Our Vision: Healthy People in Vibrant Communities

Board of Health Meeting Agenda

St. Thomas Location: 1230 Talbot St., St. Thomas, ON
Talbot Boardroom; MS Teams Participation
Thursday, January 22, 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.
1.5 Election of Officers
- Chair
- Vice-Chair
- Delegation of Head

2.0 Approval of minutes

2.1 Minutes from November 27, 2025

3.0 Approval of consent agenda items

- No items this month.

4.0 Correspondence received requiring action

- No items this month.

5.0 Agenda items for information, discussion, and decision

5.1 Medical Officer of Health's Report for January 22, 2026
5.2 Chief Executive Officer's Report for January 22, 2026

6.0 New business/other

- No items this month.

7.0 Closed session

Motion to move into a closed session to discuss the following matters pursuant to the Municipal Act, 2001:

- Labour relations or employee negotiations (s. 239(2)(d)): update regarding labour relations with union groups;
- Litigation or potential litigation (s. 239(2)(e)): briefing regarding a litigation matter; and
- Personal matters about identifiable individuals (s. 239(2)(b)): performance evaluations of Board employees.

8.0 Rising and reporting

9.0 Future meetings and events

- Board of Health Orientation: Thursday, February 26, 2026 at Noon
- Board of Health Meeting: Thursday, February 26, 2026 at 1:00 p.m.
- Location: Oxford County Administration Building, 21 Reeve Street, Woodstock, ON; virtual participation via MS Teams

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**.

November 27, 2025
Board of Health Meeting
OPEN SESSION MINUTES

A meeting of the Board of Health for Oxford Elgin St. Thomas Health Unit was held on Thursday, November 27, 2025, commencing at 1:00 p.m.

PRESENT:

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

GUESTS:

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. C. Richards	Manager, Foundational Standards
Ms. N. Rowe	Manager, Communications
Mr. Y. Santos	Manager, IT
Mr. D. Smith	Program Director

REGRETS:

Ms. C. Agar	Board Member
Ms. K. Hobbs	Board Member
Mr. G. Jones	Board Member (Vice Chair)
Mr. D. Shinedling	Board Member

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

1.1 CALL TO ORDER, RECOGNITION OF QUORUM

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

1.2 AGENDA

Resolution # (2025-BOH-1127-1.2)
Moved by D. Warden
Seconded by J. Herbert

> That the agenda for the Southwestern Public Health Board of Health meeting for November 27, 2025, be approved as amended.

Carried.

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

Reminder that meeting is recorded

2.0 APPROVAL OF MINUTES

Resolution # (2025-BOH-1127-2.1)
Moved by D. Mayberry
Seconded by M. Peterson

> That the minutes for the Southwestern Public Health Board of Health meeting for October 23, 2025, be approved.

Carried.

3.0 CONSENT AGENDA

No items.

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. Tran reviewed the report.

D. Mayberry asked about the visibility of this year's flu shot, noting he had not seen a strong public push encouraging flu shots. He added that while people he spoke with were pleased to receive their shots at local pharmacies, he had not noticed advertising from pharmacies or public health. Dr. Tran responded that public health continues to promote vaccinations in coordination with provincial campaigns and has undertaken the usual range of seasonal communications.

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S. MacIsaac added that similar promotion occurred earlier in October through radio and newspaper channels, and that feedback would be shared with the communications team. D. Mayberry reiterated the importance of flu shot promotion as a prevention measure and noted the absence of signage at pharmacies compared to previous years.

L. Rowden shared that drugstores appear inconsistent in their advertising, creating confusion about where flu shots are available. J. Herbert observed that some locations do have prominent signage.

C. St. John confirmed that the communications team would consider re-amplifying messaging during respiratory season. She also spoke to the section of Dr. N. Tran's report regarding the loss of Canada's measles elimination status, emphasizing that the loss of this of this national designation is no reflection of the significant work of the SWPH team in trying to manage this measles outbreak and in encouraging measles vaccination. The SWPH team did a tremendous job and we are encouraged that there is an opportunity for Canada to regain its elimination status.

S. Molnar commented that media coverage of the loss of designation focused more on the loss itself than on the importance of vaccination, which he found disappointing.

Resolution # (2025-BOH-1127-5.1)
Moved by
Seconded by

> That the Board of Health for Southwestern Public Health accept the Medical Officer of Health's Report for November 27, 2025.

Carried.

5.2 Chief Executive Officer's Report

B. Martin noted that the board would review and vote on each motion separately rather than altogether at the end.

C. St. John reviewed the Q3 financial report, noting a projected year-end surplus driven by staffing fluctuations, reallocations to 100% provincially funded programs, and unexpected COVID-19/RSV funding received earlier in the year.

D. Mayberry asked for more detail in future quarterly reports to explain the variances, noting the importance of transparency for the public. C. St. John agreed and confirmed that future reports will outline key drivers of variances, such as provincial funding realignments, and vacancy-related impacts.

J. Herbert expressed concern about recurring year-end surpluses and the role of staffing vacancies, wondering whether funds could instead support program staffing. C. St. John clarified that staffing fluctuations typically relate to short-term leaves that are difficult to backfill, not reductions in overall FTEs, and that SWPH always aims to maintain a full staffing complement.

B. Martin emphasized that the surplus figure is approximate.

S. Molnar asked about the wording that surplus funds 'may' be added to the reserve, as well as alternative options for allocation. C. St. John explained that the amount will change by year-end, that provincial surplus funds must be returned. For municipal portion surplus monies, the Board of Health determines what it will do with those monies which is why the term "may" is used, i.e.. return them to the municipalities in their entirety, return a portion, or put the monies in the SWPH Board of Health reserve fund.

J. Couckuyt asked what percentage of municipal contributions the $750K represented; M. Nusink confirmed approximately 8.8%.

Resolution # (2025-BOH-1127-5.2-1.1)
Moved by J. Couckuyt
Seconded by D. Warden

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

Carried.

D. Mayberry inquired about the last time the organization held an auditor tender, noting that Graham Scott Enns has served as auditor for a considerable period. C. St. John noted she will follow up with more information.

Resolution # (2025-BOH-1127-5.2-1.2)
Moved by S. Molnar
Seconded by M. Peterson

> That the Board of Health approve the Board Chair signing the engagement letter and audit planning letter received from Graham Scott Enns as presented, in preparation for the upcoming 2025 financial audit.

Carried.

C. St. John reviewed the 2026 draft budget report and presentation for Southwestern Public Health (SWPH).

M. Ryan asked whether collective agreement negotiations for SWPH are affected by provincial negotiations and whether provincial settlements establish starting points that affect Board-negotiated contracts. C. St. John confirmed this influence likely exists.

J. Herbert asked whether municipalities are aware of the levy increase indicated in the budget. C. St. John noted it has not yet been communicated as it is presented to the Board of Health first. B. Martin emphasized that it is the responsibility of both provincial and municipal appointees to make the budget work collectively, and S. Molnar agreed.

Referencing the CEO report, S. Molnar asked whether the BOH could use reserve transfers to offset variances between 2025 and 2026. He noted a potential year-end variance and suggested applying reserve funds to mitigate municipal impact. B. Martin confirmed that this decision rests with the BOH. C. St. John added that the alignment between projected variance and pressures

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appeared reasonable. S. Molnar reiterated that he fully supports the business plan and that questions of funding strategy should be considered separately.

D. Mayberry stated support for the budget overall but asked for clarification on increases related to Healthy Growth and Development and Infectious and Clinical Diseases and decreases in Chronic Disease and Injury Prevention (CDIP), Immunization, and School Health. He expressed concern about shifting resources. C. St. John responded that changes reflect alignment with the new Ontario Public Health Standards (OPHS) and demands internally, noting that this budget does not include any reductions in the total # of FTEs for SWPH. The Senior Team remains confident that we can continue the momentum we have been able to achieve thus far.

D. Warden supported the budget, emphasizing the importance of maintaining organizational momentum, and noted that the Board cannot influence contractual obligations or rising health-care costs. He stated that use of reserves to mitigate municipal impact would be acceptable if the Board chose to do so.

B. Martin reminded members that, unlike municipal budgets, the BOH must first pass the budget and then consider any mitigation through subsequent motions. L. Rowden and M. Ryan supported this approach.

Following a motion to approve the 2026 budget as presented, D. Mayberry asked whether the budget would affect seeking additional funding for student placements; C. St. John confirmed it would not.

D. Warden questioned if there should be an amendment in the motion. B. Martin clarified that the acceptance of the budget would not be amended; how the budget would be funded would be a subsequent motion.

Resolution # (2025-BOH-1127-5.2-1.3)
Moved by E. Taylor
Seconded by L. Rowden

> That the Board of Health for Southwestern Public Health approve the 2026 Budgets for General Cost-Shared program, the 100% Provincially funded ongoing initiatives, and the 100% Provincially funded one-time initiatives as presented.

Carried.

The motion was unanimously approved.

After the approval of the resolution, M. Ryan moved that the 2025 operating surplus be transferred to the BOH Reserve Fund upon confirmation of year-end financial statements, within the policy limit of 10% of the previous year's operating budget. He noted this would allow the Board the opportunity to allocate funds responsibly. S. Molnar accepted the clarification that the motion simply directed the surplus into reserves.

J. Herbert asked whether surplus funds placed in reserves could later be allocated for mitigation. B. Martin confirmed any subsequent use would require a separate motion.

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J. Herbert asked whether there were current staffing or operational needs that would require immediate use of reserve funds; C. St. John confirmed there were no such immediate needs that she was aware of.

M. Peterson clarified that the BOH could later choose to apply reserve funds toward the levy if desired.

D. Mayberry noted that provincial funding now represents approximately 59% of total funding.

Resolution # (2025-BOH-1127-5.2-1.4)
Moved by M. Ryan
Seconded by M. Peterson

That the Board of Health for Southwestern Public Health approve the transfer of the full 2025 operating surplus to the SWPH Board of Health Reserve Fund upon confirmation of the year end financial statements provided that transfer amount does not exceed the threshold established in Policy of no more than 10% of the previous year's operating budgets.

Carried.

This motion was unanimously approved.

D. Mayberry proposed a new motion and read it to the floor.

B. Martin asked what the revised municipal levy amounts would be if the motion were approved. M. Nusink confirmed that applying $300,000 from the reserve would reduce the municipal increases to $59,354 for St. Thomas, $79,912 for Elgin County, and $168,724 for Oxford County from the original levy. Discussion followed on the motion. D. Mayberry noted that this represents approximately a 45% reduction from the originally projected increase.

J. Couckuyt noted that funding distribution now shows that municipalities contribute 41% and the provincial government 59% of SWPH's budget.

Resolution # (2025-BOH-1127-5.2)
Moved by D. Mayberry
Seconded by D. Warden

That the Board of Health for Southwestern Public Health approve the allocation of $300,000 from the SWPH Board of Health Reserve Fund to be used towards mitigating the 2026 obligated municipalities' levy for the 2026 operating budget.

Carried.

The motion was unanimously approved.

Resolution # (2025-BOH-1127-5.2)
Moved by M. Peterson
Seconded by L. Rowden

> That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's report for November 27, 2025.

Carried.

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B. Martin thanked the staff for their work in presenting the progressive and responsible budget and thanked the Board members for their thoughtful and responsible deliberations.

6.0 NEW BUSINESS

No items.

D. Warden left the meeting at 2:31pm

7.0 TO CLOSED SESSION

Resolution # (2025-BOH-1127-C7)
Moved by J. Herbert
Seconded by M. Peterson

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

(a) the security of the property of the municipality or local board;
(b) personal matters about an identifiable individual, including municipal or local board employees;
(c) a proposed or pending acquisition or disposition of land by the municipality or local board;
(d) labour relations or employee negotiations;
(e) litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board;
(f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose;
(g) a matter in respect of which a council, board, committee or other body may hold a closed meeting under another Act;
(h) information explicitly supplied in confidence to the municipality or local board by Canada, a province or territory or a Crown agency of any of them;
(i) a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the municipality or local board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organization;
(j) a trade secret or scientific, technical, commercial or financial information that belongs to the municipality or local board and has monetary value or potential monetary value; or
(k) a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the municipality or local board. 2001, c. 25, s. 239 (2); 2017, c. 10, Sched. 1, s. 26.
Other Criteria:
(a) a request under the Municipal Freedom of Information and Protection of Privacy Act, if the council, board, commission or other body is the head of an institution for the purposes of that Act; or
(b) an ongoing investigation respecting the municipality, a local board or a municipally controlled corporation by the Ombudsman appointed under the Ombudsman Act, an Ombudsman referred to in subsection 223.13 (1) of this Act, or the investigator referred to in subsection 239.2 (1). 2014, c. 13, Sched. 9, s. 22.

Carried.

8.0 RISING AND REPORTING OF CLOSED SESSION

Resolution # (2025-BOH-1127-C8)
Moved by M. Peterson
Seconded by E. Taylor

That the Board of Health rise with a report.

Carried.

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Resolution # (2025-BOH-1127-C3.1)
Moved by M. Ryan
Seconded by J. Herbert

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Closed Report for November 27, 2025.

Carried.

9.0 FUTURE MEETING & EVENTS

10.0 ADJOURNMENT

The meeting adjourned at 2:45 p.m.

Resolution # (2025-BOH-1127-10.0)
Moved by M. Peterson
Seconded by L. Rowden

That the meeting adjourn to meet again on Thursday, January 22, 2026 at 1:00 p.m.

Carried.

Confirmed: _____

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Medical Officer of Health Report

Open Session

Meeting date:	January 22, 2026
Submitted by:	Dr. Ninh Tran, Medical Officer of Health (written as of January 7, 2026)
Submitted to:	Board of Health
Purpose:	☐ Decision ☐ Discussion ☒ Receive and file
Agenda item #	5.1
Resolution #	2026-BOH-0122-5.1

1.0 Respiratory season

1.1 Influenza

Influenza activity increased and peaked in December 2025, reaching high to very high levels, including elevated percent positivity and outbreak activity. During the same period, COVID-19 and RSV activity remained low; however, several other respiratory viruses were also circulating, contributing to a busy respiratory illness season.

On November 28, 2025, the Chief Medical Officer of Health (CMOH) advised public health units, long-term care homes, and retirement homes that influenza positivity had exceeded 5% and that the season was expected to peak in late December 2025 to early January 2026, with influenza A(H3N2) subclade K identified as the dominant strain. The CMOH emphasized that influenza vaccination remains the most effective measure to prevent severe illness, particularly in vulnerable settings, and encouraged collaboration with public health units and health system partners to promote vaccination, co-administer COVID-19 and RSV vaccines where appropriate, reinforce infection prevention and control practices, and ensure timely access to antiviral treatment and outbreak reporting.

2.0 Avian influenza

2.1 Positive geese in Woodstock and St. Thomas

Avian influenza (bird flu), was confirmed in two Canada geese in Woodstock's Southside Park in early December 2025, following reports of sick and dead birds. In addition, on December 24th, 2025, the City of St. Thomas issued a media release regarding reports of deceased and ill birds in various areas of the community.

Avian influenza is a viral disease that primarily affects wild birds, such as ducks and geese, but can also spread to domestic or commercial poultry. A severe type (or strain), called Highly Pathogenic Avian Influenza (HPAI) (H5N1), can be fatal to both wild birds and poultry.

The risk of avian influenza transmission from infected wild birds to humans remains very low. When human infections have occurred, they have almost always followed sustained close contact with infected live or dead poultry or contaminated facilities.

Both Woodstock and the City of St. Thomas have advised its residents to avoid touching or handling of wild birds, and to report any sick or dead birds to the Ontario Regional Centre of the Canadian Wildlife Health Cooperative.

Motion: 2026-BOH-0122-5.1
That the Board of Health for Southwestern Public Health accept the Medical Officer of Health's Report for January 22, 2026.

Chief Executive Officer Report

Open Session

Meeting date:	January 22, 2026
Submitted by:	Cynthia St. John, Chief Executive Officer (written as of January 14, 2026)
Submitted to:	Board of Health
Purpose:	☐ Decision ☐ Discussion ☒ Receive and file
Agenda item #	5.2
Resolution #	2026-BOH-0122-5.2

1.0 Program and service updates (receive and file):

1.1 Intimate partner violence (IPV) iHEAL program update

As you will recall, funding was received from Ontario's Ministry of Children, Community and Social Services (MCCSS) as part of the National Action Plan (NAP) on gender-based violence, supporting its delivery in the SWPH region. This program is a joint partnership with Western University's Intervention for Health Enhancement and Living (iHEAL) program, Middlesex London Health Unit (MLHU) and Southwestern Public Health (SWPH). The time limited research project will run until December 31, 2026.

This program focuses on individuals experiencing intimate partner violence and is lead by Registered Nurses (who have competed specialized education). The focus is to help women build their capacity to address a broad range of issues that affect their health, safety and well-being, tailored to the woman and her context. iHEAL complements and extends (rather than duplicates) existing services within the community.

Staff have collaborated with existing community services to support women in their journey. To date, staff have presented and/or provided resources to internal SWPH programs, and 23 community agencies.

The program started taking referrals September 1, 2025. To date there has been 40 referrals to the program and this is a testament to the outreach we have done but more importantly, the need. Referrals have been received by Canadian Mental Health Association, Family & Children Services, Victim Services, family physicians as well as self-referral. A portion of referrals has been from one of our most marginalized community groups (which is reassuring that we are reaching those needing the service).

The research project will capture and report fidelity and quality assurance data to the iHEAL Central team. The data will also assist SWPH with gaining insight about local program delivery important for quality improvement, while enabling reporting on iHEAL effectiveness of programming, reach and impact.

1.2 Ontario poverty reduction strategy consultation

In fall 2025, the Ontario government launched consultations to inform the next iteration of Ontario's Poverty Reduction Strategy. Through SWPH's submission, we contributed evidence-informed insights on how poverty affects residents in our region and identified actionable opportunities to improve community well-being.

Our response highlighted demonstrated local outcomes, including:

- **Increased access to nutritious foods** through food rescue initiatives that redirect usable food to community agencies.
- **Expanded availability of affordable and supportive housing**, resulting from municipal and community partner investments that improve stability for individuals at risk of homelessness.
- **Strengthened income security**, supported by the promotion of the Ontario Living Wage certification program, which encourages employers to adopt wages aligned with local cost of living needs.

SWPH also provided critical insights specific to rural communities, emphasizing barriers that limit equitable outcomes. We recommended increased investment in rural public transportation infrastructure to improve residents' ability to access health, social, and employment supports (an intervention shown to enhance economic participation and service uptake).

Additional recommendations focused on **system-level drivers of poverty reduction**, including:

- Advancing **collective impact approaches** to align community efforts and strengthen shared accountability. Collective impact focuses on shared agendas within the community to enhance outcomes through ongoing relationship building and strong support. Locally, innovative approaches have been used to assist those in poverty and prevent it, including collaborations with local Chambers of Commerce to promote living wages and projects like Project Tiny Hope in St. Thomas, which involves housing and service providers teaming up with private home builders.
- Ensuring **minimum wages and social support programs** are calibrated to actual living costs to better prevent household financial instability.
- Implementing **equity-based indicators** to measure outcomes for groups disproportionately affected by poverty, enabling more responsive, culturally relevant interventions. For example, general indicators used, such as exits from social supports to employment and school completion rates, could be strengthened by adopting an intersectional approach.

SWPH values the opportunity to participate in this provincial process and looks forward to reviewing the next Poverty Reduction Strategy. We remain committed to contributing local data, community insights, and evidence-based recommendations to support equitable and measurable poverty reduction outcomes not just in our region but across Ontario.

1.3 The economic benefits of implementing comprehensive sexual health education in Canada (SIECCAN issue brief)

Preventable negative sexual and reproductive health outcomes, including sexually transmitted infections (STIs), unintended pregnancies, sexual assault, and intimate partner violence, continue to pose significant threats to the health and well-being of Canadians. These outcomes also contribute to substantial system-level costs. Evidence presented in the Sex Information & Education Council of Canada (SIECCAN) issue brief, *The Economic Benefits of Implementing Comprehensive Sexual Health Education in Canada* indicates that $13.7 billion is spent annually on preventable outcomes, in this regard.

Research consistently demonstrates that comprehensive sexual health education leads to measurable improvements, including:

- **Reduced STI rates** through increased knowledge and safer sexual practices.
- **Improved contraceptive use**, lowering unintended pregnancy rates.
- **Decreased sexual and intimate partner violence** through education on consent, healthy relationships, and help-seeking behaviours.

These reductions collectively translate into significant avoided costs for the health, education, and social sectors.

Locally, although the teen pregnancy rate decreased between 2016 and 2020, it has remained stable since 2021, and continues to be higher than the provincial average, indicating a need for enhanced preventive strategies that reach youth early and consistently.

Local Outcome-Based Actions at Southwestern Public Health

a. Implementing a new Grade 9 comprehensive school health strategy

As part of a broader comprehensive school-health approach, the Healthy School Team (HST) has begun implementing a universal Grade 9 intervention across secondary schools. The initiative:

- Delivers a **4-session mental health literacy program**, co-led with educators, social workers, and/or school support counsellors.
- Strengthens **protective school-based relationships** by connecting Grade 9 students with caring adults who can support them throughout their high-school years—this includes school public health nurses who offer sexual-health services.
- Builds **foundational knowledge and help seeking skills**, supporting early identification of mental health concerns that relate to sexual health, decision making, and violence prevention.

This strategy directly contributes to improving a new Education Quality and Accountability Office (EQAO) tracked indicator measuring the percentage of students who:

- Are aware of available mental health supports; and
- Seek help when needed.

Continuous monitoring of this indicator will help assess program impact over time.

b. Updated sexual health resources for schools

To further enhance sexual health outcomes, the HST has revamped and modernized sexual-health resources for both elementary and secondary classrooms. Key improvements include:

- **Conversation starter materials** that teachers can send home to spark dialogue between students and parents/guardians.
- Tools designed to **extend learning beyond the classroom**, reinforcing knowledge and strengthening family engagement in sexual health education. For example, conversation starters at home and an overview of the curriculum so parents understand that learning about healthy development and sexual health starts at a young age and is developmentally appropriate.

These updated resources are intended to increase student understanding, support evidence-informed decision making, and ultimately contribute to reductions in preventable sexual health outcomes associated with long term economic and social costs.

c. Onsite sexual health clinics

Student-aged individuals visit the two SWPH sexual health clinics locally. These clinics provide a welcoming environment where young people can seek not only clinical services, but also essential education related to sexual health. Through personalized consultations, they gain access to vital information on topics such as safe practices, prevention of sexually transmitted infections, and reproductive health. The clinics aim to empower these individuals with knowledge and resources, fostering confidence and responsibility in their health choices.

1.4 Healthy Schools certification recognition

In 2024-2025, schools across our region were encouraged to apply for the Healthy Schools Certification Recognition Program. The Program guides schools through a 4-Step Healthy Schools Process that, when completed, can support meaningful, sustainable change and improved health-related outcomes for the school community.

This program has been developed to support schools in enhancing the health and well-being of their students and staff, as well as strengthening school-based initiatives supporting health, belonging, inclusion and well-being. It also encourages meaningful collaboration to promote a holistic, whole-community approach to the Healthy Schools journey. In 2024-2025, 7 schools in the Thames Valley District School Board participated and received recognition for their work. SWPH will continue to collaborate with the London District Catholic School Board (LDCSB) and the French School Board to support their participation in the Healthy Schools Certification recognition program in the near future.

In the fall of 2025, SWPH, in partnership with the Thames Valley District School Board (TVDSB), celebrated seven local schools that achieved Healthy Schools Certification through the Ontario Physical and Health Education Association (OPHEA) for the 2024–25 year. This represents a record number of certified schools in the SWPH region and reflects the continued success of collaborative school health initiatives across Elgin County, Oxford County, and the City of St. Thomas. For further reference, please see the attached document.

The purpose of this recognition campaign was twofold:

1. **To celebrate the achievements of the seven certified schools**, acknowledging their commitment to promoting and enhancing health and wellbeing within their school communities.
2. **To reinforce and elevate the ongoing partnership between SWPH and TVDSB**, highlighting a shared vision for healthier school environments and demonstrating the impact of coordinated school health efforts.

To achieve these outcomes, SWPH and TVDSB implemented a range of intentional communication strategies, summarized in the attached report:

- **Internal communications** recognizing SWPH staff contributions to advancing school health initiatives. High performing social media posts celebrating the certified schools before the end of the 2024–25 school year, generating significant engagement – including 16,203 views on Facebook, surpassing the average reach of other posts.
- **On-site school celebrations** held from late September to early October, supported by both SWPH and TVDSB representatives.
- **Joint media relations efforts**, including a co-issued media release and targeted media pitches, resulting in seven earned media stories across regional and national outlets such as CBC London, Heart FM, Rogers TV, the Woodstock Sentinel Review, MyFM, and Education News Canada. These articles generated visibility with no associated media costs.

Together, these activities advanced public recognition of the schools' accomplishments, reinforced the value of the SWPH/TVDSB partnership, and strengthened community understanding of the shared commitment to creating healthier school environments.

1.5 Student nutrition programs in Oxford County, Elgin County and the City of St. Thomas

The Ontario Student Nutrition Program (OSNP) is a partially publicly funded initiative that provides nutritious meals and snacks to children and youth in schools to support learning, encourage lifelong healthy eating, and foster a sense of belonging. Delivered universally during the school day and open to all students, the program relies heavily on volunteers and operates through a cost shared model that includes provincial funding, the federal National School Food Program, charitable partners, and local contributions such as fundraising and donations.

We are pleased to report that **100% of publicly funded schools in Oxford, Elgin, and St. Thomas now have an OSNP in place**, surpassing the provincial average. This milestone reflects sustained public health leadership, strong collaboration with regional partners, and a long-standing commitment to strengthening environments that support student health and well-being. Achieving full regional coverage positions SWPH as a leader in equitable access to nutrition programming across Ontario.

Looking ahead, the continued expansion of federal National School Food Program funding is expected to improve long-term program sustainability and capacity by helping schools stabilize and enhance the quality and the quantity of meals provided. However, despite recent federal investments, provincial funding for OSNP continues to lag substantially behind other provinces. Ontario's core contribution of $37.5 million annually, equivalent to approximately 10 cents per student per day, remains well below the national median provincial/territorial contribution of 39 cents per student per day. This gap limits OSNPs' ability to address rising food costs, expand programming, and fully meet students' needs.

As part of the upcoming 2026 Ontario Budget consultation, SWPH intends to advocate for increased provincial investment in the Ontario Student Nutrition Program. Strengthening provincial funding, alongside existing federal commitments, would significantly enhance program stability, support equitable access, and contribute to healthier learning environments for all students.

We consider this a critical provincial priority that directly advances student wellbeing, improves educational outcomes, and supports long term health equity across our region.

1.6 2025/26 Respiratory vaccine campaign overview

Our dedicated SWPH team focused on delivering early vaccinations to populations at highest risk during the 2025/26 respiratory season. Targeted support was provided directly to retirement homes lacking registered staff or established partnerships, through dedicated clinics offering seasonal respiratory vaccinations for COVID-19, Influenza, and RSV. Additional clinics at SWPH catered specifically to children under five years of age and their guardians, ensuring timely and age-appropriate vaccinations not commonly available in pharmacies.

The campaign proceeded as planned, with all clinics completed on schedule and no significant issues affecting service delivery or safety.

Key outcomes

- Earlier access to vaccination increased protection during a season of elevated influenza activity,
- Coordinated clinic delivery reduced client burden and prevented operational duplication,
- Strong collaboration was established with community and healthcare partners, and
- Commitment to Equity and Access.

Targeted outreach and on-site clinics were instrumental in improving access for vulnerable and underserved populations.

2025: Achievements and reflections

The Vaccine Preventable Diseases team at SWPH faced significant challenges in 2025, most notably the increased workload and pressures brought on by the measles outbreak. Despite these difficulties, the team accomplished several key goals through dedication, perseverance, and collaboration.

- **Digital transformation initiatives**
  - Appointment booking and vaccine ordering processes were streamlined. The transition from MS Bookings to the advanced FrontDesk system enhanced reliability and performance for clients and the community. Positioned within the VPD program, FrontDesk can support both in-house and mass immunization needs, addressing lessons learned during the COVID-19 pandemic. This is a good example of our continuous focus on how to improve systems for efficiency and effectiveness.
  - The launch of the Public Health Ordering System (PHOS) provided an online vaccine ordering portal for all health system partners, including workplaces, long-term care homes, retirement homes, primary care offices, family health teams, and hospitals. This move addressed previous issues with missed faxes and confusion over forms, and optimized ordering processes to free up capacity for other VPD-related work.
- **Community collaboration**
  - SWPH submitted a grant application for a Sheela Basrur Grant in partnership with Mennonite Community Services (MCS) of Aylmer. This effort, although not selected by Public Health Ontario, represents progress in building trust with key community leaders.
  - Collaboration also extended to hospital and health system partners when SWPH navigated a province-wide rabies vaccine and immunoglobulin supply lockdown

during the summer, ensuring limited doses were used according to Ministry of Health directives.

- **Mandates and record reviews**
  - SWPH remained committed to its mandates by completing full Immunization of School Pupils Act (ISPA) record reviews for elementary and secondary students, as well as comprehensive immunization record reviews for children attending regionally licensed childcares, all in line with the Child Care and Early Years Act (CCEYA).
- **Measles outbreak response**
  - The team's dedication was especially evident during the largest measles outbreak seen in decades at the local, provincial, and national levels. The Vaccine Preventable Disease team responded to school exposures by issuing information letters, conducting post-exposure vaccine clinics to keep children in school, administering vaccines in cars, homes, and after hours, providing dedicated clinics for babies newly eligible for measles vaccine, and meeting increased vaccine ordering demands from regional healthcare partners.
  - These efforts were only possible through the expertise and commitment of the entire team.

Looking ahead to 2026

SWPH looks forward to building on these successes, driving innovation and modernization, and continuing to serve and protect the community effectively and efficiently through the power of immunization.

2.0 Ministry of Health update (receive and file):

2.1 Ontario Public Health Standards (OPHS)

On December 9, 2025, the Chief Medical Officer of Health advised that the release and implementation of the revised Ontario Public Health Standards and protocols have been delayed. As a result, the current OPHS, associated protocols, and guidelines will remain in effect until further notice. A new release and implementation date will be communicated by the CMOH office when confirmed, and SWPH will be prepared to review and implement the revised requirements accordingly.

3.0 Financial matters (decision):

3.1 IPAC hub funding (decision):

On November 27, 2025, SWPH received its Infection Prevention and Control (IPAC) Hub transfer funding agreement for the 2025/2026 fiscal year. The letter indicated that the Board of Health will be provided with $412,450 annually until fiscal 2029/2030.

In order for the Ministry to begin flowing funds, they required the attached transfer payment agreement to be signed by the Chair and Chief Executive Officer, which was completed and sent back to the Ministry.

Motion: 2026-BOH-0122-5.2-3.1
That the Board of Health ratify the signing of the IPAC Hub Transfer Payment Agreement for Southwestern Public Health as noted in the CEO report.

4.0 alPHa Winter symposium

Registration for the 2026 Association of Local Public Health Agencies (alPHa) Winter Symposium, Section Meetings, and Workshops, taking place from February 11-13, is now open. Please visit the site to review the agenda. The Winter Symposium is virtual, and key speakers include the Chief Medical Officer of Health, with the Boards of Health Section Meeting including updates from the Association of Municipalities of Ontario (AMO). Two half-day workshops are also scheduled (which are included with Symposium registration). Kindly reach out to Wai or me if you would like to be registered for this event.

Motion: 2026-BOH-0122-5.2
That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Report for January 22, 2026.

sieccan
Sex Information & Education Council of Canada
Conseil d'information & d'éducation sexuelles du Canada

SIECCAN ISSUE BRIEF

THE ECONOMIC BENEFITS OF IMPLEMENTING COMPREHENSIVE SEXUAL HEALTH EDUCATION IN CANADA

Released: September 2025

PART 1:
The Economic Costs of Negative Sexual and Reproductive Health Outcomes in Canada

PART 2:
Evidence to Support the Implementation of Comprehensive Sexual Health Education to Reduce Preventable Negative Sexual and Reproductive Health Outcomes

The Sex Information and Education Council of Canada (SIECCAN) is a registered not-for profit charitable organization that works with educators, health professionals, community organizations, governments, and other partners to promote the sexual and reproductive health of Canadians.

Suggested Citation: SIECCAN. (2025). *The Economic Benefits of Implementing Comprehensive Sexual Health Education in Canada*. Toronto, ON: Sex Information & Education Council of Canada (SIECCAN).

THE ECONOMIC BENEFITS OF IMPLEMENTING COMPREHENSIVE SEXUAL HEALTH EDUCATION IN CANADA

Preventable outcomes that can negatively impact sexual and reproductive health, such as sexually transmitted infections, sexually transmitted infections (STIs), unitended pregnancies, sexual assault, and intimate partner violence, pose a significant threat to the health and well-being of individuals, families, and communities in Canada. Beyond the individual, family, and community impacts, negative but preventable sexual and reproductive health outcomes result in substantial economic costs to Canada.

Economic costs include health care expenditures, lost productivity, costs for support services for the victims/survivors of sexual assault and intimate partner violence, criminal justice costs and other costs across government sectors. Part 1 of this report documents some of the substantial economic costs of negative sexual and reproductive health outcomes in Canada.

Based on the evidence presented in this report, we provide a conservative estimate that the combined costs associated with preventable outcomes such as STIs including HIV, unintended pregnancies, sexual assault/offenses and intimate partner violence in Canada exceeds $13.7 billion dollars annually.

SIECCAN estimates that the combined economic costs of preventable sexual and reproductive health outcomes (STIs, unintended pregnancies, sexual assault/ offenses, intimate partner violence) in Canada exceeds $13.7 billion dollars annually.

Part 2 of this report outlines the findings of research indicating that comprehensive sexual health education can be effective in reducing HIV/STI risk, improving contraceptive use, and lowering rates of sexual and intimate partner violence. The wide-spread implementation of comprehensive sexual health education programs incorporating primary prevention of STIs, unintended pregnancy, and sexual and intimate partner violence is one key pillar of an effective strategy to reduce the economic and social costs to Canadian society.

PART 1:

THE ECONOMIC COSTS OF NEGATIVE SEXUAL AND REPRODUCTIVE HEALTH OUTCOMES IN CANADA

According to the Public Health Agency of Canada (2019), STIs "levy a significant physical, emotional, social, and economic cost to individuals, communities, and society" (p.1).

HIV

HIV/AIDS remains a significant public health concern in Canada. The Public Health Agency of Canada (2024a) reports 2,434 people newly diagnosed with HIV in Canada in 2023, a 35% increase since 2022. In addition to direct medical costs, there are intersectoral costs such as patient and family time (patient time, travel expenses), informal care (non-family and family caregiver support), non-paid lost productivity (domestic tasks, volunteer work), as well as the missing economic value of future consumption unrelated to health due to illness or premature death (Schnitzler et al., 2022). In Canada, "The average lifetime cost of a new HIV infection is

conservatively estimated at $1.44 million, or $2.1 billion for all incidence cases in 2021, representing a modest rise in economic burden compared to a decade ago" (Warkentin et al., 2024, p iii).

Table 1: Average lifetime costs of each new HIV/AIDS infection in Canada in 2021

Direct healthcare costs	$310,000 (22%)
Quality of Life	$309,000 (21%)
Productivity losses	$820,000 (57%)

Source: Warkentin L, Adibnia E, Chojecki D, Ueyama M, & van Katwyk S. (2024). Current and Future Investments for Reaching the UNAIDS 95-95-95 HIV Targets in Canada: Evidence Review & Cost Analysis. Edmonton (AB): Institute of Health Economics. **https://www.ihe.ca/advanced-search/hiv-targets-in-canada**

In total, annual health spending on HIV/AIDS in 2017 in Canada was approximately $687 million (Global Burden of Disease Health Financing Collaborator Network, 2018). Although we incorporate this $687 million annual health spending figure from 2017 in our calculation of the annual cost of HIV (See Table 3), due to the increasing number of people living with HIV in Canada and inflation, it is likely that the overall economic burden of HIV in Canada in 2025 is higher.

REPORTABLE BACTERIAL STIs (CHLAMYDIA, GONORRHEA, SYPHILIS)

Reported rates of common bacterial STIs remain a persistent and growing health concern in Canada. While reported rates of chlamydia have stabilized in recent years, it remains the most common bacterial STI in Canada with over 100,000 cases reported annually (Government of Canada, 2025). The number of reported cases of gonorrhea in Canada more than doubled from 2014 to 2023 and the reported rate of Syphilis more than tripled during the same time frame (Government of Canada, 2025).

Table 2: Reported Cases of Bacterial Sexually Transmitted Infections, Canada, 2014-2023

STI	2014	2023	% Change
Chlamydia			
Cases	109,282	129,626	+18.6
Rate per 100,000	308.41	323.39	+4.8
Gonorrhea			
Cases	16,264	42,066	+158.6
Rate per 100,000	45.9	104.95	+128.6
Syphilis			
Cases	3,658	19,064	+421.1
Rate per 100,000	10.32	47.56	+360.8

Source: Government of Canada. (2025). Notifiable Diseases Online. **https://diseases.canada.ca/notifiable/charts?c=cc**

The direct and indirect costs resulting from infection and treatment of bacterial STIs is significant. Up-to-date data on the economic burden of bacterial STIs in Canada is lacking. However, previous research and more recent data from the United States illustrate the magnitude of these costs. Chesson and colleagues (2021) estimated that the direct medical costs of chlamydia and gonorrhea in the United States in 2019 was $ 1 billion. However, if lost productivity (i.e., missing work to seek/receive treatment) is also taken into account, the economic burden of chlamydia and gonorrhea in the United States is considerably higher (Kumar, Chesson & Gift, 2021). For instance, the average medical treatment costs of chlamydia in the United States are $151, but the average cost of lost productivity is $206.

There are no recent published estimates of the economic burden of chlamydia and gonorrhea in Canada. Smylie and colleagues (2011) estimated that the direct and indirect costs associated with chlamydia and gonorrhea were up to $178 million annually and for this report, we incorporate the $178 million cost estimate. However, $178 million is likely a significant underestimate if inflation

and the higher reported rates of chlamydia and gonorrhea in Canada are taken into account. Epidemiological data clearly indicate that the incidence of syphilis has been increasing in recent years. For example, from 2014 to 2023, the number of reported cases of syphilis per year in Canada rose from 3,658 to 19,064, an increase of 461% (Public Health Agency of Canada, 2025). Currently, there are no calculated estimates of the medical or total economic costs of syphilis in Canada. However, research on the cost of syphilis in the United States has indicated that the estimated lifetime cost of syphilis is $1,190 per infection (Chesson & Peterman, 2021).

HUMAN PAPILLOMAVIRUS (HPV)

Human papillomavirus (HPV) is the most common STI in Canada: Seven out of 10 sexually active unvaccinated Canadians contract HPV at some point in their lives (Public Health Agency of Canada, 2019). Sexually transmitted HPV causes an array of cancers (cervical, anal, vulvar, penile, head and neck) and the estimated health systems costs of these cancers in Canada in 2024 was over $300 million (Canadian Partnership Against Cancer, 2025).

In addition to health system costs, in 2024, it cost cervical cancer patients and their families $24.34 million out-of-pocket costs, $17 million in direct time costs and $13.45 million in indirect costs. For anal cancers, these same additional costs amounted to $24.28 million (Canadian Cancer Statistics Dashboard, 2024).

It can be conservatively estimated that the economic burden of HPV related cancers is over $379 million per year in Canada.

GENITAL HERPES (HSV-1, HSV-2)

Genital herpes is a common sexually transmitted infection caused by herpes simplex virus type one or two (HSV-1, HSV-2; Garland & Stephen, 2014). According to the Canadian Health Measures Survey, 13.6% of people in Canada aged 14 to 59 have HSV-2 (Rotermann et al., 2013) and an increasing proportion of genital herpes cases in Canada are attributable to HSV-1 (Government of Canada, 2021).

Currently, there are no calculated estimates of the medical or total economic costs of genital herpes in Canada. However, it is estimated that the direct medical costs of genital herps in the United States are up to $984 million annually (Szucs et al., 2001). A mathematical model projected that the cumulative cost of incident HSV-2 infections would amount to $2.7 billion USD in 2025 (Fisman et al., 2002).

TOTAL ECONOMIC BURDEN OF SEXUALLY TRANSMITTED INFECTIONS

Calculating a precise estimate of the economic burden of sexually transmitted infections (STI) in Canada is not currently possible for a number of reasons. For example, for some STIs (e.g., HIV, chlamydia/gonorrhea) the most recent annual cost estimates were conducted more than five years ago and do not account for factors such as inflation or changes in prevalence. In addition, although data from the United States indicates that Syphilis and genital herpes result in significant economics cost, estimates of the economic burden of these STIs in Canada are not available. If the costs of other common STIs were to be included, the final tally of the economic burden of STIs in Canada would be substantially higher.

For Canada, the combined annual economic cost of HIV, HPV related cancers and Chlamydia/gonorrhea is over $1.2 billion annually (Cost of Syphilis, Genital herpes is unknown).

Table 3: Sexually transmitted infections: Minimum cost estimates (millions), Canada

HIV	$687
Chlamydia/gonorrhea	$178
Syphilis	*Estimate not available*
HPV	$379
Genital herpes	*Estimate not available*
TOTAL	**$1,244+**

UNINTENDED PREGNANCY

Some unintended pregnancies are wanted and result in positive experiences for parents and children. However, a significant portion of unintended pregnancies occur to who do not want to be pregnant and result in considerable economic costs.

It is estimated that unintended pregnancies among adolescent girls and women aged 15-19 result in direct associated cost of $60 million annually (Black et al., 2019). For women of all ages, there are an estimated 180,000 unintended pregnancies in Canada with associated annual direct costs of about $320 million (Black et al., 2015).

SEXUAL ASSAULT/OFFENSES AND INTIMATE PARTNER VIOLENCE

One in 4 Canadians aged 25-34 self-report having experienced sexual assault since age 15 (Statistics Canada, 2025). In addition to the extensive negative personal impact on victims/survivors and their families, sexual assault and other sexual offenses result in significant economic costs to Canada. In 2014, the estimated total cost per sexual assault/rape incident, including victim direct and indirect costs and criminal justice system costs was between $136,000-$164,000; this is the most expensive crime after homicide (Gabor, 2016).

A Department of Justice report calculated that the combined criminal justice system, victim, and third-party costs of sexual assault and other sexual offences in Canada amounted to $4.8 billion in 2009 (Hoddenagh et al., 2014).

Forty-four percent of women and 36% of men 15 years of age and older in Canada who have ever been in a relationship report having experienced some form of violence in the context of their intimate relationship (Cotter, 2021).

The authors of a report on spousal violence concluded that intimate partner violence had an annual cost of $7.4 billion in Canada (Department of Justice Canada, 2021).

Combined, sexual assault/offences and intimate partner violence result in an economic cost for Canada of $12.2 billion annually.

ANNUAL COMBINED ECONOMIC COST OF SEXUALLY TRANSMITTED INFECTIONS, UNINTENDED PREGNANCIES, SEXUAL ASSAULT/ OFFENSES, AND INTIMATE PARTNER VIOLENCE IN CANADA

Preventable outcomes such as sexually transmitted infections, unintended pregnancy, sexual assault/offenses and intimate partner violence that negatively impact the sexual and reproductive health of people in Canada. Not only do these preventable outcomes pose a significant threat to the health and well-being of individuals, families, and communities in Canada, these outcomes also result in substantial economic costs. Based on the information presented in this report, it can be conservatively estimated that the combined annual economic cost of sexually transmitted infections, unintended pregnancy, sexual assault/offenses, and intimate partner violence in Canada likely exceeds $13.7 billion.

For Canada, the cost of sexually transmitted infections, unintended pregnancy, sexual assault/offenses, and intimate partner violence exceeds $13.7 billion annually.

Table 4: Estimated annual costs of sexually transmitted infections (STI), unplanned pregnancy, sexual assault/offenses, intimate partner violence (billions), Canada

STI	$1.22
Unplanned pregnancy	$.32
Sexual assault/offenses	$4.8
Intimate partner violence	$7.4
TOTAL	**$13.74**

PART 2:

EVIDENCE TO SUPPORT THE IMPLEMENTATION OF COMPREHENSIVE SEXUAL HEALTH EDUCATION TO REDUCE NEGATIVE SEXUAL AND REPRODUCTIVE HEALTH OUTCOMES

There is a consistent body of evidence indicating that wide-spread implementation of comprehensive sexual health education can prevent negative sexual and reproductive health outcomes. Implementation and support for comprehensive sexual health education will, therefore, substantially reduce the significant economic cost to Canada of these preventable problems.

SEXUAL HEALTH EDUCATION: EVIDENCE OF EFFECTIVENESS

Extensive reviews of the peer-reviewed intervention evaluation literature have consistently indicated that sexual health education for youth can improve sexual and reproductive health outcomes (e.g., Barriuso-Ortega et al., 2024; Denford et al., 2017; Goldfarb & Lieberman, 2021; Niland et al., 2024).

RESEARCH SUPPORTS COMPREHENSIVE SEXUAL HEALTH EDUCATION

"Review of the literature of the past three decades provides strong support for comprehensive sex education across a range of topics and grade levels. Results provide evidence for the effectiveness of approaches that address a broad definition of sexual health and take positive, affirming, inclusive approaches to human sexuality." (p. 13)

Goldfarb & Lieberman. (2021). Three decades of research: The case for comprehensive sex education. Journal of Adolescent Health, 68, p. 13. https://doi.org/10.1016/j.jadohealth.2020.07.036

BENEFITS OF DELIVERING SEXUAL HEALTH EDUCATION TO YOUTH

"Promoting and implementing well-designed sexual health education positively effects student health in a variety of ways. Students who participate in these programs are more likely to:

- ***Delay initiation of sexual intercourse.***
- ***Have fewer sex partners.***
- ***Have fewer experiences of unprotected sex.***
- ***Increase their use of protection, specifically condoms.***
- ***Improve their academic performance."***

US Centers for Disease Control and Prevention. (2024). Sexual Health Education | Adolescent and School Health | CDC

With respect to the prevention of sexually transmitted infections (STI), there is clear evidence that well designed educational programs reduce STI risk among youth (Denford et al., 2017; Morales et al., 2018; Petrova & Garcia-Retamero, 2015).

INTIMATE PARTNER VIOLENCE (IPV) AND SEXUAL VIOLENCE (SV) PREVENTION AMONG YOUTH

"This review found sufficient evidence that primary prevention interventions are effective in reducing the perpetration of IPV and SV among youth. Specifically, those interventions that used the following strategies were consistent and favorable across studies: (1) teaching healthy relationship skills, (2) promoting social norms that protect against violence, and (3) creating protective environments."

Finnie et al. (2022). Intimate Partner and Sexual Violence Prevention Among Youth: A Community Guide Systematic Review. American Journal of Preventive Medicine, 62(1), e45–e55. https://doi.org/10.1016/j.amepre.2021.06.021

Increasing youth and young adult rates of HPV vaccination is critical to reduce the human and economic burden of HPV-related cancers in Canada and there is credible evidence that the integration of information about HPV and the HPV vaccine within comprehensive sexual health education will be an effective strategy to increase HPV vaccination rates (Ou & Youngstedt, 2022; Piedimonte et al., 2018; Thanasas et al., 2020). Education programs specifically targeting contraception have been shown to increase contraceptive use (Lopez et al., 2016).

There is an established body of research evidence that comprehensive sexual health education can play a pivotal role in reducing sexual and intimate partner violence among youth (Finnie et al., 2022; Makleff et al., 2020; Piolanti & Foran, 2022; Russell et al., 2021).

Guidance for policy makers (SIECCAN, 2019) and specific benchmarks for educators (SIECCAN, 2024) to implement comprehensive sexual health education in Canada are available.

These, and other policy documents from the Sex Information and Education Council of Canada (See below) provide the basis for operationalizing the development of effective sexual health education programs in a variety of settings.

Available evidence strongly indicates that policies and resources to support the implementation of comprehensive sexual health education programs/interventions across Canada will result in a substantial economic return on investment. Comprehensive sexual health education programing can meaningfully improve the health and well-being of individuals, families, and communities across Canada. In addition, as this report demonstrates, comprehensive sexual health education can result in cost savings for government.

Comprehensive sexual health education is a key component of the prevention pillar identified in the Government of Canada's Sexually Transmitted and Blood Borne Infections (STBBI) Action Plan 2024-2030. (Public Health Agency of Canada, 2024b)

Sustained and increased government funding for sexual health promotion, sexually transmitted infection prevention, and gender-based violence prevention programs that incorporate comprehensive sexual health education are required investments to enhance the well-being of Canadians and to reduce the costs to government of negative sexual and reproductive health outcomes.

RESOURCES TO SUPPORT THE DEVELOPMENT AND IMPLEMENTATION OF COMPREHENSIVE SEXUAL HEALTH EDUCATION IN CANADA

SIECCAN. (2024). *Benchmarks for comprehensive sexual health education in Canada: A tool to assess the breadth and age/timing of sexual health education content in Canada.* Toronto, ON: Sex Information & Education Council of Canada (SIECCAN) **https://www.sieccan.org/_files/ugd/283cae_b1caa618b72d4e0fb6f6c1a3040fb1e5.pdf**

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HEALTHY SCHOOLS CERTIFICATION RECOGNITION PROGRAM

COMMUNICATION REPORT

Prepared by Communications
November 2025

SOUTHWESTERN Public Health
Oxford · Elgin · St.Thomas

CAMPAIGN OVERVIEW

Each year, Southwestern Public Health (SWPH) works with local schools and school board partners to advance the health and well-being of individuals within the school community.

Part of this work includes an annual submission to the Healthy Schools Certification through the Ontario Physical and Health Education Association (OPHEA) - a national body that recognizes schools that promote and enhance the health and well-being of students, school staff, and the broader school community.

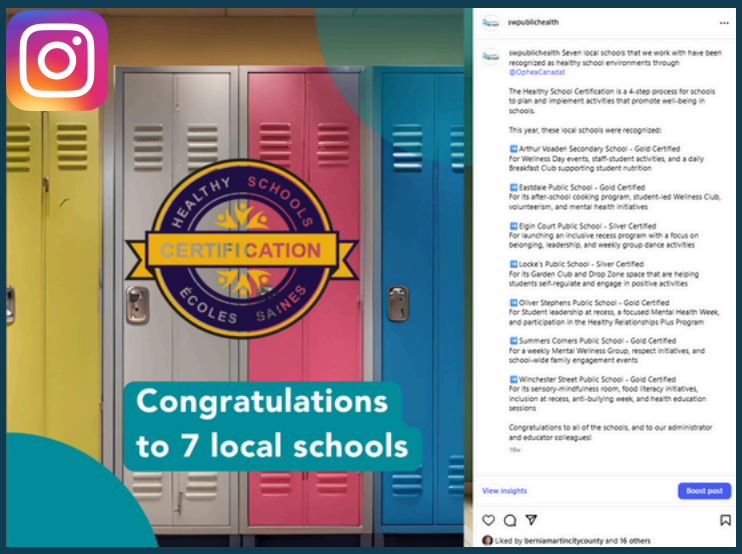
A record number of schools in the SWPH region were honoured with the Healthy Schools certification for 2024-2025, which included 7 schools within the Thames Valley District School Board (TVDSB).

In partnership with TVDSB, SWPH initiated several communication strategies to recognize these certifications:

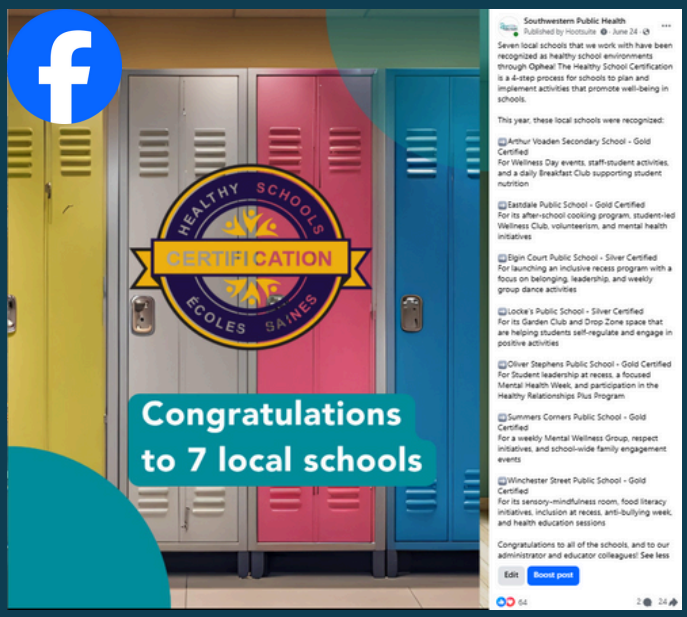
- Communications internally to SWPH staff to acknowledge public health's vital role in promoting health and well-being in schools;
- Social media activities to celebrate the schools prior to the end of the school year, while underscoring the partnership between public health and school boards;
- Celebratory activities at each of the awarded schools after the return to school in fall; and
- Media relations activities to coincide with National Healthy Schools Week in October.

The goal of this work is to reinforce the ongoing partnership between SWPH and TVDSB to advance well-being in schools, while encouraging the local community and respective staff to understand our shared vision for healthier school communities in Elgin County, Oxford County, and the City of St. Thomas.

SOCIAL POST PERFORMANCE



946	682	21
VIEWS	ACCOUNTS REACH	INTERACTIONS
$0	17	4
POST COST	LIKES	SHARES



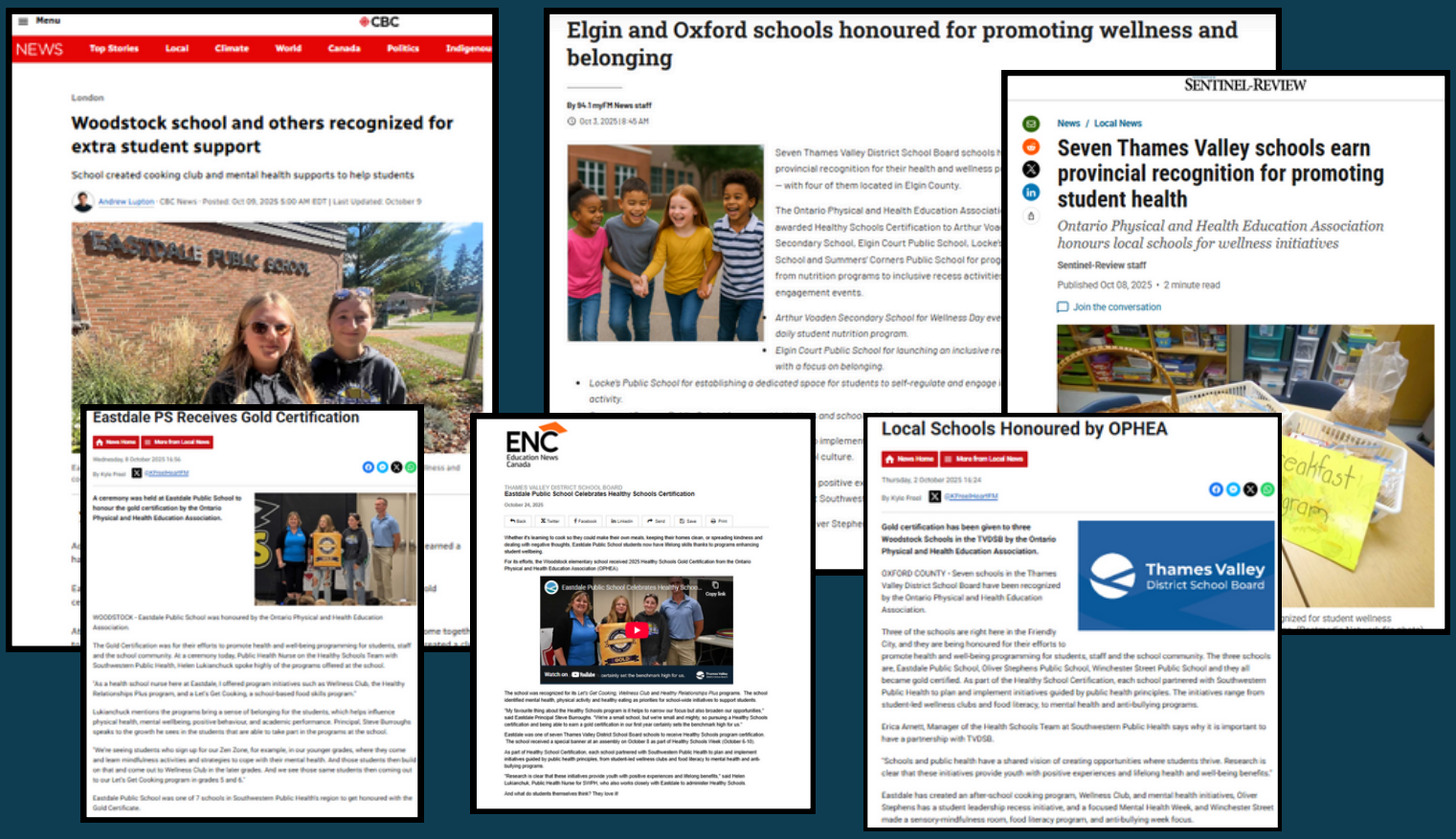
16K	9K	90
VIEWS	REACH	INTERACTIONS
$0	201	23
POST COST	LIKES	SHARES

Prior to the last day of school in June 2025, SWPH shared a post on Instagram and Facebook to congratulate the certified schools. While both posts were high-performing, the Facebook post was one of the top-performing posts for 2025 to-date, earning 16,203 views compared to an average of 15,000 across all posts to the SWPH Facebook channel. Additionally, 14 comments were received to congratulate the schools and acknowledge the value of this certification program.

SCHOOL CELEBRATIONS

From late September to early October, celebratory events were held at all 7 schools that were recognized by OPHEA. SWPH and TVDSB provided on-site presence to support the celebration announcements.

NEWS MEDIA PERFORMANCE



7	$0
NEWS ARTICLES	MEDIA COST

SWPH and TVDSB jointly issued a news release on October 2 to acknowledge the certified schools to local media. This was complemented by a targeted pitch to select media to offer on-site interviews, photos, and videos at Eastdale Public School to encourage feature news coverage. SWPH and TVDSB communication teams prepared respective spokespeople with key messages, media coaching, and on-site media support.

The combination of these activities resulted in 7 pieces of coverage in outlets across the region, including CBC News London, Heart FM Oxford (x2), Rogers TV Woodstock, MyFM St. Thomas, Woodstock Sentinel-Review, and in the national Education News Canada publication. There are no advertising costs associated with these, as they were earned editorial articles.

ADDITIONAL: VITAL PERSPECTIVES

In August 2025, SWPH released the third installment of its Vital Perspectives series, highlighting the link between belonging and health.

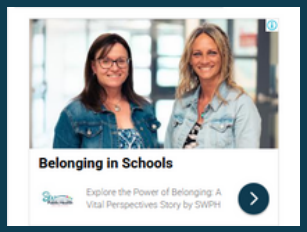
SWPH again partnered with TVDSB and also with London District Catholic School Board for the campaign to emphasize how schools and public health can build inclusive environments that support youth identity, resilience, and mental well-being.

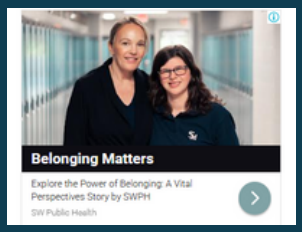
This story was promoted through social media and digital platforms to spark dialogue about the power of belonging in schools through an advertising campaign funded by public health.

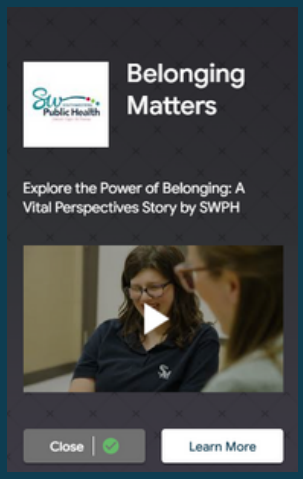
The campaign achieved a total of 84,204 impressions, reaching 36,857 unique individuals, and generating 22,670 total engagements across all formats.

14 days

CAMPAIGN LENGTH







The Amending Agreement No. 1 as of the 1st day of April, 2025

B E T W E E N :

His Majesty the King in right of Ontario
as represented by the Minister of Health

(the **"Province")**

- and -

Board of Health for the Oxford Elgin St. Thomas Health Unit

(the **"Recipient")**

BACKGROUND

1. The Province and the Recipient entered into an agreement effective as of the 1st day of April, 2024 (the **"Agreement"**).

2. The Parties wish to amend the Agreement in the manner set out in Amending Agreement No.1.

CONSIDERATION

In consideration of the mutual covenants and agreements contained in the Agreement and for other good and valuable consideration, the receipt and sufficiency of which are expressly acknowledged, the Province and the Recipient agree as follows:

1. Capitalized terms used but not defined in this amending agreement No.1 (the **"Amending Agreement No.1"**) have the meanings ascribed to them in the Agreement.

2. Schedule "B" (Project Specific Information and Additional Provisions) is deleted and substituted with a new Schedule "B" (Funding), attached to this Amending Agreement No. 1.

3. Schedule "C" (Project) is deleted and substituted with a new Schedule "C" (Project), attached to this Amending Agreement No. 1.

4. Schedule "D" (Budget) is deleted and substituted with a new Schedule "D" (Budget), attached to this Amending Agreement No. 1.

5. Schedule "E" (Payment Plan) is deleted and substituted with a new Schedule "E" (Payment Plan), attached to this Amending Agreement No. 1.

6. Schedule “F” (Reports) is deleted and substituted with a new Schedule “F” (Reports), attached to this Amending Agreement No. 1.

7. Amending Agreement No.1 shall be effective as of the date set out at the top of the Amending Agreement No.1.

8. Except for the amendments provided for in Amending Agreement No.1, all provisions in the Agreement shall remain in full force and effect.

The Parties have executed the Agreement on the dates set out below.

HIS MAJESTY THE KING IN RIGHT OF ONTARIO as represented by the Minister of Health

_____
Date

_____
Name: Elizabeth Walker
Title: Executive Lead, Office of Chief Medical Officer of Health, Public Health

Board of Health for the Oxford Elgin St. Thomas Health Unit

November 27, 2025
Date

Name: Bernia Martin
Title: Chair of the Board of Health

I have authority to bind the Recipient.

November 27, 2025
Date

Name: Grant Jones
Title: Vice-Chair of the Board of Health

I have authority to bind the Recipient.

SCHEDULE "B"
FUNDING

Maximum Base Funds	$412,450 per Funding Year
Expiry Date	March 31, 2030
Amount for the purposes of section A5.2 (Disposal) of Schedule "A"	$2,000
Insurance	$2,000,000
Contact information for the purposes of Notice to the Province	**Name:** Elizabeth Choi **Position:** Manager, Health Protection, Policy and Partnerships Branch, Office of Chief Medical Officer of Health, Public Health **Address:** Box 12, Toronto, ON M7A 1N3 **Email:** Elizabeth.Choi@ontario.ca
Contact information for the purposes of Notice to the Recipient	**Name:** Cynthia St. John **Position:** Chief Executive Officer **Address:** 1230 Talbot Street, St. Thomas ON N5P 1G9 **Email:** cstjohn@swpublichealth.ca

Additional Provisions:

None

SCHEDULE "C"
PROJECT

Base funding must be used by the Board of Health for the Infection Prevention and Control (IPAC) Hubs, to support building capacity in IPAC practices in congregate living settings (CLSs) in the Board of Health's catchment area. The following CLSs are within the funding scope of IPAC Hubs, unless otherwise directed by the ministry:

- Assisted living;
- Adult mental health and addictions;
- Child and youth mental health secure treatment program settings as defined under the *Child, Youth and Family Services Act, 2017*;
- Child and youth mental health live-in treatment programs;
- Emergency shelters funded by the Ministry of Municipal Affairs and Housing;
- Retirement homes licensed under the *Retirement Homes Act, 2010*;
- Long-term care homes licensed under the *Fixing Long-Term Care Act, 2021*;
- Adult developmental/ intervenor services' programs;
- Anti-human trafficking specialized accommodations for survivors of human trafficking funded by the Ministry of Children Community and Social Services;
- Children's residences, licensed by the Ministry of Children Community and Social Services under the *Child, Youth and Family Services Act, 2017*;
- Indigenous healing and wellness strategy bed-based programs;
- Violence against women emergency shelters and supports funded by the Ministry of Children, Community and Social Services;
- Youth justice facilities and open secure custody settings funded and licensed by the Ministry of Children, Community and Social Services; and,
- Supportive housing

Out-of-scope settings* include, but are not limited to:

- Childcare settings;
- Day camps;
- Farms including International Agricultural Worker (IAW) housing;
- Personal Service Settings (PSS) as defined by the *Health Protection and Promotion Act, 1990;*
- Hospitals;
- Correctional facilities as operated and supported by the Ministry of the Solicitor General;
- Offices and workplaces;
- Schools;
- Integrated Community Health Services Centres (ICHSC) formally known as Independent Health Facilities (IHFs);
- Transitional Care Units (Alternative Level of Care); and,
- Community based care e.g., agencies providing home care.

*This is not an exhaustive list of out-of-scope settings. Please seek clarification/ guidance from the Ministry.

When the IPAC Hub receives requests to support an out-of-scope setting due to pressures faced in the community / setting they should discuss with the ministry for guidance / situational awareness the supports being proposed and the degree of IPAC Hub involvement.

NEW Should a new or emerging public health threat be identified which requires the support and expertise of IPAC Hubs, the Ministry may provide additional written direction to the Hub adjusting the scope of settings and/or activities as is deemed necessary.

NOTE: Any modifications to the in scope settings as outlined above must be discussed in advance with the Ministry.

The IPAC Hub will be required to provide IPAC supports and services to CLSs in its catchment area. The type, amount, and scheduling of services provided by the IPAC Hub to CLSs will be based on the need, as identified by any of the following: the CLSs, the IPAC Hub and, IPAC Hub networks. IPAC Hubs that were previously operating as satellite or sub-hubs are expected to continue working within their core Hub networks. The IPAC Hub will conduct an assessment to determine the allocation and priority of services.

IPAC Hubs are to align their operations, including services and supports provided, with priorities set by the ministry.

Supports / services offered:

These services include provision of the following IPAC services and supports, either directly or through partnership with Hub Partners (other local service providers with expertise in IPAC);

- Hosting networking opportunities (e.g., community of practices, drop-in sessions) for information sharing / collaboration opportunities;
- Mentoring and coaching those most responsible for IPAC in CLSs;
- Assisting with outbreak management plans; supporting CLSs with the implementation of outbreak measures in conjunction with the local Public Health Units;
- Delivering education and training to those who support IPAC in CLSs;
- Working alongside CLSs in their development of IPAC programs, policy and procedures within sites / organizations;
- Working alongside CLSs in supporting IPAC assessments and audits and to provide feedback on IPAC programs and practices based on assessment findings;

- Providing recommendations to strengthen IPAC programs and practices; and
- Supporting CLSs to implement IPAC recommendations.

Out of scope functions / services for IPAC Hubs include, but are not limited to:

Clinical support and other services

- Offering testing or specimen collection (e.g., respiratory viruses, antibiotic resistant organisms);
- Offering vaccines / vaccine clinics and supporting vaccine data entry;
- Providing clinical / medical assessments;
- Prescribing antivirals and other medications;
- Providing (i.e., purchasing on behalf of CLSs) personal protective equipment (PPE), respiratory fit testing and testing kits;
- Transporting laboratory specimens or other materials;
- Auditing of IPAC practices on behalf of the CLS. The IPAC Hub may provide training and education of IPAC practices and support the implementation of an auditing program);
- Inspections (e.g., as necessary for relicensing requirements).
- ***NEW*** Food safety/kitchen support (i.e., reviewing food handling certificates, sanitizers in use and food safety practices);
- Responding to, or engaging in, responses to complaints / investigations of IPAC lapses;
- Providing guidance on Construction, Renovation, Maintenance and Design (CRMD) beyond foundational IPAC principles (i.e., review and approval of CRMD plans, completing Infection Control Risk Assessment (ICRA) for CLSs);
- Providing direction on repatriation of a resident to a home; and,
- Research projects without the expressed written permission from the ministry.

Outbreak management:

- Leading outbreak management teams;
- Defining isolation periods for residents during an outbreak; and
- Declaring outbreaks / declaring outbreaks over.

Hours of Operation:

- There is an expectation that IPAC Hubs will operate during normal business hours;
- On-call, evening, weekend coverage and hiring additional IPAC Hub staff to support surge (outbreak) is not required and is an ineligible expenditure; and,
- There may be unique emergent situations where after hours support is required. In such situations the Hub should notify the Ministry for situational awareness.

Ministry funding must be used for the provision of expertise, education, and support related to the work of the IPAC Hubs to congregate care settings and is subject to review by the ministry. Funding must be used as directed by the Ministry and may not be used for other programs or flow through to other organizations outside of the Board of Health without the expressed written permission by the ministry. Full time equivalent (FTE) allocations should reflect actual contributions to the IPAC Hubs (e.g., Hub staff at 1.0 FTE are dedicated to IPAC Hub work and do not provide support to their host organization).

As appropriate to the jurisdiction, other health partners may also be engaged (e.g., Public Health Ontario and other Public Health Units).

The Board of Health must notify the Ministry, as soon as reasonably possible, if the Board of Health (IPAC Hub) cannot keep its commitments as an IPAC Hub, including any reallocation of funding and alternative strategy to ensure service provision is maintained.

In addition, the Board of Health (IPAC Hub) will be required to record and report to the Province activities they carried out through the IPAC Hub Data Reporting Tool provided by the Province as per the requirements in Schedule F.

Admissible expenditures are those considered by the Ministry to be reasonable and necessary for IPAC Hubs to achieve and/or maintain ongoing IPAC support for CLSs in their region.

Funding may be used for:

- IPAC Hub staff salaries, wages, and benefits;
- Overhead costs associated with IPAC Hub delivery of services such as: administrative overhead; building occupancy costs; PPE for IPAC Hub staff;
- Professional development for IPAC Hub staff in alignment with priorities established by the Ministry to support building capacity of CLSs (e.g., membership in IPAC Canada, tuition for IPAC course, CIC exam costs reimbursement, recertification for IPAC Hub staff that are at least a 0.5 FTE allocation, in-province and virtual conferences, etc.);
- Office equipment, communication, and Information & Information Technology; and,
- Mileage costs / car rentals / meal allowance as indicated.

Non-admissible expenditures are those considered by the ministry to be unrelated to the provision of work of the IPAC Hubs. Examples of non-admissible expenditures include, but are not limited to:

- **Administrative Services on Behalf of Third Parties** – Ministry policy does not permit the use of ministry funds to provide administrative services on behalf of third parties (e.g., payroll);

- **Alcoholic Beverages** – Any expenses related to alcoholic beverages are not considered to be an admissible expense and will not be funded. IPAC Hubs will follow their host organizations Travel, Meal and Hospitality Expenses Directive;
- **Capital expenditures** – any costs related to capital infrastructure e.g., construction or renovations;
- **Grants and gifts to stakeholders / organizations** – Grants or gifts flowed or given to stakeholders/organizations. The Ministry does not permit subsidizing education or education associated expenses for CLS staff (e.g., subsidizing IPAC courses for CLS staff to attend; associated transportation or parking costs for education/meetings);
- **Depreciation on Capital Assets / Amortization** – All types of depreciation and amortization are non-admissible expenses and will not be funded;
- **Donations to Individuals or Organizations** – Ministry policy does not permit the use of government funds to provide donations;
- **Physical items purchased on behalf of CLSs** (e.g., UV lights for monitoring of environmental cleaning, PPE, textbooks for certification); and,
- ***NEW* Travel and Registration to Out of Province Events –** travel costs and registration fees to conferences or events outside of Ontario are not permitted unless fully funded by the host organization.

The Recipient will provide the Ministry with a quarterly report about the IPAC Hub that, at minimum, consists of the following information and uses the submission template provided by the Ministry:

- Quarterly forecasts of spending for the fiscal year, actual spending for each quarter, with an accompanying rationale for any variances between budgets and forecasts; and,
- Changes in human resources within the IPAC Hubs (e.g., vacancies, changes to staffing complements, number of CICs).

The Province may adjust the amount of Funds it provides to the Recipient for any Funding Year based upon the Province's assessment of the information the Recipient provides to the Province

The ministry reserves the right to change base funding allocation with the provision of 120 days' written notice.

SCHEDULE "D"
BUDGET

FUNDS

Funding Type	Amount	Funding Period
Maximum Base Funds per Year	$412,450	2025-26 Funding Year
	$412,450	2026-27 Funding Year
	$412,450	2027-28 Funding Year
	$412,450	2028-29 Funding Year
	$412,450	2029-30 Funding Year
TOTAL	**$2,062,250**	

The Recipient must provide to the Province a detailed budget description on an annual basis in a financial reporting template to be provided by the Province, within the timelines specified in Schedule F for the Financial Report.

SCHEDULE "E"
PAYMENT PLAN

Funding Year	Funding Amount	Funding Date
2025-26 to 2029-30	$412,450 per Funding Year	Payable semi-monthly on the mid and end of each month. Cash flow may be adjusted to reflect forecasted spending.

Note: Final payment amount for each funding period to be rounded up or down, as required, to amount to total approved funding. The timing of payments noted above are subject to change. The Province will provide funding noted above based on funding approval and availability. The Province may be required to revise the payment schedule based on available funds.

SCHEDULE "F"
REPORTS

Definitions

For the purposes of this Schedule, the following words shall have the following meanings:

"Quarter" means either Q1, Q2, Q3 or Q4.

"Q1" means the period commencing on April 1st and ending on the following June 30th (1st Quarter).

"Q2" means the period commencing on July 1st and ending on the following September 30th (2nd Quarter).

"Q3" means the period commencing on October 1st and ending on the following December 31st (3rd Quarter).

"Q4" means the period commencing on January 1st and ending on the following March 31st (4th Quarter).

	Name of Report	Due Date
1	Annual Budget Submission	March 31 of the Funding Year
2	1st Quarter Financial Report	July 31 of the Funding Year
3	2nd Quarter Financial Report	October 31 of the Funding Year
4	3rd Quarter Financial Report	January 31 of the Funding Year
5	4th Quarter Financial Report	April 30 of the next Funding Year
6	Funding Year Annual Reconciliation Report	June 30 of the next Funding Year
7	Organization's Audited Financial Report	June 30 of the next Funding Year
8	Reports specified by the Province from time to time	On date specified by the Province of the next Funding Year

Certificate of Insurance: The Certificate of Insurance shall be provided to the Province at the same time the executed Agreement is provided to the Province by the Recipient.

Report Details

1. Annual Budget Submission

Annual Budget Submission for the IPAC Hub to provide details on projected spending within cost categories specified by the Province**.**

2. 1st Quarter Financial Report

The Financial Report will specify actual expenditures and forecasts and any resulting variances for each cost category at the end of the 1st quarter of the Funding Year**.**

3. 2nd Quarter Financial Report

The Financial Report will specify actual expenditures and forecasts and any resulting variances for each cost category at the end of the 2nd quarter of the Funding Year.

4. 3rd Quarter Financial Report

This Financial Report contains actual expenditures and forecasts and any resulting variances for each cost category at the end of 3rd quarter of the Funding Year. Any unspent funds identified as part of the 3rd quarter report may be recovered from the IPAC Hub.

5. 4th Quarter Financial Report

This Financial Report contains actual forecasted expenditures at the end of the Funding Year. The report will specify actual forecasted expenditures and any resulting variances for the funding period. Any unspent funds identified as part of the 3rd quarter report may be recovered from the IPAC Hub.

6. Funding Year Annual Reconciliation Report

The Funding Year Annual Reconciliation report contains Ministry approved funding and actual expenditures for the Funding Year after the organization's financial audit is completed. Reporting templates will be provided by the Province and the report will be signed by authorized signing officers of the organization (e.g., MOH/CEO and/or CFO/Finance Director).

7. Organization's Audited Financial Report

This report is the annual audited organizational financial report, including financial statements prepared in accordance with Canadian generally accepted accounting principles and attested to by a licensed public accountant. The Province does not require a separate schedule to be prepared for each Project funded as long as Province revenue and expenditures are identifiable within the report and the

Funding Year Annual Reconciliation reports (which are project-specific) are duly signed by authorized signing officers.

8. Reports specified by the Province from time to time

As specified.

Association of Local Public Health Agencies

Winter Symposium and Workshops

February 11-13, 2026

Co-hosted by

alPHa
Association of Local PUBLIC HEALTH Agencies

Region of Waterloo Public Health

Join us at alPHa's 2026 Winter Symposium!

Local public health plays a critical role in promoting healthy communities. This event will provide Members with engaging online workshops and in-depth plenary sessions with prominent public health leaders on the importance of Ontario's local public health system.

Only alPHa Members can participate in these events. Pre-Symposium Workshops are included when you register for the Winter Symposium: $399 + HST.

Registration will be available mid-January and further information will be shared in alPHa's newsletter, *InfoBreak*, by email and on the website.

The Winter Symposium is generously supported by:

EOHU Eastern Ontario Health Unit
BSEO Bureau de santé de l'est de l'Ontario

Dalla Lana School of Public Health

alPHa 2026 Winter Symposium and Workshops:

Pre-Symposium Lineup - Back by Popular Demand!

Sabine Matheson

Sleepless in Ontario - StrategyCorp

Weds., Feb. 11 - 12 p.m. to 1:30 p.m.

With 2026 municipal elections ahead, the political environment for public health is can change quickly. Get a forward look at the policy climate and the key issues affecting agencies and boards of health—so you can prepare with confidence.

Dr. Alexander Caudarella

Actioning Community Data Across Sectors

Canadian Centre on Substance Use and Addiction (CCSA)

Weds., Feb. 11 - 2 p.m. to 4 p.m.

Learn how CCSA is working with communities are shaping the response to substance use and addiction. This session features insights from the Canadian Community Epidemiology Network on Drug Use, along with work with First Nations, Inuit and Métis partners, and innovative approaches to local data and action.

Claudia Valle

The Secret to Sustainability - Leaders for Leaders

Thurs. Feb. 11 - 2 p.m. to 4 p.m.

Sustainability isn't about doing less — it's about choosing what matters over time. Leave with practical strategies to protect your energy, set boundaries, and sustain your impact without burnout. Participants will learn how to rethink balance and self-care as practical and achievable.

You must be an alPHa Member to register. You will be automatically registered for the Pre-Symposium workshops when you register for the Winter Symposium.

This event is co-hosted by alPHa and Waterloo Public Health

alPHa Association of Local PUBLIC HEALTH Agencies

Region of Waterloo

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