



Our Vision:
Healthy People in Vibrant Communities

Board of Health Meeting

St. Thomas Location: 1230 Talbot St. St. Thomas, ON
Talbot Boardroom
MS Teams Participation
Thursday, March 28, 2024
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	Bernia Martin	
1.2	Approval of Agenda	Bernia Martin	Decision
1.3	Reminder to disclose Pecuniary Interest and the General Nature Thereof when Item Arises including any related to a previous meeting that the member was not in attendance for.	Bernia Martin	
1.4	Reminder that meetings are recorded for minute-taking purposes.	Bernia Martin	
2.0 APPROVAL OF MINUTES			
2.1	Approval of Minutes February 22, 2024	Bernia Martin	Decision
3.0 APPROVAL OF CONSENT AGENDA ITEMS			
3.1	Letter: Minister of Finance Peter Bethlenfalvy Alcohol Policy Reply to SWPH February 26, 2024: Minister Peter Bethlenfalvy replied to SWPH's letter requesting stricter controls on the sale and consumption of alcohol. His reply is related to the recommendation included in the Actions to Reduce Alcohol-Related Harms Report (RESOLUTION # 2023-BOH-1026-3.1) that was presented to the Board of Health at the October 26, 2023, Board of Health meeting.	Bernia Martin	Decision
4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION			
5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.ACCEPTANCE.DECISION			
5.1	SWPH Engagement with Local First Nations Report for March 28, 2024	Cynthia St. John	Decision
5.2	Medical Officer of Health's Report for March 28, 2024	Dr. Tran	Decision
5.3	Chief Executive Officer's Report for March 28, 2024	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			

AGENDA

ITEM	AGENDA ITEM	LEAD	EXPECTED OUTCOME
9.1	• Board of Health Orientation: Thursday, April 25, 2024 at Noon • Board of Health Orientation: Thursday, April 25, 2024 at 1:00 p.m. ○ Oxford County Administration Building 21 Reeve Street, Woodstock, ON ○ Virtual Participation: MS Teams	Bernia Martin	

10.0 ADJOURNMENT



February 22, 2024
Board of Health Meeting
Open Session Minutes

A meeting of the Board of Health for Oxford Elgin St. Thomas Health Unit was held on Thursday, February 22, 2024 commencing at 1:00 p.m.

PRESENT:

Ms. C. Agar	Board Member
Mr. J. Couckuyt *	Board Member
Mr. J. Herbert	Board Member
Mr. G. Jones	Board Member (Vice-Chair)
Ms. B. Martin	Board Member (Chair)
Mr. S. Molnar	Board Member
Mr. M. Peterson	Board Member
Mr. L. Rowden	Board Member
Mr. M. Ryan	Board Member
Ms. C. St. John	Chief Executive Officer
Dr. N. Tran	Medical Officer of Health
Ms. W. Lee	Executive Assistant

GUESTS:

Ms. M. Cornwell*	Manager, Communications
Ms. K. Chambers	Registered Dietitian, Healthy Communities
Ms. J. Gordon	Administrative Assistant
Mr. P. Heywood	Program Director
Ms. R. Gregoire	Public Health Nurse, Healthy Communities
Mr. D. McDonald	Director, Corporate Services and Human Resources
Ms. M. Nusink*	Director, Finance
Mr. I. Santos	Manager, Information Technology
Mr. D. Smith	Program Director
Ms. M. Van Wylie	Program Manager, Healthy Communities
Ms. R. Wallace	Public Health Nurse, Healthy Communities

MEDIA:

Mr. R. Perry*	Aylmer Express
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**represents virtual participation*

REGRETS:

Mr. D. Mayberry	Board Member
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Mr. J. Preston
Mr. D. Shinedling
Mr. D. Warden
Ms. S. MacIsaac

Board Member
Board Member
Board Member
Program Director

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

1.1 CALL TO ORDER, RECOGNITION OF QUORUM

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

AGENDA

Resolution # (2024-BOH-0222-1.2)

Moved by Mark Peterson

Seconded by Marcus Ryan

That the agenda for the Southwestern Public Health Board of Health meeting for February 22, 2024 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 # (2024-BOH-0222-2.1)

Moved by J. Herbert

Seconded by M. Peterson

That the minutes for the Southwestern Public Health Board of Health meeting for January 25, 2024 be approved.

Carried.

3.0 CONSENT AGENDA

No Items.

4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION

C. St. John and D. Smith reviewed the briefing note from the Ontario Association for Public Health Dentistry (OAPHD), *The Roles of Public Health in the Future State of Oral Health*.

J. Herbert asked how patients can access the Canadian Dental Care Plan (CDCP). D. Smith noted that those that qualify are currently receiving letters which explain how you apply and outline the next steps to access the federal program. Currently, the provincial senior's dental program is via public health units where staff provide system navigation.

J. Herbert asked if there was any support for emergency oral services. D. Smith noted that this is one of the gaps in the system which need to be addressed. Dr. Tran noted that the provincial program and those who are eligible for the service should get registered early before emergencies occur. M. Peterson notes that seniors who have no family or friends to support them would not know about these services easily. C. St. John agreed that people who face most barriers are those who are most vulnerable.

The group noted that more could be done regarding access to programs and removing barriers to service such as applying for another service card. M. Ryan recommended the Board support simpler healthcare access and advocate for ease of access to navigate the oral healthcare system.

Resolution # (2024-BOH-0222-4.1)

Moved by Stephen Molnar

Seconded by Mark Peterson

That the Board of Health for Southwestern Public Health support correspondence 4.1 Briefing Note: Enhancing Public Health Functions for Optimal Oral Health in Ontario, additionally advocating for ease of access to navigate the oral healthcare system.

Carried.

5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.DECISION

5.1 Municipal Collaboration and the Social Determinants of Health Report for February 22, 2024

Ashlyn Brown presented the report to the Board of Health.

M. Ryan and S. Molnar noted the excellence of a report. S. Molnar suggested further action to engage municipalities such as a symposium of municipal partners.

J. Herbert inquired about logistics and implementation timelines for the report's suggestions. M. Van Wylie emphasized the importance of planning and stakeholder engagement. B. Martin mentioned current actions such as Planet Youth and Living Wage initiatives that are in place already.

G. Jones highlighted the need for engagement and delegation for implementation that will likely require delegation or training amongst lower-tier municipalities, noting the team should factor in the added time for municipalities to assess cost considerations. C. St. John and the team expressed readiness to engage with municipalities. C. St. John noted that part of the consideration today is for each Board member to further promote that work as leaders in the communities and public health champions.

L. Rowden noted that work should be done in the HUs with community centres in terms of getting the public to understand public health work and initiatives. A. Brown agreed that each of the actions requires a public communications rollout plan.

A. Brown noted there is currently a review of evidence to examine governance structures for sustainable food systems, drawing insights from successful models in other communities, particularly in large rural and small urban settings. Progress is already underway in this regard. Following the completion of this review, the team will consider more direct outreach to groups such as the Oxford County and Elgin County Federations of Agriculture.

M. Ryan proposed amendments to involve individual councillors and community safety and wellbeing plans, which received support from S. Molnar.

C. Agar raised questions when the climate change study results will be available. Dr. Tran noted this will likely be ready this spring. C. Agar suggested including physiological and psychosocial assessments regarding the climate change portion, which A. Brown noted in agreement.

Resolution # (2024-BOH-0222-5.1)

Moved by Marcus Ryan

Seconded by Jim Herbert

That the Board of Health for Southwestern Public Health approve the report titled, "Municipal Collaboration and the Social Determinants of Health," for February 22, 2024, and that the report to be circulated to all local Municipal Community Safety & Wellbeing Plan Committees asking for a recommendation to their Councils that a resolution of support be passed by the respective Council directing municipal staff to work with SWPH staff to implement the recommendations in the report.

Carried.

M. Ryan emphasized the amendment will ensure municipal staff actively engage with public health outreach. Without clear direction, municipal staff may prioritize other tasks even in face of how public health work aligns with municipal strategic goals. Engaging councils through community plans is constructive as it respects resources and council structures, ensuring effective collaboration.

The motion was carried as amended.

A. Brown and M. Van Wylie left the meeting at 1:51pm

5.2 Chief Executive Officer's Report

C. St. John reviewed her report.

C. St. John noted that a limited number of solar eclipse viewing glasses would be available to the public at both SWPH sites with the hope that vulnerable populations will be able to access them if needed. D. Smith noted the messaging will be to protect your eyes from 3:00pm – 4:30pm on April 8, 2024 if you are in the geographical path of totality.

Resolution # (2024-BOH-0222-5.2)

Moved by Grant Jones

Seconded by Lee Rowden

That Board of Health for Southwestern Public Health accept the Chief Executive Officer's report for January 25, 2024.

Carried.

6.0 NEW BUSINESS

J. Herbert asked if SWPH practices mock emergency preparedness exercises.

D. Smith responded that SWPH does engage in emergency preparedness exercises, noting that under the new Ontario Public Health Standards (OPHS), annual exercises are now mandated and the results of the exercise will now be publicly available on SWPH's website.

7.0 TO CLOSED SESSION

Resolution # (2024-BOH-0222-C7)

Moved by Mark Peterson

Seconded by Grant Jones

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

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

- (j) a trade secret or scientific, technical, commercial or financial information that belongs to the municipality or local board and has monetary value or potential monetary value; or
- (k) a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the municipality or local board. 2001, c. 25, s. 239 (2); 2017, c. 10, Sched. 1, s. 26.

Other Criteria:

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

Carried.

8.0 RISING AND REPORTING OF CLOSED SESSION

Resolution # (2024-BOH-0222-C8)

Moved by Mark Peterson

Seconded by Stephen Molnar

That the Board of Health rise with a report.

Carried.

Resolution # (2024-BOH-0222-C3.1)

Moved by Mark Peterson

Seconded by Grant Jones

That the Board of Health for Southwestern Public Health accept the Special Ad Building Committee Report for February 22, 2024.

Carried.

Resolution # (2024-BOH-0222-C3.2)

Moved by Stephen Molnar

Seconded by Marcus Ryan

That the Board of Health for Southwestern Public Health accept the Special Ad Hoc Strengthening Public Health Committee Report for February 22, 2024.

Carried.

Resolution # (2024-BOH-0222-C3.3)

Moved by Grant Jones

Seconded by Jim Herbert

That the Board of Health for Southwestern Public Health approve the Chief Executive Officer's Report for February 22, 2024.

Carried.

9.0 FUTURE MEETING & EVENTS

10.0 ADJOURNMENT

That the meeting adjourned at 3:46 p.m.

Resolution # (2024-BOH-0222-10)

Moved by Marcus Ryan

Seconded by Lee Rowden

That the meeting adjourns to meet again on Thursday, March 28, 2024, at 1:00 p.m.

Carried.

Confirmed: _____

Ministry of Finance
Office of the Minister
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7 Queen's Park Crescent
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Tel.: 416-325-0400



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Minister of Finance | Ministre des Finances
PETER BETHLENFALVY

880-2024-34

Mr. Peter Heywood
Program Director
Southwestern Public Health
1230 Talbot Street, St. Thomas Site
St. Thomas, ON N5P 1G9
c/o Abdul Makanjuola: amakanjuola@swpublichealth.ca

Dear Mr. Heywood:

Thank you for your email about social responsibility in Ontario's alcohol marketplace. I appreciate you taking the time to write.

Since 2018, the government has remained committed to increasing choice and convenience for consumers in the safe and responsible sale of beverage alcohol. The government intends to uphold its high standard of social responsibility through a safe and responsible implementation of an expanded and modernized alcohol marketplace.

The government is providing an additional \$10 million in funding over five years to the Ministry of Health to support social responsibility and public health efforts to ensure alcohol continues to be sold and consumed safely in the expanded marketplace.

Ontario maintains rigorous standards for the safe and responsible sale and consumption of alcohol in the province. A modernized alcohol marketplace will maintain these rigorous standards:

- Standard hours of sale (7 a.m. – 11 p.m., 7 days per week).
- Minimum drinking age (19 years).
- Minimum retail pricing requirements.
- Requirements for warning signs (retailers display signs warning of the risk of drinking alcohol in pregnancy).
- Mandatory staff training (currently run by Smart Serve) would be required for all new retailers.
- Rigorous standards for licensing and enforcement through the Alcohol and Gaming Commission of Ontario.

.../cont'd

In the months ahead, the government will continue to consult with industry partners and others on upholding Ontario's high standards of social responsibility.

As we move towards implementing this expansion, the government will be taking a responsible, measured approach so we can ensure the transition to a new marketplace is smooth, safe, and stable.

We take your concerns very seriously around the social responsibility of expanded sales of alcohol, and we appreciate you writing in on this matter.

Thank you again for writing.

Sincerely,

A handwritten signature in blue ink, appearing to read "Peter Bethlenfalvy", with a long horizontal flourish extending to the right.

Peter Bethlenfalvy
Minister of Finance

c: The Honourable Sylvia Jones, Minister of Health
Ernie Hardeman, MPP, Oxford County
Rob Flack, MPP, Elgin-Middlesex-London



BOARD REPORT

Southwestern Public Health Engagement with Local First Nations Report

MEETING DATE:	March 28, 2024
SUBMITTED BY:	Cynthia St. John (written as of March 20, 2024)
SUBMITTED TO:	Board of Health
PURPOSE:	☐ Decision ☐ Discussion ☒ Receive and File
AGENDA ITEM #	5.1
RESOLUTION #	2024-BOH-0328-5.1
REPORT TITLE:	Southwestern Public Health Engagement with Local First Nations Report

Introduction

Southwestern Public Health (SWPH) recognizes the significance of engaging with local First Nations communities to promote public health and well-being. Our interactions with these communities are essential for understanding their unique health needs, addressing health disparities, and fostering partnerships to improve overall health outcomes. This report reviews SWPH's current engagement with local First Nations communities and offers recommendations for a more meaningful and mindful approach.

Background

The Chippewas of the Thames First Nation (COTTFN), culturally affiliated with the Anishinaabe (Ojibwe), is located near Muncey, Ontario, situated to the west of Elgin County and shares a border with it. The Oneida Nation of the Thames (ONOTT), part of the Haudenosaunee (Iroquois) Confederacy, is situated near Southwold, Ontario, and is located to the northwest of Elgin County and is also in close proximity to Oxford County. While not directly adjacent to Elgin County, the Munsee-Delaware Nation (MDN), culturally affiliated with the Lenape (Delaware), is situated northeast of Elgin County and shares a border with Middlesex County.

Although it is essential to acknowledge the broader historical and ancestral presence of Indigenous peoples in the region who have inhabited and traversed the area, contributing to its rich cultural heritage, it is appropriate to note that there are no First Nations communities situated within the geographical area served by Southwestern Public Health. More direct and extensive interaction with Indigenous individuals on First Nations reserves generally occurs with neighbouring health units such as Middlesex London Health Unit (MLHU). As such, SWPH engagement predominantly occurs with individuals who self-identify as First Nations and live off-reserve (noted in this report as urban Indigenous) within our region.

Current SWPH Engagement with Local First Nations Communities

Chronic Disease and Injury Prevention Program

Indigenous engagement is central to SWPH's commitment to engage in inclusive public health initiatives. With the recent Harm Reduction Consumption Treatment and Services (CTS) Feasibility Study Project, the Chronic Disease and Injury Prevention (CDIP) team collaborated with the Chippewa of the Thames First Nation (COTTFN) Health Centre, offering an Indigenous-specific partner focus group option. Staff invited a Cultural Harm Reduction Outreach Supervisor to participate in the External Advisory Committee who emphasized that a co-design and reciprocal dialogue process with Indigenous partners would be essential to the success of the research. SWPH staff also worked with the COTTFN Outreach Supervisor to develop and review the research methods (including the focus group guide and associated research questions) with careful consideration of Indigenous cultural values and processes in mind. Additionally, input was sought from respected cultural leaders and knowledge keepers who reviewed and approved the plan for the Indigenous-specific research proposal. The Outreach Supervisor assisted with recruitment of Indigenous partners for the focus group, as well as provided a culturally appropriate introduction at the beginning of the focus group (including guiding principles and a Land Acknowledgement). There was also an Indigenous-specific data event to ensure that the qualitative data received in the focus group was captured and analyzed appropriately by the research team; this is imperative to ensuring that cultural narratives and Indigenous worldviews are accurately depicted in research.

In substance prevention, a meeting was convened with the Elgin Ontario Health Team (OHT) Indigenous lead to strategize consultation approaches with local elders and youth concerning the Planet Youth model and the potential for Indigenous engagement and partnership. For reference, [Planet Youth Calgary](#) serves as an exemplar of the initiative's goals and objectives.

Environmental Health Program

The Environmental Health (EH) Team oversees a range of programs, such as food safety, safe water, animal bite investigations, and health hazard issues. However, it is important to note that these programs do not extend to First Nations communities, which fall under the federal jurisdiction of Health Canada. For individuals and businesses identifying as Indigenous and not covered by Health Canada legislation, our EH programs offer services on an information/resource/inspection basis. The EH programs prioritize equitable service provision but do not collect data about cultural identification.

With SWPH's Climate Change initiatives, the External Advisory Committee for the Climate Change and Health Vulnerability Assessment includes representation from the Indigenous Solidarity & Awareness Network (ISAN-Oxford). This EH program notes the value of Indigenous representation in land use discussions and climate change initiatives in fostering considerate program delivery.

Healthy Growth and Development Program

The Healthy Growth and Development (HGD) program engages with First Nations clients who reside in our community individually. Such clients would be involved with our program through the Healthy Babies Healthy Children (HBHC) screening process (in the prenatal or postpartum period). The program is voluntary, and if Indigenous clients wish for sustained support, the HGD team will work with the client and often involve band support (depending on the situation). The HGD program does not directly reach the Indigenous population; instead, it is through its liaison process and/or self or community partner referral.

Healthy Schools Program

While SWPH has no specific Healthy Schools programs or connections with Indigenous groups, offering the same programming to all students within our schools, we do note that the Thames Valley District School Board (TVDSB) has an Indigenous Student Trustee and a First Nations, Inuit, Métis (FNIM) Student Leadership Council. As new programs or initiatives are planned, the team has identified a process to engage these groups as appropriate and applicable.

Infectious Diseases Program

If SWPH receives a notification of a disease of public health significance (DOPHS) for an Indigenous individual, the Infectious Diseases (ID) team will provide the desired service if the individual requests support from public health, either via referral to the relevant health unit or directly if the individual is urban Indigenous. If the ID team identifies trends such as elevated disease risk in relevant areas or populations, more direct strategies and communications are developed to mitigate the risk.

Oral Health Program

FNIM individuals in Canada have access to dental benefits through the federal Non-Insured Health Benefits (NIHB) program. SWPH does not directly reach out to the Indigenous community regarding public health oral health programs (seniors and children). Generally, those seeking oral health care would contact the Southwest Ontario Aboriginal Health Access Centre (SOAHAC) offices in Muncney or London. If urban indigenous individuals do reach out to SWPH for oral health supports of system navigation, staff will support individuals in finding a suitable dental home.

Sexual Health Program:

SWPH connects with urban Indigenous individuals via case and contact management, clinical services, and the Needle Exchange Program (NEP), providing services as needed.

Vaccine Preventable Disease Program

The Covid-19 Program recently contacted the Métis Nation of Ontario (MNO) and the Director of Client Care for the SOAHAC to inform them of the Covid Spring/Fall campaigns occurring in the SWPH region. Program planning has identified the FNIM community as a priority population for the Covid vaccine program and SWPH continues to share information regarding local access and eligibility.

Generally, however, the Vaccine Preventable Disease (VPD) program does not reach out directly to individuals in a formalized manner, although it does connect with residents who may identify as urban Indigenous via our general VPD clinics (open to all) if they face access barriers to vaccination. The team may also work with the urban Indigenous population through the Immunization of School Pupils Act (ISPA) and Childcare and Early Years Act (CCEYA) immunization record review process but these contacts would be in a routine fashion and not specific to their Indigenous identity.

SWPH Staff Training and Engagement

Cultural Sensitivity and Safety training for all staff is currently being developed. Program plans developed by the CDIP and Human Resources (HR) team have identified the importance of cultural training and awareness for all SWPH staff, and a mandatory online Indigenous Cultural Humility and Safety training program will begin in late March 2024.

Additionally, the planning group will provide more intensive supplementary training for staff on SWPH's Health Equity Priority Populations (HEPP) Committee (the [San'yas Anti-Racism Indigenous Cultural Safety Training Program](#)). Acknowledging that cultural humility is a continual process, this training represents an additional move toward fostering a greater awareness of potential service biases and practices. The CDIP and HR teams will continue investigating additional avenues for staff to enhance their understanding of cultural humility and sensitivity.

Assessment

When we consider the act of collecting data to inform our programs and services, it is crucial to be mindful of the First Nations principles of ownership, control, access, and possession, more commonly known as [OCAP®](#):

- **Ownership** asserts that First Nations communities collectively own their cultural knowledge, data, and information, akin to how individuals own their personal information.
- **Control** affirms that First Nations communities have the right to control all aspects of research and information management that affect them. This control encompasses the entire research process, including resource allocation, planning, management, and review processes.
- **Access** emphasizes that First Nations communities should have access to information and data concerning themselves and their communities, regardless of location. Furthermore, it establishes their right to manage and decide who can access their collective information, often through standardized protocols.
- **Possession** delineates the concrete control of data, distinct from ownership. It highlights the physical stewardship of information as the mechanism through which ownership rights are upheld and safeguarded.

Reference: The First Nations Principles of OCAP®. First Nations Information Governance Centre. <https://fnigc.ca/ocap-training/>

These principles assert that First Nations must have control over data collection processes and own and control how this information can be used. Essentially, these principles were created because data can, and has, been used to increase discrimination or hurt populations and groups like First Nations communities. As such, challenges persist in effectively engaging with First Nations communities, as these may include historical mistrust, cultural differences, communication barriers, and resource limitations, wherein colonial legacy and systemic inequities continue to impact health outcomes among Indigenous populations.

The implication for SWPH is that we should not collect information about someone's background, race, or status as part of a First Nations community without consideration of the OCAP principles. Data collection is not as simple as including it as a survey question and having informed individual consent to answer these questions. Rather, a data collection plan needs to be developed collaboratively with the leadership of First Nations communities in our surrounding region. In partnership, we would explore what data would benefit both us and them; if we collected it, and what is a culturally safe and appropriate way of analyzing and reporting the data collected; and together we would agree on data access and ownership of the data.

A recent example of when we recognized and respected the OCAP tenets was during the data collection for the CTS feasibility assessment. Members of the First Nations communities reached out and identified that they would like a culturally safe and specific way to participate in the CTS study. SWPH worked directly with the representatives of the community in developing the research protocol, including the details about data collection and reporting.

Combined with the First Nations OCAP principles, our Community Engagement Framework (CEF) will support our ongoing engagement with First Nations. The CEF outlines our guiding principles via the International Association for Public Participation ([IAP2](#)) [Spectrum of Participation](#) (Inform, Consult, Involve, Collaborate, and Empower), and eight steps for an effective community engagement continuum. It provides a recommended approach for ongoing consultation and dialogue with our communities and partner agencies to ensure active participation in the planning, implementation, and evaluation of our programs and services, as mandated by the Ontario Public Health Standards.

As we assess how we currently engage with the First Nations communities, we cannot assume the privilege of engaging in data collection, and we cannot lose sight of the fact that Indigenous communities possess data sovereignty. While public health values evidence-based data, we must acknowledge the path to a more meaningful and respectful relationship with First Nations communities and urban indigenous populations

begins from a place of curiosity and mindfulness, and a willingness to engage and build relationships at the leadership level, asking them for input on how public health can best serve their communities and their urban indigenous populations.

Future Engagement with Local First Nations Communities

SWPH acknowledges the importance of recognizing its historical and organizational assumptions, including its traditional reliance on evidence-based data and resources. To understand how it can deepen its engagement with local First Nations communities, SWPH commits to approaching Indigenous leaders in the spirit of curiosity, openness, and collaborative respect, valuing the guidance they provide. This commitment entails aligning our outreach, communications, and engagement efforts with their direction to address health disparities, promote health equity, and improve the health and well-being of the urban Indigenous residents in the SWPH region.

1. **Initiate Outreach to First Nations Leaders:** SWPH will reach out to Indigenous leaders and elders in the community to establish trust and seek guidance on how best to engage with their communities. This involves conducting respectful consultations to understand their priorities, needs, and preferences regarding public health initiatives.
2. **Collaborate with Indigenous Organizations:** Consult with Indigenous organizations such as the COTTFN and SOAHAC to ensure that public health programs are delivered in a culturally sensitive manner. This collaboration may involve co-designing programs, sharing resources, and leveraging existing community networks to reach First Nations communities effectively.
3. **Coordinate with Local Partners:** Work closely with local partners, including Community Health Centres (CHCs) and, Ontario Health Teams (OHTs) and other relevant stakeholders, to avoid duplication of efforts and ensure a coordinated, respectful approach to engaging with First Nations communities. This collaboration can help maximize resources and leverage existing relationships within the community.
4. **Provide Staff with Ongoing Cultural Competency Training:** Offer regular cultural competency training for all staff to deepen their understanding of Indigenous cultures, histories, and perspectives. This training should focus on building respectful and collaborative relationships with Indigenous communities, enhancing communication skills, and addressing implicit biases.

MOTION: 2024-BOH-0328-5.1

That the Board of Health for Southwestern Public Health accept the Southwestern Public Health Engagement with Local First Nations Report for March 28, 2024.

MEETING DATE: March 28, 2024

SUBMITTED BY: Dr. Ninh Tran, Medical Officer of Health (written as of March 18, 2024)

SUBMITTED TO: Board of Health

PURPOSE:

☐ Decision

☐ Discussion

☒ Receive and File

AGENDA ITEM # 5.2

RESOLUTION # 2024-BOH-0328-5.2

1.0. Respiratory Season

Covid-19, Influenza, RSV

The 2023-2024 respiratory season is winding down marking a turning point in the management of respiratory illnesses. As of March 9th, 2024, both Covid-19 and Influenza activity are stabilizing and improving. There have been no confirmed cases of Respiratory Syncytial Virus (RSV) in the Southwestern Public Health (SWPH) region since the week ending February 3, 2024.

Measles

There has been a rise in measles cases globally, including Ontario. As of March 13th, 2024, there were 8 cases of measles in Ontario and 19 cases in Quebec. The majority of current cases in Canada are linked to international travel; however, some regions have reported cases that are not linked to travel, which is concerning. As of March 18th, 2024, no cases have been reported in the SWPH region.

As a disease of public health significance (DOPHS), Measles, also known as Rubeola or Red Measles, is a very serious infection caused by a virus. It spreads easily from person-to-person through the air when a sick person coughs, sneezes, or breathes. The virus stays in the air and on surfaces for up to 2 hours after the infected person leaves. A person with measles can spread the virus from 4 days before the rash starts (and one day before the first symptoms appear) until 4 days after the rash appears.

Measles often starts with a fever, cough, runny nose, and red eyes. Small bluish white spots (Koplik's spots) may appear inside the mouth and a red, blotchy rash may appear on the face and then the rest of

the body 3 to 5 days after the start of symptoms. Common complications include diarrhea, ear infections, and pneumonia, and in rare cases, cause brain infections and even death.

In light of this rise in cases and its highly infectious nature, SWPH has been active in measles preparedness. Our Infectious Diseases (ID) and Vaccine Preventable Diseases (VPD) teams, as well as our Emergency Management manager, have participated in provincial and regional discussions with the Office of the Chief Medical Officer of Health (OCMOH), as well as meeting with local health sector partners (including hospitals and primary care) to discuss preparedness issues such as: immunization, testing and assessment, case and contact management, and communications.

Parallel internal discussions have taken place to ensure we are able to respond to cases of measles in our community. Currently, our immunization team has been focused on school-aged children, including hosting clinics to provide catch-up immunizations. We issued a media release as well as a memo to parents through school boards prior to March break travel to remind residents of measures to prevent measles. As the best protection against measles is being up to date on immunizations, that will be our focus and we ask that everyone reviews their own records to determine their immunization status and whether or not they need any vaccine dose(s).

2.0 Solar Eclipse Event

In the spring of 2024, a solar eclipse is expected to travel across North America with prime viewing in several southern Ontario locations, notably Niagara Falls. The event is expected to occur on April 8, 2024. The last total eclipse experienced in the province was February 26, 1979, in Northern Ontario.

A solar eclipse occurs when the moon passes between the sun and the earth. The sun's disk is partially or fully (path of totality) obscured from sight by the moon, rendering the day into momentary darkness. In Ontario, daylight will be affected from approximately 2pm to 4:30pm. Several communities, including Port Stanley will experience the path of totality.

It is a rare cosmic event and has become a moment of awe and wonder.

Safety precautions are necessary to participate in the event safely. Previous experiences during the August 2017 solar eclipse in Kentucky and Oregon reported some potential public health impacts, including gastrointestinal illness, heat-related illness, respiratory illness, drug overdose, bites, and/or stings, as well as eye-related injuries.

Regarding eye safety, it is critical not to watch the solar eclipse with the naked eye. Health impacts include retinal burns, blurred vision, and loss of eyesight. To view the solar eclipse safely, use international standard (ISO) certified eye protection glasses with special filters to watch all the phases of a solar eclipse. Currently, SWPH has a limited number of eye protection glasses available free of charge to the public and available at reception.

The other potential health concerns such as other injuries and illnesses is due to the nature of such a significant event. The 2024 solar eclipse will be both a planned and spontaneous mass gathering event. SWPH has been involved in the 2024 solar eclipse preparedness, including collaborating with local partners as well as participating in provincial discussions.

Conclusion

SWPH continues to take an active and proactive approach to identifying and mobilizing community responses to both existing and emerging threats and challenges. Through our connections with

provincial, regional, and local health and social systems, we ensure a coordinated approach to safeguarding public health.

Although Covid-19, Influenza, and RSV activity has stabilized and we are approaching the end of the respiratory season, we must not be complacent. Just as we witnessed a local resurgence in pertussis last season, we are now observing a broader global resurgence in measles, largely attributed to declines in immunization rates.

This serves as a reminder of the importance of ensuring everyone is up-to-date with vaccinations and protected against preventable diseases, as increasing immunization uptake is key to safeguarding the health of our various communities.

MOTION: 2024-BOH-0328-5.2

That the Board of Health for Southwestern Public Health accept the Medical Officer of Health's Report for March 28, 2024.

MEETING DATE:	March 28, 2024
SUBMITTED BY:	Cynthia St. John, Chief Executive Officer (written as of March 20, 2024)
SUBMITTED TO:	Board of Health
PURPOSE:	☐ Decision ☐ Discussion ☒ Receive and File
AGENDA ITEM #	5.3
RESOLUTION #	2024-BOH-0328-5.3

1.0 PROGRAM UPDATES (RECEIVE AND FILE):

1.1 PETROLEUM EMERGENCY AWARENESS WORKSHOP

Southwestern Public Health (SWPH) participated in a Petroleum Emergencies Awareness Workshop on February 22, 2024, hosted by Elgin County. Over two hundred participants gathered to discuss the risk of abandoned natural gas and oil wells to communities. Risks to the public include exposure to the “knock down gas,” [Hydrogen Sulfide](#) (H₂S), and the explosive risk of [Methane](#) (CH₄). Local municipalities, with funding from the province, have launched awareness campaigns and begun to monitor and/or remediate sites identified as elevated risk. SWPH continues to collaborate with local partners on messaging from a public health lens.

1.2 UNIVERSAL ACCESS TO CONTRACEPTION

On February 29, 2024, the Government of Canada announced the next step toward a national universal pharmacare program and the intention to provide universal, single-payer coverage for a range of contraception medications and devices in collaboration with provinces and territories.

Currently, in Ontario, women aged 24 and under who do not have private insurance can access some kinds of birth control free from the pharmacy. But this program leaves out many women who may still have difficulty regularly affording contraceptives. Universal access to contraception will help achieve the population health objective of reducing unintended pregnancies for all women in our region.

1.3 HEALTH SCHOOLS TEAM: SUMMARY OF RESULTS: PILOTING HEALTHY RELATIONSHIPS PLUS IN SWPH PRIORITY SCHOOLS

Healthy Relationships Plus (HRPP) is a fourteen-week evidence-informed intervention that uses open dialogue and role-play to teach students key mental health and relationship concepts (Fournie et al., 2023). Students learn to apply critical thinking, problem-solving, and communication skills to relevant concepts such as suicide prevention, substance use, and healthy relationships, among others (Fournie et al., 2023).

In the fall of 2022, SWPH, Middlesex London Health Unit (MLHU), Thames Valley District School Board (TVDSB), London District Catholic School Board (LDCSB), and Western's Centre for School Mental Health (CSMH) piloted HRPP to grade seven and eight classrooms across Oxford County, Elgin County, the City of St. Thomas, Middlesex County, and the City of London.

Despite the challenges of piloting a new method of delivery, HRPP proved successful in improving student knowledge, self-efficacy, and behavioural intentions (Fournie et al., 2023). The CSMH evaluated the HRPP pilot using a retrospective pre-post survey and hypothetical scenario-based questions. The evaluation demonstrated that 78.1% of students were able to identify an abusive relationship accurately, and 85.2% were able to identify a bullying situation (Fournie et al., 2023). Furthermore, when asked how they would address the hypothetical scenario, students accurately identified two courses of action from the program material, demonstrating an ability to apply HRPP concepts (Fournie et al., 2023). When evaluated, HRPP demonstrated a uniquely beneficial impact on reducing bullying, improving social behaviours, and improving help-seeking behaviours (Exner-Cortens et al., 2019).

In April 2023, the Government of Ontario invested \$24 million to help reduce the risk of violence in schools, demonstrating that bullying is not without economic costs (Ontario Newsroom, 2023). Preventative and evidence-based programs, such as HRPP, have been proven to reduce the cost of negative health outcomes to the individual and the taxpayer (Aos et al., 2007). The Fourth R program, which HRPP is based on, underwent a cost-benefit analysis in 2017 (Crooks et al., 2017). That review demonstrated that the program costs approximately 0.8% of the annual allotted educational funds per student (approximately \$3-5 per student) while saving an estimated \$2,000 in related health expenses per student (Crooks et al., 2017). These savings are likely to be higher in the present time due to inflation and other factors. When appropriately modified to address the unique challenges of a classroom, HRPP improves student mental health outcomes and represents an exceptional return on investment. SWPH looks forward to continuing this program in our grade seven and eight classrooms across the region.

1.4 VACCINE PREVENTABLE DISEASES

The Immunization of School Pupils Act (ISPA), RSO 1990, requires students attending school in Ontario to have up-to-date immunization records on file with local public health agencies (LPHAs), or have completed (and notarized) Statements of Conscience or Religious Beliefs (Exemptions).

As mentioned in a previous report, SWPH began a complete elementary student immunization record review beginning in January 2024 after finishing a full secondary student immunization record review in the Fall of 2023. During this process, each student attending a school in our area is

reviewed and parents/guardians are notified via formal notices if their child is overdue for immunizations or, most often, missing immunization records in the provincial immunization data repository known as Panorama. Failure to act or respond to these notices may result in the student being suspended from attending school. In early January, 3093 students received first notices that flagged overdue or missing up-to-date records as part of this review. In late February, 1699 students (a 45% reduction from those receiving first notices) were still flagged, whereby they have now received a notice and suspension order that will take effect March 20th if no action is taken.

SWPH's Vaccine Preventable Disease (VPD) team has worked with school staff and administrators to send notifications to families impacted by this review to encourage action and response to notices sent out. Our Communications team has leveraged social media to also encourage reporting of immunizations and to share clinic appointment availability. Our team has also opened daily clinics throughout March Break and the weeks leading up to the suspension day (including evening appointments) to assist families who may find access to vaccination challenging with their primary health care providers. As part of our outreach, vaccination clinics are also provided in Aylmer, Norwich, Ingersoll, and Tillsonburg.

Our goal at SWPH is to work with the families, wherever possible, to avoid suspensions under ISPA and we support consultations by phone and in person during this review period. In the face of a growing global measles concern, this record review process is of critical importance in assessing the childhood vaccination coverage in our area and in having accurate and current immunization records should they be required during an infectious disease exposure incident, where case and contact management by public health is key to identifying and containing the spread of the virus.

1.8 COVID-19 RESPONSE

Generally, Covid cases, outbreaks, and hospitalizations are decreasing. Local Covid Vaccination Clinics were offered weekly in January and February, and in March, half-day clinics will be available exclusively for infants beginning or completing their primary series. Guidance concerning the Spring campaign is expected soon, with further decisions regarding clinics to be made accordingly. Pharmacies, like SWPH, are observing similar decreases in vaccinations within the community. Our vaccination team has been actively engaging with long-term care homes (LTCHs) in the region, providing short in-services to offer support and guidance for early preparation and independent administration of Covid-19 vaccines to residents for the Spring campaign. Additionally, email outreach for retirement homes (RHs) is planned to distribute an algorithm aimed at fostering early planning and facilitating access to supports for administering Covid-19 clinics to residents.

1.5 INFECTIOUS DISEASES

World Tuberculosis (TB) Day is March 24th. Our buildings will be illuminated with red lights to bring awareness to the campaign to end TB in the world. Social media posts and communication to health care providers will be taking place to bring awareness to symptoms, treatment, and the sobering incidence of TB cases in the world. To learn more, watch a short informative video from the World Health Organization (WHO): [Tuberculosis \(TB\) Explained](#).

1.6 HEALTHY ENVIRONMENTS

The Environmental Health (EH) Team's Public Health Inspectors (PHIs) are currently focusing on maintaining inspection completion rates as warmer weather signals an increase in special events, farmers' markets, and seasonal food safety inspection demands.

Ticks continue to be submitted to SWPH for identification, and though the rate of submission slowed greatly over the winter months, it never actually stopped. This is due to a mild winter season resulting in temperatures and environments that allowed the ticks to remain active during winter. The EH team is working on messaging for the public aimed at providing education around protection, risks, and Lyme disease awareness, as well as promoting an online platform, www.etick.ca, that can identify ticks and risks for Lyme disease.

Members of the EH team will be attending the Lessons Learned from the 2023 Wildfire Season: Challenges and Opportunities for Local Public Health Units workshop at the Ontario Public Health Conference on March 26th. Learning objectives include understanding health outcomes, methodologies, and technologies for measuring and describing air quality events, gathering experiences of health units during 2023 wildfire season, risk communication, and more.

1.7 CLIMATE EQUITY STUDY REPORT

Further to the [Building Healthier Communities Together Report](#) shared at the February Board of Health Meeting, the attached report, [2023 Health Equity and Climate Change Report](#) was written for SWPH and informed by municipal planners across the region. It highlights the opportunities and desire for ongoing municipal planning partnership and collaborations to realise synergies and enrich the built environment, fostering healthy, equitable, and climate-resilient communities.

Community planning, design, services, and maintenance significantly affect health. Per the Ontario Public Health Standards ([OPHS](#)), Boards of Health aim to decrease health hazards and promote healthy built and natural environments. These environments should support health and address existing and emerging risks, including those from climate change. Municipal planners facilitate planning, design, and development processes to respond to, mitigate, and adapt to climate change.

This report outlines the progress made in 2023, building upon the 2019 report ([available via the provided link](#)). Conducted by SWPH, it evaluates the level of policy support and impact reflected in municipal plans concerning climate change and health equity. Specifically, it updates newly implemented and adopted official plans since 2019 and suggests actions for SWPH to enhance collaboration with local municipalities effectively. There is a strong sense of commitment from all partners to find meaningful opportunities to enhance the processes and practices between organizations. Future work will place emphasis on education, raising awareness, and fostering a clear understanding of public health outcomes and planning principles.

2.0 GOVERNANCE MATTERS (RECEIVE AND FILE):

2.1 SPECIAL AD HOC STRENGTHENING PUBLIC HEALTH COMMITTEE REVISED TERMS OF REFERENCE (DECISION):

At a recent Special Ad Hoc Strengthening Public Health Committee (SASPHC) orientation meeting between the new Chair and new Vice-Chair, it was identified that adding the previous chair to the committee brings valuable experience, continuity, leadership, and representation to the table.

As such, the Terms of Reference for the committee have been modified to include the past chair as a voting member.

MOTION: 2023-BOH-0328-5.3-2.1

That the Board of Health approve the adjusted Terms of Reference for the Special Ad Hoc Strengthening Public Health Committee for March 28, 2024.

3.0 FINANCIAL MATTERS (DECISION):

3.1 2024 ANNUAL SERVICE PLAN AND BUDGET SUBMISSION (RECEIVE AND FILE):

The Annual Service Plan (ASP) is a consolidated Ministry document that includes all of our program planning activities and our 2024 Board approved budget. I am pleased to report that the requirement to complete this has been met and the report was submitted to the Ministry of Health at the end of February by the deadline date. The report was approved by me and signed by the Board Chair. As the report is about 120 pages long, it is [available only on the Board portal](#) for any Board member who wishes to review it.

MOTION: 2023-BOH-0328-5.3-3.1

That the Board of Health ratify the signing of the Annual Service Plan for 2024.

3.2 2024/2025 IPAC HUB FUNDING (RECEIVE AND FILE):

On March 11th SWPH received notification via email that a decision has been made to continue funding the Infection Prevention and Control (IPAC) Hubs in the 2024-25 fiscal year and in the years following. The Ministry of Health is currently working to prepare funding letters to extend the current agreements that expire on March 31, 2024; however, they are urging all LPHAs to continue to provide IPAC expertise and support to congregate living settings in our respective regions/communities.

When a formal funding letter is received, it will be shared with the Board.

MOTION: 2024-BOH-0328-5.3

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Report for March 28, 2024.



2023 Municipal Planning
Exploration & Engagement
SWPH Health Equity & Climate Change

Prepared by CIMA+ for Southwestern Public Health
February 2024



Team Acknowledgements

We would like to thank the following individuals who were supportive in the development of the Health Equity & Climate Change Policy Initiative and the development of this report.

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Southwestern



Introduction

The way communities are planned, designed, serviced, and maintained has considerable impact on health. Both Public Health and Municipal Planning Practitioners have a significant role to play in designing healthy, climate resilient, and equitable communities.

According to the Ontario Public Health Standards¹, Boards of Health will work to reduce exposure to health hazards and promote the development of healthy built and natural environments that support health and mitigate existing and emerging risks, including the impacts of a changing climate. Municipal planners are responsible for facilitating the processes and practices of planning, design, and development of communities to respond, mitigate, and adapt to climate change.

This report documents the work completed in 2023. It is an update to the 2018 initiative undertaken by Southwestern Public Health (SWPH) to determine the degree of policy support and impact demonstrated through municipal plans for climate change and health equity. This report provides an update on new official plans that have been implemented and adopted since 2019 and highlights the recommended actions SWPH can take moving forward to work more effectively and collaboratively with their local municipalities.

1.1 Project Purpose & Process

In 2018, SWPH wanted to gain a better understanding of the degree that climate change resiliency and health equity is supported through existing municipal policies, with a specific focus on Municipal Official Plansⁱⁱ. To do so, the project team undertook a comprehensive review to determine the prevalence of health indicators within the current Municipal Official Plans.

In 2018, municipal engagement was undertaken with a select number of municipalities to discuss current practices and potential areas for improvement regarding the inclusion / integration of health indicator terminology as part of Official Plan review processes. A summary report was developed in 2019 which has been and continues to be referenced for municipal and public health planning and policy work related to health equity and climate change.

The 2018 project and the report aimed to:

- Establish a common definition and key terms associated with health equity and climate change for Southwestern Public Health.
- Provide SWPH with the policy background, best practices, principles, and considerations to inform future Official Plan reviews undertaken by local municipalities.
- Provide the foundation for public and decision-maker education to establish a greater understanding of and buy-in to health equity and climate change within the region.

In late 2022, SWPH initiated a project to revisit and update the findings from 2019. The new scope was to review the newly developed and adopted Official Plans. The intent was to determine if changes had been made to municipal planning policy in support of health equity and climate change and the degree of variation between municipalities relative to public health priorities. In addition, it also was used to re-engage and broaden the engagement with local municipalities to find mechanisms, tools, and strategies to help foster more effective and efficient coordination and collaboration as part of the process of policy development.

The 2023 project goals include:

- *Find opportunities and identify future actions that support enhanced collaboration between public health practitioners and municipal planners.*
- *Determine how to best promote health equity and climate change-responsive policies and processes.*
- *Educate partners such as decision makers, community members, developers, etc. about the strong connection and interplay between public health and community planning.*

1.2 Context & Considerations

SWPH has a vision for healthy people in vibrant communities. The agency is regulated by the Ontario Health Promotion and Protection Actⁱⁱⁱ with a mandate to complete work under the Ontario Public Health Standards^{iv}.

How communities are designed is vitally important to our health and well-being. Planning decisions such as zoning, transportation systems, and community design significantly influence health. SWPH works with its partners to build communities where optimal health is possible. Social determinants of Health and Health Equity^v considerations need to be embedded in planning policy to protect and support our most vulnerable residents.

At a local level, it is an upper-or-lower-tier municipality's Official Plan that acts as the primary guiding document for community growth and development. While staff play a key role in the Official Plan's development, other stakeholders, agencies, indigenous partners, and the public have the opportunity to provide comments and help shape the policy direction that is approved by the Council. Other plans and tools are then developed with input from the public and other partners through a public process. These tools are also approved by Council and provide helpful direction to municipal staff.

The Ontario Public Health Standards stipulate that Boards of Health shall collaborate with municipalities under the Ontario Planning Act to address local impacts of climate change and reduce exposure to environmental health hazards in the community. Opportunities for coordination and consultation vary depending on the project, the municipal approach, and the relationship of partners.

What are social determinants of health?

Many factors have an influence on health. In addition to our individual genetics and lifestyle choices, where we are born, grow, live, work and age also have an important influence on our health.

Determinants of health are the broad range of personal, social, economic, and environmental factors that determine individual and population health.

1. Income and social status
2. Employment and working conditions
3. Education and literacy
4. Childhood experiences
5. Physical environments
6. Social supports and coping skills
7. Healthy behaviours
8. Access to health services
9. Biology and genetic endowment
10. Gender
11. Culture
12. Race / Racism

Source. Public Health Canada

<https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html>

1

Although public health practitioners and planners have established strong working relationships, there continues to be opportunities for improved collaboration. This section is a documentation and record of the work completed as part of the 2023 climate change and health equity project.

1.2.1 Local Context

Context is typically shaped by political, socio-demographic, and geographic conditions. For this project, context was necessary to define as it helped to clarify the scale of impact, and the municipalities that were to be engaged throughout the project process. Figure 1 illustrates the geographic context of Southwestern Public Health.

This is the geographic area of Southwestern Public Health, which includes the two upper-tier municipalities of Elgin County and Oxford County, and their respective lower-tier municipalities. The City of St. Thomas, a single tier municipality, is also located in this area.

In total, the population of the Southwestern Public Health catchment area is approximately **260,000** with a geographic area of just under **4,000** square kilometres.^{vi}



1

Figure 1: Map of SWPH geographic area, conceptually adapted from Google Maps

In the 2019 report, a series of community profiles were developed. These profiles illustrate the current trends and context, translated into five (5) built environment categories developed by SWPH. The categories are an adaptation of a widely accepted Healthy Built Environment Toolkit, created by the BC Centre for Disease control^{vii}. The five (5) categories are summarized below.

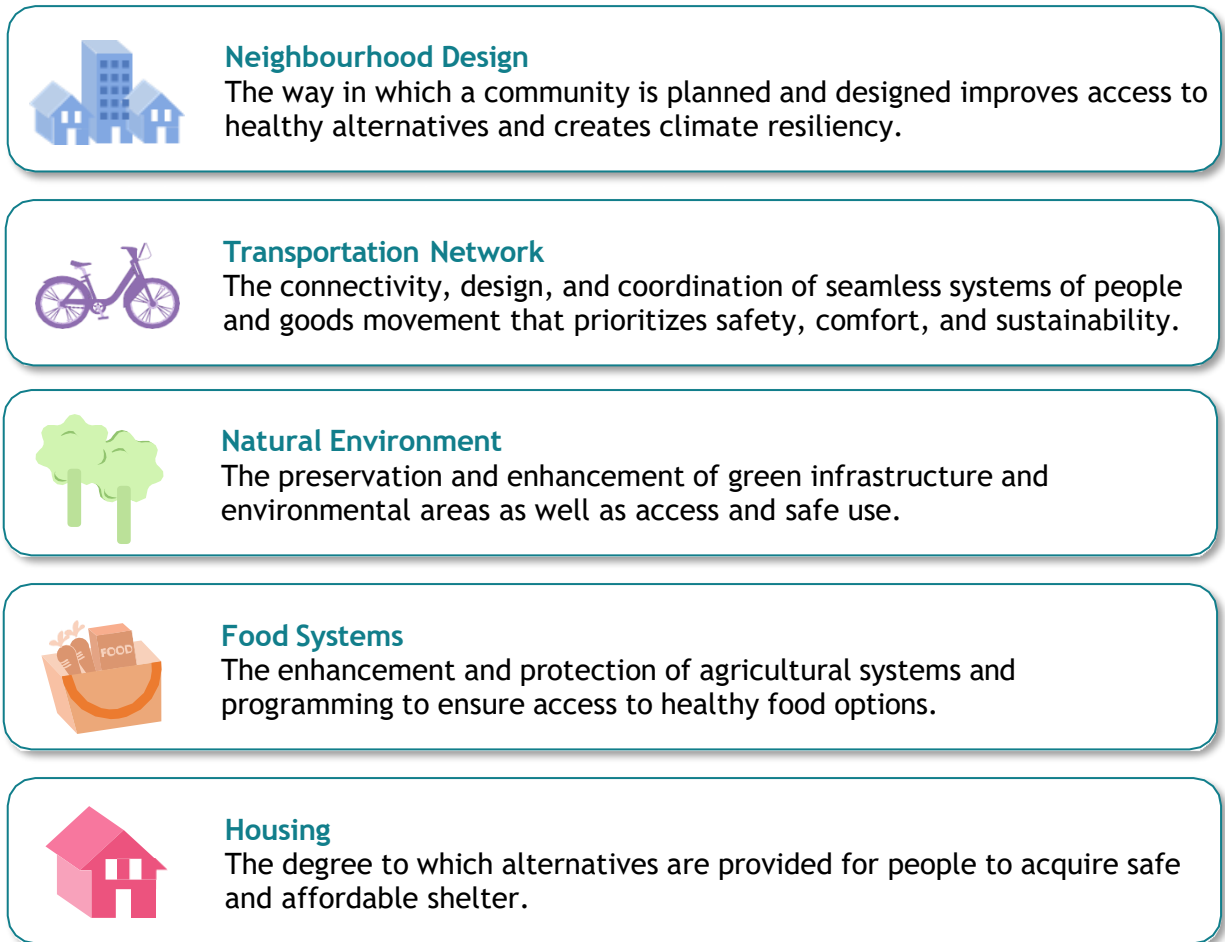


Figure 2: Overview of Built Environment Indicators

As part of the 2023 project, the community profiles were updated to reflect changes to publicly available data. Profiles were generated for the upper and single tier municipalities within the SWPH area that include Oxford County, Elgin County, and the City of St. Thomas.

The updated community profiles outlined in Figure 3, Figure 4 and Figure 5 on the following pages will be used as the basis for the monitoring and evaluation of changes to the development, adoption, implementation and investment of climate change and health equity related initiatives and policies over the long-term.

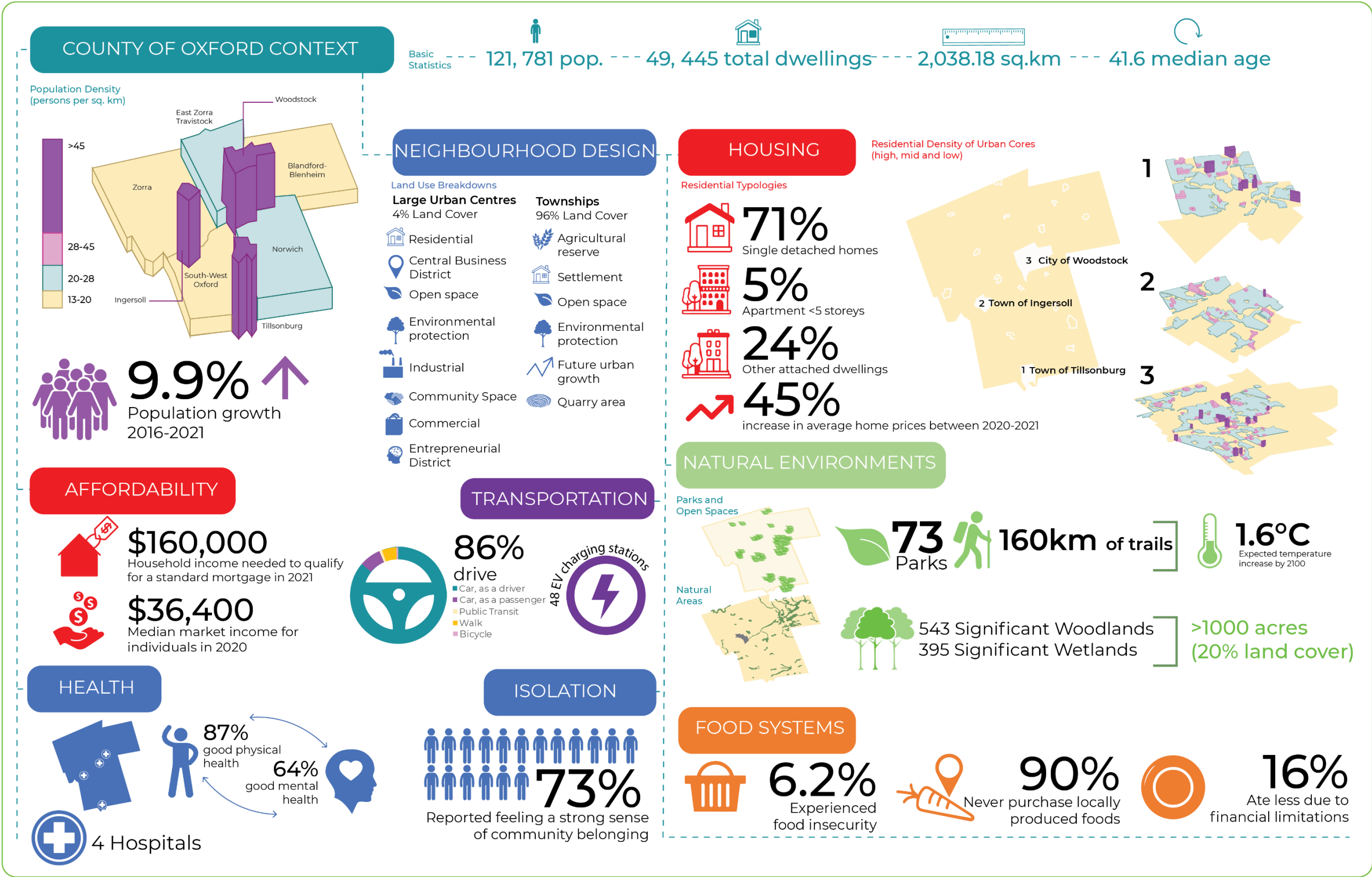


Figure 3: Community profile of Oxford County

Statistic	Source
Context	
Population, total dwellings, sq.km, median age, and population growth	Statistics Canada. Oxford County Census Profile. Statistics Canada. 2021. Available from: 2021 Census: Oxford County
Population density visualization	Southwestern Public Health. Community Profile: Elgin-Oxford. Southwestern Public Health. 2011.
Neighbourhood Design	
Land use types	Oxford County. Oxford County Official Plan. 1995. Available from: Oxford County Official Plan .
Belonging statistic	County of Oxford Committee. Oxford County Community Wellbeing Survey: A Profile of the Wellbeing of Oxford County Residents. In Partnership with the University of Waterloo. 2016
Number of hospitals	Oxford County. Geographic Land Information and Mapping Resource (GLIMR). No year. Available from: Oxford County maps
Health statistics	County of Oxford Committee. Oxford County Community Wellbeing Survey: A Profile of the Wellbeing of Oxford County Residents. In Partnership with the University of Waterloo. 2016
Housing & Affordability	
Residential Typologies	Statistics Canada. Oxford County Census Profile. Statistics Canada. 2021. Available from: 2021 Census: Oxford County
Residential densities of the urban core	Oxford County. Geographic Land Information and Mapping Resource (GLIMR). No year. Available from: Oxford County maps
Housing affordability statistics	Oxford County. Affordable Housing Update. November 10, 2021. Available from: Affordable Housing Update .
Transportation	
Mode split	Statistics Canada. Oxford County Census Profile. Statistics Canada. 2021. Available from: 2021 Census: Oxford County
Number of EV charging stations	Oxford County. EVSE Data Mapping and Analysis in Support of Oxford County's Electric Vehicle Accessibility Plan. 2018.
Natural Environment	
Parks and Open Spaces Map	Oxford County. Geographic Land Information and Mapping Resource (GLIMR). No year. Available from: Oxford County maps
Natural Areas Map	Oxford County. Geographic Land Information and Mapping Resource (GLIMR). No year. Available from: Oxford County maps
Number of significant woodlands and wetlands	Oxford County. Geographic Land Information and Mapping Resource (GLIMR). No year. Available from: Oxford County maps
Number of Trails Kms	Tourism Oxford. Trails and Hiking. Oxford County. Available from: Tourism Oxford: Trails and Hiking
Climate change statistic	Southwestern Public Health. Healthy Environments: Health Status by Program Area. June 2019. Available from: Healthy Environments: Health Status by Program Area
Percent of natural land cover	Oxford County. Forest Conservation and Management. No date. Available from: https://www.oxfordcounty.ca/en/services-for-you/forestry-conservation-and-management.aspx
Food Systems	
Locally purchased foods	County of Oxford Committee. Oxford County Community Wellbeing Survey: A Profile of the Wellbeing of Oxford County Residents. In Partnership with the University of Waterloo. 2016
Financial security and food consumption	County of Oxford Committee. Oxford County Community Wellbeing Survey: A Profile of the Wellbeing of Oxford County Residents. In Partnership with the University of Waterloo. 2016
% Experiencing food insecurity	County of Oxford Committee. Oxford County Community Wellbeing Survey: A Profile of the Wellbeing of Oxford County Residents. In Partnership with the University of Waterloo. 2016

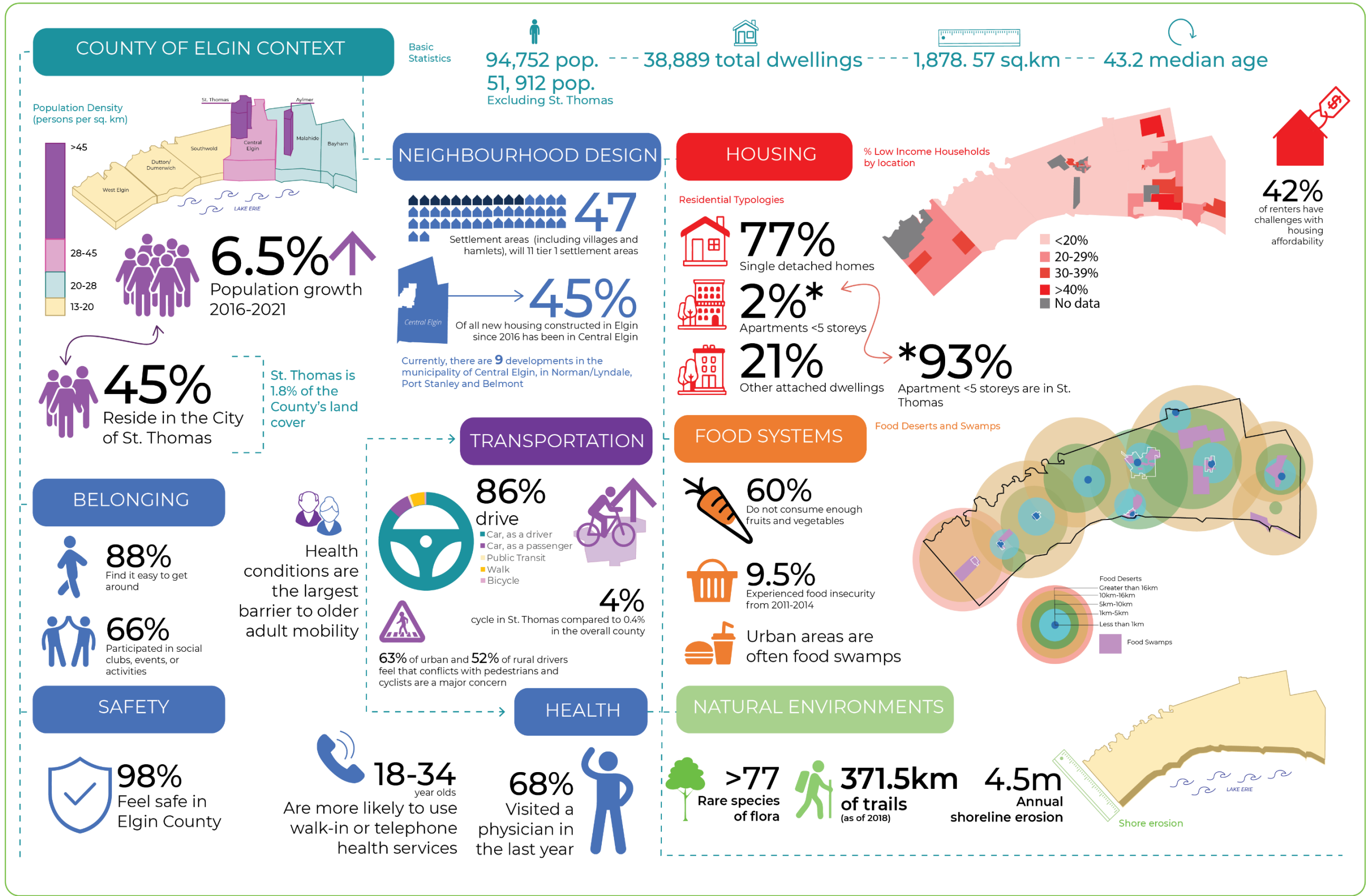


Figure 4: Community profile of Elgin County

Statistic	Source
Context	
Population, total dwellings, sq.km, median age, and population growth, % population in St. Thomas	Statistics Canada. Elgin County Census Profile. Statistics Canada. 2021. Available from: 2021 Census Elgin County
Population density visualization	Southwestern Public Health. Community Profile: Elgin-Oxford. Southwestern Public Health. 2011.
Neighbourhood Design	
Number of settlement areas	Elgin County. Discussion Paper #5 County of Elgin Official Plan 5 Year Review Population, Housing and Employment Forecasts and Associated Land Needs Analysis. Elgin County. 2023. Available from: Discussion Paper #5 County of Elgin Official Plan 5 Year Review Population, Housing and Employment Forecasts and Associated Land Needs Analysis
Housing construction trends	Elgin County. Discussion Paper #5 County of Elgin Official Plan 5 Year Review Population, Housing and Employment Forecasts and Associated Land Needs Analysis. Elgin County. 2023. Available from: Discussion Paper #5 County of Elgin Official Plan 5 Year Review Population, Housing and Employment Forecasts and Associated Land Needs Analysis
Number of current developments	Municipality of Central Elgin. Current Planning Applications. No Date. Available from: https://www.centralelgin.org/en/building-and-development/current-planning-applications.aspx#Minor-Variance
Belonging statistics	Report on the City of St. Thomas and Elgin County Community Survey. 2017.
Safety statistics	Report on the City of St. Thomas and Elgin County Community Survey. 2017.
Health statistics	Report on the City of St. Thomas and Elgin County Community Survey. 2017.
Housing & Affordability	
Residential Typologies	Statistics Canada. Elgin County Census Profile. Statistics Canada. 2021. Available from: 2021 Census Elgin County
Percent of low-income households by location	Addressing Food Insecurity and Food Access Issues in St. Thomas and Elgin County. 2017.
Housing affordability statistics	Aylmer-Elgin-St Thomas Coordinating Committee. 2021-2024 Community Safety and Well-Being Plan. Elgin County. 2021. Available from 2021-2024 Community Safety and Well-Being Plan
Transportation	
Mode split, percent difference of cyclists in St. Thomas	Statistics Canada. Elgin County Census Profile. Statistics Canada. 2021. Available from: 2021 Census Elgin County
Transportation safety statistics	Elgin County. Phase I: Needs and Opportunities County of Elgin Transportation Master Plan. March 2022. Available from: Phase 1 Needs and Opportunities County of Elgin Transportation Master Plan.
Natural Environment	
Rare flora species	Carolinian Forest Coalition. Participate in the Elgin Natural Heritage Inventory. No date. Available from: https://caroliniancanada.ca/grow-wild/participate-elgin-natural-heritage-inventory-0
Number of Trails Kms	Elgin County. Elgin County Trails Study. 2018. Available from: Elgin County Trails Study.
Annual shoreline erosion	Bunnell, Erin. Lake Erie shoreline management plan says erosion of bluffs is a fact of life in Elgin County. St. Thomas Times Journal. Oct 22, 2015. Available from: https://www.stthomastimesjournal.com/2015/10/22/lake-erie-shoreline-management-plan-says-erosion-of-bluffs-is-a-fact-of-life-in-elgin-county
Food Systems	
Food consumption	Report on the City of St. Thomas and Elgin County Community Survey. 2017.
Food desert and swamp map	Addressing Food Insecurity and Food Access Issues in St. Thomas and Elgin County. 2017.
% Experiencing food insecurity	Report on the City of St. Thomas and Elgin County Community Survey. 2017.

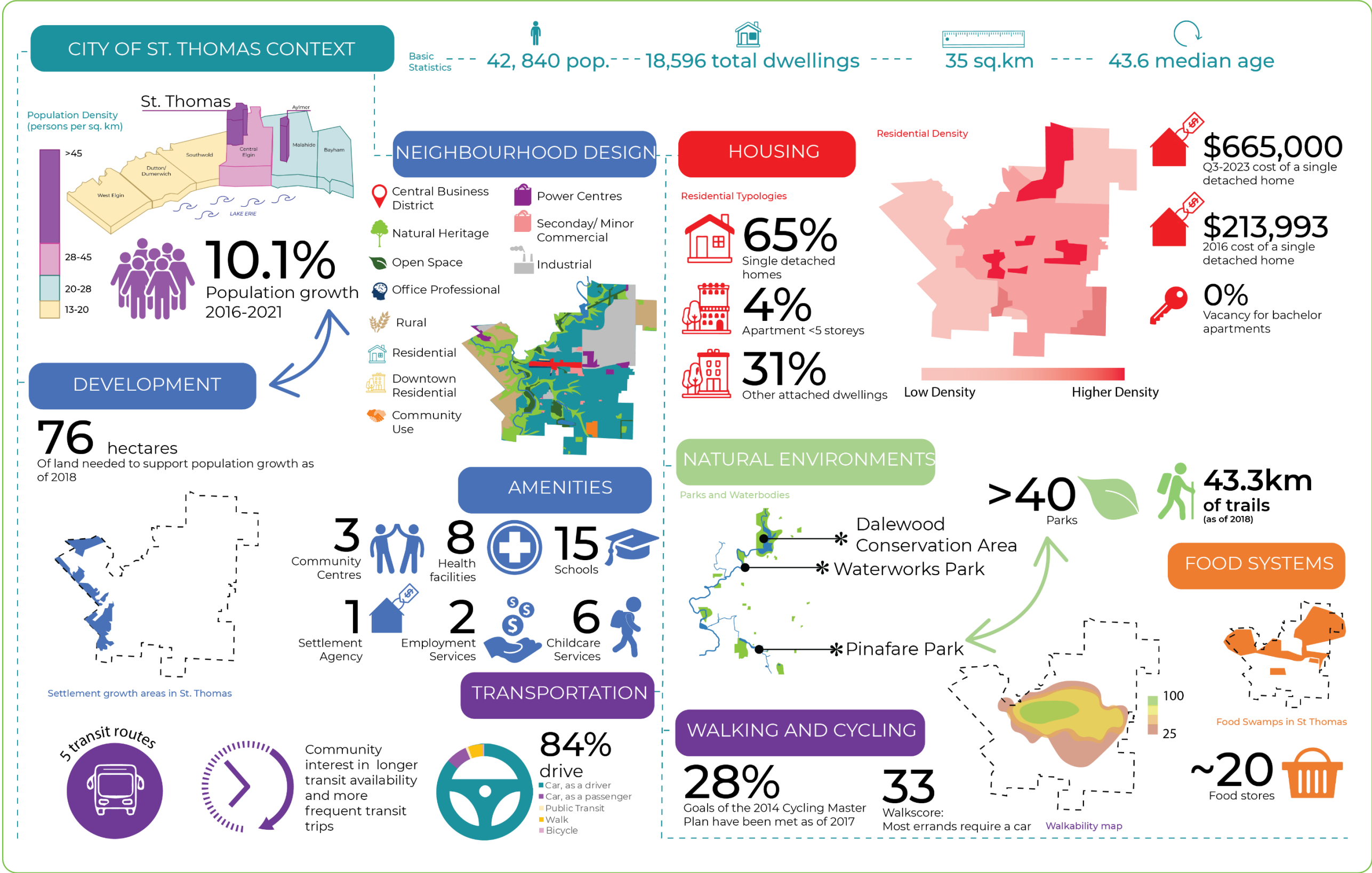


Figure 5: Community profile of St. Thomas

Statistic	Source
Context	
Population, total dwellings, sq.km, median age, and population growth	Statistics Canada. St. Thomas Census Profile. Statistics Canada. 2021. Available from: 2021 St. Thomas (City) Census Profile
Population density visualization	Southwestern Public Health. Community Profile: Elgin-Oxford. Southwestern Public Health. 2011.
Neighbourhood Design	
Land use types	City of St. Thomas. Retail Market Study. City of St. Thomas. 2016. Available from: Retail Market Study .
Amenities	Welcome to St. Thomas-Elgin. Explore the Area. No date. Available from: https://www.welcometoste.ca/explore/
Development	City of St. Thomas. St. Thomas Positioned for Growth. 2018. Available from: https://www.stthomas.ca/positionedforgrowth
Housing & Affordability	
Residential Typologies	Statistics Canada. St. Thomas Census Profile. Statistics Canada. 2021. Available from: 2021 St. Thomas (City) Census Profile
Residential density	City of St. Thomas. Transit Strategic Plan. 2020. Available from: Strategic Transit Plan .
Cost of a single detached home 2021	Canadian Real Estate Association. London and St. Thomas Area Realtors Residential Activity. 2023. Available from: https://creastats.crea.ca/mls/lond-residential-activity
Cost of a single detached home 2016	Southwestern Public Health. St. Thomas-Elgin Selfie. Updated November 2022. Available from: https://public.tableau.com/app/profile/foundational_standards/viz/ElginSt_ThomasSelfie/ElginSt_ThomasSelfie
Vacancy rates for bachelor apartments	Aylmer-Elgin-St Thomas Coordinating Committee. 2021-2024 Community Safety and Well-Being Plan. Elgin County. 2021. Available from 2021-2024 Community Safety and Well-Being Plan
Transportation	
Mode split	Statistics Canada. St. Thomas Census Profile. Statistics Canada. 2021. Available from: 2021 St. Thomas (City) Census Profile
Transit routes	City of St. Thomas. Transit System: Our services. No date. Available from: https://www.stthomas.ca/living_here/transit_system/our_services
Walk score	Walk Score. St. Thomas Walk Score. No date. Available from: https://www.walkscore.com/CA-ON/St._Thomas
Community interest in transit	City of St. Thomas. Transit Strategic Plan. 2020. Available from: Strategic Transit Plan .
Percent of Cycling Master Plan complete	Southwestern Public Health. St. Thomas-Elgin Selfie. Updated November 2022. Available from: https://public.tableau.com/app/profile/foundational_standards/viz/ElginSt_ThomasSelfie/ElginSt_ThomasSelfie
Natural Environment	
Parks and waterbodies map	Railway City Tourism. Trails Map. No Date. Available from: https://www.railwaycitytourism.com/uploads/2/1/4/9/21492992/2020_st._thomas_trail_map.pdf
Number of Trails Kms	Elgin County. Elgin County Trails Study. 2018. Available from: Elgin County Trails Study .
Number of parks	City of St. Thomas. Living here: Parks. 2023. Available from: St. Thomas Parks .
Food Systems	
Food swamps map	Addressing Food Insecurity and Food Access Issues in St. Thomas and Elgin County. 2017.
Number of grocery stores	Google. Google maps review. 2023.

1.2.2 Provincial Trends

Since the 2019 project was completed, there have been significant changes related to public health and planning.

As denoted by Figure 6, the 2023 project aimed to quantify these changes where possible, notably the shifting public health conditions amid a global pandemic, new census data (2016 to 2021), and a changing Ontario policy landscape.

Identifying and considering these changes helps understand the context within which municipalities and public health practitioners are now making decisions. It also helps understand the capacity of municipal and public health practitioners to focus on climate change and health equity-related work.



WHY UPDATE? TRACKING CHANGE

Since 2019, we have seen many critical changes in Elgin County, Oxford County and St. Thomas which can impact how to best shape supportive practices for health equity and climate change. Some of these key context considerations are summarized below, including updated census information from the 2021 census, the COVID-19 pandemic, and shifts to provincial policy directives.

CENSUS DATA UPDATE 2016 to 2021

The previous report, **published in 2019** relied on census data from 2016. Now in 2023, the 2021 census data was used to track ongoing changes in population, transportation, and housing across Oxford County, Elgin County, and St. Thomas.

	 pop.	 dwellings	 age	 income	 mode split
Oxford County 2016	110,862	45,350	42.3	\$36,025	86% drive
Oxford County 2021	121,781	49,445	41.6	\$36,400	86% drive
Elgin County 2016	88,978	36,613	42.5	\$32,886	86% drive
Elgin County 2021	94,752	38,889	43.2	\$39,200	86% drive
St. Thomas 2016	38,909	16,586	42.9	\$32,402	84% drive
St. Thomas 2021	42,840	18,596	43.6	\$40,000	84% drive

Other trends...



Larger increase in population between 2016-2021 when compared to 2011-2016 in all communities



Increase in apartments that are over 5 storeys in all communities

COVID-19 PANDEMIC

Since 2020, the COVID-19 pandemic has uprooted much of everyday life globally. The impacts of the pandemic were felt in physical and mental population health, transportation trends, and housing trends. In Oxford County, Elgin County and St. Thomas, understanding how COVID-19 has impacted each of these is crucial to understand resiliency and equity in future planning initiatives.

Long term COVID-19 impacts...



In Elgin County, there was a steady reduction in workplace commuting with the count of commuters reducing 20-60% between March 2020- Jan 2021 and 40% of commuters intending to continue to work from home post pandemic.



Increase in mental health crises and needs for support with calls to the police for mental health concerns doubling in 2020 within St. Thomas.



Fluctuation in home prices, especially in rural areas and small towns. Across Canada, 2021 represented the largest national increase in home price since 1989.

SHIFTING PROVINCIAL POLICY

Since 2019, there have been multiple changes to provincial policy, including updates to the Planning Act, Provincial Policy Statement, and the introduction of new acts which impact planning priorities for municipalities.

Notable Changes...



In 2020, The Provincial Policy Statement was updated. The new update prioritized increasing the mix and supply of housing, protecting the environment and public safety, and reducing the costs and barriers to new development. All Ontarian municipalities must be consistent with the PPS.



In November of 2022, The More Homes Built Faster Act (MHBA) became law. This new act imposed many changes to planning processes and responsibilities in Ontario, some of which are pertinent to the development of official plans within Oxford County, Elgin County, and St. Thomas.



Within the More Homes Built Faster Act changes to the Conservation Authorities Act with less responsibility given to Conservation Authorities.

KEY TAKEAWAYS

- Population has increased from 2016 across all communities
- Median income has risen marginally in all communities
- Mode-shift has not changed between 2016-2021 in all communities
- There has been an increase in housing density, and in Elgin County, more density is located outside of St. Thomas with the percent of apartments over 5 storeys going from 99% in St. Thomas in 2016, to 93% in 2021

KEY TAKEAWAYS

- Transportation in all communities may be impacted by COVID-19 travel trends in years to come.
- Home prices have increased exponentially, and income has not equally increased, causing potential concerns for housing affordability in all communities.

KEY TAKEAWAYS

- Local official plans in Elgin County, Oxford County, and St. Thomas must be in alignment with the provincial planning directives outlined in the PPS update. This could impact future Official Plan updates, and types of policies contained within.
- Changes to the roles and responsibilities of Conservation Authorities could impact current climate planning initiatives, especially surrounding conservation areas.

Sources: 2021 Census data <https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E>
COVID-19 Commuting patterns: Elgin County. Phase I: Needs and Opportunities County of Elgin Transportation Master Plan. March 2022. Available from: [Phase 1 Needs and Opportunities County of Elgin Transportation Master Plan](#).
Health during COVID-19: Southwestern Public Health. Indirect Health Impacts of COVID-19. 2022. Available from: [Indirect health impacts of COVID-19](#)
Housing price increases: Statistics Canada. <https://www150.statcan.gc.ca/n1/daily-quotidien/220121/dq220121b-eng.htm>
Provincial Policy: Provincial Policy Statement, MOMAH. 2020. Available from: <https://www.ontario.ca/page/provincial-policy-statement-2020>
Provincial Policy: More Homes Built Faster Act, MOMAH. 2022. Available from: <https://www.ola.org/en/legislative-business/bills/parliament-43/session-1/bill-23>

Figure 6: Notable Changes in the Planning Landscape

1.2.3 Frameworks

Frameworks refers to the policy and programming structure that dictates how work is done by both public health and planning practitioners. The 2019 report included content that presented the specific mandates of the two professions. The following provides more detail on their roles and responsibilities relative to the context and scope of this project.

Public Health Frameworks & Considerations

Public Health is legislated by the Health Promotion and Protection Act and the work is prescribed in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability \(gov.on.ca\)](https://www.ontario.ca/gov/public-health-standards-requirements-for-programs-services-and-accountability). Built Environment and planning considerations fall specifically within the Environmental Health, Chronic Disease, and Health Equity Standards.

Additional frameworks and practice guidelines that inform public health practice include but are not limited to:

Health Hazard Response Protocol - [Health Hazard Response Protocol, 2019 \(gov.on.ca\)](https://www.ontario.ca/gov/health-hazard-response-protocol)

Healthy Environments and Climate Change Guideline - [Healthy Environments and Climate Change Guideline, 2018 \(gov.on.ca\)](https://www.ontario.ca/gov/healthy-environments-and-climate-change-guideline)

Chronic Disease Prevention Guideline- [Chronic Disease Prevention Guideline, 2018 \(gov.on.ca\)](https://www.ontario.ca/gov/chronic-disease-prevention-guideline)

Ontario Climate Change Toolkit - [The Ontario Climate Change and Health Toolkit](https://www.ontario.ca/gov/ontario-climate-change-and-health-toolkit)

Health Equity Impact Assessment - [The Ontario Health Equity Impact Assessment | ontario.ca](https://www.ontario.ca/gov/the-ontario-health-equity-impact-assessment)



Planning Frameworks & Considerations

Planning starts with Provincial policies and plans which provide the context and support from which climate change and health equity policies are developed and adopted at the local level. The Planning Act^{viii} and the Provincial Policy Statement (PPS)^{ix} are the two primary documents that impact local policies within the SWPH region. The PPS is currently under review with potential adoption as the Provincial Planning Statement^x.

While both the Planning Act and the PPS do not currently make specific reference to health equity, there are terms that are used throughout the PPS that have an influence on health equity, such as supporting human health, building healthy communities, and protecting public health. Building healthy communities is one of the core directives of the PPS, and as such it includes guidance for supporting healthy neighbourhood design, transportation, and housing throughout Ontario.

In terms of climate change, the PPS supports building climate resilient communities and recognizes the potential health impacts and maximized vegetation in settlement areas as interventions that prepare for the impacts of climate change.

Depending on how the Provincial Planning Statement is finalized and confirmed, there may be significant changes to the degree to which the Province of Ontario provides planning direction specifically on climate change and in-directly on health equity. No matter the outcome, provincial policies, such as the Planning Act or the PPS address health equity and climate change is important as they are the precursor for the planning guidance at the municipal scale across Ontario.

Beyond Provincial policies and plans, official plans are the policy documents that guide all municipal decisions related to community growth and development.

The Planning Act provides direction on the creation of official plans. While the official plans are the most impactful planning document and the one with the regulatory support for planning decisions, there are other tools developed and adopted by municipalities that support the decision-making framework.

Planning policies are designed and implemented with different intents and purposes. The structure that is in place within the Province of Ontario has been designed to provide multiple levels of support and direction for various land use planning jurisdictions and issues.

Figure 7 shows the planning policies and tools typically adopted/used by a municipality. Not every planning policy or tool is applicable to the geographic area of SWPH. Those applicable have been highlighted. It is important to note that the municipal planning structures vary between Oxford County, Elgin County, and the City of St. Thomas.

Within the context of the SWPH region, there are three ways planning policy is adopted / utilized:

1. A single-tier municipality with its own Official Plan i.e., City of St. Thomas.
2. A two-tier municipality with multiple official plans developed within both upper and lower tier municipalities. i.e., Elgin County and its area municipalities.
3. A two-tier municipality with a single Official Plan developed by the upper-tier municipality and used by the lower-tier municipalities i.e., Oxford County

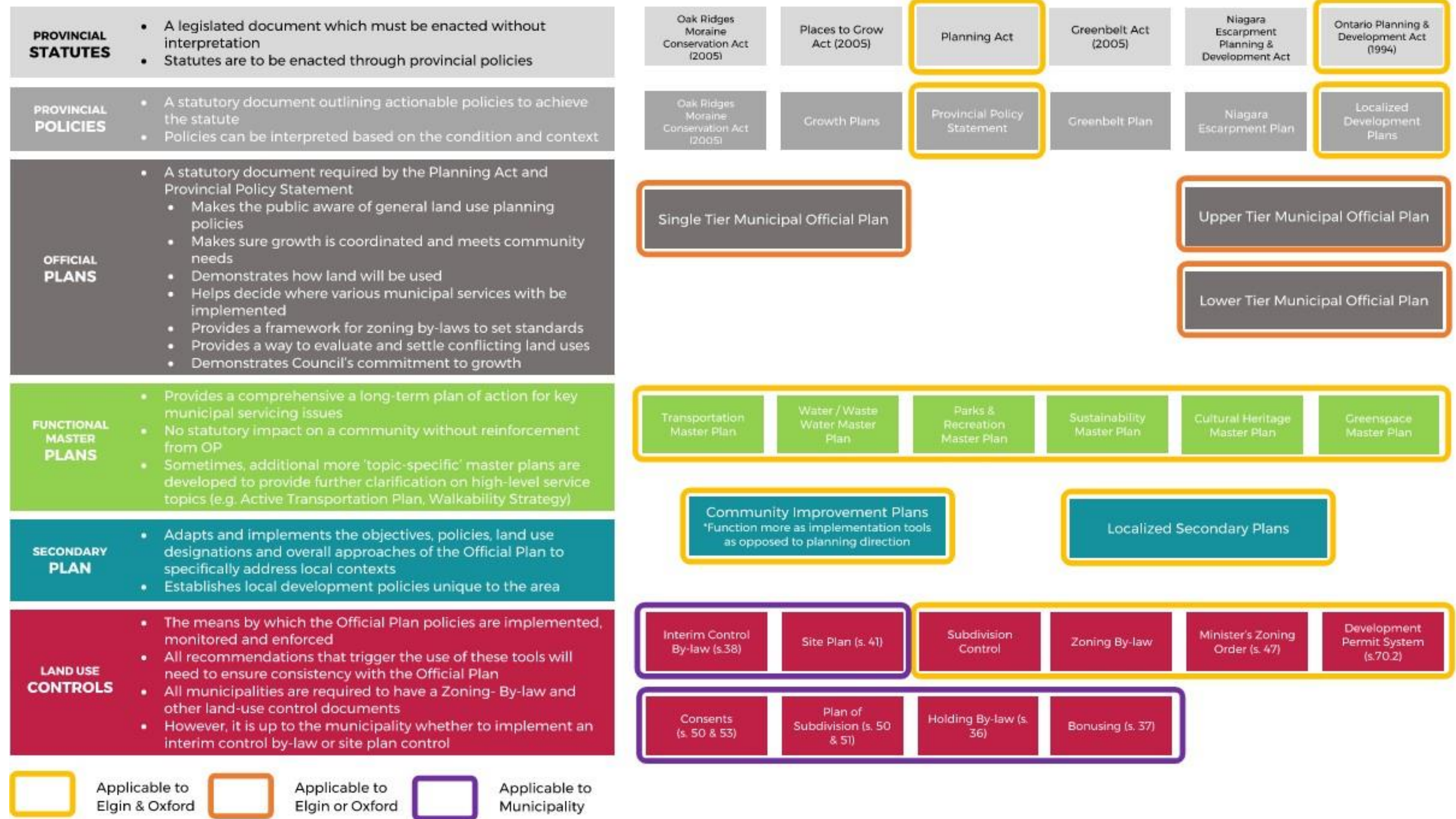


Figure 7: Provincial Policy Structure

1.2.4 Current Policy Support

One of the project's main goals was to identify and assess where and how local Official Plans supported climate change and health equity initiatives. In 2019, SWPH indicated that it was their understanding that Official Plan documents were the most direct and effective means of influencing public health change in planning. To assess impact, a key term assessment was used to analyze each of the SWPH region's Official Plan documents. One hundred (100) key terms relating to the five (5) built environment categories were identified and confirmed based on discussions with the public health team and relevant research. While some of the terms specifically addressed climate change and others health equity, the ones that had impacts on both topics were deemed to be high impact and of the greatest interest to the team. For a more detailed overview of the terms and their application, please refer to the 2019 project report.

In 2023, several municipalities had either recently adopted or were reviewing/revising their Official Plans. The newly available Official Plans were assessed using the same key term approach and a comparison of findings was developed. To more effectively assess and document change, additional considerations were assessed and highlighted including:

The **type of support** within the policy i.e., the type of planning tool / reference that is being made and the degree of impact of those statements. There were five (5) different types of support which the various references were categorized by:

- V - vision statement
- M - motherhood statement
- G - guideline
- R - recommendation
- P - policy

The aim is to have a range of several types of support throughout the Official Plan which lends itself to a greater degree of influence and impact.

The **change** is a comparison of the number of climate change and health equity terms referenced throughout the document between 2019 and 2023. Four (4) categories of change were identified including:

- Significant increase (20+ references)
- Some increase (1-20 references)
- No change (0 references)
- Some decrease (less than the 2019 number of references)

The **strength** of support i.e., how influential the references are in their potential to create change. Four (4) categories of strength were identified based on the number of times the term was referenced:

- High (<50 references across all types of policy)
- Moderate (<10 and >50 with representation in most types)
- Low (>10 references and all vision or motherhood statements)
- None (there are no references)

Updated infographic summaries of the Official Plan reviews were developed for the 2023 report. Copies of the infographic summaries are provided in Appendix A and are intended to be used as a resource by public health practitioners and municipalities where appropriate. A summary of key findings is presented to the right.

The 2019 the Official Plan review was shared with our local municipal planners but due to the timing of the COVID-19 pandemic, there was no opportunity to implement the learnings. As part of the 2023 project, every effort was made to engage with municipal staff on both the 2019 and 2023 findings. All but one of the municipal representatives were engaged.

A more detailed summary of the engagement process and input is presented in Chapter 2.0.

2023 Policy Findings

Some municipalities experienced no change as they had not updated their Official Plan since 2019. For those that did, there were general increases across the key terms with a unanimous significant increase seen in neighbourhood design key terms, which aligns to updates from provincial directives.



Terms related to neighbourhood design significantly increased across all municipalities.



Transportation-related terms saw significant increases in some municipalities with others showing some increase or even decrease.



Food systems terms saw some increase in one municipality with otherwise no change in the other updated OPs.



Natural systems terms saw significant increase in some municipalities with others showing some increase or no change.



Housing terms saw a significant increase in some municipalities, with others showing some increase or no change.

1.2.5 Coordination & Collaboration

The review of Official Plans led to a conversation about how other planning policies and tools, i.e., Master plans, are utilized in municipalities. Collaboration and coordination should be leveraged between municipal planning and public health which can promote responsive health equity and climate change supportive practices.

Each level of planning policy or planning implementation tool adopted by a municipal agency has statutory requirement or direction as to how agencies and the public are to be engaged in the development process. Aside from Official Plan documents, municipalities are not required to engage with agencies such as public health unless the plans are being developed utilizing another regulatory process e.g., the Municipal Class Environmental Assessment or the municipality prioritizes agency involvement.

This dynamic has resulted in a disconnect between municipal planning process and public health practitioners in developing and implementing planning policy. Furthermore, while there is an acknowledgement, appreciation and respect for the work being done, there are also some unique challenges in facilitating coordination/collaboration.

In the current state, coordination and collaboration primarily occurs in three different formats: written submissions, working groups, and attendance at events. The summary was informed by discussions with municipal planners and best practices and lessons learned from past public health projects.

Written Submissions

Traditionally, public health practitioners submit comments or questions to municipal planning processes and planning applications. This includes comments on proposed policy amendments or new policy directions when developing Official Plans and / or functional master plans. In this case, the municipal staff contact public health practitioners notifying them of a specific request.

Requests are typically submitted using a general public health email which can generate some confusion as to the appropriate public health contact or the certainty of response.

Public health practitioners at times feel challenged with the degree of detail that is to be provided relative to the type of planning request. In addition, there are concerns regarding the applicability and consideration of the comments by municipal planning staff. Though the most traditional approach, public health practitioners sometimes feel that they may not have the experience or understanding to provide comments and are not guided as to how comments could be adapted or improved to create greater impact or influence.

Working Groups

In 2015, Elgin-St. Thomas Public Health struck a healthy community's partnership which included representatives from all area municipalities and other affected agencies. The group was to work collaboratively to identify and implement mutually beneficial initiatives. It provided municipal and public health staff with a place to discuss projects and initiatives and to identify opportunities for additional coordination.

Working groups are common for large scale planning projects as an effective way to bring a range of perspectives together to influence the full planning process. They encourage dialogue, education, and a greater degree of understanding of varying priorities and perspectives. For a large topic such as climate change and health equity, in-person coordination and communication may be the most effective and efficient.

Attendance at Events

On occasion, public health staff have been invited to participate with municipal planning staff in public or council-facing events and outreach to support major planning applications. While this can be effective for a project specific outcome, it may not solve two-way communication issues on ongoing matters related to health equity and climate change. Positioning public health as a support to municipal planning staff should continue to be the focus, not the specific tactic.





Action Plan

SWPH will continue the important work related to climate change and health equity with more focus on enhanced coordination and collaboration with municipalities. Emphasis will also be put on education with key stakeholders and

partners. To help inform next steps, actions are being recommended for consideration and implementation by SWPH.

The details of these recommended actions are presented in Chapter 2.0 along with a more detailed summary of the engagement process and input received through discussions with municipal planners and public health practitioners.

The action plan is intended to guide SWPH as they move forward with a continued commitment to climate change resiliency and healthy and equitable communities. The information is further supplemented by additional resources and materials provided to SWPH as part of the project process.

2.1 Insights on Future Actions

As noted in Chapter 1, the 2023 project prioritized the engagement of municipal planning staff to inform the project outputs and identify potential next steps. A series of meetings were held between SWPH and each municipality responsible for implementing an Official Plan. Eight of the municipalities participated. The intent of each meeting was three-fold:

- To provide an overview of the 2019 project and its findings and updated scope of work for the 2023 assignment.
- To present the Official Plan review findings and suggested policy considerations.
- To solicit input from municipal planning staff on opportunities for future policy development in support of climate change and health equity.

Through these engagements, the following key take-aways emerged:

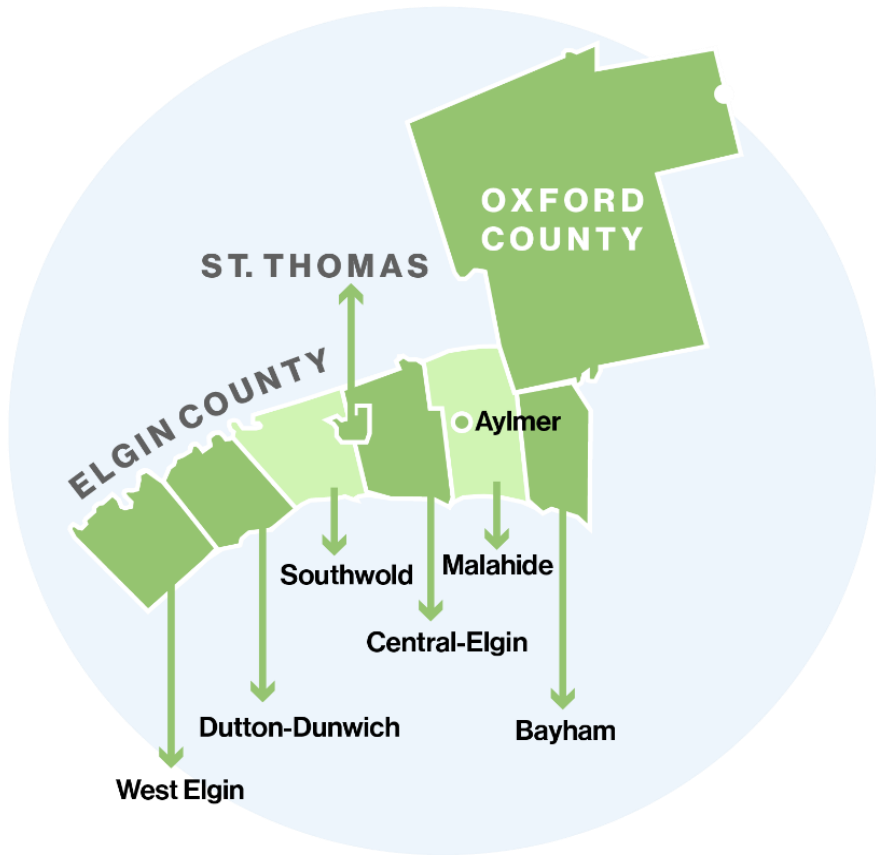
- Both SWPH and the municipal planning departments have similar aspirations when it comes to planning and designing healthy and resilient communities.
- Planning departments and public health have different tools, structures, and processes available to them to achieve these goals.
- There is a strong desire for collaboration but lack of clarity on when and how SWPH should be engaged.

- Municipalities have unique needs dependent on geography and capacity.
- There is a lack of clarity on how to leverage/access SWPH data effectively.
- Detailed information is needed about how planning interventions support health outcomes for the population.
- There is a disconnect between what municipal planning staff and public health practitioners can comment on in comparison to public health or municipal staff's comfort and capacity for commenting.
- There is a need for strategies and recommendations for internal turnover management and general change management.

In summary, there is a varying degree of engagement and coordination between municipal planners and public health practitioners. There are also considerable differences between the tools, tactics and strategies used by public health and municipalities resulting in varying policy approaches and strengths. Both can be attributed to challenges of capacity, education, political will, and communication. A more detailed summary of the findings is presented on the following page.

MUNICIPAL ENGAGEMENT SUMMARY

In Spring 2023, the project team engaged with municipal staff members from the planning departments of multiple municipalities within Southwestern Public Health’s geographic area. These meetings built upon the select engagement that was completed in 2019 to form a comprehensive understanding of how climate change and health equity are considered within municipal planning efforts and the challenges and opportunities for collaboration between municipal planning staff and public health staff. The below graphic is a summary of these municipal meetings.



Engaged municipalities

- St. Thomas
- Central Elgin
- Bayham
- Oxford County
- Aylmer
- Dutton Dunwich
- West Elgin
- Aylmer

8
total meetings

MEETING STRUCTURE



1.5 hour meeting, split into two parts

PART 1

2023 Policy Review and Reflections

The **2023 updated review** of the Official Plan was shared and discussed with municipal staff.

Discussion after centered around following questions:

To what degree was climate change/ equity considered when your OP was reviewed?

What is the level of support for these topics provided by your Council?

Where do you see these topics being most applicable?

PART 2

Coordination Discussion

Following the policy discussion, **existing coordination practices** between municipal staff and public health were reviewed.

Discussion after centered around following questions:

Have you seen policy tools that you think could be adapted for SWPH?

What would be the most effective way for SWPH to engage?

KEY FINDINGS

- Both SWPH and the municipal planning departments have similar aspirations when it comes to planning and designing healthy and resilient communities.
- Planning departments and public health have different tools, structures, and processes available to them to achieve these goals.
- There is a strong desire for collaboration but lack of clarity on when and how SWPH should be engaged.
- Municipalities have unique needs dependent on geography and capacity.
- There is a lack of clarity on how to leverage/access SWPH data effectively.
- Detailed information is needed about how planning interventions support health outcomes for the population.
- There is a disconnect between what municipal planning staff and public health practitioners can comment on in comparison to public health or municipal staff’s comfort and capacity for commenting.
- There is a need for strategies and recommendations for internal turnover management and general change management.

Recommended Actions

Through the engagement, it became evident that to best integrate public health considerations, such as health equity and climate change, focus needed to be given to the processes of coordination, collaboration and knowledge exchange between municipalities and public health.

The project team identified potential future actions that could be undertaken by SWPH, in partnership with municipal staff and other stakeholders, to find opportunities to shape healthy and climate resilient community planning and design.

The environment of municipal planning and public health is continually changing which can lead to outdated policies, programs, and practices. Prioritizing effective and efficient processes that withstand changes to staff, roles and responsibilities, budget etc. should be considered.

A table summarizing each of the proposed actions is provided on the following page and includes details on potential implementation considerations. The proposed actions consider degree of influence, resources, partners, and key considerations.



2

Degree of Influence

How much responsibility public health has over the outputs and the outcomes of the recommended action. Alternatives available include:

- High (green) - the responsibility is solely that of SWPH.
- Moderate (yellow) - SWPH has partial responsibility with input from municipalities.
- Low (red) - SWPH has minimal responsibility; significant stakeholder input needed.

Resources

The type and number of staff and budget needed to facilitate the work. Alternatives available include:

- Existing - efforts accommodated by current SWPH staff.
- New Partial - out of the current staff mandate but could be accommodated.
- New Full - out of current staff mandate and would require new staff to complete.

Partners

Partnerships would need to be established to support the preparation and completion of the work recommended.

Alternatives available include a range of options including internal partners specific to public health, municipalities, decision makers, developers, stakeholders, and local interest groups - among others.

Key Considerations

Aspects of the recommendation that would need to be factored into future work based on previous work completed, input received, or information gathered.

#	Recommendation	Degree of Influence	Resources	Partners	Key Considerations
1	Develop and adopt a Municipal Collaboration Strategy specific to SWPH identifying policies, guidelines, standards, processes, and tools that can be used by public health, municipal practitioners, and other partners. This will ensure climate resiliency and health equity initiatives are integrated into planning projects within Elgin, Oxford, and The City of St. Thomas.		Funding would be required to support a consultant to work with SWPH and municipal stakeholders to develop the strategy and guidance on new practices, policies, and processes.	Decision Makers Municipal Single Tier Municipal Two-tier Municipal Upper Tier Developers	SWPH will work with a consulting firm and municipalities to develop a public facing document that shows our current population health data, related built environment features of the SWPH region and the connection of health outcomes with planning principles. Following this report, SWPH will develop processes and tools that are aligned with the established land use planning process for staff to use to organize input on various planning projects from official plans to site plan applications.
2	SWPH should evaluate the effectiveness of its efforts/next steps to determine the effectiveness of new programs and processes and determine opportunities for improvement as needed.		SWPH staff would undertake reviews (potentially annually) in consultation with municipal stakeholders.	Internal Municipal Single Tier Municipal Two-tier Municipal Upper Tier	SWPH would have to determine the conditions that are considered a success and establish a series of criteria and framework for evaluation. Input from both internal staff as well as external collaborators would be required for fulsome evaluation which would be facilitated through either the working group (see below) or other individual outreach methods. Information should be documented clearly and communicated to SWPH staff and the board.
3	Dedicate SWPH staff to liaise with municipalities on planning projects that address healthy community design to ensure effective coordination and communication.		SWPH front line staff and management allocate the time necessary to facilitate this work.	Internal	Dedicated staff would oversee the implementation of the strategy and the implementation of recommended actions. They would coordinate internal planning projects that extend to areas beyond climate change and health equity.
4	Establish a working group made up of SWPH staff and municipal representatives to meet bi-annually with the intent of monitoring and facilitating the implementation of the collaboration strategy.		SWPH front line staff and management allocate the time necessary to facilitate this work.	Internal Municipal Single Tier Municipal Two-tier Municipal Upper Tier Developers	The working group should work collaboratively to identify and implement mutually beneficial initiatives and should include representatives from groups/agencies that have a role to play in the planning process. At a minimum, there should be representation from each of the area municipalities with the potential to expand to other stakeholders including but not limited to members of Council and developers.
5	Update internal SWPH policies and procedures to address timely and efficient coordination of municipal planning requests.		SWPH staff will work together to develop clear processes to ensure efficient review and comment of planning documents across teams.	Internal Municipal Single Tier Municipal Two-tier Municipal Upper Tier	Consider a designated email address such as landuseplanning@swpublichealth.ca that can be directed to appointed staff as well as a tagging system to streamline the request and response process.
6	Develop a mechanism for SWPH to communicate their role effectively and continually with municipal planning practitioners on planning matters i.e. timing, input type, meeting requests, data, etc.		Staff time will need to be designated to the design of an efficient mechanism to respond to planning matters.	Internal Municipal Single Tier Municipal Two-tier Municipal Upper Tier Developer	A table summarizing the various types of planning requests and various approaches for public health involvement and commentary was developed in 2019. See Figure 7.
7	Share research, data, and evidence with municipal partners to support climate change and health equity initiatives		Ensure there is epi support designated to this work and that there are mechanisms in place to share data and follow up on data requests.	Internal Municipal Single Tier Municipal Two-tier Municipal Upper Tier	SWPH epidemiologists should work with Municipalities to understand what data would be useful to planners to connect health outcomes with community planning and design options as they relate to climate change and health equity.

#	Recommendation	Degree of Influence	Resources	Partners	Key Considerations
8	Provide opportunities for enhanced education related to climate change and health equity for municipal decision makers and other partners.		Allocate budget and time for professional development in program plans to support ongoing learning with external stakeholders.	Decision Makers Municipal Single Tier Municipal Two-tier Municipal Upper Tier Developers Local Interest Groups	SWPH to actively seek knowledge exchange opportunities for and with external stakeholders to increase capacity and understanding of best practices to address climate change and health equity through community planning and design.
9	SWPH staff will participate in training on planning matters, policy changes, and emerging trends related to SWPH priorities.		Allocate budget and time for professional development in program plans to support ongoing learning.	Internal Municipal Single Tier Municipal Two-tier Municipal Upper Tier	SWPH to actively seek opportunities for knowledge transfer internally to increase capacity and understanding of best practices to address climate change and health equity through community planning and design.
10	Explore external and internal funding to support projects related to climate change and health equity based on municipal interests and needs		Ensure program plans consider the staff time to seek and apply for funding opportunities to support projects relating to community planning	Internal	Public health staff are encouraged to continually monitor external funding opportunities which could facilitate the implementation of climate change and health equity-related work.

2.2 Next Steps

The recommended actions for SWPH and the supporting resources have been identified within this report. There is a strong degree of support and desire to see these actions move forward in a way that encourages and enhances collaboration and coordination between SWPH and municipal partners to create equitable, healthy and climate resilient communities. There is a strong sense of commitment from all partners to find meaningful opportunities to enhance the processes and practices between organizations. Future work requires education, awareness, and a clear understanding between public health outcomes and planning principles.

SWPH is committed to exploring the recommendations outlined in this report to ensure ongoing efforts are as effective as possible. SWPH aims to strengthen the relationships it has with community members, decision makers, municipal planners, developers, and other agency representatives to ensure a deeper understanding of the health impacts of planning processes and policies that shape the built environment.

2.3 References and Supplementary Resources

ⁱ Ontario Public Health Standards, MOHLTC. 2018. Available from:

Ontario Public Health Standards - Programs and Services - Health Care Professionals - MOHLTC (gov.on.ca)

ⁱⁱ Walker, C, Arnett, E, Lang, J, Basinski, C, Leger, S, Stone, E. Southwestern Public Health: Health Equity and Climate Change: Shaping Supportive Policy. 2019

ⁱⁱⁱ Ontario Health Protection and Promotion Act, MOHLTC. 1990. Available from:
<https://www.ontario.ca/laws/statute/90h07>

^{iv} Ontario Public Health Standards: Requirements for Programs, Services and Accountability. 2021. Available from:
https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Ontario_Public_Health_Standards_2021.pdf

^v Social Determinants of Health, Health Canada. 2023. Available from: Social determinants of health and health inequalities - Canada.ca

^{vi} Statistics retrieved from 2021 Census information for County of Elgin, County of Oxford, and St. Thomas: <https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E>

^{vii} BC Centre for Disease Control. Healthy Built Environment Linkages Toolkit: making the links between design, planning and health, Version 2.0. Vancouver, B.C. Provincial Health Services Authority, 2018.

^{viii} Planning Act, MOMAH. 1990. Available from: <https://www.ontario.ca/laws/statute/90p13>

^{ix} Provincial Policy Statement, MOMAH. 2020. Available from: <https://www.ontario.ca/page/provincial-policy-statement-2020>

^x Proposal for Provincial Planning Statement, MOMAH. 2023. Available from
<https://ero.ontario.ca/notice/019-6813>

Southwestern Public Health

APPENDIX A: Official Plan Policy Review

Summary

November 2023



Key Term Overview



Neighbourhood Design

35 terms; 12 high impact



Transportation Network

20 terms; 10 high impact



Natural Environment

28 terms; 7 high impact



Food Systems

9 terms; 4 high impact



Housing

8 terms; 2 high impact

2023 Policy Review Overview

Municipalities	2019 Review Completed	2023 Review Completed
Elgin County	Yes	Yes
City of St. Thomas	Yes	Yes
Municipality of Bayham	Yes	No
Oxford County	Yes	Yes
Municipality of Aylmer	Yes	Yes
Municipality of Dutton Dunwich	Yes	Yes
Municipality of West Elgin	Yes	No
Elgin County	Yes	No

2023 Policy Review Summary

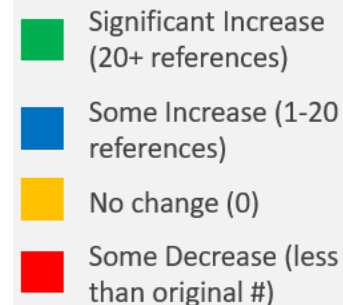
Type of Policy Support	Change Indicator	Strength
What type of reference is being made in the context of the OP	How the # of term references has changed within the new OP document	How influential the references are in their potential to create change
V – Vision statement		High – <50 references across all types of policy
M – Motherhood statement	 Significant Increase (20+ references)	Moderate – <10 and >50 with representation in most types
G – Guideline	 Some Increase (1-20 references)	Low – >10 references and all V or M
R – Recommendation	 No change (0)	None – there are no references
P – Policy	 Some Decrease (less than original #)	

2023 Municipal Policy Findings

City of St. Thomas

2019 key term references **34**

2022 key term references **34**



	Neighbourhood Design		Transportation Systems		Natural Environment		Food Systems		Housing	
	2019	2022	2019	2022	2019	2022	2019	2022	2019	2022
#	20	20	4	4	4	4	1	1	5	5
%	59	59	12	12	12	12	3	3	15	15

In 2019

15%

of high impact terms referenced

In 2022

15%

of high impact terms referenced

Analysis Outcomes

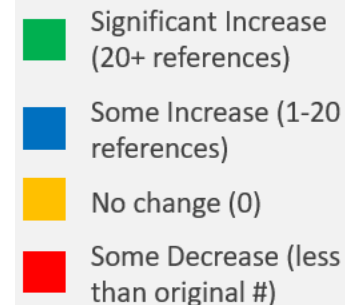
- No change demonstrated based on review of updated Official Plan
- Greatest emphasis on neighbourhood design, transportation and environment
- References not reflective of changes to municipal or provincial planning practices

Policy Review Findings

Municipality of Central Elgin

2012 key term references **211**

2022 key term references **433**



	Neighbourhood Design		Transportation Systems		Natural Environment		Food Systems		Housing	
	2012	2022	2012	2022	2012	2022	2012	2022	2012	2022
#	112	320	19	43	50	50	16	16	14	14
%	53	72	9	10	24	11	8	4	7	3

In 2012

21%

of high impact terms referenced

In 2022

36%

of high impact terms referenced

Analysis Outcomes

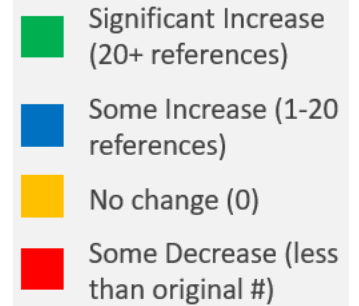
- General increase in the number of key terms referenced with a focus on high impact terms
- Greatest change demonstrated in neighbourhood design and transportation systems
- No change in number of references in other categories but overall representation less

2023 Policy Review Findings

Oxford County

2017 key term references **1481**

2022 key term references **1805**



	Neighbourhood Design		Transportation Systems		Natural Environment		Food Systems		Housing	
	2017	2022	2017	2022	2017	2022	2017	2022	2017	2022
#	1147	1388	94	74	126	177	2	2	112	164
%	77	77	6	4	9	10	0	0	8	9

In 2017

36%

of high impact terms referenced

In 2022

48%

of high impact terms referenced

Preliminary Outcomes

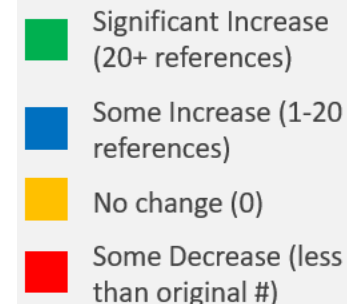
- Overall increase in references in indicators consistent with provincial priorities
- Concerning decrease in key terms relative to transportation systems
- High reference terms also consistent with provincial priorities
- Room for improvement in more equity reflective terms

Policy Review Findings

Municipality of Aylmer

2000 key term references **222**

2021 key term references **294**



	Neighbourhood Design		Transportation Systems		Natural Environment		Food Systems		Housing	
	2000	2021	2000	2021	2000	2021	2000	2021	2000	2021
#	143	172	7	23	30	41	0	0	42	58
%	64	59	3	8	14	14	0	0	19	20

In 2000

24%

of high impact terms referenced

In 2021

30%

of high impact terms referenced

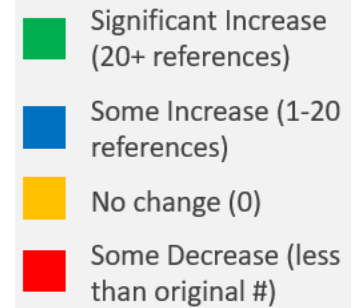
Analysis Outcomes

- Some increase in references to key terms
- Focus on high impact terms demonstrated
- Greatest focus placed on increased reference to neighbourhood design followed by transportation
- Updates in the area of housing – unique to Aylmer

Policy Review Findings

Municipality of Dutton Dunwich

2013 key term references **84**
2021 key term references **260**



	Neighbourhood Design		Transportation Systems		Natural Environment		Food Systems		Housing	
	2013	2021	2013	2021	2013	2021	2013	2021	2013	2021
#	34	109	6	35	42	99	0	1	2	16
%	40	42	7	13	50	38	0	0	2	6

In 2013
24%
of high impact terms
referenced

In 2021
58%
of high impact terms
referenced

Analysis Outcomes

- Overall increase in the number of high impact terms
- Overall increase in reference to key terms (generally)
- Focus placed on enhancing reference to neighbourhood design, transportation and environment
- Greatest focus on transportation systems



**SPECIAL AD HOC COMMITTEE:
STRENGTHENING PUBLIC HEALTH PROVINCIAL STRATEGY**

TERMS OF REFERENCE

Membership:

Chair, Board of Health	---
Vice Chair, Board of Health	---
Board Member: Previous Term Chair	---
Chief Executive Officer, non-voting ex officio	Cynthia St. John
Medical Officer of Health, non-voting ex officio	Dr. Ninh Tran
Invited individuals (employees or consultants), as deemed necessary, non-voting	

Purpose:

To provide advice and recommendations to the Board of Health for decision.
To provide advice, guidance, and direction to the Chief Executive Officer, related to the Strengthening of Public Health strategy involving merger discussions with other health units.

This Special Ad Hoc Committee is established further to the resolution passed at the October 26, 2023, Board of Health meeting, noted below:

- As per Board of Health (BOH) meeting, October 26, 2023, MOTION: 2023-BOH-1026-C3.1A That the Board of Health for Southwestern Public Health approve striking a Special Ad Hoc Committee related to the Strengthening Public Health initiative issued by the Ministry of the Health and that the membership of the committee be comprised of Chair, Vice-Chair, CEO, MOH, and relevant administrative support.

Duties and Responsibilities:

1. To review merger proposals and provide recommendations to the Board of Health for the best course of action.
2. To receive updates from SWPH's Executive Leadership related to merger discussions with other health units and related to updates from provincial authorities.
3. To provide updates to the Board of Health on the Committee's discussions and directions.

Meetings:

Meetings will initially be held on an ad hoc basis with the intention of more regular meetings (potentially monthly or biweekly in some cases) and as the Committee Chair deems necessary. Additional meetings will be at the call of the Chair.

Specific Roles and Responsibilities:

1. Chair:
 - a. Chair meeting in accordance with current procedural Bylaw No. 1 Conduct of the Affairs,
 - b. Guide the meeting according to the agenda and time available,
 - c. Provide an opportunity for all members of the Committee to participate in the discussion,
 - d. Ensure adherence to the Terms of Reference, and
 - e. Review and approve the draft minutes and notes.
2. All Committee members:
 - a. Prepare for each meeting by thoroughly reading all pre-circulated reports in advance of the meetings,
 - b. Attend and actively participate in the discussion and business of the Committee,
 - c. Speak as a collective (with one voice) following Committee decisions on matters, and
 - d. Maintain confidentiality concerning any closed session discussions.
3. Chief Executive Officer:
 - a. Update the Committee of any relevant concerns or issues as they arise,
 - b. Provide written reports regarding the provincial strategy and as directed by the Committee, and
 - c. Draft written Committee updates as directed.
4. Recorder of the Meeting:
 - a. Schedule meetings as needed,
 - b. Book room for meetings,
 - c. Request agenda items in advance of the meeting,
 - d. Post agenda and committee packages to the portal at least 3 days prior to the meeting (where possible), and
 - e. Record minutes.

Terms of Office:

This committee will exist until such time as initiatives related to the Strengthening of Public Health strategy are resolved.

Minutes & Notes:

Minutes and notes of the Committee shall be taken by the Executive Assistant, approved by the Chair, signed by the Chair, and minutes will be posted to the portal, once approved and within two weeks following the meeting.

Quorum:

A quorum of members must be present either in person or via electronic means before a meeting can proceed. Quorum shall be a majority (50% plus 1) of the voting members of the Committee.

A scheduled meeting will be cancelled if the Chair is unable to confirm that a quorum of members can attend. This decision will be based on the members' replies to the meeting invitation.

Decision Making:

The Committee will endeavour to reach consensus. The committee has the authority to make decisions concerning its purpose up to the point of approving legal merger-related decisions.

Accountability:

This Committee reports to and makes recommendations to the Board of Health.

Confidentiality:

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

Date adopted:

Approved: November 22, 2023 by the Board of Health
(MOTION: 2023-BOH-1123-5.2-3.1)

Amended: March 28, 2024 by the Board of Health