



Our Vision:  
*Healthy People in Vibrant Communities*

## BOARD OF HEALTH MEETING AGENDA

St. Thomas Site: 1230 Talbot Street, St. Thomas, ON  
Virtual Participation: MS Teams  
Thursday, November 28, 2024, at 1:00 p.m.

ITEM	AGENDA ITEM	LEAD	EXPECTED OUTCOME
<b>1.0 CONVENING THE MEETING</b>			
1.1	Call to Order, Recognition of Quorum <ul style="list-style-type: none"> <li>• Introduction of Guests, Board of Health Members and Staff</li> </ul>	Bernia Martin	
1.2	Approval of Agenda	Bernia Martin	Decision
1.3	Reminder to disclose Pecuniary Interest and the General Nature Thereof when Item Arises including any related to a previous meeting that the member was not in attendance for.	Bernia Martin	
1.4	Reminder that meetings are recorded for minute-taking purposes, and open session portions are publicly available for viewing for 30 days after being posted on Southwestern Public Health’s website.	Bernia Martin	
<b>2.0 APPROVAL OF MINUTES</b>			
2.1	Approval of Minutes <ul style="list-style-type: none"> <li>• October 24, 2024</li> </ul>	Bernia Martin	Decision
<b>3.0 APPROVAL OF CONSENT AGENDA ITEMS</b>			
<b>4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION</b>			
<b>5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.ACCEPTANCE.DECISION</b>			
5.4	Acting Medical Officer of Health Report for November 28, 2024	Dr. J. Lock	Receive and File
5.5	Chief Executive Officer’s Report for November 28, 2024	Cynthia St. John	Decision
<b>6.0 NEW BUSINESS/OTHER</b>			
<b>7.0 CLOSED SESSION</b>			
<b>8.0 RISING AND REPORTING OF THE CLOSED SESSION</b>			
<b>9.0 FUTURE MEETINGS &amp; EVENTS</b>			
9.1	<ul style="list-style-type: none"> <li>• Board of Health Orientation: Thursday, January 23, 2025 at 12:00 p.m.</li> <li>• Board of Health Meeting: Thursday, January 23, 2025 at 1:00 p.m.               <ul style="list-style-type: none"> <li>○ St. Thomas Site</li> <li>○ 1230 Talbot Street, St. Thomas, ON</li> <li>○ Virtual Participation: MS Teams</li> </ul> </li> </ul>		
<b>10.0 ADJOURNMENT</b>			



A meeting of the Board of Health for Oxford Elgin St. Thomas Health Unit was held on Thursday, October 24, 2024 commencing at 1:04 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. D. Mayberry	Board Member
Mr. L. Rowden	Board Member
Mr. M. Ryan	Board Member
Mr. D. Shinedling	Board Member
Ms. C. St. John	Chief Executive Officer (ex officio)
Dr. J. Lock	Acting Medical Officer of Health (ex officio)
Ms. W. Lee	Executive Assistant

**GUESTS:**

Ms. C. Walsh	Lead, Platinum Leadership
Mr. A. Bartley	Lead, Platinum Leadership
Ms. E. Arnett	Manager, Healthy Schools
Ms. K. Bastian	Manager, Strategic Initiatives
Ms. S. Croteau	Epidemiologist
Ms. J. Deroo	Public Health Nurse
Ms. J. Gordon	Administrative Assistant
Mr. P. Heywood	Program Director
Ms. B. Ledgley	Public Health Nurse
Ms. S. MacIsaac	Program Director
Mr. D. McDonald	Director, Corporate Services and Human Resources
Ms. M. Nusink	Director, Finance
Ms. C. Richards	Manager, Foundational Standards
Ms. N. Rowe*	Manager, Communications
Mr. Y. Santos	Manager, Information Technology
Mr. D. Smith	Program Director

**MEDIA:**

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

**REGRETS:**

Mr. S. Molnar	Board Member
Mr. M. Peterson	Board Member
Mr. J. Preston	Board Member
Mr. D. Warden	Board Member

**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 1:04 p.m.

**1.2 AGENDA**

**Resolution # (2024-BOH-1024-1.2)**

Moved by D. Mayberry

Seconded by D. Shinedling

That the agenda for the Southwestern Public Health Board of Health meeting for October 24, 2024 be approved as amended.

Carried.

**1.2 Reminder to disclose Pecuniary Interest and the General Nature Thereof when the Item Arises, including any related to a previous meeting that a member may not have been in attendance for.**

**1.4 Reminder that meetings are recorded for minute-taking purposes, and open session portions are publicly available for 30 days after being posted on Southwestern Public Health's website.**

**2.0 APPROVAL OF MINUTES**

**Resolution # (2024-BOH-1024-2.1)**

Moved by J. Herbert

Seconded by L. Rowden

That the minutes for the Southwestern Public Health Board of Health meeting for September 26, 2024 be approved.

Carried.

**3.0 CONSENT AGENDA**

No items.

#### **4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION**

No items.

#### **AGENDA ITEMS FOR INFORMATION.DISCUSSION.DECISION**

##### **5.1 SWPH Advancing School Health Programming: Integrating Health Promotion to Enhance Student Well-being Report**

E. Arnett and B. Ledgley presented the report.

M. Ryan noted his approval regarding the data and analysis presented on the HRPP (Healthy Relationships Plus Program) and its positive impact on mental health and skills development, expressing great interest in the presentation of pre- and post-intervention data.

E. Arnett noted the unique model of the HRPP program, wherein it is offered universally to all grade 7 and 8 students, rather than targeting only those with identified issues. This approach aims to build skills and protective factors for all students and provides a greater data set by which to track the impact of the program.

M. Ryan suggested presenting the HRPP program data and outcomes to the Oxford City Council and steering committee, as it demonstrates the kind of impactful preventive work and outcomes that the Board is looking to support. E. Arnett agreed this would be valuable, noting the HRPP program has been extensively evaluated, including a randomized control trial.

E. Arnett also noted the importance of a comprehensive strategy to address youth issues, not just relying on one program, recognizing the key role of parents and caregivers as well as the need to build capacity and sustainability with educational partners (such as summer sessions to train teachers on delivering aspects of the program).

J. Herbert suggested exploring raising the legal drinking age to 21 as a way to address alcohol-related problems in schools. While the group acknowledged this may not be a feasible advocacy approach with the current government, there was agreement that alcohol is a top issue that needs attention.

C. Agar asked if the 205 school-based sexual health appointments were typical given the number of high school students. E. Arnett clarified that these appointments represent students supported in schools and that the health unit lacks capacity to be the primary source of sexual health information for all students in schools. To address this, they promote services to school staff for referrals and also operate a sexual health clinic at the health unit. C. St. John noted the 205 school appointments are in addition to 2,700 clients served at fixed clinics in 2023 for example.

In summary, the discussion focused on the positive outcomes of the HRPP program, ways to further leverage and expand it, and the need for a multi-faceted approach to addressing youth

mental health and substance use challenges and the Board discussed the value in finding ways to expand and replicate this type of impactful, preventative programming that is demonstrating positive results, especially in areas like mental health and addiction.

M. Ryan expressed hope that the Board would receive a future report to help support this type of data-driven, meaningful work that aligns with the Board's priorities, moving to amend the motion accordingly.

B. Martin added her sincere commendation of the report as well.

**Resolution # (2024-BOH-1024-5.1)**

Moved by M. Ryan

Seconded by D. Mayberry

That the Board of Health for Southwestern Public Health receive the report titled Advancing School Health Programming: Integrating Health Promotion to Enhance Student Well-being for October 24, 2024 and that staff return a report on how the HRPP program can be enhanced.

Carried.

**5.2 SWPH Changes to Ontario's Alcohol Retail System and Updated Report on Actions to Mitigate Alcohol-Related Harms for October 24, 2024**

J. Deroo presented the report.

D. Shinedling respectfully asked if the planned letter could also be directed to the Minister of Mental Health and Addictions. He followed up with the suggestion that the letter be delayed if a possible provincial election should occur in Spring 2025, and sent to the ministers within a couple of weeks after members have been confirmed and sworn in.

G. Jones indicated that provincial policies will make it challenging for municipalities to support public health policies as they have the power to supersede local zoning implementation.

M. Ryan suggested SWPH direct its letters to Councils instead of municipal staff, whereby it would be up to council to direct staff to do the work rather than have SWPH staff asking municipal staff to act. D. Mayberry supported this suggestion.

J. Herbert suggested advocating for raising the legal drinking age to 21. Dr. Lock emphasized the importance of grounding any public policy advocacy in strong evidence and suggested that staff should first examine the evidence supporting such a change. She also noted that the current political climate may not be conducive to this advocacy. Cynthia St. John added that she would discuss the input with staff, consider their perspectives, and review available data before determining next steps.

B. Martin asked about data on the normalization of alcohol consumption in outdoor settings, specifically regarding temporary patio extensions on municipal property, such as sidewalks or

street-side parking spaces, introduced during the pandemic. She questioned whether this setup, while within a licensed area, might have similar normalization effects as alcohol consumption in parks.

J. Deroo responded that while there is research on normalization generally when alcohol consumption is visible, she did not have specific data related to patio extensions. She noted that patios often involve controlled environments with servers and physical barriers, unlike park settings where overconsumption and lack of control can be issues. She acknowledged the topic as an area for potential future exploration.

**Resolution # (2024-BOH-1024-5.2)**

Moved by D. Mayberry

Seconded by G. Jones

That the Board of Health for Southwestern Public Health approve the Changes to Ontario's Alcohol Retail System and Updated Report on Actions to Mitigate Alcohol-Related Harms for October 24, 2024.

Carried.

**5.3 SWPH Report on Further Investments in Public Health: October 2024 Update**

C. St. John presented the report.

M. Ryan asked if the HRPP report presented earlier would fit under the substance abuse prevention or mental health promotion category. C. St. John noted that such work would fall under and address multiple priorities.

B. Martin asked whether the work of infection prevention and emergency management address mitigating the risk of potential future pandemics, epidemics, or outbreaks. C. St. John responded that emergency management and infection prevention and control (IPAC) generally need to be treated separately as, for example, work in congregate living settings equips staff with skills to help mitigate outbreaks, whereas the emergency management of pandemics would extend beyond individual sectors like congregate living and require broader efforts.

**Resolution # (2024-BOH-1024-5.3)**

Moved by D. Shinedling

Seconded by J. Herbert

That the Board of Health for Southwestern Public Health accept the SWPH Report on Further Investments in Public Health: October 2024 Update for October 24, 2024.

Carried.

**5.4 Governance Standing Committee Report**

G. Jones presented the report.

**Resolution # (2024-BOH-1024-5.4)**

Moved by M. Ryan  
Seconded by G. Jones

That Board of Health for Southwestern Public Health accept the Governance Standing Committee Chair's report for October 24, 2024.

Carried.

**5.5 Chief Executive Officer's Report**

C. St. John reviewed her report.

It was noted that vaccination clinics for Covid-19 are walk-in.

Dr. Lock noted the best practices for managing illness without access to rapid antigen tests is to treat it like other respiratory viruses for most of the population. For the general public, the advice is to stay home when sick, wear a mask in public if necessary, and seek healthcare if symptoms are severe. For high-risk individuals, such as those who are immunocompromised or over 65, the "test-to-treat" approach is recommended. These individuals should get tested at a pharmacy or by their primary care provider if they have symptoms, as they may be eligible for treatment.

**Resolution # (2024-BOH-1024-5.5)**

Moved by D. Shinedling  
Seconded by J. Couckuyt

That the Board of Health accept the Chief Executive Officer's report for October 24, 2024.

Carried.

**6.0 NEW BUSINESS**

**7.0 TO CLOSED SESSION**

**Resolution # (2024-BOH-1024-C7)**

Moved by D. Shinedling  
Seconded by D. Mayberry

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-1024-C8)

Moved by J. Herbert

Seconded by D. Shinedling

That the Board of Health rise with a report.

Carried.

### Resolution # (2024-BOH-1024-C3.1)

Moved by D. Mayberry

Seconded by L. Rowden

That the Board of Health for Southwestern Public Health accept the Special Ad Hoc Building Committee Report for October 24, 2024.

Carried.

### Resolution # (2024-BOH-1024- C3.2-2.0A)

Moved by M. Ryan

Seconded by G. Jones

That the Board of Health for Southwestern Public Health approve the 2024 Risk Register with noted Mitigation Strategies Update as presented to the Governance Standing Committee for October 24, 2024.

Carried.



**Resolution # (2024-BOH-1024- C3.2-2.0B)**

Moved by D. Mayberry

Seconded by D. Shinedling

That the Board of Health for Southwestern Public Health approve the 2025 Risk Register with Mitigation Strategies as presented to the Governance Standing Committee for October 24, 2024.

Carried.

**Resolution # (2024-BOH-1024-C3.2)**

Moved by D. Mayberry

Seconded by L. Rowden

That the Board of Health for Southwestern Public Health accept the Governance Standing Committee Chair’s report for October 24, 2024.

Carried.

**Resolution # (2024-BOH-1024-C3.3)**

Moved by M. Ryan

Seconded by G. Jones

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer’s Report for October 24, 2024.

Carried.

**9.0 FUTURE MEETING & EVENTS**

**10.0 ADJOURNMENT**

The meeting adjourned at 3:12 p.m.

**Resolution # (2024-BOH-1024-10)**

Moved by D. Mayberry

Seconded by M. Ryan

That the meeting adjourns to meet again on Thursday, November 28, 2024, at 1:00 p.m. or earlier at the call of the Chair.

Carried.

**Confirmed:** \_\_\_\_\_



# Acting Medical Officer of Health Report to the Board

MEETING DATE: November 28, 2024

SUBMITTED BY: Dr. J. Lock, Acting Medical Officer of Health (written as of November 12, 2024)

SUBMITTED TO: Board of Health

PURPOSE:  Decision  
 Discussion  
 Receive and File

AGENDA ITEM # 5.1

RESOLUTION # 2024-BOH-1128-5.1

## 1.0 COLLABORATION, ENGAGEMENT & COORDINATION

Moving policies, programs, and initiatives forward at the population level requires working collaboratively with other organizations, groups, and individuals. To this end, I sit on several committees. I will describe some of those committees.

### 1.1 PROVINCIAL LEVEL ENGAGEMENT

At the provincial level in the public health realm, I attend regular meetings of the Public Health Sector Coordination Table (PHSCT) as does Cynthia as CEO, the Council of Medical Officers of Health (COMOH) Section of alPHa, and the Southwest Medical Officers of Health (SW MOH).

PHSCT is a meeting led and organized by the Office of the Chief Medical Officer of Health, attended by the Chief and Associate Medical Officer of Health, the executive lead of the Ministry of Health, Public Health division, executive representatives from Public Health Ontario, and on an ad hoc basis, executive leads from other Ministry divisions, or other organizations. Through these meetings, the Ministry keeps the field abreast of the work, plans, and initiatives of the Ministry. It provides a regular touch-base with information sharing and an opportunity for feedback and input.

COMOH Section of the Association of Local Public Health Agencies (alPHa) meets bimonthly. This group is part of alPHa much like the Board of Health Section of alPHa. The meeting is led by the COMOH Section Chair. This position is part of the COMOH Section executive which consists of COMOH Section representatives from the public health regions: North, East, Central East, Toronto, Central West, and South West. Dr. Aloosh, MOH for Windsor Essex is the SW representative on the Executive. COMOH Section group provides a forum for MOHs to discuss current issues and concerns with the objective of working together uniformly to achieve goals.

It also provides opportunity for collective problem solving about key matters of public health importance.

Lastly, there is the SW MOH group. Together, Windsor Essex, Lambton, Huron Perth, Grey Bruce, Southwestern, and Chatham Kent form the South West public health region. Each public health region is supported by an Associate Chief Medical Officer of Health from the Ministry of Health. The SW MOHs meet monthly. Also attending the meetings, are the Chief Executive Officers and the assigned provincial Associate Chief Medical Officer of Health. This group comes together to discuss regional issues, for mutual guidance, and to align and coordinate regional public health programs.

## 1.2 REGIONAL ENGAGEMENT

### Ontario Health Teams (OHT) and Southwestern Public Health

Both Elgin and Oxford OHTs continue to mature. With regular funding, both teams have a small group of staff that provide executive leadership.

The Elgin OHT strategic priorities are threefold: improve care for those with chronic obstructive lung disease; help citizens access local services; and strengthen teamwork. The Oxford OHT strategic priorities are twofold: create and sustain integrated, comprehensive, team-based primary care; and strengthen and expand the OHT Partnership. Equitable access to health services is a determinant of health. As such, the collaborative work of the OHTs to enhance access and to streamline clinical services is critically important. At the other end of the spectrum, public health work is focused on health promotion, at the population level, to encourage supportive environments and social policies that facilitate healthy behaviours and well being.

As our local OHTs develop, the challenge for public health will be to discern how we can effectively support the work of OHTs to achieve equitable access to health services. One way that we can support this work is by painting a picture of disparities through our access to data sources as well as advocacy for populations with special needs. As part of this work, public health staff recently attended a meeting of the Elgin, Oxford, and Middlesex Tri-Collaborative. The objective of this collaborative is to connect service providers across the three regions. There is overlap between organizations across the three OHTs and people cross boundaries to find needed services. SWPH staff attended a session on community support services across the three regions and another on older adults and mental health where the focus was gaps in older adult mental health care. Our staff support the OHTs with Homelessness and Addiction Recovery Treatment applications and are active on multisectoral substance use collaboratives.

### Primary Care

Elgin and Oxford each have an active primary care group. Elgin Primary Care Alliance is lead by Dr. Toogood and the Oxford Primary Care Network by Dr. Tamachi. Both groups are supported by their OHT. These groups meet monthly, and videoconferencing has facilitated attendance and participation. The meetings offer a regular opportunity for information exchange between the MOH and our primary care providers. They are a valued forum for providing public health updates. In addition, SWPH uses this healthcare provider relationship to provide educational

sessions on new vaccines and therapies, such as this winter's respiratory season, infectious disease management, and last spring's measles preparedness planning.

## 2.0 KEEPING VACCINATIONS CURRENT

Over the last several weeks, there have been two separate clusters of measles and mumps within the health unit region. These have been local and contained. Mumps, measles, and pertussis outbreaks continue to occur in Canada and locally, often introduced via travel from abroad. These infections carry a risk of serious outcomes. To that end, SWPH circulated a media release to remind citizens to review their vaccine coverage. The school vaccine program is also active to ensure that students are appropriately immunized for their age.

### Enhancing Compliance with the Immunization School Pupils Act (ISPA)

The objective of ISPA is to ensure safety in the classroom from the risk of acquiring a vaccine-preventable illness. To facilitate this, public health works closely with schools and parents to ensure that vaccines are current for school children. Each year several students face suspension due to incomplete vaccine coverage for age. Public health's objective is to best support schools, parents, and students to achieve appropriate coverage and to keep children in school. SWPH shares school boards with Middlesex London Health Unit (MLHU). SWPH is working with MLHU to facilitate a common approach to situations of non-compliance and, as a next step, to work collaboratively with school boards to ensure mutual understanding and for the development of procedures.

**MOTION: 2024-BOH-1128-5.1**

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



# CEO REPORT

Open Session

<b>MEETING DATE:</b>	November 28, 2024
<b>SUBMITTED BY:</b>	Cynthia St. John, Chief Executive Officer (written as of November 18, 2024)
<b>SUBMITTED TO:</b>	Board of Health
<b>PURPOSE:</b>	<input type="checkbox"/> Decision <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Receive and File
<b>AGENDA ITEM #</b>	5.2
<b>RESOLUTION #</b>	<b>2024-BOH-1128-5.2</b>

## 1.0 PROGRAM AND SERVICE UPDATES (RECEIVE AND FILE):

### 1.1 HEALTHY GROWTH AND DEVELOPMENT

The "Bridging the Gap between Early Intervention, Child Development, and Family-Centered Implementation" research study, conducted by Queen's University and the Hospital for Sick Kids, includes Southwestern Public Health's (SWPH) Healthy Growth and Development (HGD) and Healthy Babies Healthy Children (HBHC) programs as participants. The study aims to assess preschool children's developmental status through community and child welfare agencies, addressing the lack of data on developmental vulnerabilities in children aged 0-6. This project will provide local data to better understand and respond to the health and developmental needs of children.

SWPH's HGD Public Health Nurses were trained on the Ages & Stages Developmental Screening tool in December 2023, with support from EarlyON (Oxford), and staff from EarlyON Elgin-St. Thomas were similarly trained in October. The study's next phase involves developing an Infant Early Mental Health Promotion Pathway (IEMHP) to establish accessible and navigable mental health care pathways for children under 6 facing developmental challenges. This pathway aims to address current barriers, providing timely support through enhanced collaboration among community agencies.

An initial grant opportunity covering the cost of the IEMHP initiative became available after another municipality opted out, allowing Oxford County to secure it with additional funding from EarlyON (Oxford). SWPH will join multiple partners in-kind implementing this initiative, with preliminary meetings set for February 2025.

And in recognition of October Fire Safety Month, SWPH's Parent Resource Workers (PRWs) partnered with the Woodstock Fire Department to enhance fire safety awareness among families in the HBHC program. The Woodstock Fire Department generously provided 40 fire safety kits, each containing a smoke/CO2 detector, a fire safety coloring book, and educational materials on home fire safety, for distribution to HBHC families. Participating families in Oxford County received a home fire safety assessment, a resource bag, and a completed fire safety plan from SWPH's PRWs. Meanwhile, in St. Thomas, PRWs are collaborating with the local fire department to implement a similar initiative to benefit HBHC families across Elgin County and the City of St. Thomas.

## 1.2 HEALTHY ENVIRONMENTS

### 1.2.1 Radon Awareness

November marks Radon Awareness Month, during which SWPH's health hazard leads have coordinated a series of community outreach efforts to raise awareness about the health risks associated with radon exposure. The campaign includes targeted social media posts and radio ads to inform residents about radon's link to lung cancer, encourage home testing, and provide guidance on mitigation if elevated radon levels are detected. The goal is to increase awareness and drive action to reduce radon exposure in homes across our region.

### 1.2.1 Rabies Outreach Program

In support of rabies prevention, low-cost rabies vaccine clinics were held on September 28 in Hickson, Ostrander, and Norwich, providing accessible vaccination options for pets. Participation numbers were strong, with 75 animals vaccinated at Hickson Vet, 108 at Ostrander Vet, and 103 at Norwich Vet. These clinics play a crucial role in preventing rabies in pets and limiting the potential spread to humans. So far in 2024, the rabies program has conducted 784 animal investigations, ensuring timely follow-up and assessment of potential rabies exposures in our community.

## 1.3 INFECTIOUS DISEASES

In October, four cases of measles were reported in connection with travel to New Brunswick, where an individual with internationally acquired measles attended a wedding. Additionally, two pertussis cases indicate ongoing pertussis activity in our region. Control measures have included notifying parents, advising cases and caregivers on isolation requirements, and emphasizing the importance of being up-to-date on immunizations. Public outreach has consisted of a news release and social media posts to raise awareness about the importance of immunizations. Health care providers were also informed of the recent mumps and measles cases and received guidance on testing and infection prevention and control practices in clinical and hospital settings.

### 1.3.1 Fall Respiratory Season Update

The number of respiratory outbreaks caused by Covid-19 has stabilized at 4-5 concurrent outbreaks at the time of this report. SWPH's percent positivity remains high but has decreased from previous months. Influenza risk is currently low at both the provincial and regional levels, with one case now detected in SWPH this respiratory season. RSV activity also remains low. Local respiratory virus trends can be monitored on the SWPH Respiratory Virus Activity Dashboard, which is updated weekly on Tuesdays: [Respiratory Virus Activity Dashboard](#).

SWPH's community engagement efforts are well underway as flu and Covid-19 vaccines become available. Initial allotments were quickly distributed to healthcare providers (HCPs), long-term care homes (LTCHs), and EMS/Medavie, and SWPH continues to place regular orders to meet ongoing demand.

- EMS/Medavie continues to support homebound clients with in-home vaccination services.
- Currently, 69% of LTCHs in the region have either vaccinated their residents for Covid-19 or have placed orders for vaccines.
- Many retirement homes (RHs) are forming partnerships with pharmacies to facilitate vaccination for their residents.
- In collaboration with Vaccine Preventable Disease (VPD) teams, SWPH is offering Covid-19 and flu vaccination appointments at our health units for children aged 6 months to 5 years and their families, with positive response thus far.
- Community Covid-19 clinics have started, most operating as walk-in clinics only, offering both Covid-19 and regular-dose flu vaccines.

### 1.3.2 SWPH Community Clinics in December

Three final walk-in community Covid-19 and influenza clinics are scheduled for December:

- December 6 – Tillsonburg Community Centre, Tillsonburg
- December 11 – Joe Thornton Arena, St. Thomas
- December 12 – Oxford Auditorium, Woodstock

## 1.4 HUMAN RESOURCES

I am thrilled to announce that SWPH has now been approved as a Living Wage Employer, receiving confirmation from the Ontario Living Wage Network ([OLWN](#)). The policy development, notification, and application process were finalized in late September, with an approval provided by the OLWN in early October (fittingly, Healthy Workplace Month), and public announcement set for late November. Our communications team will be working with the OWLN to share pertinent messaging with our local communities in the coming weeks.

Becoming a certified Living Wage (LW) employer allows SWPH to lead by example and promote income interventions to reduce community inequities. Certified LW employers agree to ensure that all direct full-time, part-time, and contract employees are paid the living wage rate for their area, including wages and benefits. Employers also agree to insert a LW clause that stipulates that contracted workers and subcontracted workers, who provide regular services, are to be paid a LW in all future contracts. Locally, there are ten certified employers in St. Thomas and Elgin County and four in Oxford County, with more to come. LW employers receive recognition for demonstrating a commitment to socially responsible practices.

## 2.0 SWPH STRATEGIC PLANNING UPDATE (RECEIVE AND FILE):

We are excited to be in the engagement stage of our strategic planning journey, actively gathering insights to shape SWPH's future. This process has been both rewarding and enlightening, as we have enjoyed connecting with our Board of Health, leadership teams, and frontline staff through focus groups and Town Hall discussions. These sessions, along with one-on-one interviews and surveys with community partners and input from the public through an online survey, have raised many valuable points to consider.

All feedback will be reviewed, analyzed, and compiled into a Discovery Report, capturing key themes and insights. This report will guide us into the next phase, "Envision," where we will work to develop strategic goals at an Extended Planning Session in the new year. Thanks to everyone's participation, our consultants will be able to provide a well-rounded perspective to help develop SWPH's strategic plan for the next five years.

## 3.0 FINANCIAL MATTERS (DECISION):

### 3.1 THIRD QUARTER FINANCIAL STATEMENTS (DECISION):

At the end of Q3, September 30, 2024, Southwestern Public Health is currently underspent by approximately \$1.4M or 7% of the overall budget (see attached). The variance to the budget is the result of some staffing vacancies, some reallocations of staffing from our mandatory programs to 100% provincially funded programs such as HBHC and IPAC Hub, activities that occurred and expensed in late 2023 that originally were planned for 2024, and the receipt of Covid funding in Q1 that we did not anticipate. As of Q3 we are anticipating that we will have a \$1M surplus by year end as a result of these noted differences.

#### **MOTION: 2024-BOH-1128-5.2-3.1**

That the Board of Health approve the third quarter financial statements for Southwestern Public Health as presented.

### 3.2 AUDIT ENGAGEMENT LETTER AND PLANNING LETTER (DECISION):

[Graham Scott Enns](#) has provided us with the engagement letter and the planning letter for the upcoming 2024 fiscal year end audit. The letters are required to be signed by the Board Chair.

The engagement letter highlights the objectives of the audit, the auditor's responsibility, management's responsibility, and the relevant terms that govern the engagement. The planning letter provides the relevant changes in accounting standards and the scope and timing of the audit. The attached letters have been reviewed in detail by staff and it is noted that the letters are standard and there are no concerns. I am therefore requesting that the Board approve the Board chair signing the letters.



**MOTION: 2024-BOH-1128-5.2-3.2**

That the Board of Health approve the Board Chair signing the engagement letter and audit planning letter received from Graham Scott Enns as presented, in preparation for the upcoming 2024 financial audit.

**3.3 2024 GENERAL COST-SHARED & 100% PROVINCIALY FUNDED BUDGETS (DECISION):**

We are pleased to attach the draft 2024 Program Budget package for your review, direction, and decision. The package includes budgets for all provincially mandated programs and services. There are no cost-shared budgets for any items that are not provincially mandated. Staff at all levels were involved in the creation of these budgets. We are proud to say that this budget package was derived from extensive program planning that was guided by evidence to support program direction.

This budget package does not include adding any staffing, but it does maintain the momentum and direction set by the Board throughout the 2024 year.

We will review this budget package thoroughly at the meeting, including the specific costs associated with the cost-shared programs, the costs associated with 100% provincially funded ongoing programs, and the costs associated with the 100% provincially funded one-time initiatives. We will also discuss the draft levy amounts that the Board will have top of mind for its municipal partners.

**MOTION: 2024-BOH-1128-5.2-3.3**

That the Board of Health approve the 2025 Budgets for General Cost-Shared program, for 100% Provincially funded ongoing initiatives, and for 100% Provincially funded one-time initiatives as presented.

**MOTION: 2024-BOH-1128-5.2**

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

**SOUTHWESTERN PUBLIC HEALTH**

For the Nine Months Ending Monday, September 30, 2024

STANDARD/ PROGRAM	YEAR TO DATE			FULL YEAR		
	ACTUAL	BUDGET	VAR	BUDGET	VAR	% VAR
<b>Direct Program Costs</b>						
<b>Foundational Standards</b>						
Emergency Management	\$101,186	\$94,805	(\$6,381)	\$126,407	\$25,220	80.%
Effective Public Health Practise	237,871	242,240	4,368	322,986	85,115	74.%
Health Equity Program	204,956	225,949	20,993	301,266	96,310	68.%
Population Health Assessment	261,694	280,517	18,823	374,023	112,329	70.%
<b>Foundational Standards: Total</b>	<b>805,707</b>	<b>843,511</b>	<b>37,803</b>	<b>1,124,682</b>	<b>318,973</b>	<b>72.%</b>
<b>Chronic Disease Prevention &amp; Well-Being</b>						
Built Environment	179,401	202,506	23,105	270,008	90,607	66.%
Healthy Eating Behaviours	82,290	82,333	42	109,777	27,487	75.%
Physical Activity and Sedentary Behaviour	92,678	92,045	-633	122,727	30,049	76.%
Suicide Risk & Mental Health Promotion	161,249	199,660	38,411	266,213	104,964	61.%
<b>Chronic Disease Prevention &amp; Well-Being: Total</b>	<b>515,618</b>	<b>576,544</b>	<b>60,925</b>	<b>768,725</b>	<b>253,106</b>	<b>67.%</b>
<b>Food Safety</b>						
Food Safety (Education, Promotion & Inspection)	414,840	380,593	-34,247	507,457	92,617	82.%
<b>Food Safety: Total</b>	<b>414,840</b>	<b>380,593</b>	<b>-34,247</b>	<b>507,457</b>	<b>92,617</b>	<b>82.%</b>
<b>Environmental Health</b>						
Climate Change	240,776	258,954	18,179	345,273	104,497	70.%
Healthy Environments	361,483	405,091	43,607	540,121	178,637	67.%
<b>Healthy Environments: Total</b>	<b>602,259</b>	<b>664,045</b>	<b>61,786</b>	<b>885,394</b>	<b>283,134</b>	<b>68.%</b>
<b>Healthy Growth &amp; Development</b>						
Breastfeeding	267,838	297,061	29,224	396,082	128,244	68.%
Parenting	212,642	292,401	79,759	389,868	177,226	55.%
Reproductive Health/Healthy Pregnancies	353,094	470,183	117,089	626,910	273,816	56.%
<b>Healthy Growth &amp; Development: Total</b>	<b>833,574</b>	<b>1,059,645</b>	<b>226,071</b>	<b>1,412,860</b>	<b>579,286</b>	<b>59.%</b>
<b>Immunization</b>						
Vaccine Administration	117,997	118,158	161	157,544	39,547	75.%
Vaccine Management	90,718	100,037	9,319	133,382	42,665	68.%
Community Based Immunization Outreach	0	0	0	0	0	0.0%
Immunization Monitoring and Surveillance	94,755	90,431	-4,324	120,574	25,819	79.%
COVID-19 Mass Immunization	373,480	651,652	278,172	868,869	495,389	43.%
<b>Immunization: Total</b>	<b>676,950</b>	<b>960,278</b>	<b>283,328</b>	<b>1,280,369</b>	<b>603,420</b>	<b>53.%</b>
<b>Infectious &amp; Communicable Diseases</b>						
Infection Prevention & Control	1,295,497	1,560,084	264,587	2,080,112	784,615	62.%
Needle Exchange	14,484	38,400	23,916	51,200	36,716	28.%
Rabies Prevention and Control and Zoonotics	123,451	132,214	8,763	176,285	52,834	70.%
Sexual Health	796,360	838,416	42,056	1,117,887	321,528	71.%
Tuberculosis Prevention and Control	61,834	67,873	6,039	90,497	28,663	68.%
Vector-Borne Diseases	122,774	169,022	46,248	225,362	102,588	54.%
<b>Infectious &amp; Communicable Diseases: Total</b>	<b>2,414,400</b>	<b>2,806,009</b>	<b>391,609</b>	<b>3,741,343</b>	<b>1,326,945</b>	<b>65.%</b>
<b>Safe Water</b>						
Water	151,116	122,842	-28,274	163,789	12,673	92.%
<b>Safe Water: Total</b>	<b>151,116</b>	<b>122,842</b>	<b>-28,274</b>	<b>163,789</b>	<b>12,673</b>	<b>92.%</b>
<b>School Health - Oral Health</b>						
Healthy Smiles Ontario	659,714	644,969	-14,745	859,958	200,244	77.%
School Screening and Surveillance	281,878	273,260	-8,617	364,347	82,469	77.%
<b>School Health - Oral Health: Total</b>	<b>941,592</b>	<b>918,229</b>	<b>-23,363</b>	<b>1,224,305</b>	<b>282,714</b>	<b>77.%</b>

**School Health - Immunization**

School Immunization	879,296	956,156	76,861	1,274,875	395,579	69.%
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**School Health - Other**

Comprehensive School Health	1,233,999	1,229,650	-4,349	1,639,533	405,534	75.%
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**Substance Use & Injury Prevention**

Harm Reduction Enhancement	124,144	136,140	11,996	181,520	57,376	68.%
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Injury Prevention	155,158	154,053	-1,105	205,404	50,246	76.%
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Smoke Free Ontario Strategy: Prosecution	172,465	184,764	12,298	246,352	73,886	70.%
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Substance Misuse Prevention	308,068	322,355	14,287	429,807	121,739	72.%
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<b>Substance Use &amp; Injury Prevention: Total</b>	<b>759,835</b>	<b>797,312</b>	<b>37,477</b>	<b>1,063,083</b>	<b>303,247</b>	<b>71.%</b>
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<b>TOTAL DIRECT PROGRAM COSTS</b>	<b>10,229,186</b>	<b>11,314,814</b>	<b>1,085,626</b>	<b>15,086,415</b>	<b>4,857,230</b>	<b>68.%</b>
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**INDIRECT COSTS**

Indirect Administration	2,511,244	2,520,955	9,711	3,361,274	850,029	75.%
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Corporate	34,915	174,604	139,688	232,805	197,890	15.%
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Board	24,056	26,209	2,152	34,945	10,889	69.%
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HR - Administration	616,059	698,115	82,056	930,820	314,761	66.%
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Communications	39,045	40,125	1,080	53,500	14,455	73.%
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Premises	1,208,480	1,289,366	80,886	1,719,154	510,674	70.%
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<b>TOTAL INDIRECT COSTS</b>	<b>4,433,799</b>	<b>4,749,374</b>	<b>315,573</b>	<b>6,332,498</b>	<b>1,898,698</b>	<b>70.%</b>
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<b>TOTAL GENERAL SURPLUS/DEFICIT</b>	<b>14,662,985</b>	<b>16,064,188</b>	<b>1,401,200</b>	<b>21,418,913</b>	<b>6,755,927</b>	<b>68.%</b>
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**100% MINISTRY FUNDED PROGRAMS**

MOH Funding	64,193	59,861	-4,332	79,814	15,622	80.%
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Senior Oral Care	784,109	1,182,904	398,795	1,577,205	793,097	50.%
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<b>TOTAL 100% MINISTRY FUNDED</b>	<b>848,302</b>	<b>1,242,765</b>	<b>394,464</b>	<b>1,657,019</b>	<b>808,718</b>	<b>51.%</b>
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**One-Time Funding - April 1, 2024 to March 31, 2025**

OTF IPAC HUB	188,971	197,125	8,154	394,250	205,279	48.%
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<b>Total OTF</b>	<b>188,971</b>	<b>197,125</b>	<b>8,154</b>	<b>394,250</b>	<b>205,279</b>	<b>48.%</b>
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**Programs Funded by Other Ministries, Agencies**

Healthy Babies Healthy Children	903,986	887,809	-16,178	1,775,617	871,631	51.%
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Pre and Post Natal Nurse Practitioner	68,940	69,500	560	139,000	70,060	50.%
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PHAC Smoking Cessation	119,337	135,520	16,183	271,040	151,703	44.%
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Low German Speaking Partnership Study	2,625	0	-2,625	0	-2,625	0.%
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<b>Total Programs Funded by Other Ministries, Agencies</b>	<b>1,094,888</b>	<b>1,092,829</b>	<b>-2,060</b>	<b>2,185,657</b>	<b>1,090,769</b>	<b>50.%</b>
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**GRAHAM SCOTT ENNS** LLP  
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November 4, 2024

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

Dear Members of the Board of Health:

***The Objective and Scope of the Audit***

You have requested that we audit the financial statements of Southwestern Public Health, which comprise the statement of financial position as at December 31, 2024, and the statements of operations and accumulated surplus, change in net debt, remeasurement gains and losses, and cash flows for the period then ended, and notes to the financial statements, including a summary of significant accounting policies.

We are pleased to confirm our acceptance and our understanding of this audit engagement by means of this letter. Our audit will be conducted with the objective of our expressing an opinion on the financial statements.

**The Responsibilities of the Auditor**

We will conduct our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements. As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- a. Identify and assess the risks of material misstatement of the financial statements (whether due to fraud or error), design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control.
- b. Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. However, we will communicate to you in writing concerning any significant deficiencies in internal control relevant to the audit of the financial statements that we have identified during the audit.
- c. Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

- d. Conclude on the appropriateness of management's use of the going-concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the entity to cease to continue as a going concern.
- e. Evaluate the overall presentation, structure and content of the financial statements (including the disclosures) and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

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

### **The Responsibilities of Management**

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

- a. For the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for public sector entities
- b. For the design and implementation of such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.
- c. To provide us with timely:
  - i. Access to all information of which management is aware that is relevant to the preparation of the financial statements (such as records, documentation and other matters);
  - ii. Information about all known or suspected fraud, any allegations of fraud or suspected fraud and any known or probable instances of noncompliance with legislative or regulatory requirements;
  - iii. Additional information that we may request from management for the purpose of the audit; and
  - iv. Unrestricted access to persons within Southwestern Public Health from whom we determine it necessary to obtain audit evidence.

As part of our audit process:

- a. We will make inquiries of management about the representations contained in the financial statements. At the conclusion of the audit, we will request from management and those charged with governance written confirmation concerning those representations. If such representations are not provided in writing, management acknowledges and understands that we would be required to disclaim an audit opinion.
- b. We will communicate any misstatements identified during the audit other than those that are clearly trivial. We request that management correct all the misstatements communicated.

## **Form and Content of Audit Opinion**

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

### **INDEPENDENT AUDITORS' REPORT**

To the Board of Health, Members of Council, Inhabitants, and Ratepayers of Southwestern Public Health:

#### **Opinion**

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

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

#### **Basis for Opinion**

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

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

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

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

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

#### **Auditors' Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

## **INDEPENDENT AUDITORS' REPORT (CONTINUED)**

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

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

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

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

St. Thomas, Ontario

CHARTERED PROFESSIONAL ACCOUNTANTS  
Licensed Public Accountants

If we conclude that a modification to our opinion on the financial statements is necessary, we will discuss the reasons with you in advance.

### ***Confidentiality***

One of the underlying principles of the profession is a duty of confidentiality with respect to client affairs. Each professional accountant must preserve the secrecy of all confidential information that becomes known during the practice of the profession. Accordingly, we will not provide any third party with confidential information concerning the affairs of unless:

- a. We have been specifically authorized with prior consent;
- b. We have been ordered or expressly authorized by law or by the Code of Professional Conduct/Code of Ethics; or
- c. The information requested is (or enters into) public domain.

### ***Communications***

In performing our services, we will send messages and documents electronically. As such communications can be intercepted, misdirected, infected by a virus, or otherwise used or communicated by an unintended third party, we cannot guarantee or warrant that communications from us will be properly delivered only to the addressee. Therefore, we specifically disclaim, and you release us from, any liability or responsibility whatsoever for interception or unintentional disclosure of communications transmitted by us in connection with the performance of this engagement. In that regard, you agree that we shall have no liability for any loss or damage to any person or entity resulting from such communications, including any that are consequential, incidental, direct, indirect, punitive, exemplary or special damages (such as loss of data, revenues or anticipated profits). If you do not consent to our use of electronic communications, please notify us in writing.

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

### ***Use of Information***

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

- a. You represent to us that management has obtained any required consents for collection, use and disclosure to us of personal information required under applicable privacy legislation; and
- b. We will hold all personal information in compliance with our Privacy Statement.



### ***Use and Distribution of our Report***

The examination of the financial statements and the issuance of our audit opinion are solely for the use of Southwestern Public Health and those to whom our report is specifically addressed by us. We make no representations of any kind to any third party in respect of these financial statements or our audit report, and we accept no responsibility for their use by any third party or any liability to anyone other than Southwestern Public Health.

For greater clarity, our audit will not be planned or conducted for any third party or for any specific transaction. Accordingly, items of possible interest to a third party may not be addressed and matters may exist that would be assessed differently by a third party, including, without limitation, in connection with a specific transaction. Our audit report should not be circulated (beyond Southwestern Public Health) or relied upon by any third party for any purpose, without our prior written consent.

You agree that our name may be used only with our prior written consent and that any information to which we have attached a communication be issued with that communication, unless otherwise agreed to by us in writing.

### ***Reproduction of Auditor's Report***

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

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

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

### ***Ownership***

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

During the course of our work, we may provide, for your own use, certain software, spreadsheets and other intellectual property to assist with the provision of our services. Such software, spreadsheets and other intellectual property must not be copied, distributed or used for any other purpose. We also do not provide any warranties in relation to these items and will not be liable for any damage or loss incurred by you in connection with your use of them.

We retain the copyright and all intellectual property rights in any original materials provided to you.

### ***File Inspections***

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

### ***Accounting Advice***

Except as outlined in this letter, the audit engagement does not contemplate the provision of specific accounting advice or opinions or the issuance of a written report on the application of accounting standards to specific transactions and to the facts and circumstances of the entity. Such services, if requested, would be provided under a separate engagement.

### ***Other Services***

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

### ***Governing Legislation***

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

### ***Dispute Resolution***

You agree that:

- a. Any dispute that may arise regarding the meaning, performance or enforcement of this engagement will, prior to resorting to litigation, be submitted to mediation; and
- b. You will engage in the mediation process in good faith once a written request to mediate has been given by any party to the engagement.

### ***Indemnity***

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

- a. The breach by Southwestern Public Health, or its directors, officers, agents, or employees, of any of the covenants made by Southwestern Public Health herein, including, without restricting the generality of the foregoing, the misuse of, or the unauthorized dissemination of, our engagement report or the financial statements in reference to which the engagement report is issued, or any other work product made available to you by our Firm.
- b. A misrepresentation by a member of your management or board of directors.

### ***Time Frames***

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

### ***Fees at Regular Billing Rates***

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

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

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

### ***Costs of Responding to Government or Legal Processes***

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

### ***Termination***

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

Management acknowledges and understands that failure to fulfill its obligations as set out in this engagement letter will result, upon written notice, in the termination of the engagement.

Either party may terminate this agreement for any reason upon providing written notice to the other party. If early termination takes place, shall be responsible for all time and expenses incurred up to the termination date.

If we are unable to complete the audit or are unable to form, or have not formed, an opinion on the financial statements, we may withdraw from the audit before issuing an auditor's report, or we may disclaim an opinion on the financial statements. If this occurs, we will communicate the reasons and provide details.

**Conclusion**

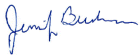
This engagement letter includes the relevant terms that will govern the engagement for which it has been prepared. The terms of this letter supersede any prior oral or written representations or commitments by or between the parties. Any material changes or additions to the terms set forth in this letter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

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

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

Sincerely,

**GRAHAM SCOTT ENNS** LLP  
CHARTERED PROFESSIONAL ACCOUNTANTS



Jennifer Buchanan, CPA, CA  
Partner

Acknowledged and agreed on behalf of Southwestern Public Health by:

---

Board Chair

Southwestern Public Health



**GRAHAM SCOTT ENNS** LLP  
CHARTERED PROFESSIONAL ACCOUNTANTS

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November 4, 2024

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

Dear Members of the Board of Health:

**Re: Audit Planning**

We are writing this letter in connection with our audit of the consolidated financial statements for the period ending December 31, 2024.

Our purpose in writing is to ensure effective two-way communication between us in our role as auditors and yourselves with the role of overseeing the financial reporting process. In this letter we will:

- a) Address our responsibilities as independent auditors and provide information about the planned scope and timing of our audit.
- b) Request a response to some audit questions and any additional information you may have that could be relevant to our audit.

**Adoption of New Public Sector Accounting Standards**

On April 1, 2023 the organization was required to adopt new Public Sector Accounting Standards, which would be effective December 31, 2024 year ends, and include the following:

- PS 3400 - Revenue

**Current Developments in the Profession**

Over the past number of years there have been developments in the area of financial reporting, corporate governance and auditing. The upcoming changes over the next few fiscal years for financial reporting as it relates to public sector accounting standards are described below.

### **PS 3400 – Revenue**

This standard will apply for fiscal years beginning on or after April 1, 2023, which would be the year end December 31, 2024. This standard will impact the timing of the revenue reported by the organization. Examination and audit of the types of revenue will determine the impact of this standard.

We as auditors are not responsible for ensuring that the organization is prepared for the introduction of these standards and these standards will only be considered in so far as it affects our audit responsibilities under Canadian Auditing Standards. Management and those charged with governance are responsible for analyzing the impact on the organization, developing plans to mitigate the effects, and the preparation of the financial statements under these new or updated Canadian public sector accounting standards.

### **Auditor Responsibilities**

As stated in the engagement letter dated November 4, 2024, our responsibility as auditors of your organization is to express an opinion on whether the financial statements present fairly, in all material respects, the financial position, results of operations and cash flows of the organization in accordance with Canadian public sector accounting standards.

An audit is performed to obtain reasonable but not absolute assurance as to whether the financial statements are free of material misstatement. Due to the inherent limitations of an audit, there is an unavoidable risk that some misstatements of the financial statements will not be detected (particularly intentional misstatements concealed through collusion), even though the audit is properly planned and performed.

Our audit includes:

- a) Assessing the risk that the financial statements may contain misstatements that, individually or in the aggregate, are material to the financial statements taken as a whole; and
- b) Examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements.

As part of our audit, we will obtain a sufficient understanding of the business and the internal control structure of Southwestern Public Health to plan the audit. This will include management's assessment of:

- a) The risk that the financial statements may be materially misstated as a result of fraud and error; and,
- b) The internal controls put in place by management to address such risks.

### **Planned Scope and Timing of Our Audit**

In developing our audit plan, we worked with management to understand the nature of the entity Southwestern Public Health and to identify and assess the risks of material misstatement in the consolidated financial statements, whether due to fraud or error. Our audit plan has been designed to focus on the identified areas of risk.

### **Materiality**

Overall materiality will be used to:

- a) plan and perform the audit; and,
- b) evaluate the effects of identified and uncorrected misstatements on the audit procedures performed as well as on the consolidated financial statements.

The materiality amount will be reassessed at period end to ensure it remains appropriate.

**Significant Changes During Period**

The significant changes that we addressed in planning the audit for the current period are set out below:

a) Other

The coronavirus pandemic represents a significant economic event for most organizations.

As part of our audit, we will discuss with management the impact of this event on the organization and as to whether there are any changes to controls or other business processes as a result of this event. These discussions may impact our audit and may result in additional audit procedures or financial statement estimates or disclosures.

**Internal Control**

To help identify and assess the risks of material misstatement in the consolidated financial statements, we obtain an understanding of internal control relevant to the audit. This understanding is used in the design of appropriate audit procedures. It is not used for the purpose of expressing an opinion on the effectiveness of internal control. Should we identify any significant deficiencies in the internal control and accounting systems, we will communicate them to you in our audit findings letter.

**Significant Risks**

In planning our audit, we identify significant financial reporting risks that, by their nature, require special audit consideration. The significant risks we have identified and our proposed audit response is outlined below:

Significant Risks	Proposed Audit Response
Revenue recognition and completeness	Analytical procedures Substantive testing of revenues, including the consistent application of accounting policies Review of cut-off procedures
Management override	Inquiries of management Review of journal entries Review of related-party transactions

If there are specific areas that warrant our particular attention during the audit or where you would like us to undertake some additional procedures, please let us know.

**Uncorrected Misstatements**

Where we identify uncorrected misstatements during our audit, we will communicate them to management and request that they be corrected. If not corrected by management, we will then request that you correct them. If not corrected by you, we will also communicate the effect that they may have individually, or in aggregate, on our audit opinion.

## **Audit Findings**

At the conclusion of our audit, we will prepare an audit findings letter to assist you with your review of the consolidated financial statements. This letter will include our views and comments on matters such as:

- a) significant matters, if any, arising from the audit that were discussed with management;
- b) significant difficulties, if any, encountered during the audit;
- c) qualitative aspects of the entity's accounting practices, including accounting policies, accounting estimates and financial statement disclosures;
- d) uncorrected misstatements; and
- e) any other audit matters of governance interest.

## **Audit Questions and Requests**

### **Fraud**

To help us in identifying and responding to the risks of fraud within the entity, we would appreciate your responses to the following questions:

- a) What oversight, if any, do you provide over management's processes for identifying and responding to fraud risks? Management's processes could include policies, procedures, programs or controls that serve to prevent, detect and deter fraud.
- b) Do you have any knowledge of any actual, suspected or alleged fraud, including misappropriation of assets or manipulation of the consolidated financial statements, affecting the entity? If so, please provide details and how the fraud or allegations of fraud were addressed.

### **Other Matters**

Would you please bring to our attention any significant matters or financial reporting risks, of which you are aware, that may not have been specifically addressed in our proposed audit plan. This could include such matters as future plans, contingencies (including any liability for contaminated sites), events, decisions, non-compliance with laws and regulations, potential litigation, specific transactions (such as with related parties or outside of the normal course of business) and any additional sources of audit evidence that might be available.

We recognize your significant role in the oversight of the audit and would welcome any observations on our audit plan.

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

Sincerely,

**GRAHAM SCOTT ENNS LLP**  
*Chartered Professional Accountants*



Jennifer Buchanan, CPA, CA  
Partner



Per: Southwestern Public Health

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



**2025 BUDGET  
FOR  
GENERAL PROGRAMS  
(DRAFT)**

SUPPORTED BY THE  
CURRENT ONTARIO PUBLIC HEALTH STANDARDS,  
PROTOCOLS, AND GUIDELINES  
(Requirements for Programs, Services, and Accountability)



## **GENERAL PROGRAMS**

*The Road Ahead*

**&**

*2025 Budget*

**&**

*Priorities*

# STRATEGIC VISION, MISSION, AND VALUES



## VISION

Healthy people  
in vibrant  
communities.

## MISSION

Leading the way in  
protecting and promoting  
the health of all people in  
our communities, resulting  
in better health.

## VALUES

Evidence  
Collaboration  
Accountability  
Quality  
Equity  
Forward-thinking

# THE ROAD AHEAD...

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The 2025 budget for Southwestern Public Health (SWPH) aims to ensure better health outcomes through evidence-based planning, addressing public health priorities, opportunities, issues, and challenges in the upcoming fiscal year, recognizing what we do in 2025 has an impact well beyond one year.

The budget builds on our strengths, including a robust evidence-based approach to program planning, an effective monitoring and evaluation system, a skilled and dedicated workforce, and strong community partnerships to position us well to make measurable improvements in the health of our communities. It also considers areas of improvement including enhancing community understanding of the role of public health and our readiness to support rapid population growth and diversification highlighting the need for targeted investments.

Opportunities to expand services and find efficiencies through strategic collaboration with municipal and community partners and innovations in technology offer pathways to growth, while threats like changing political climates and priorities, pending changes to the [Ontario Public Health Standards](#), and increasing demands for services require prudent financial and strategic planning. This budget aims to capitalize on our strengths and opportunities while addressing challenges, ensuring we continue to meet the needs of our community both effectively and sustainably.

## Key Considerations, Opportunities, Challenges, and Pressures

At the time of this report, the Ministry of Health has not yet shared any decisions regarding the *Strengthening Public Health* provincial strategy with local public health agencies. SWPH remains prepared to review and adapt as needed. This coming year's programs and budget reflect a "steady course" approach given potential changes in funding and mandate in 2026. Notably, the two remaining elements of the provincial strategy include:

- Potential changes in public health roles and responsibilities by re-scoping the Ontario Public Health Standards (OPHS). The new Standards may include changing what public health is responsible for locally and what may be developed more regionally or provincially. The Ministry has confirmed that since the release of the new Standards is delayed, local public health agencies are to plan 2025 using the existing Standards, and we can expect to see the new version in the coming months for implementation after 2025.

- Restoring some provincial funding of the provincial cost-share changes made in 2020, confirming a 1% provincial base budget increase in 2025, and reviewing public health funding methodology for implementation in 2026.

This context sets the stage for several key factors shaping SWPH’s approach in 2025 and beyond:

1. **Strategic Planning in 2025:** Another reason for the “steady course” is the ‘in development’ strategic plan that will be considered in mid 2025 for launch in the 2026 year. Recent data collection efforts have provided a trove of relevant information that emphasizes the importance of local, evidence-informed, data-driven strategies, and that work will inform the planning done by staff for the 2026 year in conjunction with the priorities articulated in the upcoming 5-year strategic plan.
2. **Population Growth:** The population of the SWPH region grew by more than 8% between the 2016 and 2021 Census. That is 2.5 times more growth than the previous 5 years and we are projected to keep growing 2% a year each year. Some of the smaller urban centres in the region are growing even faster.
3. **Diseases of Public Health Significance (DOPHS):** SWPH has absorbed the management of clinical and outbreak support for newly designated illnesses, including Covid-19, without dedicated provincial funding for this added respiratory disease. While these costs have been factored into this budget, SWPH will continue to request additional funding from the Ministry of Health to help offset the ongoing financial burden, particularly as Covid-19 remains a persistent public health concern.
4. **Emergency Preparedness:** Prioritizing emergency preparedness is essential and aligns with the strategic decisions made by the Board in 2023. This commitment focuses on collaboration with municipalities, community partners, and local leaders to improve readiness for unexpected events. Additionally, it includes integrating valuable lessons learned from the challenges posed by the pandemic.
5. **Short to Mid-Term Outcomes:** Much of public health’s impact is measured over decades. The Board and staff have reiterated the importance of including program work that achieve short to mid-term health improvements within a 3–5-year horizon.
6. **Collaboration with Partners:** Continued collaboration with municipalities and other community partners, recognizing and respecting each organization’s different priorities, and recognizing that so much of public health’s work is not done alone.

7. **Health Human Resources:** This area continues to be challenging for many sectors and public health is no exception. It is vital that SWPH continue to focus on attracting top talent and retaining existing talent that align with our organization's values and culture.

8. **Expenditure Challenges** including:

- An approximate 17% increase in our employee group benefit plans across all employee groups driven by claim experience, utilization, rising service costs, and fee guide increases. This has been a recurring trend, and SWPH is not alone in facing this challenge. Health units in the province are also projecting increases in the range of 11% to 24% for 2025.
- Collective Agreement bargaining will commence in 2025 with one of our union partners whose current agreement expires on December 31, 2024.

The 2025 budget for Southwestern Public Health is more than just numbers; it reflects a commitment to the well-being of our communities and the dedication of the Board and staff to being wise stewards of resources. The choices we make regarding program and service delivery have a lasting impact on the health and safety of those we serve. This budget was developed to uphold the direction set by the Board of Health, to maintain its program and service momentum, and to be ready for what may lie ahead for public health in Ontario in 2025 and beyond.

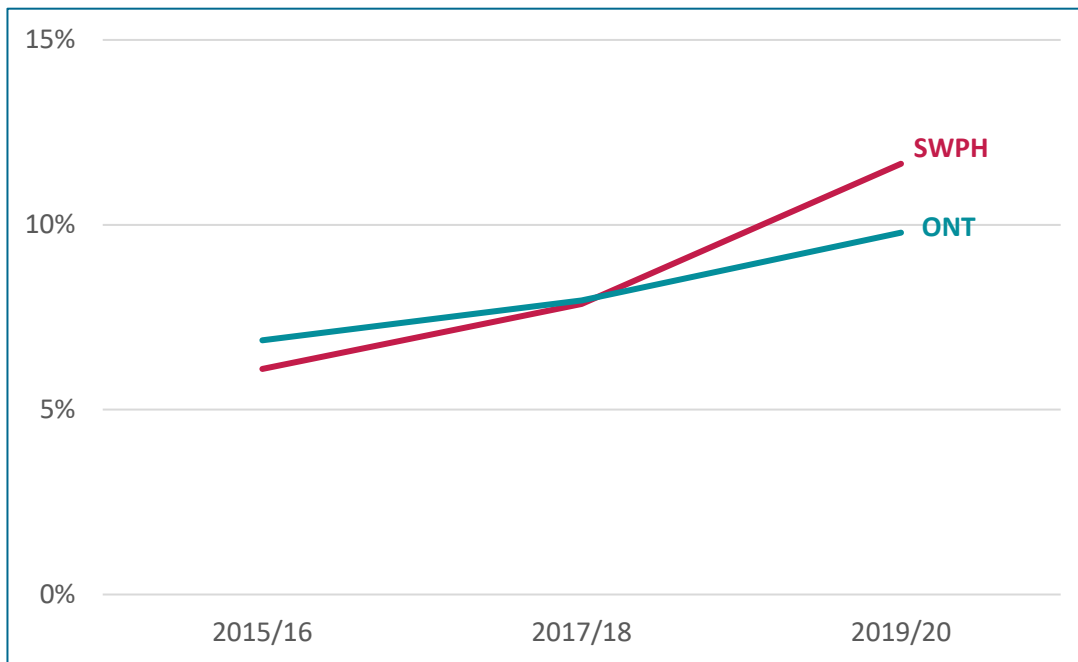
# POPULATION HEALTH HIGHLIGHTS

This summary highlights some key public health issues in the Southwestern Public Health (SWPH) region. Understanding local needs is critical for informing the development and delivery of programs and services to improve population health.

## Mental Health

Evidence suggests that the mental health of the population has declined in recent years. Statistics Canada conducts the Canadian Community Health Survey (CCHS) and collects data from people across the country regarding their health and wellbeing. The proportion of CCHS respondents, aged 12 and over, who rated their mental health as fair or poor has increased over time, both locally and provincially. In the SWPH region, the proportion almost doubled between 2015/16 and 2019/20 (6.1% vs. 11.7%) (Figure 1).

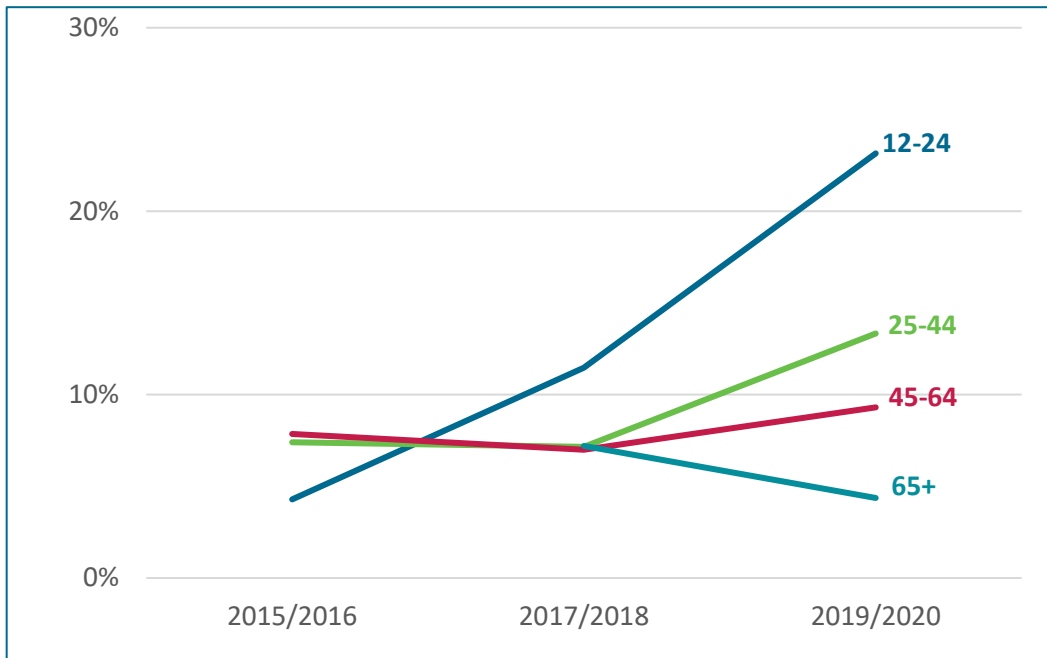
Figure 1. More people rate their mental health as fair or poor in 2019/20 compared to 2015/16



Examining self-perceived mental health by age group, it can be seen that the proportion of SWPH respondents aged 12-24 years old who rated their mental health as poor or fair was over 5x higher in 2019/20 compared to 2015/16 (23.2% vs. 4.3%) (Figure 2).



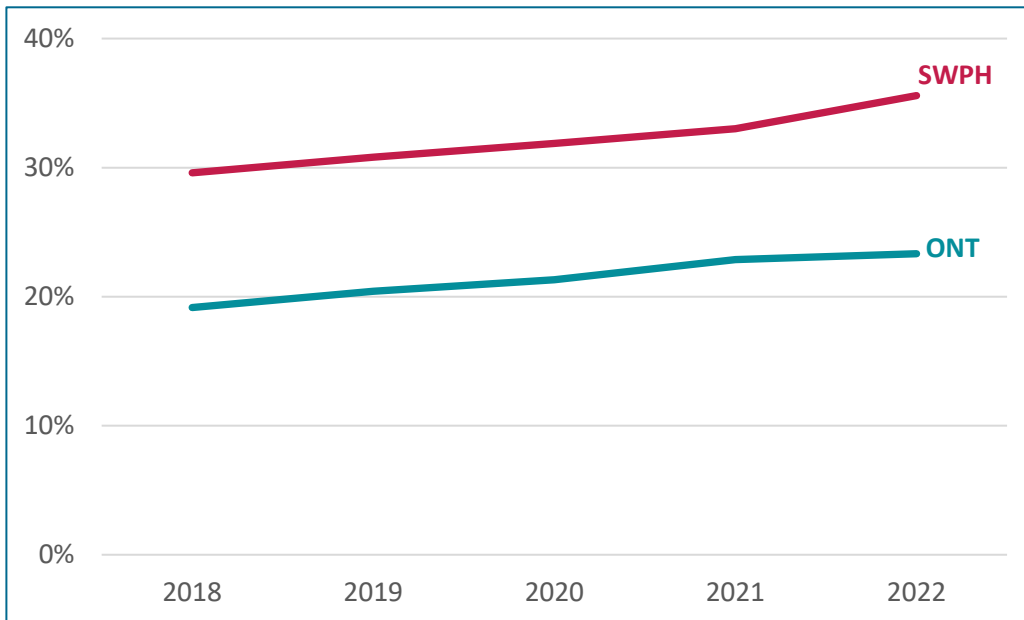
Figure 2. Locally, over 5x more 12–24 year-olds rated their mental health as poor or fair in 2019/20 compared to 2015/16



## Maternal Mental Health

Mental health concerns during pregnancy were higher locally compared to the province. In 2022, around 1 in 3 pregnant women (35.6%) who lived in the SWPH region experienced mental health issues, predominantly anxiety and/or depression (Figure 3).

Figure 3. Locally, 1 in 3 pregnant women experienced mental health issues in 2022



Tobacco use during pregnancy was highest among women aged 24 and under; however, usage has decreased among this age group in recent years, from 18.7% in 2018 to 12.7% in 2022 (Figure 4). Cannabis use during pregnancy was also highest among women aged 24 and under with 16.0% of local pregnant women in this age group reporting using it in 2022, up from 12.6% in 2020.

Figure 4. Tobacco use during pregnancy was highest among women aged 24 and under, however has decreased in recent years

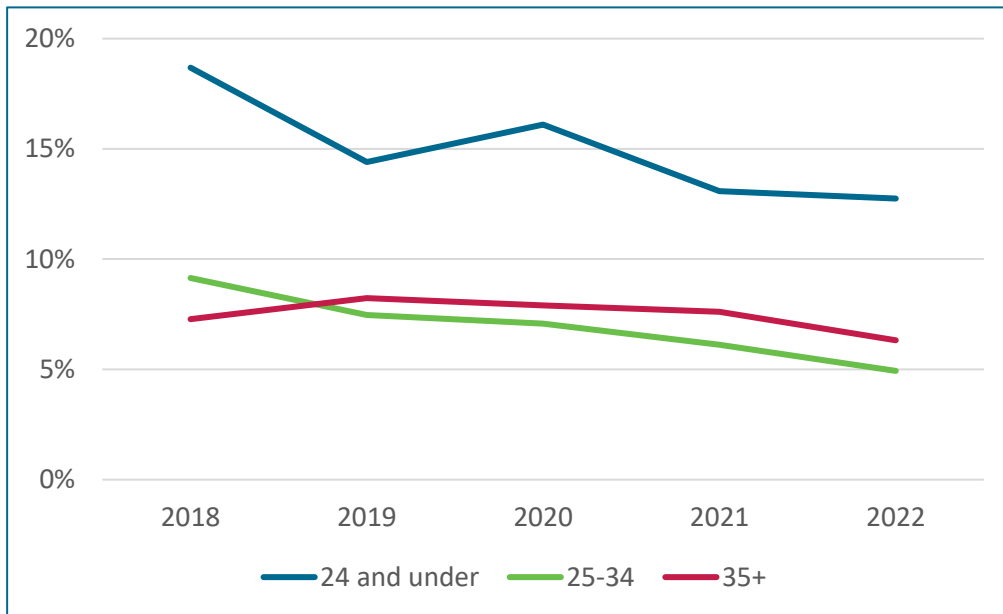
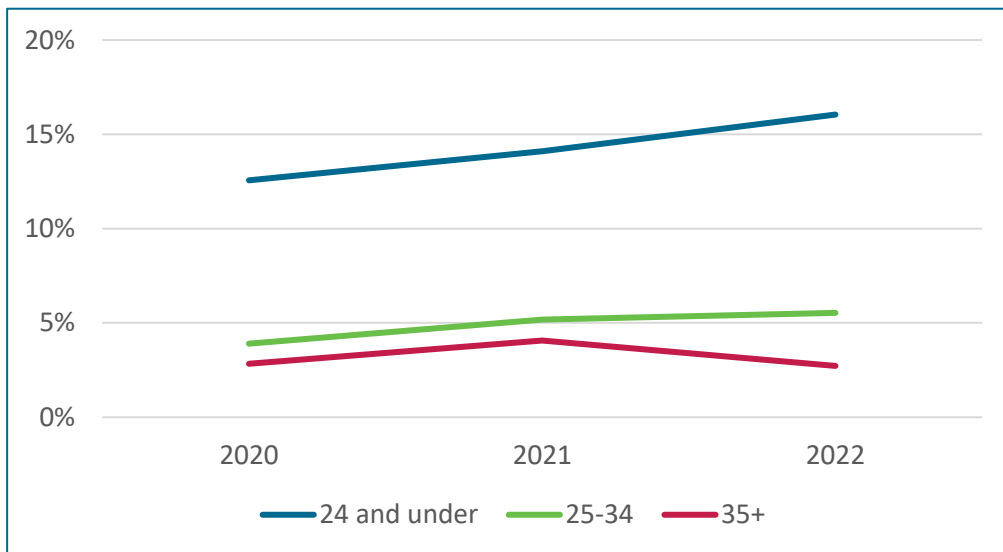


Figure 5. Cannabis use during pregnancy was highest among women aged 24 and under and use increased between 2020 and 2022

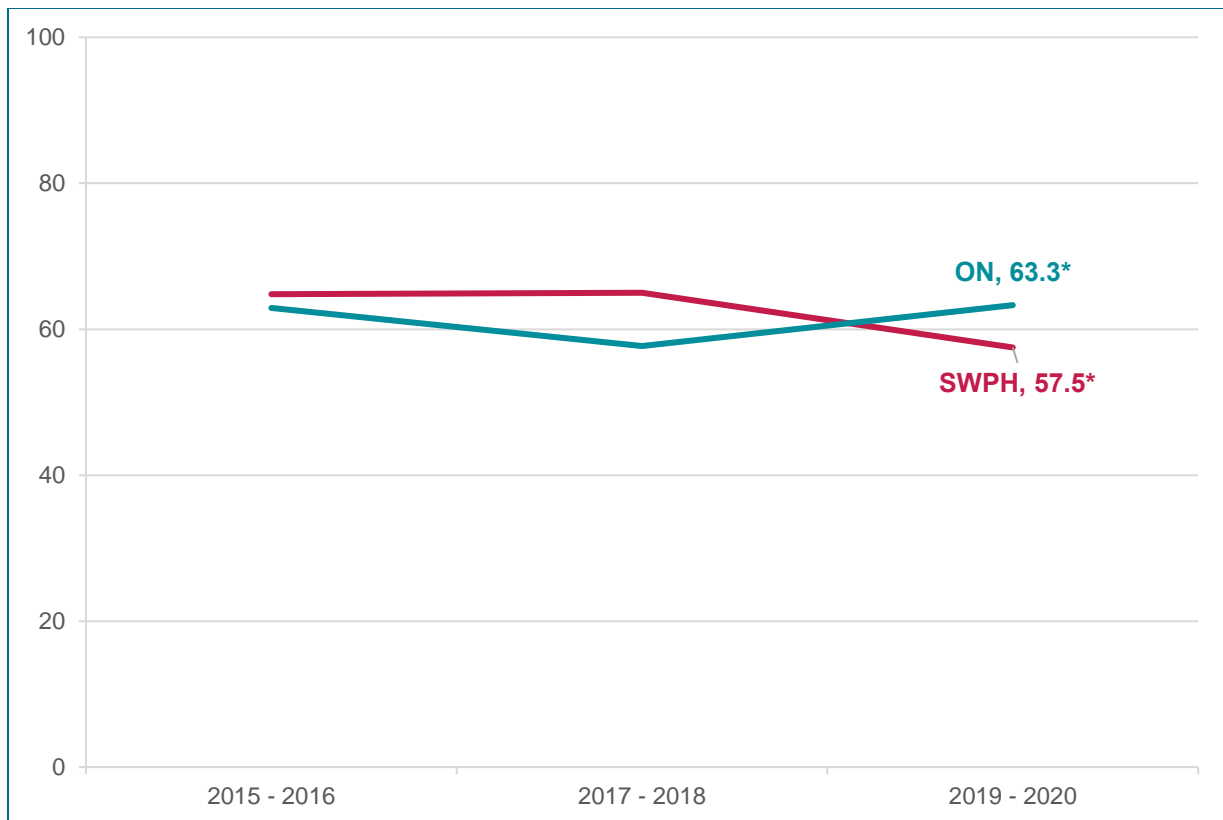


## Adverse Childhood Events (ACEs)

Adverse childhood events (or ACEs) are events that are potentially traumatic, occurring in childhood (to children between the ages of 0 and 17 years). These events can include experiencing violence, or something in a child's environment like having a parent with a substance use or mental health disorder.

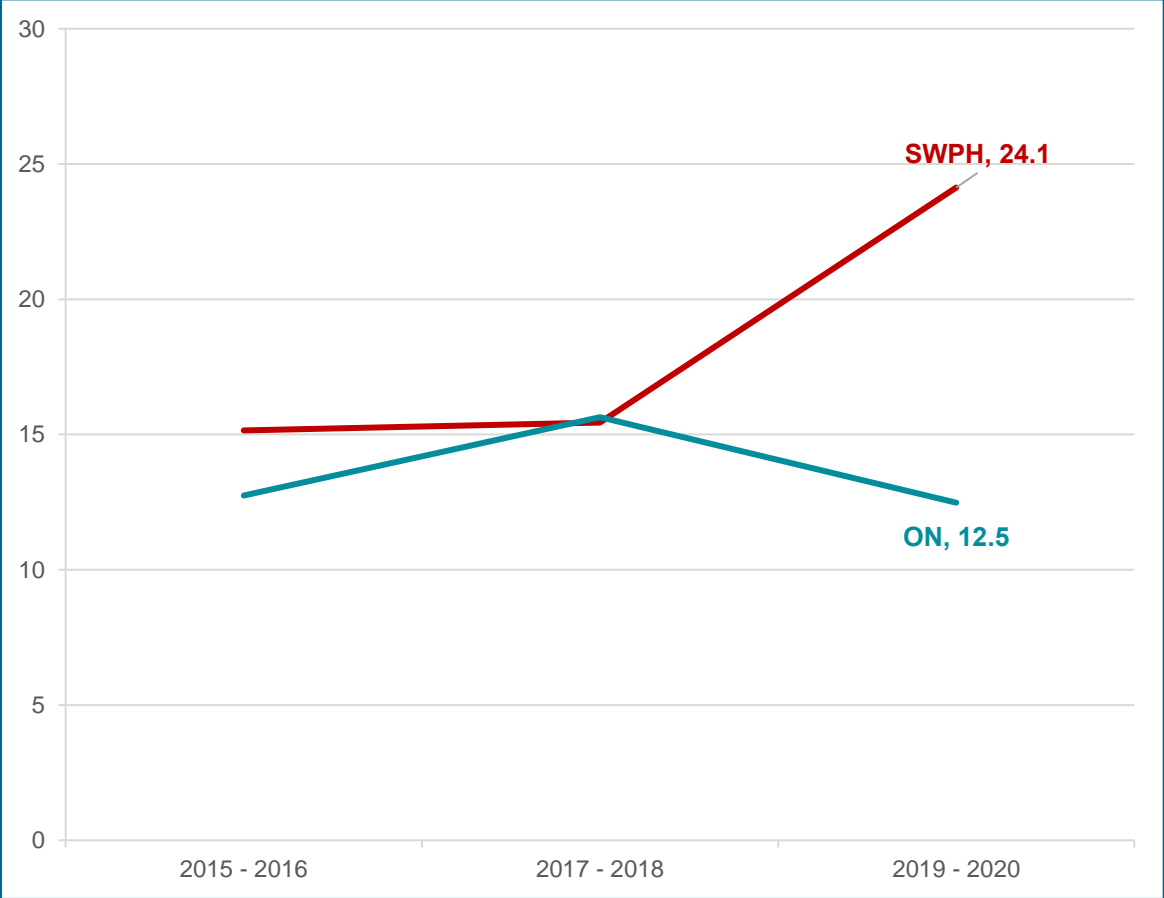
According to the Canadian Community Health Survey (CCHS), a large proportion of parents (approximately 58%) in the SWPH region report being either a regular drinker, smoking cannabis, or using another illicit drug (Figure 6). This has remained relatively stable over time and is comparable to parents across Ontario (approximately 63%).

Figure 6. The proportion of parents in the SWPH region reporting being a regular drinker or using cannabis or illicit drugs is comparable to that of parent across Ontario



The proportion of parents in the SWPH region who self-reported that they had been diagnosed with a mental health condition (in this case, this is either an anxiety disorder or a mood disorder) has increased substantially between 2015/16 and 2019/20 (Figure 7). In 2019/20, the local proportion was more than 10% higher than parents in Ontario (24.1% vs. 12.5%, respectively).

Figure 7. There was an increase in the proportion of parents in the SWPH who reported having either a mood or anxiety disorder in 2019/2020



## Youth Substance Use

Local youth report using alcohol, tobacco, e-cigarettes, cannabis, and magic mushrooms more than youth in Ontario. Over half of local youth report drinking alcohol in the last 12 months, approximately 10% higher compared to youth in Ontario. However, the use of tobacco was the most significant as 2x more youth in the SWPH region reported smoking than youth in Ontario (Figure 8). Local youth also think that it is easy to access alcohol (82%), tobacco (68%), cannabis (65%), and prescription pain relief (26%).

Figure 8. Over 50 percent of SWPH youth report having consumed alcohol in the last 12 months compared to 42 percent of youth across Ontario.

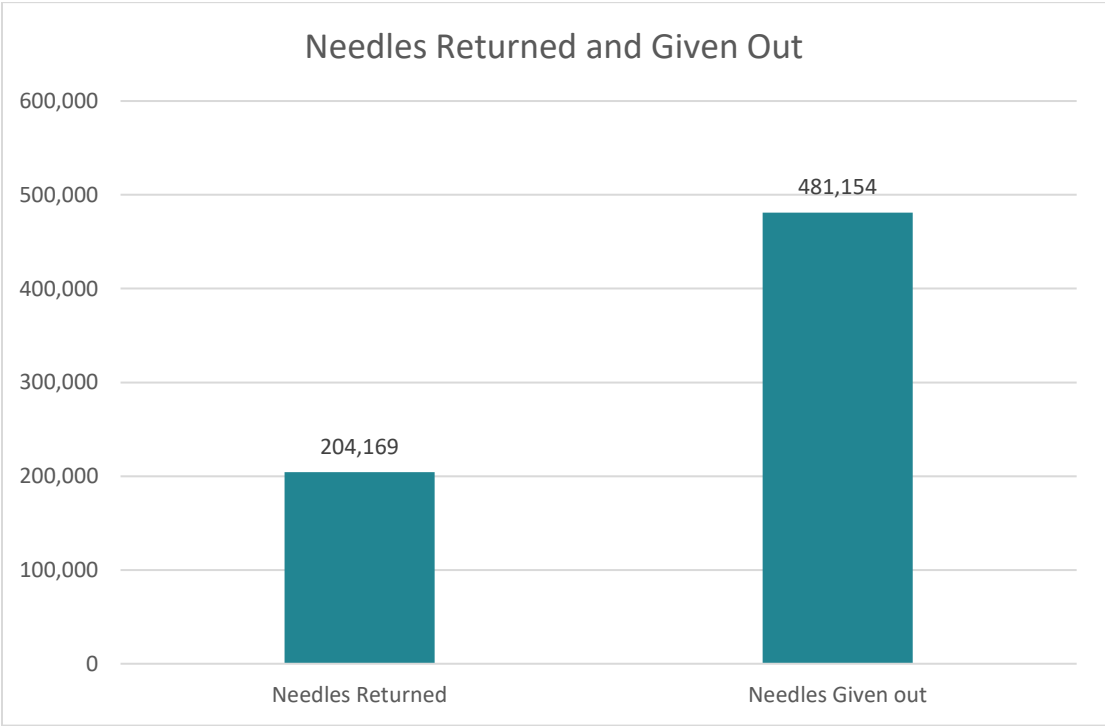


# Harm Reduction

The improper disposal of needles and harm reduction supplies has long been acknowledged as a serious public health challenge in our communities. The needle syringe program remains a critical component of SWPH's approach to reducing the risk of blood-borne infections among people who use substances. With rising concerns about substance use in the region, this program provides essential services, including needle exchange and the distribution of naloxone kits.

In 2023, SWPH facilitated the safe disposal of over 204,169 thousand sharps, while providing 481,154 thousand sharps, resulting in a commendable return rate of 42.4%. With 32 access points throughout the region for the return of sharps, we have significantly enhanced community access and engagement in safe disposal practices. This strong performance highlights the program's effectiveness in promoting public health and underscores the importance of continuing our community sharps program to maintain these vital services.

Figure 9.



In 2023 at Southwestern Public Health Units 728 naloxone kits were distributed to clients and community members. There were also 8,728 naloxone kits distributed by pharmacies in the SWPH region, contributing to overdose prevention efforts.

Figure 10.

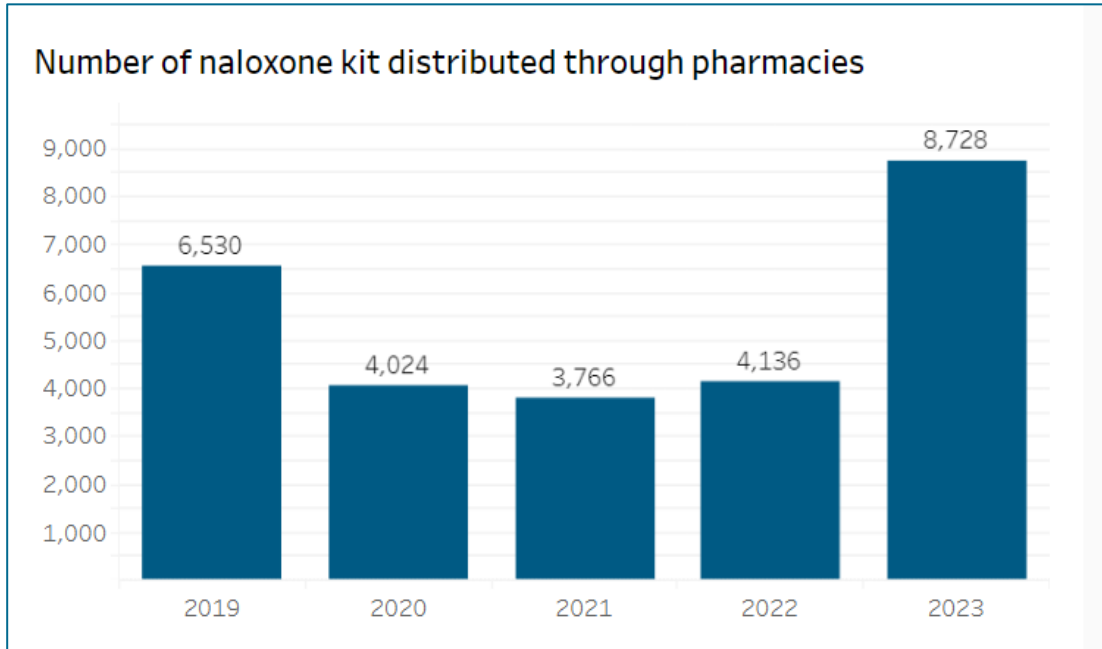
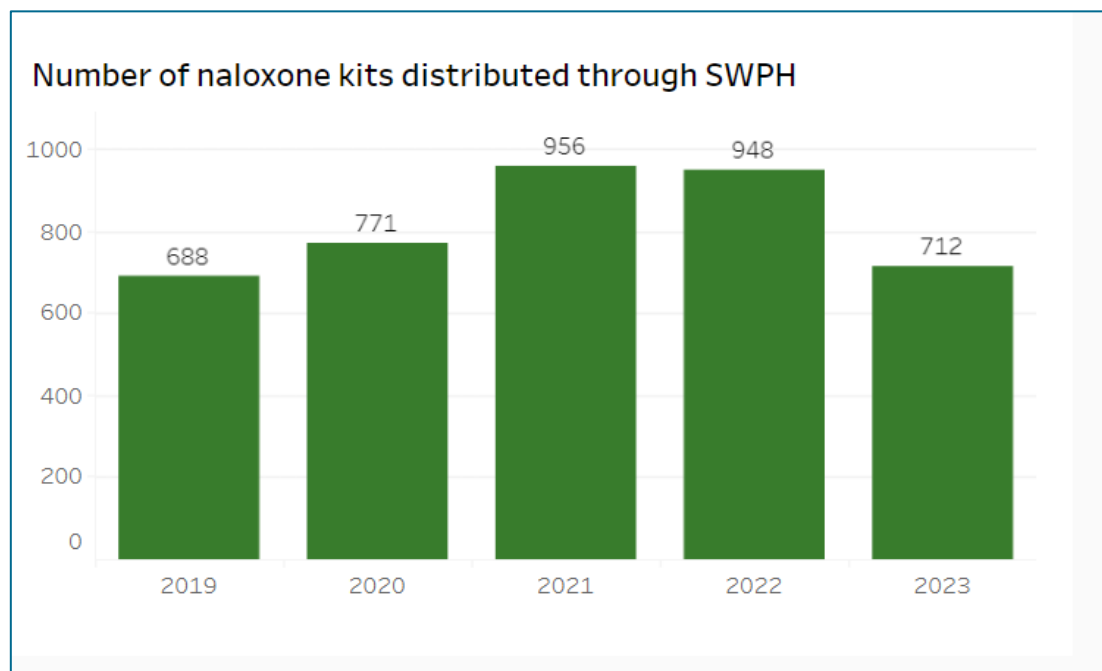


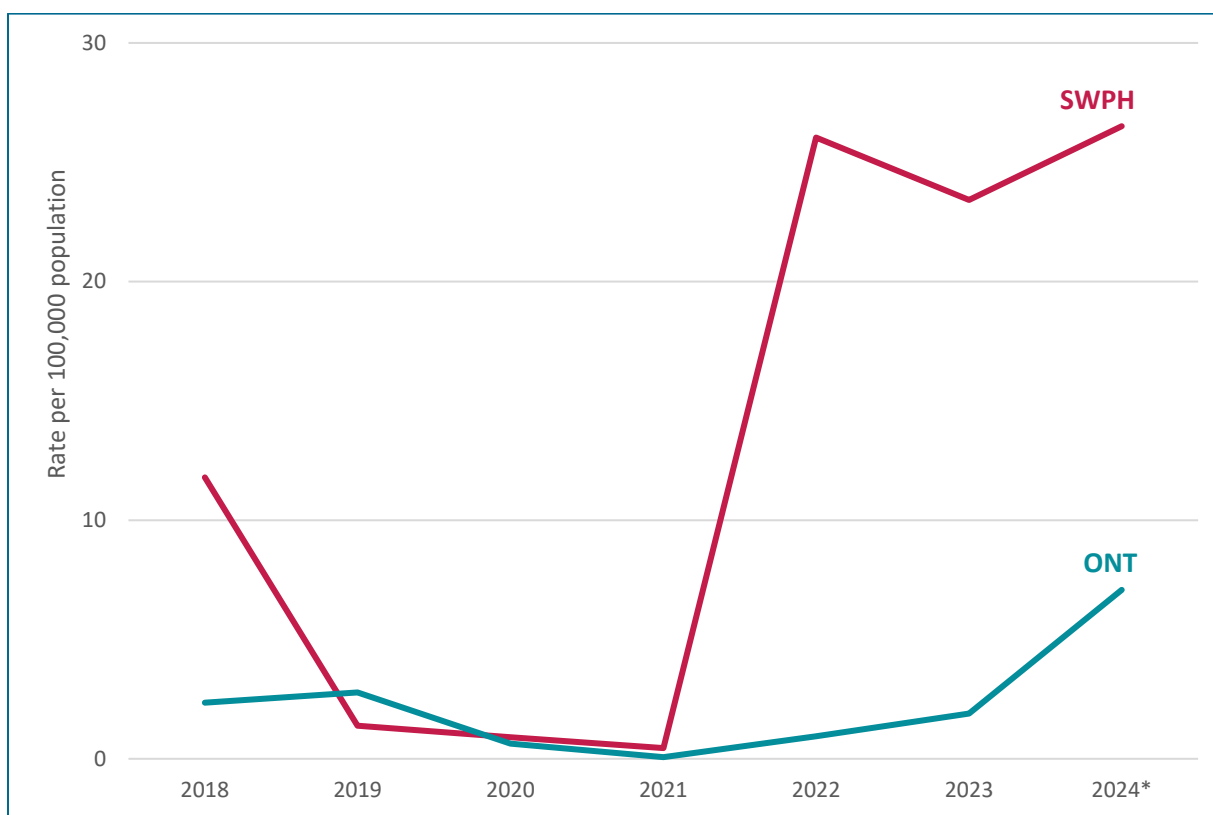
Figure 11.



## Respiratory Illness

Pertussis is a respiratory illness that is most severe in children under 1 year of age, especially for those who are unvaccinated or under-vaccinated. Pertussis comes in waves locally that are typically not seen on a provincial level. However, in 2024, many health units across the province are experiencing an increase in pertussis cases, driving up the provincial rate (12).

Figure 12. In recent years pertussis rates have been high locally and in 2024 the provincial rate increased

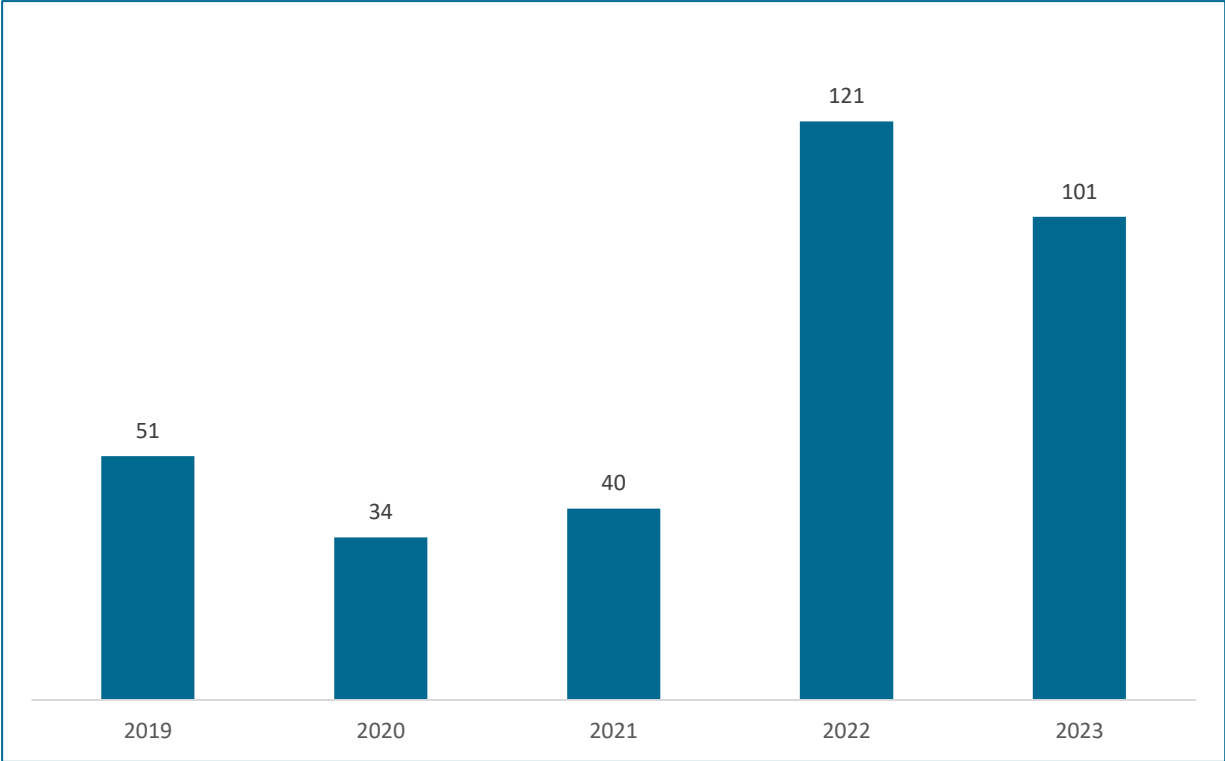


\*2024 is a partial year of data, extracted on October 7, 2024



The COVID-19 virus is responsible for the majority of institutional outbreaks in the SWPH region. In 2022 and 2023 there was a large increase in confirmed respiratory outbreaks in institutions, including retirement homes, long-term care homes and hospitals (Figure 13).

Figure 13. There was an increase in the number of confirmed institutional respiratory outbreaks in 2022 and 2023



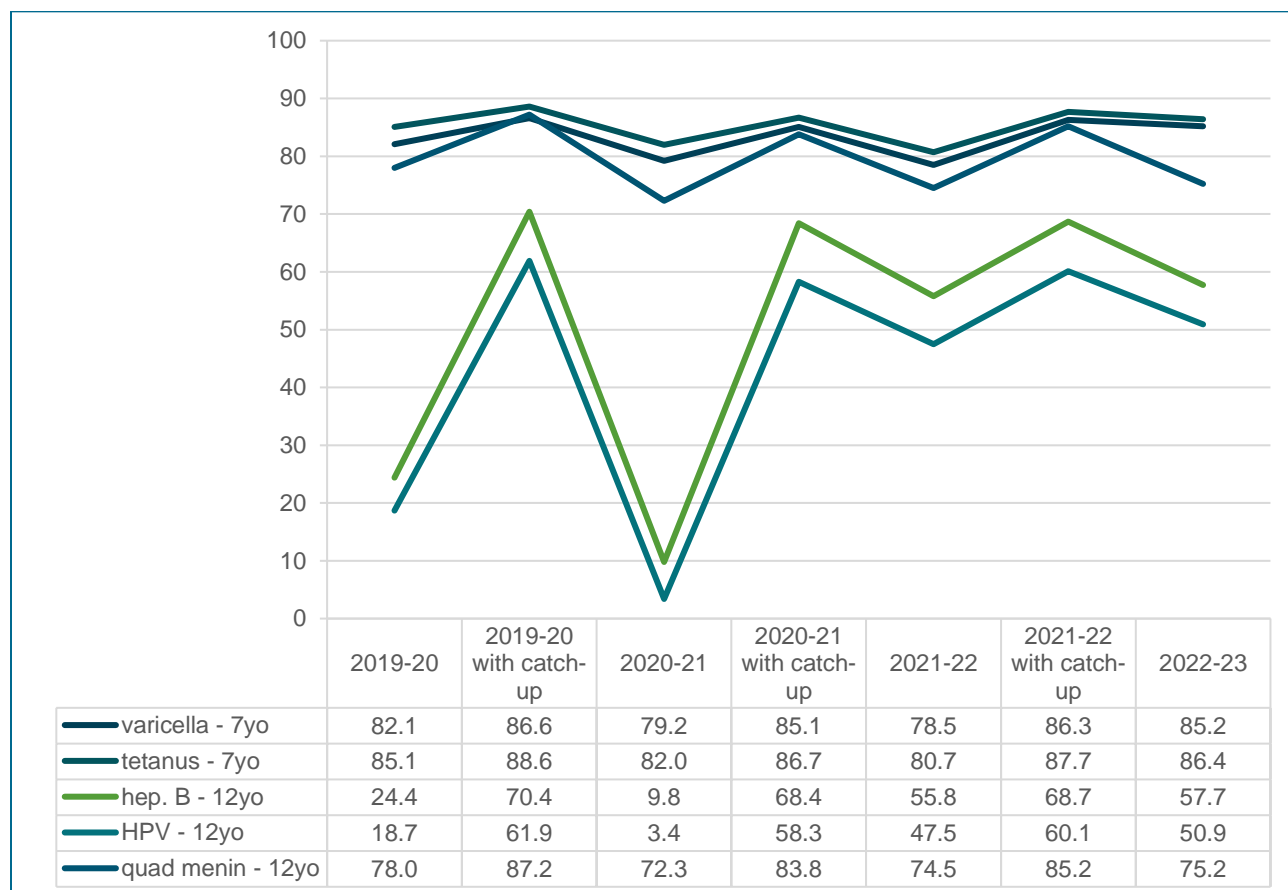
## Immunizations

The COVID-19 pandemic affected the up-to-date (UTD) immunization coverage rates for school-aged children across the province for several school years which has resulted in a need for additional “catch-up” activities.

It is expected that coverage rates for the 2022/2023 school year, for these particular vaccinations, as well as some others not pictured (measles, mumps, and rubella for example), will be back on track following public health catch-up (Figure 14).

The most pronounced increases in coverage over time occurred for the HPV and MCV4 vaccinations, which increased by more than 10% after catch-up activities, compared to 4-7% increases observed for the varicella and tetanus vaccinations (Figure 14).

Figure 14. SWPH catch-up activities have been getting more students up-to-date (UTD) on several vaccinations each school year since the onset of the COVID-19 pandemic



# 2025 GENERAL PROGRAM BUDGETS

## STRATEGIC ALIGNMENTS

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### Strategic Alignments Highlights:

Southwestern Public Health (SWPH) plays a crucial role in building strategic partnerships and engaging community partners and municipalities within Oxford County, Elgin County, and the City of St. Thomas to develop healthy public policy that supports community priorities through various initiatives. Through public health's expertise and mandate to protect and promote community health, SWPH engages with diverse partners to create collaborative solutions that improve health outcomes, reduce disparities, and enhance community resilience.

SWPH's partnership and collaboration mandate fosters impactful partnerships in several key areas. This includes partnerships with school boards on the promotion of healthy relationships, thereby increasing a sense of belonging and contributing positively to physical, mental and emotional well-being. It also supports coordinated efforts with municipalities and first responders to enhance emergency readiness. Our commitment to partnership is evident in all our clinical services and healthy growth and development initiatives, involving healthcare providers such as physicians, nurse practitioners, and dental practices. This mandate means we work alongside long-term care homes and other congregate living settings to protect our most vulnerable. Also, municipal partnerships inform policies on planning, housing, climate change adaptation and mitigation strategies, as well as food security through income-based interventions.

SWPH plays a crucial role in mobilizing the community to implement essential initiatives. This involves gathering diverse stakeholders, including municipalities, healthcare providers, local businesses, community organizations, and residents, to collaborate on complex issues affecting the community. These issues require coordinated efforts and the pooling of resources that support the implementation of shared and local priorities established through plans such as Safe and Well and the Community Drug and Alcohol Strategies. SWPH also partners with businesses by offering guidance, resources, and training to help owners and operators understand and comply with health regulations such as food safety and recreational and drinking water standards, all of which contribute to the overall well-being of the community.

Participation in coalitions and similar bodies addresses critical community issues, including mental health and addictions, housing, poverty, and climate change. In addition to bringing people together and mobilizing the community, SWPH often supports these coalitions with data and evaluation assistance to ensure that initiatives and strategies are evidence-based and adaptable to the changing needs of the community. SWPH plays a vital role in enhancing collaborative efforts to advance the community in an impactful, equitable, and sustainable way, ultimately improving health outcomes.

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# 2025 GENERAL PROGRAM BUDGETS

## SUPPORTING COSTS

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### Supporting Costs Highlights:

Public health is expected to achieve compliance with the standards outlined in the Ontario Public Health Standards Accountability Framework in the areas of grants and budget, delivery of programs and services, fiduciary requirements, good governance and management practices, and public health practice.

SWPH is required to comply with its accountability agreements between SWPH and applicable Ministries. Some requirements include:

- ✓ Delivery of all provincially mandated programs and services outlined in the current Ontario Public Health Standards
- ✓ Quarterly and annual financial reporting
- ✓ Asset inventory and office equipment maintenance
- ✓ Effective procurement practices
- ✓ Updating development of, and adherence to, policies and procedures
- ✓ Ensuring adequate board of health orientation and development
- ✓ Developing and maintaining strategies in the areas of communications, human resources, information technology, risk management, program evaluation, and stakeholder engagement

This involves leadership and support across the organization in the areas of:

- ✓ Board governance including standing committees and ad hoc committees where applicable
  - ✓ Accountability and performance target monitoring
  - ✓ Fiscal due diligence and financial management
  - ✓ Privacy of health information and personal information
  - ✓ professional practice and continuous quality improvement
  - ✓ Strategies to support internal and external communications to applicable audiences
  - ✓ Staff committees/working groups to support program delivery and compliance
  - ✓ Oversight of building and rental costs of three facilities as well as maintenance
  - ✓ Information technology management including hardware/software licenses, and protection of data
  - ✓ Emergency management and business continuity planning
  - ✓ Insurance
  - ✓ Legislative compliance, risk management, and legal matters
-



# One-Time Funding Request 100% Provincially Funded

**2025**

## **Budget and Highlights**

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### **Included:**

- *Public Health Inspector Practicum Program*
- *Sharps Program*
- *Infection Prevention and Control (IPAC) Hub*

# One-Time Funding Request

## 100% Provincially Funded

### Project Title:

## Public Health Inspector Practicum Program

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### Public Health Inspector Practicum Program Highlights:

- a. To provide a practicum for two students who are enrolled or who already have a degree in a program of instruction approved by the Canadian Institute of Public Health Inspectors (CIPHI) Board of Certification (BOC).
- b. To be eligible to sit the Examination to obtain the Certificate in Public Health Inspection (Canada), every candidate must satisfactorily complete a twelve (12) week minimum practicum in the basic inspection programs.
- c. This practicum must be coordinated by a qualified person who holds the CPHI(C) at the supervisory level of the agency where the practicum is to take place. SWPH staff coach and mentor student PHI candidates in preparation for their BOC exam for the duration of the 12-week practicum.
- d. SWPH benefits from the public health inspector practicum program as the students support the completion of lower risk inspection activity under the mentorship of certified public health inspectors. Additionally, students contribute by sharing innovation and health promotion / education ideas for program delivery. Moreover, our staff who act as student preceptors, gain leadership and staff development opportunities.

# One-Time Funding Request

## 100% Provincially Funded

### Project Title:

## Sharps Program

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#### Sharps Program Highlights:

The goal of a comprehensive needle syringe and inhalation equipment program is to distribute needles/syringes and other drug use supplies as an effective method in reducing bloodborne infections (such as HIV, Hepatitis B and C, syphilis) associated with injection or inhalation drug use.

- a. The demand for sterile harm reduction equipment has decreased compared to the previous year; however, it remains higher than pre-pandemic levels. It is essential that SWPH continues to distribute needles/syringes to prevent the transmission of HIV, Hepatitis B and Hepatitis C infections. Both HIV and HCV can spread in the blood, and a major risk factor for both HIV and HCV infection is injection drug use.
- b. As part of this strategy, SWPH collaborates with Regional HIV/AIDS Connection and Canadian Mental Health Association Thames Valley Addiction and Mental Health Services to facilitate the distribution and collection of harm reduction supplies via a mobile outreach program.
- c. The 2025 goals of the program include meeting or exceeding sharps return rates found in similar Ontario jurisdictions and ensuring that sharps disposal options are available to clients in areas where they are needed most. These goals align with the recommendations found in the Ontario Public Health Standards, 2018 and the Substance Use Prevention and Harm Reduction Guideline, 2018. Achieving these goals will necessitate additional kiosks in known underserved areas and regular maintenance and disposal.

# One-Time Funding Request

## 100% Provincially Funded

### Project Title:

## Infection Prevention and Control HUB

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### Infection Prevention and Control (IPAC) HUB Highlights:

- a. As part of the province's comprehensive plan *Keeping Ontarians Safe: Preparing for Future Waves of COVID-19*, local networks of IPAC expertise (IPAC Hubs) were developed across the health system to enhance IPAC practices in community-based, congregate living organizations (CLOs). These organizations include long-term care homes, retirement homes, residential settings funded by the Ministry of Health (MOH), residential settings for adults and children funded by Ministry of Children, Community and Social Services (MCCSS), shelters, and supportive housing. Through these province-wide networks, CLOs are able to access IPAC expertise, collaborative assistance and just-in-time advice, guidance, and direct support on IPAC practices.
  - b. In collaboration with the Ministry of Health and other Ministries involved in this initiative, Ontario Health identified hospitals and public health units from across the province to lead local IPAC Hubs. Southwestern Public Health (SWPH) is the local IPAC Hub lead in this area, that works to coordinate and collaborate with satellite hubs and health system partners in Oxford County, Elgin County, and the City of St. Thomas, as well as Huron Perth to ensure that this specialized guidance and support is available to our congregate living organizations throughout the region.
  - c. As the lead for the local IPAC Hub, SWPH is responsible for ensuring accountability for funds transferred from the Ministry of Health to satellite hubs, including monitoring of required deliverables. Oxford County, Elgin County, and the City of St. Thomas IPAC services for congregate living organizations are administered by staff funded by the IPAC Hub. Services include support for IPAC training, policies and procedures, outbreak preparedness and assistance with on-site IPAC assessments.
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**SOUTHWESTERN PUBLIC HEALTH  
2025 BUDGET**

Standard - Section / Program	2024 BUDGET Jan 1 - Dec 31	2025 BUDGET Jan 1 - Dec 31	Difference
<b>Direct Program and Services Costs</b>			
<b>Foundational Standards</b>			
Emergency Management	126,407	179,465	
Effective Public Health Practice	322,986	339,835	
Population Health Assessment	374,023	416,655	
<b>Foundational Standards Total</b>	<b>823,416</b>	<b>935,955</b>	<b>112,539</b>
<b>Chronic Disease and Injury Prevention</b>			
Built Environment	270,008	297,790	
Healthy Eating Behaviours	109,777	113,200	
Physical Activity and Sedentary Behaviours	122,727	131,430	
Injury Prevention	205,404	233,965	
Mental Health Promotion	266,213	224,785	
Health Equity	301,265	250,640	
<b>Chronic Disease and Injury Prevention</b>	<b>1,275,393</b>	<b>1,251,810</b>	<b>(23,583)</b>
<b>Food Safety</b>			
Food Safety (Education, Promotion & Inspection)	507,457	499,010	
<b>Food Safety Total</b>	<b>507,457</b>	<b>499,010</b>	<b>(8,447)</b>
<b>Healthy Environments</b>			
Climate Change	345,272	248,025	
Healthy Environments (Health Hazard Investigation and Response)	540,121	582,495	
<b>Healthy Environments Total</b>	<b>885,393</b>	<b>830,520</b>	<b>(54,873)</b>
<b>Healthy Growth and Development</b>			
Breastfeeding	396,082	408,270	
Parenting	389,868	491,440	
Reproductive Health/Healthy Pregnancies	626,910	528,110	
<b>Healthy Growth and Development Total</b>	<b>1,412,860</b>	<b>1,427,820</b>	<b>14,960</b>

**SOUTHWESTERN PUBLIC HEALTH  
2025 BUDGET**

Standard - Section / Program	2024 BUDGET Jan 1 - Dec 31	2025 BUDGET Jan 1 - Dec 31	Difference
<b>Direct Program and Services Costs</b>			
<b>Immunization</b>			
Vaccine Administration	157,544	164,480	
Vaccine Management	133,382	157,245	
Immunization Monitoring and Surveillance	120,574	138,375	
Covid-19 Vaccine Program	-	385,590	
<b>Immunization Total</b>	<b>411,500</b>	<b>845,690</b>	<b>434,190</b>
<b>Infectious and Communicable Diseases Prevention and Control</b>			
Infection Prevention & Control	2,080,112	2,063,035	
Rabies Prevention and Control and Zoonotics	176,285	155,535	
Sexual Health	1,117,887	1,201,455	
Tuberculosis Prevention and Control	90,497	103,325	
Sharps program	51,200	58,700	
Vector-Borne Diseases	225,362	227,990	
<b>Infectious and Communicable Diseases Prevention and Control Total</b>	<b>3,741,343</b>	<b>3,810,040</b>	<b>68,697</b>
<b>Safe Water</b>			
Safe Water	163,789	182,445	
<b>Safe Water Total</b>	<b>163,789</b>	<b>182,445</b>	<b>18,656</b>
<b>School Health - Oral Health</b>			
Healthy Smiles Ontario	859,958	929,895	
School Screening and Surveillance	364,347	389,615	
<b>School Health - Oral Health Total</b>	<b>1,224,305</b>	<b>1,319,510</b>	<b>95,205</b>
<b>School Health - Immunization</b>			
School Immunization	1,274,875	1,181,820	
<b>School Health - Immunization Total</b>	<b>1,274,875</b>	<b>1,181,820</b>	<b>(93,055)</b>
<b>School Health - Other</b>			
Comprehensive School Health	1,639,533	1,845,105	
<b>School Health - Other Total</b>	<b>1,639,533</b>	<b>1,845,105</b>	<b>205,572</b>

**SOUTHWESTERN PUBLIC HEALTH  
2025 BUDGET**

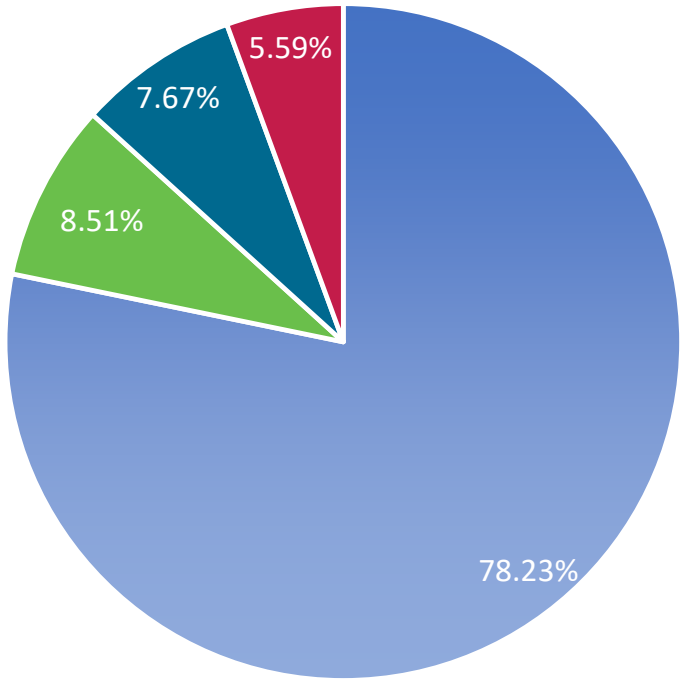
Standard - Section / Program	2024 BUDGET Jan 1 - Dec 31	2025 BUDGET Jan 1 - Dec 31	Difference
<b>Direct Program and Services Costs</b>			
<b>Substance Use and Injury Prevention</b>			
Harm Reduction	181,520	198,315	
Smoke Free Ontario Strategy	246,352	278,900	
Substance Use	429,807	473,810	
<b>Substance Use and Injury Prevention Total</b>	<b>857,678</b>	<b>951,025</b>	<b>93,347</b>
<b>Direct Program and Services Costs Total</b>	<b>14,217,543</b>	<b>15,080,750</b>	<b>863,207</b>
Program and Services Support Costs	6,332,497	6,279,785	
<b>Program and Services Support Costs Total</b>	<b>6,332,497</b>	<b>6,279,785</b>	<b>(52,712)</b>
<b>Total Cost Shared</b>	<b>20,550,040</b>	<b>21,360,535</b>	<b>810,495</b>

<b>100% Provincially Funded Programs</b>			
Medical Officer of Health Compensation Initiative	79,814	97,390	17,576
Senior Oral Care	1,577,205	1,284,400	(292,805)
<b>Total 100% Provincially Funding</b>	<b>1,657,019</b>	<b>1,381,790</b>	<b>(275,229)</b>
<b>Total General Cost-Shared Funding and 100% Provincially Funded</b>	<b>22,207,059</b>	<b>22,742,325</b>	<b>535,266</b>

ONE-TIME 100% Provincial Funding Requests (April 1 to March 31)	Apr 1 2024 to Mar 31 2025	Apr 1 2025 to Mar 31 2026	
Covid-19	868,869		
Public Health Inspector Practicum	20,000	20,000	
Sharps Program	20,000	30,000	
Infection Prevention and Control Hub	582,500	445,360	
Website and Intranet Revamp	50,000		
Strengthening Public Health Strategy Support	50,000		
<b>Total One-Time 100% Provincial Funding Requests</b>	<b>1,591,369</b>	<b>495,360</b>	<b>-</b>

<b>Programs Funded by Other Ministries</b>			
Healthy Babies Healthy Children	1,653,539	1,775,617	(122,078)
Pre and Post Natal Nurse Practitioner	139,000	139,000	-
<b>Total Programs Funded by Other Ministries</b>	<b>1,792,539</b>	<b>1,914,617</b>	<b>(122,078)</b>

## 2025 Cost Share Overview



■ Salaries & Benefits   ■ Program Costs   ■ Facilities & Office Management   ■ Corporate Services



