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

ITEM	AGENDA ITEM	LEAD	EXPECTED OUTCOME
1.0 CONVENING THE MEETING			
1.1	Call to Order, Recognition of Quorum • Introduction of Board of Health Members, Guests, and Staff	Bernia Martin	
1.2	Approval of Agenda	Bernia Martin	Decision
1.3	Reminder to disclose Pecuniary Interest and the General Nature Thereof when Item Arises including any related to a previous meeting that the member was not in attendance for.	Bernia Martin	
1.4	Reminder that meetings are recorded for minute-taking purposes, and open session portions are publicly available for viewing for 30 days after being posted on Southwestern Public Health's website.	Bernia Martin	
2.0 APPROVAL OF MINUTES			
2.1	Approval of Minutes • June 26, 2025	Bernia Martin	Decision
3.0 APPROVAL OF CONSENT AGENDA ITEMS			
3.1	WECHU Letter "Addressing Opioid and Substance Harms Resolution Letter – Federal," August 26, 2025 *The Windsor-Essex County Board of Health calls on the federal government to expand funding for evidence-based youth substance use prevention programs, such as Planet Youth, to support sustainable, community-based interventions that reduce early substance use and related harms. By prioritizing upstream prevention alongside harm reduction strategies, WECHU aims to foster healthier environments that build resilience and long-term well-being among youth in regions disproportionately affected by substance use.*		Receive and File
4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION			
5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.ACCEPTANCE.DECISION			
5.1	Medical Officer of Health Report for September 25, 2025	Dr. Ninh Tran	Receive and File
5.2	Chief Executive Officer's Report for September 25, 2025	Cynthia St. John	Decision
6.0 NEW BUSINESS/OTHER			
7.0 CLOSED SESSION			
8.0 RISING AND REPORTING OF THE CLOSED SESSION			
9.0 FUTURE MEETINGS & EVENTS			

ITEM	AGENDA ITEM	LEAD	EXPECTED OUTCOME

9.1	• Board of Health Orientation: Thursday, October 23, 2025 at 12:00 p.m.
	• Board of Health Meeting: Thursday, October 23, 2025 at 1:00 p.m.
	  ○ Woodstock: Oxford County Administration Building
	  ○ 21 Reeve Street, Woodstock, ON
	  ○ Virtual Participation: MS Teams		

10.0 ADJOURNMENT			

June 26, 2025
Board of Health Meeting
OPEN SESSION MINUTES

A meeting of the Board of Health for Oxford Elgin St. Thomas Health Unit was held on Thursday, June 26, 2025, commencing at 1:04 p.m. Site location was moved to 1230 Talbot Street, St. Thomas, at the direction of the Chair as the Oxford County Administration Building in Woodstock was temporarily closed.

PRESENT:

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

GUESTS:

Mr. A. Bartley*	Principal, Platinum Leadership
Ms. C. Walsh	Principal, Platinum Leadership
Ms. K. Bastian	Manager, Strategic Initiatives
Ms. J. Gordon	Administrative Assistant
Mr. P. Heywood	Program Director
Ms. L. Mallott	Health Promoter, Healthy Growth and Development
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
Ms. J. Santos	Epidemiologist, Foundational Standards
Mr. D. Smith	Program Director
Ms. M. Van Den Neucker	Manager, Healthy Growth and Development

MEDIA:

Mr. I. McCallum*	myFM
Mr. J. Konecny*	Aylmer Express

REGRETS:

Mr. J. Herbert	Board Member
Mr. S. Molnar	Board Member

**Represents virtual participation*

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

1.1 CALL TO ORDER, RECOGNITION OF QUORUM

The meeting was called to order at 1:04 p.m.

1.2 AGENDA

Resolution # (2025-BOH-0626-1.2)
Moved by D. Mayberry
Seconded by D. Shinedling

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

Carried.

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

2.0 APPROVAL OF MINUTES

Resolution # (2025-BOH-0626-2.1)
Moved by M. Peterson
Seconded by G. Jones

That the minutes for the Southwestern Public Health Board of Health meeting for May 22, 2025, be approved.

Carried.

3.0 CONSENT AGENDA

Resolution # (2025-BOH-0626-3.1)
Moved by D. Warden
Seconded by M. Peterson

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That the Board of Health for Southwestern Public Health receive and file consent agenda item 3.1, alPHa Letter regarding Investing Proceeds of Tobacco Settlement to Strengthen Public Health.

Carried.

4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION

Resolution # (2025-BOH-0626-4.1)
Moved by M. Peterson
Seconded by D. Shinedling

That the Board of Health for Southwestern Public Health supports correspondence 4.1, CIPHI and ASPHIO Letter regarding the Auditor General's report on Non-Municipal Report on Non-Municipal Drinking Water Safety.

Carried.

5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.DECISION

5.1 SWPH Adverse Childhood Experiences Health Status Report for June 26, 2025

Mary Van Den Neucker, Manager of the Healthy Growth and Development team (HGD), introduced Jenny Santos and Lindsay Mallott, who presented the report on Adverse Childhood Experiences (ACEs).

L. Rowden asked whether trauma is addressed among staff who support individuals experiencing trauma. L. Mallott explained that Community of Practice tables have discussed this, emphasizing staff training frameworks and measures to support staff. M. Van Den Neucker added that in the HGD program, staff are aware they serve high-risk populations and have access to reflective practice, one-on-one meetings, and trauma-informed training. Mechanisms are in place for staff who may be personally affected.

E. Taylor inquired about the 2019 data, noting that recent court dispositions appear less punitive and asked what happens in cases of reoffending. J. Santos responded that 2019 remains the most recent data available, explaining that underreporting is likely due to the sensitive nature of the topic and fears of potential repercussions. While she reviewed birth year data to explore generational trends, no significant patterns emerged. J. Santos expressed hope that more recent survey data will be available next year. E. Taylor also asked whether court dispositions are used as a data source. L. Mallott noted that the local femicide table includes strong representation from the court system.

M. Ryan reflected on an earlier media interview on homelessness in Oxford County, highlighting links between ACEs and housing insecurity. He asked how Southwestern Public Health (SWPH) can do more to prevent long-term harms rather than reacting to them. Dr. N. Tran acknowledged the importance of proactive investment in prevention and noted the opportunity to engage municipalities. He offered to identify which protective factors fall under municipal jurisdiction, such as Ontario Works and housing, and to explore opportunities for collaboration.

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G. Jones emphasized the high return on investment in preventing homelessness, highlighting youth development and the role of community safety and well-being plans.

D. Shinedling asked who the leads are in more advanced ACEs work and whether SWPH collaborates with them. L. Mallott mentioned Simcoe Muskoka, Halton, Thunder Bay, and Peterborough, noting that jurisdictions are at varying stages (from sustainability planning to early development), and that those further along have integrated ACEs work into their community safety and well-being plans.

D. Shinedling asked about collaboration with other provinces. J. Santos explained that the Ontario framework was adapted from Fraser Health in British Columbia to be Ontario-centric. There are currently no formal interprovincial collaboration plans as efforts have been focused on developing Ontario-specific indicators to measure progress over time. She noted that once these indicators are in place, it will be easier to assess alignment and potential for comparison beyond Ontario.

D. Shinedling asked what the Board could do at a governance level to support this work. C. St. John committed to bringing this question back to the teams, noting the importance of governance support in addressing long-term challenges and making meaningful differences.

C. Agar asked about the length of time staff work with clients and whether SWPH tracks individuals into their teen years to assess prevention outcomes. L. Mallott explained that SWPH focuses on ages 0-6. For example, the Healthy Babies Healthy Children (HBHC) program supports children from birth to school entry, and the Nurse-Family Partnership follows families from pregnancy until the child is 2 years old. J. Santos added that while individual long-term tracking is not feasible, aggregate data from schools and health reports can inform trends and program effectiveness.

L. Mallott noted the use of the Ages and Stages Questionnaire (ASQ), which provides developmental data for children when parents consent. This data feeds into a national database which then offers local insight. M. Van Den Neucker added that every local birth is screened under HBHC. Clients flagged as high-risk are offered services, and data is reported to the Ministry. The ASQ initiative, in collaboration with Queen's University, will provide detailed local data about children's social, emotional, and physical development, identifying service needs and supporting early intervention.

M. Ryan concluded by emphasizing the importance of prevention and was encouraged by the collaboration with Queen's.

Resolution # (2025-BOH-0626-5.1)
Moved by M. Peterson
Seconded by M. Ryan

> That Board of Health for Southwestern Public Health accepts the SWPH Adverse Childhood Experiences Health Status Report for June 26, 2025.

Carried.

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The Chair thanked L. Mallott, J. Santos, and M. Van Den Neucker, who left the meeting at 1:58 p.m. The Chair also acknowledged the sensitive nature of the presentation and encouraged any members who may have been impacted to reach out for support.

5.2 SWPH 2025-2029 Strategic Plan Report for June 26, 2025

K. Bastian and C. Walsh presented the strategic plan report.

M. Ryan asked whether there is a plan in place to measure success at a high level, noting the organization's strength in day-to-day metrics. He inquired about how SWPH will report progress to the Board, including where the organization started, current status, and future plans. C. St. John confirmed that the Board will receive reports on its achievements annually, if not more frequently.

D. Shinedling expressed appreciation for the concept of a "leaderful culture."

B. Martin thanked the team for their efforts and noted this is the first substantial strategic plan since SWPH's merger, as the previous plan was disrupted by the COVID-19 pandemic.

C. St. John acknowledged the strong engagement from staff at all levels as well as the Board of Health, and thanked C. Walsh and A. Bartley from Platinum Leadership for their support and direction. C. St. John also lauded K. Bastian for her leadership over such an expansive project.

C. Walsh left the meeting at 2:18 p.m.

Resolution # (2025-BOH-0626-5.2)
Moved by G. Jones
Seconded by M. Peterson

> That the Board of Health approves the Southwestern Public Health 2025-2029 Strategic Plan for June 26, 2025.

Carried.

5.3 Medical Officer of Health's Report

Dr. N. Tran reviewed the report.

D. Shinedling asked for clarification on recent changes related to Section 22 orders. Dr. N. Tran responded that individual Section 22 orders issued by a Medical Officer of Health do not require approval from the Chief Medical Officer of Health (CMOH). However, broader orders (Class orders) do fall under the new legislative requirements. He explained that the legislation is already in effect, and the focus at this stage is not on decision-making, but on operational logistics, such as what information must be submitted to the CMOH, in what format, and how to ensure the process is timely and efficient without causing unnecessary delays.

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Resolution # (2025-BOH-0626-5.3)
Moved by D. Warden
Seconded by D. Mayberry

> That Board of Health for Southwestern Public Health accept the Medical Officer of Health's report for June 26, 2025.

Carried.

5.4 Chief Executive Officer's Report

C. St. John reviewed the report.

D. Mayberry asked whether information on food insecurity, such as the current primer, had been shared with municipalities in the past. P. Heywood responded that while the primer had not yet been formally sent to municipalities, it was previously shared with the Elgin-St. Thomas and Oxford Safe and Well Committees as a soft launch. Following the Board meeting, it will be formally distributed to municipalities.

Resolution # (2025-BOH-0626-5.4-1.3)
Moved by M. Peterson
Seconded by L. Rowden

> That the Board of Health for Southwestern Public Health sends a letter to the Ministry of Health and the Province of Ontario in support of continued investment in and accelerated implementation of standardized immunization reporting tools and a provincial registry.

Carried.

Resolution # (2025-BOH-0626-5.4-2.1)
Moved by M. Peterson
Seconded by D. Shinedling

> That the Board of Health approves the audited financial statements for the Healthy Babies Healthy Children Program and the Pre and Post Natal Nurse Practitioner program for the period ending March 31, 2025 and that the Board of Health approve the signing of the Engagement Letter.

Carried.

Resolution # (2025-BOH-0626-5.4-2.2)
Moved by C. Agar
Seconded by D. Warden

> That the Board of Health for Southwestern Public Health ratifies the Board of Health Chair and CEO's signing of the 2024 program-based grants annual reconciliation report as noted.

Carried.

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Resolution # (2025-BOH-0626-5.4-2.3)
Moved by C. Agar
Seconded by D. Warden

That the Board of Health for Southwestern Public Health approve the signing of the 2024 annual reconciliation report as presented.

Carried.

Resolution # (2025-BOH-0626-5.4)
Moved by G. Jones
Seconded by C. Agar

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's report for June 26, 2025.

Carried.

6.0 NEW BUSINESS

7.0 TO CLOSED SESSION

Resolution # (2025-BOH-0626-C7)
Moved by G. Jones
Seconded by D. Warden

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

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

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(b) an ongoing investigation respecting the municipality, a local board or a municipally controlled corporation by the Ombudsman appointed under the Ombudsman Act, an Ombudsman referred to in subsection 223.13 (1) of this Act, or the investigator referred to in subsection 239.2 (1). 2014, c. 13, Sched. 9, s. 22.

Carried.

8.0 RISING AND REPORTING OF CLOSED SESSION

Resolution # (2025-BOH-0626-C8)
Moved by D. Warden
Seconded by D. Mayberry

That the Board of Health rise with a report.

Carried.

Resolution # (2025-BOH-0626-C3.1)
Moved by G. Jones
Seconded by M. Peterson

That the Board of Health for Southwestern Public Health approve the Chief Executive Officer's Report for June 26, 2025.

Carried.

Resolution # (2025-BOH-0626-C3.2-2.1A)
Moved by M. Peterson
Seconded by D. Warden

That the Board Member Attendance Policy BOH-GOV-090 be approved as presented; And that the policy be implemented effective immediately to guide the management of Board member attendance as a matter of good governance practice.

Carried.

Resolution # (2025-BOH-0626-C3.2-2.1B)
Moved by D. Shinedling
Seconded by D. Warden

That the Board of Health approves an amendment to By-law No. 1, Section 10, to replace the current wording: "Unexcused absences of a member from three consecutive Board meetings in a calendar year…" with the revised wording: "Unexcused absences of a member from three consecutive regularly scheduled Board meetings…" to improve clarity and strengthen governance accountability.

Carried.

Resolution # (2025-BOH-0626-C3.2-2.2)
Moved by M. Peterson
Seconded by L. Rowden

That the Board of Health approves the Political Activities Policy BOH-GOV-100 as presented for June 26, 2025.

Carried.

Resolution # (2025-BOH-0626-C3.2)
Moved by D. Warden
Seconded by D. Mayberry

That the Board of Health for Southwestern Public Health accepts the Governance Standing Committee Chair's report for June 26, 2025.

Carried.

Resolution # (2025-BOH-0626-C3.3)
Moved by D. Mayberry
Seconded by D. Warden

That the Board of Health for Southwestern Public Health approves the Special Ad Hoc Building Committee Report for June 26, 2025, and the recommendations contained therein.

Carried.

9.0 FUTURE MEETING & EVENTS

10.0 ADJOURNMENT

The meeting adjourned at 3:18 p.m.

Resolution # (2025-BOH-0626-9.0)
Moved by M. Peterson
Seconded by D. Warden

That the meeting adjourn to meet again on Thursday, September 25, 2025 at 1:00 p.m.

Carried.

Confirmed: _____

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WINDSOR-ESSEX COUNTY HEALTH unit
Bureau de santé de Windsor-comté d'Essex

519-258-2146 | wechu.org |

1005 Ouellette Avenue, Windsor, ON N9A 4J8 | 33 Princess Street, Leamington, ON N8H 5C5

August 26, 2025

The Honourable Marjorie Michel
Minister of Health
House of Commons
Ottawa, ON
K1A 0A6

Dear Minister Michel

The Windsor-Essex County Health Unit's Board of Health has a longstanding history of supporting progressive approaches to system changes. On June 26, 2026, the Board of Health continued this support by passing a resolution to address the escalating opioid crisis in Windsor-Essex County (WEC) through coordinated, comprehensive and innovative client support and substance prevention strategies.

The resolution states:

WHEREAS, the Windsor-Essex County has been consistently ranked among the areas in Ontario with the highest rates of opioid overdoses presenting in Emergency Departments, as well as significantly higher rates of opioid-related deaths.

WHEREAS, new and unrecognizable compounds and substances have entered the drug supply, worsening the substance use crisis.

WHEREAS, Windsor-Essex County's alcohol-related ED visits and hospitalizations are significantly higher than the provincial average, with emergency department visits rising among youth and young adults, particularly those 24 and under.

WHEREAS, the Public Health Agency of Canada's Youth Substance Use Prevention Program has previously opened opportunities for community-based funding program that focuses on implementing upstream prevention models for local community agencies.

NOW THEREFORE BE IT RESOLVED that the Windsor-Essex County Board of Health endorses the prioritization of communities which are experiencing disproportionately high overdose rates like Windsor-Essex for the allocation of funding from all levels of government for both upstream (e.g., youth prevention) and downstream services.

FURTHER, the Windsor-Essex County Board of Health supports work of the Windsor-Essex County Health Unit to explore new partnership opportunities with local agencies to implement novel drug testing solutions to support enhanced data collection, surveillance, and harm reduction services for people who use drugs.

FURTHER, the Windsor-Essex County Board of Health encourages the Public Health Agency of Canada for continued commitment to opening funding streams through one-time grants for Public Health Units and other community agencies in the most impacted regions to support local evidence-based substance use prevention models.

Given the escalating health impacts of opioids and other substances, it is critical to implement solutions that are sustainable in both the short and long term. In Windsor-Essex County, the severity of the opioid crisis has placed significant strain on local health system resources and has adversely impacted population health outcomes at a rate higher than the provincial average. In 2024, the region saw 519 Emergency Department (ED) visits due to opioid overdoses, more than double the 258 ED visits recorded in 2019. In 2024, WEC's opioid overdose rate was 11.09 per 10,000 residents, significantly higher than the provincial average of 7.76 per 10,000 (Public Health Ontario, 2024). Opioid-related deaths in WEC have also been on the rise, with 127 fatalities reported in 2023, equivalent to a rate of 28.9 deaths per 100,000 residents, significantly higher than the provincial average of 16.8 per 100,000 (Public Health Ontario, 2024). This underscores the need for accessible, well-resourced, and integrated substance use prevention and other strategies that not only address urgent needs but also promote conditions that protect and sustain population health and well-being.

Upstream and downstream prevention efforts are complementary, evidence-based strategies that address the root causes of substance use while supporting individuals who are actively using substances. Innovative drug checking tools help reduce overdose risk by enabling safer choices and ultimately better health outcomes (Vickers-Smith et al., 2025). In contrast, youth prevention programs that take a comprehensive, community-based approach have shown a reduction in adolescent substance use (Kristjansson et al., 2010). Since early substance use is a strong predictor of later addiction, mental health challenges, and risky behaviors, sustained investment in both approaches is essential to improving long-term outcomes in our communities (Clark, 2017).

The Board of Health for Windsor-Essex County commends the Federal government for investing in the Youth Substance Use Prevention Program (YSUPP), which supports efforts to prevent substance use and related harms among youth. However, limited funding availability places communities like Windsor-Essex, where youth substance use and related harms are on the rise, at a disadvantage. With Ontario public health units responsible for prevention activities, the Federal government has a significant opportunity to expand support for both upstream and downstream interventions. This would help mitigate current substance-related harms while fostering environments that support youth health, development, and resilience—especially amid the growing prevalence of vaping (from 28% in 2018 to 39% in 2023; Hammond et al., 2024) and the early onset of alcohol use, with an average initiation age of 13 (Drug Free Kids Canada, 2025).

Hence, continuing forward, we call on the Federal government to expand funding opportunities for public health units and community agencies to deliver sustainable and scalable evidence-based

prevention programs, such as Planet Youth. Without adequate support, communities may lack the capacity to deliver comprehensive strategies, leaving vulnerable youth at greater risk of substance use.

Yous truly,

Joe Bachetti, Chair
Windsor-Essex County Board of Health

Cc: Hon Francois-Philippe Champagne, Minister of Finance
Hon. Sylvia Jones, Ontario Minister of Health
Andrew Dowie, Member of Provincial Parliament
Lisa Gretzky, Member of Provincial Parliament
Anthony Leardi, Member of Provincial Parliament
Kathy Borelli, Member of Parliament
Harb Gill, Member of Parliament
Chris Lewis, Member of Parliament
Steve Vlachodimos, City Clerk, Windsor
Katherine Hebert, County Clerk, Essex

Medical Officer of Health

Report to the Board

MEETING DATE:	September 25, 2025
SUBMITTED BY:	Dr. Ninh Tran, Medical Officer of Health (written as of September 10, 2025)
SUBMITTED TO:	Board of Health
PURPOSE:	☐ Decision ☐ Discussion ☒ Receive and File
AGENDA ITEM #	5.1
RESOLUTION #	**2025-BOH-0925-5.1**

1.0 FALL RESPIRATORY SEASON

The end of summer ushers in a busy fall season, marked by the return to school and work. Combined with colder temperatures and increased indoor activities, this leads to the annual rise in respiratory illnesses. Various seasonal respiratory pathogens, including influenza, respiratory syncytial virus (RSV), and COVID-19, are expected to circulate, putting strain on the health system.

As in previous years, additional vaccines will be available this fall, including updated COVID-19 vaccines and the seasonal influenza vaccine. The updated COVID-19 product is expected to be offered to higher-risk groups later this month. It is important that residents remain up to date with their recommended doses of both the COVID-19 and influenza vaccines.

For COVID-19, vaccination is especially critical for those at higher risk of complications, particularly individuals who are six months or more past their last dose or infection. Groups at increased risk of severe outcomes from COVID-19 and/or influenza include:

- Residents and staff living in congregate living settings
- Pregnant individuals • People >= 65 years of age
- Children 6 months to 4 years (for influenza)
- First Nations, Inuit, and Métis (FNIM)
- Individuals 6 months or older with underlying health conditions as per the National Advisory Committee on Immunization (NACI)
- Members of racialized and other equity deserving communities
- Health care providers

Note: The previous COVID-19 vaccine product targeting the KP.2 variant was recalled as of September 2nd, 2025 and is no longer available in preparation for the updated product.

There has also been an expansion of the RSV immunization program. In addition to the provincially funded program for individuals 60 years and older living in long-term care homes, Elder Care Lodges, and certain retirement homes, eligibility now includes all adults aged 75 years and older.

The Province is also continuing its infant RSV prevention program. This includes:

- Infants up to 8 months of age in their first RSV season
- High-risk children up to 24 months of age in their second season
- Pregnant individuals (on a case-by-case basis)

For infants, Beyfortus remains the recommended product, with vaccination in pregnancy available when appropriate.

Together, these efforts aim to reduce the burden of respiratory illness this fall, protect those most at risk of severe outcomes, and ease pressures on the health system. Ongoing coordination between health providers, community partners, and residents will be key to ensuring strong vaccine uptake and maintaining the health of our communities.

2.0 MEASLES

The number of measles cases in the SWPH region continued to increase, albeit at a significantly lower rate during this past summer. Since October 2024, 770 cases have been reported as of September 2, 2025. The vast majority are among individuals who are not fully vaccinated, with most being entirely unvaccinated. Notably, 74.0% of cases are in individuals 18 years of age and younger. To date, 55 individuals (7.1% of reported cases) have required hospitalization, and there has been one confirmed death. These proportions have remained relatively consistent since the last Board of Health update.

Ongoing communication with the communities and populations we serve will be critical to reinforcing the importance of vaccination, addressing concerns, and encouraging uptake. Working in partnership with local providers, schools, and community organizations will further support these efforts, helping to prevent additional illness and protect those at greatest risk.

3.0 CMOH 2024 ANNUAL REPORT: PROTECTING TOMORROW

On August 29, 2025, the CMOH released the 2024 Annual Report: Protecting Tomorrow – The Future of Immunization in Ontario. The report underscores immunization as one of the most effective public health interventions in history, provides an overview of the current state of Ontario's immunization programs, and outlines key recommendations to strengthen and improve them. The recommendations include:

- Building a centralized provincial immunization system
- Advocating for a national immunization information system and harmonized vaccine schedule

- Addressing inequities in access by supporting community-led strategies and improving access to primary care
- Strengthening vaccine confidence through trusted relationships with health care providers and community ambassadors
- Enhancing surveillance systems
- Investing in innovation and preparedness, including domestic vaccine development and manufacturing

These recommendations align with and reinforce SWPH's ongoing efforts at both the Board and staff level, to promote vaccine confidence, improve equitable access, and strengthen local immunization programs across our region.

4.0 RABIES VACCINE SHORTAGE

There is a current shortage of rabies vaccine and rabies immunoglobulin (RIG) in Ontario. SWPH is working closely with the Ministry of Health and local health care providers to prioritize limited supply for individuals with high-risk exposures, such as confirmed or strongly suspected contact with a rabid animal. This includes ensuring timely access to post-exposure prophylaxis for those most at risk, while carefully monitoring and managing local inventory. Efforts are also underway to provide clear guidance to clinicians, reinforce appropriate use of vaccine and immunoglobulin, and communicate updates as the situation evolves.

MOTION: 2025-BOH-0925-5.1
That the Board of Health for Southwestern Public Health accept the Medical Officer of Health's Report for September 25, 2025.

CEO REPORT

Open Session

MEETING DATE:	September 25, 2025
SUBMITTED BY:	Cynthia St. John, Chief Executive Officer (written as of September 12, 2025)
SUBMITTED TO:	Board of Health
PURPOSE:	☐ Decision ☐ Discussion ☒ Receive and File
AGENDA ITEM #	5.2
RESOLUTION #	2025-BOH-0925-5.2

1.0 PROGRAM AND SERVICE UPDATES (RECEIVE AND FILE):

1.1 FOLLOW UP FROM PREVIOUS BOARD MEETINGS

1.1.1 ADVERSE CHILDHOOD EXPERIENCES (ACEs)

At a previous Board of Health meeting, the Board asked for further information in relation to the Adverse Childhood Experiences (ACEs) work that fits within Southwestern Public Health's (SWPH) mandate. Specifically, the Board asked how protective factors that mitigate the effects of ACEs can fall within municipal jurisdiction and further what recommended opportunities are there for the SWPH Board of Health to support and advocate for upstream, community-based approaches that reduce ACE-related harms and foster resilience across the SWPH region. Together with the Program Director David Smith, and staff, below is additional information in relation to the board's questions.

Background & Context

- In the SWPH region, approximately 1 in 5 children live in low-income households (source: Statistics Canada, 2021).
- 30% of local families report difficulties accessing licensed childcare due to affordability or availability (source: Statistics Canada, 2021).
- Emergency shelter use for families has increased by 15% since 2020, reflecting local housing instability (source: The National Shelter Study, 2021).

- An estimated 1 in 4 children in the region are exposed to parental mental health or substance use challenges (source: The Children First Canada Report, 2024).
- Only 60% of children in vulnerable neighborhoods are enrolled in early learning or recreation programs, highlighting access barriers (source: Statistics Canada, 2021).

Adverse Childhood Experiences (ACEs) such as abuse, neglect, and exposure to household dysfunction are strongly associated with long-term negative health and social outcomes, including chronic disease, substance use, and mental illness. However, protective factors — particularly those rooted in stable, supportive environments — can buffer children and families from the long-term impacts of ACEs.

Many protective factors are shaped by municipal actions. Local governments play a key role in creating physical and social environments that foster secure, supportive, and nurturing communities and relationships.

Municipal Levers for Protective ACE Factors

PROTECTIVE FACTOR	MUNICIPAL INFLUENCE/RESPONSIBILITY	HEALTH IMPACT
Affordable, stable housing	Zoning, land use, housing strategies	Reduces family stress and housing instability
Safe, inclusive neighborhoods	Community safety plans, policing, lighting, design	Increase safety, trust, and community connection
Access to child and family programs	Recreation, childcare, libraries, early years support	Builds strong child-caregiver bonds and parent capacity
Public transportation	Transit planning and funding	Facilitates access to care, services, employment
Food security	Local food policies, gardens, meal programs	Promotes healthy development and reduces household stress
Economic opportunity	Local job creation, living wage advocacy	Increases family stability and resources
Social cohesion and engagement	Community centres, events, volunteer supports	Builds resilience and reduces isolation

Role of SWPH's Board of Health

Advocacy, partnership, and strategic oversight. This includes:

- Advocating for upstream municipal action;
- Building strategic alliances;
- Using data to drive policy;
- Enabling and supporting public health engagement in municipal planning; and
- Governance support for resilience-building programs.

SWPH plays a vital role in advocating for the conditions that protect children and families from the lifelong impacts of Adverse Childhood Experiences. By continuing to collaborate with municipal partners, supporting the integration of health perspectives into local planning, and advancing upstream policy solutions, SWPH can help foster safer, more stable, and nurturing communities. The Board of Health's continued leadership in championing data-informed, equity-driven approaches is essential in guiding municipal investments that promote resilience and lifelong health across our region.

1.1.2 TOBACCO ENFORCEMENT

During a previous Board of Health (BOH) meeting in May 2025, questions were raised regarding the report on SWPH Progressive Enforcement Activities Supporting the Smoke-Free Ontario Act (SFOA) in 2024, particularly concerning the verification of smoke-free beach bylaws in our region. The data presented in the most recent Board of Health report was verified as accurate: there are currently no smoke-free beach bylaws in effect within the Southwestern Public Health (SWPH) region.

In July 2025, an environmental scan was conducted in which municipal clerks were asked to identify any local bylaws that exceed the requirements of the Smoke-Free Ontario Act, 2017. This scan confirmed that municipalities with beaches, excluding provincial parks and privately owned areas, do not have additional smoke-free regulations in place.

Smoke-free by-laws have been adopted by eleven (11) of the twenty (20) area municipalities within the SWPH region. These by-laws differ in the extent to which they exceed the provisions of the Smoke-Free Ontario Act, 2017. Variations include the types of public spaces covered—such as municipally owned properties, parks, trails, and special outdoor events —as well as the range of substances regulated, including tobacco, cannabis, e-cigarettes, water pipes, and shisha. However, none of them include provisions for smoke-free beaches.

SWPH remains committed to collaborating with local municipalities to enhance existing smoke-free bylaws or support the development of new bylaws that further protect community health.

In addition, members of the Board specifically inquired about trends in tobacco enforcement activities over the five years preceding 2024. The patterns of enforcement observed over the last six years, extending through 2024, are detailed in Table 1. This table provides a comprehensive overview of the evolving trends and shifts in enforcement activities during this period, highlighting the impact of the additional funding approved in June 2023 for tobacco

enforcement. The funding aims to address the increasing demand in schools and tackle the rising rates of youth vaping in the region. A report providing updates on the benefits of the additional funding will be presented to the Board of Health at the October meeting.

Table 1: Total number of mandated SFOA inspections conducted between 2019 and 2024 and non-compliant enforcement outcome

Inspection Type	2019	2020	2021	2022	2023	2024
Display, Promotion and Handling: Tobacco Inspections (completion rate)	147/149 (99%)	147/147 (100%)	122/146 (84%)	144/146 (99%)	145/147 (99%)	146/146 (100%)
Display, Promotion and Handling: Vapour Inspections (completion rate)	116/122 (95%)	121/124 (98%)	104/130 (80%)	116/136 (85%)	125/143 (87%)	139/144 (97%)
Youth Access: Tobacco Inspections	300 (100%)	0 (0%)	0 (0%)	0 (0%)	137 (47%)	289 (97%)
Youth Access: Tobacco Warnings	7	2	0	0	15	28
Youth Access: Tobacco Charges	3	0	0	0	0	5
Youth Access: Vapour Inspections	110 (90%)	0 (0%)	0 (0%)	0 (0%)	55 (41%)	136 (97%)
Youth Access: Vapour Warnings	10	0	0	0	3	12
Youth Access: Vapour Charges	3	0	0	0	0	17
Secondary School Compliance * The three remaining schools were inspected in 2025 during the 2024-2025 school year.	15/15	8/15	11/15	11/15	14/15	12/15*

1.2 SUBSTANCE USE: RETHINK YOUR DRINKING CAMPAIGN

The Southwest Polysubstance Working Group (SWPSWG) consists of members from seven public health units in Southwestern Ontario. Through collaborative program design, planning, and implementation, these members, including those from our health unit, jointly develop resources, tools, and public health initiatives aimed at preventing and reducing harms related to alcohol and other substances. This teamwork minimizes duplication of efforts, maximizes public health staff capacity and expertise, and ensures consistent messaging under a unified brand. Recently, SWPH staff participated in the "Rethink Your Drinking" campaign.

The website www.RethinkYourDrinking.ca was created by the SWPSWG in 2012 to promote Canada's Low-Risk Alcohol Drinking Guidelines and was updated in 2023 with the release of new guidance, the Canadian Guidance on Alcohol and Health (CGAH). Subsequently, a social media campaign was created to promote the updated website and the CGAH, and to raise awareness about alcohol-related health harms. A microsite was embedded with the website

and promoted to health partners across Ontario, providing social media assets for free to download and use.

The Rethink Your Drinking (RYD) campaign ran from December 1, 2024, to February 24, 2025. The aim of the campaign was to increase exposure to RYD alcohol messaging, to increase awareness of the link between alcohol and cancer, to motivate individuals to consider reducing their alcohol use, and to increase awareness of the RYD website. The campaign featured 12 advertisements created by the group to use on Facebook, Instagram, and Google. The campaign was able to achieve a strong return on investment, with nearly 3.8 million impressions (total number of times the RYD ads were shown), 11,069 engagements (including clicks through to the website, reactions, comments, or shares) and a reach (unique users) of about 1 million (Meta only).

Next steps include evaluating the website and campaign to gauge the utilization of the assets across Ontario. Locally, SWPH plans to utilize the assets and messaging from the RYD campaign through billboards, social media and radio this coming Fall of 2025, further expanding on the messages promoted across Southwestern Ontario. A regional survey will be launched to assess awareness of alcohol's causal relationship with cancer, to help inform future campaigns and monitor this change in awareness across the region over time. Further updates will be provided to the Board once the evaluation is completed.

1.3 COMPREHENSIVE SCHOOL HEALTH

Overview of Feedback from the School Administrator's Survey

Over the past two school years, the Healthy School Team has engaged school administrators through an end-of-year survey, capturing invaluable feedback on our programs and services. This initiative aims to gather insights that will shape our future efforts and enhance our impact. The 2024-2025 survey has revealed significant improvements, demonstrating our commitment to progress and growth in several key areas compared to the previous year.

Below is a summary of the positive impacts achieved during the 2024-2025 school year, along with some areas identified for future improvement.

1. % of administrators who have a good understanding of the public health nurse role:

- Priority Elementary Schools: Increased from 73% agreement in 2023–2024 to 89% in 2024–2025
- Secondary Schools: Improved by 30%, reaching 100% agreement or partial agreement in 2024–2025
- Universal Schools: Maintained strong awareness at 95%, consistent with last year

2. % of administrators who are aware of how the PHN can support their school's Safe and Inclusive School Plans (SISP)/Belonging Plans

- Priority Elementary Schools: Increased awareness from 92% to 100%
- Secondary Schools: Improved by 10%, reaching full awareness

- Universal Schools: Awareness remained steady at ~63%, with continued need for improvement

3. % of administrators who agree their school's PHN responds in a timely manner

- Priority Elementary Schools: Agreement rose to 94% in 2024–2025
- Secondary Schools: Agreement improved to 83%, up from 70% in 2023–2024
- Universal Schools: Agreement increased to 89%, up from 63% in 2023–2024

4. % of administrators who believe there is value in having a PHN regularly at their school

- Priority Elementary Schools: Maintained at 100% agreement
- Secondary Schools: Improved from 90% to 100% agreement
- Universal Schools: Strong agreement, with increased recognition of the nurse's role

Areas for Continued Improvement

1. Communication: Schools receiving universal services need clearer and more consistent communication about public health offerings and easier access to information.
2. Curriculum support and staff education are two areas that are under-recognized services public health offers.

The survey highlights the high value placed on public health support by school administrators. The School Team has planned a new outreach strategy to connect with schools receiving universal service, ensuring they are aware of the services available to them. In addition, the work underway with school boards will enhance the curriculum support and staff education services that SWPH offers to area schools and school boards.

1.4 PLANET YOUTH

Funding Application Update

Serving as the administrative lead, SWPH submitted a funding request to the Public Health Agency of Canada's Youth Substance Use Prevention Program (YSUPP) on behalf of the Planet Youth coalitions in Oxford and Elgin-St. Thomas. Although the proposal was strong, the application was not selected in this highly competitive process, with only eight communities across Canada receiving funding.

Despite this outcome, SWPH and the Planet Youth coalitions will leverage the momentum and support from community partners and municipalities to proceed with the activities planned for 2025-2026. This includes surveying grade 9 and 10 students, pending approval from local school boards for research and ethics. Data collection is scheduled to take place in November. We will continue to seek funding opportunities to support Planet Youth activities in future cycles, including additional data collection points, education and awareness efforts, and implementation strategies.

We remain confident in the successful implementation of this approach, which is backed by strong and engaged community partnerships. The funding application process has helped us develop a comprehensive plan, build broad-based support for the Planet Youth initiative, and

highlight the significant potential within both Oxford and Elgin-St. Thomas. Through strategic adaptation and continued collaboration, we have demonstrated and will continue to demonstrate leadership in promoting youth well-being and preventing substance use at both provincial and national levels.

1.5 HEALTHY ENVIRONMENTS

SWPH continues to safeguard community health by monitoring water safety, responding to extreme weather events, controlling vector-borne disease, and conducting food safety inspections. In August, Dr. Tran and staff determined the need for a Boil Water Advisory and it was issued for the Village of Sweaburg and the Highway 401 Eastbound ONRoute after adverse bacteriological results were detected. Corrective actions were taken quickly, resampling confirmed the water was safe, and the advisory was lifted on August 29, protecting residents and travelers from potential illness.

During July and August, four heat warnings and two air quality advisories were issued in response to forecasts from Environment Canada. These alerts are critical in protecting vulnerable residents from heat-related illness and poor air quality, and they enable community partners to activate supports for those most at risk.

Vector-borne disease monitoring has identified four mosquito pools positive for West Nile virus this season, three in Woodstock and one in Tavistock. Two rounds of larviciding were completed to reduce mosquito populations, and Public Health Inspectors will continue trapping and monitoring for the remainder of the season.

Food safety inspections remain a cornerstone of illness prevention. As of August 29, inspection completion rates were 58.3 percent for high-risk premises, 59.5 percent for medium-risk premises, and 46.0 percent for low-risk premises. While these figures reflect progress to date, inspection schedules are designed across the calendar year, and staff remain on track to complete all required inspections by December to meet provincial standards and safeguard the public from foodborne illness.

1.6 CLIMATE CHANGE

As part of SWPH's commitment to sustainability, two summer interns completed a review of recommendations to reduce SWPH's greenhouse gas emissions and identified feasible, cost-effective actions the organization can implement. This work prioritized practical steps such as tracking emissions, improving lighting efficiency, reducing water and paper use, strengthening environmentally responsible procurement, and fostering a culture of everyday sustainability. SWPH's teams – Finance and Facilities and Corporate Services will begin implementing these "quick wins," advancing our organizational response to climate change which demonstrates another opportunity to 'walk the talk'.

1.7 INFECTIOUS DISEASES & IPAC HUB UPDATES

Planning by the Infectious Diseases (ID) team and the IPAC Hub team is underway for the fall respiratory season, including a September 24 workshop for staff in long-term care, retirement

homes, and congregate living settings focused on outbreak preparedness and fall vaccination. Respiratory outbreaks in long-term care and retirement homes remained stable over the summer, averaging three at a time, with two currently active. COVID-19 has been detected in some outbreaks, though activity is lower than the same time last year. As identified by Dr. Tran, measles cases continue to decline across the province, and the Ministry of Health and Public Health Ontario are monitoring when the outbreak can be declared over. An IPAC lapse identified at a dental clinic in August was resolved with corrective measures; no orders or closures were required (summary reports on lapses can be found on SWPH's website).

The IPAC Hub continues to strengthen infection prevention and control capacity across the region. A summer newsletter was released in July in collaboration with Huron Perth Public Health (HPPH) and Middlesex-London Health Unit (MLHU), with the next edition planned for October focusing on fall preparedness. In August, the HUB hosted a well-attended Community of Practice for long-term care and retirement homes, covering topics such as Methicillin-Resistant *Staphylococcus aureus* (MRSA) and invasive Group A Streptococcus (iGAS) while providing networking opportunities.

2.0 SWPH & ALPHA (RECEIVE AND FILE):

2.1 ALPHA FALL SYMPOSIUM 2025

This year's Association of Local Public Health Agencies (alPHa) Fall Symposium and Workshops, co-hosted by SWPH, will be held virtually from Wednesday, November 5 to Friday, November 7. The symposium will be extended to an all-day program, offering the opportunity to hear from more speakers, explore a broader range of public health topics, and participate in interactive discussions. Registration will open soon, and we will share the agenda with you once it becomes available. Board of Health members are always welcome to attend – please let me know if you are interested.

3.0 FINANCIAL MATTERS (DECISION):

3.1 SECOND QUARTER FINANCIAL STATEMENTS (DECISION):

At the end of quarter two, June 30, 2025, SWPH is currently underspent by approximately $883,000 or 5% of the overall budget (see attached). The surplus in Q2 is primarily due to unanticipated additional funding received from various programs, including COVID-19, RSV (Respiratory Syncytial Virus), and iHEAL (Intervention for Health Enhancement and Living). These supplemental funds were not anticipated and/or confirmed when developing the 2025 budget, resulting in a positive variance for the quarter. This surplus provides greater flexibility moving forward and the opportunity to reassess resource allocation for the remainder of the fiscal year, including costs related to measles.

All program expenses and variances are reviewed monthly. At the end of June, it was anticipated that there will be a surplus at year's end. Currently, it is too early to confirm the amount.

MOTION: 2025-BOH-0925-5.2-3.1
That the Board of Health approve the second quarter financial statements for the period ending June 30, 2025 as presented for Southwestern Public Health.

3.2 SWPH PROCUREMENT POLICY AND BUYING CANADIAN (RECEIVE AND FILE):

In April we committed to reviewing our administrative procurement policies to strengthen the purchasing of Canadian-made products as part of a broader commitment to supporting the national economy and strengthening local industries, in line with the Premier's initiative to bolster the local economy and counter external economic pressures. As part of this initiative, we reviewed our list of vendors to identify which are already Canadian and which are not. I am pleased to report that 88% of our vendors are Canadian and 11.83% of our vendors have a Canadian presence, meaning they have a local office and their local staff are Canadian. As a matter of regular practice, we procure items locally and from the provincial government's vendor of record list as much as we are able. As our procurement practices are already strongly aligned with supporting Canadian businesses, we will continue to build on this foundation to further strengthen local economic resilience.

MOTION: 2025-BOH-0925-5.2
That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Report for September 25, 2025.

SOUTHWESTERN PUBLIC HEALTH

For the Six Months Ending Monday, June 30, 2025

STANDARD/ PROGRAM	YEAR TO DATE ACTUAL	YEAR TO DATE BUDGET	YEAR TO DATE VAR	FULL YEAR BUDGET	VAR	% SPENT YTD
Direct Program Costs						
Foundational Standards						
Emergency Management	$78,199	$89,732	$11,534	$179,465	$101,266	44.%
Effective Public Health Practise	158,033	169,918	11,884	339,835	181,802	47.%
Health Equity Program	96,275	125,320	29,045	250,640	154,365	38.%
Population Health Assessment	176,213	208,328	32,115	416,655	240,442	42.%
Foundational Standards Total	**508,720**	**593,298**	**84,578**	**1,186,595**	**677,876**	**43.%**
Chronic Disease Prevention & Well-Being						
Built Environment	140,129	148,895	8,766	297,790	157,661	47.%
Healthy Eating Behaviours	53,671	56,600	2,929	113,200	59,529	47.%
Physical Activity and Sedentary Behaviour	63,141	65,715	2,574	131,430	68,289	48.%
Suicide Risk & Mental Health Promotion	93,809	112,392	18,583	224,785	130,976	42.%
Chronic Disease Prevention & Well-Being Total	**350,750**	**383,602**	**32,852**	**767,205**	**416,455**	**46.%**
Food Safety						
Food Safety (Education, Promotion & Inspection)	221,246	249,505	28,259	499,010	277,764	44.%
Food Safety Total	**221,246**	**249,505**	**28,259**	**499,010**	**277,764**	**44.%**
Environmental Health						
Climate Change	127,743	124,012	-3,731	248,025	120,282	52.%
Healthy Environments	231,230	291,247	60,017	582,495	351,264	40.%
Healthy Environments Total	**358,973**	**415,259**	**56,286**	**830,520**	**471,546**	**43.%**
Healthy Growth & Development						
Breastfeeding	189,378	204,135	14,757	408,270	218,892	46.%
Parenting	171,843	245,720	73,877	491,440	319,597	35.%
Reproductive Health/Healthy Pregnancies	244,664	264,055	19,391	528,110	283,446	46.%
Healthy Growth & Development Total	**605,885**	**713,910**	**108,025**	**1,427,820**	**821,935**	**42.%**
Immunization						
Vaccine Administration	78,295	82,240	3,945	164,480	86,185	48.%
Vaccine Management	47,606	78,623	31,017	157,245	109,639	30.%
Immunization Monitoring and Surveillance	32,816	69,188	36,371	138,375	105,559	24.%
COVID-19 Mass Immunization	19,248	192,795	173,547	385,590	366,342	15.%
Immunization Total	**177,965**	**422,846**	**244,880**	**845,690**	**667,725**	**26.%**
Infectious & Communicable Diseases						
Infection Prevention & Control	854,866	1,031,517	176,651	2,063,035	1,208,169	41.%
Measles Outbreak	161,790	0	-161,790	0	-161,790	0.%
Needle Exchange	20,623	29,350	8,727	58,700	38,077	35.%
Rabies Prevention and Control and Zoonotics	67,470	77,768	10,297	155,535	88,065	43.%
Sexual Health	549,203	600,727	51,524	1,201,455	652,252	46.%
Tuberculosis Prevention and Control	42,304	51,663	9,358	103,325	61,021	41.%
Vector-Borne Diseases	99,804	113,995	14,191	227,990	128,186	44.%
Infectious & Communicable Diseases Total	**1,796,060**	**1,905,020**	**270,749**	**3,810,040**	**2,175,769**	**43.%**
Safe Water						
Water	76,137	91,223	15,085	182,445	106,308	42.%
Safe Water Total	**76,137**	**91,223**	**15,085**	**182,445**	**106,308**	**42.%**
School Health - Oral Health						
Healthy Smiles Ontario	399,513	464,947	65,435	929,895	530,382	43.%
School Screening and Surveillance	184,139	194,808	10,668	389,615	205,476	47.%
School Health - Oral Health Total	**583,652**	**659,755**	**76,103**	**1,319,510**	**735,858**	**44.%**
School Health - Immunization						
School Immunization	580,111	590,910	10,799	1,181,820	601,709	49.%
School Health - Other						
Comprehensive School Health	871,610	922,552	50,942	1,845,105	973,495	47.%
Substance Use & Injury Prevention						
Harm Reduction Enhancement	78,132	99,157	21,026	198,315	120,183	39.%
Injury Prevention	107,057	116,982	9,925	233,965	126,908	46.%
Smoke Free Ontario Strategy: Prosecution	111,240	139,450	28,210	278,900	167,660	40.%
Substance Misuse Prevention	203,307	236,905	33,598	473,810	270,503	43.%
Substance Use & Injury Prevention Total	**499,736**	**592,494**	**92,759**	**1,184,990**	**685,254**	**42.%**
TOTAL DIRECT PROGRAM COSTS	**6,630,845**	**7,540,374**	**1,032,632**	**15,080,750**	**8,573,007**	**43.%**

INDIRECT COSTS						
Indirect Administration	1,722,859	1,642,445	-80,413	3,284,890	1,562,032	52.%
Corporate	111,782	98,400	-13,382	196,800	85,018	57.%
Board	22,688	23,238	549	46,475	23,787	49.%
HR - Administration	427,820	465,620	37,800	931,240	503,420	46.%
Communications	25,695	29,550	3,856	59,100	33,406	43.%
Premises	846,784	880,640	33,856	1,761,280	914,496	48.%
Woodstock Site- NEW	8,650	0	-8,650	0	-8,650	0.%
TOTAL INDIRECT COSTS	**3,166,278**	**3,139,893**	**-26,385**	**6,279,785**	**3,113,508**	**50.%**
TOTAL GENERAL SURPLUS/DEFICIT	**9,797,123**	**10,680,267**	**883,144**	**21,360,535**	**11,686,515**	**45.%**
100% MINISTRY FUNDED PROGRAMS						
MOH Funding	50,737	48,695	-2,042	97,390	46,653	52.%
Senior Oral Care	522,424	642,200	119,776	1,284,400	761,976	41.%
TOTAL 100% MINISTRY FUNDED	**573,161**	**690,895**	**-44,056**	**1,381,790**	**646,840**	**53.%**
One-Time Funding - April 1, 2025 to March 31, 2026						
OTF NEP	0	12,500	12,500	27,500	27,500	0.%
OTF Public Health Inspector Practicum	0	10,000	10,000	20,000	20,000	0.%
OTF IPAC HUB	73,265	102,575	29,310	410,300	337,035	0.%
OTF RSV	0	0	0	0	0	0.%
Total OTF	**73,265**	**125,075**	**51,810**	**457,800**	**384,535**	**0.%**
Programs Funded by Other Ministries, Agencies						
Healthy Babies Healthy Children	460,367	443,904	-16,463	1,775,617	1,315,250	26.%
Pre and Post Natal Nurse Practitioner	34,463	34,750	287	139,000	104,537	25.%
PHAC Smoking Cessation	80,803	61,796	-19,007	247,185	166,382	33.%
HeatADAPT	4,110	35,306	31,196	141,222	137,112	3.%
iHEAL	20,648	94,880	74,232	499,319	478,671	4.%
Low German Speaking Partnership Study	2,000	0	-2,000	0	-2,000	0.%
Total Programs Funded by Other Ministries, Agencies	**602,391**	**670,636**	**68,245**	**2,802,343**	**2,199,952**	**20.%**