Our Vision:
Healthy People in Vibrant Communities

BOARD OF HEALTH MEETING
St. Thomas Location: 1230 Talbot Street
Virtual Participation: Zoom
Thursday, June 22, 2023, at 1:00 p.m.

AGENDA			
ITEM	**AGENDA ITEM**	**LEAD**	**EXPECTED OUTCOME**
1.0 CONVENING THE MEETING			
1.1	Call to Order, Recognition of Quorum • Introduction of Guests, Board of Health Members and Staff	Joe Preston	
1.2	Approval of Agenda	Joe Preston	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.	Joe Preston	
1.4	Reminder that Meetings are Recorded for minute-taking purposes	Joe Preston	
2.0 APPROVAL OF MINUTES			
2.1	Approval of Minutes: April 27, 2023	Joe Preston	Decision
3.0 APPROVAL OF CONSENT AGENDA ITEMS			
3.1	**Letter of Support for Improved Indoor Air Quality in Public Settings** May 30, 2023: Public Health Sudbury & Districts *Summary: The letter expresses support for Peterborough Public Health's calls to the Federal and Provincial ministers for resources and policy levers to improve indoor air quality in public settings.*	Joe Preston	Receive and File
3.2	**Cannabis Consult Polysubstance Group Submission Endorsement** May 24, 2023: Southwestern Public Health *Summary: The letter was submitted to Health Canada's Controlled Substances and Cannabis Branch as part of the public consultation on potential amendments to federal Cannabis Regulations. This was part of a more extensive collaboration with the Southwest Poly Substance Working Group, which supported drafting the recommendations.*	Joe Preston	Receive and File
3.3	**Letter Supporting Lifejacket Legislation, Bill 93, Joshua's Law (Lifejackets for Life)** May 16, 2023: Public Health Sudbury & Districts *Summary: The letter expresses support for Bill 93, also known as Joshua's Law (Lifejackets for Life), 2023 which recently passed the second reading. The board supports boating safety and drowning prevention, emphasizing the importance of wearing lifejackets to save lives.*	Joe Preston	Receive and File
3.4	**Ontario Public Health Nursing Leaders Recommendations** May 5, 2023: Association of Local Public Health Agencies (alPHa) *Summary: The letter expresses support for the Ontario Association of Public Health Nursing Leaders' (OPHNL) recent Recommendation Information Sheet. They agree with OPHNL's assessment that public health nurses, along with other frontline public health professionals, play a crucial role in addressing service delivery backlogs and*	Joe Preston	Receive and File

AGENDA			
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	implementing effective and accessible health programs as they are professionals who are equipped to respond to local community needs, provide evidence-based interventions, and contribute to improved health outcomes, reduced healthcare costs, and a stronger economy.		
4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION			
4.1	**Letter: Declarations of Emergency in the Areas of Homelessness, Mental Health, and Opioid Overdoses/Poisoning** May 16, 2023: Hamilton Public Health Services *Summary: The letter notifies the Ontario Minister of Health and the Associate Minister of Mental Health and Addictions of city council's declarations of emergency in the areas of Homelessness, Mental Health, and Opioid Overdoses/Poisoning. Council requests actioning of the eight measures proposed by the Association of Local Public Health Agencies as a necessary response to the ongoing drug toxicity crisis.*	Joe Preston	Decision
4.2	**Support for the 2022 Annual Report of the Chief Medical Officer of Health for Ontario** May 4, 2023: Public Health Sudbury & Districts *Summary: The letter commends the Chief Medical Officer of Health for emphasizing the importance of public health readiness and sustained investments to mitigate future pandemics. The letter urges the Government of Ontario and the Ministry of Health to fully support and implement the report's recommendations, including providing sustained funding for local public health units.*	Joe Preston	Decision
5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.ACCEPTANCE.DECISION			
5.1	Consumption Treatment and Services Feasibility Study Findings Report for June 22, 2023	Dr. Ninh Tran Peter Heywood	Decision
5.2	Further Investments in Public Health Priorities Report for June 22, 2023	Cynthia St. John	Decision
5.3	Chief Executive Officer's Report for June 22, 2023	Cynthia St. John	Decision
6.0 NEW BUSINESS/OTHER			
7.0 CLOSED SESSION			
8.0 RISING AND REPORTING OF THE CLOSED SESSION			
9.0 FUTURE MEETINGS & EVENTS			
9.1	Board of Health Orientation: Thursday, September 28, 2023 at Noon Board of Health Meeting: Thursday, September 28, 2023 at 1:00 pm Location: TBD; Virtual Participation: MS Teams	Joe Preston	Decision
10.0 ADJOURNMENT			

May 30, 2023

Board of Health Meeting

Minutes

The meeting of the Board of Health for Oxford Elgin St. Thomas Health Unit was held on Tuesday, May 30, 2023, in-person at 410 Buller Street, Woodstock, ON, with virtual participation via Zoom commencing at 1:07 p.m.

PRESENT:

Mr. J. Couckuyt	Board Member
Mr. J. Herbert	Board Member
Mr. G. Jones	Board Member*
Mr. M. Peterson	Board Member
Mr. L. Rowden	Board Member
Mr. M. Ryan	Board Member
Mr. D. Warden	Board Member
Ms. B. Wheaton	Board Member (Acting Chair)
Ms. C. St. John	Chief Executive Officer
Dr. N. Tran	Medical Officer of Health
Ms. W. Lee	Executive Assistant

GUESTS:

Mr. P. Heywood	Program Director*
Ms. Susan MacIsaac	Program Director*
Mr. D. McDonald	Director, Corporate Services and Human Resources
Ms. M. Nusink	Director, Finance
Mr. D. Smith	Program Director*
Ms. M. Cornwell	Manager, Communications*
Ms. C. Richards	Program Manager*
Mr. I. Santos	Manager, Information Technology
Ms. J. Gordon	Administrative Assistant
Mr. R. Perry	The Aylmer Express*
Mr. I. McCallum	My FM 94.1*

**represents virtual participation*

REGRETS:

Mr. J. Preston	Board Member (Chair)
Mr. J. Herbert	Board Member

1.1 CALL TO ORDER, RECOGNITION OF QUORUM

The board acknowledged B. Wheaton as Acting Chair for the session in light of J. Preston's absence. J. Gordon was introduced to the board as the Administrative Assistant to the Executive Leadership team. G. Jones joined the meeting remotely via Zoom.

1.2 AGENDA

Resolution # (2023-BOH-0530-1.2)

Moved by D. Warden
Seconded by D. Mayberry

That the agenda for the Southwestern Public Health Board of Health meeting for May 30, 2023 be approved.

Carried.

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

1.4 Reminder that Meetings are Recorded for minute-taking purposes.

2.0 APPROVAL OF MINUTES

Resolution # (2023-BOH-0530-2.1)
Moved by M. Peterson
Seconded by M. Ryan

That the minutes for the Southwestern Public Health Board of Health meeting for April 27, 2023 be approved.

Carried.

3.0 CONSENT AGENDA

None at this time.

4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION

Resolution # (2023-BOH-0530-4.1)
Moved by M. Peterson
Seconded by D. Warden

That the Board of Health for Southwestern Public Health support correspondence 4.1, 2023 PHS Annual Service Plan & Budget Submission Support for Sufficient, Stable, and Sustained Funding for Local Public Health Agencies, April 17, 2023, from Hamilton Public Health Services.

Carried.

5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.DECISION

5.1 Chief Executive Officers Report

C. St. John reviewed her report.

C. St. John highlighted the work done by the Vaccine Preventable Diseases team, acknowledging their effort and success in completing round 2 of school-based immunizations as well as catch-up clinics for area elementary students.

C. St. John reviewed SWPH's Employee Wellness work done as well as the internally-staffed Wellness Committee. She noted establishing a wellness culture in the organization was interrupted by the 3-year Covid pandemic, but employee well-being was a priority during that time and remains a priority even more so now.

C. St. John reviewed the Association of Local Public Health Agencies (alPHa) Annual General Meeting resolutions that will be presented for review and approval at the time. SWPH carries 5 votes and C. St. John notes she and Dr. Tran recommend the Board approve voting in support of all the resolutions.

C. St. John reviewed the first quarter financial statements, noting there are no areas of concern with respect to the financial picture and current expenditures.

J. Couckuyt asked for clarification on the numbers remaining to be immunized.

S. MacIsaac noted that there remain many students with outstanding records for the County of Oxford (approximately 1000) and the County of Elgin and City of St. Thomas (approximately 1000). She notes June 1, 2023 is the deadline for notifying the health unit, after which SWPH will issue school suspensions. September will be the start of a new record review cycle.

J. Couckuyt asked if SWPH anticipates catching up with the students next year.

S. MacIsaac noted that SWPH continues to allow students the opportunity to catch up and report to the health unit.

D. Mayberry asked for clarity regarding the first quarter financial statements, noting the 8% shortage given the majority of SWPH costs are staff-related. D. Mayberry asked if the organisation is hiring people for the summer.

C. St. John responded by noting students are hired in the summer as well as other placement students. She called attention to other factors contributing to the 8% such as leave of absences, long-term disability situations, secondment, etc.

D. Mayberry called attention to alPHa Resolution #A23-05: Monitoring Food Affordability in Ontario and Inadequacy of Social Assistance Rates, noting that other aspects such as rent and energy rates should be considered as well.

Dr. Tran noted that prior to Covid, health units participated in the Nutritious Food Basket, a standard tool that will be updated this year that will take into account the monthly income of a family, noting different financial scenarios (i.e., size of family, Ontario Works, Ontario Disability Support Program, etc.), and the necessary expenditures for these households such as housing

costs (i.e., rent, electricity, water, etc.). Dr. Tran noted that while some households are able to absorb increases in food and other necessary expenditures, the population that is supported by Ontario Works (particularly unattached individuals) is most vulnerable to inflation and rising costs and likely face some form of deficit already.

J. Couckuyt noted he supports all 5 alPHa motions but wonders how the motions are then developed as actions.

C. St. John responded that, historically, when approved resolutions have been presented to provincial decision makers, they are accompanied by recommended next steps. She does note that some of these resolutions may vary locally when applied.

Dr. Tran added that there will likely be discussions that might produce more specific resolutions.

C. St. John noted that she will report to the Board on the alPHa annual general meeting as well as provide details regarding the discussion and outcomes of the resolutions session.

D. Mayberry noted that the ongoing issues with the St. Thomas site HVAC system might require a more substantial investment if the new company is unsuccessful in addressing those problems.

Resolution # (2023-BOH-0530-5.1A)

Moved by M. Peterson
Seconded by D. Warden

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

Carried.

Resolution # (2023-BOH-0530-5.1)

Moved by M. Peterson
Seconded by D. Warden

That Board of Health for Southwestern Public Health approve the Chief Executive Officer's report for May 30, 2023.

Carried.

7.0 TO CLOSED SESSION

Resolution # (2023-BOH-0530-C7)

Moved by D. Warden
Seconded by J. Couckuyt

That the Board of Health moves 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 # (2023-BOH-0530-C8)

Moved by M. Peterson
Seconded by D. Warden

That the Board of Health rise with a report.

Carried.

Resolution # (2023-BOH-0530-C3.1)

Moved by L. Rowden
Seconded by D. Mayberry

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Report for May 30, 2023.

Carried.

10.0 ADJOURNMENT

Resolution # (2023-BOH-0530-10)

Moved by M. Peterson
Seconded by D. Warden

That the meeting adjourn at 1:56 p.m.

Carried.

Confirmed: _____

Public Health
Santé publique
SUDBURY & DISTRICTS

May 30, 2023

VIA ELECTRONIC MAIL

Honourable Jean-Yves Duclos
Minister of Health, Canada
House of Commons
hcminister.ministresc@hc-sc.gc.ca

Honourable Dominic LeBlanc
Minister of Intergovernmental Affairs, Infrastructure and Communities, Canada
iga.minister-ministre.aig@pco-bcp.gc.ca

Honourable Sylvia Jones
Minister of Health, Ontario
sylvia.jones@ontario.ca

Honourable Steve Clark
Minister of Municipal Affairs and Housing, Ontario
minister.mah@ontario.ca

Dear Honourable Ministers:

Re: Support for Improved Indoor Air Quality in Public Settings

I am pleased to share with you Public Health Sudbury & Districts' Board of Health motion in support Peterborough Public Health's calls to the Federal and Provincial ministers for resources and policy leavers to improve indoor air quality in public settings. At its meeting on April 20, 2023, the Board of Health carried the following resolution #17-23:

> *WHEREAS the virus that causes COVID-19 (SARS-CoV2), as well as other respiratory viruses, are spread principally through respiratory droplets and aerosols; and*
>
> *WHEREAS ventilation can affect how well respiratory droplets and aerosols are removed from an area. As noted by the Ontario Science Table, "aerosols play a role in the transmission of SARS-CoV-2, especially in poorly ventilated indoor areas"; and*
>
> *WHEREAS Canada's Chief Science Advisor recommends that owners and operators of indoor public facilities "scale-up and monitor effective prevention*

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Sudbury ON P3E 3A3
t: 705.522.9200
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Elm Place
10 rue Elm Street
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t: 705.522.9200
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Sudbury East / Sudbury-Est
1 rue King Street
Box / Boîte 58
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t: 705.222.9201
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Espanola
800 rue Centre Street
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Île Manitoulin Island
6163 Highway / Route 542
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Chapleau
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phsd.ca

interventions, such as improving ventilation in schools, workplaces and public places as part of a first line of prevention of SARS-CoV2 infection and other respiratory/airborne pathogens";

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts endorse the letters dated March 3, 2023, from Peterborough Public Health to federal and provincial ministers calling for investments and policy levers to improve indoor air quality in public settings such that health is further protected for all; and

FURTHER THAT this resolution be shared with relevant federal and provincial government ministers, area members of parliament and provincial parliament, the Chief Medical Officer of Health, and Ontario boards of health.

Poor indoor air quality poses an environmental health risk that disproportionately impacts vulnerable Canadians. Therefore, as the Chair of our Board of Health, I request that the Provincial government implement a stepwise approach though amendments to the Ontario Building Code, requiring improved air quality standards in new construction; and that the Federal and Provincial governments identify, fund, and implement strategies such as grants, tax breaks, and other incentives, that assist owners to improve indoor air quality in all public settings.

Sincerely,

René Lapierre
Chair, Board of Health

cc: Carol Hughes, Member of Parliament, Algoma-Manitoulin-Kapuskasing
Marc Serré, Member of Parliament, Nickel Belt
Viviane Lapointe, Member of Parliament, Sudbury
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin-Kapuskasing
France Gélinas, Member of Provincial Parliament, Nickel Belt
Jamie West, Member of Provincial Parliament, Sudbury
Dr. Kieran Moore, Chief Medical Officer of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
All Ontario Boards of Health

St. Thomas Site
Administrative Office
1230 Talbot Street
St. Thomas, ON
N5P 1G9

Woodstock Site
410 Buller Street
Woodstock, ON
N4S 4N2

May 24, 2023

ATTN: John Clare
Director General
Strategic Policy, Cannabis
Controlled Substances and Cannabis Branch
Email: cannabis.consultation@hc-sc.gc.ca

RE: Notice of Intent - Consultation on Potential Amendments to the Cannabis Regulations

INTRODUCTION:

Southwestern Public Health appreciates the opportunity to participate in Health Canada's consultation on *Potential Amendments to the Cannabis Regulations.*

We want to commend Health Canada for recognizing the importance of setting out clear regulations and developing a legislative framework that aims to protect the health and safety of Canadians. Maintaining strict regulations and controls governing the production and sale of cannabis is vital to mitigating the potential health and safety harms from these products.

A public health approach to cannabis regulation aims to find the balance between making regulated legal cannabis accessible while removing commercial influence and controlling promotion of the product. There are health harms associated with cannabis consumption, but harms can be minimized with a comprehensive harm reduction-based regulatory approach.

The recommendations that follow correspond to three of the five priority areas for which Health Canada has requested feedback, specifically:

- Priority Area 3: Production requirements for cannabis products;
- Priority Area 4: Packaging and labelling requirements for cannabis products; and,
- Priority Area 5: Record keeping and reporting for cannabis license holders.

The recommendations contained within this submission support Health Canada's goals to:

1. Reduce the risks of accidental consumption and overconsumption;
2. Reduce the appeal of cannabis products to young people; and,
3. Provide consumers with the information they need to make informed decisions before using cannabis products.

Priority Area 3: Production requirements for cannabis products

4. Should the limits on the maximum quantity of delta-9-THC that can be contained in a cannabis product (by container and ingestible unit) apply to the sum total of all intoxicating cannabinoids found in the product? Why or why not? How could such a requirement be established in an efficient manner that is simple to comply with?

RECOMMENDATION
Yes. The maximum quantity of delta-9-tetrahydrocannabinol (THC) contained in a cannabis product (by container and ingestible unit) should apply to the total of all intoxicating cannabinoids found in the product. Until more research is completed, product manufacturers should be required to account for and communicate any potentially intoxicating substances to consumers. Moreover, maintaining current limits of intoxicating cannabinoids within the standards set by the *Cannabis Act* will continue to protect public safety.

RATIONALE
Consumers have the right to be informed of the presence and quantity of intoxicating cannabinoids in the product they are consuming, as this can affect their level of impairment, increasing the potential for health harms. In addition, as more research becomes available on the effects of other intoxicating cannabinoids, Health Canada is encouraged to ensure that the maximum amount of such cannabinoids equates to the current limits for delta-9-THC. This will help minimize the potential impact on public health and safety.

It is recommended that Health Canada continue to restrict the quantity of delta-9-THC or equivalent intoxicating cannabinoid effect to:

- Edibles - 10 mg per package
- Ingesting - Cannabis Extract 10 mg of THC per unit (such as a capsule) or dispensed amount 1000 mg of THC per package
- Inhaling - Cannabis Extract: 1000 mg of THC per package
- Topical Cannabis - 1000 mg of THC per package (Government of Canada, 2018)

Priority Area 4: Packaging and labelling requirements for cannabis products

1. Should Health Canada consider amending packaging requirements for dried and fresh cannabis?

RECOMMENDATION
Southwestern Public Health recommends that existing *Regulations* for cannabis product packaging should remain in effect, including:

- Plain, opaque/translucent packaging in accordance with colour/font restrictions;
- Child-resistant packaging with tamper-evident controls in place;
- A prohibition on coatings, cut-outs, or peel-away labels;
- A prohibition on hidden features, including heat-activated ink or scent-features;
- A prohibition on the use of images or brand information on the wrapper; and,
- No more than 30 g of dried cannabis in one immediate container.

In addition, Southwestern Public Health recommends that Health Canada considers restricting all packaging to a plain and standardized colour (e.g., brown or grey).

Southwestern Public Health recommends that alternative packaging materials be investigated and mandated by regulation to address the issues of waste from cannabis product packaging. Current packaging requirements should be maintained to the fullest extent while also considering alternative, environmentally conscious materials in accordance with the Government of Canada's ambitious plan to reduce plastic pollution.

RATIONALE

The current *Cannabis Regulations* require plain packaging and labelling for all cannabis products. This approach aims to reduce the risks of accidental consumption and overconsumption and reduce the appeal of cannabis products to young persons. Additionally, consumers are provided the information they need to make informed decisions before using cannabis. As such, these requirements should be maintained.

The current *Regulations* restrict colours to a single uniform colour, prohibiting fluorescent colours on containers or wrappers or metallic colours on containers. We recommend that packaging (including wrappers and internal and external packaging) be restricted to one standardized colour, ensuring a contrast between the yellow colour of the health warning message and the red colour of the standardized cannabis symbol. This eliminates the ability of the industry to select background colours for branding and would align with the more stringent requirements for tobacco packaging. Tobacco research indicates that dark brown product packaging is dissuasive in the United States (Hammond et al., 2011; Al Hamdani et al., 2020). Continued research specific to cannabis packaging is essential to understand further the impact of packaging elements on cannabis use behaviours.

Health Canada should maintain current packaging requirements for public health and safety. However, per the Government of Canada's commitment to bring forward measures to prevent plastic pollution and reduce the amount of waste that ends up in landfill sites, alternative recyclable packaging options should be considered to minimize any potential environmental impact of cannabis product waste.

2. Are there labelling requirements that could be changed without public health or public safety impacts? What required information should remain, and what information could be removed? Why or why not?

RECOMMENDATION

Southwestern Public Health recommends that Health Canada maintain all existing labelling requirements and not remove any information.

RATIONALE

Current labelling requirements include the standardized cannabis symbol, mandatory health warning message, and specific product information (e.g., brand name of the cannabis product, class of cannabis, THC and CBD information, license holder information, ingredients, etc.). These requirements should remain in place as they contribute to reducing the risks of accidental consumption and overconsumption and reduce the appeal of cannabis products to young persons. Cannabis labelling provides consumers the information they need to make informed decisions before using cannabis. Mandated health warnings on tobacco products are proven to

be an effective strategy to increase awareness of the health harms and reduce tobacco use (Cunningham, 2022). Similarly, cannabis research has found that brand imagery on packaging can increase the appeal of cannabis products, whereas plain/standardized packaging with health warnings decreases appeal, especially to youth and young adults (Leos-Toro et al., 2021). It is recommended that Health Canada continues to apply this body of evidence to cannabis product regulation.

3. Do you have any suggestions to simplify the requirements to include delta-9-THC and CBD content information on product labels?

RECOMMENDATION

Southwestern Public Health recommends continued regulation of cannabis labelling that provides consumers with the information they need to make informed decisions before using cannabis, including labelling cannabinoids within products.

Southwestern Public Health does not have any specific suggestions of simplifying the requirements to include delta-9-THC and CBD content information on product labels but recognizes the importance of consumer product comprehension to protect public health and safety.

Southwestern Public Health recommends further consumer education about the potential effects of THC/CBD, including Canada's Lower-Risk Cannabis Use Guidelines, to help individuals understand how to reduce risks to their health when consuming cannabis products. This could be achieved via a website link on the label and more comprehensive federal public health education initiatives.

RATIONALE

From a public health perspective, the labelling requirements for cannabis (THC/CBD content) are meant to provide consumers with clear, easy-to-read, and understandable information regarding the product's contents (Government of Canada, 2016). Cannabis product labels are only effective if their meaning is clear to the consumer. While consumers need to know how much THC and CBD a product contains, they also need to understand how the products and the amounts of cannabinoids found within products can affect their health and well-being.

Investigation into consumer product comprehension has shown that the current way information is provided on cannabis products can be difficult for individuals to interpret and put into context (Health Canada, 2020). Therefore, comprehensive consumer education about the potential effects of THC/CBD may aid in product label understanding by consumers. In addition, Canada's Lower-Risk Cannabis Use Guidelines provide recommendations for individuals to reduce their health risks from cannabis use (Fischer et al., 2017) and increase consumer understanding of reducing their risk when consuming cannabis products. Developing a comprehensive public health education strategy to inform youth and young adults about the potential health harms of cannabis use and strategies to reduce those risks is warranted.

4. Should the requirement to include delta-9-THC content information on product labels apply to the total of all intoxicating cannabinoids, such as delta-8-THC? Why or why not? How could such a requirement be established in an efficient manner that is simple to comply with?

RECOMMENDATION

For public safety and consumer knowledge, Southwestern Public Health recommends that cannabis product labels include the amounts of any intoxicating cannabinoids in a product and that labelling continues to be based on regulated laboratory testing. In addition, efforts should be taken to increase consumer understanding of lower-risk and higher-risk use, including quantities or concentrations of cannabinoids, and potential physiological effects of both intoxicating and non-intoxicating cannabinoids.

We recommend that any new cannabis product (including semi-synthetic cannabinoids) continue to be assessed for safety under the *Cannabis Act* and communicate any potential effects in a timely and effective manner to consumers.

RATIONALE

Labelling all intoxicating cannabinoids in cannabis products allows consumers to make informed choices about their cannabis consumption. It is important to note that cannabis labels are only effective if their meaning is clear to the consumer. While consumers need to know how much THC and CBD a product contains, they also need to understand how those amounts can affect their health and well-being.

The continuous monitoring of identified cannabinoids and their impacts on consumers was recommended by the *Canadian Task Force on Cannabis Legalization and Regulation*. The Task Force highlighted the need for "a flexible legislative framework that [can] adapt to new evidence to set rules for limits on THC or other components" (Government of Canada, 2016).

5. Are there other packaging and labeling requirements that Health Canada should consider for a regulatory amendment? Why and what is the current impact of these requirements on license holders and consumers?

RECOMMENDATION

Continue strictly regulating packaging and labelling and implementing further restrictions to reduce the appeal to young persons. In addition to the current requirements outlined in the *Regulations*, Southwestern Public Health recommends implementing the following:

- Ban the words "candy" or "candies" on packages;
- Include "not for kids" text on the package label;
- Require safer storage messaging on all packages to address ways to reduce the risk of unintentional exposure of this product to children (e.g., "This product can cause harm if consumed by children. Keep out of reach of children in a locked area, and store in original packaging.");
- Restrict packaging colour to a standardized single, uniform colour (e.g., brown or grey);
- Consider methods to educate and promote additional health messaging within *Canada's Lower-Risk Cannabis Use Guidelines*. For example, this might be achieved by including

a website link on the cannabis product label, the inclusion of a statement on the package itself, or the roll-out of a comprehensive federal public health education strategy; and,

- Require labels for all cannabis-infused products intended for ingestion to include a health statement about the delayed onset of impairing effects and information on accidental ingestion or overconsumption.

RATIONALE

Maintaining and strengthening measures to reduce risks of accidental consumption, overconsumption, and the appeal of products to infants, children, and young people are critical. If the current *Regulations* are, weakened, or omitted on cannabis products, it may provide ambiguity of rules and lead to packaging and labelling practices which are harmful to consumers and may increase appeal to vulnerable individuals such as youth and children.

Despite efforts to regulate cannabis packaging and public health measures to remind adults to lock cannabis products up and out of reach of children and youth, the incidence of cannabis overdose in children continues to rise. A recent study published in 2022 found that the proportion of cannabis-related emergency department visits for children aged 0-9 in Ontario increased significantly after the legalization of cannabis edibles (Myran et al., 2022).
The Poison Control Centre in Ontario states the following on its website: “The Poison Centre is seeing an increase in cases of children unintentionally eating edible cannabis products and requiring hospital admission. In many cases these products were unregulated, looked almost identical to popular brands of candy, and contained many more milligrams of THC than approved by Health Canada. While cannabis use is legal in Canada, there are many products available on the market that are unregulated, meaning that they do not come from an authorized provincial or territorial retailer.” This demonstrates what can happen when regulations around packaging become more lenient: increased harm to children by unintentional consumption. These statistics also demonstrate the need for further action to prevent unintentional consumption by children.

Prohibiting the words “candy” or “candies” would further enhance the existing plain packaging requirements. “Candy” is an easily recognizable and enticing word to children and youth. Following legalization, Colorado saw an increase in edible-related cannabis overdoses, increased calls to poison control centres, and increased ER visits for accidental ingestion by children (Wang et al., 2016). To combat accidental consumption by children and youth, Colorado has banned the word “candy” or “candies” on packaging (State of Colorado, n.d.). Similarly, Washington State has mandated “not for kids” warning labels on cannabis products (Washington State, 2019).

Plain packaging and including health warnings on labels reduce appeal, brand influence, and enticements to purchase and use products. They also increase awareness of the harms associated with use which has shown to be effective through tobacco product research (Dronvandi et al., 2019; Gravely et al., 2021) and cannabis product research (Goodman et al., 2019; LeosToro et al., 2021). The current *Regulations* restrict colours to a single uniform colour, prohibiting fluorescent colours on containers or wrappers or metallic colours on containers.

Southwestern Public Health recommends that packaging (including wrappers and internal and external packaging) be restricted to one standardized colour, ensuring there is a contrast between the yellow colour of the health warning message and the red colour of the standardized cannabis symbol. This approach would limit the industry’s ability to select background colours for branding purposes and would align with the more stringent requirements for tobacco product

packaging. Tobacco research has shown that dark brown packaging is more dissuasive in the United States (Hammond et al., 2011; Al Hamdani et al., 2020). Continued research specific to cannabis packaging is important to understand further the impact of background colours on cannabis use behaviours.

Labelling is an essential resource for consumers in making informed decisions about using cannabis. We recommend including information on *Canada's Lower-Risk Cannabis Use Guidelines*, which could be accomplished through a website link on the product label or a statement from the Guidelines on the package. Lower-risk and safer-use messaging are important for everyone who uses cannabis, especially people who are first trying a product. It is vital for warning messages to be clear and to use language that does not leave room for doubt by the consumer (Al Hamdani et al., 2020).

Priority Area 5: Record keeping and reporting for cannabis license holders

6. Should Health Canada remove the requirement to provide a promotion expenditure report to Health Canada? Why or why not?

RECOMMENDATION

It is recommended that Health Canada continue to require cannabis license holders to provide a report of any promotional expenses and activities related to cannabis. This includes any money spent to promote cannabis accessories or services related to cannabis. Health Canada should also monitor industry practices with marketing and advertising to reduce the normalization of cannabis use and incentives or cues to use cannabis products. In addition, it is recommended that Health Canada mandates the cannabis industry to publicly disclose costs and activities associated with influencing government policy reform.

RATIONALE

The *Cannabis Act* generally prohibits the public promotion of cannabis. This is to support the Government's objective to protect public health and safety and to protect vulnerable populations, such as youth from exposure to cannabis and enticements to use cannabis. By requiring license holders to report on promotion expenditures, Health Canada can monitor industry practices to ensure they stay compliant with prohibited practices and ensure the types of promotions do not directly or indirectly entice individuals to use cannabis. In addition, by continuing to monitor promotion expenditures, Health Canada can ensure that the industry is not spending excessive funding on promotions, given evidence that marketing practices can influence substance use behaviour and potential harms (Leos-Toro et al., 2021).

The extent to which cannabis is promoted to individuals may influence their decisions to purchase and use cannabis. Health Canada can incorporate the substantial evidence of the impact of alcohol marketing on drinking behaviour and translate that to cannabis regulations. It has been shown that exposure to alcohol advertising can act as an environmental cue to drink, influence social norms, and influence lifestyles, such as an individual's motives to drink and drinking patterns (Giesbrecht & Wettlaufer, 2013). In addition, restricting promotions will remove incentives to drink and cues to drink (PHAC, 2018; Giesbrecht & Wettlaufer, 2013; Liem, 2018; WHO, 2018). Applying the evidence from alcohol consumption combined with lessons learned from tobacco control literature is recommended to inform requirements pertaining to mandatory industry reporting.

OTHER CONSIDERATIONS FOR THE PRODUCTION OF CANNABIS

In addition to the labelling and packaging requirements, we recommend the following production restrictions be implemented to further reduce appeal to young people, minimize undue inducements to purchase or use cannabis products, and enhance the safety of products for consumers:

- Restrict the shape of cannabis products and accessories further by banning the use of shapes, sprinkles, or bright colours that may appeal to children (e.g., bright colours, recognizable shapes like real or fictional animals or humans or fruit shapes.)
- Prohibit the use of flavouring agents in cannabis extracts.
- Prohibit any product that resembles or mimics familiar food items, or is associated with a well-known food or candy brand that could appeal to children, such as gummy bears, lollipops, well-known chocolate bars or cookie brands, etc.
- Require that edible products be stamped, marked or imprinted with the standardized THC symbol on at least one side of the edible product itself. An exemption for products that are impracticable to stamp, mark or imprint, such as liquids, would be required.

RATIONALE

Products that resemble familiar food items or are associated with well-known brands of food or candy could be appealing to children, such as gummy bears, lollipops, well-known chocolate bars or cookie brands (Government of Canada, 2016; University of Washington School of Law, 2016; General Assembly of the State of Colorado, 2016).

COMMERCIAL DETERMINANTS OF HEALTH

The request for consultation states, “Health Canada recognizes there may be regulatory measures that could be made more efficient and streamlined without compromising the public health and public safety objectives in the *Act*,” and we appreciate that Health Canada has emphasized that efficiencies will not compromise public health and safety objectives.

We ask that Health Canada considers the Commercial Determinants of Health when considering any recommendations submitted, and that any proposed amendments put public health and safety before benefits that would be afforded to the industry. The Commercial Determinants of Health “is a key social determinant, and refers to the conditions, actions and omissions by commercial actors that affect health” (WHO, 2021). Industry actions, such as production and targeted marketing of products, can impact and shape the physical and social environments that people live in, and ultimately impact their health. The potential impacts on health from cannabis include child poisonings, overdose, and/or effects on parenting through the use of their products. Early age of onset of use and the continued use of cannabis increases the risk of dependency and mental health problems, and can impact memory, concentration, academic success and decision-making. When smoked, cannabis use impacts lung health, increasing risk of bronchitis, lung infections, chronic cough, and mucus (Health Canada, 2022). Cannabis products are not a benign substance, so it is recommended that they be regulated to control commercial influence.

Product packaging, labelling, product manufacturing, and advertising are areas of focus where the industry may not, and historically has not, put public health and safety above industry profits and benefits.

It has been documented that corporations actively mislead and confuse the public when it comes to the harm their products cause (Mailon, 2022; Ulucanlar et al., 2016; Humphreys et al., 2022).

The study of internal documents across tobacco, alcohol, chemical, soft drink, sugar, and pharmaceutical industries has formed a body of evidence describing the ways that corporations seek to produce and distribute research findings that are favourable to their interests, to suppress findings that are not, and to create doubt around the scientific agreement (Mailon, 2022; Humphreys et al., 2022). Another way corporations influence mainstream thinking is by capturing civil society through corporate front groups, philanthropic efforts, consumer groups and think tanks, allowing them to create doubt and promote their framing of the products they produce and their messages (Mailon, 2022; WHO, 2021).

Thank you for the opportunity to provide input on the potential amendments to the *Cannabis Regulations*. We would be happy to discuss any of our recommendations or comments upon your request and look forward to the summary from Health Canada following this consultation.

Sincerely,

Peter Heywood
Program Director

CC Joe Preston, Chair - Board of Health for Oxford, Elgin and St. Thomas
CC Karen Vecchio, MP for Elgin County
CC David MacKenzie, MP for Oxford County

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Public Health
Santé publique
SUDBURY & DISTRICTS

May 16, 2022

VIA ELECTRONIC MAIL

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queen's Park
Toronto ON M7A 1A1

Dear Premier Ford:

Re: Bill 93, Joshua's Law (Lifejackets for Life), 2023

On behalf of the Board of Health for Public Health Sudbury & Districts, I am writing to convey the Board's support for Bill 93 Joshua's Law (Lifejackets for Life), 2023 which recently passed second reading.

The matter of boating safety and drowning prevention is of great interest to the Board of Health for Public Health Sudbury & Districts. On September 22, 2022, we advised your office of the Board's resolution to request the Government of Ontario to enact legislation requiring all individuals in a pleasure boat to wear a lifejacket or PFD.

Over the 10-year period from 2012 to 2021, 2147 Ontarians (65 Sudbury and districts) had emergency department visits that resulted from a drowning or submersion injury related to watercraft and, over the last 10 years of available death data (2009-2018), 198 Ontarians (8 Sudbury and districts) died of a drowning or submersion injury related to watercraft. The Board of Health is aware that of the nationally reported boating deaths from 2013 to 2017 for which data were available, 79% were not wearing a lifejacket or personal floatation device (PFD). Not wearing a lifejacket is the most common behavioural risk factor associated with boating drownings across the lifespan. In Canadian drowning deaths from 2013 to 2017 for which PFD data were available, 87% of 15–34-year-olds, 75% of 35–64-year-olds, and 80% of 65+ year olds were not wearing lifejackets. Not wearing lifejackets continues to be identified as the most common risk factor in drowning deaths beyond childhood.

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Bill 93 is an important first step to saving lives. Public Health will continue to strongly advocate for the Government of Ontario to enact legislation requiring all individuals to wear a personal flotation device (PFD) or lifejacket while on a pleasure boat that is underway, or while being towed behind a pleasure boat using recreational water equipment.

Thank you for your attention on this important issue.

Sincerely,

René Lapierre
Chair, Board of Health

cc: Honourable C. Mulroney, Minister of Transportation
Honourable S. Jones, Minister of Health
Jamie West, Member of Provincial Parliament, Sudbury
France Gélinas, Member of Provincial Parliament, Nickel Belt
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin
Viviane Lapointe, Member of Parliament, Sudbury
Marc Serré, Member of Parliament, Nickel Belt
Carol Hugues, Member of Parliament, Algoma-Manitoulin-Kapuskasing
Association of Local Public Health Agencies
All Ontario Boards of Health

alPHa
Association of Local PUBLIC HEALTH Agencies

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

alPHa Sections:

Boards of Health Section

Council of Ontario Medical Officers of Health (COMOH)

Affiliate Organizations:

Association of Ontario Public Health Business Administrators

Association of Public Health Epidemiologists in Ontario

Association of Supervisors of Public Health Inspectors of Ontario

Health Promotion Ontario

Ontario Association of Public Health Dentistry

Ontario Association of Public Health Nursing Leaders

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May 5, 2023

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

Dear Minister Jones,

Re: Ontario Public Health Nursing Leaders Recommendations

On behalf of the Association of Local Public Health Agencies (alPHa) and its Council of Ontario Medical Officers of Health, Boards of Health Section and Affiliate Organizations, we are writing to communicate our support for the Ontario Association of Public Health Nursing Leaders' (OPHNL) recent *Recommendation Information Sheet* (attached).

We agree with OPHNL's observations that public health nurses, along with other public health professionals who are on the front-line of ensuring the delivery of mandated public health programs and services, are essential to addressing service delivery backlogs and implementing innovative, convenient and easily accessible programs to promote health, prevent disease, and support the Province's identified priorities immediately and over the long term.

Public Health Nurses are highly skilled and qualified to continue to respond flexibly to local community needs and provide evidence-informed programs and interventions across the province. Investments in public health generate significant returns, including better health, lower health care costs, and a stronger economy.

We look forward to working with you and would like to request an opportunity to meet with you and your staff. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHa, at loretta@alphaweb.org or 647-325-9594.

Sincerely,

Trudy Sachowski,
President

Copy: Hon. Michael Parsa, Minister of Children, Community and Social Services
Dr. Catherine Zahn, Deputy Minister of Health
Dr. Kieran Moore, Chief Medical Officer of Health, Ontario
Dr. Karima Velji, Assistant Deputy Minister & Chief of Nursing and Professional Practice
Elizabeth Walker, Executive Lead, Office of the Chief Medical Officer of Health

Encl.

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

The Ontario Association of Public Health Nursing Leaders

Leading the Way for Public Health Nursing

The Ontario Association of Public Health Nursing Leaders (OPHNL) fully supports the recent reports from the Chief Medical Officer of Health (Being Ready) and Association of Local Public Health Agencies (Public Health Resilience in Ontario and Pre-Budget Submission: Public Health Programs and Services). In addition, OPHNL recommends that:

The Province increase and stabilize permanent funding for public health nurses to address service delivery backlogs and implement innovative, convenient and easily accessible programs to promote health, prevent disease, and support the Province's identified priorities immediately and over the long term.

Public health units provide upstream programs and services that are key to mitigating the long-term health, psychological and economic impacts of the COVID-19 pandemic. The public health workforce is comprised of a highly integrated interdisciplinary team of public health professionals. It is the role of OPHNL, while acknowledging the valuable work of our interdisciplinary partners, to speak specifically to the contribution that public health nurses make through mandated and locally innovative programs and services.

Public Health Nursing programs and interventions aim to address health inequities by focusing on priority populations. Through increased and stabilized permanent funding for public health nurses local public health units can flexibly respond to community needs and achieve the desired outcomes by scaling up or introducing interventions that support the Province's identified priorities.

The chart below represents a ***few examples of nurse-delivered evidence informed programs and interventions*** from across the province. These programs and interventions have been successfully implemented in collaboration with local communities to achieve desired outcomes.

	Desired Outcome	Examples of Programs & Interventions
	Improved vaccination rates	♦ Community and school based vaccine clinics ♦ Health teaching to decrease vaccine hesitancy ♦ Health promotion to create supportive environments, tailor health services for priority populations, provide health education, and enforce legislation
	Reduced impact of adverse childhood experiences	♦ Health promotion to support healthy behaviours during preconception and pregnancy and reduce risk factors for poor fetal outcomes. ♦ Home-visiting and community programs that (a) support healthy relationships between parents and children, and (b) support and assess healthy childhood growth and development (e.g.: Healthy Babies Healthy Children, Nurse Family Partnership, positive parenting programs) ♦ Intersectoral systems navigation and coordination to improve access to services
	Increased number of children are ready for school	
	Increased number of children with developmental concerns who are identified early	
	Improved access to mental health supports across the lifespan.	♦ Health promotion programs that support social connectedness, positive self-esteem, resilience, and positive coping skills. ♦ Groups that support perinatal and post partum mental health (e.g.: Cognitive Behaviour Therapy groups) ♦ Screening and early identification ♦ Intersectoral systems navigation and coordination to improve access to services ♦ Peer to peer support

March 10, 2023

	Desired Outcome	Examples of Programs & Interventions
	Increased support for mental and physical health in children and youth	♦ Partnerships with Boards of Education ♦ Comprehensive School Health to create and implement school policies and environments that build resilience, support healthy behaviours and prevent chronic diseases ♦ Support children and families with emerging health issues and future outbreak readiness ♦ Support children and families for school readiness, healthy transition to secondary school, and healthy transition to postsecondary/workforce.
	Reduced harms of substance use	♦ Comprehensive School Health to create and implement school policies and environments that support healthy behaviours ♦ Home-visiting and community programs that support healthy relationships between parents and children and healthy behaviours ♦ Outreach harm reduction programs (e.g. naloxone, safe supply distribution, consumption and treatment sites)
	Reduced impact of infectious disease on the population	♦ Health promotion to support healthy behaviours and reduce risk factors for severe illness from infectious diseases; and address health equity and reduce risk factors for infectious disease transmission ♦ Infection prevention and control education and support ♦ Case and contact management ♦ Trusted community relationships across many settings to promote future outbreak readiness and facilitate quick response to public health concerns

For more information about two key innovative public health nursing initiatives and how they make a difference in the community see the Nurse Family Partnership Report and School Focused Nurse Initiative Evaluation including OPHNL's Recommendations.

The Ontario Association of Public Health Nursing Leaders, which includes the Chief Nursing Officers across the province, promotes and protects the health of Ontarians through excellence in public health nursing leadership. For more information visit https://ophnl.org/

OFFICE OF THE MAYOR
CITY OF HAMILTON

The Honourable Sylvia Jones, M.P.P.
Minister of Health
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The Honourable Michael A. Tibollo, M.P.P.
Associate Minister of Mental Health and Addictions
Ministry of Health
Frost South
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Michael.tibolloco@pc.ola.org

May 11, 2023

Subject: Declarations of Emergency in the Areas of Homelessness, Mental Health and Opioid Overdoses/Poisoning

Dear Minister Jones and Minister Tibollo,

At the April 12, 2023 Hamilton City Council meeting, a motion was passed declaring an emergency of Homelessness, Mental Health, and Opioid Overdoses/Poisoning. In adherence with this motion, I am writing to you today to request that the Provincial Government act on the eight measures proposed by the Association of Local Public Health Agencies". These specific measures include:

1. Creation of a multi-sectoral task force to guide the development of a robust provincial opioid response plan that will ensure necessary resourcing, policy change, and health and social system coordination;

2. Expanding access to evidence informed harm reduction programs and practices including lifting the provincial cap of 21 Consumption and Treatment Service (CTS) Sites, funding Urgent Public Health Needs Sites (UPHNS) and scaling up safer supply options

3. Revision of the current CTS model to address the growing trends of opioid poisoning amongst those who are using inhalation methods;

4. Expanding access to opioid agonist therapy for opioid use disorder through a range of settings (e.g. mobile outreach, primary care, emergency departments, Rapid Access to Addiction Medicine Clinics), and a variety of medication options;

5. Providing a long-term financial commitment to create more affordable and supportive housing for people in need, including people with substance use disorders;

6. Addressing the structural stigma and harms that discriminate against people who use drugs, through provincial support and advocacy to the Federal government to decriminalize personal use and possession of substances and ensure increased investments in health and social services at all levels;

7. Increasing investments in evidence-informed substance use prevention and mental health promotion initiatives that provide foundational support for the health, safety and well-being of individuals, families, and neighbourhoods, beginning from early childhood; and

8. Funding additional and dedicated positions for public health to support the critical coordination and leadership of local opioid and substance abuse strategies."

As with other municipalities throughout Ontario, the impact of the drug toxicity crisis continues to have a significant impact on our community. Between January 2023 and April 2023, Hamilton Paramedic Services responded to 336 incidents related to suspect opioid overdoses, with three out of the four months surpassing previous monthly totals. Furthermore, 52 suspect drug-related deaths have occurred this year as of April 12, not only representing lives cut short but also untold grief for the loved ones of these individuals and the broader community.

Hamilton continues to coordinate a local response with health and social service providers to address this public health crisis by leveraging local expertise and resources. While these local efforts continue, further response and collaboration is needed at all levels of government. The eight measures recommended by the Association of Local Public Health Agencies would provide a range of interventions to best support individuals based on their needs, and reflect the ongoing serious harms present in our community related to the toxic drug supply. For example, investing in the necessary support and prevention initiatives for our children and youth would promote mental health and work to prevent substance use. Increasing the number of CTS sites would help save lives by increasing

the number of places to safely consume substances in our community, while facilitating access to treatment options. As this complex issue transcends municipal boundaries, the Province is best situated to act decisively in order meet these goals through their capacity, resources, and leadership.

We firmly believe that one of the necessary responses to the ongoing drug toxicity crisis is to action the above eight items. However, Hamilton cannot accomplish this undertaking alone and Provincial leadership is needed to ensure success. The Hamilton Public Health Services team is more than agreeable to meet with your staff to tackle this task head-on and thereby continue to ensure that Ontario is a place where all its residents can be healthy, prosperous and reach their fullest potential throughout life.

Yours Sincerely,

Andrea Horwath

Mayor

City of Hamilton

CC:
Hon. Doug Ford, Premier and Minister of Intergovernmental Affairs

Hon. Peter Bethlenfalvy, Minister of Finance
Hon. Steve Clark, Minister of Municipal Affairs and Housing
Hon. Doug Downey, Attorney General
Hon. Michael Parsa, Minister of Children, Community and Social Services

Dr. Kieran Moore, Chief Medical Officer of Health

Hon. Neil Lumsden, MPP Hamilton East – Stoney Creek
Donna Skelly, MPP Flamborough – Glanbrook
Monique Taylor, MPP Hamilton Mountain
Sandy Shaw, MPP Hamilton West – Ancaster – Dundas
Sarah Jama, MPP Hamilton Centre

Association of Local Public Health Agencies
Council of Ontario Medical Officers of Health
Ontario Boards of Health
Ontario Health
Ontario Public Health Association

Public Health
Santé publique
SUDBURY & DISTRICTS

May 4, 2023

VIA EMAIL

The Honourable Sylvia Jones
Ministry of Health
5th Floor, 777 Bay Street
Toronto, ON M7A 1Z8

Dear Minister Jones:

Re: Support for the 2022 Annual Report of the Chief Medical Officer of Health for Ontario

Public Health Sudbury & Districts (Public Health) applauds the Chief Medical Officer of Health for highlighting the importance of public health readiness, collective action, and sustained investments in public health required to minimize the impacts of future pandemics on individuals, communities, and societies in his 2022 annual report: *Being ready: Ensuring public health preparedness for infectious outbreaks and pandemics.*

As the communities of Sudbury and districts transition through the recovery phase of the pandemic, the Report is a call to action to learn from our experience, so we are better prepared to not only protect ourselves, but to also invest in building strong and resilient systems and communities that create opportunities for the best health possible for all.

At its meeting on April 20, 2023, the Board of Health carried the following resolution #19-23:

> *WHEREAS on March 7, 2023, Ontario's Chief Medical Officer of Health released his 2022 Annual Report titled, Being Ready: Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemic; and*
>
> *WHEREAS the 2022 Annual Report identified six next steps, including to (1) invest in preparedness, (2) strengthen accountabilities, (3) assess progress, (4) improve the health of Indigenous peoples, (5) improve the health of Black and other racialized populations, and (6) sustain relationships; and*

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WHEREAS the Board of Health for Public Health Sudbury & Districts is committed to taking local action in support of these next steps and to do so requires sustained provincial investment in public health preparedness over time;

THEREFORE, BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts call on the Government of Ontario and the Ministry of Health to fully support and implement the recommendations outlined in the Chief Medical Officer of Health 2022 Annual Report, including ensuring associated sustained funding for local public health;

AND FURTHER THAT the Board request the Chief Medical Officer of Health to ensure proactive engagement with local public health agencies as work is undertaken to review and strengthen the relevant Ontario Public Health Standards, including the Emergency Management Guidelines;

AND FURTHER THAT the Board share this motion with relevant stakeholders, including area mayors and reeves, local community partners, Ontario boards of health, and provincial partners and agencies.

Members of the Board of Health for Public Health Sudbury & Districts echo the Chief Medical Officer of Health's call to learn from the COVID-19 pandemic and call on the Government of Ontario and the Ministry of Health to fully support and implement the recommendations outlined within, including ensuring associated sustained funding for local public health.

Public Health Sudbury & Districts is committed to ongoing investments in our own readiness, and to supporting the readiness of the public health sector and system, the communities we serve, and society overall. We all have a role to play in public health emergency preparedness, and we look forward to strengthening our relationships and collaborations to foster healthy and equitable communities.

Sincerely,

Penny Sutcliffe, MD, MHSc, FRCPC
Medical Officer of Health and Chief Executive Officer

cc: Dr. Kieran Moore, Chief Medical Officer of Health
All Ontario Boards of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies

SOUTHWESTERN PUBLIC HEALTH REPORT

Consumption and Treatment Services Feasibility Study Findings Report

MEETING DATE:	June 22, 2023
SUBMITTED BY:	Dr. Ninh Tran, Medical Officer of Health and Peter Heywood, Program Director (written as of June 15, 2023)
SUBMITTED TO:	Board of Health
PURPOSE:	☒ Decision ☐ Discussion ☐ Receive and File
AGENDA ITEM #	5.1
RESOLUTION #	2023-BOH-0622-5.1
REPORT TITLE	Consumption and Treatment Services Feasibility Study Findings Report

REPORT HIGHLIGHTS:

- The rates of all opioid-related harms (including emergency department visits, hospitalizations, and deaths) have continued to rise since 2016, with steep increases observed between 2019 and 2020.
- The Feasibility Study identified a clear need for a Consumption and Treatment Services (CTS) site(s) in the region served by Southwestern Public Health (SWPH) among people with lived experience, municipal partners, and the majority of the community who participated in this study. Such services would help save lives, provide a safe space for people who use substances, and enhance the availability of related prevention and treatment services for people who use drugs.
- Some people do not support this intervention; for example, community members have expressed some fears or concerns relating to the potential impacts on local businesses, the economy, and/or decreases in property value. Ongoing consultation and engagement with the community, business owners and operators, and health system and community partners are required to support the ongoing exploration of consumption and treatment services in the region.
- An anti-stigma education initiative will be launched in the months to follow this report, which will include more information about different harm reduction initiatives, address common misconceptions, and apply person-first language to the way substance use is discussed.

- SWPH staff recommend proceeding with Phase 2 of the study, which will involve identifying potential community partners to operate a CTS facility and evaluating potential CTS sites in the City of Woodstock and the City of St. Thomas.

ACCOUNTABILITY

SWPH is mandated to meet the requirements as prescribed in the *Ontario Public Health Standards: Requirements for Programs, Services and Accountability, 2021*. This includes reducing the burden of preventable injuries and substance use in various settings in accordance with the following Standards and Guidelines:

i. *Substance Use Prevention and Harm Reduction Guideline, 2018*
ii. *Infectious and Communicable Diseases Prevention and Control Standard*
iii. *School Health Guideline, 2018*

In addition, SWPH must adhere to the Board of Health requirement to assess and report on the health of local populations, identify the existence and impact of health inequities, and research, design, implement, and assess effective local strategies that decrease health inequities per the *Health Equity Guideline, 2018* and the *Population Health Assessment and Surveillance Protocol.*

Furthermore, the Board of Health and SWPH are required to engage in multi-sectoral collaborative efforts with municipalities and other relevant stakeholders in order to address health inequities. This collaborative approach is in accordance with the *Health Equity Guideline, 2018*.

SOUTHWESTERN PUBLIC HEALTH'S MISSION, VISION, AND VALUES

As an organization, SWPH places great importance on evidence-based practices, accountability, collaboration, quality, equity, forward-thinking, and community engagement when conducting research activities. The findings and recommendations contained within this report support the Values and Strategic Directions as outlined in SWPH's Strategic Plan:

> Strategic Direction #1: In collaboration with partners and community members, SWPH strives to decrease health and social inequities while making measurable improvements in population health. The research findings and recommendations in this report contribute directly to achieving this strategic direction.
>
> Strategic Direction #2: SWPH is committed to working alongside partners and community members to bring about transformative changes in systems, ultimately enhancing population health. The findings and recommendations presented in this report are instrumental in supporting this strategic direction and fostering meaningful system improvements.

PURPOSE/APPROACH

SWPH completed Phase 1 of a multi-phase project, which involved the completion of a Consumption and Treatment Services (CTS)* Feasibility Study in partnership with Collective Results, a consulting firm, to explore the need for and feasibility of consumption and treatment

services for our region and to gather broad community input about the perceived benefits and concerns related to establishing CTS in the region.

The objectives of the CTS Feasibility Study were:

- To determine if there is a **perceived need** for CTS in the SWPH region;
- To assess the **buy-in and support** of CTS in the SWPH region; and
- To examine the **models, operations, and practical components** of offering CTS in the SWPH region.

As a preliminary step for Phase 1 of the study, an application to Public Health Ontario's (PHO) Research Ethics Review Board (responsible for the ethics review of evidence-generating public health projects involving human participants, their data, or biological materials) was submitted in November 2022, with approval confirmed in January 2023.

An External Advisory Committee (EAC) was established, consisting of community partners, Indigenous leaders, people with lived and living experience, health care providers, municipal officials, and business association representatives to provide valuable input and advise on various project components.

The report identifies a clear need for CTS in the region and presents conclusions and recommendations derived from the study. Establishing a CTS site(s) would provide a safe space for clients, help save lives, and enhance the availability of relevant prevention and treatment services to people who use drugs. The final report, *An Exploration of the Need for and Feasibility of Consumption and Treatment Service,* is enclosed and outlines the recommendations to initiate Phase 2, including identifying willing partners and potential location(s) to operate a CTS site(s) in the region.

*Note: Ontario-specific sites were introduced in October 2018. These sites are intended to provide wrap-around services and connect clients to primary care, treatment, health, and social services.[1] These can be considered an Ontario-specific version of SCS that receives funding from the province.

EVIDENCE/DATA

Southwestern Public Heath conducted a situational assessment focusing on opioid mortality in Oxford County, Elgin County, and the City of St. Thomas. The findings from the situational assessment highlighted the need for further local intervention in the SWPH region, such as exploring the feasibility of a CTS site.

The provincial and local rates of all opioid-related harms (including emergency department visits, hospitalizations, and deaths) have continued to rise since 2016, with steep increases observed between 2019 and 2022. Local rates of opioid-related emergency department visits and hospitalizations have been slightly higher than the province consistently over time, with opioid-related deaths often very similar to or below the provincial rate.

The following quantitative data describes opioid-related harms and mortality in Oxford County, Elgin County, and the City of St. Thomas.

[1] Ministry of Health and Long-Term Care. Consumption and Treatment Services: Application Guide. [Online].; 2018 [cited 2023 February 16. Available from: https://health.gov.on.ca/en/pro/programs/opioids/docs/CTS_application_guide_en.pdf.

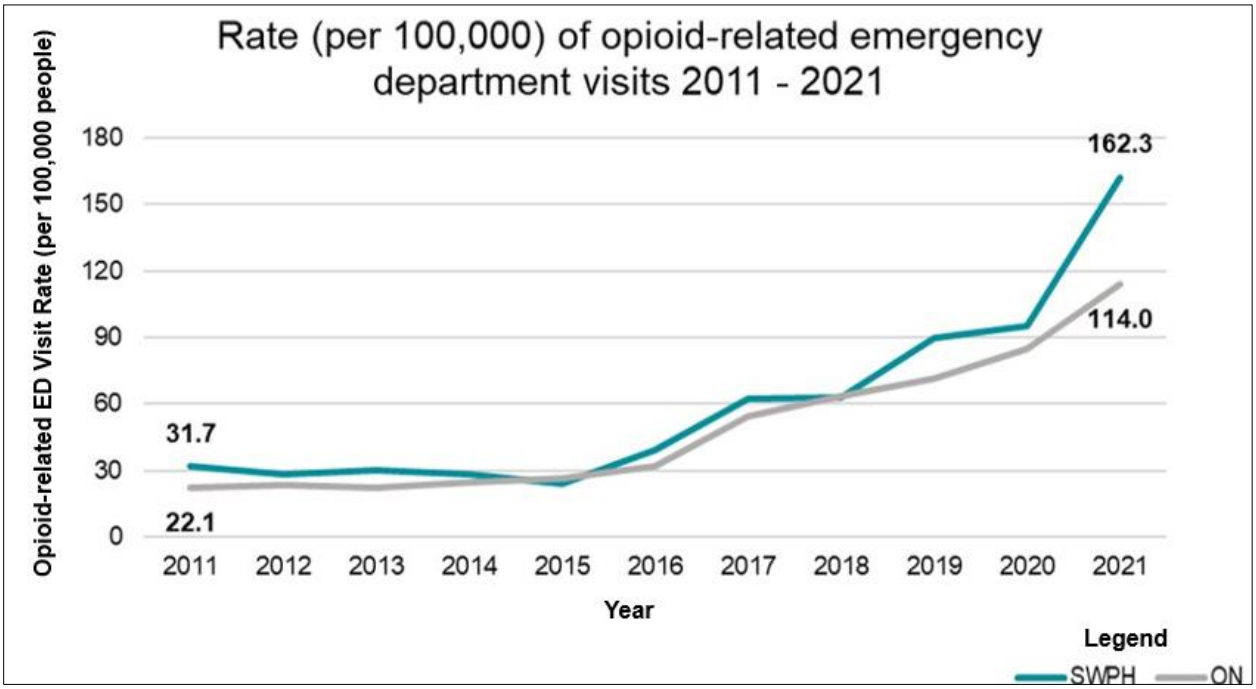

Figure 1. Rate of opioid-related emergency department visits (2011-2021).

The local rate of opioid-related emergency department visits began to pull away from Ontario in 2016, rising to almost 1.5x the provincial rate in 2021, while the rate of hospitalizations has been higher compared to Ontario every year since 2011. It was roughly 2x the provincial rate in 2021.

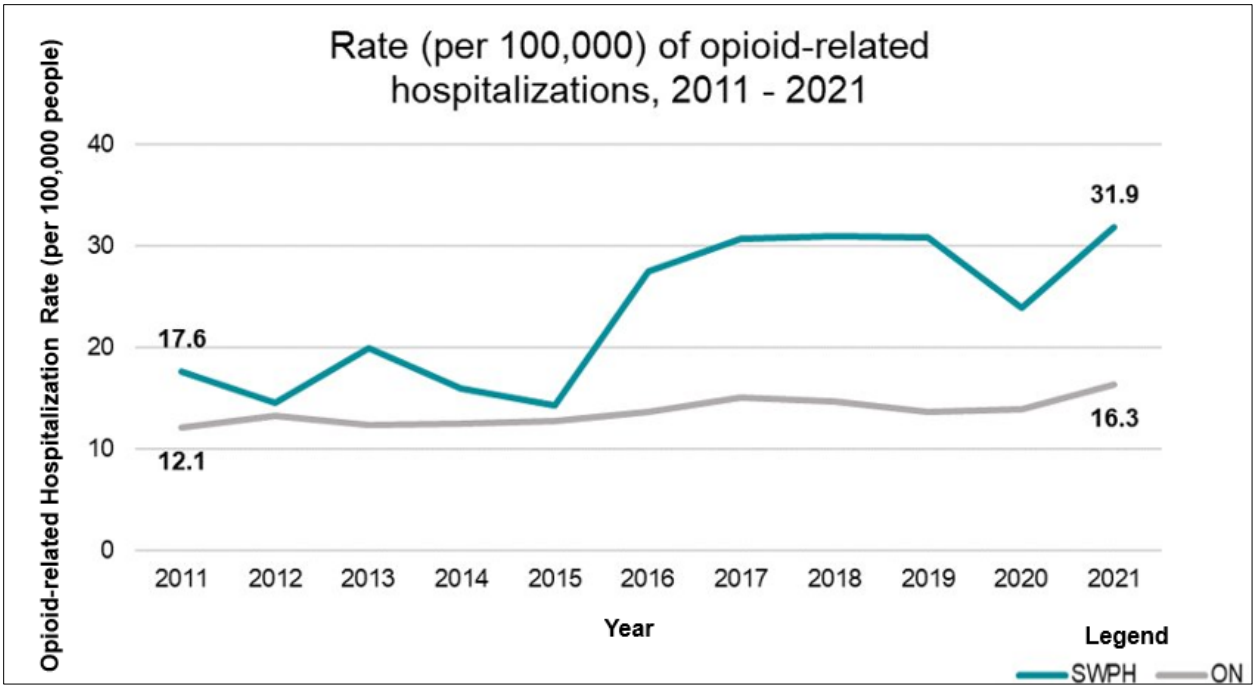

Figure 2. Rate of opioid-related hospitalizations (2011-2021).

Finally, the rate of opioid-related deaths has been similar in that it has been increasing over time. However, the rate of deaths increased quicker than even emergency department visits and hospitalizations, more than doubling between 2019 and 2021, surpassing the provincial rate.

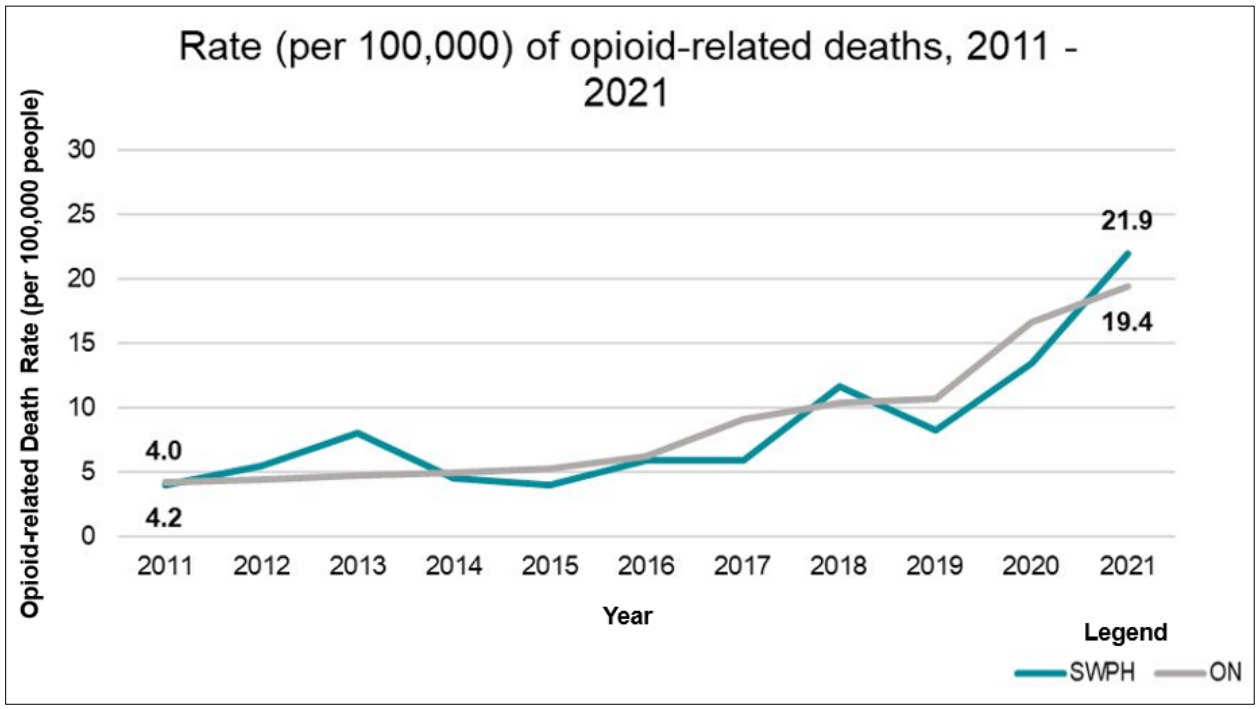

Figure 3. Rate of opioid-related deaths (2011-2021).

The local data demonstrates the need for a comprehensive approach that effectively addresses the numerous opioid-related harms in the SWPH region, particularly those at the highest risk.

BACKGROUND

This report serves as a follow-up to reports *2022-BOH-0407-5.1, Harm Reduction and Needle Syringe Programs and Services Overview and Update* and *2023-BOH-0209-5.1, Medical Officer of Health's Report - Consumption and Treatment Services (CTS) Background*. The reports highlighted the necessity of adopting a comprehensive approach to harm reduction and addressing the issue of fatal opioid overdoses by examining the feasibility of implementing consumption and treatment services (CTS) in Oxford County, Elgin County, and the City of St. Thomas.

In response to the current situation of opioid use and related harms in the SWPH region, local drug and alcohol strategies[2] have emphasized the need to evaluate the viability of implementing a supervised CTS site model as a crucial intervention. This intervention, alongside a range of other interventions (including prevention, harm reduction, treatment, and justice and community safety initiatives) forms part of a comprehensive approach to tackle the opioid

[2] Oxford County Drug and Alcohol Strategy Steering Committee. Oxford County Community Drug & Alcohol Strategy. [Online].; 2018. Available from: https://www.occdas.ca/wp-content/uploads/2021/06/Drug_and_Alcohol_Strategy-20190320.pdf.

crisis in our region. This collective effort aims to address the multifaceted challenges posed by the crisis.

Consumption and treatment services sites are places where people who use drugs can access supervised consumption services and wrap-around supports, linking them to health and social services. CTS sites offer several benefits to the community, including mitigating the risk of overdoses, curbing the transmission of infectious diseases, facilitating stronger connections to support and services for individuals using substances, and reducing public substance use.

Phase 1 of this project included completing a feasibility study in partnership with public health staff, Collective Results, and members of the External Advisory Committee (EAC). The EAC's primary function was to promote collaboration between various community members on harm reduction initiatives, particularly exploring CTS in Oxford County, Elgin County, and the City of St. Thomas. The EAC helped leverage local perspectives, experiences, and expertise. They also assisted with promoting the study throughout the community, reviewed the analyzed data to give local context, and provided input on the final report.

Figure 4 depicts the high-level milestones of the CTS Feasibility Study:

Figure 4. High-level milestones of the CTS Feasibility Study.

The CTS feasibility study explored the potential of operationalizing this type of intervention in the SWPH region. The study collected data from many groups, including people with lived experience (PWLE), Indigenous partners, community partners, community members, and municipal councillors.

Data collection began in January 2023 with semi-structured interviews with PWLE (30 participants). The community partner and Indigenous-specific focus groups (33 participants) occurred between February and March 2023. The community-wide public survey went live online in late February for two weeks, with 547 people responding. Lastly, the interviews with municipal partners (3 participants) took place in March 2023.

Further details on Pre-Phase 1 and Phase 1 activities are depicted in Figure 5.

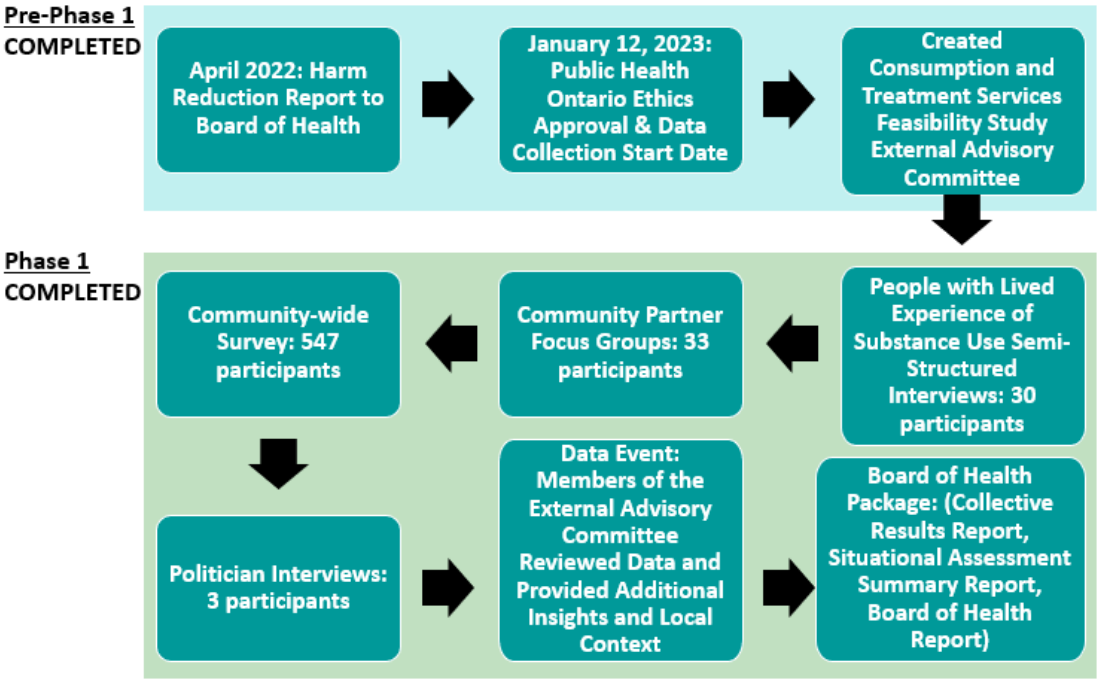

Figure 5. Highlighting the completion of Pre-Phase 1 and Phase 1 activities.

FINDINGS

Detailed findings of each study objective can be found in the final report. Key themes highlighted in the findings from all data collection methods included the following:

1. There was a perceived need for CTS among PWLE, municipal partners, and the majority of community members who participated in this study.
2. There was support for CTS site(s) locally across all participant groups.
3. Most participants felt CTS site(s) would benefit the local community, although concerns were also noted.
4. There was a strong preference for the embedded delivery model (embedded within other settings such as hospitals and shelters) for CTS site(s), with the option of a mobile model for outreach in rural areas in Elgin and Oxford Counties.
5. Additional wrap-around services and support were identified as a need at a CTS site(s).
6. There was strong support for peer involvement in either a paid or volunteer position in the CTS site(s).
7. All participant groups indicated the central downtown areas of St. Thomas and Woodstock as the best locations for CTS site(s), with the caveat of not being on the main street. As for rural communities, Ingersoll and Tillsonburg were also highlighted as ideal locations, in addition to a mobile unit.

The following facilitators and barriers were highlighted in the findings and will be integral to consider upon commencing Phase 2 of the project.

The most common facilitators for success identified across groups included the following:

- Engaged in planning and location selection;
- Education for PWLE and community members on CTS site(s) purposes;

- Reducing stigma and addressing misconceptions; and
- Creating CTS site(s) that are accessible, welcoming, and meet all clients with dignity and respect.

The most frequent barriers identified to CTS site(s) success in the local community included the following:

- Choosing the right location;
- Lack of community buy-in;
- Common misconceptions of CTS; and
- Deterrents for potential clients to visit the site(s).

To overcome the barriers noted above, the following strategies are considered:

- Community-wide evidence-based education and transparent communication;
- Implementing an evidence-informed planning process;
- Choosing locations that are accessible and make PWLE and community members comfortable in inclusive spaces;
- Building trust with potential clients of CTS site(s);
- Including peers in roles both on-site and in outreach activities; and
- Ensuring a wide range of needed services are offered on-site.

The EAC members provided additional interpretation and context and validated the study findings:

- PWLE involvement is a vital component throughout the entire process;
- Relationship building needs to persist across all audiences;
- Continue to learn from other CTS sites;
- Consider the proper support and training for staff to ensure a potential CTS is a welcoming space;
- Recognizing the challenges to please everyone in the community; and
- Working to minimize stigma as a barrier for PWLE by implementing an evidence-based community-wide education.

BUDGET IMPACTS/MONITORING

Provincially approved consumption and treatment services sites can be funded 100% by the Ministry of Health, which can be difficult to achieve due to the limited funding available. If funding is not obtained, alternate options (e.g., Urgent Public Health Needs Site) will be considered in collaboration with willing partners.

In 2023, activities (e.g., further consultation with the public and business owners/operators) to support the planning of Phase 2 contain no further financial implications beyond what has already been approved by the Board of Health in the 2023 operating budget. In 2024, resources required to continue to implement Phase 2 activities will be considered in the draft 2024 budget and may include a one-time funding request to the Ministry of Health.

RISKS AND LIMITATIONS

The following risks and limitations were highlighted in the Public Health Ontario Research Ethics Application and final report:

- The Feasibility Study noted the need to avoid several locations, including concentrations of businesses, residential areas, school zones, and public spaces (such as parks). The findings also emphasized that any potential location(s) must be accessible to clients (either via walking or transit).
- The suggestion that most political leaders would support CTS seems promising; however, this finding was noted by only three municipal partners participating in the study.
- The semi-structured interviews with PWLE were done in urban communities to maximize uptake on interview dates. This led to a lack of rural perspective in the PWLE interview data.
- Due to the demographic profile and lack of diversity of community member survey respondents, the findings are not considered generalizable to the entire population in the SWPH region.
- There is an overall risk of not maintaining trust and engagement with PWLE throughout the entire process, as they need to be involved in the entire process of planning, implementing, and evaluating initiatives relating to substance use and a potential CTS location.
- Due to concerns highlighted in Phase 1, there is a need to continue to engage and consult with business owners, community partners, law enforcement agencies, and community members to ensure they are involved in the process. This will be imperative in the next steps; SWPH must include important partners in the design process and planning of future initiatives.
- Negative community attitudes and beliefs towards the exploration of CTS sites: community members and media may see the topic as controversial and/or negative and may express these opinions publicly. This can be very damaging to future progress in harm reduction initiatives. In addition, there is a concern that local or community opposition sentiments may strongly arise once a particular location is identified, and active implementation of a CTS site begins.
- When determining the feasibility of consumption and treatment services being offered in the region, it is critical to consider the risks associated with offering the program and, also importantly, the risks associated with not offering such a program. The associated risk of not offering consumption and treatment services would likely increase injury, disease, overdose, problematic substance use, and death within our communities. Another risk would be increasing health inequities, stigmatization, discrimination, and dehumanization of those who use substances. Therefore, the continued exploration of offering consumption and treatment services in the region is critical to supporting the well-being and safety of the community.

SUMMARY

Input received during Phase 1 of the feasibility study indicates general support for consumption and treatment services in the region as a strategy to reduce the occurrence of overdose, reduce public injecting, connect people with health and social services in the community, and provide access to sterile harm reduction equipment. However, there have also been some concerns raised about where the site(s) would be located, the potential impacts on the surrounding community, and the effect on local businesses.

The following conclusions were drawn in the final report:

1. The region served by Southwestern Public Health would benefit from consumption and treatment services that are accessible and include wrap-around services operating in the City of St. Thomas and the City of Woodstock.
2. People who use substances and have lived experiences should be consulted and engaged in the ongoing planning of the feasibility of consumption and treatment services in the region.
3. While most support the need for a consumption and treatment services site, it is important to note that some people do not support this strategy. Therefore, ongoing consultation and engagement with the community, business owners and operators, health system and community partners are required to support the ongoing exploration of consumption and treatment services in the region.

RECOMMENDATIONS FOR THE BOARD'S CONSIDERATION

Based on a comprehensive review of the local data, the study's findings, and incorporating the feedback of the External Advisory Committee (EAC), SWPH staff recommend proceeding with Phase 2 of the study, which will involve identifying potential community partners to operate the facility and evaluating potential CTS sites in the City of Woodstock and the City of St. Thomas. These next steps will entail further consultation with the community, municipalities, and business owners/operators and working closely with community partners and healthcare providers on the provision of these services.

Further recommendations include:

1. Southwestern Public Health consults with local partners, including local hospitals, community health centres, community organizations, and the Elgin and Oxford Ontario Health Teams, on the feasibility and application process requirements of such partners who are considering operating CTS in the Southwestern Public Health region.
2. Southwestern Public Health to support discussions by using the findings and local data to consider potential locations that could host CTS; the potential location must meet the requirements for Federal approval and Provincial funding. This process shall be done in consultation with PWLE, the public, business owners and operators, Indigenous community partners, health system partners, municipalities, and other community partners.
3. Pending the outcome of the consultation process outlined in point 2, Southwestern Public Health supports obtaining Letters of Support from the respective cities and

host locations (i.e., the City of St. Thomas and/or the City of Woodstock) based on the community's readiness* to participate and the preparedness of a community partner(s) to operate such an intervention. These letters are required to support the provincial funding application for CTS sites.

4. To address the concerns raised during the consultation process, Southwestern Public Health will continue with data collection, further education, and engage in consultation with the general community, business owners/operators, Indigenous community partners, municipalities, and community partners on the purpose and expected impacts of CTS, informed by the experiences of other CTS sites in Ontario. Additionally, consultations should continue to involve PWLE and community partners that support and/or interact with people who use substances.
5. Southwestern Public Health supports providers interested in operating a CTS site in the completion of the Federal Exemption Application and the Provincial Funding Application, as necessary, to the Federal government and Ministry of Health, respectively, pending the participation of a willing community partner(s).

*Please note: "Community readiness refers to how prepared the community is to take action to address a particular health issue." For any additional information, please visit the Rural Health Information Hub.[3]

As SWPH considers moving into Phase 2 of the study, unintentional assumptions will arise from these recommendations identified by the EAC, such as:

- Assessing the feasibility and potentially implementing a CTS site can be a lengthy process; in some communities spanning years. These long timelines may result in built-up stigma, hatred, and dehumanization of PWLE in the interim timeframe if dedicated steps are not taken to address these impacts. Conversely, the extended waiting period before any potential implementation of this type of intervention could result in a false sense of hope among PWLE.
- When discussing potential location options for CTS sites, an expectation of compromise must be established at the outset of this process. Both PWLE and community members may have strong preferences regarding potential sites for these services, and there should be an expectation of compromise for this process from both sides of the topic.
- It is not guaranteed that the potential sites for further investigation identified in this feasibility study will become CTS sites. As noted earlier, further consultation is necessary to determine community-level readiness for this type of service, and the degree of readiness will determine if and where this type of intervention can be implemented.

[3] Rural Health Information Hub. Community Readiness Model [Internet].; n.d. [cited 2021 May 11]. Available from: https://www.ruralhealthinfo.org/toolkits/health-promotion/2/program-models/community-readiness#:~:text=Community%20readiness%20refers%20to%20how,not%20recognize%20the%20health%20issue.

NEXT STEPS

Pending approval of this report by the Board of Health, Figure 6 depicts the steps and anticipated outputs in Phase 2 in exploring consumption and treatment services in the region.

Figure 6: Phase 2 next steps

MOTION: 2023-BOH-0622-3.1
That the Board of Health for Southwestern Public Health approve the Consumption and Treatment Services Feasibility Study Findings Report for June 22, 2023.

SOUTHWESTERN Public Health
Oxford • Elgin • St.Thomas

An Exploration of the Need for and Feasibility of Consumption and Treatment Services

In the Southwestern Public Health Region

June 2023

PREPARED BY:
Southwestern Public Health and Collective Results Inc.

Acknowledgments

Southwestern Public Health and Collective Results conducted this study with support from other agencies and community members across several sectors.

We want to acknowledge the vital perspectives on drug use, harm reduction, and treatment from our Indigenous partners and the significant time spent planning and implementing an Indigenous-specific focus group alongside the research team. In addition, we appreciate and value the cultural perspectives and historical context that is critical to embed throughout the process of exploring effective initiatives to address the drug crisis in Indigenous populations. An ongoing partnership and relationship with Indigenous service providers in the surrounding area will be imperative as we implement the recommendations of the Feasibility Study and other public health interventions.

We wish to recognize the important voices of people who have lived or living experiences (PWLE) of substance use that contributed to and reviewed specific methodologies and processes before data collection. We also want to acknowledge the PWLE who sat on the External Advisory Committee and contributed significant recommendations throughout data collection, data analysis, and finalizing the report. Additionally, we would like to recognize all the PWLE who participated in the study and provided in-depth responses to the questions from their personal experiences. We recognize the importance of including PWLE when considering initiatives that may impact their lives. As PWLE have stated regarding meaningful involvement in substance use program decision-making, "nothing about us without us." (1)

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COLLECTIVERESULTS

Received Public Health Research Ethics Review Board Approval on January 12, 2023 (File Number 2022-037.01).

External Advisory Committee Members

Jerry Acchione, Mayor, City of Woodstock

Kelly Black, Human Services Oxford

Steve Bogart, St. Thomas Police Service

Sonja Burke, Regional HIV/AIDS Connection

Justin DeWaard, Indwell

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Kerry Jarvi, Woodstock Downtown Development Officer

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Bobby Wiens, Person with Lived Experience

Suggested Citation

Southwestern Public Health. An Exploration of the Need for and Feasibility of Consumption and Treatment Services: In the Southwestern Public Health Region; 2023.

Table of Contents

Executive Summary

Southwestern Public Health (SWPH) works with our communities to promote and protect the health of people who live, work, attend school, and play in Elgin and Oxford Counties and the City of St. Thomas. The province mandates SWPH to deliver programs and services and collaborate with relevant community partners to monitor and address substance use-related harms in the local area.

Based on local data, SWPH conducted a Situational Assessment that demonstrated the need for further local interventions in the SWPH region, such as exploring the feasibility of a local consumption and treatment services (CTS) site. (2) Local statistics show that opioid-related harms have increased between 2019 and 2022 in the SWPH region. Local rates of opioid-related emergency department visits and hospitalizations have been consistently higher than the provincial rates over time, with the rate of opioid-related deaths often very similar to or just below the provincial rate. However, data from the last four years shows concerning local trends.

The local rate of opioid-related emergency department visits began to increase in 2016, rising to almost 1.5x the provincial rate in 2021. The rate of hospitalizations has been higher compared to Ontario every year since 2011; it was roughly 2x the provincial rate in 2021. Finally, the rate of opioid-related deaths has been similar in that it has increased over time. However, the rate of deaths increased quicker than emergency department visits and hospitalizations, more than doubling between 2019 and 2021, surpassing the provincial rate. The unregulated drug supply has also experienced rapid changes in drug availability since 2019, which may have impacted the toxicity level of unregulated drugs.

In response to the current situation of opioid use-related harms in the SWPH region, local drug and alcohol strategies[I] have emphasized the need to evaluate the viability of implementing a CTS site model locally as one potential solution. CTS are places where people who use substances can access supervised consumption services and wrap-around supports linking them to health and social services. CTS sites have several benefits to the community, including reducing overdoses, reducing the spread of infectious disease, increasing connections to supports and services for people with lived experience of substance use, and reducing public disorder. A CTS feasibility study was conducted to explore the potential feasibility of this type of intervention in the SWPH region.

This study defines feasibility as a combination of community support, political buy-in, and the likelihood of people with lived or living experience of substance use (PWLE) using these services in our region. This definition was based upon the needs of this study and was inspired by previous work done in this field in other jurisdictions. (3)

[I] A group of PWLE and community partners who work together towards reducing substance use related harms within a specific region.

The study's objectives were:

1. To determine if there is a **perceived need** for CTS in the SWPH region.
2. To assess the **buy-in and support** of CTS in the SWPH region.
3. To examine the **models, operations, and practical components** of offering CTS in the SWPH region.

Data collection occurred from January to March 2023. The study included semi-structured interviews with people with lived or living experience with substance use (PWLE), key informant interviews with municipal partners, focus groups with community partners, an Indigenous-specific focus group, and a community-wide perception-based survey.

The key themes highlighted in the findings from all data collection methods were:

1. There was a perceived need for CTS among PWLE, municipal partners, and the majority of community members who participated in the feasibility study.
2. There was support for CTS site(s) locally across all participant groups.
3. Most participants felt CTS site(s) would benefit the local community, although concerns were also noted.
4. There was a strong preference for the embedded delivery model (embedded within other settings such as hospitals and shelters (3)) for CTS site(s), with the option of a mobile model being an add-on or stand-alone option for outreach in rural areas in Elgin and Oxford Counties.
5. Additional wrap-around services and supports (i.e., mental health supports, wound care, etc.) were identified as a need at CTS site(s).
6. There was strong support for peer involvement in the CTS site(s) in either a paid or volunteer position.
7. All participant groups indicated the central downtown areas of St. Thomas and Woodstock as the best locations for CTS site(s), with the caveat of not being on the main street. As for rural communities, Ingersoll and Tillsonburg were also highlighted as ideal locations, in addition to mobile services.
8. The most common facilitators for success identified across groups were engagement in planning and location selection; education for PWLE and community members on CTS site(s) purposes, reducing stigma and addressing misconceptions; and creating CTS site(s) that are accessible, welcoming, and meet all clients with dignity and respect.
9. The most frequent barriers to CTS site(s) success in the local community were choosing the right location, lack of community buy-in, common misconceptions of CTS and deterrents for potential clients to visit the site(s). Common mitigation strategies suggested included community-wide evidence-based education and transparent communication; implementing an evidence-informed planning process; choosing locations that are accessible and make PWLE and community members comfortable in inclusive spaces; building trust with potential clients of CTS site(s); including peers in roles both on-site and in outreach activities; and ensuring a wide range of needed services are offered on-site.

Data review sessions were held with local advisory committees to provide interpretation and additional context and to validate the findings.

Following a comprehensive review of the local data and the CTS Feasibility Study findings, the External Advisory Committee (EAC), a multidisciplinary committee, including PWLE and Indigenous leaders have collaborated to develop the following recommendations.

1. Southwestern Public Health consults with local partners, including local hospitals, community health centres, community organizations, and the Elgin and Oxford Ontario Health Teams, on the feasibility and application process requirements of such partners who are considering operating CTS in Southwestern Public Health's region.

2. Southwestern Public Health to support discussions by using the findings and local data to consider potential locations that could host CTS; the potential location must meet the requirements for Federal approval and Provincial funding. This process shall be done in consultation with PWLE, the public, business owners and operators, Indigenous community partners, health system partners, municipalities, and other community partners.

3. Pending the outcome of the consultation process outlined in point 2, Southwestern Public Health supports obtaining Letters of Support from the respective cities and host locations (i.e., the City of St. Thomas and/or the City of Woodstock) based on the community's readiness[ii] to participate and the preparedness of a community partner(s) to operate such an intervention. These letters are required to support the provincial funding application for a CTS site(s).

4. To address the concerns raised during the consultation process, further education, consultation, and data collection with the general community, business owners/operators, Indigenous community partners, municipalities, and community partners on the purpose and expected impacts of CTS, as informed by the experiences of other CTS sites in Ontario. In addition, consultation should be developed and delivered with PWLE and community partners that support and/or interact with PWLE.

5. Southwestern Public Health supports providers interested in operating a CTS site in the completion of the Federal Exemption Application and the Provincial Funding Application, as necessary, to the Federal government and Ministry of Health, respectively, pending the participation of a willing community partner(s).

[ii] "Community readiness refers to how prepared the community is to take action to address a particular health issue." For any additional information please visit the Rural Health Information Hub. (4)

Background

The region served by Southwestern Public Health (SWPH) encompasses Oxford County, Elgin County, and the City of St. Thomas. This region is a mix of rural and urban settings, with most of the population living in the urban municipalities of Woodstock, St. Thomas, Aylmer, Tillsonburg, and Ingersoll. (5)

Substance use is a significant public health concern across Ontario, impacting individuals and communities in many ways. Collaborative evidence-informed efforts are required to promote and protect the health of people who use substances, those in their support networks, and communities at large. Based on local data, SWPH conducted a Situational Assessment that demonstrated the need for further local interventions in the SWPH region, such as seeking out the feasibility of a local CTS site. (2)

Local statistics show that opioid-related harms have increased in the SWPH region, with different opioids contributing to fatalities, including Fentanyl, Methadone, Carfentanil, Hydromorphone, and Oxycodone. (6,7,8) The unregulated drug supply has also experienced rapid changes to drug availability since 2019, which may be due to movement restrictions relating to the COVID-19 pandemic. (9) These measures may have also impacted the toxicity level of unregulated drugs. (9,10) In 2020, there was an increase in emergency department visits for opioid poisoning and the number of calls to paramedic services for opioid-related issues. (10) Harm reduction services also noted changes locally, with SWPH's mobile services experiencing almost triple the number of requests. (10)

In response to the current substance use-related harms in our region, local drug and alcohol strategies have emphasized the need to examine the feasibility of a supervised CTS site model locally. (11) CTS sites are places where people who use substances can access supervised consumption services and wrap-around supports linking them to health and social services. CTS sites have several benefits to the community, including reducing overdoses, reducing the spread of infectious disease, increasing connections to supports and services for people with lived experience of substance use, and reducing public disorder. (12,13) A study was conducted to explore the potential feasibility of CTS in the SWPH region.

SWPH has examined locally relevant statistics to help determine who among our community members may be experiencing more harms related to the toxic drug supply in Ontario. This information will be examined in greater detail in the section below.

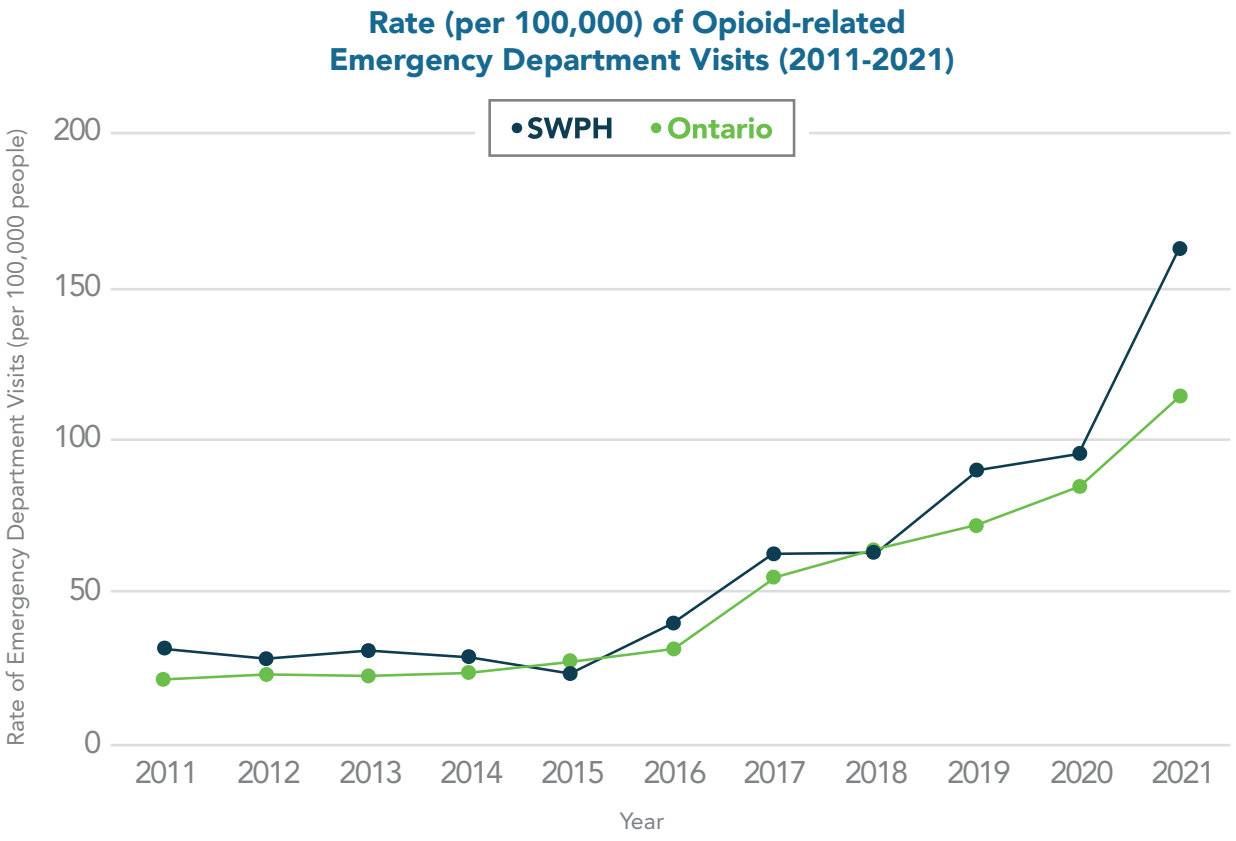
[iii] A group of PWLE and community partners who work together towards reducing substance use related harms within a specific region.

Local Data

Although several harm reduction services are available in the SWPH region for individuals who use substances, the rates of all opioid-related harms (including emergency department visits, hospitalizations, and deaths) have continued to rise since 2016, with steep increases observed between 2019 and 2020. Local rates of opioid-related emergency department visits and hospitalizations have been consistently higher than the provincial rates over time, with the rate of opioid-related deaths often very similar to or just below the provincial rate. However, data from the last four years shows concerning local trends.

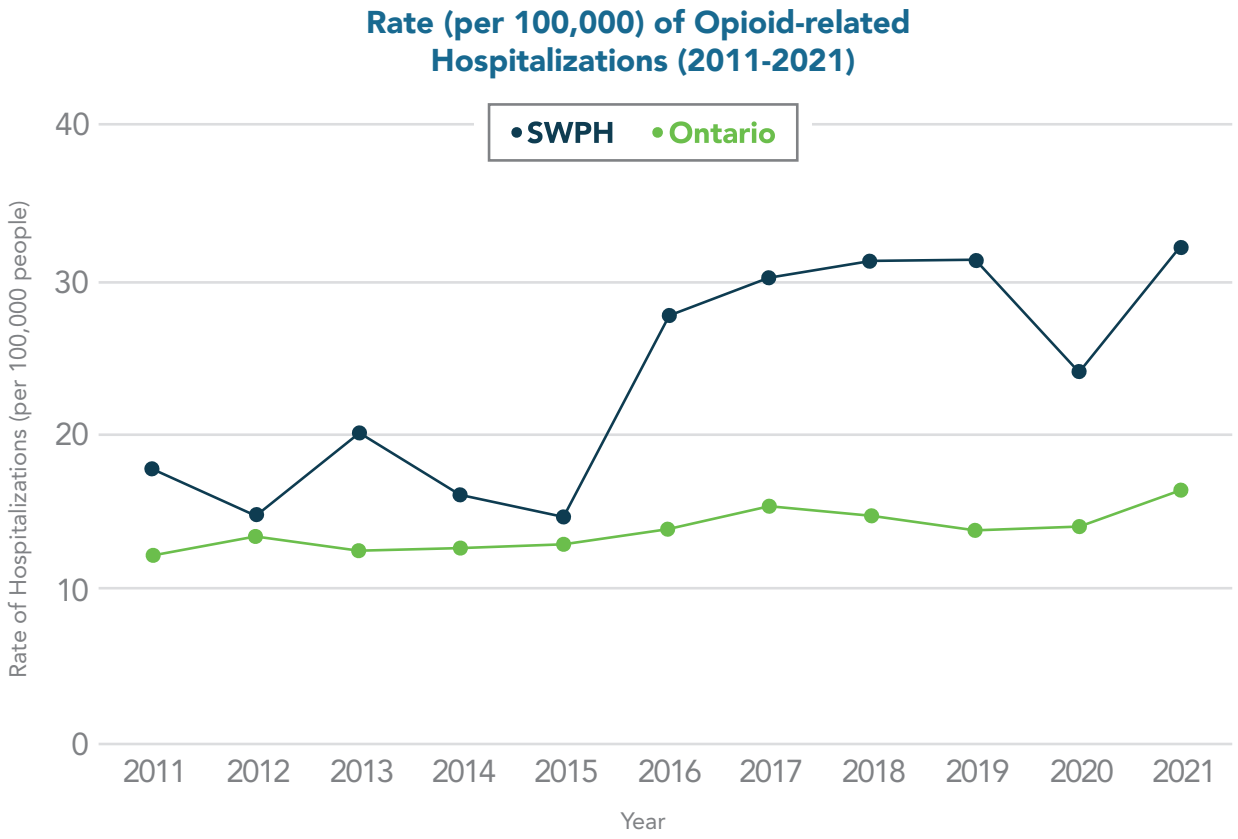
The following quantitative data was obtained from datasets available to SWPH to provide additional information relating to opioid-related harms and mortality in Oxford, Elgin, and the City of St. Thomas. In addition, SWPH has conducted a Situational Assessment that specifically focused on opioid mortality in Oxford, Elgin, and St. Thomas. (2) The evidence obtained during the Situational Assessment demonstrated the need for further local intervention in the SWPH region, such as seeking out the feasibility of a CTS site.

Figure 1. Rate (per 100,000) of opioid-related emergency department visits (2011-2021).



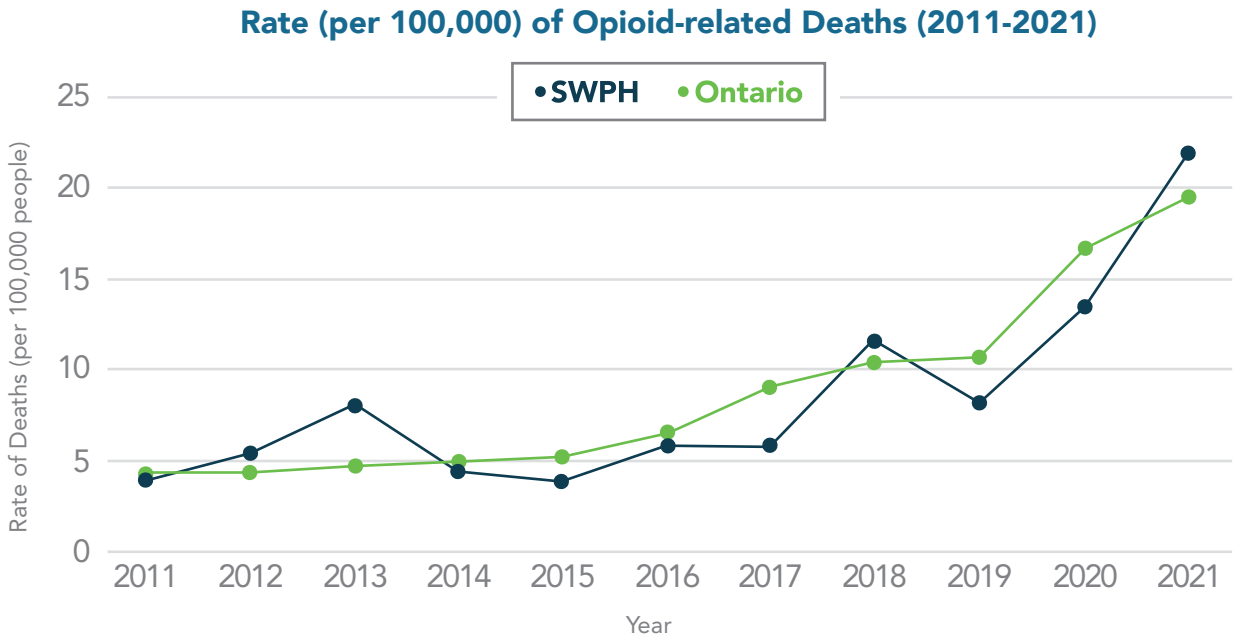
The local rate of opioid-related emergency department visits began to pull away from Ontario in 2016, rising to almost 1.5x the provincial rate in 2021, while the rate of hospitalizations has been higher compared to Ontario every year since 2011. It was roughly 2x the provincial rate in 2021.

Figure 2. Rate (per 100,000) of opioid-related hospitalizations (2011-2021).



The rate of opioid-related deaths has been similar in that it has increased over time. However, the rate of deaths increased quicker than even emergency department visits and hospitalizations, more than doubling between 2019 and 2021, surpassing the provincial rate. (2)

Figure 3. Rate (per 100,000) of opioid-related deaths (2011-2021).



The local data demonstrates the need for a comprehensive approach that effectively addresses the numerous opioid-related harms in the SWPH region, particularly among those at the highest risk.

CTS Feasibility Study

In response to the current situation of substance use-related harms in our region, local drug and alcohol strategies have emphasized the need to evaluate the viability of implementing a CTS site as one potential solution locally. (11) CTS sites are places where people who use substances can access supervised consumption services and wrap-around supports linking them to health and social services. CTS sites provide a place for individuals who use substances and have numerous unmet health and social needs to facilitate interaction with the health system. CTS sites have several benefits to the community, including reducing overdoses, reducing the spread of infectious disease, increasing connections to supports and services for people with lived experience of substance use, and reducing public disorder. (12) A study was conducted to explore the potential feasibility of this type of intervention in the SWPH region, encompassing Oxford County, Elgin County, and the City of St. Thomas. The methodology utilized in this study is outlined in the section below.

Purpose of the Feasibility Study

The purpose of this study was to determine the perceived need for, the feasibility of, and examine the logistics of the models, operations, and practical components of CTS site(s) in Southwestern Public Health's (SWPH) region. CTS sites provide a safe, clean space for people to bring their drugs to use in the presence of trained staff. A CTS site helps prevent accidental overdoses and reduce the spread of diseases like human immunodeficiency virus (HIV). The sites also provide health and social services and other harm reduction services. (14,15) The study findings will inform ***recommendations*** to address opioid-related harms in the community based on concerns and barriers brought forward from the data.

Objectives

The CTS Feasibility Study's objectives are:

1. To determine if there is a **perceived need** for CTS in the SWPH region.
2. To assess the **buy-in and support** of CTS in the SWPH region.
3. To examine the **models, operations, and practical components** of offering CTS in the SWPH region.

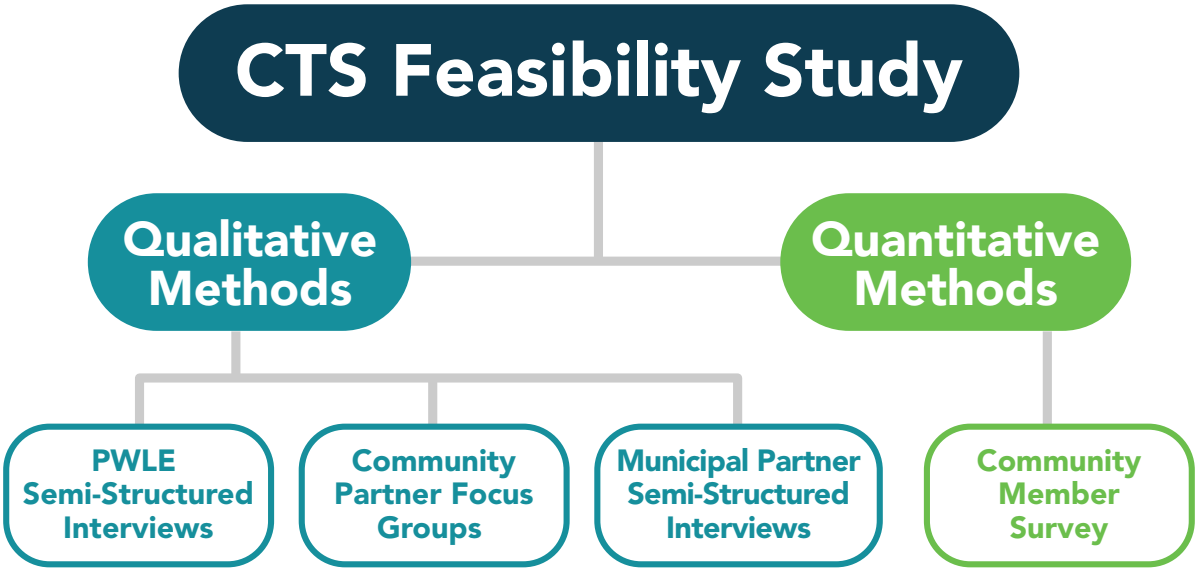
Study Design

A mixed methods approach was used for data collection, employing quantitative and qualitative methodologies (Figure 4). These methods included:

- Semi-structured interviews with people with lived or living experience using substances (PWLE);
- Focus groups with community partners;
- Semi-structured interviews with municipal partners; and
- Community member survey.

This mixed methods approach led to more robust and comprehensive findings to determine the feasibility of CTS in the SWPH region. The design provided an iterative process with results from the PWLE interviews and focus groups informing elements of the municipal interviews and community survey.

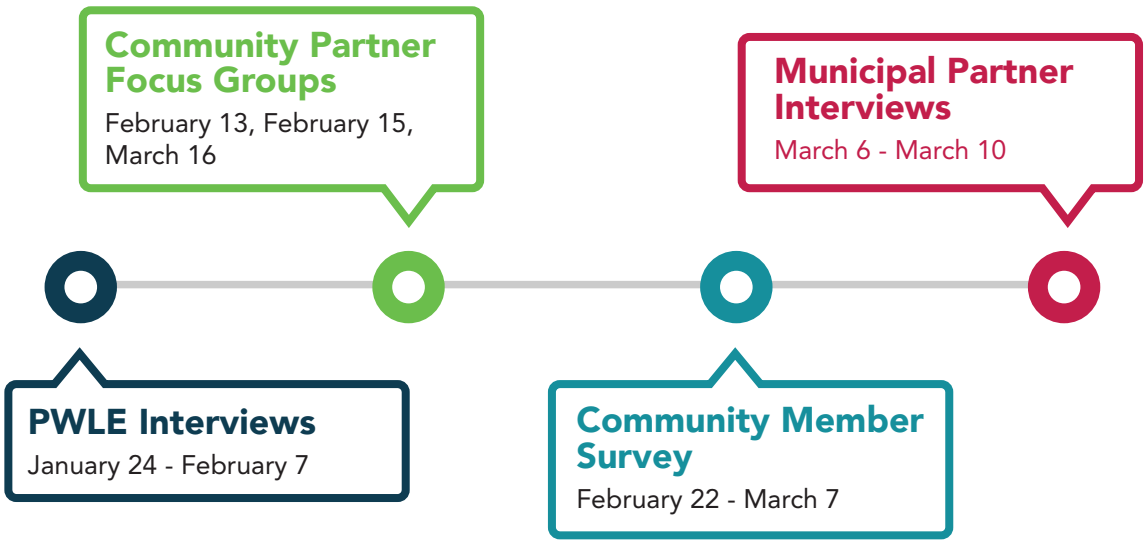
Figure 4. Mixed Methods Study Design



Study Timelines

The study engaged the community using the outlined methods from January-March 2023 (Figure 5).

Figure 5. Study Timelines



Study Methods and Tools

Study methods and tools were created collaboratively with SWPH, the Southwestern Public Health Internal Working Group, and PWLE. Public Health Ontario's Research Ethics Board approved the study methodology and tools before data collection occurred. An overview of the methods will be detailed in the associated sections below.

PWLE Interviews

Semi-structured interviews were conducted with PWLE for three weeks in January and February 2023. PWLE was defined as anyone who had substance use experience at some point in life. (16) We recognize the importance of PWLE and their contributions as experts in this field, and their involvement in research on this subject is vital. Substance use relating to CTS encompasses the use and support for those who use opioids (e.g., fentanyl, hydros, heroin), stimulants (e.g., cocaine, speedball, crystal meth), gabapentin, tranquillizers, and/or benzodiazepines. (16,17)

In total, 30 participants were interviewed over four days in three community-based locations across the City of Woodstock and the City of St. Thomas. Participants had to be 18 years or older; live, work or stay in Oxford County, Elgin County, City of St. Thomas or the City of Woodstock; and had drug use experience at any point in their life (i.e., use of licit and illicit substances via smoking, injecting, or other methods).

Recruitment occurred before the sessions through local service agencies and at each community location on the day of the interviews by staff or volunteers from the locations. Participation was voluntary. Each potential participant had the opportunity to review the letter of information before providing informed consent to participate.

The interviews were conducted virtually by a Collective Results Interviewer and Recorder. In addition, there was an Interview Partner (i.e., Public Health Nurse) in the room to guide participants through the interview process (e.g., letter of information review, ongoing informed consent, etc.), document consent, and be a source of support, if needed. Additionally, participants were invited to bring up to two extra people in the room from their support network. All participants who consented to participate in the study were given an honorarium for their time, regardless of how many questions were answered. They also received a Community Resources handout to provide information about additional relevant supports available in the community.The interview tool consisted of three demographic questions and 18 content questions.

Community Partner Focus Groups

Five focus groups with selected community partners were conducted virtually over three days in February and March 2023 by a Collective Results Interviewer and Recorder. One of the focus groups was specific to the local Indigenous community and community partners.

Of the 48 community partners invited to engage in the interview process, 33 were available and consented to participate. The community partners were 18 years of age or older; worked in Oxford County, Elgin County, St. Thomas or Woodstock in some of the required consultation groups outlined in the Ontario CTS application guidelines (18) (e.g., health and social services, local business associations,

non-profit groups, community groups, emergency services); and were selected by the CTS External Advisory Committee. The CTS External Advisory Committee selection criteria included samples from distinct sectors, diverse opinions and a broad range of knowledge, skills, experience, expertise, and perspectives.

Recruitment occurred via email with an invitation to participate and the letter of information and consent materials. Participation was voluntary. On the day of the session, the Interviewer reviewed the letter of information and documented each participant's informed consent before beginning the focus group questions. The focus group guide consisted of 11 content questions.

Municipal Partner Interviews

Three semi-structured interviews were conducted over two days in March 2023 with a Collective Results Interviewer. There was an open invite to all municipal partners to engage in the interview process. Municipal partners were identified as municipal councillors, mayors, directors, or managers. They also were required to be involved in community health decisions and planning the delivery of health services that meet the needs of communities. Since municipal approval is needed for the provincial CTS funding application, understanding municipal decision-makers perspectives in locations of interest is key to determining the local political state and buy-in for these potential CTS sites. (18)

Municipal partners were invited to participate by the CTS External Advisory Committee if they serve jurisdictions that were:

a) Identified as having the highest rates of substance use in the SWPH region by existing quantitative data sources.

b) Most frequently identified in CTS location questions from the PWLE interviews and community partner focus groups.

Recruitment occurred via email with an invitation to participate, the letter of information and consent materials. Participation was voluntary. On the interview day, the Interviewer reviewed the letter of information and documented the participant's informed consent before beginning the interview questions. The interview guide consisted of 14 content questions.

Community Survey

An online community survey was administered from February 22 to March 7, 2023 (14 days). The SWPH region community members were invited to complete the survey online if they were 18 or older, lived, worked and/or attended school in Oxford County, Elgin County, St. Thomas and/or Woodstock. The survey was promoted via SWPH's social media accounts and advertisements, posters/flyers in the community (e.g., libraries, recreation centers, municipal departments, etc.), website postings and a formal news release. Participation was voluntary, and consent was implied by answering the survey questions. It is worth noting that there were demographic differences between the community survey respondents and Census data (2021) of SWPH region's community members. (19) For additional details, please see Appendix A. In total, 547 community members completed questions in the survey.

The survey consisted of 16 content questions and 8 demographic questions. Questions related to the possible locations of CTS sites and preferred delivery models were determined by the results of the PWLE interviews and community partner focus groups.

Findings

This section presents findings associated with each of the study's objectives. Each objective presents a summary from each participant group and a consolidated summary of key themes. Not all concepts were included in each data collection method; therefore, some participant groups will not be listed within specific theme subsections.

The findings section will present the three study objectives and associated themes:

1. To determine if there is a **perceived need** for CTS in the SWPH region.
    - CTS Knowledge
    - Perceived Need of CTS
2. To assess the **buy-in and support** of CTS in the SWPH region.
    - Support and Buy-In
    - Helpfulness and Concerns of CTS
3. To examine the **models, operations, and practical components** of offering CTS in the SWPH region.
    - CTS Model
    - Services Offered
    - CTS Location
    - Facilitators
    - Barriers & Mitigation Strategies

Perceived Need for Consumption and Treatment Services

One of the study's main objectives was to determine if there is a perceived need for CTS in the SWPH region. PWLE, municipal partners and community members were asked about their current knowledge of CTS and if they felt there was a need in the local area for CTS.

CTS Knowledge

From the perspective of PWLE

Half of the PWLE participants knew what CTS sites were and, more specifically, about CTS sites in London, Toronto, and Vancouver. A few participants had been to other CTS sites, noting the importance of CTS sites in reducing the spread of infections, reducing overdoses, receiving new harm reduction supplies, testing substances before using them, and using substances in a setting with a nurse present.

> **"I have, I went to the one in London across from the men's mission shelter. I was impressed with the efficiency of it and the rules were easy to follow. It was amazing with how much safer you felt, and the level of confidence that if something was to go wrong, you knew you were in great hands. It was a big relief for people who use. It's stressful to lose people to overdoses, it's sad to see friends I had who repeatedly use gear over and over which can spread disease. Has been really effective from what I have seen."**
>
> *- From the perspective of a PWLE*

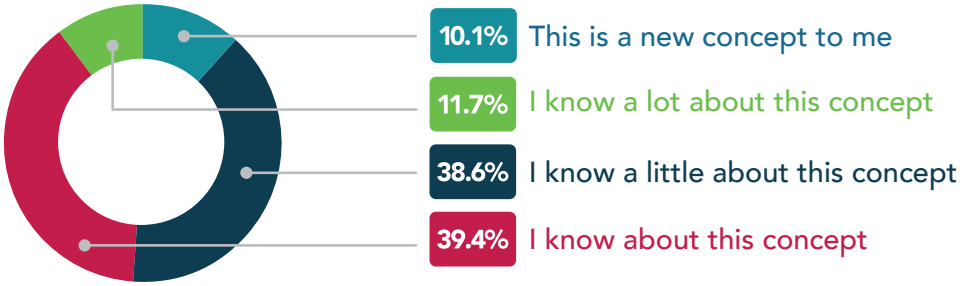
From the perspective of municipal partners

There was some awareness among municipal partner participants regarding the CTS and what it might offer to clients. This included access to wrap-around services and care for people with substance use disorders and/or mental health challenges. Lessons from other CTS were also discussed, including arguments for and against CTS sites, the lack of awareness of the additional benefits of the sites (e.g., reducing overdoses and public disorder, additional support services offered) and challenges other sites have encountered.

From the perspective of local community members

About four out of five community member respondents either knew about CTS or knew a little about CTS (Figure 6). Additionally, 10% of respondents indicated that CTS was a new concept.

Figure 6. Community Respondents CTS Knowledge (n=546)



Perceived Need of CTS

From the perspective of PWLE

Overall, most PWLE participants identified that their respective communities need a CTS. Participants spoke about the many overdose deaths in recent years and how the CTS can help reduce overdose-related deaths by having medical personnel (e.g., nurses) present. In addition, many clients would benefit from having other health and social services offered at the CTS. Participants also felt that CTS sites would provide an option for people who want to use substances in a hygienic space to help reduce the risk of infection. CTS sites would also be an enclosed space for precariously housed people to use substances, thereby reducing the use of substances in public spaces (e.g., parks) or public washrooms. Participants also discussed CTS sites providing people with the opportunity to be in the presence of others when using substances, as opposed to being alone. Furthermore, the CTS would benefit the general community because of the lower presence of public drug use and fewer instances of public disorder.

> **"Absolutely, 100%. Because I can't describe the amount of overdoses that I have seen. I have saved several people. A CTS would be great where medical staff can recognize signs of overdose quickly, they know what to look for, they won't panic when it happens. I've seen so many people panic and freak out when it happens. So to have people there already would save quite a few lives. It would be the difference between life and death. It is most definitely needed in this town."**
>
> *- From the perspective of a PWLE*

A few participants identified the need for CTS but said they would not use the site because they preferred to use substances alone.

> **"The communal vibe and the togetherness would be good [with a CTS]. A wall has been put up between the community and homeless. Have been painted with an exile brush because we are using [substances]. We are out of the eye of the community if we had a CTS to use. If they are not on the streets using or overdosing on the street. So for that to be removed from the community and the children, that would have a positive impact on how they would view homeless people, the stigma of [people who use substances]."**
>
> *- From the perspective of a PWLE*

From the perspective of municipal partners

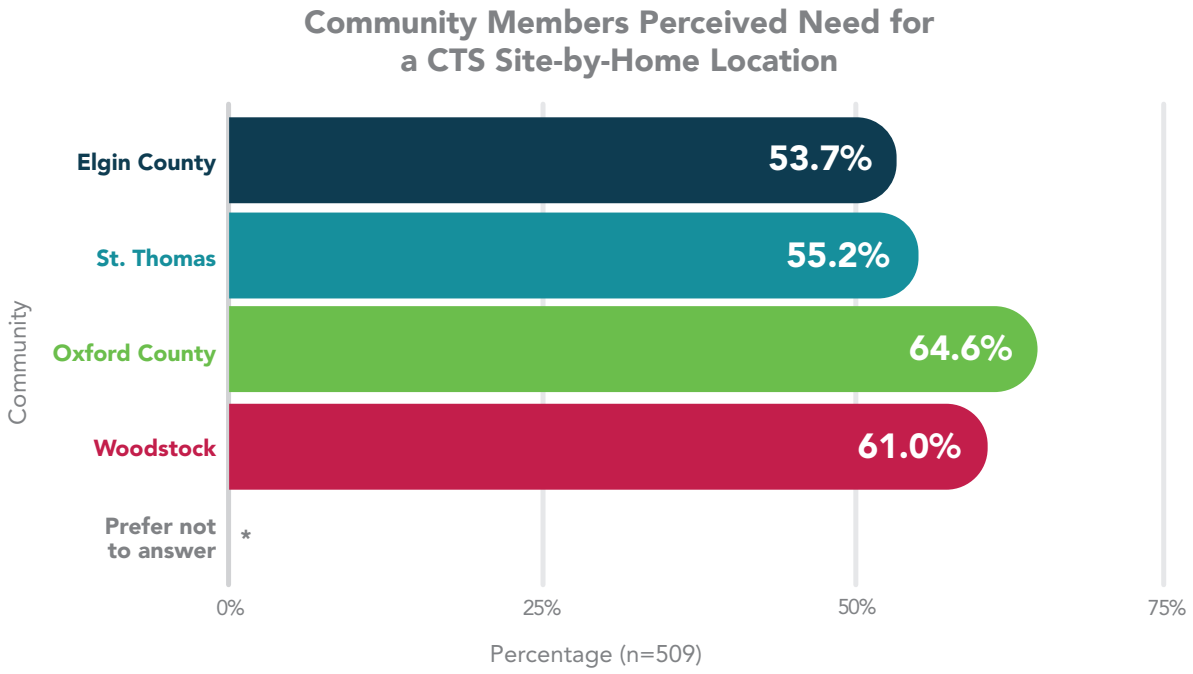
All municipal partner participants agreed that CTS is needed within the SWPH region. All participants talked about public substance use within the community, especially in streets, bank lobbies, and restaurant bathrooms.

Participants also noted a rise in the number of used harm-reduction supplies discarded in public spaces, a significant concern for first responders, service providers, and community members. They implored the value of CTS in benefiting not just people who use substances but all community members.

From the perspective of local community members

Almost all community member respondents (96%) felt there was a local drug issue. However, as depicted in Figure 7, slightly more respondents from Oxford (65%) and Woodstock (61%) felt there was a need for a CTS locally, compared to Elgin County (54%) and St. Thomas (55%). A common theme noted throughout the survey in open text boxes was the need for this service.

Figure 7. Community members perceived need for a CTS site-by-home location n=543



*Note. * Indicates the respondent count for this option was too small (<5) to be reported, therefore, protecting the anonymity of participants.*

Summary: Perceived Need

There is a perceived need among PWLE, municipal partners and the majority of community members who participated in this study. The most frequent reasons discussed for the need were to prevent overdoses and overdose-related deaths in the community, provide safe, clean spaces to use substances, and drop off used harm-reduction supplies in a safe way. Although there was a perceived need for local CTS in this study, not everyone who participated felt there was a need for or was knowledgeable about CTS.

CTS Support and Buy-In

Another main objective of the study was to assess the support and buy-in for CTS in the local area. Therefore, this section details findings related to willingness to use CTS, buy-in, support, ways CTS sites would be helpful for the community and concerns about CTS sites.

Support and Buy-In

PWLE and community partners were asked about potential clients' willingness to use CTS. Municipal partners were asked about community and political buy-in. Community members were asked about their support for a CTS site locally.

Willingness to use CTS

From the perspective of PWLE

Most PWLE participants said they or others they know would use CTS. They talked about having a place to go to use substances, especially in a clean space and away from the public. Some participants noted that it would be valuable for the winter when it is cold and difficult to use substances outside. Several participants noted the importance of drug testing (i.e., testing the composition of the substance before it is consumed safely) at CTS site(s). A few participants did not think they would use a CTS site because they preferred to use substances alone or they were trying to quit using substances. Some participants also wondered if the CTS/s site only had space for intravenous drug use or if inhalation substances would be permitted.

> **"Yes, I would definitely use this. I know a few of my friends would use it. Because it's safer with someone watching over me. I wouldn't trust very many of my friends to revive me if I overdosed."**
>
> *- From the perspective of a PWLE*

> **"I currently smoke drugs. I would likely use it, but don't inject drugs. Others who inject would likely use the CTS. You don't really know what's in the drugs. I care about my life, I care about others' lives. I would use [the CTS]."**
>
> *- From the perspective of a PWLE*

From the perspective of community partners

There was a consensus among community partner participants that people who use intravenous substances will likely use CTS. However, there will still be some people who prefer not to be in such a public space or to use intravenous drugs alone.

Political Buy-In

From the perspective of municipal partners

The municipal partner participants agreed that there would *likely* be buy-in from a majority of council members. **The participants stated that there was recognition among council members of** the value of CTS, particularly in seeing the challenge of homelessness within the various communities. While there may be buy-in for the CTS at this level, there might be difficult conversations about how to fund the CTS and whether the municipalities will need to invest money into CTS site(s).

> **"Many in the community would say this is great, but just not in my backyard. NIMBYism[IV] will raise its ugly head in this."**
>
> *- From the perspective of a municipal partner*

It was noted that mental health and addiction services have not traditionally been within the provision of municipalities, making it challenging to argue for increased funding from municipalities to contribute to the CTS. Thus, participants felt there needed to be discussions on the funding source for the CTS.

Community Support

From the perspective of municipal partners

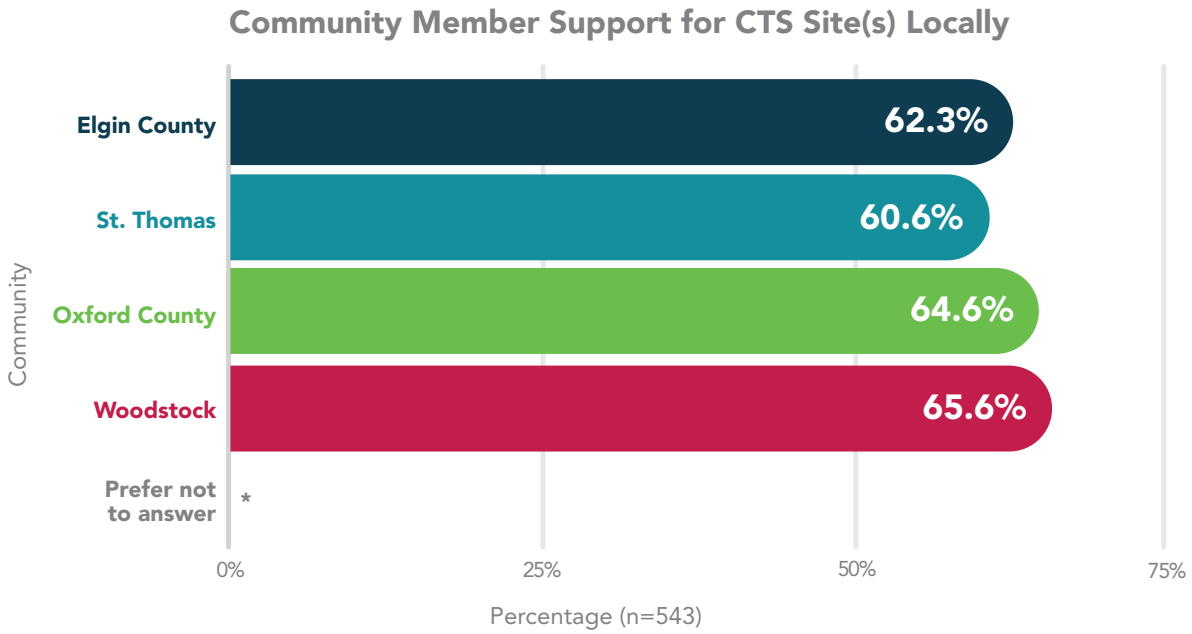
Participants identified that the community would likely support CTS in theory but not near them. Thus, the main challenge will be finding the right location for a CTS site(s). Participants suggested using other communities, such as London, as examples to show how CTS is working as part of the education about the CTS.

From the perspective of local community members

The majority of community member respondents supported offering a CTS in the local area, regardless of where they lived (61-66%, see Figure 8).

[IV] *Note.* NIMBY stands for the "Not In My Backyard" sentiment that may be expressed from community members to signify opposition to locating a harm reduction and/or treatment intervention within their own neighbourhood. Individuals may recognize the need for the service but have concerns or fears about what an initiative will bring to their neighbourhood. (20)

Figure 8. Community member support for CTS site(s) locally
n=509



*Note. * Indicates the respondent count for this option was too small (<5) to be reported, therefore, protecting the anonymity of participants.*

Summary: CTS Support and Buy-In

There was support for CTS site(s) locally across all participant groups. Both PWLE and community partner participants felt there would be the use of a CTS site(s) locally. There was also interest in using CTS site(s) for inhalation drugs. Both municipal and community buy-in or support was noted. These findings highlighted concerns about funding CTS site(s) and NIMBY-ism from the community.

Helpfulness and Concerns of CTS

To further support the objective of assessing the support and buy-in for CTS in the local area, PWLE, municipal partners and community members were asked how CTS would be helpful, concerns about CTS and mitigation strategies.

Helpfulness of CTS

From the perspective of PWLE

Overall, most participants thought CTS would benefit the community. They felt CTS would help provide a safe, clean space to use substances to avoid the use of substances in public spaces. This could lead to fewer instances of public disturbance, which might help reduce public stigma around substance use. Many participants felt that having staff trained to respond to overdoses and a non-judgemental attitude around substance use would be helpful. A few people identified that CTS site(s) could help prevent disease by having more opportunities to distribute new harm-reduction supplies (instead of reusing or sharing) and increasing awareness of what is consumed through drug testing. Some participants discussed increased access to resources and support for substance use (e.g., counselling, treatment) and education around harm reduction and substances.

> **"They won't have to be judged. They can go and hang out with their street family. Knowing that it's a safe place to go and there is trained staff there."**
>
> *- From the perspective of a PWLE*

> **"You're taught as a kid that you should worry about yourself, but I am concerned about other people. The CTS will help people stay alive. Every day is a good day above ground. Lives matter."**
>
> *- From the perspective of a PWLE*

> **"They would be off the street not using drugs on the street, the street would be cleaner. No more littering and leaving their stuff behind. Not enough disposable bins around anyways, so not enough areas to put it when they are done."**
>
> *- From the perspective of a PWLE*

From the perspective of Municipal Partners

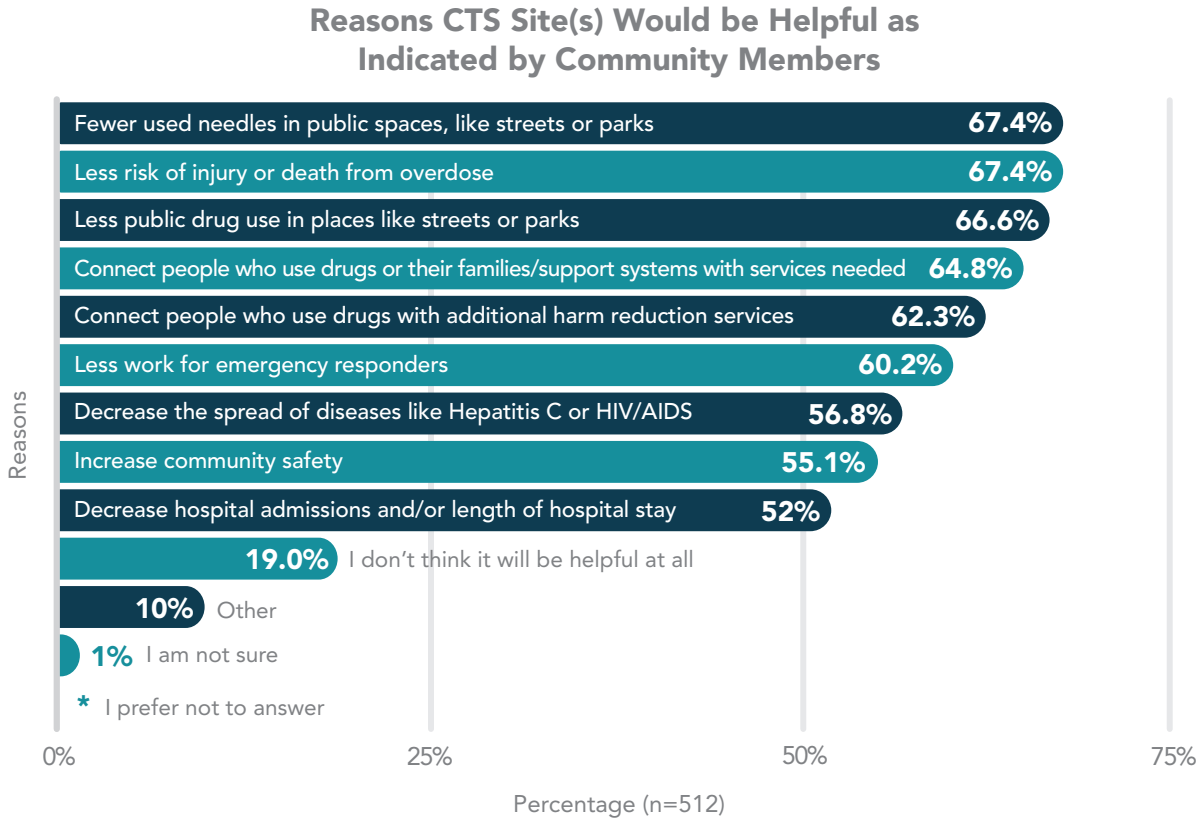
The municipal partners described individual-level benefits, such as having a safer place to go and use substances while being watched by trained professionals and reducing the likelihood of overdose, particularly in areas where no one could see and call for help. The value of individuals having a safe place to go who might feel ashamed about their substance use was discussed, which might help minimize the chances of using substances alone and potentially overdosing. Furthermore, CTS might offer substance use supports to help people better manage their use. Personal safety concerns were noted for people who use substances and have precarious housing situations (e.g., living in encampments). At the community level, participants identified a potential to reduce public disorder and lessened strain on the healthcare system and first responders (e.g., EMS, police) if overdoses were minimized.

> **“A person who is addicted may feel ashamed; [the CTS] would provide a place for them to get help. They don’t have to hide… that they do drugs. It would be helpful for families, who have family members who have addictions with the wrap-around services.”**
>
> *- From the perspective of a municipal partner*

From the perspective of local Community Members

As shown in Figure 9, community member respondents felt CTS sites would be most helpful in the local area by having: fewer used needles in public spaces, like streets or parks (67%), less risk of injury or death from overdose (67%); less public drug use in places like streets or parks (67%), people who use drugs or their families/support systems connect with services needed (65%), and people who use drugs connect with additional harm reduction services (62%). 19% of respondents felt a CTS would not be helpful. 10% of respondents indicated other ways it would be helpful, including destigmatizing substance use, providing dignity to people who use drugs and increasing social connections. Some respondents indicated they did not support a CTS site and that a treatment site would be better.

Figure 9. Reasons CTS site(s) would be helpful as indicated by community members n=512



*Note. * Indicates the respondent count for this option was too small (<5) to be reported, therefore, protecting the anonymity of participants.*

Summary: Helpfulness of CTS

Most participants felt CTS site(s) would benefit the local community. **The common reasons identified why CTS site(s) would help the community were related to the reduction of opioid-related deaths, bloodborne infections, and public use of substances; connecting people who use substances and their families to needed supports and services; bolstering the dignity of people who use substances; and reducing strain on the health care system and first responders.**

Some community members did not feel that a CTS site(s) would be helpful for the community and that a focus on treatment services would be better.

Concerns of CTS and Mitigation Strategies

From the perspective of PWLE

Concerns

Many PWLE participants did not see any concerns with having CTS in the community. Some participants discussed how community members might be against having a CTS in the community due to their lack of knowledge about the issues faced by people who use substances, concern for the potential increase in substance use or criminal activity in their community, or simply not wanting a CTS site near their homes. A few participants noted concerns about police presence around the CTS or being arrested for using CTS site(s). Regarding CTS site(s) operations, there were some concerns about where people would go if CTS site(s) were not open 24hrs, no one using CTS site(s), privacy concerns, age restrictions, potential increased access to substances, and normalizing substance use.

Mitigation

A few PWLE participants talked about providing education and awareness around what CTS is and the value of CTS (e.g., reducing disease transmission and harm reduction supplies in public spaces) to address the community's concerns about the presence of CTS site(s). For example, to ensure CTS site(s) are used by people who use substances, it would be helpful if it was located where other services already exist (e.g., shelter), ensure the privacy of people using the site(s), have security personnel enforce rules to maintain cleanliness and comfort for all clients and staff at CTS sites(s), have no police presence nearby, ensure no drug dealing occurs on-site or around CTS site(s), and ensure there are always trained staff available.

From the perspective of municipal partners

Concerns

The municipal partner participants identified concerns related to location, namely its accessibility for clients and its locality with residential neighbourhoods, businesses, and schools. Participants also discussed the

> **"We can't force someone to use it. Or they don't play by the rules and end up on the street and living in that unsafe environment. We're not going to be able to convince the public that it will put it out of sight out of mind. There will still be individuals who choose not to use this type of facility and use in a public space, so it's not going to suddenly take away the finding of sharps and other drug paraphernalia. We need to be honest with the public in that regard."**
>
> *- From the perspective of a municipal partner*

importance of providing realistic expectations about CTS (e.g., not everyone using substances will use the site(s). This could lead to ongoing concerns about public disorder. Another critical message noted is for clients to bring their substances to sites/s for use, and they will not have access to a safe supply of substances. Realistically, this means the concern around the drug poisoning crisis remains.
Another identified concern was about the client's well-being after they leave a CTS site (e.g., who will monitor how high they are when they leave the CTS, where their next destination is, and how they will get there if they are not sober enough to do so).

> **"Show what police or EMS or healthcare have seen. What have been the advantages and disadvantages? We can't just show the advantages and candy-coat things. We need to be transparent about it. Use success stories to build comfort. It's been something that has been talked about in a number of communities. People get pretty hesitant because they don't know what actually happens and are naive about it. Make sure we are transparent about all the aspects of a CTS and allow people to feel more comfortable."**
>
> *- From the perspective of a municipal partner*

Mitigation

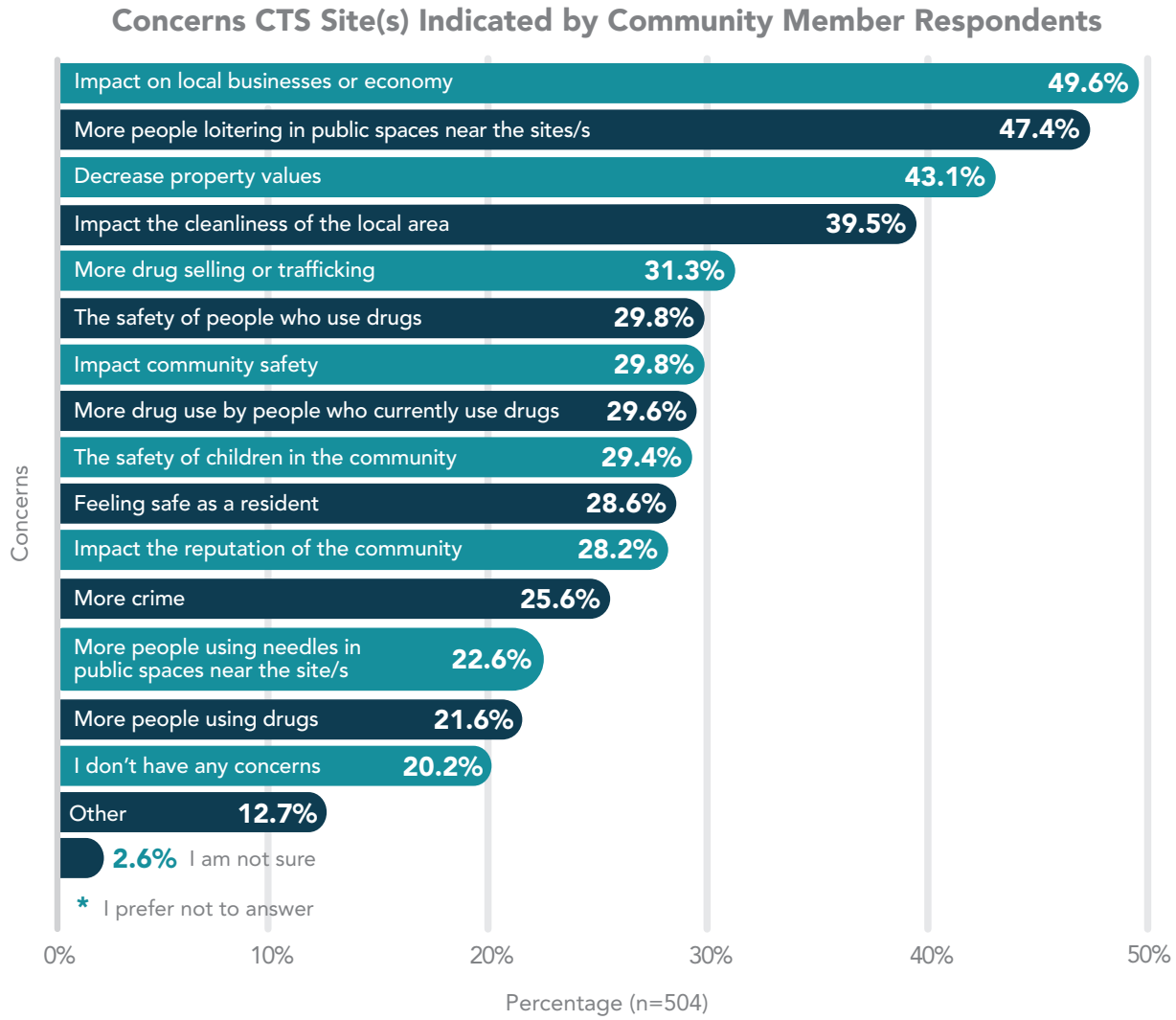
Municipal partner participants focused on community education, not being a one-sided view of why CTS is needed, with information about the CTS site(s), advantages, misconceptions, and realities of having CTS in the communities. First, this education should be gleaned from similar-sized communities with CTS site(s) to ensure people know what to expect. Second, community education should centre on substance use and the importance of harm reduction, mainly what harm reduction means for people with substance use disorders, as well as ways to reach out for help if you have a substance use disorder. Third, the value of community consultations with community members and businesses about the site and its location was also highlighted. Finally, they recommended that wherever the CTS goes, it needs to be integrated into the existing services within the community to be successful.

From the perspective of local community members

Concerns

As shown in Figure 10, the most frequent concerns identified by community member respondents about the possibility of CTS in the local areas were: the impact on local businesses or the economy (50%), more people loitering in public spaces near the sites/s (47%); decreases in property values (43%); and more drugs being sold or trafficked (31%). 20% of respondents indicated they did not have any concerns. 13% of respondents indicated other concerns, including choosing the right location and further stigmatization of people who use substances. Some respondents also felt that public dollars should be spent elsewhere. Additionally, common themes across open text boxes in the survey suggested concerns about increases in crime and lack of law enforcement, and this approach not actively addressing the root issues people using substances are dealing with.

Figure 10. Concerns of CTS site(s) indicated by community member respondents n=504

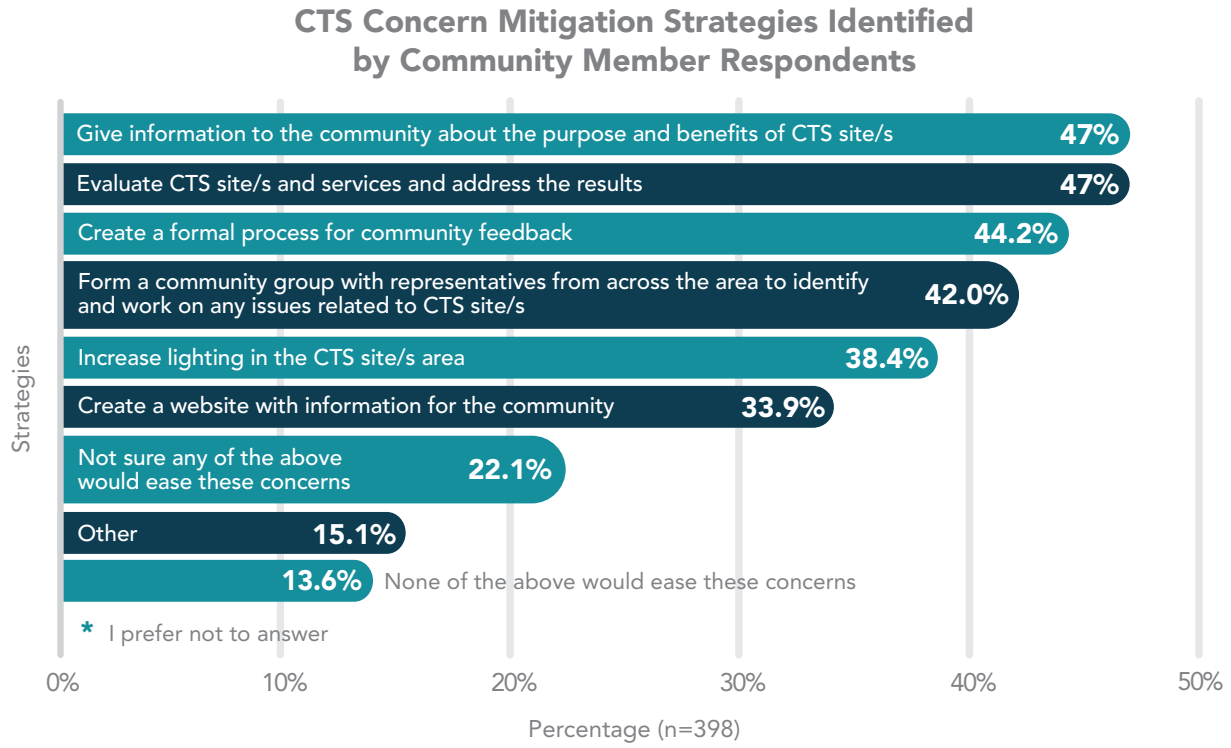


*Note. * Indicates the respondent count for this option was too small (<5) to be reported; therefore, protecting the anonymity of participants.*

Mitigation

As shown in Figure 11, the most frequent approaches identified by community member respondents to mitigate CTS concerns included: the evaluation of a CTS site and services and addressing the results (47%); giving information to the community about the purpose of the CTS site(s) (47%); create a formal process for community feedback (44%); form a community group with representation from across the area to identify and work on any issues related to the CTS site(s) (42%); and increase lighting in the CTS site(s) area (38%). In addition, 15% of respondents indicated other mitigation strategies, choosing the right location and implementing safety measures in and around the site. Some respondents also expressed that they were not supportive of CTS and that there should be a focus on treatment instead.

Figure 11. CTS concern mitigation strategies identified by community member respondents n=398



*Note. * Indicates the respondent count for this option was too small (<5) to be reported; therefore, protecting the anonymity of participants.*

Summary: Concerns and Mitigation

Of the participants who did identify concerns about the CTS site(s), **the most noted were related to lack of buy-in from community members; choosing the suitable locations for clients, the community and businesses; more drugs being sold; and more loitering and drug use in public spaces close to the CTS site(s). PWLE were also concerned about police presence around the site, accessibility to the site and privacy.**

Some community members were also concerned about spending public dollars on this service.

Mitigation strategy recommendations included **community-wide evidence-based education and awareness; integration with other supports and services; maintaining the safety and privacy of clients; community consultations and feedback; and ongoing evaluation of the CTS site(s) with an assigned group to remediate any issues.**

Operational Components

The final study objective examines the models, operations, and practical components of offering CTS in SWPH's region. This section will detail findings related to preferences for the CTS model and set-up options, suggested services offered and agencies involved, PWLE involvement, ideal locations, and facilitators and barriers to making potential local CTS sites successful.

CTS Model

All participant groups were asked what CTS model would best fit the region. In addition, PWLE were explicitly asked how the site(s) could be set up and operated.

Types of models

- Stand-alone - distinct facility with majority of resources dedicated to services. (3)
- Integrated - services are offered as one aspect of broader health and harm reduction. (3)
- Embedded - embedded within other settings such as hospitals and shelters. (3)
- Mobile-outreach - a modified van or bus that can move to different locations. (3)
- Women-only - address the unique barriers for women. (3)

From the perspective of PWLE

Type of model

PWLE participants recommended an embedded CTS site(s) that offers harm reduction, health services, and social services housed within an existing organization/agency offering services (e.g., shelter, Community Health Centre), or a mobile outreach via van or bus.

Layout options

Many participants liked having booths or individual rooms for privacy reasons. However, several participants also suggested a mix of open spaces, booths, and/or individual rooms because people have various preferences regarding using substances and the presence of others they may or may not be familiar with.

> **"All of it; some people like using in a group, some people don't like to use in front of others. Some open space and some private. Some people do [drugs] for the social part."**
>
> *- From the perspective of a PWLE*

Creating a welcoming, safe and accessible space

Some participants identified the importance of having a non-judgmental and friendly staff, including peers and those who have used substances in the past, who might be able to handle difficult situations. Participants also identified wanting music, TV, and recreational activities (e.g., computers) available for people to relax. A few participants mentioned having comfortable furniture and welcoming decor to make the space feel less sterile.

Some additional suggestions focused on basic needs, like food and snacks, clothing, and a shower. The importance of no police presence was highlighted to help people feel at ease within the CTS site.

Hours of operation

Many participants suggested that CTS site(s) should be open 24/7. Some participants recognized that this might not be realistic and recommended that the hours of operation at least span the afternoon into the late evening (i.e., midnight). Only a few participants identified the regular business hours (9 am-5 pm) but explained that those hours could be during the trial period and see what hours would be ideal. The importance of consistency in the hours of operation was highlighted.

From the perspective of community partners

The most common site recommended was an embedded model, with clients accessing many services in one location. The CTS site(s) should be large enough to house various services, including harm reduction services, mental health care, addiction medicine/treatment, primary care, and social services. Housing support and/or safe beds were noted as useful. It was suggested that the CTS site(s) could be embedded within other existing services, like the Community Health Centre. The participants also discussed a mobile unit for smaller, rural communities.

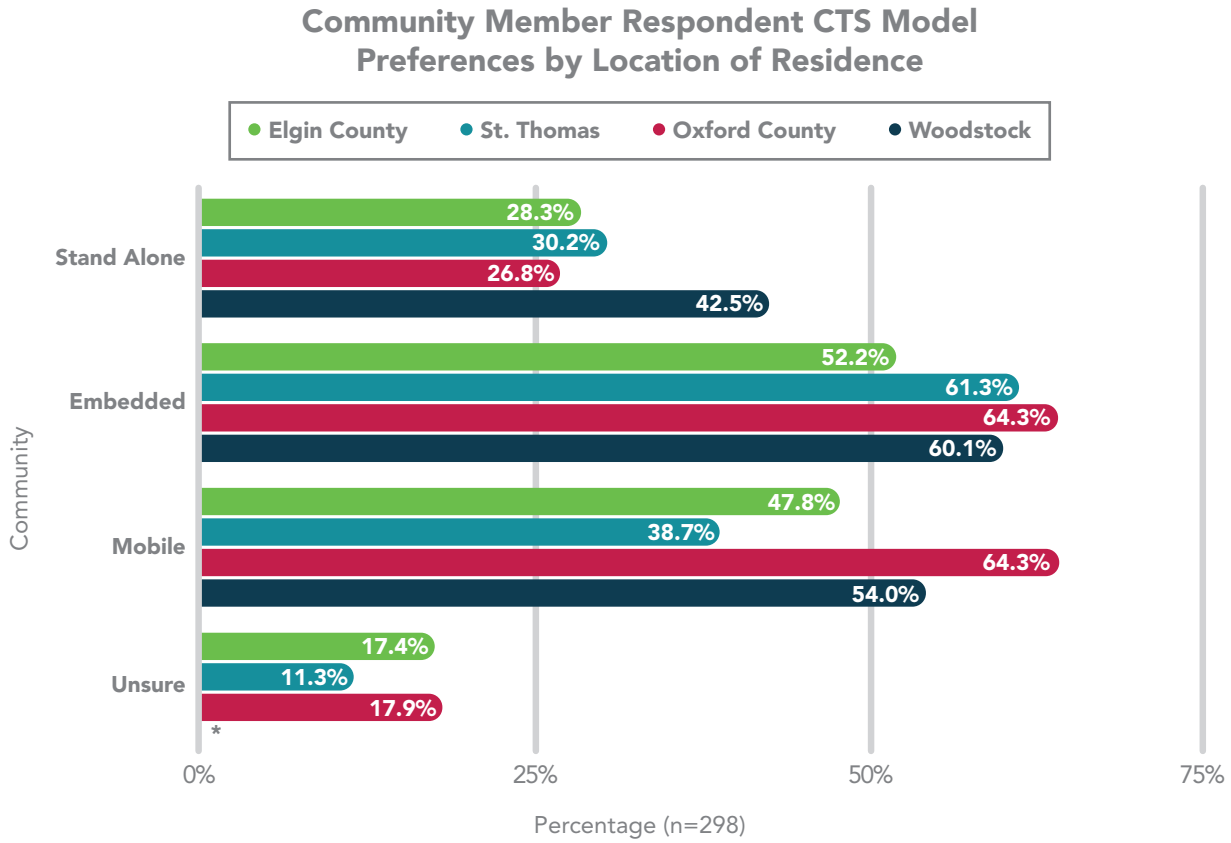
From the perspective of municipal partners

Participants supported an embedded model (e.g., with a shelter, Community Health Centre, SWPH) and a mobile outreach model (e.g., for smaller communities). However, there was concern about being connected to the hospital because it is not in an accessible location, and some individuals with a history of healthcare system trauma may not feel safe there.

From the perspective of local community members

As displayed in Figure 12, respondents across both rural and urban areas in the region showed a preference for the embedded model (52-64%), with the respondents in rural areas of Elgin County and Oxford County also indicating a preference for the mobile model (48% and 64%, respectively). These findings were corroborated in numerous survey responses across open text boxes.

Figure 12. Community Member Respondent CTS Model Preferences by Location of Residence N=298



*Note. * Indicates the respondent count for this option was too small (<5) to be reported; therefore, protecting the anonymity of participants.*

Summary: Model

There was a strong preference for the embedded delivery model, with the option of a mobile model for outreach in rural areas in Elgin and Oxford Counties. To make the site welcoming and comfortable for clients, PWLE suggested a mixture of open and individual spaces, non-judgmental staff, no police presence, comfortable furniture, and recreational and entertainment activities. Operating hours should either be 24/7 or afternoon into the late evening.

Services Offered

PWLE and community partners were asked which services should be offered at a CTS site(s). Community Partners were also asked which agencies should be involved in the CTS site(s).

From the perspective of PWLE

Many participants identified a need for outreach or on-site mental health care, including counsellors and psychiatrists, to manage psychosis or personality disorders. A few participants suggested a peer education/day program to manage substance use or alcoholics anonymous/narcotics anonymous meetings on-site. Many individuals identified a need for various social services on-

site (e.g., housing, ODSP, OW, ID clinic, employment, and education/job skills training), health care (e.g., STI testing), and harm reduction services (e.g., testing the drugs before consumption, distribution of harm reduction supplies). Many participants also identified a need for treatment for substance use disorders (e.g., Methadone, Suboxone, Sublocade) and a detox centre. A few participants thought food and clothing donations would be helpful.

From the perspective of community partners

The programs and services identified include outreach supports, system navigation, ID supports, housing and shelter services, mental health care, addiction counselling, addiction medicine/treatment, detox centre, narcotics/alcoholics anonymous, primary care (testing/treatment), life/job skills training, employment services, legal clinic, OW, ODSP, as well as Indigenous and spiritual supports. Other resources include access to food, showers, harm reduction supplies (e.g., harm reduction supplies, naloxone), drug testing, STI testing, and wound care.

> **"If people want help, they should get help immediately. If they are told to come back later then they are more likely to go out and endanger themselves. If people are asking for treatment, they need it right away."**
>
> *- From the perspective of a PWLE*

Community partner participants suggested the following agencies should be involved in CTS site(s):

- Shelters
- Community Health Centers
- Rapid Access Addiction Medicine (RAAM) clinic
- Addiction services
- Police
- Paramedics
- Hospital
- Food security services
- Housing supports
- Neighbourhood groups
- Getting identification
- Access to primary care (nurse practitioner)
- Community Paramedicine programs: support for wound care, vaccinations, COVID testing, etc. (especially in considering a mobile unit)

Summary: Services Offered

Additional services and supports were identified as a need at CTS site(s). A range of services was suggested, including mental health support, peer education support, social services, primary health care, harm reduction services, basic needs supports, treatment services, Indigenous support and spiritual support.

Peer Involvement

PWLE and community partners were asked how peers could participate in the CTS site(s).

From the perspective of PWLE

Participants suggested providing volunteer or work opportunities at the CTS site(s) for peers focusing on providing peer support and sharing success stories. It was also suggested that engaging PWLE to gather ideas for the site(s) (e.g., decor, activities, resources) and ongoing feedback on what would or would not work, how the site(s) are running and what could be improved would be useful.

> **"People who would volunteer to come and help if there was something to give them feedback. Get feedback from clients on how helpful the staff were, did they answer their questions, etc. If volunteers get good feedback, they would be more likely to help out and maybe get hired and advance. It can kickstart a career for the volunteer, a reward system to help climb the ladder and advance in a career to help others. For a recovering [substance user], the feeling of helping others is very fulfilling and gives purpose. It could be something that helps our own lives to have room for advancement as a reward for encouraging volunteer[s]. They would dedicate themselves to helping other people. Help them find something they were meant to do. It could lead to a career maybe. They want to help others get through their addiction."**
>
> *- From the perspective of a PWLE*

From the perspective of community partners

Community partner participants suggested involving peers in a peer mentorship program, peer support opportunities and providing word-of-mouth marketing support. Peers could also build harm reduction kits, do advocacy work, participate on committees, and provide feedback. Ideally, these peers would be paid staff, but volunteer positions could also be provided. CMHA's peer training and engagement program exists and could be learned from.

Summary: Peer Involvement

There was a lot of support for peer involvement in the CTS site(s) in either a paid or volunteer position. Involvement activities suggested included peer support or mentorship programs, advocacy, building harm reduction kits and engagement in the development and ongoing refinement of the site(s).

CTS Location

Please note that no decisions have been made regarding potential locations for a possible CTS site. There will be a need for further consultation regarding locations, and these consultations will need to involve PWLE, community members, business owners, local decision-makers, and other groups of interest.

All participants were asked about ideal locations for CTS site(s) in the local area. The locations presented in the community members survey were based on the PWLE interviews and community partner focus group findings.

From the perspective of PWLE

Almost all PWLE participants suggested 1-2 sites in their respective communities. Table 1 details the most common location suggestions.

Table 1. CTS site location suggestions from PWLE

Oxford County & Woodstock

1. **Downtown Central Woodstock** (Dundas & Huron)
2. **Downtown West Woodstock** (SWPH/CMHA/OW)
3. **South-West Woodstock** (Hwy 59 & 401)
4. **North-East Woodstock** (Devonshire & Clarke)
5. **Ingersoll**
6. **Tillsonburg**

Elgin County & St. Thomas

1. **Downtown Central-West St. Thomas** (near the Inn)
2. **North-East St. Thomas** (Burwell & S Edgeworth)
3. **South-East St. Thomas** (near Elgin Centre Mall)
4. **Downtown West St. Thomas** (Talbot & Elgin)

From the perspective of community partners

The most common locations suggested by community partner participants focused around the downtown areas of the City of St. Thomas and the City of Woodstock. It was recommended that the site(s) be easily accessible but not on the main street (i.e., perhaps a side street). This latter suggestion might appease some business owners while providing some privacy for clients to visit. As mentioned in the Model section above, an embedded model with other programs and services in a location where people already go for programs and services is ideal. Other ideas included being somewhere on a bus route and/or in an abandoned church. Participants discussed a mobile unit for the smaller municipalities but highlighted the challenge of clients not knowing where the mobile unit would be each day.

From the perspective of municipal partners

Municipal partners suggested putting CTS within the current shelters, the SWPH buildings, Community Health Centres, or an existing medical centre. It was also recommended that CTS be integrated with existing infrastructure to manage the costs.

From the perspective of local community members

As mentioned, the locations presented in the community members survey were predetermined through an iterative process from the PWLE interview and community partner focus group location findings.

Elgin County & St. Thomas

Image 1 illustrates potential St. Thomas location options presented to community members.

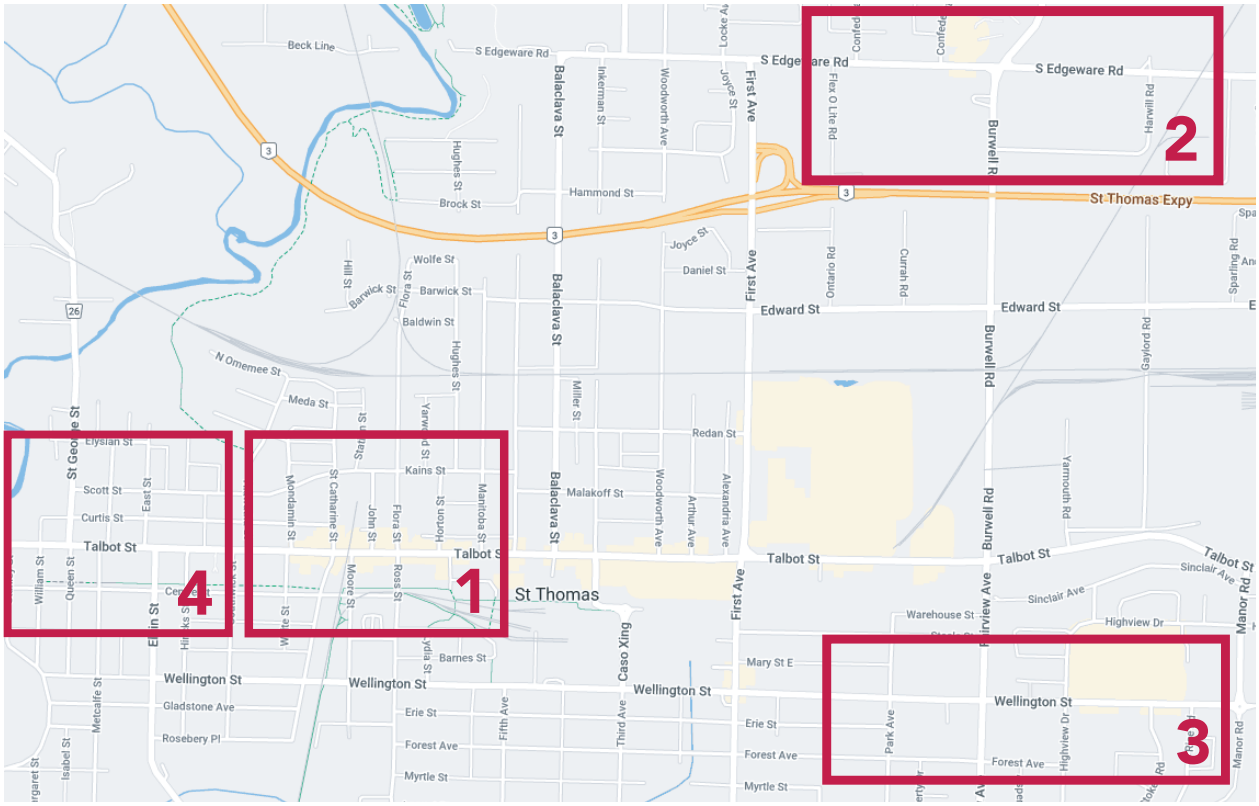
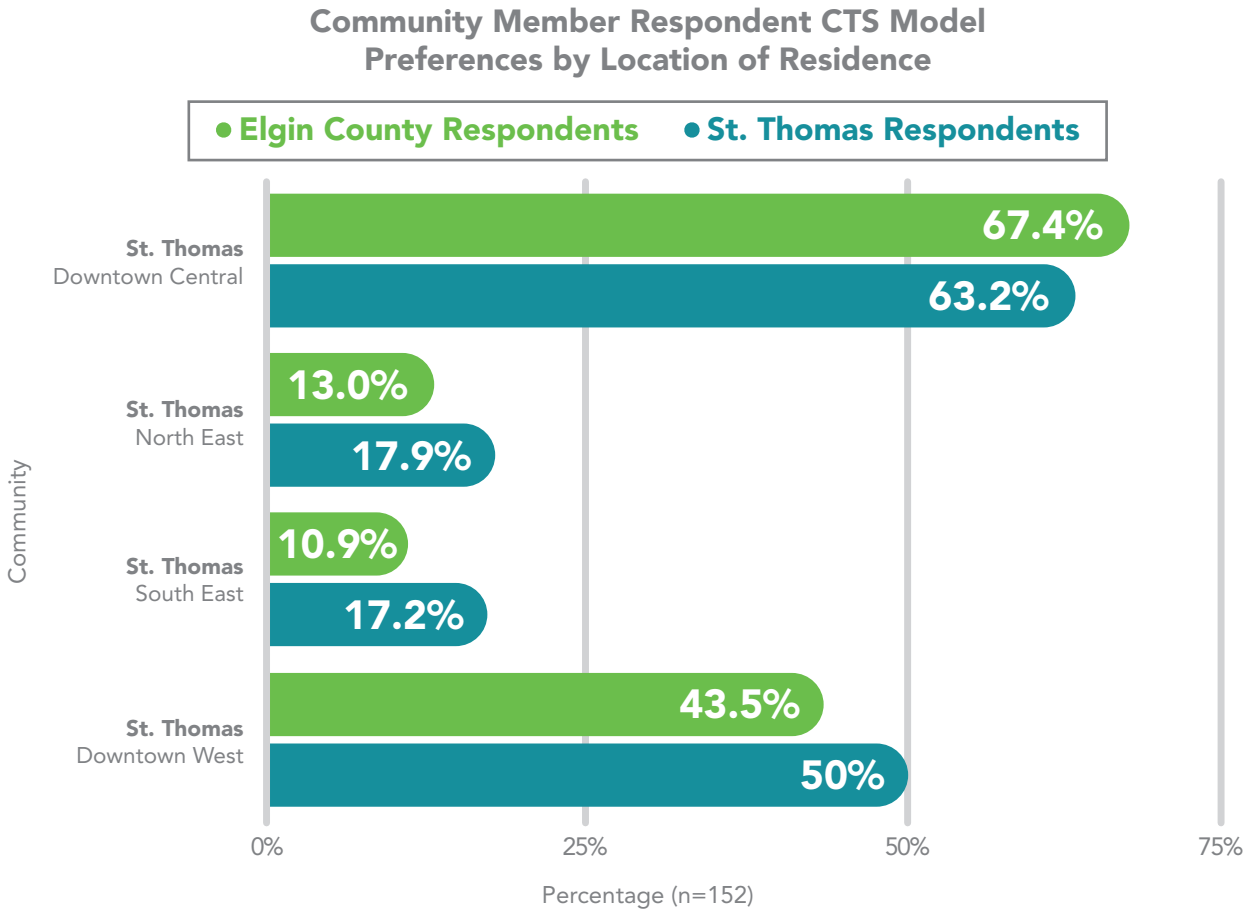


Image 1. St. Thomas location options presented in the community members' survey.

Elgin County and St. Thomas survey respondents preferred locations in the downtown area of St. Thomas, with more support for St. Thomas Downtown Central (67% and 63%, respectively; see Figure 13).

Figure 13. Preference of potential CTS site(s) locations indicated by Elgin County and St. Thomas, community member respondents
n=152



Oxford County & Woodstock

Image 2 illustrates potential Woodstock location options presented to community members.

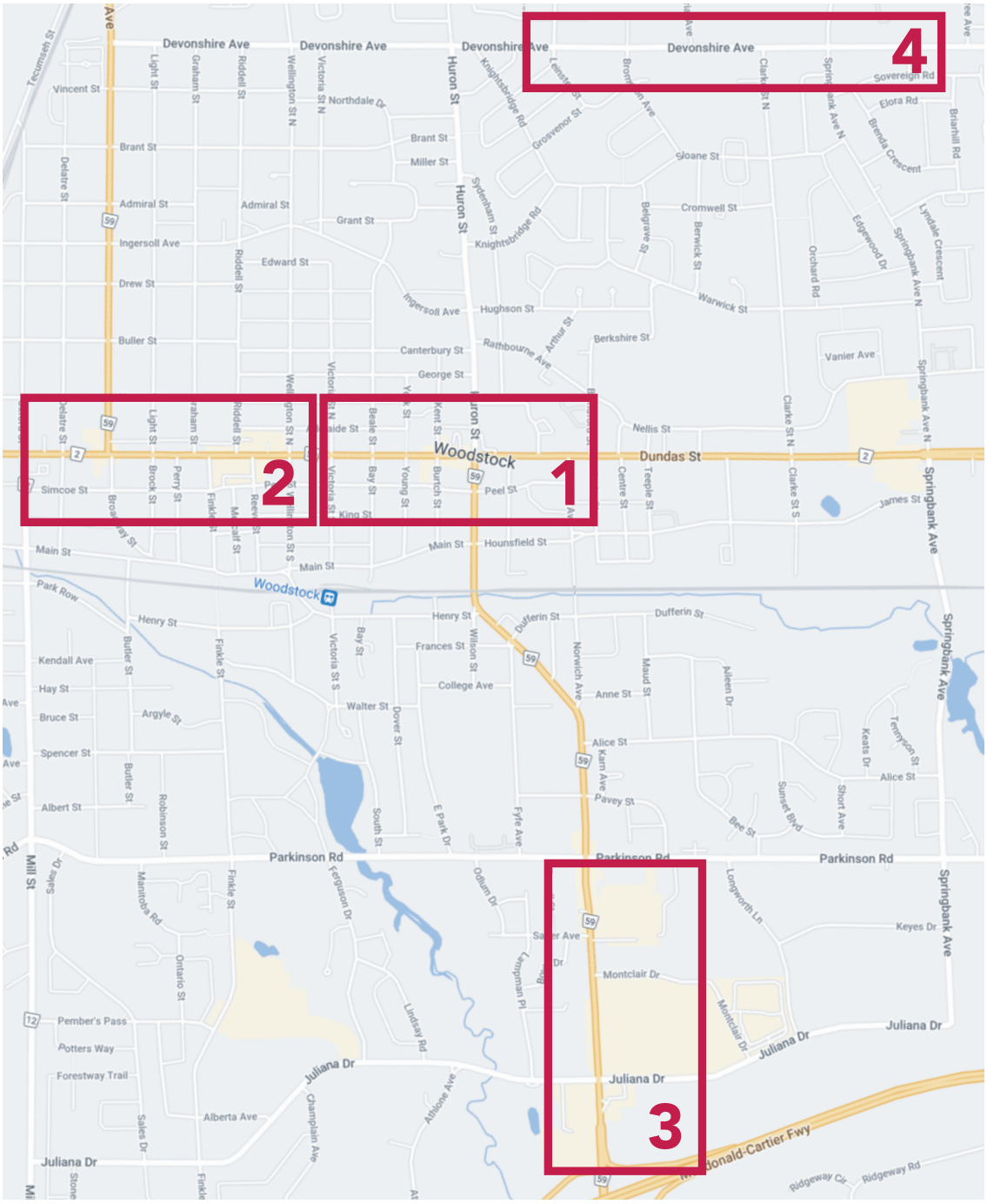
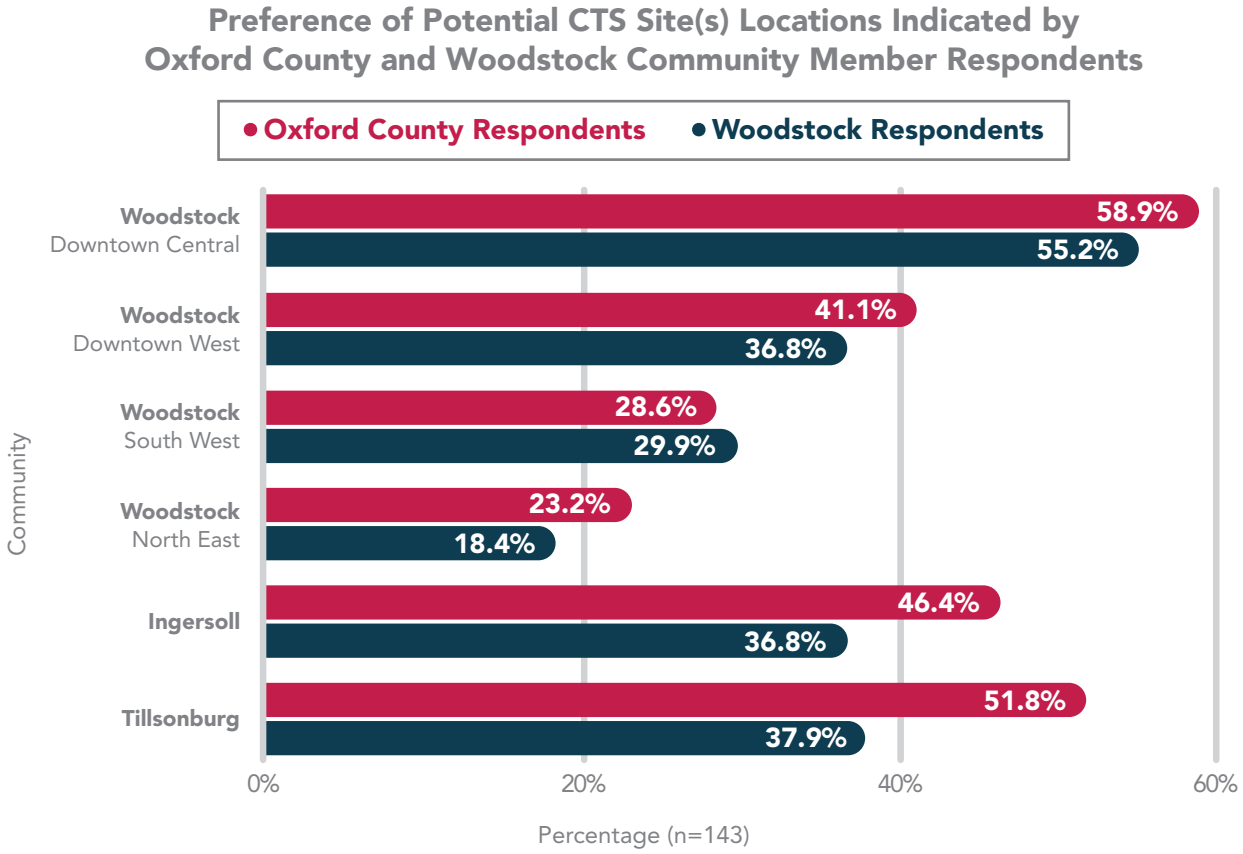


Image 2. Woodstock location options presented in the community members' survey.

As displayed in Figure 14, Oxford County and Woodstock survey respondents preferred locations in the central downtown area of Woodstock (59% and 55%, respectively). About half of Oxford County survey respondents indicated that Ingersoll and Tillsonburg would be good locations for CTS sites (46% and 52%, respectively).

Figure 14. Preference of potential CTS site(s) locations indicated by Oxford County and Woodstock community member respondents
n=143



In addition to the survey question about specific location areas in the community, survey respondents frequently commented about ideal location considerations in open textboxes throughout the survey. Common themes presented included: avoiding school zones, residential areas, high concentration of businesses, public spaces (e.g., parks) and downtown areas; choosing the right location for clients that is accessible either via active transportation or near a bus route and protects privacy; and common location suggestions (i.e., SWPH buildings, the hospital). One dominant common theme throughout the survey was empowering potential clients to choose their ideal location.

Summary: CTS Location

All participant groups indicated the central downtown areas of St. Thomas and Woodstock as the best locations for CTS site(s), with the caveat of not being on the main street. As for rural communities, Ingersoll and Tillsonburg were also highlighted as ideal locations, in addition to a mobile facility. Additional suggestions included avoiding schools, public spaces, and residential and business areas and ensuring locations are accessible and protect privacy. Finally, participants felt potential clients should choose the CTS site location to ensure uptake.

Facilitators

All participant groups were asked what approaches would ensure the CTS site(s) meets the local community's needs.

From the perspective of PWLE

Some participants focused on having non-judgemental, knowledgeable staff in a comfortable, welcoming space and not sterile like an office. A few participants discussed the physical location being in/near other services or somewhere easily accessible (e.g., on a bus route) with privacy considerations (e.g., door not visible from the road). Many participants discussed having other services available on-site (e.g., detox centre, treatment, testing drugs before consumption, sexually transmitted infections testing, harm reduction supplies, psychiatric and other mental health care); recreational activities and classes on-site (e.g., art classes, tv, lounge); and offering necessities (e.g., shower, snacks, meals). Word of mouth and other advertising was highlighted as essential to ensure awareness among potential clients of the CTS. A few individuals identified the importance of having rules/boundaries and security to enforce them (e.g., no weapons, no drug dealing) and not having a police presence nearby.

From the perspective of community partners

Community partner participants discussed several approaches that could contribute to the success of potential CTS site(s) locally. Participants felt that ongoing education to the community to address stigma and misconception, highlighting success stories within the sites/s and community engagement with community members and business owners was important. Participants also suggested creating a comfortable and welcoming space for clients that maintains privacy, builds trust with clients, and establishes appropriate guidelines for using the site(s). It was also suggested that clients be treated with dignity and respect in their interactions.

> **"Law enforcement is a big deterrent. Confidentiality should be part of it. No matter what goes on here, it stays here. Don't have to worry about the police. Could enter one way but leave out the back another way so they don't see you leave. People won't see you leave. We aren't proud of being [substance users], so it would be great to have a private entrance and exit. That would be great. Confidentiality is huge!"**
>
> *- From the perspective of a PWLE*

> **"As long as people are there that won't judge, and they will make people feel welcome and not judged. If people feel judged, they won't come. Need people who have been there [have used drugs] and they understand us. It gives hope to people to see that it can be done, it is possible to be successful."**
>
> *- From the perspective of a PWLE*

> **"As long as the word was out that it was coming, people would tell others who would use it. Location is a really big thing, depending on where they would put it would depend on how many people will use it. If it's more centralized it would help, people don't want to go too far away for it."**
>
> *- From the perspective of a PWLE*

This includes hiring staff who are trained, appropriate for the role, culturally sensitive, and, if possible, have lived experience with substance use. Finally, participants recommended a partnership model for offering services to ensure wrap-around services are present for clients, peers, and staff (harm reduction services, sharps disposal, mental health services, addiction services, social services, primary care, wound care), with ongoing support from a system navigator role for clients.

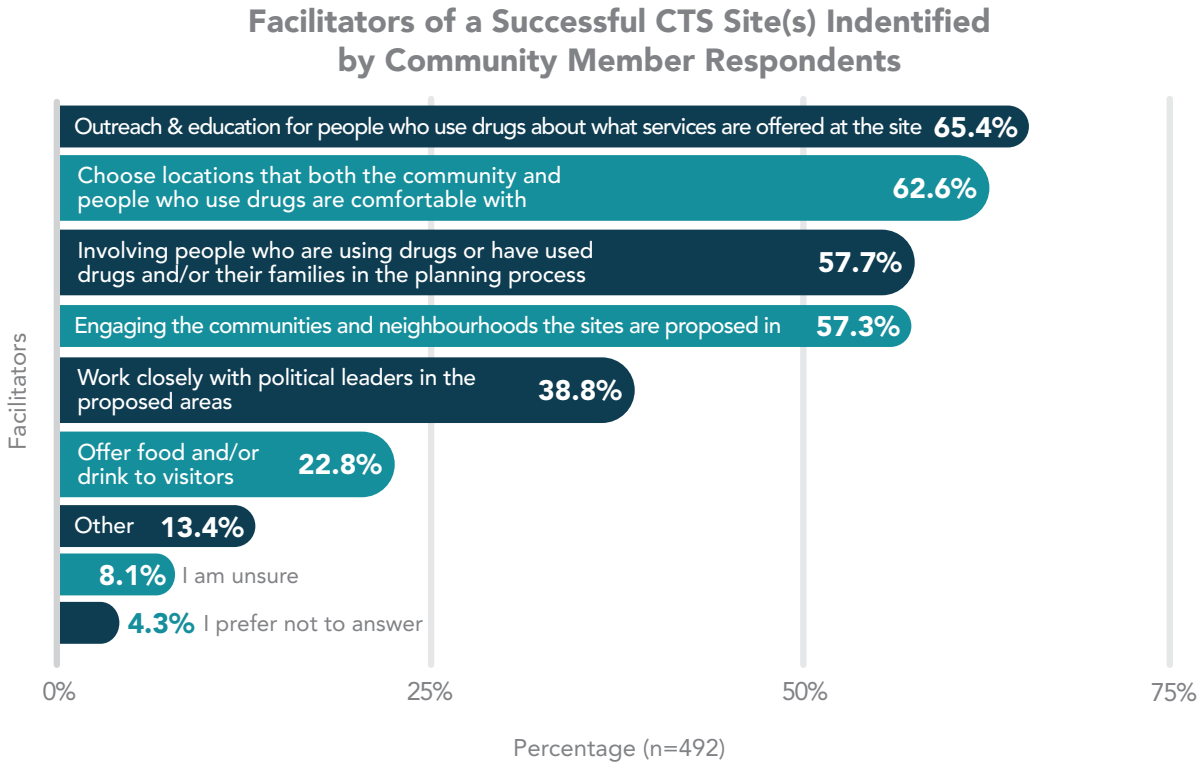
From the perspective of municipal partners

Municipal partner participants discussed the importance of community education and engagement throughout the process to ensure all concerns are raised. This also includes the engagement of decision-makers and community organizations that might support and provide care for people who use substances. Some potential partners identified were churches, hospitals, SWPH, politicians, municipalities, businesses, and shelters. In addition, CTS site(s) should be embedded with existing programs and services to ensure client privacy. In this approach, clients could visit the site for community programs or services (e.g., CTS, mental health, primary care, housing, employment).

From the perspective of local community members

As shown in Figure 15, the most frequent approaches identified by community member respondents to facilitate the success of potential CTS site(s) were: outreach and education to people who use drugs about what services are offered (65%), choosing locations that both the community and people who use drugs are comfortable with (63%); involving people who are using or have used drugs and/or their families in the planning process (58%); and engaging the communities and neighbourhoods the sites are proposed in (57%). In addition, 13% of respondents indicated other facilitators, including choosing the right location and making the site welcoming to clients. Some respondents felt that CTS site(s) should not be opened locally.

Figure 15. Facilitators of a successful CTS site(s) identified by community member respondents n=492



Summary: Facilitators

The most common facilitators for success identified across groups were engagement in planning and location selection (PWLE, community members, community partners, decision makers); **education for PWLE and community members on CTS site(s) purposes, reducing stigma and addressing misconceptions; and creating CTS site(s) that are accessible, welcoming, and meet all clients with dignity and respect.** This includes ensuring the privacy and comfort of clients with non-judgmental, experienced staff and comprehensive wrap-around services and supports for clients to access.

Barriers & Mitigation Strategies

All participant groups were asked about anticipated obstacles and mitigation strategies if a CTS site(s) was opened locally.

Barriers

From the perspective of PWLE

Almost all PWLE participants offered barriers regarding community, operational, and individual factors that might make it challenging for CTS to succeed locally. The community factors related to concerns about police presence, community protests, increased vandalism, and substance use in the neighbouring communities. The operational factors included the location and accessibility of the CTS site, poorly trained and judgemental staff, restrictions, and limitations for engaging in CTS sites/s, limited hours of operation, and lack of privacy and confidentiality. Some people described individual factors, including lack of safety within CTS site(s), clients' disrespect for people and property during the use of the site(s) and lack of awareness about CTS and what it has to offer.

> **"Judgement. Any sort of comments from staff. Staff need to be sensitive. Some clients may have mental health issues, so paranoid or depressed. If a staff member isn't well trained to deal with someone with mental health issues, one bad interaction could deter that person from coming back again. They might feel embarrassed."**
>
> *- From the perspective of a PWLE*

> **"People might be afraid of being set up [for arrest], afraid of cops showing up. They would need to feel safe from being arrested."**
>
> *- From the perspective of a PWLE*

From the perspective of community partners

Barriers discussed among community partner participants focused on the community's misconceptions about CTS site(s) and the operational aspects of CTS site(s). Many possible misconceptions were identified, including the purpose of harm reduction, what is provided at CTS site(s) and potential impacts of CTS in a community (e.g., vandalism, increased harm reduction supplies, use and drug dealers in the neighbourhood) and detrimental impact on businesses. This may lead to increased stigmatization of people who use substances, lack of community support and possibly community protests at CTS site(s). This will impact the safety of people who might want to visit/use the site.

Concerning the CTS operations, common barriers mentioned included poor location choice, accessibility to the location by clients and EMS, improperly trained, unempathetic staff with judgmental attitudes, limited hours of operations, and lack of safety and privacy. Other concerns relate to the kinds of programs and services offered at the CTS. For example, many community partners note that a place to use substances alone would not be enough to get people into CTS locations. Additionally, the presence of police in CTS site neighbourhoods was noted as a concern that could cause the fear of entrapment by police.

From the perspective of municipal partners

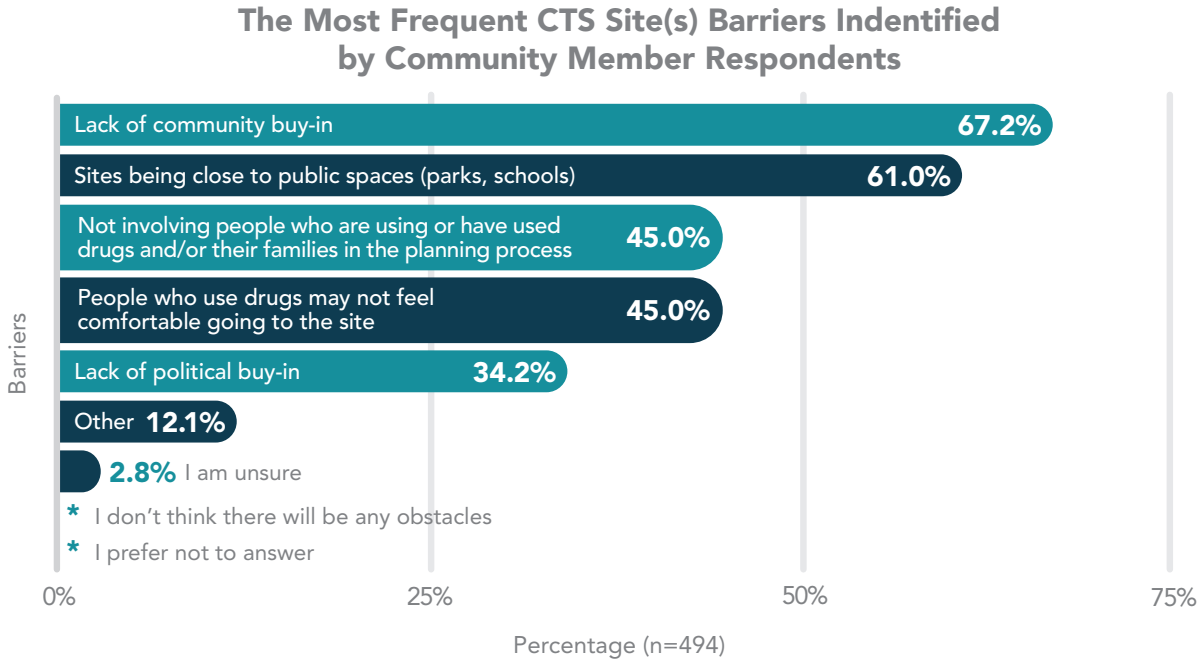
All municipal partners identified challenges with CTS site(s) being easily accessible for clients while not in a busy location that could deter businesses from operating. Some initial adjustment period may be needed to ensure potential clients know that the CTS exists, where it is located, how it works, and that it is a safe place to use. Another concern might be related to people who are intensely against CTS, which might prevent potential clients from feeling safe visiting CTS site(s) (e.g., harassing clients).

> **“Barriers in getting people there, getting it noticed, and people in the community that are very much opposed to a CTS. There are a lot of people that think this is an ‘encourager’ for people to use drugs. It would be a barrier to get through this mindset.”**
>
> *- From the perspective of a municipal partner*

From the perspective of local community members

As displayed in Figure 16, the most frequent CTS site(s) barriers identified by community member respondents were lack of community buy-in (67%), sites being too close to public spaces, like schools and parks (61%), not involving people who are using and have used drugs and/or their families in the planning process (45%) and people who use drugs may not feel comfortable going to the site (45%). Twelve percent (12%) of respondents suggested additional barriers, including choosing the right location, impacts on residents and businesses, more people using substances locally (residents and people relocating) and the fact that this approach does not address treatment.

Figure 16. CTS barriers identified by community member survey respondents n=494



*Note. * Indicates the respondent count for this option was too small (<5) to be reported; therefore, protecting the anonymity of participants.*

Barrier Mitigation

From the perspective of PWLE

The primary barrier mitigation suggestions from PWLE participants focused on building trust with people who use substances to ensure they feel welcomed and encouraged to continue visiting CTS site(s). This includes raising awareness about the CTS and what is offered at the site, having staff use non-judgmental practices when engaging with clients and maintaining the confidentiality of clients (e.g., using initials/nicknames rather than real full names).

From the perspective of community partners

Public education campaigns as part of the launch of the CTS were a main suggestion from community partner participants. This could include simple facts, infographics, and other communication strategies to inform the public about a CTS, the community benefits, and address misconceptions. In addition, part of this work could involve community champions to support the elimination of stigma within the community.

To mitigate barriers related to the CTS site(s) operations, several considerations were made, including longer and flexible hours of operations; convenient, welcoming and easily accessible location; having well-trained and caring staff; engaging with different groups in the community to ensure the space is inclusive and culturally sensitive (e.g., traditional Indigenous medicines to honour different teachings around the use of those medicines and sobriety); and providing a range of programs and services at the CTS (e.g., harm reduction, STI testing, addiction medicine/treatment, system navigation). In addition, to remove the stigma of visiting the site(s), it was suggested that the CTS site(s) could be marketed not just as a place where people who use substances go but that the programs and services offered could be provided to anyone (e.g., employment skills training mental health care, primary care). This may help with the concerns around privacy.

> **“It is here, it is everywhere, we can continue as we are but it’s not going away. This is the alternative to people overdosing on a park bench. It’s quite traumatic for someone to see that. This is the flip side to this, if we provide this type of service, we reduce the harm and the potential for this to happen. It’s a form of harm reduction!”**
>
> *- From the perspective of a community partner*

> **“We need more education in general in Oxford County and beyond to address fear, assumptions, and stigma. Substance use is a chronic disease, it’s an illness like high blood pressure or diabetes, and we need to change that thought process. Outcomes with this are ‘alive or dead’ everyone deserves to live.”**
>
> *- From the perspective of a community partner*

Peers or people with lived/living experience of substance use as trusted staff or volunteers would help potential clients feel welcomed, particularly knowing that someone who has experience is present to provide additional support. Peer outreach activities in the local community would also allow peers to contribute to the community and further address misconceptions about this population. There were

recommendations of having two CTS sites, one physical location and one mobile facility, particularly considering the variations in the large geography of Southwestern Public Health.

From the perspective of municipal partners

One key solution described by municipal partner participants focused on the transparency around CTS through the balanced presentation of both benefits and downfalls of having CTS in a local community. In addition, this work should involve testimonials and success stories from other communities to help convince the community of CTS impacts. Another suggestion related to the challenges of choosing the right location included the possibility of a site being located outside of downtown with dedicated buses that run to it.

From the perspective of community members

Mitigation strategies for CTS barriers in the local community were presented as an open-text question to community member survey respondents. Of the responses submitted, the most common mitigation strategies suggested focused on using an evidence-informed planning process, including ongoing evaluation of CTS site(s), learning for existing CTS sites and thorough engagement with PWLE, community members and community partners; community-wide evidence-based education, including findings from other CTS sites, using local data to support need and sharing results of local sites if implemented; and choosing the right location for potential clients and community members. Some participants suggested focusing on treatment options instead and not having a CTS locally.

Summary: Barriers and Mitigation Strategies

The most frequent barriers to CTS site(s) success in the local community were choosing the right location, lack of community buy-in, common misconceptions of CTS and deterrents for potential clients to visit site(s). In addition, a lack of community buy-in and common misconceptions may lead to additional barriers like increased stigmatization of those who use substances, protests at site(s) and potential clients' fear of using CTS site(s). Other deterrents for potential clients identified were site location and accessibility, poorly trained or judgmental staff, lack of confidentiality and safety, gaps in additional services and supports offered and police presence near the site(s).

Common mitigation strategies suggested included community-wide evidence-based education and transparent communication; implementing an evidence-informed planning process using local data, thorough engagement, evaluation and information from other CTS sites; **choosing locations that are accessible and make PWLE and community members comfortable in inclusive spaces; building trust with potential clients of CTS site(s); including peers in roles both on-site and in outreach activities; and ensuring a wide range of needed services are offered on-site.**

Discussion

This section of the report was informed by two data review events that occurred in April with the CTS External Advisory Committee and an Indigenous Advisory Committee. The local community experts at these events provided additional interpretation and context and further validated the study findings. These valuable contributions and the implications of the findings are summarized below.

PWLE Involvement

One vital component consistent across this study's themes was the need to involve PWLE in the CTS site(s). As such, the involvement of PWLE as potential clients, key voices in decision-making, and site(s) operations is essential for the site(s) to succeed. Extensive engagement with potential clients should be integrated into every location and site development phase, implementation, and ongoing refinement. In addition, it is imperative that there is ongoing financial compensation for PWLE throughout each phase. For example, the concerns highlighted by PWLE should be prioritized to be addressed foremost. This includes police presence, privacy issues and accessibility of potential site locations (e.g., walkable, on a bus route, or with transportation options provided). This population should also be further consulted on what services should be offered and what would realistically make a welcoming and safe space to access services with dignity—for instance, ensuring that post-consumption/aftercare rooms are welcoming and able to connect service users to wrap around supports, including housing needs and referral to treatment services. In addition to intravenous substances, inhalation substances permitted for use under supervision at CTS site(s) should also be considered.

As mentioned in the theme regarding peer involvement, CTS site(s) also offers an opportunity to provide employment or volunteer positions to PWLE. These types of opportunities should be offered to build capacity to break down current employment barriers for this population. Additionally, compensating peers for their expertise at the same rate as staff and providing the appropriate training and support for peers to help navigate their dual relationships with fellow peers and CTS site(s) staff should also be considered.

Relationship building

The importance of relationships was a consistent element in the study findings. It was clear that relationship building needs to occur to potentially move forward with CTS site(s) and ensure uptake of this service. In particular, trusting relationships must be created or bolstered between potential clients, service providers, and potential clients and first responders. For example, cross-trauma with any uniformed first responders (e.g., police) may be experienced by potential clients. These experiences may impact the relationship EMS has with this population (e.g., hesitation to trust EMS) and their ability to help clients.

Learning from other CTS sites

A consistent suggestion throughout the findings was using existing CTS sites' experiences, successes, challenges, and learnings while making decisions, educating the community, planning the site(s) and mitigating potential issues. Promisingly, it was noted that this CTS feasibility study was similar to findings from other CTS communities, including concerns and suggested mitigation strategies. Mitigation strategies should reflect successful strategies from other communities. Additionally, having a thorough understanding of what works and does not work at other CTS sites from the perspective of local PWLE who have visited these existing sites could be instrumental to uptake at a local site.

Model

Given the smaller size of urban communities locally, the embedded model was highlighted as the ideal model for CTS site(s). This type of model ensures the ability to provide anonymity while someone accesses several services in one location. Additionally, embedding CTS services in existing multi-service locations or hubs may lead to quicker and larger service uptake due to established, trusting relationships with potential clients.

A mobile unit was also highlighted as a potential option for outreach in rural areas. However, this model type was noted to have both positives and negatives. A mobile unit model will meet people where they are, which removes the accessibility barrier; however, the service may not be as reliable as people move or if the schedule lacks consistency. Furthermore, it was suggested that mobile outreach services often aren't used as much as expected due to a lack of privacy for those accessing the mobile unit. Thus, if a mobile unit is selected, more extensive privacy and confidentiality strategies, comprehensive communication plans and a reliable scheduling system that meets the needs of rural clients will need to be considered.

Proper support and training for staff

For CTS site(s) to be a welcoming space, the findings noted that staff must be non-judgmental, professional, and qualified. Clients deserve this consistent and familiar support, and it will only be offered if staff and peers working at the site(s) have access to their wrap-around services and support. This should include peer support workers available for peers employed or volunteering on-site. In addition, learning from other CTS sites on how to support their staff members best to maintain their well-being and prevent compassion fatigue and burnout (e.g., how shifts are scheduled, training, and recovery time) should be considered. The site(s) should also invest in its staff and volunteers by providing adequate and appropriate training based on their role to build a deeper trust with clients (e.g., motivational interviewing, cultural sensitivity training) and navigate potential scenarios that may arise (e.g., CPR, naloxone administration). These necessary supports and professional development opportunities for staff, volunteers and peers should be considered when determining the budget and potential funding asks.

A challenge to please everyone

The challenge to please all community groups impacted by CTS site(s) locally was an overarching premise in the findings. For example, choosing a location right for everyone is a significant challenge. The findings accentuate the need to avoid residential areas, business areas, school zones, and public spaces (e.g., parks) but also be in locations accessible for potential clients, either on foot or on a bus route. This decision will be challenging, but if site(s) are deemed feasible, the planning team must be prepared for some community members and groups to strongly voice their lack of support.

The findings also detail the most frequent concerns about CTS site(s) and barriers to success. Addressing these concerns and challenges as early as possible with the suggested mitigation strategies will help decrease potential community push-back. For example, implementing an ongoing evidence-based community-wide education strategy when releasing the recommendations from this report could inform potential clients, the community and business owners about what a CTS is, address common misconceptions, and use successes and lessons learned from other CTS sites to ease some NIMBY concerns potentially.

Additionally, the importance of ongoing evaluation, engagement, and refinement of the site(s) as issues arise may be integral to community acceptance of this approach.

Data Limitations

A few notable data limitations to this study focus on the applicability of the findings to the general population in the area.

Political Support

The suggestion that most political leaders would support a CTS seemed promising; however, this finding was questioned by some members of the EAC, with only three municipal partners participating in the study. Lack of political will could be a significant barrier to CTS site(s) becoming a reality if deemed feasible. The actualization of CTS site(s) locally will not occur without this critical commitment at the political level with associated funding, highlighting that this is indeed a policy issue.

Location and Generalizability

Additionally, the PWLE semi-structured interviews were held in urban communities (i.e., St. Thomas, Woodstock) to maximize uptake on the interview dates. This led to a lack of rural perspective in the PWLE interview data. Lastly, ***due to the demographic profile and lack of diversity of the survey respondents*** (e.g., more females), the findings are not considered generalizable to the entire population in the SWPH region.

Conclusion and Recommendations

Study Conclusions

1. The region served by Southwestern Public Health would benefit from consumption and treatment services that are accessible and include wrap-around services operating in the municipalities of the City of St. Thomas and the City of Woodstock.

2. People who use substances and have lived experiences should be consulted and engaged in the ongoing planning of the feasibility of consumption and treatment services in the region.

3. While most support the need for a consumption and treatment services site, it is important to note that some people do not support this strategy. Therefore, ongoing consultation and engagement with the community, business owners and operators, health system and community partners are required to support the ongoing exploration of consumption and treatment services in the region.

Recommendations & Next Steps

The External Advisory Committee, a multidisciplinary committee including people who use substances, has collaborated to develop the following recommendations.

1. Southwestern Public Health consults with local partners, including local hospitals, community health centres, community organizations, and the Elgin and Oxford Ontario Health Teams, on the feasibility and application process requirements of such partners who are considering operating consumption and treatment services in Southwestern Public Health's region.

2. Southwestern Public Health to support discussions by using the findings and local data to consider potential locations that could host CTS; the potential location must meet the requirements for Federal approval and Provincial funding. This process shall be done in consultation with people who use substances, the public, business owners and operators, Indigenous community partners, health system partners, municipalities, and other community partners.

3. Pending the outcome of the consultation process outlined in point 2, Southwestern Public Health supports obtaining Letters of Support from the respective cities and host locations (i.e., the City of St. Thomas and/or the City of Woodstock) based on the community's readiness[v] to participate and the preparedness of a community partner(s) to operate such an intervention. These letters are required to support the provincial funding application for a CTS site(s).

4. To address the concerns raised during the consultation process, further education, consultation, and data collection with the general community, business owners/operators, Indigenous community partners, municipalities, and community partners on the purpose and expected impacts of CTS, as informed by the experiences of other CTS sites in Ontario. In addition, consultation should be developed and delivered with PWLE and community partners that support and/or interact with PWLE.

[v] "Community readiness refers to how prepared the community is to take action to address a particular health issue." For any additional information please visit the Rural Health Information Hub. (4)

5. Southwestern Public Health supports providers interested in operating a CTS site in the completion of the Federal Exemption Application and the Provincial Funding Application, as necessary, to the Federal government and Ministry of Health, respectively, pending the participation of a willing community partner(s).

Some of the unintended impacts of these recommendations identified by the EAC included the following points:

- Assessing the feasibility and potentially implementing a CTS site can be a lengthy process; in some communities spanning years. These long timelines may result in built-up stigma, hatred, and dehumanization of PWLE in the interim timeframe if dedicated steps are not taken to address these impacts. Conversely, the extended waiting period before any potential implementation of this type of intervention could result in a false sense of hope among PWLE.
- Both PWLE and community members may have strong preferences regarding potential site options for these services, and there should be an expectation of compromise for this process from both sides of the topic. For example, considerations may have to be made based on by-laws, landlords, group preferences for location, etc.
- The potential sites for further investigation identified in this feasibility study are not guaranteed to be CTS sites. As noted earlier, further consultation is necessary to determine community-level readiness for this type of service, and the degree of readiness will determine if and where this type of intervention can be implemented.

In the following order of operations, to further examine the steps and anticipated outputs in the exploration of consumption and treatment services in the region, specifically,

i. Obtain letters of support from the municipal councils and a letter of Opinion from the Ministry of Health;

ii. Submit a request for Federal Exemption from Health Canada; and

iii. Submit a provincial funding application to the Ministry of Health.

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Appendix A

Community Survey Demographic Information.

In total, 547 community members completed questions in the survey. Almost all respondents lived in the local area (90%), while just over half worked locally (55%), and 1% went to school in the area. As shown in Figure 17, more respondents lived in the urban areas of St. Thomas and Woodstock (37% and 28%, respectively) compared to the rural areas in Oxford and Elgin Counties (18% and 15%, respectively). Compared to the Census data (2021), the respondents consisted of more residents from St. Thomas (20%) and Woodstock (22%) and fewer from Oxford County (34%) and Elgin County (24%). (19) Most of those who worked locally, worked in St. Thomas (47%) and Woodstock (39%; Figure 18). Most of the respondents were in the middle-age brackets [35-44 (24%), 45-54 (25%), 55-64(23%)]. In comparison to Census data (2021), more respondents were aged 35-44 compared to the local population (24% and 15.4%, respectively). (19) Whereas there were fewer respondents aged 45-64 compared to the local population (48% and 68%, respectively). (19) 72% of the survey respondents were female, which is notably more than 50.5% in the local population data noted in the Census. (19) Most respondents were employed for wages or a salary (66%). Notably, 9% of respondents were business owners.

Knowledge of CTS, a perceived need and support in the community, was found in the community survey results. Although this is encouraging, it is essential to note that participants volunteered to be included in this study and therefore the sample is not representative of Census data (2021). (19) This type of participation indicates that many participants likely had an interest in the topic, experiences with substances or experiences with someone who uses substances, either personally or professionally. Overall, there may be support from the majority of those who participated in this study, but this may not be reflected as firmly in the general population, as noted by the lack of community buy-in as a concern.

Figure 17. Community Survey Respondents' Location
n=441

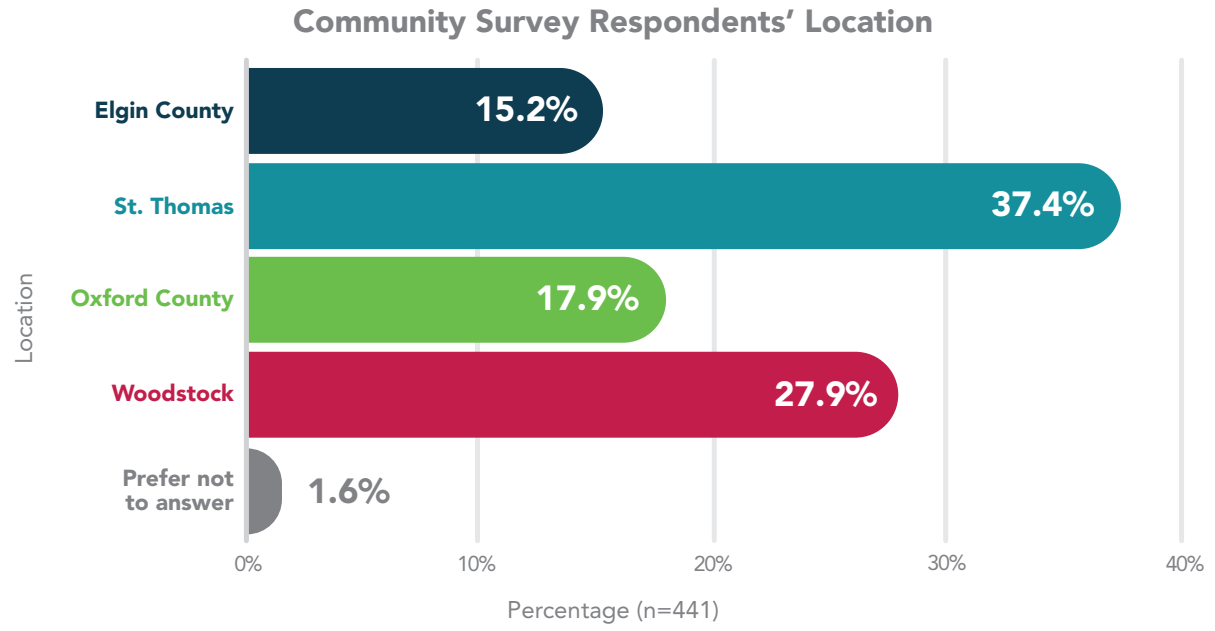
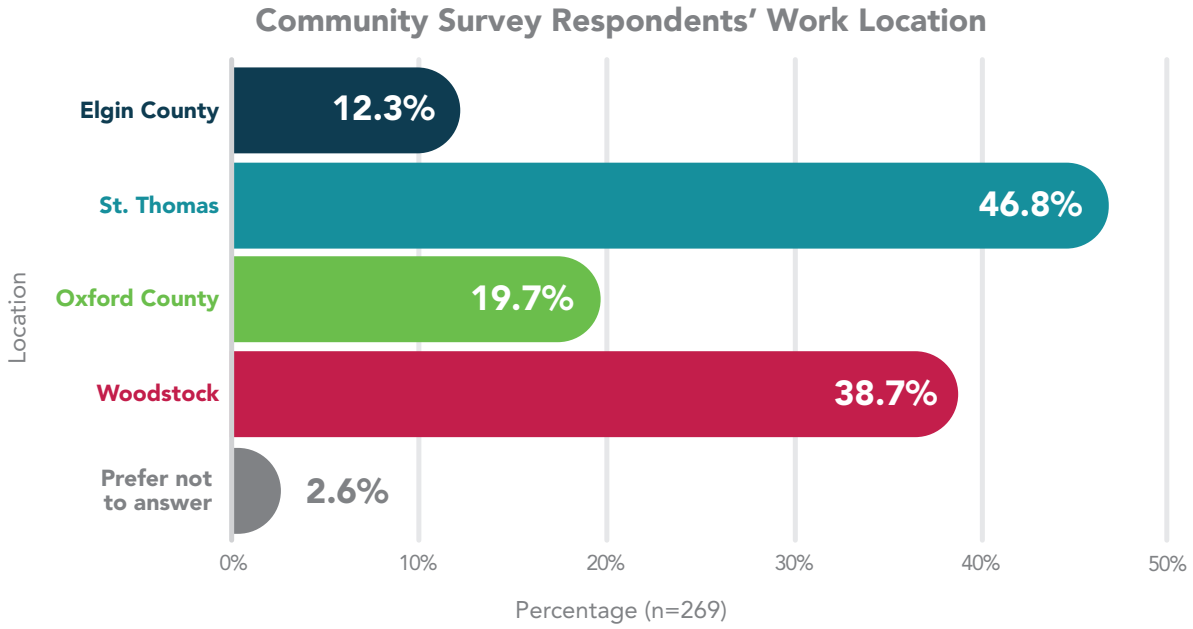
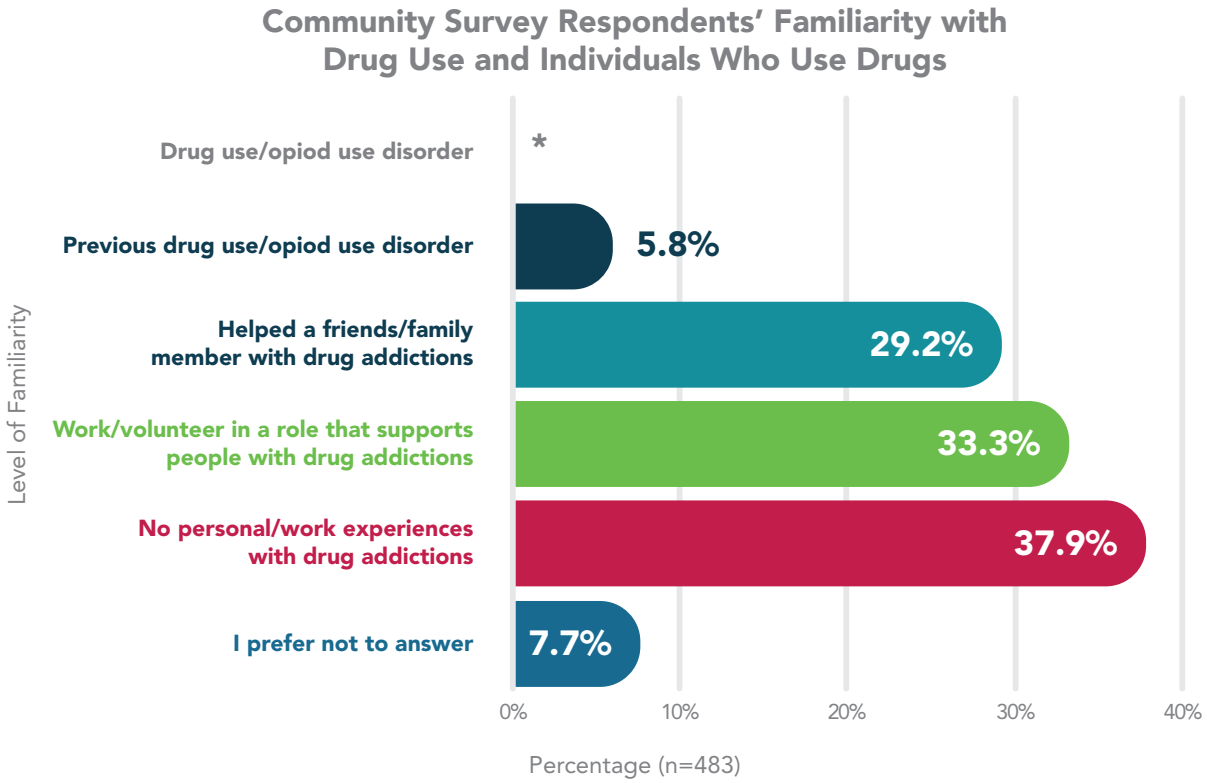


Figure 18. Community Survey Respondents' Work Location
n=269



Of the respondents, around 69% of all respondents had some experience with someone with a substance use disorder or drug addiction. 6% had previous experience with substance use themselves, 30% helped a friend or family member with drug addictions, and 33% worked or volunteered in a role that supports people with drug addictions (Figure 19).

Figure 19. Community Survey Respondents' Familiarity with Drug Use and Individuals who Use Drugs
n=483



*Note. * Indicates the respondent count for this option was too small (<5) to be reported, therefore, protecting the anonymity of participants.*

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CEO REPORT

Further Investments in Public Health Priorities

MEETING DATE:	June 22, 2023
SUBMITTED BY:	Cynthia St. John, Chief Executive Officer (written as of June 14, 2023)
SUBMITTED TO:	Board of Health
PURPOSE:	☒ Decision ☐ Discussion ☐ Receive and File
AGENDA ITEM #	5.2
RESOLUTION #	2023-BOH-0622-5.2
REPORT TITLE:	Further Investment in Public Health Priorities Report

Background

Southwestern Public Health's (SWPH) Board of Health (BOH) requested recommendations on where further investments in public health priorities could effectively make an impact on population health outcomes.

The Foundational Standards Team supported the leadership teams in making decisions about which interventions should ultimately be brought forward to the BOH for their consideration. The program teams used the 2023 program plans (or interventions) as a basis, and added insights into whether additional funding could be used to see short-term improvements in the population health objectives.

Approach to this Review

The leadership teams reviewed the 2023 program plans to understand if further interventions could make an impact on the population health objectives within the next three-to-five years if program and service teams were to receive additional funding. The leadership teams considered the following factors when reviewing each program plan for this assignment: population health objectives, whether or not it moves the needle, whether it is a public health priority, and the quality and availability of data to measure the impact over time.

Using a prioritization chart created by the Foundational Standards as a supporting document, as well as available data, research evidence, ethical considerations, and public health expertise, the Executive Senior Leadership Team (Chief Executive Officer, Medical Officer of Health, Program Directors) put forward the following priority interventions for consideration for additional investment.

Priority Areas for Further Investment

By enhancing the investment in the people who deliver our public health programs and services, we can increase our impact on population health outcomes. We will use further investments to increase staffing by 6.5 full-time equivalents (FTEs) and make a significant impact in the following priority areas. The details of how these further investments would be used are included in this section. Items are presented in order of priority and include a dollar amount for each ask separately.

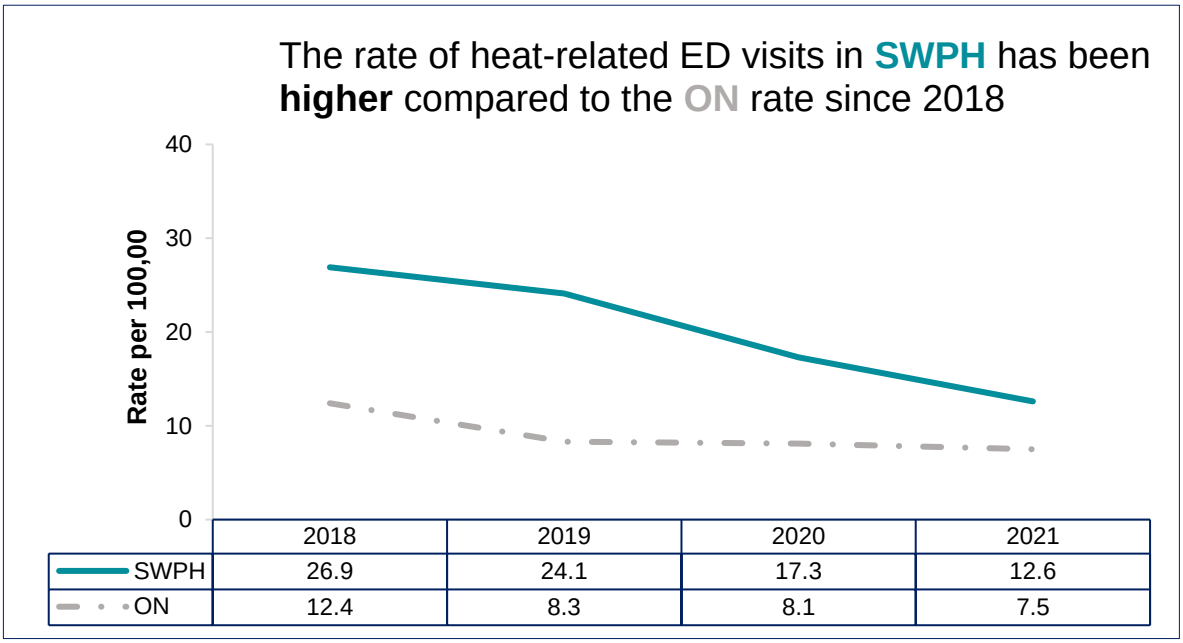
1. Climate Change

Funding Request: $TBD. While climate change is our top priority area for further investment, specific resources associated with this portfolio will be better confirmed once the strategy is completed later this year.

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

The work of climate change in public health is presently focused on completing a Health Vulnerability and Adaptation Assessment which aims to understand the current and projected future risks of climate change on the people living in our region and ultimately to identify policies and programs to increase readiness for and resilience to these risks. The vulnerability assessment will improve our understanding of the current associations between weather, climate, and health outcomes. It will also help our municipal and community partners, emergency management officials, and the public to better understand the current and future health risks associated with climate variability and change, including the populations most vulnerable to these risks. This work will help to identify opportunities to incorporate climate change concerns into existing policies and programs and to develop new programs where necessary to prevent and reduce the severity of future risks.

With our climate change work, the efforts will be to reduce the negative health impacts on the population from the result of climate change. One example that we track is the number of heat alerts or days with dangerously high temperatures. SWPH will monitor over time how our work will reduce the number of emergency room visits due to heat-related illnesses. Here is an example of the currently available data:



	2018	2019	2020	2021
SWPH	26.9	24.1	17.3	12.6
ON	12.4	8.3	8.1	7.5

Figure 1

2. Substance Use Prevention

Funding Request: $118,500

Target Population: School-aged Children and Youths and Vulnerable Populations in Oxford County, Elgin County, and the City of St. Thomas

Youth vaping has become a significant local issue as evidenced by reports from our local schools and school boards. At the same time, the body of evidence on the health harms related to vaping has been growing, especially for the youth population. We know that a comprehensive health promotion approach, including policy development, school-level programming, and enforcement, will be required to move the needle. The Healthy Schools Team has been working closely with the school boards on school-level solutions and interventions. However, further financial investment in this area will help us make an even more meaningful change and impact. We will focus on critical policy development work as well as the increased enforcement demand in schools with the goal of reducing the rates of youth in our region who are currently vaping[1].

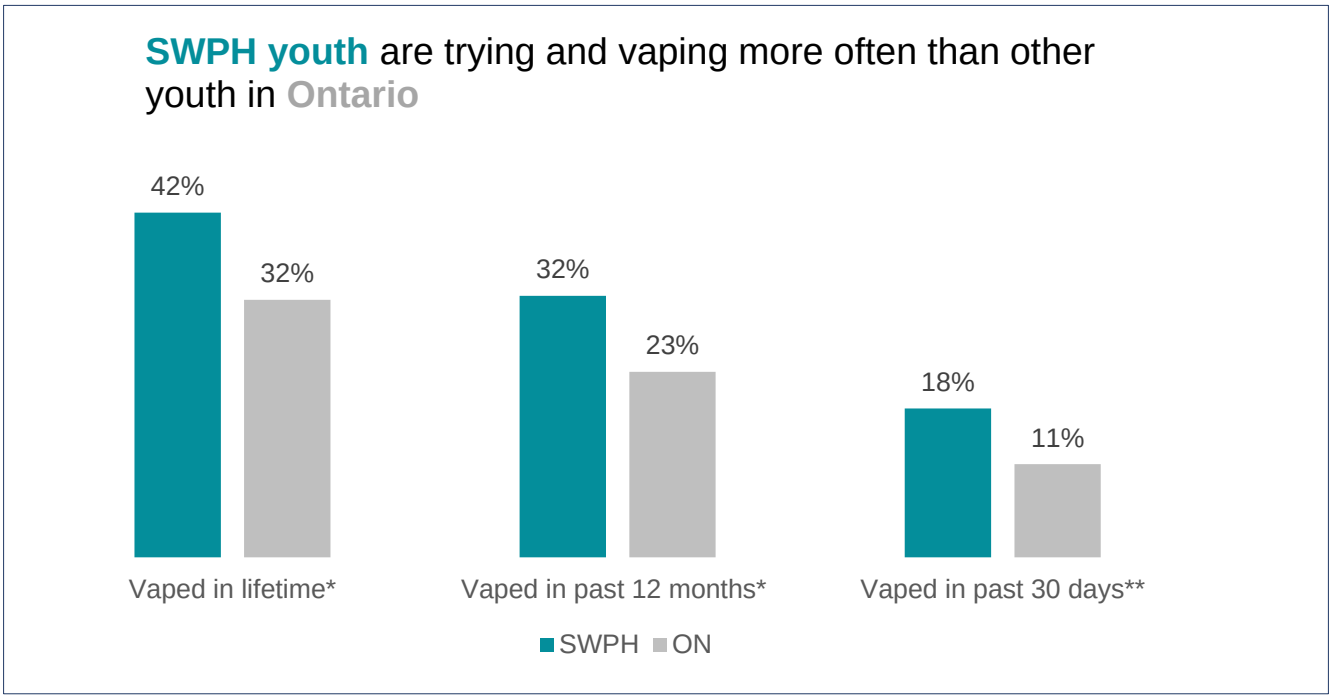


Figure 2

The health unit's work in harm reduction includes working with our most vulnerable population and providing needle exchange services, naloxone and training for partners to distribute it, a Sharps Management Strategy for the clean disposal of used harm reduction equipment, and an internal opioid response plan that allows us to notify stakeholders when there are toxic drugs in the community. If the opioid crisis continues to worsen, our existing resources will not be enough to continue all of this critical work without further investment.

SWPH's harm reduction work strives to minimize potential harms or negative consequences associated with using opioids, like Hepatitis C, HIV/AIDS, opioid overdoses, and deaths. With further investment in this public health priority, we hope to see reduced rates of new cases of Hepatitis C and HIV as well as reduced rates of opioid-related emergency room visits, hospitalizations, and deaths.

[1] * 2019 Canadian Health Survey on Children and Youth (12-17). ** 2019 Ontario Student Drug Use Survey (grades 7-12)

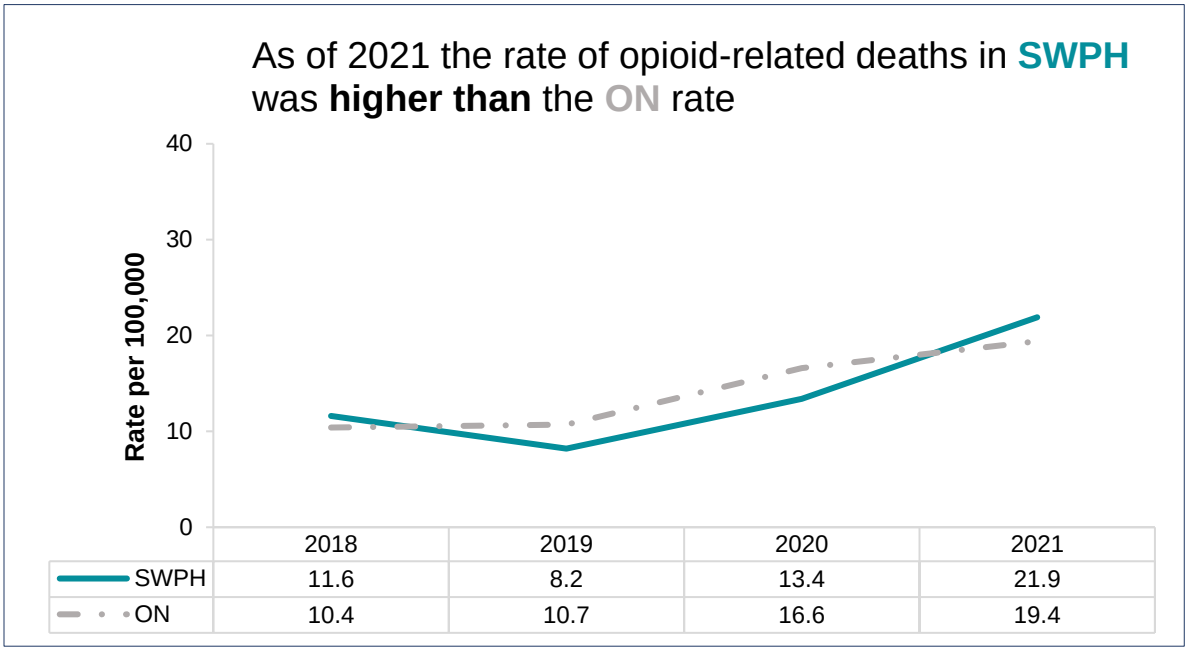


Figure 3

3. Nurse Family Partnership

Funding Request: $50,000

Target Population: Expectant First-time Mothers and Babies 0-2 years old

The Nurse Family Partnership (NFP) is a Public Health Nurse-only home visiting program that empowers first-time moms with key tools and supports to create better outcomes for themselves and their babies. With over 20 years of high-level evidence to support this program, the NFP program is considered the "gold standard" of home visiting programs[2]. Clients in this program are identified as part of the highest-risk category (a comparable analogy would be to consider them similar to a client in a hospital's intensive care unit). This program provides wraparound care for first time expectant mothers that have been negatively affected by social determinants of health, experience barriers to accessing health care services, and show the greatest needs requiring the highest level of expertise and support to deal with various issues and concerns.

We know that adverse childhood experiences (ACES) can significantly affect the health of people of all ages[3]. ACES are experiences of abuse, neglect, and household dysfunction experienced by someone under the age of 18. Over time these negative experiences can accumulate and result in risky behaviours like unprotected sex and substance use, which may ultimately lead to poor health outcomes like an unplanned pregnancy or addictions to substances. The more negative experiences that a child has, the greater the risk of poor health outcomes in the end.

Resilience can be increased by the number of positive experiences in their homes, in their schools, and in their communities. These positive influences can reduce the effect of ACES on their lives. The nursing family partnership would create an early opportunity for consistent and positive influences at a vulnerable and significant stage of development for both mother and infant.

[2] https://www.nursefamilypartnership.org/wp-content/uploads/2020/08/NFP-Overview-1.pdf
[3] Community Resilience Coalition of Guelph & Wellington. https://communityresilience.ca/;

The current deficit in provincial funding via the Ministry of Children, Community and Social Services (MCCSS) prohibits SWPH from venturing down the path of offering this program. This funding request would allow SWPH to train staff in delivering this program and cover the annual cost of licensing and the proportionate shared cost of a clinical resource lead position (divided amongst the 7 public health units (PHUs) that offer this program) to support PHUs in their operations. This particular program is an excellent example of public health units working together to achieve better health outcomes as evidenced by the coordinated work.

4. Mental Health Promotion

Funding Request: $102,500

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

The Covid-19 pandemic negatively impacted the mental health of Ontarians and, in particular, the workforce involved with the pandemic response and those working in a support capacity (e.g., healthcare, educators, long-term care homes, etc.). In 2021, Public Health Ontario (PHO) published an evidence synthesis[4] that outlined key strategies and interventions to support mental health and build the mental health resiliency of this workforce. Since then, there has been a growing number of publications supporting the call to enhance mental health promotion activities targeted to this population[5].

For the purpose of this report, it should be noted that mental health promotion does not include treatment for individuals experiencing mental illness or struggling with their mental health. Although critically important, that area of work falls outside of the scope of public health. In a population mental health approach, the focus is on promoting positive mental health and preventing mental illness. The interventions may include activities such as policy development, skill-building workshops, and educational campaigns, all of which aims to build resiliency and create supportive environments.

From our own staff, we have received feedback that there is a need to focus on Covid recovery and mental health both internally and with our external partners. There is no denying the societal disruption that Covid-19 caused. Now that the Covid-19 state of emergency has been declared over[6], there is great value in mental health promotion activities that address the repercussions associated with a prolonged emergency state as well as preparing organizations and the community at large for future emergencies such as providing support for staff well-being, resiliency training, and managing the backlog of paused services while avoiding staff burnout.

In addition to our own organization, we recognize that many other organizations in our community would benefit from dedicated Covid recovery initiatives. SWPH is well positioned to focus on this with the intention that we would pilot the mental health promotion interventions internally and then share them with partner agencies for implementation. The end result would strengthen our own public health unit, our partner agencies, and ultimately our many communities' overall well-being.

[4] https://www.publichealthontario.ca/-/media/documents/ncov/ipac/2021/08/covid-19-public-health-workforce-recovery.pdf?sc_lang=en

[5] Geerts et al. "Guidance for Health Care Leaders During the Recovery Stage of the COVID-19 Pandemic." July 8, 2021.

[6] "WHO Chief declares end to Covid-19 as a global health emergency." May 5, 2023. https://news.un.org/en/story/2023/05/1136367

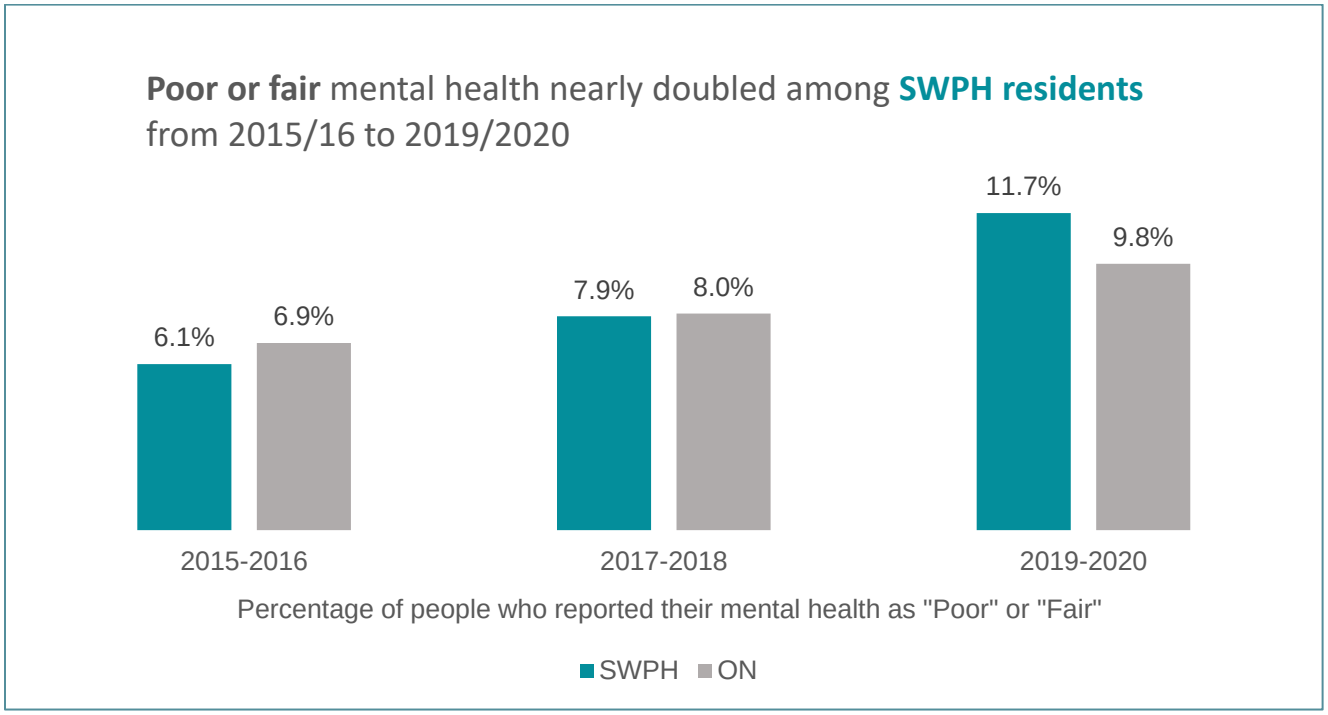


Figure 4

5. Childhood Immunizations

Funding Request: $128,000

Target Population: School-aged Children and Youths

The work of immunization for school-aged children has been growing steadily over time. We are currently working hard to catch up on vaccines for those who missed out during the pandemic. As we do this work, we continue to see increased demands related to this public health priority. There are many more families than ever before who do not have a family doctor to support their immunizations or who have found themselves "off the doctor's roster" or whose physician retired and so they can no longer access vaccine services and are turning to public health to fill the gap. There has also been an increase in displaced families, or who are newcomers to Canada.

Consequently, work in areas has increased markedly, such as vaccine records review where vaccination records are more complex or require translation of full records (i.e., from Punjabi, Hindi, Mandarin, Ukrainian, and Russian). We expect that this issue will continue in the future and require more effort and resources over time. Further investment in this field will ensure we can continue to immunize children in a timely way and expand our outreach to vaccine-hesitant populations.

We track our vaccine coverage rates on a regular basis to see how this work is progressing in each of our schools. These rates help us monitor whether our work is on track. The immunization work aims to maintain or reduce rates of preventable infectious illnesses like Meningococcal and Hepatitis B.

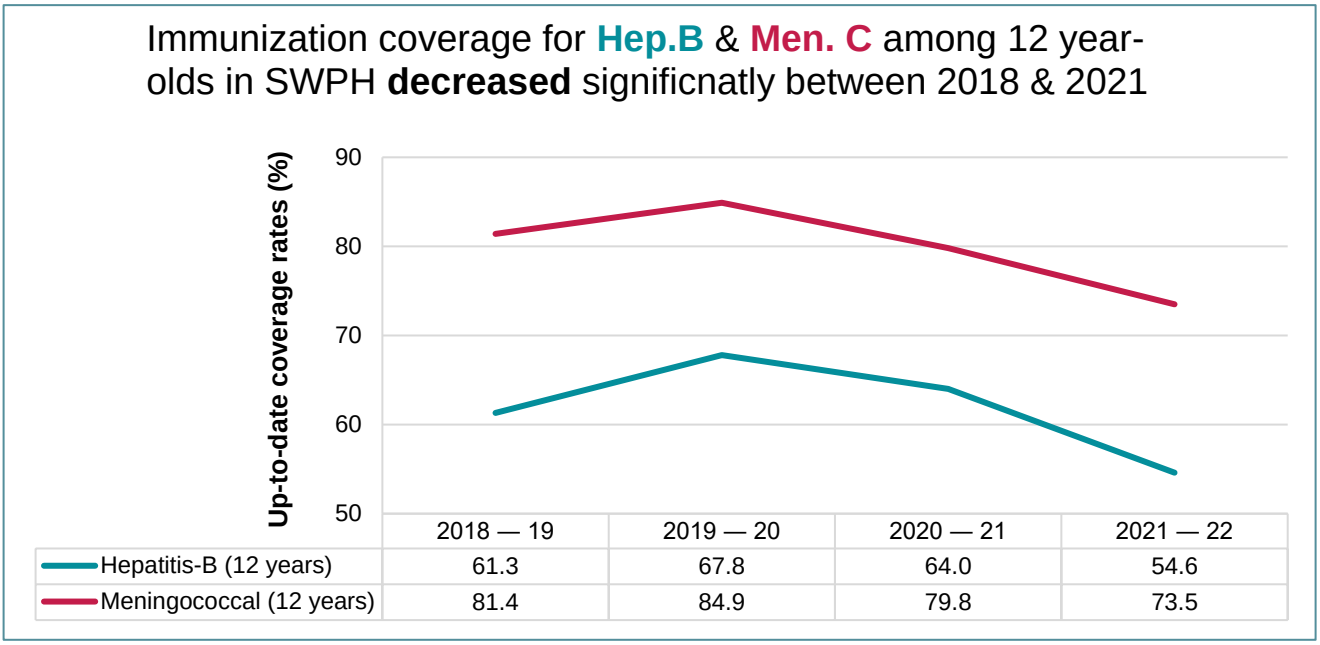


Figure 5

6. Infection Prevention and Control

Funding Request: $237,500

Target Population: Employees of Congregate Living Settings

The Covid-19 pandemic brought a new respiratory illness to the world, and in the congregate settings that we support it created a significant demand for the implementation of extensive outbreak control measures. Between 2019 and 2022, for example, the number of respiratory outbreaks in long-term care and retirement homes in our region each year more than doubled. Because of these increases, it is anticipated that the need for education and management of outbreaks in long-term care and retirement homes (LTC/RHs) will continue to require resources in the future beyond our normal complement.

Further investment in this public health priority would enhance the promotion of infection prevention and control measures in our LTC/RHs, childcare facilities, group homes, and other congregate living settings such as migrant farm housing across the region. We want to reduce the potential spread of diseases of public health significance such as influenza, Covid-19, pertussis, and Hepatitis. When outbreaks happen, they should be identified immediately, measures reviewed, potential for spread assessed, with the outbreak controlled and declared over as soon as possible after ensuring there has been minimal spread to the fewest numbers in the facility.

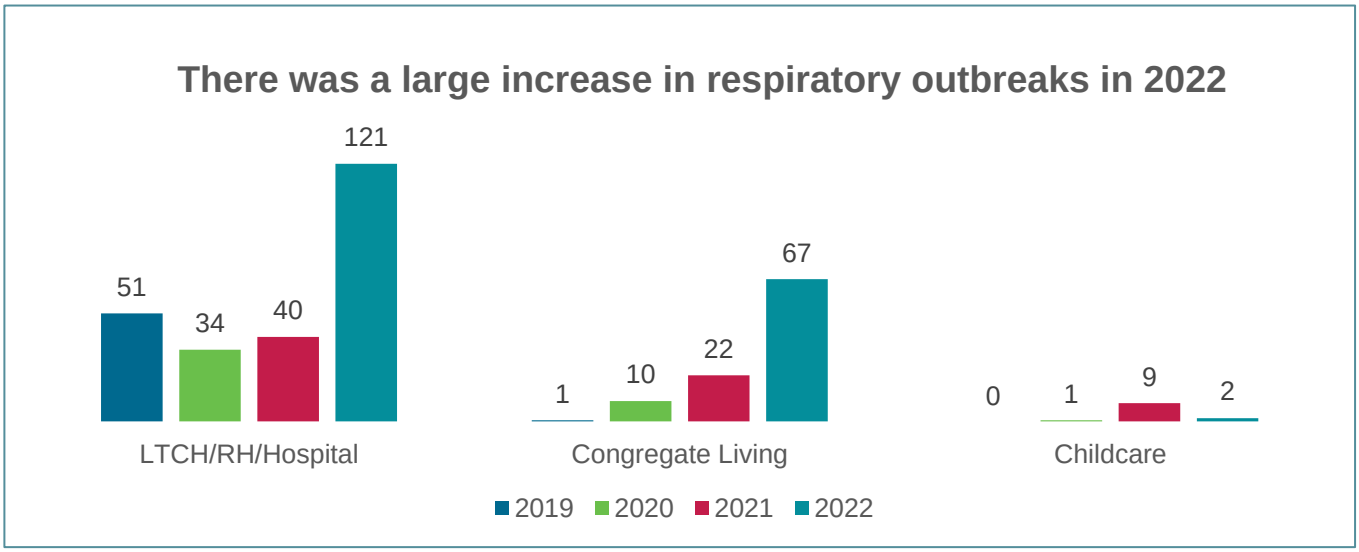


Figure 6

7. Emergency Management

Funding Request: $130,000

Target Population: Municipal Partners and Emergency Services Organizations in Oxford County, Elgin County, and the City of St. Thomas

In the wake of the Covid-19 pandemic, there has been significant attention on emergency preparedness among local public health units, as evidenced by the 2022 Chief Medical Officer of Health report that advocated for increased funding and human resources for emergency preparedness activities.

Emergency Response Planning has focused on building internal organizational capacity to respond to and recover from the next emergency. Additional funding would allow SWPH to expand the scope of this work to include building stronger networks and partnerships with local municipalities and health system partners for a more coordinated and effective response to all emergencies in the SWPH catchment area.

Conclusion

By investing in the people who deliver public health programs and services, such as increasing staffing and providing financial support for key interventions, SWPH can enhance its impact on population health outcomes. The proposed investments aim to reduce the negative health impacts of climate change, address substance use issues among youth, support expectant first-time mothers and their babies, promote positive mental health, ensure timely childhood immunizations, enhance infection prevention and control measures in congregate settings, and strengthen local emergency preparedness and response.

The above-noted investments would be in addition to the 2023 current Board of Health approved SWPH budget of a 4.5% increase (N.B.: we have yet to receive Ministry communication whether any of the 4.5% increase will be covered by the Ministry of Health) as well as the presumable end to mitigation funding in 2024 (the provincial funding currently given to PHUs to offset the cost-share change the Ministry of Health made in 2020 described at the February Board orientation session and in previous financial reports).

Nevertheless, these added investments align with the current needs and priorities of the community, as well as the evolving challenges we face in the aftermath of the Covid-19 pandemic. By allocating resources to these priority areas, SWPH can make meaningful changes, prevent health risks, improve health outcomes, and build resilience within the population. The resources in total equal 6.5 FTEs of public health professionals.

In conclusion, the recommendations put forward in this report provide a strategic roadmap for further investments in public health priorities, ultimately contributing to the overall well-being and health of the communities served by SWPH.

Public Health Priority	Funding Request
Climate Change	N/A
Substance Use Prevention	$118,500
Nurse Family Partnership	$ 50,000
Mental Health Promotion	$102,500
Childhood Immunizations	$128,000
Infection Prevention and Control	$237,500
Emergency Management	$130,000
Total	**$766,500**

Next Steps

If the Board of Health wishes to move forward with some or all of these additional investments, the next steps would be:

1. Executive and Senior Leadership to meet with staff to share a summary of the report and the Board's decision;
2. SWPH to request Board of Health delegations to the three (3) obligated municipalities to inform municipal funding partners of the Board's decision regarding the additional program and service work (the what and the why) and resulting financial implications;
3. Staff to develop immediate implementation plans including the recruitment of staff necessary to further the programs' work;
4. Staff to revise the annual service plan (ASP) submission to the Ministry of Health that outlines the 2023 Board approved budget; and
5. Staff to report annually to the BOH on the progress in our community with regard to these priority areas (in addition to our regular board reporting), including data to support these further investments in public health priorities over the next 3 to 5 years.

MOTION: 2023-BOH-0622-5.2
That the Board of Health for Southwestern Public Health approve the Chief Executive Officer's Report on Further Investments in Public Health Priorities for June 22, 2023.

CEO REPORT

Open Session

MEETING DATE:	June 22, 2023
SUBMITTED BY:	Cynthia St. John, Chief Executive Officer (written as of June 14, 2023)
SUBMITTED TO:	Board of Health
PURPOSE:	☒ Decision ☐ Discussion ☒ Receive and File
AGENDA ITEM #	5.3
RESOLUTION #	2023-BOH-0622-5.3

1.0 ASSOCIATION OF LOCAL PUBLIC HEALTH AGENCIES (alPHa) UPDATE (Receive and File):

1.1 alPHa Executive Meeting with Premier Doug Ford (for information)

As the Board already knows, I am a member of the alPHa Board of Directors and a member of the alPHa Executive. On June 5th, the alPHa Executive met with Premier Doug Ford. The meeting also included senior staff of the Premier's office, the Chief Medical Officer of Health, Dr. Kieran Moore, and the Executive Lead of Public Health, Elizabeth Walker.

The Executive met with the Premier for just over an hour. The Premier extended his appreciation to public health across Ontario for its pandemic response leadership. The Executive spoke with the Premier about the value of local public health and our desire to collaborate with the Ontario Government on shared priorities including reducing the overall strain on the health care system and the importance of having healthier communities. The alPHa Executive is hopeful that this in-person connection will further the important relationship between local public health units and the Ontario Government and serve as an important relationship building starting place.

2.0 FINANCIAL MATTERS

2.1 Ministry Settlement Forms (Decision):

The Public Health Funding and Accountability Agreement between the health unit and the Ministry of Health requires that the Program-Based Grants Annual Reconciliation Report be submitted to the ministry annually. The 2022 report has been prepared by the health unit's auditors', Grahams Scott Enns, and reviewed by myself and finance staff. The report is a summary of the audited financial statements, and it is required to be signed by the CEO and the Board of Health Chair. The deadline for submission to the Ministry of Health on behalf of the Board, is June 30, 2023.

MOTION: (2023-BOH-0622-5.3A)
That the Board of Health for Southwestern Public Health approve the signing of the 2022 program-based grants annual reconciliation report as presented.

3.0 GOVERNANCE MATTERS

3.1 Provincial Appointees to the Board of Health (Decision):

In keeping with the Board of Health's previous discussion, support, and direction, attached are the draft letters that we have written to the Public Appointments Secretariat on the Board's behalf. The letters outline the Board of Health's appreciation for the two current provincial appointees and the Board's desire to have the two appointment terms renewed. In addition to these letters, Board member David Warden and Board member Lee Rowden will need to submit their individual online renewal application forms.

Provincial appointments often take several months to be processed but I will keep the Board apprised of the applicants' status.

3.2 Quarterly Board Meeting Evaluation (Action Required):

Thank you to those who completed the quarterly meeting evaluation in March. Members of the Board are asked to fill out the evaluation for the second quarter and we hope to have a more robust data set to report back in September. Members are required (based upon policy) to evaluate Board of Health meetings on a quarterly basis, with results from each quarter tabulated and shared with the Board. The second quarterly meeting evaluation form is linked here. Board members are asked to complete this evaluation no later than June 30, 2023.

Of note, from the initial Board meeting evaluations submitted in the first quarter, the Board was pleased with the overall management of the orientation session and meeting. The Board appreciates hearing about the programs and services. In addition to staff reports at Board meetings, the upcoming Board development sessions will further the Board's opportunity to learn about current programs and services as well.

We appreciate the Board taking the time to complete these evaluations to ensure staff are meeting the needs of the Board. Please complete the June evaluation so that we can report its findings back to the Board at the September meeting.

3.3 Board of Health Competency Matrix 2023 (Receive and File):

The Board of Health Competency Matrix is an important governance element. The matrix is completed by all board members, summarized, and shared with the Board at an upcoming meeting. The purpose of the matrix is to ascertain the current competencies of the Board and if there are any gaps in competencies that future governance work can address.

MOTION: 2023-BOH-0622-5.3
That the Board of Health for Southwestern Public Health approve the Chief Executive Officer's Report for June 22, 2023.

GRAHAM SCOTT ENNS LLP
CHARTERED PROFESSIONAL ACCOUNTANTS

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March 31, 2023

Oxford Elgin St. Thomas Health Unit
1230 Talbot Street
St. Thomas, ON, N5P 1G9

Dear Mr. Joe Preston Members of the Board of Health:

You have requested that we audit the 2022 Annual Reconciliation (Certificate of Settlement) Report of Oxford Elgin St. Thomas Health Unit, for the year ended December 31, 2022.

We are pleased to confirm our acceptance and our understanding of this audit engagement by means of this letter. Our audit will be conducted with the objective of our expressing an opinion on the 2022 Annual Reconciliation (Certificate of Settlement) Report.

Our Responsibilities

We will conduct our audit(s) of 2022 Annual Reconciliation (Certificate of Settlement) Report of Oxford Elgin St. Thomas Health Unit in accordance with the Transfer Payment Agreements between the Ministry of Health (the "ministry") and the Board of Health and the "Instructions for Completion of the 2022 Year-End Settlement". Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance as to whether the 2022 Annual Reconciliation (Certificate of Settlement) Report are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the 2022 Annual Reconciliation (Certificate of Settlement) Report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the 2022 Annual Reconciliation (Certificate of Settlement) Report, whether due to fraud or error. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the 2022 Annual Reconciliation (Certificate of Settlement) Report.

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

In making our risk assessments, we consider internal control relevant to the entity's preparation of the 2022 Annual Reconciliation (Certificate of Settlement) Report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. However, we will communicate to you in writing concerning any significant deficiencies in internal control relevant to the audit of the 2022 Annual Reconciliation (Certificate of Settlement) Report that we have identified during the audit.

Content of Audit Opinion

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

Independent Auditors' Report

Report on the Annual Reconciliation

We have audited the 2022 Annual Reconciliation Report (Certificate of Settlement), for the **Oxford Elgin St. Thomas Health Unit** for:

1) 2022 base funding approved for the period of January 1, 2022 to December 31, 2022;
2) 2021-22 one-time funding approved for the period of April 1, 2021 to March 31, 2022;
3) 2022 one-time funding approved for the period of January 1, 2022 to December 31, 2022;
4) 2022-23 one-time funding approved for the period of April 1, 2022 to March 31, 2023; and
5) 2023 one-time funding approved to March 31, 2024

The 2022 Annual Reconciliation Report have been prepared by management based on the Transfer Payment Agreements between the Ministry of Health (the "ministry") and the Board of Health and the "Instructions for Completion of the 2022 Year-End Settlement".

Management's Responsibility for the Annual Reconciliation Report

Management is responsible for the preparation of the Annual Reconciliation Report in accordance with the financial reporting provisions in the Transfer Payment Agreements between the ministry and Board of Health, the "Instructions for Completion of the 2022 Year-End Settlement", and for such internal controls as management determines are necessary to enable the preparation of the Annual Reconciliation Report that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the Annual Reconciliation Report based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance that the Annual Reconciliation Report is free from material misstatement taking into account the Transfer Payment Agreements between the ministry and the Board of Health and the "Instructions for Completion of the 2022 Year-End Settlement".

Auditor's Responsibility (Continued)

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the Annual Reconciliation Report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the Annual Reconciliation Report, whether due to fraud or error.

In making those risk assessments, the auditor considers internal controls relevant to the entity's preparation of the Annual Reconciliation Report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the Annual Reconciliation Report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Our Independence and Quality Control

We have complied with the relevant rules of professional conduct/code of ethics applicable to the practice of public accounting and related to assurance engagements, issued by various professional accounting bodies, which are founded on fundamental principles of integrity, objectivity, professional competence and due care, confidentiality and professional behaviour.

The firm applies Canadian Standard on Quality Control 1, Quality Control for Firms that Perform Audits and Reviews of Financial Statements, and Other Assurance Engagements and, accordingly, maintains a comprehensive system of quality control, including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

Basis for Audit Opinion

The Board of Health derives funding from the ministry for the provision of mandatory and related public health programs and services.

Satisfactory audit verification as to the use and reporting of funding forms the basis of the audit opinion. Where audit verification is unsatisfactory, limited, or incomplete, a qualified opinion may occur.

Audit Opinion

In our opinion, the Annual Reconciliation Report presents fairly in all material aspects, the results of the Board of Health Operations for the 2022 Settlement Year and is in accordance with the Transfer Payment Agreements between the ministry and the Board of Health and the "Instructions for Completion of the 2022 Year-End Settlement".

Basis of Accounting and Restriction and Distribution of Use

The Annual Reconciliation Report is prepared to assist the Board of Health to meet the financial reporting requirements of the ministry. As a result, the Annual Reconciliation Report may not be suitable for other purposes.

Our report is intended solely for the Board of Health and the ministry, and should not be distributed to or used by parties other that the Board of Health or the Ministry.

St. Thomas, Ontario CHARTERED PROFESSIONAL ACCOUNTANTS
Licensed Public Accountants

If we conclude that a modification to our opinion on the 2022 Annual Reconciliation (Certificate of Settlement) Report is necessary, we will discuss the reasons with you in advance. If, for any reason, we are unable to complete the audit or are unable to form, or have not formed, an opinion on the 2022 Annual Reconciliation (Certificate of Settlement) Report, we may withdraw from the audit before issuing an auditor's report or we may disclaim an opinion on the 2022 Annual Reconciliation (Certificate of Settlement) Report. If this occurs, we will communicate the reasons and provide you details of any misstatements identified during the audit.

Use and Distribution of our Report

The examination of the 2022 Annual Reconciliation (Certificate of Settlement) Report and the issuance of our audit opinion are solely for the use of Oxford Elgin St. Thomas Health Unit and those to whom our report is specifically addressed by us. We make no representations of any kind to any third party in respect of these 2022 Annual Reconciliation (Certificate of Settlement) Report and we accept no responsibility for their use by any third party.

We ask that our name be used only with our consent and that any information to which we have attached a communication be issued with that communication, unless otherwise agreed to by us.

Reproduction of Auditor's Report

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

Management is responsible for the accurate reproduction of the 2022 Annual Reconciliation (Certificate of Settlement) Report, the auditor's report and other related information contained in an annual report or other public document (electronic or paper-based). This includes any incorporation by reference to either full or summarized 2022 Annual Reconciliation (Certificate of Settlement) Report that we have audited.

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

Management's Responsibilities

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

a) the preparation and fair presentation of the 2022 Annual Reconciliation (Certificate of Settlement) Report in accordance with the the Transfer Payment Agreements between the Ministry of Health (the "ministry") and the Board of Health and the "Instructions for Completion of the 2022 Year-End Settlement";

b) such internal control as management determines is necessary to enable the preparation of 2022 Annual Reconciliation (Certificate of Settlement) Report that are free from material misstatement, whether due to fraud or error; and

c) providing us with:

   i. unrestricted access to persons within the entity from whom we determine it is necessary to make inquiries;

   ii. access to all information of which management is aware that is relevant to the preparation of the 2022 Annual Reconciliation (Certificate of Settlement) Report, such as records, documentation and other matters; and

   iii. additional information that we may request from management for the purpose of the audit.

As part of our audit process, we will request from management and, where appropriate, those charged with governance written confirmation concerning representations made to us in connection with the audit.

Working Papers

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

File Inspections

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

Governing Legislation

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

Dispute Resolution

You agree that:

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

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

Indemnity

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

(a) The breach by Oxford Elgin St. Thomas Health Unit, or its directors, officers, agents, or employees, of any of the covenants made by Oxford Elgin St. Thomas Health Unit herein, including, without restricting the generality of the foregoing, the misuse of, or the unauthorized dissemination of, our engagement report or the 2022 Annual Reconciliation (Certificate of Settlement) Report in reference to which the engagement report is issued, or any other work product made available to you by our Firm.

(b) The services performed by us pursuant to this engagement, unless, and to the extent that, such losses, costs, damages and expenses are found by a court of competent jurisdiction to have been due to the negligence of our Firm. In the event that the matter is settled out of court, we will mutually agree on the extent of the indemnification to be provided by your corporation.

Time Frames

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

Fees

Fees at Regular Billing Rates

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

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

Billing

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

Termination

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

Costs of Responding to Government or Legal Processes

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

Other Services

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

Use of Information

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

(a) you represent to us that management has obtained any required consents for collection, use and disclosure to us of personal information required under applicable privacy legislation; and

(b) we will hold all personal information in compliance with our Privacy Statement.

Communications

In connection with this engagement, we may communicate with you or others via telephone, facsimile, post, courier and e-mail transmission. As all communications can be intercepted or otherwise used or communicated by an unintended third party, or may not be delivered to each of the parties to whom they are directed and only to such parties, we cannot guarantee or warrant that communications from us will be properly delivered only to the addressee. Therefore, we specifically disclaim and waive any liability or responsibility whatsoever for interception or unintentional disclosure of communications transmitted by us in connection with the performance of this engagement. In that regard, you agree that we shall have no liability for any loss or damage to any person or entity resulting from: communications, including any consequential, incidental, direct or indirect; special damages, such as loss of revenues or anticipated profits; or disclosure or communication of confidential or proprietary information.

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

Conclusion

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

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

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

Sincerely,

GRAHAM SCOTT ENNS LLP

CHARTERED PROFESSIONAL ACCOUNTANTS

Jennifer Buchanan

Jennifer Buchanan, CPA, CA
Partner

Acknowledged and agreed on behalf of Oxford Elgin St. Thomas Health Unit by:

_____

Mr. Joe Preston

Oxford Elgin St. Thomas Health Unit

OXFORD ELGIN ST. THOMAS HEALTH UNIT

operating as

SOUTHWESTERN PUBLIC HEALTH

Unaudited Supplemental Information

December 31, 2022

OXFORD ELGIN ST. THOMAS HEALTH UNIT

operating as

SOUTHWESTERN PUBLIC HEALTH

Unaudited Supplemental Information

For the Year Ended December 31, 2022

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GRAHAM SCOTT ENNS LLP
CHARTERED PROFESSIONAL ACCOUNTANTS

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REVIEW ENGAGEMENT REPORT

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

We have reviewed the accompanying Settlement Reconciliation Schedules (the "Schedules") of the Oxford Elgin St. Thomas Health Unit for the year ended December 31, 2022 to meet the financial reporting requirements of the Ministry of Health and the Board of Health and the "Instructions for Completion of the 2022 Year-End Settlement".

Management's Responsibilities for the Financial Schedules

Management is responsible for the preparation and fair presentation of these financial schedules in accordance with the financial reporting requirements of the Ministry of Health and the Board of Health and the 'Instructions for Completion of the 2022 Year-End Settlement', and for such internal control as management determines necessary to enable the preparation of financial schedules that are free from material misstatement, whether due to fraud or error.

Practitioner's Responsibility

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

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

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

Conclusion

Based on our review, nothing has come to our attention that causes us to believe that these financial schedules for the year ended December 31, 2022 are not, in all material aspects, in accordance with the financial reporting requirements of the Ministry of Health and the Board of Health and the "Instructions for Completion of the 2022 Year-End Settlement".

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

St. Thomas, Ontario
REPORT DATE

Graham Scott Enns LLP
CHARTERED ACCOUNTANTS
Licensed Public Accountants

Southwestern Public Health
Settlement Reconciliation Schedules
For the Year Ended December 31, 2022

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

		Programs	Approved	Cashflow Received in 2021	Cashflow Received in 2022	Cashflow Received in Q1 2023 (If applicable)	Q4 Adjustment in Q1 2023 (If applicable)	Funding Received	2021 Expenditures per AFS	2022 Expenditure per AFS	PSAB to Ministry Adjustments (Note 1)	Offset Revenue (Note 2)	COVID Expenses Within Mandatory	Ministry Expenditures @ 70% or 100%	Eligible Expenditure	Reflow/ (Recovery)
2022 One Time Funding Approved to March 31, 2022	Operating Funding @100%	Ontario Seniors Dental Care Program **Capital**: Mobile Dental Clinic (100%)	550,000	550,000				550,000	-	-	50,000			50,000	50,000	(500,000)
		Mandatory Programs: Merger Costs (100%)	200,000	186,850	-			186,850	113,220	60,610	12,492			186,322	186,322	(528)
		Mandatory Programs: Needle Exchange Program (100%)	19,100	14,208	4,792			19,000	9,182	9,818				19,000	19,000	-
		Temporary Retention Incentive for Nurses (100%)	386,000	-	289,494			289,494	-	230,949				230,949	230,949	(58,545)
		Mandatory Programs: Public Health Inspector Practicum Program (100%)	10,000	7,536	2,464			10,000	10,000	-				10,000	10,000	(0)
		COVID-19: School-Focused Nurses Initiative (100%)	900,000	673,880	226,120			900,000	695,508	204,492				900,000	900,000	-
		COVID-19: IPAC Hub Program (100%)	685,000	530,458	171,244			701,702	152,958	548,745				701,703	685,000	(16,702)
		Total	**2,750,100**	**1,962,932**	**694,114**	**-**	**-**	**2,657,046**	**980,868**	**1,054,614**	**62,492**	**-**		**2,097,974**	**2,081,271**	**(575,775)**
Base Funding	Mandatory Programs (70%)	Mandatory Programs	**12,584,700**		**12,557,250**			**12,557,250**		**14,934,279**	**(159,774)**	**(253,512)**	**3,417,935**	**12,557,250**	**12,557,250**	**(0)**
	Operating Funding @100%	MOH	178,700.00		175,971			175,971		21,990				21,990	21,990	(153,981)
		Senior Dental Care Program	1,021,144		1,021,144			1,021,144		899,204	127,071	5,131		1,031,406	1,021,144	-
		Total	**1,199,844**		**1,197,115**	**-**	**-**	**1,197,115**	**-**	**921,194**	**127,071**	**5,131**		**1,053,396**	**1,043,134**	**(153,981)**
2022 One Time Funding Approved to December 31, 2022	Operating Funding @100%	COVID-19 General & Vaccine	7,884,800		7,104,100			7,104,100		5,698,704	15,060		(3,417,935)	2,295,829	2,295,829	(4,808,271)
								-						-	-	-
								-						-	-	-
		Total	**7,884,800**	**-**	**7,104,100**	**-**	**-**	**7,104,100**	**-**	**5,698,704**	**15,060**	**-**		**2,295,829**	**2,295,829**	**(4,808,271)**
2022 One Time Funding Approved to March 31, 2023	Operating Funding @100%	Mandatory Programs: Needle Exchange Program (100%)	36,500		27,375			27,375		10,335				10,335	10,335	(17,040)
		Mandatory Programs: Public Health Inspector Practicum Program (100%)	20,000		14,997			14,997		19,607				19,607	19,607	4,610
		School-Focused Nurses Initiative (100%)	672,000		672,000			672,000		672,000				672,000	672,000	-
		Infection Prevention and Control Hub Program (100%)	685,000		513,756			513,756		660,213				660,213	660,213	146,457
		Temporary Retention Incentive for Nurses (100%)	386,000		230,717			230,717		205,766				205,766	205,766	(24,951)
		Ontario Seniors Dental	500,000	500,000				500,000						-	-	(500,000)
								-						-	-	-
		Total	**2,299,500**	**500,000**	**1,458,845**	**-**	**-**	**1,958,845**	**-**	**1,567,921**	**-**	**-**		**1,567,921**	**1,567,921**	**(390,924)**
	Capital Funding @100%	Ontario Seniors Dental Care Program Capital: Mobile Dental Clinic	1,540,000		1,155,004			1,155,004		-				-	-	(1,155,004)
		Space Needs Assessment	20,000		20,000			20,000						-	-	(20,000)
		Total	**1,560,000**	**-**	**1,175,004**	**-**	**-**	**1,175,004**	**-**	**-**	**-**	**-**		**-**	**-**	**(1,175,004)**
Included on 2022 Settlment			24,419,444	1,962,932	21,552,579	-	-	23,515,511	980,868	22,608,791	44,850	(248,381)		18,004,449	17,977,484	(5,538,027)
To be Settled in 2023			3,859,500	500,000	2,633,849	-	-	3,133,849	-	1,567,921	-	-		1,567,921	1,567,921	(1,565,928)
Total			**28,278,944**	**2,462,932**	**24,186,428**	**-**	**-**	**26,649,360**	**980,868**	**24,176,712**	**44,850**	**(248,381)**		**19,572,370**	**19,545,405**	**(7,103,955)**

Settlement Reconciliation Schedules
For the Year Ended December 31, 2022

Reconciliation to Audited Financial Statements (AFS):	**$**
	2022
Total Expenditures (12 months)	25,986,487
Deduct Non-Ministry Programs:	
HBHC	1,335,575
PNPN	139,000
Low German Partnership	1,355
PHAC	168,248
Student Nutrition	165,597
	24,176,712
Per '2022 Expenditure per AFS' on Reconciliation	24,176,712
	-

Note 1: PSAB to Ministy Adjustments - Mandatory		
Salaries and wages to excluded unpaid vacation and compensating time	$	130,258
Capital asset additions - Ministry programs	$	232,365
Amortization of capital assets	-$	754,397
Debt principal repayments	$	232,000
	-$	159,774

Note 2: Offset Revenue		
Interest Income	$	128,942
Clinics	$	28,916
Other fees and recoveries	$	95,779
Senior Dental offset revenue	-$	5,131
HBHC offset revenue	-$	125
	$	248,381

MINISTRY OF HEALTH

OFFICE OF CHIEF MEDICAL OFFICER OF HEALTH, PUBLIC HEALTH

2022 ANNUAL RECONCILIATION REPORT (CERTIFICATE OF SETTLEMENT)

NAME OF PUBLIC HEALTH UNIT: **Southwestern Public Health**

Section 1: Base Funding (January 1, 2022 to December 31, 2022)
- Programs Funded at 70%
- Programs Funded at 100%

Section 2: 2021 One-Time Funding Approved to March 31, 2022
- One-Time Non-Covid Projects/Initiatives Funded at 100%

Section 3: 2022 One-Time Funding Approved to December 31, 2022
- One-Time Non-Covid Projects/Initiatives Funded at 100%
- One-Time Covid Projects/Initiatives Funded at 100%

Section 4: 2022 One-Time Funding Approved to March 31, 2023
(To be settled in 2023) **(To be settled in (To be settled in 2023)**
- One-Time Non-Covid Projects/Initiatives Funded at 100% (including Carry over prog
- One-Time Covid Projects/Initiatives Funded at 100%
- One-Time Capital Projects Funded at 100% (including Carry over programs from yea

Section 5: 2023 One-Time Funding Approved to March 31, 2024
(To be settled in 2024)
- One-Time Capital Projects/Initiatives Funded at 100%

		Program Name per Transfer Payment Agreement	Approved Allocation	Funding Received	Expenditure at 100%	(Deduct) Offset Revenue	Net Expenditure	Eligible Expenditure	Due to / (from) Province
Section 1 Base Funding (January 1, 2022 to December 31, 2022)	Programs Funded at 70%	Mandatory Programs	12,584,700	12,557,250	14,774,505	(253,512)	10,164,695	10,164,695	2,392,555
		Covid-19 expense to be managed within Mandatory Program			3,417,935		2,392,555	2,392,555	(2,392,555)
		Sub-Total Programs Funded at 70%	**12,584,700**	**12,557,250**	**18,192,440**	**(253,512)**	**12,557,250**	**12,557,250**	**0**
	Programs Funded at 100%	Ontario Seniors Dental Care Program	1,021,144	1,021,144	1,026,275	5,131	1,031,406	1,021,144	-
		MOH / AMOH Compensation Initiative	178,700	175,971	21,990		21,990	21,990	153,981
		Unorganized Territories / Indigenous Public Health Programs					-	-	-
		Sub-Total Programs Funded at 100%	**1,199,844**	**1,197,115**	**1,048,265**	**5,131**	**1,053,396**	**1,043,134**	**153,981**
Total Section 1 Base Funding (January 1, 2022 to December 31, 2022)			**13,784,544**	**13,754,365**	**19,240,705**	**(248,381)**	**13,610,646**	**13,600,384**	**153,981**
Section 2 2021 One-Time Funding Approved to March 31, 2022	One-Time Non-Covid Projects / Initiatives Funded at 100%	Temporary Retention Incentive for Nurses	386,000	289,494	230,949		230,949	230,949	58,545
		Mandatory Programs: Needle Exchange Program	19,100	19,000	19,000		19,000	19,000	-
		Mandatory Programs: Public Health Inspector Practicum Program	10,000	10,000	10,000		10,000	10,000	-
		School-Focused Nurses Initiative	900,000	900,000	900,000		900,000	900,000	-
		Infection Prevention and Control Hub Program	685,000	701,702	701,703		701,703	685,000	16,702
		Mandatory Programs: Merger Costs – Review and Planning	200,000	186,850	186,322		186,322	186,322	528
		Sub-Total One-Time Non-Covid Projects / Initiatives Funded at 100%	**2,200,100**	**2,107,046**	**2,047,974**	**-**	**2,047,974**	**2,031,271**	**75,775**
Total Section 2 - 2021 One-Time Funding Approved to March 31, 2022			**2,200,100**	**2,107,046**	**2,047,974**	**-**	**2,047,974**	**2,031,271**	**75,775**

MINISTRY OF HEALTH

OFFICE OF CHIEF MEDICAL OFFICER OF HEALTH, PUBLIC HEALTH

2022 ANNUAL RECONCILIATION REPORT (CERTIFICATE OF SETTLEMENT)

NAME OF PUBLIC HEALTH UNIT: **Southwestern Public Health**

Section 1: Base Funding (January 1, 2022 to December 31, 2022)
- Programs Funded at 70%
- Programs Funded at 100%

Section 2: 2021 One-Time Funding Approved to March 31, 2022
- One-Time Non-Covid Projects/Initiatives Funded at 100%

Section 3: 2022 One-Time Funding Approved to December 31, 2022
- One-Time Non-Covid Projects/Initiatives Funded at 100%
- One-Time Covid Projects/Initiatives Funded at 100%

Section 4: 2022 One-Time Funding Approved to March 31, 2023
(To be settled in 2023) **(To be settled in (To be settled in 2023)**
- One-Time Non-Covid Projects/Initiatives Funded at 100% (including Carry over prog
- One-Time Covid Projects/Initiatives Funded at 100%
- One-Time Capital Projects Funded at 100% (including Carry over programs from yea

Section 5: 2023 One-Time Funding Approved to March 31, 2024
(To be settled in 2024)
- One-Time Capital Projects/Initiatives Funded at 100%

		Program Name per Transfer Payment Agreement	Approved Allocation	Funding Received	Expenditure at 100%	(Deduct) Offset Revenue	Net Expenditure	Eligible Expenditure	Due to / (from) Province
Section 3 2022 One-Time Funding Approved to December 31, 2022	One-Time Non-Covid Projects / Initiatives Funded at 100%	School-Focused Nurses Initiative					-	-	-
		Cost-Sharing Mitigation					-	-	-
		Sub-Total One-Time Non-Covid Projects / Initiatives Funded at 100%	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	One-Time Covid Projects / Initiatives Funded at 100%	COVID-19: General Program	1,744,200	963,500	-	-	-	-	963,500
		COVID-19: Vaccine Program	6,140,600	6,140,600	2,295,830		2,295,830	2,295,830	3,844,770
		Sub-Total One-Time Covid Projects / Initiatives Funded at 100%	**7,884,800**	**7,104,100**	**2,295,830**	**-**	**2,295,830**	**2,295,830**	**4,808,270**
Total Section 3 - 2022 One-Time Funding Approved to December 31, 2022			**7,884,800**	**7,104,100**	**2,295,830**	**-**	**2,295,830**	**2,295,830**	**4,808,270**
	One-Time Non-Covid Projects/Initiatives Funded at 100%	Mandatory Programs: Needle Exchange Program	36,500	27,375	10,335		10,335	10,335	17,040
		Mandatory Programs: Public Health Inspector Practicum Program	20,000	14,997	19,607		19,607	19,607	(4,610)
		School-Focused Nurses Initiative	672,000	672,000	672,000		672,000	672,000	-
		Infection Prevention and Control Hub Program	685,000	513,756	660,213		660,213	660,213	(146,457)
		Temporary Retention Incentive for Nurses	386,000	230,717	205,766		205,766	205,766	24,951
		Mandatory Programs: New Purpose-Built Vaccine Refrigerators					-	-	-
		Mandatory Programs: Smoke-Free Ontario Enforcement Tablet Upgrades					-	-	-
		Mandatory Programs: Upgrade Network Switches					-	-	-
		Mandatory Programs: Website Rebuild - Accessibility and French Language Services					-	-	-

MINISTRY OF HEALTH

OFFICE OF CHIEF MEDICAL OFFICER OF HEALTH, PUBLIC HEALTH

2022 ANNUAL RECONCILIATION REPORT (CERTIFICATE OF SETTLEMENT)

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- One-Time Capital Projects Funded at 100% (including Carry over programs from yea

Section 5: 2023 One-Time Funding Approved to March 31, 2024
(To be settled in 2024)
- One-Time Capital Projects/Initiatives Funded at 100%

		Program Name per Transfer Payment Agreement	Approved Allocation	Funding Received	Expenditure at 100%	(Deduct) Offset Revenue	Net Expenditure	Eligible Expenditure	Due to / (from) Province
Section 4 2022 One-Time Funding Approved to March 31, 2023 (To be settled in 2023)		Mandatory Programs: Acute Care Enhanced Surveillance System					-	-	-
		Temporary Retention Incentive for Nurses					-	-	-
		Sub-Total One-Time Non-Covid Projects / Initiatives Funded at 100%	**1,799,500**	**1,458,845**	**1,567,921**	**-**	**1,567,921**	**1,567,921**	**(109,076)**
	2021-22 **Carry Over** Non-Covid One-Time Funds at 100%	Infection Prevention and Control Hub Program					-	-	-
		Mandatory Programs: Strategic Option Analysis					-	-	-
		Mandatory Programs: Merger Costs – Review and Planning					-	-	-
		Sub-Total Carry Over One-Time Non-Covid Projects / Initiatives Funded at 100%	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	One-Time Covid Projects/Initiatives Funded at 100%	COVID-19: 2020 General Program Extraordinary Costs					-	-	-
		Sub-Total One-Time Covid Projects / Initiatives Funded at 100%	**-**	**-**	**-**	**-**	**-**	**-**	**-**
	One-Time Capital Projects Funded at 100%	Ontario Seniors Dental Care Program Capital :	1,540,000	1,155,004			-	-	1,155,004
		Capital:					-	-	-
		Space Needs Assessment	20,000	20,000			-	-	20,000
							-	-	-

MINISTRY OF HEALTH

OFFICE OF CHIEF MEDICAL OFFICER OF HEALTH, PUBLIC HEALTH

2022 ANNUAL RECONCILIATION REPORT (CERTIFICATE OF SETTLEMENT)

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Section 4: 2022 One-Time Funding Approved to March 31, 2023
(To be settled in 2023) **(To be settled in (To be settled in 2023)**
- One-Time Non-Covid Projects/Initiatives Funded at 100% (including Carry over prog
- One-Time Covid Projects/Initiatives Funded at 100%
- One-Time Capital Projects Funded at 100% (including Carry over programs from yea

Section 5: 2023 One-Time Funding Approved to March 31, 2024
(To be settled in 2024)
- One-Time Capital Projects/Initiatives Funded at 100%

		Program Name per Transfer Payment Agreement	Approved Allocation	Funding Received	Expenditure at 100%	(Deduct) Offset Revenue	Net Expenditure	Eligible Expenditure	Due to / (from) Province
							-	-	-
		Sub-Total One-Time Capital Projects Funded at 100%	**1,560,000**	**1,175,004**	**-**	**-**	**-**	**-**	**1,175,004**
	2021-22 **Carry Over** One-Time Capital Projects at 100%	Ontario Seniors Dental Care Program Capital :	500,000	500,000	-		-	-	500,000
							-	-	-
							-	-	-
							-	-	-
							-	-	-
		Capital :					-	-	-
							-	-	-
		Sub-Total Carry Over One-Time Capital Projects Funded at 100%	**500,000**	**500,000**	**-**	**-**	**-**	**-**	**500,000**
Total Section 4 - 2022 One-Time Funding Approved to March 31, 2023 (To be settled in 2023)			**3,859,500**	**3,133,849**	**1,567,921**	**-**	**1,567,921**	**1,567,921**	**1,565,928**
Section 5 2023 One-Time Funding Approved to March 31, 2024 (To be settled in 2024)	One-Time Capital Projects / Initiatives Funded at 100%	Ontario Seniors Dental Care Program						-	-
		Sub-Total One-Time Capital Projects / Initiatives Funded at 100%	-	-	-	-	-	-	-
Total Section 5 - 2023 One-Time Funding Approved to March 31, 2024 (To be settled in 2024)			-	-	-	-	-	-	-

MINISTRY OF HEALTH

OFFICE OF CHIEF MEDICAL OFFICER OF HEALTH, PUBLIC HEALTH

2022 ANNUAL RECONCILIATION REPORT (CERTIFICATE OF SETTLEMENT)

NAME OF PUBLIC HEALTH UNIT: **Southwestern Public Health**

Section 1: Base Funding (January 1, 2022 to December 31, 2022)
- Programs Funded at 70%
- Programs Funded at 100%

Section 2: 2021 One-Time Funding Approved to March 31, 2022
- One-Time Non-Covid Projects/Initiatives Funded at 100%

Section 3: 2022 One-Time Funding Approved to December 31, 2022
- One-Time Non-Covid Projects/Initiatives Funded at 100%
- One-Time Covid Projects/Initiatives Funded at 100%

Section 4: 2022 One-Time Funding Approved to March 31, 2023
(To be settled in 2023) **(To be settled in (To be settled in 2023)**
- One-Time Non-Covid Projects/Initiatives Funded at 100% (including Carry over prog
- One-Time Covid Projects/Initiatives Funded at 100%
- One-Time Capital Projects Funded at 100% (including Carry over programs from yea

Section 5: 2023 One-Time Funding Approved to March 31, 2024
(To be settled in 2024)
- One-Time Capital Projects/Initiatives Funded at 100%

Program Name per Transfer Payment Agreement	Approved Allocation	Funding Received	Expenditure at 100%	(Deduct) Offset Revenue	Net Expenditure	Eligible Expenditure	Due to / (from) Province
Sub-Total 2022 Settlement (Non-Covid Programs)	15,984,644	15,861,411	21,288,679	- 248,381	15,658,620	15,631,655	229,756
Sub-Total 2022 Settlement (Covid Programs)	7,884,800	7,104,100	2,295,830	-	2,295,830	2,295,830	4,808,270
Net Total 2022 Settlement (Section 1) + (Section 2) + (Section 3)	23,869,444	22,965,511	23,584,509	- 248,381	17,954,450	17,927,485	5,038,026

Having the authority to bind the Board of Health for the Public Health Unit:

We certify that the Financials shown in the Annual Reconciliation Report and the supporting schedule are complete and accurate and are in accordance with Transfer Payment Agreements and Reports filed with the appropriate Municipal Council.

Date

Signature
Medical Officer of Health / Chief Executive Officer

Date

Signature
Chair of the Board of Health / Authorized Officer

MINISTRY OF HEALTH
OFFICE OF CHIEF MEDICAL OFFICER OF HEALTH, PUBLIC HEALTH
2022 ANNUAL RECONCILIATION REPORT (CERTIFICATE OF SETTLEMENT)

NAME OF PUBLIC HEALTH UNIT: **Southwestern Public Health**

SCHEDULE 1: Schedule of Offset Revenues

Mandatory Programs (70%)	Line #	Reference	Actual $	Ministry Use Only
Interest Income	L 1		128,942	
Universal Influenza Immunization Program clinic reimbursement	L 2			
Meningococcal C Program clinic reimbursement	L 3		28,916	
Human Papilloma Virus Program reimbursement	L 4			
Healthy Smiles Ontario (70%) - part of Mandatory Programs	L 5			
Revenues Generated from Other Government Dental Program:	L 6			
Ontario Works (OW)	L 7			
Ontario Disability Support Program (ODSP)	L 8			
Other government dental programs (please specify):	L 9			
Other (Specify):	L 10			
Other fees and recoveries	L 11		95,779	
HBHC offset revenues	L 12		(125)	
	L 13			
2022 Total Offset Revenues	**L 14**	**To Summary Page Cell G18 - Offset (Revenue)**	**253,512**	

Ontario Seniors Dental Care Program (100%)	Line #	Reference	Actual $	Ministry Use Only
Interest Income	L 15			
Client Co-Payments	L 16			
Revenues Generated from Other Government Dental Program:	L 17			
Ontario Works (OW)	L 18			
Ontario Disability Support Program (ODSP)	L 19			
Other government dental programs (please specify):	L 20			
Senior Dental offset revenue	L 21		(5,131)	
	L 22			
	L 23			
2022 Total Offset Revenues	**L 24**	**To Summary Page Cell G23 - Offset (Revenue)**	**(5,131)**	

SOUTHWESTERN Public Health
Oxford • Elgin • St.Thomas

St. Thomas Site
Administrative Office
1230 Talbot Street
St. Thomas, ON
N5P 1G9

Woodstock Site
410 Buller Street
Woodstock, ON
N4S 4N2

June 15, 2023

The Honourable Sylvia Jones
Deputy Premier and Minister of Health
Ministry of Health
777 Bay Street, 5th Floor
Toronto, ON M7A 1Z8

Delivered via Email: Sylvia.Jones@pc.ola.org

Dear Minister Jones,

Re: Letter of Recommendation – Lee Rowden

The Board of Health for Oxford Elgin St. Thomas Health Unit (otherwise known as Southwestern Public Health) would like to respectfully request that Mr. Lee Rowden receive an Order in Council reappointment to the Board of Health.

The Board of Health for Southwestern Public Health greatly values the contributions of our current provincial appointees, including Mr. Rowden. He offers the Board of Health and its respective community excellent governance skills and knowledge on local public health matters in many areas. Mr. Rowden joined our Board of Health just prior to our recent amalgamation and he remains an active, engaged Board member. He has represented the Province of Ontario well and we would highly recommend his reappointment.

I would like to confirm Lee's email address is leerowden@gmail.com.

As we navigate the transition into the post-pandemic era of public health governance, we recognize the critical significance of strong leadership and stability. Therefore, we respectfully request that the Ministry provide a timely response to this reapplication as stability and consistency on our Board of Health is of the utmost importance.

Thank you for your consideration.

Sincerely,

Joe Preston
Board Chair
Southwestern Public Health

Bernia Wheaton
Vice Chair
Southwestern Public Health

c: The Honourable Rob Flack, MPP
The Honourable Ernie Hardeman, MPP
Susan Flanagan, Assistant Deputy Minister and Chief Administrative Officer
Ervin Samo (Ervin.Samo@ontario.ca)

St. Thomas Site
Administrative Office
1230 Talbot Street
St. Thomas, ON
N5P 1G9

Woodstock Site
410 Buller Street
Woodstock, ON
N4S 4N2

June 15, 2023

The Honourable Sylvia Jones
Deputy Premier and Minister of Health
Ministry of Health
777 Bay Street, 5th Floor
Toronto, ON M7A 1Z8

Delivered via Email: Sylvia.Jones@pc.ola.org

Dear Minister Jones,

Re: Letter of Recommendation – David Warden

The Board of Health for Oxford Elgin St. Thomas Health Unit (otherwise known as Southwestern Public Health) would like to respectfully request that Mr. David Warden receive an Order in Council reappointment to the Board of Health.

The Board of Health for Southwestern Public Health greatly values the contributions of our current provincial appointees, including Mr. Warden. He offers the Board of Health and its respective community excellent governance skills and knowledge on local public health matters in many areas. Mr. Warden joined our Board of Health at the beginning of 2020, and he remains an active, engaged Board member. He has represented the Province of Ontario well and we would highly recommend his reappointment.

I would like to confirm that David's email address is warden_dave@hotmail.com.

As we navigate the transition into the post-pandemic era of public health governance, we recognize the critical significance of strong leadership and stability. Therefore, we respectfully request that the Ministry provide a timely response to this reapplication as stability and consistency on our Board of Health is of the utmost importance.

Thank you for your consideration.

Sincerely,

Joe Preston
Board Chair
Southwestern Public Health

Bernia Wheaton
Vice Chair
Southwestern Public Health

c: The Honourable Rob Flack, MPP
The Honourable Ernie Hardeman, MPP
Susan Flanagan, Assistant Deputy Minister and Chief Administrative Officer
Ervin Samo (Ervin.Samo@ontario.ca)