Our Vision: Healthy People in Vibrant Communities

Board of Health Meeting Agenda

Location: 1230 Talbot Street, St. Thomas, ON
Virtual participation via MS Teams
Thursday, June 25, 2026, at 1:00 p.m.

1.0 Convening the meeting

1.1 Call to order (recognition of quorum, introduction of guests, board of health members and staff)
1.2 Approval of Agenda
1.3 Reminder to disclose any pecuniary interest and the general nature thereof when the item arises, including interests related to a previous meeting the member did not attend
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

2.0 Approval of minutes

2.1 Minutes from May 28, 2026

3.0 Approval of consent agenda items

- No items.

4.0 Correspondence received requiring action

- No items.

5.0 Agenda items for information, discussion, and decision

5.1 SWPH iHEAL Report for June 25, 2026
5.2 SWPH Planet Youth Report for June 25, 2026
5.2 Medical Officer of Health's Report for June 25, 2026
5.3 Chief Executive Officer's Report for June 25, 2026

6.0 New business/other

- No items.

7.0 Closed session

Motion to move into a closed session to discuss the following matters pursuant to Section 239(2) of the Municipal Act, 2001:

- (c) a proposed or pending acquisition or disposition of land by the municipality or local Board.

8.0 Rising and Reporting

- No actions.

9.0 Future meetings and events

- Board of Health Orientation: Thursday, September 24, 2026 at Noon.
- Board of Health Meeting: Thursday, September 24, 2026 at 1:00 p.m.
- Location: St. Thomas Site: 1230 Talbot Street, St. Thomas, ON
- Virtual participation via MS Teams for Board meeting commencing at 1:00 p.m.

10.0 Adjournment

Accessibility:

Southwestern Public Health is committed to providing accessible document formats upon request. If you require any content within this package in an alternate format, please submit an **Alternative Document Request Form**.

Board of Health Meeting
May 28, 2026

Open Session Minutes

A meeting of the Board of Health for Oxford Elgin St. Thomas Health Unit was held on Thursday, May 28, 2026, commencing at 1:00 p.m.

Present:

Ms. B. Martin	Board Member (Chair)
Mr. J. Couckuyt	Board Member
Ms. K. Hobbs**	Board Member
Mr. G. Jones	Board Member
Mr. D. Mayberry	Board Member
Mr. S. Molnar**	Board Member
Mr. J. Palmer	Board Member
Mr. M. Peterson	Board Member
Mr. E. Taylor	Board Member
Mr. D. Shinedling	Board Member (Vice Chair)
Dr. N. Tran	Medical Officer of Health (ex officio)
Ms. C. St. John	Chief Executive Officer (ex officio)
Ms. W. Lee	Executive Assistant

Guests:

Ms. J. Gordon	Administrative Assistant
Mr. P. Heywood	Program Director
Ms. S. MacIsaac	Program Director
Mr. D. McDonald	Director, Corporate Services and Human Resources
Ms. M. Nusink	Director, Finance
Ms. N. Rowe**	Manager, Communications
Ms. C. Richards	Manager, Foundational Standards
Mr. Y. Santos	Manager, IT
Mr. D. Smith	Program Director

Media:

Mr. R. Perry**	Aylmer Express
Mr. I. McCallum**	MyBroadcastingCorp

Note: ** indicates virtual participation

Regrets:

Ms. C. Agar	Board Member
Mr. J. Herbert	Board Member
Mr. L. Rowden	Board Member
Mr. D. Warden	Board Member

1.1 Call to order, recognition of quorum

The meeting was called to order by B. Martin at 1:02 p.m.

1.2 Approval of agenda

Resolution # 2026-BOH-0528-1.2

Moved by D. Mayberry
Seconded by J. Palmer

> That the agenda for the Southwestern Public Health Board of Health meeting for Thursday, May 28, 2026, be approved.

Carried.

1.3 Reminder of conflicts of interest

Reminder to disclose any pecuniary interest and the general nature thereof when the item arises, including interests related to a previous meeting the member did not attend.

1.4 Recording of minutes

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.

2.0 Approval of minutes

Resolution # 2026-BOH-0528-2.1

Moved by M. Peterson
Seconded by D. Mayberry

> That the minutes for the Southwestern Public Health Board of Health meeting for April 23, 2026, be approved.

Carried.

Resolution # 2026-BOH-0528-2.2

Moved by M. Peterson
Seconded by J. Palmer

> That the minutes for the Southwestern Public Health Board of Health meeting for May 13, 2026, be approved.

Carried.

3.0 Consent agenda items

No items.

DRAFT

4.0 Correspondence received requiring action

No items.

5.0 Agenda items for information, discussion, decision.

5.1 Medical Officer of Health's Report

Dr. N. Tran reviewed the report.

Discussion took place regarding the new primary care funding and whether it could be used for facilities or physician recruitment. Dr. Tran explained that the funding is intended to increase attachment to team-based primary care through the addition of physicians, nurse practitioners, nurses, social workers, and other health professionals. He noted that proposals will vary by organization and form part of a broader strategy that includes expanded medical school and residency positions, local recruitment efforts, and reduced licensing barriers for internationally trained health professionals.

A member of the Board commented on the strong support among pharmacists and pharmacies for the expansion of publicly funded vaccine administration and noted that pharmacists will soon be able to assess and treat nine additional minor ailments, which may help reduce pressure on primary care providers.

Questions were raised regarding how the public would be informed about the expanded vaccination services available through pharmacies. Dr. Tran advised that communication would occur through both provincial and local channels, with additional details expected closer to implementation. He noted that pharmacies would likely promote the new services alongside their existing offerings and that further information regarding eligibility criteria was still forthcoming.

Discussion also occurred regarding emerging research suggesting a potential association between certain vaccinations, including the shingles vaccine, and a reduced risk of dementia. Dr. Tran noted that early research findings have shown promising results, and a member of the Board commented that such findings could help encourage vaccine uptake.

No further questions were raised regarding the report.

Resolution # 2026-BOH-0528-5.1

Moved by D. Shinedling
Seconded by M. Peterson

> That the Board of Health for Southwestern Public Health accept the Medical Officer of Health's Report for May 28, 2026.

Carried.

5.2 Chief Executive Officer's Report

C. St. John reviewed the report.

DRAFT

Members commented on early results from the Planet Youth survey, noting that while overall positive indicators were encouraging, even small percentages representing youth who do not feel safe or supported remain a concern. Staff noted that qualitative follow-up through focus groups has been undertaken to better understand the experiences behind the quantitative findings, particularly for marginalized or at-risk youth. The focus group findings and deeper analysis will be presented at a future meeting.

Questions were raised about the survey methodology used to gather Planet Youth data, including response rates and the representativeness of Grade 9 and 10 students. Staff noted that the requirement for parental consent created a barrier to participation, which may have impacted response rates, and that alternative consent approaches may be considered in future iterations to improve participation. It was also noted that focus groups included youth who are less connected to school-based settings in order to broaden perspectives.

Members expressed support for the alPHa resolutions and engaged in a broader discussion about how provincial resolutions are developed, considered, and advanced. Questions were raised about whether there is any historical prioritization of resolutions and how new resolutions are received alongside existing ones. It was noted that alPHa manages a large portfolio of open resolutions and that work is ongoing through established committees and working groups to advance and track these items over time.

Concerns were raised about whether the volume of resolutions risks diluting advocacy impact, with a question posed as to whether “piling on” additional resolutions is effective or whether it would be more impactful to focus advocacy efforts more strategically. It was also noted that, while the current resolutions align with public health priorities, there may be value in considering how local boards can contribute to broader advocacy direction.

Clarification was sought on whether the local Board prioritizes any of the four current resolutions over others. It was noted that alPHa receives resolutions at its annual meeting and considers them collectively as part of its broader provincial advocacy framework, rather than through a local prioritization hierarchy.

A further comment was made encouraging continued and potentially expanded advocacy on issues such as income supports, including guaranteed basic income, and broader social determinants of health. It was noted that the Board has previously supported related advocacy positions, and that similar issues have been addressed through past resolutions. It was also noted that where positions already exist on record, additional resolutions on the same topic may not be required unless there is a substantive change in direction or a new policy gap being addressed. The current resolutions were noted as addressing specific aspects of Ontario Works policy not previously covered.

DRAFT

A request was made to receive a summary of the Board's past advocacy related to these issues to support continuity and understanding of prior positions.

No additional questions were raised regarding the report.

Resolution # 2026-BOH-0528-5.2-3.1

Moved by D. Mayberry
Seconded by G. Jones

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

Carried.

Resolution # 2026-BOH-0528-5.2-3.2

Moved by M. Peterson
Seconded by J. Palmer

> That the Board of Health for Southwestern Public Health approve the Board Chair signing the 2026 engagement letter.

Carried.

Resolution # 2026-BOH-0528-5.2-3.3

Moved by M. Peterson
Seconded by J. Palmer

> That the Board of Health for Southwestern Public Health approve the signing of the 2025 program-based grants annual reconciliation report as presented as well as the engagement letter and review engagement letter.

Carried.

Resolution # 2026-BOH-0528-5.2-3.4

Moved by G. Jones
Seconded by D. Shinedling

> That the Board of Health for Southwestern Public Health approve the signing of the 2025 program-based grants annual reconciliation report as presented.

Carried.

Resolution # 2026-BOH-0528-5.2

Moved by J. Couckuyt
Seconded by D. Shinedling

> That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's report for May 28, 2026.

Carried.

DRAFT

Referencing the preliminary Planet Youth information, the Chair highlighted the value of timely, local public health data in supporting municipalities and demonstrating how evidence can be used to help solve local issues.

6.0 New business

No items.

7.0 Closed session

Resolution # 2026-BOH-0528-C7

Moved by M. Peterson
Seconded by J. Palmer

> That the Board of Health move to closed session in order to consider the following, as outlined in the Ontario Municipal Act:
> - (d) labour relations or employee negotiations

Carried.

8.0 Rising and reporting of closed session

Resolution # 2026-BOH-0528-C8

Moved by J. Palmer
Seconded by G. Jones

> That the Board of Health rise with a report.

Carried.

Resolution # 2026-BOH-0528-C2.0

Moved by D. Mayberry
Seconded by M. Peterson

> That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Report for May 28, 2026.

Carried.

9.0 Future meetings and events

The next official Board of Health meeting will be:

- Thursday, June 25, 2026
- Orientation at 12:00 p.m. | Meeting at 1:00 p.m.
- Location: Oxford County Administration Building, 21 Reeve Street, Woodstock, ON; virtual participation via MS Teams

DRAFT

10.0 Adjournment

The meeting adjourned at 2:08 p.m.

Resolution # 2026-BOH-0528-10.0
Moved by M. Peterson
Seconded by J. Palmer

That the regular meeting adjourn to meet again on Thursday, June 25, 2026 at 1:00 p.m.

Carried.

Confirmed: _____

DRAFT

SWPH iHEAL Report

Open Session

Meeting date:	June 25, 2026
Submitted by:	Mary Van Den Neucker, Program Manager, and Emily Robertson, Public Health Nurse
Submitted to:	Board of Health
Purpose:	☐ Decision ☐ Discussion ☒ Receive and file
Agenda item #:	5.1
Resolution #:	2026-BOH-0625-5.1
Report title:	SWPH Intervention Health Enhancement and Living (iHEAL) Report for June 25, 2026

1.0 Report Highlights

The success of the iHEAL program demonstrates the critical role public health can play in addressing intimate partner violence through prevention, early intervention, and coordinated community partnerships. Strong uptake, measurable client benefits, and increasing demand underscore the importance of securing sustainable funding to support this innovative and impactful program.

2.0 Background

Intimate partner violence (IPV) is a serious public health and human rights issue with profound and lasting impacts on women, children, families, and communities. More than 40% of Canadian women experience IPV in their lifetime, and that figure is likely underreported.

IPV is not simply relationship conflict; it is a pattern of coercive, controlling, physical, psychological, sexual, or financial abuse that can be life-threatening and can continue to shape a woman's health, safety, relationships, and economic stability long after the abuse itself. Women facing systemic inequities – including those who are younger, Indigenous, rural, or living with disability – often experience greater risk and fewer pathways to support. This is why responses to IPV must be comprehensive, trauma- and violence-informed, and grounded in women lived realities.

3.0 The iHEAL Program Model

The Intervention Health Enhancement and Living (iHEAL) program meets that need. iHEAL was developed by researchers at Western University in partnership with the University of British Columbia and the University of New Brunswick. The program is

currently being delivered in partnership by Middlesex-London Public Health and Southwestern Public Health.

Designed for women who have experienced or continue to experience abuse from a current or former partner, iHEAL offers a nurse-led, one-to-one intervention focused on health, safety, and healing. Women do not need to have left the relationship to be eligible, which is critical for reducing barriers to support. Public health nurses work alongside women over six to seven months, meeting weekly or biweekly in mutually safe locations and tailoring care to each person's goals, priorities, and circumstances. At the centre of the model are five core principles: safety first, woman-led care, health enhancement, strengths-based communication, and a hope- and future-oriented approach. Together, these principles create a practical, respectful framework that helps women rebuild confidence, strengthen decision-making, manage health concerns, and navigate complex systems on their own terms.

4.0 Evidence-Based Outcomes and Benefits

iHEAL is effective because it recognizes that healing from abuse requires more than crisis response. The program addresses safety, basic needs, symptom management, family relationships, self-renewal, and carefully chosen connections to other services when needed. It does not duplicate the work of community partners; instead, it complements and strengthens the broader system of care. The model is evidence-based, adaptable across contexts and cultures, and shown to be safe and acceptable for women experiencing IPV. Compared with usual care, iHEAL is associated with sustained improvements in quality of life, mental health, confidence, and reductions in the severity of violence. These outcomes matter not only for immediate well-being, but also for long-term prevention, reduced strain on health and social systems, and improved stability for families.

5.0 Program Uptake and Implementation at SWPH

At Southwestern Public Health, implementation of the program has been strong and demand has been immediate. Since onboarding clients in September 2025, the program has received 90 referrals and built 50 partnerships across health care, social services, policing, and internal public health programs. These relationships are essential to referral pathways, coordinated care, and reciprocal support for women navigating multiple systems. The program is already operating at full capacity, with 48 active clients across three staff and a growing waitlist. Demand has exceeded available capacity, resulting in a waitlist of 13 women over the past two months. Referred clients are contacted within five business days, provided with a program overview, advised of the waitlist, and directed to website resources while awaiting intake. Women who have completed the program have reported personal growth, increased confidence, and deep appreciation for their experience.

This level of uptake is a clear signal that the service is both needed and trusted. It also highlights the gap between demand and available resources.

6.0 How Findings Were Gathered

The impact on clients is tangible and deeply meaningful. Women report increased confidence, stronger self-advocacy, improved ability to navigate health and mental health systems, and greater clarity about their rights and the needs of their children. What makes iHEAL especially powerful is its strengths-based nursing approach: women are not told what to do, but are supported to recognize their own capacity, make informed decisions, and take action with confidence. In practice, this can mean helping a woman reconnect with her voice, access medical care that had been overlooked, or build the skills to advocate for herself and her family. These are not small changes. They are the building blocks of safety, stability, health, and long-term recovery.

Some quotes to highlight this impact include:

"I felt like a burden, but you helped me to see that I am a self-advocate. You changed my perspective about myself."

"I didn't have the words before. Now I can explain what I need for my children."

"They didn't tell me what to do. They helped me see what I could do."

7.0 Sustainability and Future Opportunities

iHEAL is a high-impact, evidence-informed program responding to one of the most urgent and complex issues facing women and communities. It is reaching women who face significant barriers to support, including those in rural areas and those living with lower incomes, and it is doing so with measurable benefits and strong community integration. This program is offered as part of the federal government's gender-based violence strategy. Currently, the Ministry of Children, Community and Social Services (MCCSS), through federal funding, is supporting the program until December 2026. Without additional investment from the Ministry, wind-down planning will begin this fall. Given the demonstrated uptake, positive client outcomes, and strong implementation progress, there is a compelling case for sustained and expanded funding. iHEAL is not only helping women survive violence—it is helping them reclaim health, safety, and the possibility of a different future.

To this end, staff have engaged with MCCSS regarding outcomes achieved to date. Staff are also exploring alternative funding partnerships, grant opportunities, and strategies to increase awareness of the program. In partnership with Middlesex London Health Unit and Western University, a joint delegation request has been submitted to te Ministry of Children, Community, and Social Services at the upcoming Association of Municipalities of Ontario (AMO) Conference in August to further showcase this work and the importance of sustainable funding to continue it.

Motion: 2026-BOH-0625-5.1
That the Board of Health for Southwestern Public Health receive the SWPH iHEAL Report for June 25, 2026.

Planet Youth Report

Open Session

Meeting date:	June 25, 2026
Submitted by:	Peter Heywood, Program Director
Submitted to:	Board of Health
Purpose:	☐ Decision ☐ Discussion ☒ Receive and file
Agenda item #:	5.2
Resolution #:	2026-BOH-0625-5.2
Report title:	Planet Youth Survey and Engagement Findings: Identification of Priority Areas

1.0 Report Highlights

This report highlights the results of the Planet Youth survey administered to 100% of public secondary schools in our region between November 2025 and January 2026.

- Youth in Oxford and Elgin-St. Thomas report generally strong family and school protective factors, but concerns remain regarding substance use, sleep, screen habits, peer relationships, and access to safe youth spaces.
- Alcohol remains the most commonly tried substance, and substance access is often through social and family environments.
- Youth and caregivers identified gaps in belonging, communication, transportation, and low-barrier opportunities for connection.
- Community coalitions have now identified shared priorities and are moving into action planning.

Motion: 2026-BOH-0625-5.2
That the Board of Health for Southwestern Public Health receive the Report on Planet Youth Oxford and Elgin-St. Thomas for June 25, 2026.

2.0 Background

Planet Youth is an evidence-informed primary prevention approach that originated in Iceland in the 1990s and has since been implemented in communities worldwide, including several regions across Canada. The model is designed to prevent or delay substance use among young people by strengthening the environments that influence their health and well-being. Rather than focusing solely on individual behaviour change, the Planet Youth model seeks to reduce known risk factors and strengthen protective factors within these environments through coordinated community action.

Southwestern Public Health (SWPH) is co-leading the implementation of Planet Youth with a vision of creating communities where every young person feels connected, supported, seen, and safe. To support this work, two local Planet Youth coalitions have been established in Oxford County and Elgin-St. Thomas. These coalitions bring together representatives from school boards, municipalities, parks and recreation, children's mental health services, faith-based organizations, youth-serving agencies, mental health-trained police representatives, families, youth, and other community partners. Through this collaborative structure, partners work together to strengthen youth well-being and resilience.

Guided by local data, youth voices, and strong community partnerships, the initiative seeks to strengthen youth well-being while preventing or delaying substance use through coordinated, community-driven action.

3.0 Purpose/Approach

- To provide the Board of Health with an overview and update on the Planet Youth initiative
- To summarize key findings from the Planet Youth survey data collection and engagement locally
- To share priority areas and next steps for implementation

4.0 Link to Mission/Vision/Values

The Planet Youth Model directly aligns with SWPH strategic priorities by addressing mental health and substance use, focusing on prevention and service excellence, and fostering collaboration for action with diverse partners.

5.0 Accountability

The Planet Youth model aligns with the Ontario Public Health Standards Substance Use and Injury Prevention requirements by collecting and analyzing relevant data to monitor trends over time, determine emerging trends, prioritize, and reduce health inequities, as well as the Chronic Disease Prevention and Well-being standard, with the development of a comprehensive health promotion strategy to address the risk and protective factors identified.

6.0 Data Sources

Findings are based on the 2025–2026 Planet Youth student survey, focus groups, and community engagement activities conducted across Oxford and Elgin-St. Thomas.

7.0 How Findings Were Gathered

The Planet Youth survey was administered to 100% of public secondary schools in our region between November 2025 and January 2026. This included students within the London District Catholic School Board (LDCSB) and the Thames Valley District School Board (TVDSB). The survey also included some youth who attend private schools, and youth who were homeschooled or not currently engaged in school. The anonymous survey explores factors associated with youth well-being and substance use, including family and peer relationships, school connectedness, participation in sports and recreational activities, social life, physical and mental health, sleep, stress, technology

and social media use, bullying, and substance use behaviours. Data collection occurs every two years to monitor trends, evaluate progress, and guide ongoing prevention efforts.

To complement the survey findings, SWPH and community partners engaged youth, parents, educators, service providers, municipalities, and community members through youth forums, focus groups, coalition meetings, and community knowledge exchange activities. These engagement opportunities ensure that a broader range of experiences and perspectives is considered when understanding and responding to the needs of young people in the community.

8.0 Evidence/Findings

Findings should be interpreted as a baseline snapshot. As with most self-reported surveys, the results may underrepresent some experiences and should be considered alongside findings from focus groups and community engagement.

8.1 Survey Participant Overview

Survey findings presented in this report are based on responses from Grade 9 and 10 students attending participating secondary schools in Oxford County and Elgin County.

Region	Survey Responses
Oxford County	346
Elgin County & the City of St. Thomas	289
Total	635

The survey sample was balanced by gender, with approximately 52% of respondents identifying as boys, 46% as girls, and 3% identifying with another gender category.

8.2 Key Findings and Implications

1. Substance Use and Access

- ***What We Found***

Substance (Lifetime Use)	Percentage of Students
Alcohol	45%
Vaping/e-cigarettes	15%
Cigarettes	8%
Cannabis	8%

Alcohol was the most commonly reported substance used by youth.

Students reported that substances are most commonly accessed through social networks, including friends and family members, while some youth also reported purchasing vaping products from retail sources.

In addition to substance use, approximately one-third of students (34%) reported consuming energy drinks daily, with higher use among girls (41%) than boys (27%).

- ***Why It Matters***

These findings suggest that substance use is influenced by the environments surrounding youth rather than occurring in isolation. The reported access through friends, family environments, and everyday social settings highlights the importance of prevention efforts that focus on families, peer networks, and community norms. While energy drinks are legally available and socially normalized, frequent consumption may indicate broader concerns about sleep, stress, fatigue, and well-being. Given that only 53% of students reported getting the recommended 8 hours of sleep per night, this finding may warrant further exploration through a broader lens of youth well-being.

Findings from youth focus groups also suggest that these results may underestimate actual substance use within the broader youth population. The findings will inform coalition priority setting and community action planning by identifying opportunities to strengthen protective factors that delay substance use initiation and increase overall youth well-being through family awareness and capacity building, community policies and practices. This data will also support SWPH substance use prevention planning and future community-based interventions.

2. Protective Factors and Family Environment

- ***What We Found***

Family emerged as one of the strongest protective factors in the dataset. Most students reported that their parents or caregivers know where they are and who they spend time with, and that they provide emotional support and set clear expectations. Youth who reported spending more time with parents on weekends and whose parents knew their whereabouts reported lower rates of alcohol, cannabis, and vaping use. However, approximately 1 in 5 parents of 13-year-olds were reported to approve of alcohol use. Through focus groups, both youth and caregivers identified communication as an area for improvement. Youth described feeling that their stress and mental health concerns are not always fully understood, while parents expressed uncertainty about how to discuss mental health and substance use effectively.

- ***Why It Matters***

The findings reinforce the important role families play in supporting youth well-being and preventing substance use. While strong family connection appears to be a community strength, the reported acceptance of underage alcohol use presents an opportunity to strengthen awareness and conversations about delaying substance use initiation. Leveraging the strengths that currently exist within the family domain to support reduction in risk factors will be a part of intervention planning.

3. School Connectedness and Peer Relationships

- ***What We Found***

Youth emphasized the importance of supportive adults and safe spaces where they feel seen and understood. The findings suggest that while adult relationships are generally positive, youth did report in the focus groups that adults did not notice or respond when they felt they were struggling. Opportunities remain to strengthen peer connectedness and students' sense of belonging.

Indicator	Percentage
Get along with teachers	77%
Feel safe at school	74%
Have caring friends at school	86%
Feel adults at school care	76%
Want to change schools	9%
Report being bored with schoolwork	41%
Adults notice when I'm struggling	50%

- ***Why It Matters***

These findings suggest that belonging, connection, and school climate remain important factors influencing youth well-being.

SWPH and our local school boards have supported conversations and planning jointly to address these needs. While schools have received their own internal data to use, the alignment with what happens in the community and vice versa is important to all our partners in this work.

These findings provide important context for coalition partners and community organizations working alongside schools to support youth development. The results have already informed ongoing discussions regarding protective environments, supportive relationships, and opportunities to strengthen youth engagement both inside and outside the classroom.

4. Youth Well-Being, Sleep, and Screen Habits

- ***What We Found***

While 73% of students rated their physical health as good or very good, only 53% rated their mental health as good or very good. Similarly, only 53% reported achieving the recommended eight hours of sleep per night, and just 44% reported feeling calm and relaxed most of the time. Screen use was also common, with 65% spending three or more hours per day on social media and 35% spending three or more hours per day playing video games. Girls consistently reported lower well-being outcomes than boys across multiple indicators.

Both youth and caregivers identified sleep and screen use as major concerns and suggested that actual screen time may exceed reported levels. Youth described late-night phone use and gaming as common, while parents raised concerns about the impact of social media on youth mental health and well-being.

- ***Why It Matters***

Mental well-being indicators were consistently lower than physical health indicators, with many youth reporting inadequate sleep, lower levels of calmness, and significant daily screen use. These results were particularly notable among girls, who reported poorer outcomes across several well-being measures.

The findings support the need for continued investment in mental health promotion and prevention strategies that address upstream factors influencing youth well-being. Sleep, stress management, screen use, and mental wellness have already been identified as areas of focus within SWPH planning, specifically sleep within the mental health program plan, and will continue to be explored through coalition priority setting and community action planning.

5. Community Belonging and Access to Opportunities

- ***What We Found***

Most youth reported feeling safe in their community (85%) and agreed it is a good place to live (76%). However, fewer than half reported that their community offers enough activities for youth (48%) or that they intend to remain in their community long-term (47%). Participation in structured activities varied: 39% participated in sports three or more times per week, 24% participated in arts, music, or dance weekly, and 11% reported no participation in structured activities. In the focus groups, youth and caregivers consistently identified a need for more opportunities beyond sports and recreation, including arts, music, social spaces, and informal gathering opportunities. Transportation, affordability, scheduling, and awareness of available programs were identified as significant barriers to participation and connection. Community partners have identified some flags for further conversation, including a lack of volunteerism among youth and adults. Waitlists and fees for sports and recreation were flagged as a concern that social service agencies are trying to mitigate.

- ***Why It Matters***

Although most youth reported feeling safe in their communities and viewed them positively, findings suggest that feeling safe does not necessarily translate into a strong sense of belonging; we know that when youth feel connected and have a sense of belonging, there is a decreased rate of crime and vandalism, and a higher desire to remain in the community. This is supported by the work in the healthy communities division within the sense of belonging initiative and plan.

These findings are particularly relevant to coalition planning, as they underscore the importance of creating communities where youth feel engaged, valued, and connected. The results will help guide discussions with municipalities, recreation providers, youth-serving agencies, and other partners regarding strategies to strengthen youth engagement and long-term community attachment.

9.0 Priority Areas for Action

On April 1st, community coalitions across Oxford and Elgin counties came together to review the Planet Youth survey findings. This collaborative session brought together cross-sector partners to identify and prioritize key risk and protective factors influencing youth well-being and substance use in the region. Through this process, coalitions collectively identified the following priority areas for action:

- Social Media/Screen Habits
- Sleep Behaviour/Habits
- Peer & Parental Perceptions
- Safe & Designated Youth Spaces
- Parental Knowledge

10.0 Next Steps

The Planet Youth initiative is now moving from the data collection and assessment phase to community goal-setting and action planning. Guided by the Planet Youth Implementation Guide, the next phase will focus on identifying two to three shared community priorities based on local survey findings, focus group feedback, community engagement activities, and evidence-informed practices.

To support this work, the Oxford and Elgin-St. Thomas Planet Youth Coalitions, with facilitation and coordination support from SWPH, convened community forums in May 2026. These forums brought together a broad range of partners, including municipalities, school boards, recreation providers, youth-serving organizations, children's mental health services, faith-based organizations, youth, families, and other community stakeholders. Discussions focused on identifying existing strengths, opportunities for collaboration, and areas where collective action may strengthen protective factors for youth.

The findings presented in this report will be used by the coalitions to establish shared priorities and guide implementation planning. This work will support coordinated action across sectors, strengthen alignment between existing initiatives, and help ensure that resources are directed toward areas of greatest community need and potential impact.

In parallel, SWPH will use the findings to inform planning for youth substance use prevention, mental well-being promotion, and healthy child development initiatives. The results will also support implementation of relevant priorities within the SWPH Strategic Plan and help ensure that public health programming remains responsive to local evidence and community needs.

The establishment of a Youth Advisory Board will further support implementation by ensuring that youth perspectives continue to inform priority-setting, decision-making, and evaluation activities throughout the process.

11.0 Conclusion

The Planet Youth findings provide an important local evidence base to guide youth well-being and substance use prevention efforts across Oxford and Elgin-St. Thomas. Overall, the results highlight both significant community strengths, including strong family and school protective factors, and clear opportunities to address challenges related to substance access, mental well-being, sleep, screen use, belonging, and access to safe and meaningful youth opportunities.

As the initiative moves into the next phase of implementation, continued cross-sector collaboration will be essential to turning these findings into coordinated community action. The Planet Youth approach offers a strong foundation for long-term, community-led prevention planning that is responsive to local needs and informed by youth, families, and partners. These findings will continue to inform SWPH planning related to mental well-being promotion, substance use prevention, and healthy child development, while future updates will provide the Board with progress on coalition priorities, implementation milestones, and community-level outcomes.

Medical Officer of Health Report

Open Session

Meeting date:	June 25, 2026
Submitted by:	Dr. Ninh Tran, Medical Officer of Health (written as of June 12, 2026)
Submitted to:	Board of Health
Purpose:	☐ Discussion ☒ Receive and file
Agenda item #	5.3
Resolution #	2026-BOH-0625-5.3

1.0 Ebola

Southwestern Public Health (SWPH) continues to monitor the situation regarding Ebola and is working with our local and provincial partners.

The Government of Canada announced temporary border measures, suspending the issuance of certain immigration documents for residents of affected countries for 90 days beginning May 27, 2026. Countries currently affected include the Democratic Republic of the Congo, Uganda, and South Sudan.

As of May 30, 2026, Canadian citizens, permanent residents, persons registered under the Indian Act, and foreign nationals who have been in these areas within the previous 21 days and do not have symptoms are required to quarantine for 21 days, either at home or at a designated federal quarantine site. The Public Health Agency of Canada (PHAC) is establishing designated quarantine sites and associated support services.

Provincially, guidance documents have been developed and updated regarding infection prevention and control, testing and clinical risk assessment, and case and contact management. The province is also engaging organizations in planning and capacity-building activities to support testing and treatment readiness in Ontario.

Locally, SWPH has held discussions with provincial partners, other local public health agencies, and local health system partners.

As of the writing of this report, there continue to be no cases of, or contacts related to, Ebola within the SWPH region.

2.0 Blastomycosis and Indigenous engagement

Earlier in 2026, a coroner's jury issued recommendations following a 2025 inquest into a 2021 blastomycosis outbreak at Constance Lake First Nation that resulted in several deaths. Some of these recommendations were directed at Boards of Health (BOHs) for comment, with a response date of July 23rd, 2026.

Upon review of the recommendations directed to BOHs, and consideration of relevant roles and mandates, the following responses will be submitted to the Officer of the Chief Coroner. The recommendations requiring a BOH response are largely led by the Province and/or require significant provincial support and coordination.

27. The Ministry of Health (Ministry), local BOHs, and Indigenous Services Canada (ISC) to explore opportunities for relationship building among public health units and ISC, with a focus on responding to future public health emergencies in First Nation communities.

    SWPH Response: The Ontario Public Health Standards (OPHS) require BOHs to "engage in multi-sectoral collaboration" to reduce health inequities and support population health outcomes. This includes fostering and developing meaningful relationships with First Nation communities, starting with engagement and progressing toward collaborative partnerships that support public health priorities, including future emergencies and emerging issues of public health significance.

    The BOH is committed to being an active and mindful participant in local and broader public health sector coordination, in alignment with the requirements of the OPHS.

28. The Ministry, local BOHs, applicable Tribal Councils, and ISC should meet to develop and establish clear roles and responsibilities in response to future public health emergencies and outbreaks.

    SWPH Response: The BOH is committed to working at the local level to establish clear roles and responsibilities as needed and appropriate, and to supporting broader public health sector coordination as discussions develop.

33. To support equitable, informed, and culturally respectful public health interventions and responses, the Ministry should consider requiring local BOHs to collect race, ethnicity, and Indigenous identity data (where appropriate) for all Diseases of Public Health Significance (DOPHS), including blastomycosis. Data on Indigenous identity should be collected in partnership with Indigenous communities and aligned with OCAP® data principles.

    SWPH Response: Requirements for the collection of data related to DOPHS are specified in Ontario's Health Protection and Promotion Act (HPPA) and Regulation 569. Any changes to these requirements would require provincial leadership and

public health sector coordination. The BOH is committed to working with the Province and following best practices to advance Indigenous data sovereignty and governance.

48. To the extent that they are not already provided, Public Health Ontario (PHO), the Ministry, ISC, and local BOHs should, as appropriate to their mandates, provide education and resources to health care providers and public health professionals regarding diagnosis and treatment for blastomycosis, including, where appropriate, when to consider blastomycosis, aligned with current evidence, public health data, and clinical guidance.

    SWPH Response: The BOH is committed to providing education and resources as appropriate to its mandate, and will leverage regional and provincial public health coordination processes and knowledge products.

52. The Ministry to engage with the Ontario Ministry of Agriculture, Food and Agribusiness, and the Office of the Chief Veterinarian for Ontario and/or the Ontario Veterinary College to explore opportunities to review and analyze data on confirmed and clinical canid cases (e.g., in dogs) of blastomycosis in Ontario. Findings should be shared with PHO, local BOHs, ISC, and First Nation Tribal Councils as they may enable early warning for human cases.

    SWPH Response: Implementation of this recommendation falls within the scope and responsibility of the Province.

3.0 Indigenous health

As an update to the November 27th, 2025 Medical Officer of Health's report to the Board, SWPH has now established a new internal committee to incorporate elements of the updated OPHS Draft Provincial Protocol (available on the Board of Health portal) and develop recommendations and action plans supporting public health-related Truth and Reconciliation initiatives.

Over the past several months, SWPH's Public Health Indigenous Engagement Committee (PHIEC) has begun shaping its initial workplan. Four areas of focus have been identified:

First, strengthening ongoing engagement with Indigenous communities and partners. This means moving beyond episodic consultation toward consistent, reciprocal relationships built on trust.

Second, increasing staff understanding of local Indigenous histories and contexts, including treaty history, the impacts of colonization and residential schools, and how these continue to shape health outcomes today.

Third, implementing consistent cultural humility learning across the organization. This supports staff at all levels in reflecting on bias, deepening understanding of inequities, and strengthening culturally safe practice. Where possible, this learning will continue to be Indigenous-led and ongoing.

Fourth, developing a more thoughtful and meaningful approach to land acknowledgments – one that moves beyond a scripted statement and instead reflects personal learning, awareness, and recognition of enduring relationships with the land.

Further updates on these areas of focus will be provided to the Board as work progresses.

Motion: 2026-BOH-0625-5.3
That the Board of Health for Southwestern Public Health accept the Medical Officer of Health's Report for June 25, 2026.

Ministry of the Solicitor General

Office of the Chief Coroner
Ontario Forensic Pathology Service

Forensic Services and
Coroners' Complex
25 Morton Shulman Avenue
Toronto ON M3M 0B1

Telephone: (416) 314-4000
Facsimile: (416) 314-4030

Ministère du Solliciteur général

Bureau du coroner en chef
Service de médecine légale de l'Ontario

Complexe des sciences judiciaires
et du coroner
25, Avenue Morton Shulman
Toronto ON M3M 0B1

Téléphone: (416) 314-4040
Télécopieur: (416) 314-4060

Ontario

January 23, 2025

Via email to each board of health

Office of Chief Medical Officer of Health, Public Health
BOARDS OF HEALTH
Ministry of Health | Ontario Public Service
777 Bay Street, 5th Floor
Toronto, Ontario M5G 2C8

Dear Boards of Health:

Re:	**Inquest into the death of:**	**Luke MOORE, died November 19, 2021** **Lorraine SHAGANASH, died November 20, 2021** **Lizzie SUTHERLAND, died November 21, 2021** **Mark FERRIS, died November 30, 2021** **Douglas TAYLOR, January 23, 2022**
	OCC Inquest File No.:	**Q2025-31**
	Date Inquest Jury Verdict & Recommendations Received:	**November 19, 2025**

The jury in the inquest into the death of Luke Moore, Lorraine Shaganash, Lizzie Sutherland, Mark Ferris, and Douglas Taylor has made recommendations which your organization may be in a position to implement. Please report back regarding your consideration to implement the recommendations relating to your organization by completing the attached chart, ***Responses to Jury Recommendations***. Responses to inquest recommendations will be made public. Therefore, your response should not contain personal identifiers with the exception of identifying the decedent.

We do request a response by **July 23, 2026,** however, the *Coroners Act* provides no authority for us to demand a response to a recommendation or set deadlines for a response. We do post responses publicly, and scrutiny of the responses has been growing. Public criticism may follow if a thoughtful response is not received in a timely manner.

A list of organizations requested to report back is provided.

We are pleased to provide you with a copy of the inquest jury verdict and recommendations. The presiding officer's verdict explanation will be sent when it becomes available.

I would like to explain the significance of inquests and consequent recommendations under the *Coroners Act*. An inquest is a public hearing conducted by a coroner (or a judge, or a retired judge or a lawyer) before a jury of five community members. Inquests are held for the purpose of informing the public about the circumstances of a death. An inquest does not find fault, blame or legal wrongdoing but rather examines the circumstances of one or more deaths and looks for lessons that can be learned from the death(s) that may contribute to a safer future for the living. Juries often make recommendations based on these learned lessons and, while they are not binding, it is hoped that implemented recommendations will prevent future deaths in similar circumstances.

Please provide us with the name and contact information of the individual leading your organization's response. If you feel any of the recommendations should be directed elsewhere, complete the attached ***Contact Information and Recommendation Referrals*** **form and forward** to occ.inquests.registraroffice@ontario.ca .

As noted above, inquest jury recommendations are not legally binding; however, we trust they will be given careful consideration for implementation and, if not implemented, that your organization provides an explanation.

Thank you for participating in this important process. Please contact me if you have any questions.

Sincerely,

David A. Cameron, MD, LLB, CCFP
Regional Supervising Coroner – Inquests

/eg

Attachments:
Responses to Jury Recommendations
List of Organizations Requested to Respond to Jury Recommendations
Contact Information and Recommendation Referrals

Responses to Jury Recommendations
BLASTOMYCOSIS Inquest Q2025-31

BOARDS OF HEALTH

RECOMMENDATION #:

27 – 28, 33, 48, 52

REC. #	ORGANIZATION'S RESPONSE

List of Organizations Requested to Respond to Jury Recommendations

BLASTOMYCOSIS Inquest Q2025-31

Hopital Notre-Dame Hospital

Ornge

Public Health Ontario (PHO)

The Ministry of Health

Northeastern Public Health (NEPH)

Indigenous Services Canada (ISC)

Constance Lake First Nation (CLFN)

Jane Mattinas Health Centre (JMHC)

Chief Counsel of Constance Lake First Nation

Ontario Health

Matawa First Nations Management Health Cooperative (MFNM)

Nishnawbe Aski Nation (NAN)

Ontario Telemedicine Network (OTN)

Boards of Health

Four Rivers Environmental Services Group (Four Rivers)

Canadian Institute of Health Research CIHR)

Ministry of Colleges, Universities, Research Excellence and Security

Ministry of Agriculture, Food and Agribusiness

Ontario Ministry of Agriculture, Food, and Rural Affairs (OMAFRA)
Office of the Chief Veterinary

College of Veterinarians of Ontario
Town of Hearst

Ministry of Natural Resources

Government of Ontario

Contact Information and Recommendation Referrals
Responses to Jury Recommendations
BLASTOMYCOSIS Inquest Q2025-31

BOARDS OF HEALTH

Part I: Contact Information

Name	Position Title
Email address	Telephone number

Part II: Referral

We believe the following recommendations may be best addressed by these organizations:

Recommendation Number	Organization Name & Address	Contact Name & Title

Forward to occ.inquests.registraroffice@ontario.ca

Office of the Chief Coroner

Bureau du coroner en chef

Verdict of Inquest Jury
Verdict du jury de l'enquête

Coroners Act - Province of Ontario
Loi sur les coroners - Province de l'Ontario

We the undersigned / Nous soussignés,

	of / de	Iroquois Falls, Ontario
	of / de	Kapuskasing, Ontario
	of / de	Iroquois Falls, Ontario
	of / de	Cochrane, Ontario
	of / de	Cochrane, Ontario

the jury serving on the inquest into the death(s) of / membres dûment assermentés du jury à l'enquête sur le décès de:

Surname / Nom de famille	Given Names / Prénoms	Aged / à l'âge de
Moore	Luke	43
Shaganash	Lorraine	47
Sutherland	Lizzie	56
Ferris	Mark	67
Taylor	Douglas	60

held at / tenue à Constance Lake, and virtual via Zoom, Ontario from / du October 15, 2025 to / au November 19, 2025

By / Par Doctor Michael B. Wilson Presiding Officer for Ontario / Président de séance pour l'Ontario

having been duly sworn/affirmed, have inquired into and determined the following:
avons fait enquête dans l'affaire et avons conclu ce qui suit:

Name of Deceased / Nom du défunt	Luke Moore
Date of Death / Date du décès	November 19, 2021
Place of Death / Lieu du décès	Hôpital Notre-Dame Hospital, Hearst, Ontario
Cause of Death / Cause du décès	Acute blastomycosis pneumonia
By What Means / Circonstances du décès	Natural

Name of Deceased / Nom du défunt	Lorraine Shaganash
Date of Death / Date du décès	November 20, 2021
Place of Death / Lieu du décès	Health Sciences North, Sudbury, Ontario
Cause of Death / Cause du décès	Blastomycosis pneumonia complicated by acute respiratory distress syndrome and multiorgan failure
By What Means / Circonstances du décès	Natural

Name of Deceased / Nom du défunt	Lizzie Sutherland
Date of Death / Date du décès	November 21, 2021
Place of Death / Lieu du décès	Hôpital Notre-Dame Hospital, Hearst, Ontario

Cause of Death / Cause du décès	Blastomyces dermatitidis, hepatitis, splenitis, and peritonitis
By What Means / Circonstances du décès	Natural

Name of Deceased / Nom du défunt	Mark Ferris
Date of Death / Date du décès	November 30, 2021
Place of Death / Lieu du décès	North Bay Regional Health Centre, North Bay, Ontario
Cause of Death / Cause du décès	Multi-organ failure due to respiratory failure due to blastomycosis pneumonia
By What Means / Circonstances du décès	Natural

Name of Deceased / Nom du défunt	Douglas Taylor
Date of Death / Date du décès	January 23, 2022
Place of Death / Lieu du décès	Hôpital Notre-Dame Hospital, Hearst, Ontario
Cause of Death / Cause du décès	Respiratory failure due to blastomycosis bilateral pneumonia
By What Means / Circonstances du décès	Natural

Original signed* by Foreperson /
Original signé* par le contremaître

**In-Person Inquests Only / Enquêtes en personne uniquement*

The verdict was received on
Ce verdict a été reçu le November 19, 2025

Original signed* by jurors / Original signé* par les jurés

Doctor Michael B. Wilson

Presiding Officer's Name (Please print) /
Nom du président (en lettres moulées)

November 19, 2025

Date Signed / Date de la signature

Signature / Signature

We, the jury, wish to make the following recommendations: (see following page)
Nous, membres du jury, formulons les recommandations suivantes : (voir page suivante)

Office of the
Chief Coroner

Bureau du
coroner en chef

Verdict of Inquest Jury
Verdict du jury de l'enquête

Coroners Act - Province of Ontario
Loi sur les coroners - Province de l'Ontario

Inquest into the death(s) of:
L'enquête sur le décès de:

	Name of Deceased / Nom du défunt
	Moore, Luke
	Shaganash, Lorraine
	Sutherland, Lizzie
	Ferris, Mark
	Taylor, Douglas

JURY RECOMMENDATIONS
RECOMMANDATIONS DU JURY

INQUEST INTO THE DEATHS OF LUKE MOORE, LORRAINE SHAGANASH, LIZZIE SUTHERLAND, MARK FERRIS, AND DOUGLAS TAYLOR

Reconciliation and relationship building between Constance Lake First Nation, health care institutions, and public health organizations

1. Hôpital Notre-Dame Hospital ("NDH"), Ornge, Public Health Ontario ("PHO"), the Ministry of Health, Northeastern Public Health ("NEPH"), and Indigenous Services Canada ("ISC") should commit to Joyce's Principle, which aims to guarantee to all Indigenous people the right of equitable access, without any discrimination, to all social and health services, as well as the right to enjoy the best possible physical, mental, emotional, and spiritual health, including the recognition and respect of Indigenous people's traditional and living knowledge in all aspects of health.

2. NDH will collaborate with Constance Lake First Nation ("CLFN") to determine how NDH's commitment to following and implementing Joyce's Principle will be displayed and expressed to NDH patients, visitors, staff, volunteers, service providers, and anyone else entering the hospital (e.g., posters, signage).

3. ISC and the Ministry of Health in collaboration with and under the lead of CLFN Chief and Council and the Jane Mattinas Health Centre ("JMHC") will ensure that the funding and infrastructure available to CLFN, ensures the delivery of healthcare services that meet the needs of members of CLFN.

4. NDH, Ornge, PHO, and NEPH should create and publish on their websites, within six months of this verdict, a plan to implement the Truth and Reconciliation Commission ("TRC") Calls to Action 22 and 23 as applicable.

5. The Ministry of Health should create and publish on their websites, within six months of this verdict, a plan to implement the TRC Calls to Action 18, 22, and 23.

6. ISC should continue publishing initiatives and developments to implement the TRC Calls to Action 18 to 23.

7. NDH should collaborate with CLFN community members, Chief and Council and JMHC to prepare within three months of this verdict, an updated First Nations, Inuit, Métis and Urban Indigenous Health Workplan, that was prepared as required by the NDH Hospital Service Accountability Agreement for 2024-25 with Ontario Health. The updated Health Workplan will include concrete strategies to improve outcomes for CLFN members, and creating culturally safe access to health care services, programs to foster Indigenous engagement, and relationship building to improve Indigenous health. A copy of the Workplan will be provided to CLFN community, Chief and Council and the JMHC.

8. NDH, Ornge, PHO, NEPH, and ISC will, to the extent that it is not already being provided, ensure applicable personnel are receiving Indigenous Cultural Safety Training and training on trauma-informed care within 12 months of this verdict.
a) This training will include but not be limited to board members, senior leadership and management staff, health care providers, and allied health professionals. Frontline staff should have priority when implementing this training.
b) This training will include teaching on the history and culture of the First Nations and Indigenous communities to whom these agencies provide services and the contemporary experiences of those communities in the health care system, and cover topics such as anti-Indigenous racism, managing implicit bias, understanding how emotional prejudice impacts decision making, and mitigating the harmful impact of stereotyping on health outcomes.
c) This training should be mandatory and opportunities for ongoing learning on these topics should be provided on an annual basis or more frequently.

9. With respect to Indigenous Cultural Safety Training, NDH will:
a) Collaborate with CLFN and JMHC so that members of CLFN can be involved in the planning and delivery of Indigenous Cultural Safety Training and trauma-informed health care training.
b) In recognition that cultural safety is a core clinical skill, take steps to explore that the completion of this training be a condition for credentialing of locum physicians working at the hospital. This should include consulting with the Ministry of

Health about the requirements for physicians involved in the Emergency Department Locum Program ("EDLP"). NDH to provide updates about steps taken to explore adding Indigenous Cultural Safety Training as a condition for credentialing of locum physicians to the Blastomycosis Inquest Implementation Committee.

10. The Ministry of Health and/or Ontario Health should consider ways to support health care providers and public health professionals, including physicians, nurses, and allied health professionals working in northern and remote regions of Ontario, being able to take Indigenous Cultural Safety Training and trauma-informed health care training, including by providing additional funding.

11. The Ministry of Health should consider requiring all health regulatory colleges to make Indigenous Cultural Safety Training a mandatory requirement for all regulated health professionals. This training should incorporate teachings on a "two-eyed seeing approach" to health care that incorporates both Western and Indigenous ways of knowing and conceptions of well-being.

12. The JMHC, with the support and assistance of the Matawa First Nations Management ("MFNM") Health Cooperative and ISC where requested, should request and secure funding to employ two full-time Indigenous Patient Navigators.

13. NDH to allocate and maintain funding for at least one Indigenous Patient Navigator who will work at NDH. This position should be filled by a person who is Indigenous and has knowledge of and/or connections to the history and culture of CLFN. The job description and responsibilities for the Indigenous Patient Navigator role at NDH will be co-developed with CLFN Chief and Council or JMHC (as determined by CLFN).

14. NDH should make an existing multipurpose room at the hospital a traditional healing room for Indigenous patients and families. The space will be designed to facilitate the use of Indigenous medicines, including smudging, and accessing support from Elders and Traditional Indigenous Healers. The space should be designed with the CLFN community and be dedicated to the memory of Luke Moore, Lorraine Shaganash, Lizzie Sutherland, Mark Ferris, and Douglas Taylor.

15. NDH to create a policy stating that smudging is permitted at NDH and how requests to smudge are to be facilitated. The policy will be communicated to all staff, including part-time and contract staff (e.g., locum physicians and agency nurses), and to patients. To communicate this policy to patients, NDH to post clear signs in English, French, Cree, Ojibwe and Oji-Cree stating that smudging is permitted at NDH. This should be clearly stated on NDH's website as well. Posters will also be provided to the JMHC.

16. NDH should collaborate with CLFN to explore the potential availability of having a tipi and sacred fire on the grounds of the hospital and ways to incorporate traditional teachings at the site.

17. NDH and CLFN should explore more avenues for communication and relationship-building, including regular meetings and circles. A collaborative approach will be taken to determine Terms of Reference for meetings (if any), who will participate, frequency and location of meetings, and whether minutes will be kept. Informal opportunities for relationship building will also be explored.

18. NDH should take steps to share information with CLFN members about the emergency room triage system. The information to be shared and the ways it can be shared will be developed in partnership with the JMHC.

Emergency preparedness and response in Northern Ontario and First Nations communities

19. The Ministry of Health and/or Ontario Health should develop a Northern Ontario Emergency Response Team comprised of health care professionals and public health professionals who can provide surge capacity to northern and remote communities in Ontario during public health emergencies. The development of this team should include strategies to recruit Indigenous health care professionals to serve on the Emergency Response Team.

20.The Ministry of Health and/or Ontario Health should hold a debrief after any complex multi-jurisdictional outbreak of a disease of public health significance involving a First Nations or Indigenous community. This debrief should be held within six months of the outbreak being declared over and should include all local, provincial, and federal health institutions and agencies involved in the outbreak response. The First Nations community should be invited to participate and included in the planning and facilitation of the debrief.

21. NDH to continue to offer debriefing and provide mental health support services to all NDH staff, including those under contract i.e. locum physicians, agency nurses.

22. In appropriate circumstances, regarding the death of a patient, NDH will take steps to facilitate a debrief among individuals at NDH and other organizations involved in the clinical care of the deceased. The purpose of the debrief is to have an opportunity to discuss and identify any potential lessons learned.

23. NDH to review and update training provided to frontline health care providers to ensure that any health care providers who may be required to care for critical care patients can provide the best care possible if the patient cannot be transferred to a hospital with a higher level of care. This should include taking steps to arrange, wherever possible, for nurses employed by NDH to be registered for the C3 Concepts in Critical Care simulation course offered by Health Sciences North within one year of this verdict. The Ministry of Health should provide funding to NDH to permit such training.

24. The Ministry of Health should create an inventory of public health programs and services available to First Nation communities and compare the inventory to the Ontario Public Health Standards with the goal of identifying and improving access to public health services for First Nation community members. The Ministry of Health to share this inventory with ISC, and any applicable Tribal Council in relation to transferred communities.

25. CLFN, JMHC, and the MFNM Health Cooperative to inquire if there is an emergency response and evacuation plan in place for CLFN. If there is not, they should create such a plan in consultation with Nishnawbe Aski Nation ("NAN") and request that ISC provide any necessary support or assistance, if eligible, to develop an emergency response and evacuation plan.

26. CLFN, JMHC, and Matawa Tribal Council to consider applying for funding for the planning or training on emergency

preparedness and response, under ISC's Non-Structural Mitigation and Preparedness funding of the Emergency Management Assistance Program.

27. The Ministry of Health, local Boards of Health, and ISC to explore opportunities for relationship building among public health units and ISC, with a focus on responding to future public health emergencies in First Nation communities.

28. The Ministry of Health, local Boards of Health, applicable Tribal Councils, and ISC should meet to develop and establish clear roles and responsibilities, in response to future public health emergencies and outbreaks.

Indigenous representation in health care governance and institutions

29. NDH will create two permanent positions on its Board of Directors exclusively for members of CLFN, or individuals designated by CLFN. To promote and enable full CLFN participation in NDH governance, the hospital will take steps to:
a) Make amendments to its Board by-laws as necessary.
b) Change the list of qualifications on its website to remove that one of the qualifications for the CLFN Board Member is that the person be bilingual.
c) Consult with CLFN about holding some of the NDH Board meetings at Constance Lake First Nation.

30. Within two months of this verdict, the NDH Board to expand the portfolios of one or two current board members to include engagement and relationship building with CLFN. This expanded portfolio will include areas such as:
a) Engaging with CLFN Chief and Council about the implementation of the two board positions for CLFN members on the NDH Board of Directors. If agreeable to Chief and Council, this engagement may be done in part through attending and presenting on this board membership opportunity at the next possible Chief and Council meeting.
b) Support recruitment of CLFN members to the NDH Board of Directors through circulating postings for the position and engaging with community members interested in applying for the role.
c) Ensuring Chief and Council is updated about job positions at NDH to promote within their membership, attending CLFN in person to present on job opportunities, and offering support to community members interested in applying for such positions.

31. NDH and NEPH to explore ways to encourage and support Indigenous membership on their boards and advisory committees, including outreach opportunities with First Nation communities and urban Indigenous partners, coordinating with committee chairs or other people who are responsible for the appointment of members, and identifying and addressing existing or potential barriers to participation by First Nation communities.

32. NDH and CLFN to collaborate to arrange for in person community visits where youth and adults who are interested in working in hospital administration or the health care field can connect with hospital/health care professionals to learn about their work. NDH to also explore co-op placement, volunteer, and job shadowing opportunities for students from CLFN.

Information sharing between organizations responding to public health emergencies in First Nations communities

33. To support equitable, informed, and culturally respectful public health interventions and responses, the Ministry of Health should consider requiring local Boards of Health to collect race, ethnicity, and Indigenous identity data (where appropriate) for all diseases of public health significance, including blastomycosis. Data on Indigenous identity should be collected in partnership with Indigenous communities and aligned with OCAP data principles.

34. PHO, the Ministry of Health, and ISC should collaborate to establish a secure information sharing process (in alignment with OCAP data principles) among relevant public health agencies.

35. A trilateral table should be established for the First Nations Information Governance Centre. ISC and the Ministry of Health to engage in a process to explore and achieve the development of legislation, information sharing protocols, and/or a memorandum of understanding to address the collection, use, and disclosure of personal health information and personal information relating to members of First Nations communities and First Nations health data, including for research purposes, guided by OCAP principles. This process would include but not be limited to information sharing in times of a public health emergency and should include consultation with the Information and Privacy Commissioner of Ontario.

Addressing health human resource capacity in Northern Ontario

36. The Ministry of Health and/or Ontario Health should develop and implement a comprehensive strategy to ensure sustainable, full-time access to qualified health care providers and public health professionals, including physicians, nurses, and allied health professionals, in northern and remote regions of Ontario. At a minimum, the strategy will:
a) Include consultations with health care providers working in northern and remote regions of Ontario to better understand what support they need and what steps can be taken to implement these supports.
b) Prioritize placement of health care providers in facilities experiencing critical staffing shortages, including NDH.
c) Streamline recruitment processes and practices and remove administrative impediments to attract qualified candidates.
d) Provide targeted incentives (financial or otherwise) to encourage health care providers, including physicians, nurses, and allied health professionals, to work and remain in northern and remote regions of Ontario.
e) Explore ways to limit reliance on locum physicians and nursing agencies to provide health care services in northern and remote regions of Ontario.

37. The Ministry of Health and/or Ontario Health should develop and implement, in collaboration with Indigenous communities, including CLFN, a recruitment and retention strategy to attract, hire, and retain First Nations, Inuit, Métis and Urban Indigenous people pursuing careers as health care providers and/or public health professionals, particularly in northern and remote regions of Ontario.

38. To ensure continued funding and expand the availability of the Virtual Critical Care ("VCC") Program to guarantee 24/7 access to remote consultations and support, the Ministry of Health should consider the creation of a full-time, dedicated position responsible for providing VCC services.

39. The CritiCall Ontario Program to conduct an internal review to confirm removal of any administrative barriers to accessing health care, ensuring that patients can continue to access the urgent and emergent care they need as close to home as possible.

40. The Ministry of Health and/or Ontario Health should establish, allocate, and maintain funding for a dedicated nurse practitioner and/or family physician (general practitioner) position to deliver care to CLFN members on a regular basis. The Ministry of Health should consult CLFN and MFNM during the development of such a position and through the recruitment process to ensure their needs and views are considered.

41. To enhance and ensure consistent ground transportation services for CLFN members to and from health care services in Hearst and surrounding areas, including outside of weekday daytime business hours, during weekends and holidays. ISC and the Ministry of Health should consult CLFN to ensure that their specific needs are considered and addressed. Where necessary, the Ministry and ISC should seek, secure, and maintain any required additional funding to sustain these transportation services.

42. The Ministry of Health and/or Ontario Health should explore expanding the availability of virtual care services at the JMHC including through the Ontario Telemedicine Network ("OTN").

43. The Ministry of Health to work with the MFNM Health Co-operative and Northern Ontario School Medicine ("NOSM") University to provide stable funding to ensure the continuation of the Remote First Nations Stream and support its expansion into other communities such as CLFN.

Early identification, detection and treatment for blastomycosis

44. MFNM Technical Services and Four Rivers Environmental Services Group ("Four Rivers") should explore additional funding opportunities that may allow Four Rivers to continue its work related to blastomyces and blastomycosis in CLFN and other MFNM communities, including but not limited to research, ongoing environmental sampling and testing, public education, and the development of an early warning system that could integrate artificial intelligence to monitor, identify, and alert to trends in real-time.

45. For any research work related to blastomyces and blastomycosis, MFNM Technical Services and Four Rivers will work with CLFN within three months of this verdict to create a plan for:
a) Scheduling a meeting with the Canadian Institute of Health Research ("CIHR");
b) Identifying potential partnerships with Canadian universities;
c) Identifying potential Canadian professors and/or practitioners to supervise this research;
d) Establishing a sampling and research hub in CLFN; and
e) Outlining how the research will be conducted in alignment with OCAP principles.

46. MFNM and Four Rivers to explore with CLFN Chief and Council establishing a hub for blastomyces and blastomycosis research in CLFN. If such a hub is created, it should be community-led and governed.

47. Public health agencies (e.g., public health units, ISC, and First Nations health services providers such as Tribal Councils and community health centres, as applicable) should increase public education on symptoms and risk factors of blastomycosis, particularly in endemic areas. Messaging should be culturally safe, language-accessible, locally relevant, and developed in collaboration with First Nations communities (where appropriate) to incorporate local knowledge and lived experience, particularly regarding identifying potential environmental or activity-related risks.

48. To the extent that they are not already provided, PHO, the Ministry of Health, ISC, and local Boards of Health should, as appropriate to their mandates, provide education and resources to health care providers and public health professionals regarding diagnosis and treatment for blastomycosis, including, where appropriate, when to consider blastomycosis, aligned with current evidence, public health data, and clinical guidance.

49. PHO should explore acquiring access to the blastomyces urine antigen testing (a non-invasive adjunct to existing diagnostic methods for blastomycosis) in Ontario, with implementation to be led by PHO. Necessary funding should be secured and maintained by the Ministry of Health.

50. PHO should explore opportunities to increase access to clinical diagnostic methods for blastomycosis for Northern Ontario communities. Necessary funding should be secured and maintained by the Ministry of Health.

51. PHO to develop an Ontario Investigation Tool for blastomycosis to standardize information collected by public health agencies from cases of blastomycosis and support data entry and completeness in the provincial diseases of public health significance surveillance system (i.e., iPHIS). Consideration should be given to including questions specific to activities and interactions with the land reflecting the lived experience of members of First Nations communities.

52. The Ministry of Health to engage with the Ontario Ministry of Agriculture, Food and Agribusiness, and the Office of the Chief Veterinarian for Ontario and/or the Ontario Veterinary College to explore opportunities to review and analyze data on confirmed and clinical canid cases (e.g., in dogs) of blastomycosis in Ontario. Findings should be shared with PHO, local Boards of Health, ISC, and First Nation Tribal Councils as they may enable early warning for human cases.

53. NDH to incorporate education on blastomycosis in the hospital's orientation booklet for locum physicians working shifts at NDH. NDH and CLFN to collaborate in the preparation of a description of CLFN to be included in the hospital's orientation booklet for locum physicians.

54. The Ministry of Health should update the Exceptional Access Program ("EAP") to allow blastomycosis as an indication for coverage of posaconazole or isavuconazole in certain exceptional cases, where patients cannot tolerate itraconazole or voriconazole.

Transfer to higher levels of care from First Nations communities in Northern Ontario

55. The Town of Hearst should engage with CLFN, Ornge, and NDH to explore opportunities for joint advocacy for the purpose of attempting to secure public funding for the Hearst René Fontaine Municipal Airport (the "Hearst Aerodrome"), which may include funding for the following:
a) Runway improvements, such as a runway extension and/or the construction of an additional runway;
b) Upgraded runway lighting; and
c) Enhanced on-site weather observation capability at the Hearst Aerodrome.

56. The Town of Hearst to continue exploring opportunities to secure an anchor tenant (e.g., a commercial or not-for-profit enterprise) for the Hearst Aerodrome for the purpose of enhancing the likelihood of obtaining ongoing public funding for the Hearst Aerodrome. The Town of Hearst to also engage with NAN for its input on potential anchor tenants.

57.The Town of Hearst should ensure that currently available de-icing and anti-icing services remain available at the Hearst Aerodrome on request to air operators.

58. The Town of Hearst should ensure that the Hearst Aerodrome's current winter maintenance services remain available on request to medical evacuation air operators at all times.

59. The Town of Hearst should continue applying communication protocols with NDH for the purpose of promoting timely patient transfers through the Hearst Aerodrome.

60. The Town of Hearst should continue with initiatives to collect anonymized statistics from NDH regarding patient transfers from the Hearst Aerodrome for the purpose of supporting the Town of Hearst's ongoing efforts to secure public funding for the Hearst Aerodrome.

61. The Town of Hearst should engage with CLFN, NAN, Ornge, and NDH to discuss best practices regarding operations at the Hearst Aerodrome to promote safe and timely medical transfers. Engagement will commence with a meeting between these parties within 90 days of the close of the Inquest, at which meeting the parties will discuss and attempt to agree on the appropriate mode and frequency of future engagement.

62. The Ministry of Health and Ornge should collaborate with referring, transporting, and receiving health care settings on how to best provide consistent and clear messaging about triage processes and triage status of specific patients. This collaboration will include considerations for health care staff in how to communicate triage decisions to patients and their families.

63. The Ministry of Health should expedite the funding of Ornge's rotor-wing fleet expansion to enable Ornge to further enhance capacity and decrease response times in Northern Ontario, enabling better operationalization of Ontario's Life or Limb policy in Northern Ontario.

64.The Ministry of Health and Ornge should develop a mechanism for evaluating Ornge's needs for rotor-wing aircrafts on an annual basis to ensure ongoing fleet enhancements in between update cycles.

Oversight and accountability in health care delivery to members of First Nations communities

65. NDH should collaborate with CLFN and JMHC to create an accessible and trackable process for concerns/complaints, whether written or verbal, to be raised by CLFN members.

66. The Ministry of Health and Ontario Health should explore creating an Indigenous Patient Ombudsperson to receive and address health care complaints from First Nations or Indigenous patients. This office should be Indigenous-led with the goal of resolving complaints from First Nations patients arising from their experiences in Ontario's public hospitals.

Promoting holistic wellbeing for Constance Lake First Nation community members.

67. CLFN to continue providing JMHC staff with mental health and other supports when a state of emergency is in place.

68. MFNM Technical Services to work with CLFN to develop and implement a plan within six months of this verdict for ongoing biannual monitoring of the drainage ditches in CLFN, particularly on the eastern side of the community near Wilmot Lake. As part of this monitoring, drainage ditches will be maintained to ensure they remain properly graded and clear of organic materials that may create growth-promotive conditions for blastomyces. MFNM Technical Services and CLFN will continue to seek assistance from ISC, and ISC will provide support where appropriate.

69. MFNM Technical Services will work with CLFN to develop a plan for conducting comprehensive inspections of houses in CLFN for mold, and how they plan to remediate any mold found within three months of this verdict. ISC to respond to requests for assistance or support made by MFNM Technical Services and CLFN where appropriate.

70. ISC, CLFN, Matawa, Ontario's Ministry of Natural Resources, private industry partners, and any other identifiable stakeholders should:
a) Meet to identify steps that can be taken to address the growth of blue-green algae in Constance Lake;
b) Prepare a plan outlining those steps; and
c) Include in that plan a biannual inspection and review of the plan for blue-green algae remediation, within three months of this verdict.

71. Ontario's Ministry of Natural Resources and/or any responsible provincial ministry, and any private industry partners who contributed to the sawdust pile located at the entrance of the CLFN reserve, should work with CLFN to remove the sawdust pile.

72. MFNM Technical Services to provide CLFN Chief and Council reports of any inspection, investigation, and remediation of environmental health concerns in the CLFN community.

73. ISC should explore securing additional funding for the work outlined in recommendations 68-70 if funding is requested by MFNM Technical Services to implement these recommendations.

74.The Ministry of Health and ISC should explore providing sustained multi-year funding for Indigenous Health Transformation initiatives.

75. The Ministry of Health, ISC, NEPH, PHO, and CLFN should issue a formal endorsement of Indigenous health transformation as a collaborative process between ISC, the provinces and territories, and First Nations governments that supports First Nation communities' right to self-determination through the full control, design, delivery, and management of their own health services.

Implementation and reporting

76. NDH and CLFN will establish the Blastomycosis Inquest Implementation Committee to provide mutual accountability, exchange of knowledge, and to support both NDH and CLFN in implementing recommendations from this inquest.
a) The Blastomycosis Inquest Implementation Committee should include representatives of NDH executive leadership, the CLFN Chief or a Council member, the JMHC IPN(s) and, if they wish to participate, family members of Luke Moore, Lorraine Shaganash, Lizzie Sutherland, Mark Ferris, and Douglas Taylor.
b) The NDH CEO will report on the work of the Blastomycosis Inquest Implementation Committee in their monthly reports to the NDH Board.
c) The Blastomycosis Inquest Implementation Committee will provide public updates every six months, commencing May 15, 2026, on the status of implementation of each recommendation. NDH will publish the update on its website, and CLFN will publish the update on its website and the community's Facebook page.
d) NDH will explore opportunities to provide support to the Blastomycosis Inquest Implementation Committee, including access to internal resources for project management and communications.

77. Within 12 months of this verdict, NEPH, PHO and ISC will each prepare a status report on recommendations specific to public health matters addressed to them and provide a copy of this report to the Office of the Chief Coroner and to all parties with standing before the Inquest, and to NDH and CLFN to the attention of the Blastomycosis Inquest Implementation Committee.

Additional Funding

78. Province of Ontario, Government of Canada to provide funding to allow for the implementation of recommendations made in this inquest.

79. The Government of Ontario should consider establishing a legal fee reimbursement program for a First Nation to apply for certain costs of legal representation for an Inquest, in the interest of First Nation Access to Justice.

Personal information contained on this form is collected under the authority of the *Coroners Act,* R.S.O. 1990, C. C.37, as amended. Questions about this collection should be directed to the Office of the Chief Coroner, 25 Morton Shulman Avenue, Toronto ON M3M 0B1, Tel.: 416 314-4000 or Toll Free: 1 877 991-9959.

Les renseignements personnels contenus dans cette formule sont recueillis en vertu de la *Loi sur les coroners*, L.R.O. 1990, chap. C.37, telle que modifiée. Si vous avez des questions sur la collecte de ces renseignements, veuillez les adresser au bureau du coroner en chef, 25, avenue Morton Shulman, Toronto ON M3M 0B1, tél. : 416 314-4000 ou, sans frais : 1 877 991-9959.

Revised: 2025 © King's Printer for Ontario, 2025 / © Imprimeur du Roi pour l'Ontario, 2025

Chief Executive Officer Report

Open Session

Meeting date:	June 25, 2026
Submitted by:	Cynthia St. John, Chief Executive Officer (written as of June 25, 2026)
Submitted to:	Board of Health
Purpose:	☐ Decision ☐ Discussion ☒ Receive and file
Agenda item #	5.4
Resolution #	2026-BOH-0625-5.4

1.0 Program and service updates (Receive and file):

1.1 Elgin County Emergency Management Tabletop Exercise

Southwestern Public Health has been invited to participate in a series of emergency management exercises led by the County of Elgin. These exercises, coordinated by the County's Emergency Management Program Coordinator, will take place over three separate dates and are designed to provide hands-on experience in the operation of municipal reception centres.

The exercises aim to strengthen participants' ability to respond effectively to evolving emergency scenarios. Key areas of focus include:

- Strategic decision-making in response to developing injects and changing emergency conditions
- Implementation of registration and information management processes
- Deployment of resources from the County's mobile trailer inventory
- Identification and activation of required partner agencies to support response operations

Southwestern Public Health will participate in all three exercises, with representation from SWPH's Manager of Emergency Preparedness and Organizational Resiliency and select public health inspectors. This participation will support the organization's role in reception centre operations, including the provision of public health guidance related to environmental health, sanitation, and infection prevention and control.

These responsibilities are aligned with current emergency planning efforts and are informed by established public health standards, including Health Canada's Emergency Lodging guidelines, specifically those related to sanitation and safe environmental conditions in emergency shelter settings.

1.2 Maternal Mental Health

The Southwestern Public Health 2024 Maternal and Reproductive Health Report identified significant mental health needs among people who were pregnant and those who had recently given birth. In 2022, more than one in three women (35.6%) in the SWPH region experienced mental health issues during pregnancy, including 28.7% who reported anxiety, exceeding the provincial average. Locally, postpartum depression was reported at approximately twice the provincial rate.

In response, Public Health Nurses on the Healthy Growth and Development team were trained by Dr. Ryan Van Lieshout to deliver Cognitive Behavioural Therapy (CBT). All PHNs received training to provide one-on-one CBT support, and four PHNs completed additional training to facilitate group sessions. Balanced Beginnings is a nine-week virtual CBT program offered at no cost to participants, four times per year. Research conducted by Dr. Van Lieshout found that PHN-led CBT groups reduced Edinburgh Postnatal Depression Scale scores by an average of four points. In one SWPH session completed at the start of 2026, participants' depression scores decreased by an average of 9.9 points and General Anxiety Disorder Scale scores decreased by an average of 9.1 points. People who are hesitant or unable to participate in a virtual group can also receive CBT techniques one-on-one in the home through Healthy Babies Healthy Children or Nurse-Family Partnership® home visiting.

Participant feedback also reflects the value of this support:

The online Balanced Beginnings program has been absolutely amazing. I started with low expectations because I was struggling deeply and could not see a way forward. Tabitha and Karrie helped me work through my thoughts, reframe my thinking, and move forward with a much more positive outlook. I also made meaningful connections with other moms who understood what I was going through. Motherhood can feel isolating, and this program reminded me that I am not alone. I am incredibly grateful for this program and for the support SWPH made available. -S

Joining the postpartum CBT group made a meaningful difference during my early months of motherhood. It gave me a safe space to share my feelings, learn practical ways to manage stress and anxiety, and realize that I was not alone in what I was experiencing. The support from you, Tabitha, and the other moms helped me feel more confident and emotionally stronger.
I am truly grateful for this program and the sense of understanding and community it created. Thank you again for creating such a supportive space for moms. -C

To mark World Maternal Mental Health Day on May 6th, the Healthy Growth and Development team worked with Communications to issue a media release and social media posts. A Public Health Nurse on the Healthy Growth and Development team participated in a Rogers interview to raise awareness of maternal mental health concerns and encourage people to seek support. This outreach reinforced both the scale of need in our community and SWPH's role in delivering timely, evidence-informed support.

2.0 Association of Local Public Health Units (alPHa) annual general meeting and conference update (Receive and file):

2.1 Fireside Chat with Northwestern Public Health's CEO

I had the pleasure of participating in a fireside chat discussion at the 2026 alPHa Conference with Marilyn Herbacz, the CEO of Northwestern Public Health. Our discussion focused on the future of Ontario's public health system, including funding sustainability, governance, accountability, performance measurement, and the role of Boards of Health in supporting a strong and sustainable public health sector. Our discussion session highlighted the importance of demonstrating value, strengthening oversight, and preparing for any anticipated system transformations that may come.

2.2 Summary of the 2026 alPHa AGM and Conference

The annual conference this past week was also an opportunity to hear from key leaders in the public health system in Ontario. The conference including an opportunity to hear from Margaret Froh, President of the Métis Nation of Ontario (MNO). She shared the history of MNO but more importantly, MNO's work in advancing health equity within the Ontario public health system.

Projected Patterns of Illness in Ontario was another session, led by the Dalla Lana School of Public Health, University of Toronto and Public Health Ontario. The study examines the future burden of illness across the province and its implications for the health system. I think the Board of Health would value a more fulsome review of the study so I have added that to the list of board development and/or board reports for the fall.

A more fulsome report of the resolutions that were approved will be shared in September Board of Health report, once alPHa publishes the final approved resolutions on its website.

3.0 Financial matters (Decision):

3.1 Ministry of Children, Community and Social Services (MCCSS) (Receive and file):

On May 19, 2026, SWPH was informed that we are receiving a base funding increase effective April 1, 2026, for our 2026/2027 fiscal year in the amount of $38,292

(2% increase over previous year's funding). This base increase is intended to support the ongoing delivery of funded services. The Ministry notes that this funding increase aligns with existing program structures and principles, including established funding models.

3.2 Healthy Babies Healthy Children (HBHC) and Pre and Post Natal Nurse Practitioner (PPNP) Audited Statements (Decision):

I am pleased to report that the audit of our financial statements for the period ending March 31, 2026 has been completed by Graham Scott Enns for our Healthy Babies Healthy Children (HBHC) Program and our Pre and Post Natal Nurse Practitioner (PPNP) Program. The audit was managed again this year by Scott Westelaken and overseen by Jennifer Buchanan.

The audited statements are attached for your review. There were no issues, and no material errors noted.

MOTION: 2026-BOH-0625-3.2

That the Board of Health approve 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, 2026.

3.3 2027 Budget Timing and Direction

The annual budget is typically developed through the fall and presented to the Board of Health for review and approval in November or December each year. For the development of the 2027 budget, staff are seeking direction regarding the timing of budget approval.

While the budget is traditionally approved near the end of the year, there may be value in considering an earlier approval timeline to support municipal budget planning and organizational planning activities. Alternatively, the Board may wish to maintain its current practice and consider budget approval following the municipal election cycle and any resulting Board appointments which in this case would mean budget approval in February 2027.

The 2027 budget is expected to be developed in an environment of ongoing fiscal pressures and uncertainty regarding future funding levels. In keeping with previous board direction, staff will bring forward a budget based on public health needs.

Budget Timing:

- Option 1: Fall 2026 Approval
    - Supports earlier planning by municipal partners and the organization.
    - Allows review and approval by the current Board of Health.

- Option 2: Early 2027 Approval
    - Allows additional time for funding and budget assumptions to be confirmed.
    - Provides an opportunity for any newly appointed Board members to participate in budget approval.

Staff are seeking direction from the Board regarding the preferred timing to support development of the 2027 budget.

Motion: 2026-BOH-0625-5.4
That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Report for June 25, 2026.

SOUTHWESTERN PUBLIC HEALTH
PRE AND POST NATAL NURSE PRACTITIONER'S PROGRAM

Statement of Revenue and Expenditures

March 31, 2026

SOUTHWESTERN PUBLIC HEALTH
PRE AND POST NATAL NURSE PRACTITIONER'S PROGRAM

Statement of Revenue and Expenditures

For The Year Ended March 31, 2026

Table of Contents **PAGE**

Independent Auditors' Report	1 - 2
Statement of Revenue and Expenditures	3
Notes to the Statement	4

GRAHAM SCOTT ENNS LLP
CHARTERED PROFESSIONAL ACCOUNTANTS

P. 519-633-0700 · F. 519-633-7009
450 Sunset Drive, St. Thomas, ON N5R 5V1

P. 519-773-9265 · F. 519-773-9683
25 John Street South, Aylmer, ON N5H 2C1

www.grahamscottenns.com

INDEPENDENT AUDITORS' REPORT

To the Ministry of Children, Community and Social Services:

Opinion
We have audited the financial statements of revenues and expenditures of Southwestern Public Health - Pre and Post Natal Nurse Practitioner's program for the year ended March 31, 2026. This statement has been prepared by management in accordance with the terms and conditions of the service agreement dated April 1, 2025 with the Province of Ontario, represented by the Ministry of Children, Community and Social Services and the Southwestern Public Health.

In our opinion, the statement of revnues and expenditures of the Southwestern Public Health - Pre and Post Natal Nurse Practitioner's program for the year ended March 31, 2026 is prepared, in all material respects, in accordance with the terms and conditions issued by Ministry of Chilren, Community and Social Servies.

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 the terms and conditions issued by the Minstry of Children, Community and Social Services, 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.

GRAHAM SCOTT ENNS LLP
CHARTERED PROFESSIONAL ACCOUNTANTS

P. 519-633-0700 · F. 519-633-7009
450 Sunset Drive, St. Thomas, ON N5R 5V1

P. 519-773-9265 · F. 519-773-9683
25 John Street South, Aylmer, ON N5H 2C1

www.grahamscottenns.com

INDEPENDENT AUDITORS' REPORT (CONTINUED)

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

- 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, ON

May 28, 2026

Graham Scott Enns LLP

CHARTERED PROFESSIONAL ACCOUNTANTS
Licensed Public Accountants

Southwestern Public Health
Pre and Post Natal Nurse Practitioner's Program
Statement of Revenue and Expenditures
For the Year Ended March 31, 2026

	Budget $	**Actual** **$**
REVENUE		
Grant - Ministry of Children, Community and Social Services	139,000	**139,000**
EXPENDITURES		
Purchased services	139,000	**139,000**
TOTAL EXPENDITURES	139,000	**139,000**
DUE TO MINISTRY OF CHILDREN, COMMUNITY AND SOCIAL SERVICES	-	**-**

Southwestern Public Health
Pre and Post Natal Nurse Practitioner's Program
Notes to the Statement of Revenue and Expenditures
March 31, 2026

1. SIGNIFICANT ACCOUNTING POLICIES

The statement of revenue and expenditures is the representation of management prepared using accounting principles that are prescribed by the Ministry of Children, Community and Social Services (Ministry). The following are the projects significant accounting policies:

Basis of Accounting

Revenues from government grants are recognized over the period for which the grant was given. Other revenues are recognized as they are earned and measurable.

Expenses are reported on the accrual basis of accounting except for the treatment of accrued vacation pay which is recorded when paid in accordance with Ministry guidelines.

Capital assets acquired, if any, are expensed in the year of acquisition. Amortization of capital assets over their estimated useful life is not recognized as an allowable expense for Ministry purposes.

2. MINISTRY OF CHILDREN, COMMUNITY AND SOCIAL SERVICES GRANT

The Ministry provides an operating grant for the Pre and Post Natal Nurse Practitioner's Program which is administered together with a local community partner agency. The amount of grant is based upon approved allowable costs and is subject to final determination by the Ministry.

SOUTHWESTERN PUBLIC HEALTH
HEALTHY BABIES HEALTHY CHILDREN

Statement of Revenue and Expenditures

March 31, 2026

SOUTHWESTERN PUBLIC HEALTH
HEALTHY BABIES HEALTHY CHILDREN

Statement of Revenue and Expenditures

For The Year Ended March 31, 2026

Table of Contents **PAGE**

Independent Auditors' Report	1 - 2
Statement of Revenue and Expenditures	3
Notes to the Statement	4

GRAHAM SCOTT ENNS LLP
CHARTERED PROFESSIONAL ACCOUNTANTS

P. 519-633-0700 · F. 519-633-7009
450 Sunset Drive, St. Thomas, ON N5R 5V1

P. 519-773-9265 · F. 519-773-9683
25 John Street South, Aylmer, ON N5H 2C1

www.grahamscottenns.com

INDEPENDENT AUDITORS' REPORT

To the Ministry of Children, Community and Social Services:

Opinion
We have audited the financial statements of revenues and expenditures of Southwestern Public Health - Healthy Babies Healthy Children program for the year ended March 31, 2026. This statement has been prepared by management in accordance with the terms and conditions of the service agreement dated April 1, 2025 with the Province of Ontario, represented by the Ministry of Children, Community and Social Services and the Southwestern Public Health.

In our opinion, the statement of revenues and expenditures of the Southwestern Public Health - Healthy Babies Healthy Children program for the year ended March 31, 2026 is prepared, in all material respects, in accordance with the terms and conditions issued by Ministry of Children, Community and Social Services.

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 the terms and conditions issued by the Ministry of Children, Community and Social Services, 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.

GRAHAM SCOTT ENNS LLP
CHARTERED PROFESSIONAL ACCOUNTANTS

P. 519-633-0700 · F. 519-633-7009
450 Sunset Drive, St. Thomas, ON N5R 5V1

P. 519-773-9265 · F. 519-773-9683
25 John Street South, Aylmer, ON N5H 2C1

www.grahamscottenns.com

INDEPENDENT AUDITORS' REPORT (CONTINUED)

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

- 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, ON

May 28, 2026

Graham Scott Enns LLP

CHARTERED PROFESSIONAL ACCOUNTANTS
Licensed Public Accountants

Southwestern Public Health
Healthy Babies Healthy Children
Statement of Revenue and Expenditures
For The Year Ended March 31, 2026

	Budget $	**Actual $**
REVENUE		
Grant - Ministry of Children, Community and Social Services	1,775,617	**1,775,617**
EXPENDITURES		
Salaries and benefits		
Public health nurses	601,000	**646,495**
Benefits	389,055	**350,339**
Lay home visitors	340,845	**333,809**
Management co-coordinator	71,368	**78,499**
Clerical	67,290	**67,177**
Directors	16,932	**16,573**
Total salaries and benefits	1,486,490	**1,492,892**
Contracted services		
IT Support	-	**3,098**
Operating costs		
Allocated expenses	189,657	**189,314**
Travel	28,598	**41,006**
Communication	14,940	**14,729**
Professional development and training	22,260	**10,919**
Program resources	11,255	**10,117**
Office supplies	18,017	**9,302**
Audit	2,400	**2,400**
Public awareness/promotion	2,000	**1,840**
Total operating costs	289,127	**279,627**
TOTAL EXPENDITURES	1,775,617	**1,775,617**
DUE TO MINISTRY OF CHILDREN, COMMUNITY AND SOCIAL SERVICES	-	**-**

1. SIGNIFICANT ACCOUNTING POLICIES

The statement of revenue and expenditures is the representation of management prepared using accounting principles that are prescribed by the Ministry of Children, Community and Social Services (Ministry). The following are the projects significant accounting policies:

Basis of Accounting

Revenues from government grants are recognized over the period for which the grant was given. Other revenues are recognized as they are earned and measurable.

Expenses are reported on the accrual basis of accounting except for the treatment of accrued vacation pay which is recorded when paid in accordance with Ministry guidelines.

Capital assets acquired, if any, are expensed in the year of acquisition. Amortization of capital assets over their estimated useful life is not recognized as an allowable expense for Ministry purposes.

2. MINISTRY OF CHILDREN, COMMUNITY AND SOCIAL SERVICES GRANT

The Ministry provides an operating grant for the Healthy Babies Healthy Children program which is administered by Southwestern Public Health. The amount of grant is based upon approved allowable costs and is subject to final determination by the Ministry.

Accessible Document