023 depending on income level and retirement dates ranged from 9% to 15.8%.

16. BUDGET FIGURES

The operating budgets approved by the organization and the Province of Ontario for 2024 are reflected on the statement of operations and are presented for comparative purposes.

17. OPERATING LEASES

The organization leases two buildings from the County of Oxford at \$49,007 per month plus HST on an ongoing monthly basis to April 30, 2024. During the year the organization signed new lease extensions for the two buildings with the County of Oxford at \$52,149 per month plus HST on an ongoing monthly basis to April 30, 2026.

The minimum annual lease payments required in the next two years in respect of operating leases are as follows:

	<u>\$</u>
2025	637,785
2026	212,595

SOUTHWESTERN PUBLIC HEALTH

Notes to the Financial Statements For the Year Ended December 31, 2024

18. FINANCIAL INSTRUMENTS

Risks and Concentrations

The organization is exposed to various risks through its financial instruments. The following analysis provides a measure of the organization's risk exposure and concentrations at the statement of financial position date.

Liquidity Risk

Liquidity risk is the risk that the organization will encounter difficulty in meeting obligations associated with financial liabilities. The organization doesn't believe that liquidity risk is a significant risk as no financial liabilities of the organization were in default during the period and was no subject to any covenants during the period.

Credit Risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The organization's main credit risk relate to its accounts receivable. At year end, the organization has no significant risk as the organization does not expect any issues with the collections of these balances.

Interest Rate Risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The organization is exposed to interest rate risk on its fixed and floating interest rate financial instruments. Given the current composition of long-term debt (proportion of debt at a fixed interest rate compared to a floating interest rate), fixed-rate instruments subject the organization to a fair value risk while the floating-rate instruments subject it to a cash flow risk. This risk is offset by the use of the interest swap derivative.

It is management's opinion that the entity is not exposed to any significant foreign currency or price risk.

There have been no changes to the assessed levels of these risks in the year.

SOUTHWESTERN PUBLIC HEALTH

Schedule of Expenditures For the Year Ended December 31, 2024

	(Note 16) Budget 2024 \$	2024 \$	2023 \$
GENERAL PUBLIC HEALTH PROGRAMS			
SALARIES AND WAGES			
Nursing	4,656,080	4,283,885	3,599,795
Management	3,980,057	4,112,990	3,775,666
Inspection and environment	1,496,960	1,363,899	1,254,873
Clerical and support	1,058,860	1,118,664	937,653
Health promotion	1,081,414	989,564	825,097
COVID-19	<u>464,156</u>	<u>-</u>	<u>1,166,234</u>
	<u>12,737,527</u>	<u>11,869,002</u>	<u>11,559,318</u>
FRINGE BENEFITS			
Group pension	1,797,685	1,684,270	1,542,065
Extended health care	761,000	773,034	561,971
Canada pension plan	626,500	646,171	600,455
Long term disability	430,000	417,842	340,132
Employer health tax	276,500	277,550	268,282
Dental plan	261,500	252,300	208,402
Employment insurance	216,500	197,328	214,712
Workplace safety insurance	171,500	162,622	142,707
Supplementary unemployment benefits	49,000	117,090	28,476
Group life insurance	74,500	64,502	60,220
Part-time benefits	80,155	55,239	111,806
Employee assistance programs	5,700	4,585	8,226
Benefits to other programs	(794,717)	(893,769)	(1,055,002)
COVID-19	<u>147,894</u>	<u>-</u>	<u>141,192</u>
	<u>4,103,717</u>	<u>3,758,764</u>	<u>3,173,644</u>
FEES AND HONORARIA			
Audit and legal	106,000	88,629	42,691
Labour relations	112,550	61,480	119,859
Honorarium	24,200	18,600	16,179
Meeting expense	24,500	12,182	18,817
Services fees	<u>7,660</u>	<u>7,573</u>	<u>8,053</u>
	<u>274,910</u>	<u>188,464</u>	<u>205,599</u>
COVID-19 EXPENSES OTHER THAN PAYROLL	<u>256,820</u>	<u>-</u>	<u>69,108</u>

SOUTHWESTERN PUBLIC HEALTH

Schedule of Expenditures For the Year Ended December 31, 2024

	(Note 16) Budget 2024 \$	2024 \$	2023 \$
TRAVEL	<u>153,255</u>	<u>160,730</u>	<u>135,302</u>
EQUIPMENT	<u>836,687</u>	<u>753,739</u>	<u>635,865</u>
PROGRAM SUPPLIES	<u>566,410</u>	<u>581,779</u>	<u>544,407</u>
AMORTIZATION	<u>-</u>	<u>538,090</u>	<u>604,734</u>
RENT AND UTILITY SERVICES			
Building and facilities rental	1,204,054	936,162	833,519
Interest on long-term debt	<u>223,000</u>	<u>186,637</u>	<u>230,506</u>
	<u>1,427,054</u>	<u>1,122,799</u>	<u>1,064,025</u>
ADMINISTRATIVE			
Telephone	194,700	202,129	164,655
Insurance	155,800	145,055	132,719
Professional development	206,976	142,855	96,502
Public awareness, promotion and engagement strategies	164,975	119,122	73,788
Fees and subscriptions	87,715	98,982	74,999
Printing and postage	<u>37,500</u>	<u>24,215</u>	<u>24,880</u>
	<u>847,666</u>	<u>732,358</u>	<u>567,543</u>
TOTAL COST SHARED PROGRAM EXPENDITURES	<u>21,204,046</u>	<u>19,705,725</u>	<u>18,559,545</u>

Draft

SOUTHWESTERN PUBLIC HEALTH

Schedule of Expenditures For the Year Ended December 31, 2024

	(Note 16) Budget		
	2024	2024	2023
	<u>\$</u>	<u>\$</u>	<u>\$</u>
OTHER PROGRAMS AND ONE TIME EXPENDITURES			
MINISTRY PROGRAMS - 100% FUNDED			
COVID Vaccine Program (March 31, 2024)	-	178,963	219,547
COVID Vaccine Program (March 31, 2025)	-	264,665	-
Infection Prevention and Control Hub (March 31, 2023)	-	-	24,787
Infection Prevention and Control Hub (March 31, 2024)	582,500	175,716	371,805
Infection Prevention and Control Hub (March 31, 2025)	-	289,859	-
Medical Officer of Health Compensation Initiative	79,815	85,590	62,632
Strengthening Public Health: Merger Planning (March 31, 2024)	50,000	23,914	-
Mobile Dental Clinic (March 31, 2023)	-	-	865
Needle Syringe Program Initiative (March 31, 2023)	-	-	25,099
Needle Syringe Program Initiative (March 31, 2024)	20,000	36,779	11,605
Ontario Senior Dental Care Program	1,589,705	1,039,965	1,062,845
Public Health Inspector Practicum Program (March 31, 2023)	-	-	393
Public Health Inspector Practicum Program (March 31, 2024)	19,460	-	20,000
Public Health Inspector Practicum Program (March 31, 2025)	-	20,000	-
School-Focused Nurses Initiative (March 31, 2023)	-	-	225,000
School-Focused Nurses Initiative (June 30, 2023)	-	-	225,000
Total Ministry Programs - 100% Funded	<u>2,341,480</u>	<u>2,115,451</u>	<u>2,249,578</u>
OTHER PROGRAMS			
Healthy Babies Healthy Children	1,653,540	1,777,905	1,669,436
Public Health Agency Canada	285,198	272,772	182,941
Prenatal and Postnatal Nurse Practitioner Services	139,000	139,848	138,154
Locally Driven Collaborative Projects (March 31, 2024)	-	19,001	4,894
Low German Partnership	-	4,125	16,877
Total other programs	<u>2,077,738</u>	<u>2,213,651</u>	<u>2,012,302</u>
TOTAL EXPENDITURES	<u>25,623,264</u>	<u>24,034,827</u>	<u>22,821,425</u>



Medical Officer of Health

Report to the Board

MEETING DATE: May 22, 2025

SUBMITTED BY: Dr. Ninh Tran, Medical Officer of Health (written as of May 8, 2025)

SUBMITTED TO: Board of Health

PURPOSE: ☐ Decision
☐ Discussion
☒ Receive and File

AGENDA ITEM # 5.3

RESOLUTION # 2025-BOH-0522-5.3

As we move further into spring, public health activity at Southwestern Public Health (SWPH) is intensifying to meet both the demands of ongoing infectious disease response and the seasonal rise in preventable health risks. The measles outbreak remains a significant challenge, particularly for unvaccinated populations, while the return of warmer weather brings increased potential for rabies exposures and vector-borne diseases such as Lyme disease and West Nile virus. SWPH continues to respond with a layered approach—combining surveillance, risk communication, health system engagement, and public education—to protect community health, support partners, and ensure our region remains informed and prepared.

1.0 Measles

1.1 Current Case Count and Impact

The number of measles cases in the SWPH region continues to rise. Since October 2024, 468 cases have been reported as of May 2, 2025. The vast majority are among individuals who are not fully vaccinated, with most being entirely unvaccinated. Notably, 75.4% of cases are in individuals 18 years of age and younger. To date, there have been 35 hospitalizations, representing 7.5% of reported cases. These trends and proportions have remained stable since the last Board of Health report.

1.2 Impact on SWPH and Health System

The ongoing case numbers and related exposures continue to place pressure on both SWPH and the broader health system. Case and contact management efforts remain focused on individuals at highest risk. Public notifications of potential exposures are ongoing via media releases and are supported by our online [Measles Exposure Risk Assessment Tool](#), which helps the public assess their risk and access appropriate guidance.

As part of SWPH's measles response, large farms with 40–145 workers have been contacted to assess interest in on-site vaccination clinics. Outreach to smaller farms is planned for early May.

1.3 Media Relations Update

SWPH has received increased provincial and national media attention related to the ongoing measles outbreak. In recent weeks, we have provided written responses to CTV News Toronto and TVO's *The Agenda*, coordinated participation in a national feature with the Canadian Press, and redirected other inquiries to our scheduled briefing. We declined one request involving clients as it presented privacy concerns, and we continue to work closely with the Office of the Chief Medical Officer of Health to ensure consistent messaging, particularly in anticipation of provincial updates on public health supports. SWPH continues to regard media coverage as an opportunity to reinforce our key message to the community: we are ready to immunize, as the measles vaccine remains the most effective defense against both infection and serious illness. We remain committed to engaging with all media outlets to share this message.

2.0 Rabies and Vector-borne Diseases

2.1 Rabies

As the weather warms and outdoor activities increase, so too does the likelihood of encounters with unfamiliar animals. Rabies—a serious and often fatal disease transmitted through the saliva of infected animals—can be prevented by avoiding contact with unknown animals, reporting bites, and staying alert when outdoors.

May is Rabies Awareness Month, offering an opportunity to raise awareness about prevention and ensure communities remain informed and protected. We have promoted rabies awareness on our social media platforms (Facebook and Instagram) since the onset of warmer weather and will continue to do so through static image posts and short-form videos (reels). Additional video content will be shared via YouTube and other platforms throughout May.

Two new resources are currently in development to support local emergency departments and healthcare providers. These tools will provide clear algorithms and step-by-step guidance on managing suspected rabies exposures, helping streamline response and ensure consistent clinical management.

2.2 Vector-Borne Diseases

Warmer weather also raises the risk of vector-borne diseases such as Lyme disease (transmitted by ticks) and West Nile virus (spread by mosquitoes). Preventive measures include the following recommendations:

- Using insect repellents that contain DEET or other EPA-approved ingredients
- Wearing long sleeves and pants in grassy or wooded areas
- Performing tick checks after spending time outdoors
- Eliminating standing water near homes to reduce mosquito breeding grounds

These steps can significantly lower the risk of exposure while enjoying outdoor activities. Local cases of Lyme disease have steadily increased each year since 2019.

To further increase awareness, we launched an outdoor digital billboard campaign running from April 7 to May 18, rotating between St. Thomas and Woodstock. The billboard promotes awareness of vector-borne diseases and directs residents to our website for more information. This campaign is expected to reach over 800,000 impressions.

We are also continuing to promote tick awareness on Facebook and Instagram, using both static posts and short-form video reels. These coordinated efforts ensure key messages are delivered across multiple platforms during peak exposure months.

MOTION: 2025-BOH-0522-5.3

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



CEO REPORT

Open Session

MEETING DATE: May 22, 2025

SUBMITTED BY: Cynthia St. John, Chief Executive Officer (written as of May 15, 2025)

SUBMITTED TO: Board of Health

PURPOSE: ☐ Decision
☐ Discussion
☒ Receive and File

AGENDA ITEM # 5.4

RESOLUTION # 2025-BOH-0522-5.4

1.0 PROGRAM AND SERVICE UPDATES (RECEIVE AND FILE):

1.1 2026 PROGRAMS AND SERVICES OPERATIONAL PLANNING

It's hard to believe, but it's that time of year again! Staff are already turning their attention to Southwestern Public Health (SWPH) programs and services operational planning for 2026. This year promises to be an exciting one, especially with the strategic planning work that is currently underway.

Our program planning process is a vital part of our operations, helping us populate aspects of the Ministry of Health's Annual Service Plan, complete our program budget requests, and plan our programs and services activities and interventions methodically using an evidence-informed approach. This thoughtful process ensures that we are always working towards our goals in the most efficient and effective way possible.

One of the highlights this year is the opportunity for staff to utilize the new strategic plan (once Board approved) to guide our programs and services plans. This alignment will help us stay focused on our new strategic vision and ensure that our work is always coordinated with our broader objectives. By using operational plans that are aligned with strategic objectives, we will be able to monitor progress on our strategic plan more effectively.

Additionally, we are committed to continuing to build staff capacity to integrate health equity concepts into our program plans. This focus will help us create more inclusive and equitable programs and services, which is a key priority for our organization.

We are looking forward to a productive and successful planning cycle!

1.2 LAUNCH OF CANADIAN-BASED ONLINE PRENATAL PROGRAM – “BUMP TO BABY”

I’m pleased to share that our Healthy Growth and Development team will be transitioning to a Canadian-based online prenatal education program—Bump to Baby—for residents of Oxford County, Elgin County, and the City of St. Thomas.

For several years, SWPH has used a U.S.-based program to deliver prenatal content. While it initially allowed for Canadian adaptation, this was recently revoked, prompting a search for a suitable domestic alternative. Until now, no comparable Canadian option existed.

Bump to Baby, developed by South East Health Unit using content from Public Health Sudbury and District, offers comprehensive, evidence-based guidance on pregnancy, birth, postpartum, and infant care. This program is endorsed by the Society of Obstetricians and Gynecologists of Canada, Health Canada and the Canadian Pediatric Society and is maintained by a team of Public Health Nurses, International Board-Certified Lactation Consultants (IBCLCs), and Registered Dietitians.

The program features interactive content, accessibility supports, and gender-neutral language. A French version is in development. Importantly, participant data remains within our organization, in line with our privacy protocols, and the program includes an evaluation component.

Bump to Baby is also more cost-effective than our current U.S. program! The new program is expected to launch this May, coinciding with the end of our existing contract.

1.3 INJURY PREVENTION UPDATE: LEVERAGING DATA TRENDS AND EVIDENCE TO INFORM AN AGE-FRIENDLY STRATEGY

In 2022, the Chronic Disease and Injury Prevention team completed a situational assessment related to injuries, revealing that SWPH has significantly higher emergency department visits and hospitalization rates than the provincial average. Looking at current [Public Health Ontario](#) data for 2023, SWPH continues to have a higher rate of injuries than the provincial average and ranks as the 4th highest health unit region for hospitalizations. Upon analyzing the injury data by mechanism, falls among older adults emerged as our primary concern. The 2024 [The Cost of Injury in Ontario](#) report from Public Health Ontario also shows that the cost of injury has increased by 30% in less than a decade. The per capita cost of injury in 2010 was \$667, rising to \$838 in 2019. These costs encompass direct and indirect expenses, including healthcare and municipal services such as paramedics, police, and fire protection.

A review of evidence to explore the best way to address this issue from a public health lens revealed that Age Friendly Communities (AFC) could be an upstream policy intervention to protect older adults from injury-related falls. An AFC is a community where policies, services, and physical spaces are designed to enable people of all ages to live in secure and accessible physical and social environments. AFCs contribute to good health and allow people to participate fully in society throughout their lifetime. The World Health Organization completed an Age-Friendly Cities project in 2006 in consultation with over 22 countries, which led to the development of the eight community domains related to AFC. These domains outline communities' physical and social

aspects contributing to independent and active aging. AFCs are considered best practice by the [Public Health Agency of Canada](#). The Ontario Government also supports this work, and the Ministry for Seniors and Accessibility has funded the Ontario Age-Friendly Outreach Program since 2013.

Current Local Context:

Locally, Elgin St. Thomas developed an Age-Friendly Community Plan in 2017. A group of active community partners led the work, but it paused at the onset of the pandemic. In 2022, a local older adult champion brought the plan back to Elgin County Council, which supported its continuation. Elgin County initially provided leadership and administrative support to the committee until SWPH assumed the role of chair. Since then, the committee has actively collaborated with community partners to advance the plan. As Age-Friendly planning cycles typically occur every four years, the steering committee has identified the need to collect updated community data.

The [Creating a More Inclusive Ontario: Age-Friendly Community Planning Guide For Municipalities and Community Organizations](#) is a widely used resource designed to support municipalities and community organizations in developing and sustaining Age-Friendly Communities (AFCs) in Ontario. It provides a comprehensive approach to planning, implementing, and evaluating community programs, emphasizing self-determination, inclusiveness, and accountability through a four-year planning cycle.

In Oxford County, an Oxford Master Aging Plan was developed in 2011, but no active group or organization worked on it. In 2024, United Way Oxford gathered many community partners working with older adults to apply for a grant, which unfortunately was unsuccessful. The engaged partners recognized the significance of this work and committed to advancing it. The community resolved to move forward without relying on grant funding, harnessing the expertise of local organizations, including SWPH, which is providing leadership to this group.

Starting in May 2025, SWPH staff will support each of our regions' Age-Friendly committees to collect data in our communities with surveys for adults 50+, focus groups for service providers, and 1:1 interviews with local caregivers. We will analyze the data and complete environmental scans and literature reviews, and the steering committees will review all of this data and evidence to determine the best actions to move forward with for Elgin-St. Thomas and Oxford County to become more age-friendly. We have been connecting with local collaborators such as our Safe and Well committees and local strategic initiatives managers to ensure alignment with current municipal plans and identify any areas of opportunity. SWPH supports this work, and that support includes a Master of Public Health student and the Foundational Standards team. The local expertise from our steering committees and the Ontario [Age-friendly community planning guide for municipalities and community organizations](#) further enhances it. We anticipate completing the needs assessment by September and will present the findings to the Board of Health.

1.4 HEALTHY ENVIRONMENTS UPDATE

The Healthy Environments team has been actively addressing a range of seasonal and situational priorities across the region. From water safety advisories and early-season vector control preparations to outreach for farm worker immunization and public education initiatives, the team

continues to balance rapid response with ongoing program delivery. These efforts reflect the team's commitment to proactive, community-focused environmental health services.

Three Boil Water Advisories (BWAs) were issued in Oxford County between April 29 and 30, affecting Plattsville, Mount Elgin, and the Town of Ingersoll. The Ingersoll BWA impacted approximately 14,000 residents and generated significant media interest (CTV London, London Free Press, Heart FM). SWPH's Environmental Health team supported the response in partnership with municipal and utility stakeholders.

SWPH staff will be participating in the annual Children's Water Festival at Pittock Park, May 13–16, helping educate thousands of Grade 2–5 students on the importance of water safety and environmental health.

Seasonal preparations for vector-borne disease prevention are underway. Service contracts for mosquito surveillance and larviciding have been confirmed for 2025. Mosquito identification and viral testing will be conducted June through September, with larviciding expected to begin in July across approximately 18,000 catch basins in participating municipalities.

1.5 PUBLIC HEALTH AGENCY OF CANADA HEATADAPT FUNDING

Further to a board member's request for additional information related to the HeatADAPT Grant noted in the March 2025 CEO Report, below is additional information about the application and the use of funds with respect to this contribution agreement. As promised at the March meeting, the team prepared additional information and while it was in draft form just prior to the April Board meeting, it was not finalized until the May Board report.

The funding obtained through Health Canada's Climate Change and Health Capacity Building Program, Stream 2: HeatADAPT, is aimed at enhancing extreme heat resilience in vulnerable populations. The HeatADAPT program is designed to assess climate-related health risks and implement adaptation measures, while supporting efforts to understand and address the health impacts of extreme heat. *Eligible activities* under this stream include knowledge exchange, scientific research, community engagement, the development of heat alert protocols, and enhancement of surveillance systems. While a portion of the funding supports academic research, this research will guide the development of evidence-based interventions that directly benefit vulnerable populations in the SWPH region in an effective and sustainable way. SWPH had initially requested \$794,996 in funding, including some support for capital expenses; however, given the high number of applications and Health Canada's intent to support as many initiatives as possible, we were awarded \$614,596. Funding for capital expenses was not supported, as infrastructure development unrelated to eligible program activities is considered ineligible.

Public Health has a unique and vital role in addressing climate-related health risks. The HeatADAPT project focuses on health equity and human-nature connections to help mitigate the impacts of extreme heat on vulnerable groups such as older adults, children, those with chronic illnesses, outdoor workers, and individuals experiencing homelessness. By conducting research on heat-related health risks, we can better understand the specific needs of these populations and develop local and targeted interventions.

Upstream prevention aims to address the root causes of health issues before they occur. In the context of extreme heat, this involves optimizing physical, economic, and social factors that shape community health. The HeatADAPT project includes strategies to improve community preparedness, identify barriers to heat intervention access, and develop comprehensive plans such as emergency response and heat action plans. These strategies are designed to prevent heat-related health issues and enhance overall community resilience.

Building community resilience is essential for long-term solutions to climate-related challenges. This project emphasizes the importance of community engagement and collaboration with local organizations, academic institutions, and municipal leaders. By fostering partnerships and developing tailored and localized interventions, we can create sustainable solutions that enhance the resilience of vulnerable populations and the natural environment in the SWPH region.

While immediate actions are necessary to address urgent health risks, long-term solutions are crucial for sustained resilience. The HeatADAPT project aims to achieve both short-term and long-term outcomes, including increased knowledge about heat impacts and protection measures, improved community preparedness, and enhanced capacity among health and social service providers. These efforts will lead to sustained community engagement and a coordinated emergency response, ensuring that vulnerable populations are protected in the long run. This approach will ensure that the funding is used to create lasting benefits for vulnerable populations, rather than just providing temporary relief.

Securing this funding is a significant achievement for SWPH, particularly as Health Canada has not yet announced other successful recipients. This positions our organization as a leader in addressing climate-related health risks and highlights the strength of our proposal and capacity to deliver meaningful, evidence-based public health interventions. As the project progresses, we are committed to sharing our insights, tools, and outcomes with other public health agencies and community partners and beyond. Extreme heat is a growing and persistent public health issue, and the work undertaken through HeatADAPT will serve as a valuable touchstone for others advocating for similar upstream, equity-focused approaches in their own jurisdictions.

I will ensure that the Board is kept apprised of our progress with this important work.

2.0 FINANCIAL MATTERS (DECISION):

2.1 AUDITED FINANCIAL STATEMENTS (DECISION):

I am pleased to report that the audit of our financial records for the period ending December 31, 2024, has been completed by Graham Scott Enns. The audit was managed again this year by Scott Westelaken and overseen by Jennifer Buchanan.

The audited statements are attached for your review. There were no issues, and no material errors noted. Graham Scott Enns will be presenting the draft audited statements at the board meeting for your review and approval.

As part of the approval process of the statements, the board is required to sign the findings letter which is attached for your review. The findings letter highlights any significant matters related to the statements. There are none that were noted for the 2024 statements.

MOTION: 2025-BOH-0424-5.4-2.1

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

2.2 APPOINTMENT OF AUDITORS (DECISION):

Each year, the Board of Health is required to formally appoint an auditing firm for the next fiscal period. Staff are recommending that Graham Scott Enns be appointed as the auditing firm for 2025. They are a firm that is local within the geographic area serving SWPH, they have experience working with the existing public health finance staff, and they have a thorough understanding of the many different funding envelopes for public health.

MOTION: 2025-BOH-0424-5.4-2.2

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

2.3 DEFERRED REVENUE (DECISION):

Currently SWPH has Sewage Inspection Program deferred revenue in the amount of \$17,175 as shown in note six of the audited financial statements (see 5.2 REP FIN GSE – Southwestern Public Health – Draft Financial Statements Dec 31, 2024). This program was discontinued in early 2019 but still had funds in the program which were transferred from Oxford County when we merged in 2018. These funds belong to SWPH as all assets and liabilities of the individual health units became part of SWPH as part of the merger. I am recommending that we relocate these funds to the Board of Health reserve fund.

MOTION: 2025-BOH-0424-5.4-2.3

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

2.4 FIRST QUARTER FINANCIAL STATEMENTS (DECISION):

At the end of quarter one, March 31, 2025, Southwestern Public Health is currently underspent by approximately \$360k or 2% of the general program budget. The majority of the variances are due to the timing of program plans, as many program plans are not implemented until after the first quarter. All program expenses and variances are reviewed monthly. At this point in time, it is anticipated that all budgeted funds will be spent by year end.

MOTION: 2025-BOH-0522-5.4-2.4

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

3.0 ASSOCIATION OF LOCAL PUBLIC HEALTH AGENCIES (ALPHA) MATTERS

3.1 ALPHA ANNUAL GENERAL MEETING (RECEIVE AND FILE)

In June, Dr. Tran, Chair B. Martin, and I will be attending the Association of Local Public Health Agencies (alPHa) Annual General meeting held in Toronto. As members of this Association, SWPH carries five (5) votes in total that may be cast for annual meeting business. As part of the agenda, alPHa's Resolutions for Consideration 2025 will be presented for attention and approval by the attendees. Staff are currently reviewing the resolutions as they just arrived in our inbox the day the board package was prepared.

3.2 ALPHA CORRESPONDENCE REGARDING BILL 11, SCHEDULE 4, AMENDMENT TO HEALTH PROTECTION AND PROMOTION ACT (HPPA).

On June 15, 2025 alPHa submitted the attached letter to Minister Sylvia Jones regarding the reintroduction of proposed amendments to the Health Protection and Promotion Act (Schedule 4 of Bill 11, More Convenient Care Act, 2025). A notable amendment requires local Medical Officers of Health to seek approval from the Chief Medical Officer of Health before issuing Section 22 class orders under emergency powers. While alPHa acknowledges the intent to foster provincial-local collaboration, the association also emphasizes the need for a clear, consistent protocol developed in consultation with the field to avoid delays and ensure local context is considered. alPHa has requested a meeting with Minister Jones to further discuss how the change can best support public health protection and promotion.

MOTION: 2025-BOH-0522-5.4

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



GRAHAM SCOTT ENNS^{LLP}
CHARTERED PROFESSIONAL ACCOUNTANTS

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450 Sunset Drive, St. Thomas, ON N5R 5V1

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

www.grahamscottenns.com

May 22, 2025

Southwestern Public Health
1230 Talbot Street
St. Thomas, ON, N5P 1G9

Dear Board of Directors:

Re: Audit Findings

This letter has been prepared to assist you with your review of the financial statements of Southwestern Public Health for the period ending December 31, 2024. We look forward to meeting with you and discussing the matters outlined below.

Significant Matters Arising

Changes to Audit Plan

There were no changes to the audit plan (as previously presented to you).

Other Matters

We identified the following significant matters:

a) During the year Southwestern Public Health finalized the settlements for several of previous years. As a result of the settlements and changes in understandings, there have been changes in the previously reported amounts relating to due to Province of Ontario, these have been reflected in Note 12 of the financial statements.

Significant Difficulties Encountered

There were no significant difficulties encountered during our audit.

Comments on Accounting Practices

Accounting Policies

The significant accounting policies used by the entity are outlined in Note 1 to the financial statements.

- There were changes from previous accounting policies. [other than the adoption of PS-3400 - Revenue. See Note 1 to the financial statements for further information] .
- We did not identify any alternative accounting policies that would have been more appropriate in the circumstances.
- We did not identify any significant accounting policies in controversial or emerging areas.

Significant Accounting Estimates

The following significant estimates/judgments are contained in the financial statements:

- Carrying value and useful life of tangible capital assets
- Due to Province of Ontario

Based on audit work performed, we are satisfied with the estimates made by management.

Significant Financial Statement Disclosures

We did not identify any financial statement disclosures that are particularly significant, sensitive or require significant judgments, that we believe should be specifically drawn to your attention.

Uncorrected Misstatements

We accumulated no significant uncorrected misstatements during our audit.

Significant Deficiencies in Internal Control

A deficiency in internal control exists when a control is designed, implemented or operated in such a way that it is unable to prevent, or detect and correct, misstatements in the financial statements on a timely basis, or when a control necessary to prevent, or detect and correct, misstatements in the financial statements on a timely basis is missing.

A significant deficiency in internal control is defined as a deficiency or combination of deficiencies in internal control that, in the auditor's professional judgment, is of sufficient importance to merit the attention of those charged with governance.

To identify and assess the risks of material misstatement in the financial statements, we are required to obtain an understanding of internal control relevant to the audit. This understanding is used for the limited purpose of designing appropriate audit procedures. It is not used for the purpose of expressing an opinion on the effectiveness of internal control and, as a result, we do not express any such opinion. The limited purpose also means that there can be no assurance that all significant deficiencies in internal control, or any other control deficiencies, will be identified during our audit.

We did not identify any control deficiencies that, in our judgment, would be considered significant deficiencies.

Written Representations

In a separate communication, as attached, we have requested a number of written representations from management in respect to their responsibility for the preparation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations.

Other Audit Matters of Governance Interest

We did not identify any related party relationships or transactions that were previously undisclosed to us.

We did not identify any other matters to bring to your attention at this time.

We would like to thank management and staff for the assistance they provided to us during the audit.

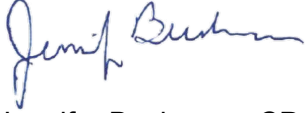
We hope the information in this audit findings letter will be useful. We would be pleased to discuss them with you and respond to any questions you may have.

This letter was prepared for the sole use of those charged with governance of Southwestern Public Health to carry out and discharge their responsibilities. The content should not be disclosed to any third party without our prior written consent, and we assume no responsibility to any other person.

Sincerely,

GRAHAM SCOTT ENNS LLP

Chartered Professional Accountants

A handwritten signature in blue ink, appearing to read "Jennifer Buchanan".

Jennifer Buchanan, CPA, CA

Partner

Acknowledgement of Board of Directors:

We have read and reviewed the above disclosures and understand and agree with the comments therein:

Per: Southwestern Public Health

Signed: _____ Date: _____

Print Name: _____

SOUTHWESTERN PUBLIC HEALTH

For the Three Months Ending Monday, March 31, 2025

STANDARD/ PROGRAM	YEAR TO DATE			FULL YEAR BUDGET	VAR	% SPENT YTD
	ACTUAL	BUDGET	VAR			
Direct Program Costs						
Foundational Standards						
Emergency Management	\$38,120	\$44,866	\$6,746	\$179,465	\$141,345	21.%
Effective Public Health Practise	80,633	84,959	4,326	339,835	259,202	24.%
Health Equity Program	56,918	62,660	5,742	250,640	193,722	23.%
Population Health Assessment	85,014	104,164	19,150	416,655	331,641	20.%
Foundational Standards Total	260,685	296,649	35,965	1,186,595	925,911	22.%
Chronic Disease Prevention & Well-Being						
Built Environment	76,784	74,447	-2,336	297,790	221,006	26.%
Healthy Eating Behaviours	28,567	28,300	-267	113,200	84,633	25.%
Physical Activity and Sedentary Behaviour	33,485	32,858	-627	131,430	97,945	25.%
Suicide Risk & Mental Health Promotion	52,298	56,196	3,898	224,785	172,487	23.%
Chronic Disease Prevention & Well-Being Total	191,134	191,801	668	767,205	576,072	25.%
Food Safety						
Food Safety (Education, Promotion & Inspection)	110,865	124,753	13,887	499,010	388,145	22.%
Food Safety Total	110,865	124,753	13,887	499,010	388,145	22.%
Environmental Health						
Climate Change	60,760	62,006	1,247	248,025	187,265	24.%
Healthy Environments	88,090	145,624	57,534	582,495	494,405	15.%
Healthy Environments Total	148,850	207,630	58,781	830,520	681,670	18.%
Healthy Growth & Development						
Breastfeeding	95,906	102,068	6,162	408,270	312,365	23.%
Parenting	104,216	122,860	18,644	491,440	387,224	21.%
Reproductive Health/Healthy Pregnancies	129,105	132,028	2,922	528,110	399,005	24.%
Healthy Growth & Development Total	329,227	356,956	27,729	1,427,820	1,098,594	23.%
Immunization						
Vaccine Administration	41,111	41,120	9	164,480	123,369	25.%
Vaccine Management	20,512	39,311	18,799	157,245	136,733	13.%
Immunization Monitoring and Surveillance	4,922	34,594	29,671	138,375	133,453	4.%
Immunization Total	66,545	211,423	106,191	845,690	740,458	8.%
Infectious & Communicable Diseases						
Infection Prevention & Control	459,703	515,759	56,055	2,063,035	1,603,331	22.%
Needle Exchange	7,425	14,675	7,250	58,700	51,275	13.%
Rabies Prevention and Control and Zoonotics	34,273	38,884	4,611	155,535	121,262	22.%
Sexual Health	292,992	300,364	7,371	1,201,455	908,463	24.%
Tuberculosis Prevention and Control	21,054	25,831	4,778	103,325	82,271	20.%
Vector-Borne Diseases	59,610	56,998	-2,613	227,990	168,380	26.%
Infectious & Communicable Diseases Total	875,057	952,511	77,453	3,810,040	2,934,983	23.%
Safe Water						
Water	34,703	45,611	10,909	182,445	147,743	19.%
Safe Water Total	34,703	45,611	10,909	182,445	147,743	19.%
School Health - Oral Health						
Healthy Smiles Ontario	223,168	232,474	9,305	929,895	706,726	24.%
School Screening and Surveillance	99,845	97,404	-2,441	389,615	289,770	26.%
School Health - Oral Health Total	323,013	329,878	6,864	1,319,510	996,497	24.%
School Health - Immunization						
School Immunization	296,015	295,455	-560	1,181,820	885,805	25.%
School Health - Other						
Comprehensive School Health	462,160	461,276	-884	1,845,105	1,382,945	25.%
Substance Use & Injury Prevention						
Harm Reduction Enhancement	40,574	49,579	9,004	198,315	157,741	20.%
Injury Prevention	56,517	58,491	1,974	233,965	177,448	24.%
Smoke Free Ontario Strategy: Prosecution	65,440	69,725	4,285	278,900	213,460	23.%
Substance Misuse Prevention	107,067	118,452	11,386	473,810	366,743	23.%
Substance Use & Injury Prevention Total	269,598	296,247	26,649	1,184,990	915,391	23.%
TOTAL DIRECT PROGRAM COSTS	3,367,852	3,770,190	363,651	15,080,750	11,712,898	23.%

INDIRECT COSTS

Indirect Administration	838,065	821,223	-16,842	3,284,890	2,446,826	26. %
Corporate	79,890	49,200	-30,690	196,800	116,910	41. %
Board	8,919	11,619	2,700	46,475	37,556	19. %
HR - Administration	207,801	232,810	25,009	931,240	723,439	22. %
Communications	20,397	14,775	-5,622	59,100	38,703	35. %
Premises	456,772	440,320	-16,452	1,761,280	1,304,508	26. %
TOTAL INDIRECT COSTS	1,611,844	1,569,947	-41,897	6,279,785	4,667,942	26. %

TOTAL GENERAL SURPLUS/DEFICIT	4,979,696	5,340,137	360,441	21,360,535	16,380,839	23. %
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100% MINISTRY FUNDED PROGRAMS

MOH Funding	21,398	24,348	2,950	97,390	75,993	22. %
Senior Oral Care	268,812	321,100	52,288	1,284,400	1,015,589	21. %
Measles Outbreak OTF (Jan to Dec)	32,933	0	-32,933	0	-32,933	0. %
TOTAL 100% MINISTRY FUNDED	323,143	345,448	22,306	1,381,790	1,058,648	23. %

One-Time Funding - April 1, 2024 to March 31, 2025

OTF Covid	303,352	413,500	110,148	413,500	110,148	73. %
OTF Public Health Inspector Practicum	20,000	20,000	0	20,000	0	0. %
OTF IPAC HUB	410,300	410,300	0	410,300	0	0. %
OTF RSV	75,994	111,900	35,906	111,900	35,906	0. %
Total OTF	809,646	955,700	146,054	955,700	146,054	0. %

Programs Funded by Other Ministries, Agencies

Healthy Babies Healthy Children	1,775,617	1,775,617	0	1,775,617	0	100. %
Pre and Post Natal Nurse Practitioner	139,000	139,000	0	139,000	0	100. %
PHAC Smoking Cessation	237,925	271,040	33,115	271,040	33,115	88. %
HeatADAPT	0	0	0	105,917	105,917	0. %
Low German Speaking Partnership Study	2,000	0	-2,000	0	-2,000	0. %
Total Programs Funded by Other Ministries, Agencies	2,154,542	2,185,657	31,115	2,291,574	137,032	0. %

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

alPHa Sections:

Boards of Health
Section

Council of Ontario
Medical Officers of
Health (COMOH)

**Affiliate
Organizations:**

Association of Ontario
Public Health Business
Administrators

Association of
Public Health
Epidemiologists
in Ontario

Association of
Supervisors of Public
Health Inspectors of
Ontario

Health Promotion
Ontario

Ontario Association of
Public Health Dentistry

Ontario Association of
Public Health Nursing
Leaders

Ontario Dietitians in
Public Health

May 15, 2025

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

Dear Minister Jones,

Re: Bill 11, Schedule 4, Amendment to Health Protection and Promotion Act (HPPA).

On behalf of the Association of Local Public Health Agencies (alPHa) and its Boards of Health Section, Council of Ontario Medical Officers of Health Section, and Affiliate organizations, I am writing to provide comment on the proposed changes to the Health Protection and Promotion Act (HPPA) that were reintroduced as Schedule 4 of Bill 11, More Convenient Care Act, 2025.

The proposed legislative change would amend the HPPA to require local medical officers of health to notify the Chief Medical Officer of Health and receive approval before issuing a class order under Section 22.

The importance of collaboration amongst the local and provincial overseers of public health in Ontario is understood, and we can see the benefits of such an approach, in service of the best interests of public health. We also appreciate this change only applies to Section 5.0.1 Class Orders and, therefore, understand these types of interventions may warrant additional considerations in order to ensure coherence and to support collaborative approaches to protecting health in Ontario.

We recommend a clear process and consistent protocol that acknowledges the responsibilities of the local medical officer of health. It is key this is developed in consultation with the field to inform the functional processes of seeking and securing the Chief Medical Officer of Health's approval for such orders, to ensure these do not lead to implementation delays, and that critical context from local medical officers of health can be fully considered.

The alPHa leadership team requests a meeting with you about how this proposed change can reinforce the protection and promotion of Ontarians' health. To schedule a meeting, please have your staff contact Loretta Ryan, Chief Executive Officer, alPHa, at loretta@alphaweb.org or 416-595-0006 ext. 222.

Sincerely,



Trudy Sachowski
Chair, alPHa

Copy: Dr. Kieran Moore, Chief Medical Officer of Health, Ontario
Elizabeth Walker, Executive Lead, Office of the Chief Medical Officer of Health

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