Our Vision:
Healthy People in Vibrant Communities

BOARD OF HEALTH MEETING
AGENDA

Woodstock Site: Oxford County Administration Building
21 Reeve Street, Woodstock, ON
Virtual Participation: MS Teams
Thursday, October 23, 2025, at 1:00 p.m.

ITEM	AGENDA ITEM	LEAD	EXPECTED OUTCOME
1.0 CONVENING THE MEETING			
1.1	Call to Order, Recognition of Quorum • Introduction of Guests	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 • September 25, 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	Review of the Ontario Early Adversity and Resilience Framework for October 23, 2025.	Lyndsey Mallott	Receive and File
5.2	Report on Further Investments in Public Health: 2024-25 Update for October 23, 2025.	Carolyn Richards	Receive and File
5.3	Medical Officer of Health Report for October 23, 2025	Dr. N. Tran	Receive and File
5.4	Chief Executive Officer's Report for October 23, 2025	Cynthia St. John	Decision
6.0 NEW BUSINESS/OTHER			
7.0 CLOSED SESSION			
8.0 RISING AND REPORTING OF THE CLOSED SESSION			
9.0 FUTURE MEETINGS & EVENTS			
9.1	• Board of Health Orientation: Thursday, November 27, 2025 at 12:00 p.m. • Board of Health Meeting: Thursday, November 27, 2025 at 1:00 p.m. ○ St. Thomas Site, 1230 Talbot Street, St. Thomas, ON; Virtual Participation: MS Teams		
10.0 ADJOURNMENT			

September 25, 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, September 25, 2025, commencing at 1:00 p.m.

PRESENT:

Ms. C. Agar	Board Member
Mr. J. Couckuyt	Board Member
Mr. J. Herbert	Board Member
Ms. K. Hobbs	Board Member
Mr. G. Jones	Board Member (Vice Chair)
Ms. B. Martin	Board Member (Chair)
Mr. D. Mayberry	Board Member
Mr. S. Molnar	Board Member
Mr. M. Peterson	Board Member
Mr. L. Rowden	Board Member
Mr. 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. J. Gordon	Administrative Assistant
Mr. P. Heywood	Program Director
Ms. S. MacIsaac	Program Director
Mr. D. McDonald	Director, Corporate Services and Human Resources
Ms. M. Nusink	Director, Finance
Ms. C. Richards	Manager, Foundational Standards
Ms. N. Rowe*	Manager, Communications
Mr. Y. Santos	Manager, IT
Mr. D. Smith	Program Director

REGRETS:

Mr. M. Ryan	Board Member
Mr. D. Shinedling	Board Member

**Represents virtual participation*

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

1.1 CALL TO ORDER, RECOGNITION OF QUORUM

The meeting was called to order at 1:00 p.m.

B. Martin welcomed Kim Hobbs to the Southwestern Public Health (SWPH) Board of Health. K. Hobbs was appointed as a new Order in Council Provincial Appointee on September 5, 2025.

1.2 AGENDA

Resolution # (2025-BOH-0925-1.2)
Moved by D. Warden
Seconded by D. Mayberry

That the agenda for the Southwestern Public Health Board of Health meeting for September 25, 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-0925-2.1)
Moved by G. Jones
Seconded by M. Peterson

That the minutes for the Southwestern Public Health Board of Health meeting for June 26, 2025, be approved.

Carried.

3.0 CONSENT AGENDA

Resolution # (2025-BOH-0925-3.1)
Moved by M. Peterson
Seconded by C. Agar

That the Board of Health for Southwestern Public Health receive and file consent agenda item 3.1, Windsor-Essex County Board of Health letter, "Addressing Opioid and Substance Harms."

Carried.

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. Tran reviewed the report.

K. Hobbs asked whether there is an algorithm for hospitals and health care providers in cases such as animal bites and scratches. Dr. Tran responded that the province has set expectations for communication and process. Vaccines are now centralized through hospitals, with small doses provided rather than large stocks being distributed to other access points. Hospitals, in coordination with emergency department leads, review and follow the algorithms to ensure consistent decision-making.

S. Molnar raised concerns about the large volume of social media commentary on vaccines and science, praising SWPH's communication efforts but asking whether the organization is receiving pushback and whether more could be done to educate the public and reinforce the Board's position on vaccines. Dr. Tran referred to the Chief Medical Officer of Health's report, noting that increasing vaccine confidence is a provincial priority and that SWPH would examine what further recommendations could be brought forward for Board support. S. Molnar acknowledged that much of this work is operational but emphasized willingness to provide support if needed.

S. Molnar also asked about the immunization registry, noting the difficulty individuals face in obtaining a complete and up-to-date record of their own vaccinations when different providers keep separate records. Dr. Tran confirmed this is an ongoing issue, with responsibility currently falling on individuals to track their records across different providers and paper cards. He highlighted the Board's previous endorsement of a centralized immunization registry and noted that COVID vaccines remain the only area where reporting requirements are consistently followed.

L. Rowden observed that the lack of family doctors exacerbates the issue, with pharmacies increasingly taking on vaccination but not always ensuring records flow back to primary care providers. J. Couckuyt added that although past records may be difficult to reconcile, the future could be improved through better record-keeping, with Ontario Health Teams positioned to support this work.

S. Molnar, drawing on his experience as a member of the College of Pharmacists Board, noted the important role of pharmacists and suggested that SWPH could act as a change agent, working with local partners toward a broader solution in the future, potentially within the scope of strategic planning.

Resolution # (2025-BOH-0925-5.1)
Moved by S. Molnar
Seconded by J. Herbert

> That Board of Health for Southwestern Public Health accept the Medical Officer of Health's report for September 25, 2025.

Carried.

5.1 Chief Executive Officer's Report

C. St. John reviewed the report.

G. Jones asked about the Planet Youth application and why it had not been successful. C. St. John noted that the funder remains interested in the program, as another health unit was approved, and SWPH continues to be engaged in the model.

J. Herbert referred to Item 1.6 and suggested that the summer students working on climate initiatives could present their findings at a future Board orientation session.

L. Rowden raised concerns about Adverse Childhood Experiences (ACEs) and income security, noting that many social challenges stem from the lack of a living wage and affordable housing, and asked whether other health units are advocating on this issue. C. St. John confirmed that income is a key social determinant of health and that SWPH has declared itself a living wage employer, encouraging municipalities to follow suit. Rowden emphasized the affordability gap facing residents.

B. Martin recalled that when SWPH adopted the living wage, the recommendation was also referred to municipalities. D. Smith added that income security, ACEs, and food security are closely connected, and noted that SWPH also participates in coalition tables addressing these issues.

C. St. John noted that Public Health Agency of Canada denied our funding application for Planet Youth despite a strong proposal written by staff. B. Martin thanked staff for their work on Planet Youth, encouraging them to continue seeking funding opportunities. She further highlighted the alPHa symposium as a valuable networking opportunity for Board members.

Resolution # (2025-BOH-0925-5.2-3.1)
Moved by D. Warden
Seconded by D. Mayberry

> That the Board of Health approve the second quarter financial statements for the period ending June 30, 2025 as presented for Southwestern Public Health.

Carried.

Resolution # (2025-BOH-0925-5.4)
Moved by M. Peterson
Seconded by J. Couckuyt

> That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's report for September 25, 2025.

Carried.

6.0 NEW BUSINESS

No items.

7.0 TO CLOSED SESSION

Resolution # (2025-BOH-0925-C7)

Moved by G. Jones
Seconded by D. Mayberry

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

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

Carried.

8.0 RISING AND REPORTING OF CLOSED SESSION

Resolution # (2025-BOH-0925-C8)

Moved by M. Peterson
Seconded by D. Mayberry

That the Board of Health rise with a report.

Carried.

Resolution # (2025-BOH-0925-C3.1)

Moved by D. Warden
Seconded by M. Peterson

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Report for September 25, 2025.

Carried.

Resolution # (2025-BOH-0925-C3.2-2.0)

Moved by M. Peterson
Seconded by C. Agar

That the Board of Health approve the BOH-GOV-090 Board Standing Committee Membership policy as presented for September 25, 2025.

Carried.

Resolution # (2025-BOH-0925-C3.2-3.0)

Moved by L. Rowden
Seconded by M. Peterson

That the Board of Health approve the 2025 Risk Register with Updated Mitigation Strategies as presented for September 25, 2025.

Carried.

Resolution # (2025-BOH-0925-C3.2-4.0)

Moved by M. Peterson
Seconded by C. Agar

That the Board of Health approve the 2026 Risk Register as presented for September 25, 2025.

Carried.

Resolution # (2025-BOH-0925-C3.2)

Moved by D. Warden
Seconded by M. Peterson

That the Board of Health for Southwestern Public Health accepts the Governance Standing Committee Chair's report for September 25, 2025.

Carried.

Resolution # (2025-BOH-0925-C3.3)

Moved by C. Agar
Seconded by D. Mayberry

That the Board of Health for Southwestern Public Health accept the Special Ad Hoc Building Committee Report for September 25, 2025.

Carried.

9.0 FUTURE MEETING & EVENTS

10.0 ADJOURNMENT

The meeting adjourned at 2:02 p.m.

Resolution # (2025-BOH-0925-9.0)
Moved by M. Peterson
Seconded by D. Warden

That the meeting adjourn to meet again on Thursday, October 23, 2025 at 1:00 p.m.

Carried.

Confirmed: _____

ONTARIO EARLY ADVERSITY AND RESILIENCE FRAMEWORK

Building Resilience Together: Empowering Families, Strengthening Communities

The visual representation of the framework uses the metaphor of connected communities to show *how children, families, and communities can address adversity and build resilience*. At the centre is the **main goal,** representing the heart of the framework. This is surrounded by **four key focus areas** that target essential aspects of children's development and family well-being. These focus areas show where action is needed and are grounded in a strong foundation made up of **ten guiding principles**. The principles represent the core values of the framework, providing stability and shaping how actions are carried out. **Five pathways to change** circle the framework, shown as roads connecting communities. These roads symbolize how change moves and spreads, creating links between people and places. Together, these elements create an integrated and comprehensive approach to building resilience.

FOCUS AREAS

SOCIALLY CONNECTED, EQUITABLE, AND INCLUSIVE COMMUNITIES:

Children's health and development are significantly influenced by their immediate social environment, the built and natural environments, and systemic factors shaping those environments.

SOCIAL AND EMOTIONAL DEVELOPMENT AND RESILIENCE:

Childhood is a fundamental time for the development of lifelong social and emotional competence and resilience which equips children with the skills to manage stress, build healthy relationships, and adapt to challenges.

REPRODUCTIVE HEALTH AND PARENTING/CAREGIVING READINESS:

Access to reproductive health services and perinatal support empowers individuals to make informed choices. With the right support, families feel prepared to create safe, stable, and nurturing relationships and environments for children. Prioritizing perinatal mental health, strengthening support systems, and building knowledge fosters confidence, positive relationships, and long-term well-being.

RESPONSIVE AND CULTURALLY SAFE PARENTING/CAREGIVING:

Parents/Caregivers are the most important and influential part of a child's life, shaping their overall health and well-being. Providing culturally safe support for families to reduce sources of stress, strengthen core skills, and support responsive relationships can build a strong foundation for children that promotes resilience and reduces adversity.

*This framework was adapted from "A Health Promotion Strategy to Prevent Adverse Childhood Experiences (ACEs) and Foster Resilient Children, Families and Communities" published by Fraser Health Authority.

UNDERSTANDING EARLY ADVERSITY AND RESILIENCE

Experiences in childhood have lifelong impacts

- **Early adversity** refers to stressful and potentially traumatic experiences occurring before age 18 that cause an extreme or long-lasting stress response. When children face these stresses without support from caring adults, this can change the way a child's brain and organs develop, and increase the risk of substance use, mental health challenges, chronic disease, and early death. The experience of early adversity can vary between people, but may include abuse, neglect, witnessing domestic violence, and household challenges like caregiver mental health or substance use issues. Adversity also includes broader community and systemic factors such as colonialism, racism, poverty, intergenerational trauma, and neighbourhood violence. Some populations experience more adversity than others.
- **Resilience** is the capacity to stay well despite significant stress or hardship. It is influenced by our genes, relationships with others, life experiences, and environments. Positive experiences and early relationships form the foundation of resilience.
- **Positive childhood experiences** help children develop resilience by providing a sense of safety, belonging, and the ability to navigate challenges. Children thrive when they have safe, stable, nurturing relationships and environments, which serve as protective factors against adversity.
- To build **community and family resilience**, foster healthy development and prevent long-term physical and mental health issues, we can enhance protective factors such as responsive parenting/caregiving at the family level, strong social support at the community level, and equitable policies at the societal level.

ABOUT THE FRAMEWORK

This framework was adapted* by members of the Public Health Ontario Adverse Childhood Experiences and Resilience Community of Practice and consolidates best evidence on the topic into a framework that can be used to facilitate cross-sector collaboration.

This framework supports communities and decision-makers in Ontario by:

- ***Promoting evidence-based strategies*** at all socio-ecological levels to prevent adversity and promote resilience.
- ***Explaining complex concepts*** to make them more accessible and easier to understand.
- ***Building shared understanding*** and a common language around the drivers and impacts of adversity, and ways to build community resilience.
- ***Encouraging community action*** that fosters collective responsibility and cross-sector partnerships.
- ***Increasing Impact*** to strengthen the effectiveness of initiatives that address adversity and resilience.

A CALL TO ACTION

At the heart of this framework is a call for collective action across sectors to work together to develop innovative and meaningful solutions to prevent adversity, strengthen protective factors, build resilience, and support healing in families and communities.

Together, we can:

- Implement evidence-based programs and policies that support resilience.
- Advocate for systemic change and equitable resource allocation.
- Ensure that all children in Ontario have the opportunity to thrive.

Everyone has a role to play in building family and community resilience.
Reflect on your role and make a plan for your next step.

Read the full framework at:

earlyadversityandresilience.ca

BOARD REPORT

Report on Further Investments in Public Health: 2024-2025 Update

MEETING DATE:	October 23, 2025
SUBMITTED BY:	Cynthia St. John & Carolyn Richards
SUBMITTED TO:	Board of Health
PURPOSE:	☐ Decision ☐ Discussion ☒ Receive and File
AGENDA ITEM #	5.2
RESOLUTION #	2025-BOH-1023-5.2
REPORT TITLE:	Progress Report on Further Investments in Public Health: 2024-25 Update

BACKGROUND

In June 2023, Southwestern Public Health (SWPH) received additional funding from the Board of Health to expand staffing and enhance public health initiatives, focusing on six priority areas:

1. Substance Use Prevention
2. Nurse Family Partnership (NFP)
3. Mental Health Promotion
4. Childhood Immunizations
5. Infection Prevention and Control
6. Emergency Management

An update was last provided in September 2024, and this update outlines progress made in each funded area over the last year, as well as plans for the next 12-24 months.

FURTHER INVESTMENTS UPDATE

1. SUBSTANCE USE PREVENTION

Target Population: School-aged children, youth, and vulnerable populations in Oxford County, Elgin County, and St. Thomas.

Objective: To address vaping trends among youth and to reduce harms from opioids and other substances.

Positions Funded: One part-time Tobacco Enforcement Officer, one full-time Health Promoter.

SWPH has made significant strides in addressing substance use and related harms through prevention, harm reduction, and enforcement initiatives. The additional investment in this critical area has led to notable program accomplishments, effective collaborations, and enhanced community services.

Youth Tobacco and Vapour Intervention Program

The Youth Tobacco and Vapour Intervention Program (YTVIP), launched in November 2024, provides education on the Smoke-Free Ontario Act (SFOA), Traditional Tobacco Use, and the health risks of tobacco, cannabis, and vapour products. The program aims to reduce youth tickets under the SFOA by promoting awareness and informed decision-making. It was developed in collaboration with Tobacco Enforcement Officers, the Healthy Schools Team, and the Communications Team.

Updated Data:

Unfortunately, there has been no new data available to us on youth vaping since the original report. The data in the figure below is from the 2019 Canadian Health Survey on Children and Youth (12-17)* and the 2019 Ontario Student Drug Use Survey (grades 7-12)**.

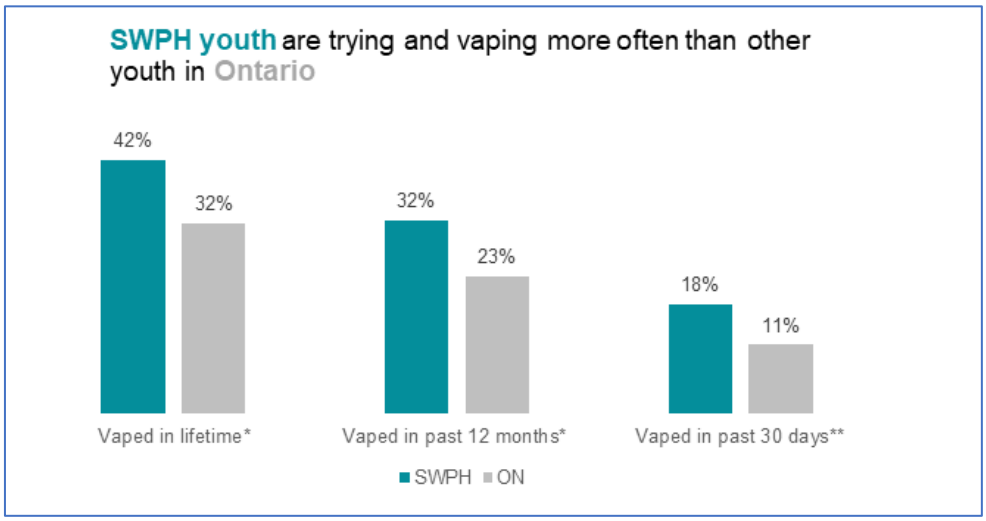


Table 1.1

The rate of opioid toxicity deaths in the SWPH region rose between 2023 and 2024 after declining in the previous two years. As shown below, in Ontario, there was a decrease in the rate for during the same time.

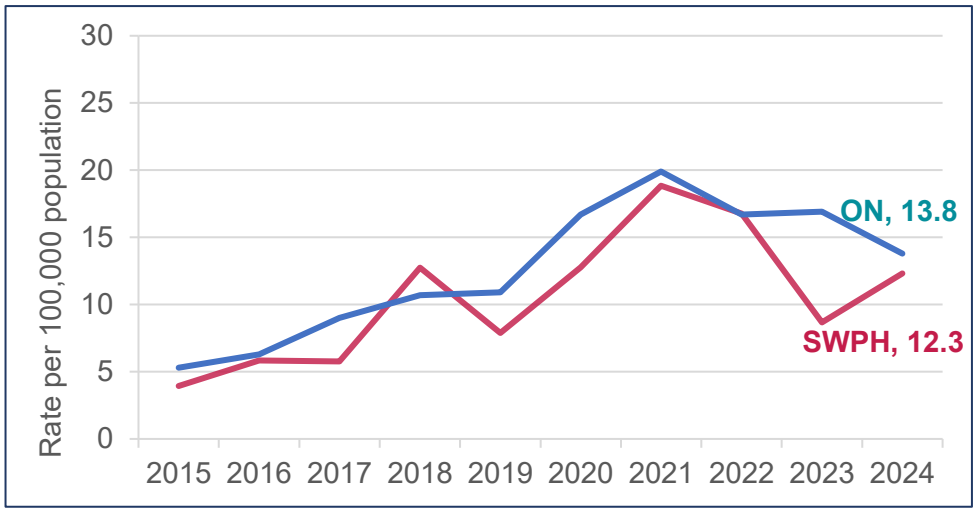


Table 1.2

Achievements Since September 2024

- **Enhancements to the Tobacco Enforcement Program**
  SWPH Tobacco Enforcement Officers (TEOs) have provided enhanced support to address youth tobacco and vape use in schools. They completed all mandated inspections, responded to 75 school reports of non-compliance, issued 68 warnings, and delivered four school presentations. The youth test shopping program completed 425 youth access inspections in 2024. This is up from 2023, when the youth test shopping program completed 192 youth access inspections, resulting in zero (0) charges. To date in 2025 (at the writing of this report), 362 youth access inspections have been completed, with 17 charges issued.
- **Drug Response and Surveillance Plan Revision**
  In 2025, SWPH revised its Community Drug Response & Surveillance Plan to reflect evolving community needs and best practices. The plan ensures timely identification of emerging drug-related situations by monitoring local trends and sharing critical information. Key updates include refined data monitoring processes, enhanced drug warning templates, and collaborative response meetings with community partners.
- **Local Drug and Alcohol Strategy Work**
  SWPH staff continued to support the region's two active Drug and Alcohol Strategies. The newly formed Elgin Mental Health, Substance Use and Addictions Coalition (EMHSUAC) developed a new governance structure and workplans for system-level improvements. The Oxford coalition, OHMAAC, increased programs and supports through initiatives like the Oxford County Youth Wellness Hub and the Oxford Homelessness and Addiction Recovery Treatment (HART) Hub.
- **National Overdose Response Service (NORS) Campaign**
  In early 2025, SWPH launched a campaign to raise awareness for the National Overdose Response Service (NORS), a 24/7 telephone support service to prevent drug-related overdoses. The campaign reached nearly 10,000 people with ~22k views and 207 link clicks.
- **Icelandic Model for Substance Prevention**
  The Icelandic Model for Substance Prevention, or Planet Youth, has made significant progress. Four research and ethics applications have been submitted, a communications strategy developed, and a video series produced. Planning for large-scale youth data collection is underway, with a logo design and tagline contest engaging students.
  The investment in SWPH has significantly strengthened our capacity to address substance use and addiction through a multifaceted approach. The revisions to the Community Drug & Surveillance Plan reflect a proactive stance, incorporating refined data monitoring and collaborative response mechanisms to swiftly identify and address emerging drug-related issues. Ongoing support for local Drug and Alcohol Strategies has led to system-level improvements, such as the establishment of the Elgin Mental Health, Substance Use, and Addictions Coalition and the expansion of supports through the Oxford Mental Health and Addictions Action Coalition, which has also informed the development of the Oxford HART Hub.
  Public awareness efforts, like the National Overdose Service campaign, have reached thousands and promoted life-saving resources. Additionally, the adoption of the Icelandic Model for Substance Use Prevention demonstrates a commitment to evidence-based youth engagement in an area that is underdeveloped, with strategic planning and community involvement laying the groundwork for long-term impact.

These initiatives collectively illustrate how increased public health investment is driving innovation, community mobilization, collaboration, and responsiveness across the region.

Future Substance Use Prevention Objectives

Over the next 12 to 24 months, SWPH plans to:

- Continue supporting school partners to address vaping by promoting the use of the Youth Tobacco and Vapour Intervention Program, enhanced Tobacco Enforcement Officer presence in schools, and other specific activities that will be identified following the collection of the Planet Youth survey data this November/December.
- Collaborate with municipalities on the development and implementation of smoke/vape/cannabis free outdoor space policies, enhanced municipal alcohol policies, and to explore the feasibility of retail licensing fee policies.
- Support Oxford Mental Health and Addictions Action Coalition and Elgin Mental Health, Substance Use and Addictions Coalition in advancing priority initiatives.
- Refresh the Oxford Drug and Alcohol Strategy.
- Provide anti-stigma training with CAPSA (www.capsa.ca).
- Continue the National Overdose Response Service (NORS) campaign.
- Monitor and improve the Community Drug Response & Surveillance Plan.
- Implement steps four and five of the Icelandic Model for Substance Prevention.

2. MENTAL HEALTH PROMOTION

Target population: Residents of Oxford County, Elgin County, and the City of St. Thomas

Objective: to address mental health promotion through skill-building initiatives and creating supportive environments.

Positions funded: This investment supported the hiring of one full-time Health Promoter.

As shown in Table 3.1 below, the newest data available on the mental health of the general public (aged 12 and older) showed an increase in those reporting fair or poor mental health in the SWPH region and across Ontario in 2021.

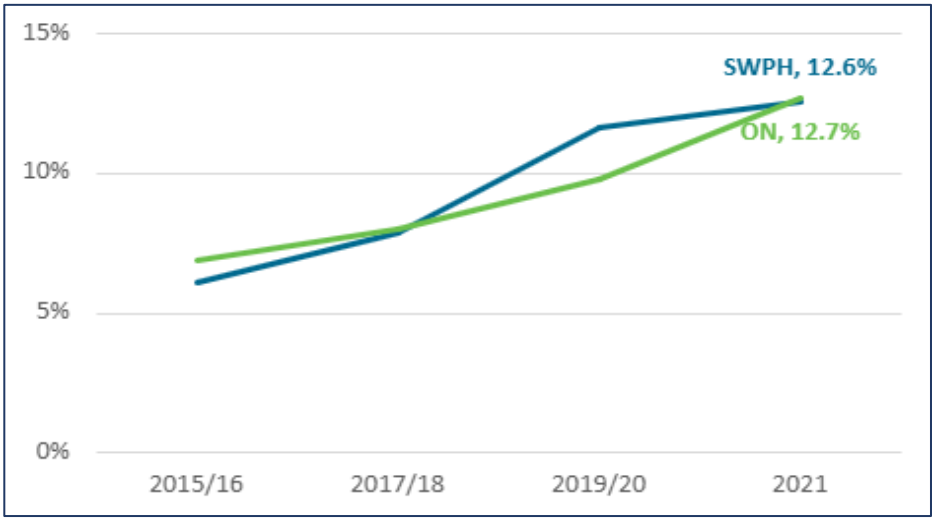


Table 3.1

SWPH focuses on population-level mental health promotion through educational campaigns, skill-building workshops, trauma-informed practices, and policy development. These initiatives aim to build resilience and supportive environments.

Achievements Since September 2024

- **Trauma-Informed Care and De-escalation Training**
  Since 2023, SWPH has embedded trauma awareness into public health work, offering organization-wide training for all new hires to ensure sensitivity, equity, and safety in client support.
- **Mental Health Literacy Survey and Training**
  In June 2024, SWPH launched a survey to assess the mental health literacy of all staff, achieving an 87% average score. Partnering with the Canadian Mental Health Association, customized training improved literacy and stigma reduction among staff.
- **Mental Health Mapping Project**
  In 2025, SWPH systematically reviewed all program plans to identify activities that address risk and protective factors that influence mental health at different life stages. The resulting report highlighted where mental health promotion is currently integrated across programs and services, and where gaps and opportunities exist. The information gathered informed program planning for mental health promotion for 2026 and reinforced the importance of embedding mental health promotion into public health practice.
- **Mental Health Media Campaigns**
  SWPH launched five social media campaigns targeting youth and adults, promoting positive mental health and reducing stigma. These campaigns reached over 71,500 individuals, with 244,000+ impressions and a 92.9% ad completion rate on Snapchat.
- **Adverse Childhood Experiences Framework**
  SWPH initiated work to prevent Adverse Childhood Experiences (ACEs), aligning with the Ontario Early Adversity and Resilience Framework. The work report highlighted current initiatives and opportunities for improvement.
- **Support for the Icelandic Model**
  SWPH has made progress in implementing the Icelandic Prevention Model, focusing on shared risk and protective factors for youth mental health and wellbeing. This work includes ethics and funding applications and will guide future interventions.

Future Mental Health Promotion Objectives

Over the next 12-24 months, SWPH plans to:

- Enhance staff awareness of available local mental health resources to better support our clients and the community.
- Enhance education using the Canadian Public Health Social Connection Guidelines.
- Share tailored mental health promotion videos in collaboration with the Canadian Mental Health Association.
- Use the ACEs Framework to guide initiatives.
- Implement collaborative mental health promotion in schools.
- Support data collection and strategies from the Icelandic Prevention Model.

3. THE NURSE FAMILY PARTNERSHIP (NFP®)

Target Population: Expectant first-time mothers and their children from birth to two years old.

Objective: To work on reducing Adverse Childhood Experiences (ACEs) and enhancing resilience among the target population.

Position Funded: The funds were used to train existing staff to deliver the Nurse Family Partnership® (NFP®) program, to cover the annual licensing fees, and to contribute to the cost of a clinical resource lead. This lead position was shared across seven Public Health Units (PHUs) offering NFP® and provided operational support to the program.

Achievements Since September 2024

SWPH launched the NFP program in summer 2024 with a formal media release. Our outreach strategy targets healthcare professionals and community partners to strengthen referrals, while also promoting related Healthy Growth and Development initiatives such as HBHC.

We formalized our participation through a Memorandum of Agreement with the Middlesex-London Health Unit, Ontario's NFP license holder, covering cost-sharing for licensing, infrastructure, consultation, and leadership staffing. Staff now have access to an online education platform and resources.

NFP data collection and assessment tools have been integrated into our electronic records system (Accuro), supporting efficient client assessments and reporting. The first program report was completed in February 2025. Our team also participates in key provincial and collaborative committees to guide best practices.

To raise program awareness, we launched a dedicated website and targeted marketing materials for both providers and the public, highlighting supports like breastfeeding, cognitive behaviour therapy (CBT), and the Know and Grow Line. The team is equipped with technology for at-home client education. Weekly meetings ensure consistent review of outreach, referrals, caseloads, and supervision, and policies have been updated to embed NFP processes.

Future Nurse Family Partnership Objectives

Over the next 12 to 24 months, SWPH plans to:

- Build our NFP® caseload to maximum capacity (15-20 clients per PHN). Currently, at the time of drafting this report, we have 24 clients rostered to this program.
- Meet all financial and programmatic obligations outlined in the Memorandum of Understanding with Middlesex-London Health Unit, while aligning with Ministry of Children, Community and Social Services requirements.
- Collaborate with internal leadership and external partners to establish an NFP® Advisory Board to support advocacy, networking, referrals, and resources.
- Continue professional development and education for NFP® staff based on evolving learning needs.
- Expand community awareness of the NFP® program and strengthen support from service providers, funders, and advocates.
- Maintain rigorous data collection to evaluate and report on NFP® outcomes, including reductions in adverse childhood experiences, to funders, community stakeholders, and clients.

4. VACCINE PREVENTABLE DISEASES (VPD) PROGRAM - CHILDHOOD IMMUNIZATIONS

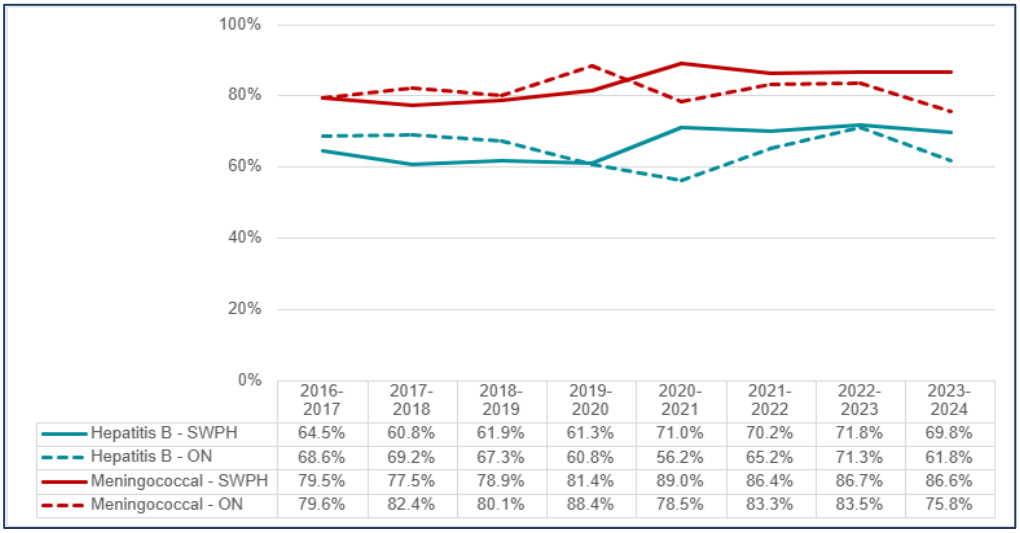
Target Population: School-aged children and youth

Objective: Post-pandemic, our focus has been on helping children catch up on missed immunizations and updating vaccination records in Panorama, the provincial health information system. We collaborate with primary care providers and hospitals to ensure proper vaccine storage and handling and offer vaccinations at SWPH clinics, schools, and community locations to reduce access barriers.

Positions Funded: Funding enabled us to hire permanent casual nurses – both Registered Practical Nurses (RPNs) and Registered Nurses (RNs) to support vaccination efforts.

Updated Data:

Historically, SWPH immunization coverage for both HepB and MCV4 among local 12-year-olds is lower compared to the province, but as indicated in Table 4.1 below, rates have remained higher since the 2020-2021 school year.



	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
Hepatitis B - SWPH	64.5%	60.8%	61.9%	61.3%	71.0%	70.2%	71.8%	69.8%
Hepatitis B - ON	68.6%	69.2%	67.3%	60.8%	56.2%	65.2%	71.3%	61.8%
Meningococcal - SWPH	79.5%	77.5%	78.9%	81.4%	89.0%	86.4%	86.7%	86.6%
Meningococcal - ON	79.6%	82.4%	80.1%	88.4%	78.5%	83.3%	83.5%	75.8%

Table 4.1

Achievements Since September 2024

- **Enhanced Nursing Response**
  With additional investment, SWPH permanently hired casual nurses, strengthening our response to a measles outbreak. Our team quickly addressed exposures in multiple schools, expanded vaccination eligibility, and provided vaccinations in various settings, ensuring continuity of school-based immunizations.
- **Support for Long-Term Care and Congregate Settings**
  This fall, we allocated the additional FTE's to support long-term care homes, retirement homes, and other congregate settings during the respiratory season. A strong vaccination approach will reduce health impacts and outbreaks.
- **H5N1 Vaccine Initiative**
  We engaged key partners in bird and wildlife rehab to provide the first doses of H5N1 vaccines, addressing highly pathogenic avian influenza. This unexpected expansion of our role supports the agriculture and food industry while monitoring public health threats.

- **New Vaccine Booking System**
  We are launching FrontDesk, a user-friendly vaccine booking system with innovative reminders and options to reschedule or cancel appointments via smartphone or tablet which further increase efficiency and accessiblity for all.

Future Childhood Immunization Objectives

Over the next 12-24 months, SWPH plans to:

- Prioritize readiness for emerging infectious disease threats
- Launch a compassionate care option for children with special needs or needle fear, using evidence-informed strategies to reduce pain and anxiety during vaccinations.

5. INFECTION PREVENTION AND CONTROL (IPAC)

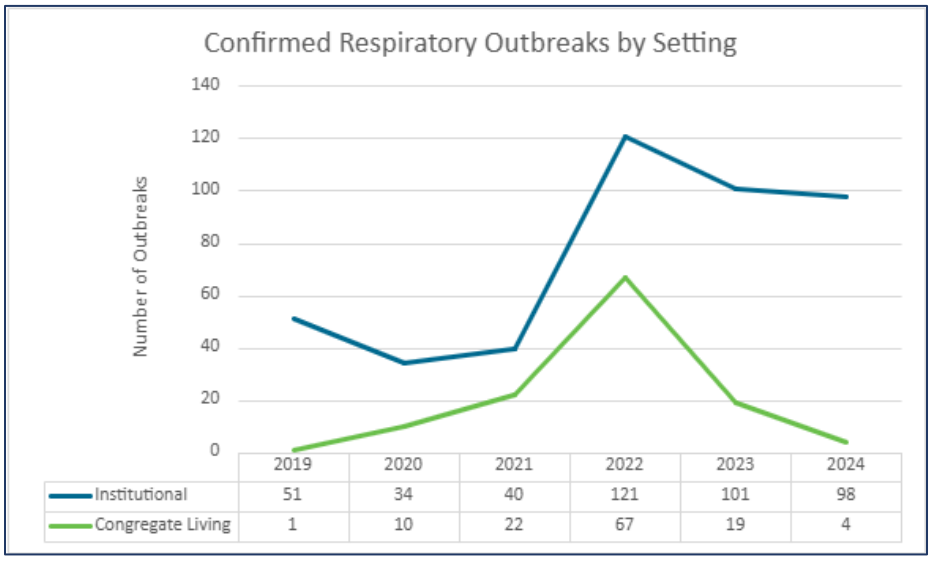
Target Population: Employees of Congregate Living Settings

Objective: Enhance infection prevention and control in long-term care, retirement, and group homes, as well as housing for international agricultural workers, to reduce the spread of diseases like COVID-19 and influenza. Ensure timely outbreak reporting, identification, and management to minimize impact on residents.

Positions Funded: This funding supported the hiring of one full-time public health nurse and one full-time public health inspector.

Updated Data:

In 2024, 98 respiratory outbreaks occurred in institutional settings (long-term care homes, retirement homes, hospitals) and 19 in congregate living settings (see Table 5.1 below).



	2019	2020	2021	2022	2023	2024
Institutional	51	34	40	121	101	98
Congregate Living	1	10	22	67	19	4

Table 5.1

Achievements Since September 2024

- **Respiratory Outbreaks**
  During the 2024-25 respiratory season, we saw increased respiratory outbreaks compared to pre-pandemic levels. COVID-19 outbreaks occurred early, followed by a late surge in influenza A outbreaks. Despite high staff turnover in congregate settings, SWPH provided timely and intensive support for outbreak management, including enhanced staffing during statutory holidays.

- **Updated Guidance and Tools**
  In response to updates from the Ministry of Health and Public Health Ontario, SWPH revised outbreak control measures. Staff attended facility meetings to promote new resources and assist with their interpretation. Key documents included guidelines on cohorting, outbreak preparedness, and infection prevention.

Future IPAC Objectives

Over the next 12 to 24 months, SWPH plans to:

- Host an Infection Prevention and Control Workshop for congregate living staff for Fall 2026.
- Develop a cost-effective plan for specimen transportation based on regional needs and the respiratory testing algorithm for the 2025-26 season.
- Revise the SWPH Respiratory Dashboard to provide up-to-date surveillance of respiratory illnesses and outbreaks.

6. EMERGENCY MANAGEMENT

Target Audience: Southwestern Public Health team, municipal partners, and emergency services organizations in Oxford County, Elgin County, and the City of St. Thomas.

Position Funded: This funding supports a full-time Manager of Emergency Preparedness and Response (previously a 0.5FTE program manager). This role has enhanced collaboration with Southwestern Public Health and key community stakeholders, including Community Emergency Management Coordinators (CEMCs), healthcare providers, and the private sector.

Achievements Since September 2024

- **Drug Response Plan:**
  - Collaboration with the Sexual Health team to review and formalize the Drug Response Plan.
  - Implementation of the Rave Alert system to notify key stakeholders of drug/opioid incidents or impending risks.
- **Community Drug Surveillance and Response Plan:**
  - Development and facilitation of an exercise to validate the Community Drug Surveillance and Response Plan.
  - Scenario-based training focused on drug poisoning and the presence of unregulated psychoactive substances.
- **Standardized Incident Management:**
  - Establishment of activation criteria and thresholds for incident response within SWPH.
  - Creation of an Event Management process for incidents that require coordination but not full emergency control group participation.
- **Incident Management System (IMS) Training:**
  - Launch of IMS training for all SWPH team members, covering the basics of IMS functions, concepts, and principles.
- **Hazard Identification and Risk Assessment (HIRA):**
  - Public disclosure of the HIRA on the SWPH website, in accordance with the Ministry of Health Emergency Management Guideline (2024).
  - Ongoing awareness of public health hazards and risks specific to the health unit area.
- **Situational Awareness During Measles Outbreak:**
  - Facilitation of bi-weekly Situational Awareness calls to ensure strategic support for tactical response activities.

- Topics included situational awareness, communications, EPI updates, team member wellness, capacity review, and vaccine updates.

Future Emergency Management Objectives

In the next 12 to 24 months, SWPH plans to:

- Beta-test the Get Ready Emergency Management (EM) and business continuity management (BCM) solution this fall with roll out in Q4 of 2025. This centralized, scalable system will enhance our ability to plan, manage resources, and respond to emergencies from any location.
- Begin program-specific Business Resilience (Continuity) Planning in Q4 of this year and into 2026 using the Get Ready platform. Upon completion of the plans, each program will participate in a table-top exercise to validate the plans that were developed.
- The Emergency Management and Preparedness Program will be holding an organization-wide exercise on December 11, 2025. The event will exercise SWPH's ability to respond to a complex escalating incident.
- In Q1 of 2026 we will be launching an interactive online Emergency Management/Business Continuity onboarding module that will provide new team members with foundational knowledge of our program.
- The Emergency Management and Preparedness Program will continue to build collaborative partnerships with local public and private sector partners, sharing leading practice and knowledge.

CONCLUSION

Over the past year, increased funding has significantly strengthened our initiatives in this program area. These resources have enhanced our capacity, responsiveness, and support for our partners. Our achievements underscore the importance of continued financial investment to maintain our progress. We are committed to using these funds to improve preparedness, innovate services, and protect community health. We thank the SWPH Board of Health for their ongoing support and look forward to future collaborations to ensure the well-being of our communities.

MOTION: 2025-BOH-1023-5.2
That the Board of Health for Southwestern Public Health accept the Progress Report on Further Investments in Public Health: 2024-25 Update for October 23, 2025.

Medical Officer of Health

Report to the Board

MEETING DATE:	October 23, 2025
SUBMITTED BY:	Dr. Ninh Tran, Medical Officer of Health (written as of October 9, 2025)
SUBMITTED TO:	Board of Health
PURPOSE:	☐ Decision ☐ Discussion ☒ Receive and File
AGENDA ITEM #	5.3
RESOLUTION #	2025-BOH-1023-5.3

1.0 RABIES VACCINE SHORTAGE

The current shortage of rabies vaccine and rabies immunoglobulin (RIG) in Ontario has now eased compared to last month. Southwestern Public Health (SWPH) continues to monitor this situation and is working with the Ministry of Health and local health care providers to adjust recommendations, communications as well as ordering practices.

2.0 MEASLES UPDATE

On October 9, 2025, the Province declared the provincial measles outbreak over, effective October 6, 2025. The last reported case had a rash onset on August 21, 2025 (46 days prior), marking the conclusion of the outbreak. With the outbreak now over, the enhanced measles immunization strategy (including eligibility for the 6–11 month dose and the earlier second-dose schedule) has also ended, returning to the routine measles immunization schedule. A tremendous amount of work by SWPH staff, local health partners, and colleagues across the province made this achievement possible. This milestone highlights the strength of collaboration, dedication, and public health capacity across our region.

MOTION: 2025-BOH-1023-5.3
That the Board of Health for Southwestern Public Health accept the Medical Officer of Health's Report for October 23, 2025.

CEO REPORT

Open Session

MEETING DATE:	October 23, 2025
SUBMITTED BY:	Cynthia St. John, Chief Executive Officer (written as of October 15, 2025)
SUBMITTED TO:	Board of Health
PURPOSE:	☒ Decision ☐ Discussion ☒ Receive and File
AGENDA ITEM #	5.4
RESOLUTION #	**2025-BOH-1023-5.4**

1.0 PROGRAM AND SERVICE UPDATES (RECEIVE AND FILE):

1.1 HEALTHY GROWTH & DEVELOPMENT: NATIONAL BREASTFEEDING WEEK

National Breastfeeding Week is observed across Canada from October 1 to 7, drawing attention to the vital importance of breastfeeding for infants, families, and society. This year's theme, "Prioritizing Breastfeeding: Create Sustainable Support Systems," places a special emphasis on the relationship between breastfeeding, environmental sustainability, and climate change.

The theme recognizes that breastfeeding is not only a cornerstone of infant nutrition and health, but also an eco-friendly practice. Breastfeeding helps reduce reliance on other feeding methods, which often involve significant packaging, energy consumption, and waste—all contributors to environmental degradation and climate change. By supporting breastfeeding, communities can foster a healthier environment for future generations while minimizing the ecological footprint associated with formula production and distribution.

October 3rd was a special day during National Breastfeeding Week as communities in Woodstock and St. Thomas came together to celebrate. Local events were hosted to raise awareness, provide resources, and strengthen community connections around breastfeeding support. These gatherings offer families the opportunity to access information, connect with healthcare professionals, and share experiences, further reinforcing the theme of sustainable support systems.

1.2 2025/26 RESPIRATORY VACCINE CAMPAIGN

This year's campaign focuses on supporting vaccination among high-risk populations. SWPH is coordinating respiratory immunization clinics with retirement and long-term care homes, and offering influenza and COVID-19 vaccination clinics for children under five and their guardians. In partnership with the West Elgin Community Health Centre, two community clinics will be held in Rodney and Dutton in November. Collaboration continues with EMS/Medavie to vaccinate homebound clients, and referrals will be made to local pharmacies or health care providers where appropriate.

The publicly funded RSV prevention program for older adults remains in place, with expanded eligibility to include all individuals aged 75 and older. Booster doses are not recommended for those who have already received an RSV vaccine. Eligible individuals without a health care provider can access SWPH's Vaccine Preventable Disease (VPD) clinics for available appointments. Please note that pharmacies are not currently approved to deliver the RSV vaccine.

1.3 ENVIRONMENTAL HEALTH

The Environmental Health team continues to protect community health through accessible services, proactive disease prevention, and public education. The team is implementing Public Health Ontario's (PHO) new Online Water Testing Portal, allowing clients to submit sample information and receive results electronically. The system is available at the Woodstock and St. Thomas offices, with plans to expand to additional sites.

In vector-borne disease activity, four additional positive mosquito pools were identified in Woodstock and Tavistock. Mosquito trapping has now concluded for the season, and tick dragging is planned for next month.

With respect to rabies control, a national shortage of vaccine and immunoglobulin continues as noted in Dr. Tran's report. SWPH is closely monitoring hospital inventory and coordinating response efforts. A low-cost rabies clinic held on September 27 vaccinated 61 animals across four participating veterinary sites.

Looking ahead, November marks Radon Awareness Month. Thirty radon kits will be made available to the public, supported by a social media campaign to promote awareness and testing.

1.4 INFECTION PREVENTION AND CONTROL (IPAC) HUB UPDATES

The ID team collaborated with the IPAC Hub to deliver the fall outbreak workshop, which was a success. The session was attended by approximately 50 representatives from long-term care, retirement homes, other congregate living settings, and Public Health, providing an important forum for sharing best practices and strengthening outbreak preparedness.

In addition, Middlesex London Health Unit (MLHU), Huron Perth Public Health (HPPH), and SWPH collaborated to produce a fall newsletter for long-term care, retirement homes, and other congregate living settings. The newsletter, scheduled for release in mid-October, will provide guidance on respiratory season preparedness, vaccine hesitancy, and environmental cleaning.

These initiatives demonstrate SWPH's proactive approach to supporting partner organizations in outbreak prevention and infection control, ensuring community health is maintained and aligning with the board's oversight of public health preparedness and response efforts.

1.3 COMMUNICATIONS TEAM

Just prior to the school year, SWPH released *Vital Perspectives – Belonging in Schools*, the third story in the *Vital Perspectives* series, highlighting the connection between belonging and youth health. This installment emphasized how our Healthy Schools Team and educators co-create inclusive environments that nurture identity, resilience, and mental well-being. The story was promoted across multimedia and digital platforms to spark community dialogue about the role of public health in schools.

Partnerships with the Thames Valley District School Board and the London District Catholic School Board were central to this effort, strengthening trust and amplifying our message. Both Boards expressed deep gratitude for being included in the campaign and for highlighting the importance of belonging for youth well-being. These relationships underscore the campaign's value—not only in its efficient execution by our Communications team but also in its ability to influence key opinion leaders and recognize our community partners.

The Vital Perspectives storytelling series continues to position SWPH as a connector and catalyst for change, encouraging communities to recognize public health as essential to issues that impact daily life. The final installment of the four-part series will be published in 2026 and will focus on the influence of income on our community's health and well-being.

2.0 FINANCIAL MATTERS (DECISION):

2.1 BOARD OF HEALTH RESERVE POLICY (DECISION):

In light of increasing financial pressures and the need for greater flexibility in managing unforeseen expenditures, staff are recommending that the Board of Health increase the reserve fund cap from 5% to 10% of the total annual budget (see the attached BOH policy BOH-FIN-010 Reserve Fund Policy). The current 5% limit provides minimal capacity to address emerging risks such as escalating costs related to workforce obligations (i.e., collective agreements), capital infrastructure needs, and unanticipated program or public health emergencies.

Increasing the reserve fund limit will enhance SWPH's ability to respond proactively to financial uncertainties while continuing to ensure the stability and sustainability of public health services across Oxford County, Elgin County, and the City of St. Thomas. The decision of how much money is placed in reserves continues to rest with the Board of Health as part of its annual budget review.

SWPH consulted with other public health units as well. Of those that responded, all reported maintaining reserve funds in excess of 5%, and half indicated that they did not have a maximum cap in place. Overall, raising the reserve fund cap will strengthen our financial resilience and ensure the organization is well-positioned to meet both anticipated and unforeseen public health challenges. SWPH's legal counsel has also confirmed that the proposed increase complies with the relevant statutory requirements.

MOTION: 2025-BOH-0925-5.4-2.1
That the Board of Health amend the BOH-FIN-010 Reserve Fund Policy per the report.

MOTION: 2025-BOH-1023-5.4
That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Report for October 23, 2025.

BOARD OF HEALTH

SECTION:	Financial	APPROVED BY:	Board of Health
NUMBER:	BOH-FIN-010	REVISED:	May 2024
DATE:	May 1, 2018		

Reserve Fund

PURPOSE:

The purpose of this policy is to provide guidance on the establishment, maintenance, and use of the reserve fund.

Policy:

The Board of Health (BOH) has the power under Section 417(1) of the Municipal Act to establish and maintain a reserve fund.

In order to ensure that Oxford Elgin St. Thomas Health Unit (OESTHU) maintains an effective and efficient operation, the BOH shall establish a reserve fund of not more than ~~5%~~ 10% of the total annual health unit budget. While the BOH reserves the right to increase this percentage, it shall seek the input of the obligated municipalities before implementing such change.

The monies noted in the reserve fund are to be used for items such as employee pay equity adjustments, vacation and sick leave entitlements, capital repairs and replacements, unforeseen program and/or corporate expenses, or any other item as deemed necessary by the BOH.

Monies in the reserve fund are not to be released for expenditure until such time as a Board resolution is successfully carried with the resolution noting the amount of money to be transferred from the reserve fund to the operating fund and for what purpose the money is to be used.

PROCEDURE:

- The amount of money to be transferred to the reserve fund on an annual basis will be determined once the annual audit has been completed and the Board has approved the audited financial statements.
- The decision regarding the amount of money to be transferred will be made by the BOH via resolution.

In accordance with Section 417 (2) of the Municipal Act and Section 52(4) of the Health Protection and Promotion Act, the Board shall seek the consent of the councils of the majority of the municipalities within the health unit area prior to establishing a reserve fund for the purpose of acquiring real property.

COMPLIANCE:

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

REVISION DATES:

February 2019
May 2024