



Our Vision:  
*Healthy People in Vibrant Communities*

## BOARD OF HEALTH MEETING AGENDA

Woodstock Location: Oxford County Administration Building  
21 Reeve Street, Woodstock, ON  
Virtual Participation: MS Teams  
Thursday, October 24, 2024, at 1:00 p.m.

ITEM	AGENDA ITEM	LEAD	EXPECTED OUTCOME
<b>1.0 CONVENING THE MEETING</b>			
1.1	Call to Order, Recognition of Quorum <ul style="list-style-type: none"> <li>Introduction of Guests, Board of Health Members and Staff</li> </ul>	Bernia Martin	
1.2	Approval of Agenda	Bernia Martin	Decision
1.3	Reminder to disclose Pecuniary Interest and the General Nature Thereof when Item Arises including any related to a previous meeting that the member was not in attendance for.	Bernia Martin	
1.4	Reminder that meetings are recorded for minute-taking purposes, and open session portions are publicly available for viewing for 30 days after being posted on Southwestern Public Health’s website.	Bernia Martin	
<b>2.0 APPROVAL OF MINUTES</b>			
2.1	Approval of Minutes <ul style="list-style-type: none"> <li>September 26, 2024</li> </ul>	Bernia Martin	Decision
<b>3.0 APPROVAL OF CONSENT AGENDA ITEMS</b>			
<b>4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION</b>			
<b>5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.ACCEPTANCE.DECISION</b>			
5.1	SWPH Advancing School Health Programming Report for October 24, 2024	Erica Arnett Barb Ledgley	Receive and File
5.2	SWPH Changes to Ontario’s Alcohol Retail System Report for October 24, 2024	Jacqueline Deroo Peter Heywood	Decision
5.3	SWPH Further Investments in Public Health in 2023: October 2024 Update	Cynthia St. John	Decision
5.4	Governance Standing Committee Report for October 24, 2024	Grant Jones	Receive and File
5.5	Chief Executive Officer’s Report for October 24, 2024	Cynthia St. John	Decision
<b>6.0 NEW BUSINESS/OTHER</b>			
<b>7.0 CLOSED SESSION</b>			
<b>8.0 RISING AND REPORTING OF THE CLOSED SESSION</b>			

ITEM	AGENDA ITEM	LEAD	EXPECTED OUTCOME
<b>9.0 FUTURE MEETINGS &amp; EVENTS</b>			
9.1	<ul style="list-style-type: none"> <li>• Board of Health Orientation: Thursday, November 28, 2024 at 12:00 p.m.</li> <li>• Board of Health Meeting: Thursday, November 28, 2024 at 1:00 p.m.               <ul style="list-style-type: none"> <li>○ St. Thomas Site</li> <li>○ 1230 Talbot Street, St. Thomas, ON</li> <li>○ Virtual Participation: MS Teams</li> </ul> </li> </ul>		
<b>10.0 ADJOURNMENT</b>			



A meeting of the Board of Health for Oxford Elgin St. Thomas Health Unit was held on Thursday, September 26, 2024 commencing at 1:04 p.m.

**PRESENT:**

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

**GUESTS:**

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

**MEDIA:**

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

**REGRETS:**

Dr. N. Tran  
Mr. J. Preston

Medical Officer of Health (ex officio)  
Board Member

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

**1.1 CALL TO ORDER, RECOGNITION OF QUORUM**

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

**1.2 AGENDA**

B. Martin noted a revision to the September 26, 2024 Board of Health Agenda, wherein the 5.3 Governance Standing Committee report would be deferred to the October 24, 2024 meeting in light of additional reference materials to be added.

**Resolution # (2024-BOH-0926-1.2)**

Moved by D. Mayberry  
Seconded by D. Warden

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

Carried.

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

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

**2.0 APPROVAL OF MINUTES**

**Resolution # (2024-BOH-0926-2.1)**

Moved by J. Herbert  
Seconded by M. Peterson

That the minutes for the Southwestern Public Health Board of Health meeting for June 27, 2024 be approved.

Carried.

### **3.0 CONSENT AGENDA**

J. Herbert and B. Martin indicated that they have signed up for alPha’s Fall Symposium.

#### **Resolution # (2024-BOH-0926-3.1)**

Moved by G. Jones

Seconded by J. Herbert

That the Board of Health for Southwestern Public Health receive and file consent agenda items 3.1: alPha for its Virtual 2024 Fall Symposium, November 6-8, 2024.

Carried.

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

The Board discussed the letter of support for Bills S223 and C223, which propose a national framework for guaranteed livable basic income. It was noted that Southwestern Public Health (SWPH) has already taken action regarding the living wage initiative by encouraging local municipalities to do the same. M. Ryan proposed an amendment to send the letter to obligated municipalities. The motion, as amended, was carried, with the recognition that the bills are under review and may be delayed in the legislative process.

#### **Resolution # (2024-BOH-0926-4.1)**

Moved by M. Ryan

Seconded by D. Mayberry

That the Board of Health for Southwestern Public Health support and circulate to the obligated municipalities correspondence 4.1: Support for Bills S-233 and C-223 “An Act to develop a national framework for a guaranteed livable basic income.”

Carried.

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

#### **5.1 SWPH Strategic Planning Report**

K. Bastian reviewed the report.

B. Martin thanked C. Walsh and A. Bartley for their communication and engagement with the Board thus far. C. Walsh and A. Bartley left the meeting at 1:20 p.m.

#### **Resolution # (2024-BOH-0926-5.1)**

Moved by M. Ryan

Seconded by D. Warden

That the Board of Health for Southwestern Public Health accept the Strategic Plan Report for September 26, 2024.

Carried.

## **5.2 Medical Officer of Health Report for September 26, 2024**

B. Martin noted that Dr. Tran sends his regrets as he begins his parental leave sooner than expected. S. Molnar welcomed Dr. J. Lock as the Acting Medical Officer of Health during Dr. Tran's leave.

S. Molnar inquired about rapid antigen test (RAT) kits, noting limited supply and expiration concerns. S. MacIsaac confirmed that SWPH has approached the ministry regarding RATs as the remaining stock has expired, but there has been no confirmation thus far.

J. Couckuyt asked about SWPH's partnership with local veterinarians to provide low-cost rabies vaccination clinics. S. MacIsaac noted the clinic is part of SWPH's current push to raise public awareness of rabies risk factors and what should be done to protect their domestic animals as well as themselves.

L. Rowden reported the recent news of 52 Covid-related hospitalizations and inquired about Covid-19 case rates and vaccine supply. S. MacIsaac indicated SWPH is seeing increased outbreaks in congregate living settings, retirement homes, and long-term care homes, but expects to receive updated vaccines and guidance from the Ministry in light of Health Canada's recent approval.

### **Resolution # (2024-BOH-0926-5.2)**

Moved by S. Molnar

Seconded by J. Couckuyt

That the Board of Health for Southwestern Public Health accept the Medical Officer of Health's Report for September 26, 2024.

Carried.

## **5.3 Governance Standing Committee Report is deferred to October 24, 2024**

## **5.4 Chief Executive Officer's Report**

C. St. John reviewed her report.

C. St. John noted the Community Health Status Reports developed by the Foundational Standards team will be public-facing and shared via social media and partners. Partner agencies have expressed appreciation for the reports and Board members are encouraged to share them when opportunities arise.

J. Herbert asked if there were any changes in school vaccination requirements. S. MacIsaac confirmed there are no changes, and the Covid-19 vaccine is not mandatory for schools.

D. Warden asked for additional clarity on SWPH's projected year-end surplus. C. St. John reported that as of June 30, 2024, SWPH is projecting a surplus of approximately \$1.3 million, partly due to new hires starting at different steps in their salary grids, and staff on leave of absence (LOA). Additional COVID-19 funding has also contributed to the surplus. C. St. John

clarified that SWPH expects a better understanding of the surplus nearer to year's end. D. Warden asked if there will be options or recommendations for this surplus in the next report. C. St. John indicated options would be noted in a future report.

J. Couckuyt praised the health status reports and looks forward to seeing more of them. He also asked for more clarification regarding base funding and municipal contributions.

C. St. John explained that prior to 2020, certain public health programs were 100% funded by the provincial government. However, in 2019, the provincial government announced changes to the funding model, shifting to a cost-sharing formula that required municipalities to contribute more.

C. St. John noted the government also converted many of the previously fully-provincially funded programs (with a few exceptions, such as seniors' dental and MOH compensation top-up) into cost-shared programs. This change increased the financial burden on municipalities.

To ease the transition, the province introduced mitigation funding in 2020, which was intended to offset the additional costs borne by municipalities because of the Ministry of Health's decision. The mitigation funding has remained unchanged at approximately \$1.4 million from 2020 to 2024, despite inflation and increased program costs.

J. Couckuyt asked if municipalities will be paying less as a result. C. St. John noted that the 2024 base funding has now been changed to include the mitigation funding that has been frozen at 1.4M for the last 4 years. The Ministry of Health has confirmed only a 1% base funding growth for 2024 and 2025 which is far below inflation. As a result, municipalities have had to pick up more public health programs and services costs.

D. Mayberry asked if the surplus could be used to support underfunded programs, such as those related to mental health in schools. He emphasized the importance of addressing mental health issues, which impact both students and classroom dynamics. D. Mayberry encouraged flexibility in using surplus funds to address these needs.

C. St. John noted that SWPH is meeting its current staffing and program targets, although a long-standing manager vacancy in health information management has delayed progress in that area. She also mentioned that SWPH still has nurses in schools, but not at the same level as we had many years ago where a nurse was in a school several days a week. C. St. John indicated that a comprehensive report on schools will be presented to the Board later this year.

D. Mayberry asked if there are any concerns from senior staff regarding the amending agreement. C. St. John replied that there were no issues or concerns, and that if any were noted, please be assured that they would be brought to the Board's attention.

J. Herbert asked if the 7% increase in funding for the Healthy Babies, Healthy Children program was a surprise given the size of the increase. C. St. John noted that the program had not received an increase for so many years, so yes it was a surprise. While the increase is highly appreciated, it does not reflect how inflation has significantly eroded the program's budget that

has been frozen for over a decade, and a far greater increase would be required to address inflationary pressures over the past few years.

**Resolution # (2024-BOH-0926-5.4-2.1)**

Moved by J. Couckuyt

Seconded by M. Ryan

That the Board of Health approve the second quarter financial statements for the period ending June 30, 2024 for Southwestern Public Health.

Carried.

**Resolution # (2024-BOH-0926-5.4-2.2)**

Moved by G. Jones

Seconded by J. Herbert

That the Board of Health for Southwestern Public Health accept the Amending Agreement between the Ministry of Health and Southwestern Public Health effective January 1, 2024.

Carried.

**Resolution # (2024-BOH-0926-5.4)**

Moved by S. Molnar

Seconded by D. Warden

That the Board of Health accept the Chief Executive Officer's report for September 26, 2024.

Carried.

**6.0 NEW BUSINESS**

**7.0 TO CLOSED SESSION**

**Resolution # (2024-BOH-0926-C7)**

Moved by D. Mayberry

Seconded by C. Agar

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

- (a) the security of the property of the municipality or local board;
- (b) personal matters about an identifiable individual, including municipal or local board employees;
- (c) a proposed or pending acquisition or disposition of land by the municipality or local board;
- (d) labour relations or employee negotiations;



- (e) litigation or potential litigation, including matters before administrative tribunals, affecting the municipality or local board;
- (f) advice that is subject to solicitor-client privilege, including communications necessary for that purpose;
- (g) a matter in respect of which a council, board, committee or other body may hold a closed meeting under another Act;
- (h) information explicitly supplied in confidence to the municipality or local board by Canada, a province or territory or a Crown agency of any of them;
- (i) a trade secret or scientific, technical, commercial, financial or labour relations information, supplied in confidence to the municipality or local board, which, if disclosed, could reasonably be expected to prejudice significantly the competitive position or interfere significantly with the contractual or other negotiations of a person, group of persons, or organization;
- (j) a trade secret or scientific, technical, commercial or financial information that belongs to the municipality or local board and has monetary value or potential monetary value; or
- (k) a position, plan, procedure, criteria or instruction to be applied to any negotiations carried on or to be carried on by or on behalf of the municipality or local board. 2001, c. 25, s. 239 (2); 2017, c. 10, Sched. 1, s. 26.

Other Criteria:

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

Carried.

S. Molnar left at 1:50 p.m.

## 8.0 RISING AND REPORTING OF CLOSED SESSION

### Resolution # (2024-BOH-0926-C8)

Moved by M. Peterson

Seconded by D. Shinedling

That the Board of Health rise with a report.

Carried.

### Resolution # (2024-BOH-0926-C3.1-1.2)

Moved by J. Herbert

Seconded by J. Couckuyt

That the Board of Health for Southwestern Public Health appoint Dr. Joyce Lock as Acting Medical Officer of Health as of September 26, 2024.

Carried.

### Resolution # (2024-BOH-0926-C3.1)

Moved by G. Jones

Seconded by M. Ryan

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Report for September 26, 2024.

Carried.

**9.0 FUTURE MEETING & EVENTS**

**10.0 ADJOURNMENT**

The meeting adjourned at 2:12 p.m.

**Resolution # (2024-BOH-0926-10)**

Moved by M. Peterson

Seconded by D. Warden

That the meeting adjourns to meet again on Thursday, October 24, 2024, at 1:00 p.m. or earlier at the call of the Chair.

Carried.

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

DRAFT



# BOARD REPORT

## Advancing School Health Programming Report

**MEETING DATE:** September 26, 2024

**SUBMITTED BY:** Peter Heywood, Program Director

**SUBMITTED TO:** Board of Health

**PURPOSE:**  Decision  
 Discussion  
 Receive and File

**AGENDA ITEM #** 5.1

**RESOLUTION #** 2024-BOH-0926-5.1

**REPORT TITLE:** Advancing School Health Programming: Integrating Health Promotion to Enhance Student Well-being

### PURPOSE OF REPORT

The purpose of this report and corresponding presentation is to increase the Board of Health’s understanding of the work of our comprehensive school health program at Southwestern Public Health (SWPH), highlighting mental health and substance use as key areas of concern in our communities. There is no decision required of the Board with this report.

### INTRODUCTION

This report supplements the *Comprehensive School Health* PowerPoint presentation and *Public Schools—SWPH Programs & Services Report 2023/2024 School Year* infographic. Data regarding children's and youth's health has historically been lacking within the Province of Ontario. While significantly more work needs to be done to understand the health of children and youth and the local protective factors that support their healthy growth and development, we know that mental health and substance use are critical areas of concern locally for school-aged children and youth.

### Mental Health

- Mental health of the population has declined in recent years, both locally and provincially.
- Poor mental health is seen more frequently in younger age groups.
- Rates of intentional self-harm, poor self-reported mental health and suicidal thoughts are highest in younger females.

## Substance Use in Students Grades 7-12

- The substance used most by local youth was alcohol, followed by e-cigarettes and cannabis. All of these are consumed at a higher rate than those of Ontario youth.
- Most youth think it is easy to access alcohol, tobacco and cannabis.
- Most youth (58%) access substances through family and friends.
- Most youth start using substances in Grade 9.

The good news is that when working to prevent some of these issues, the literature points to a common set of factors, which we call protective factors. The identified protective factors are effective in preventing substance use and mental health issues and decreasing involvement in the justice system.

## BACKGROUND

SWPH's School Health approach employs a strategy of proportionate universalism to ensure that schools with the greatest need receive the most support. The team also provides programming that addresses key protective factors known to prevent or reduce the impact of mental health issues and substance use in children and youth. These changes are crucial components of the program's recent evolution. This evolution is driven by the changing needs of our school-aged children and youth, as well as advancements in the science of health promotion strategies, which have improved our understanding of the approaches that have longer-lasting impacts on this population.

The accompanying infographic and presentation highlight how the SWPH Healthy School Team works to build protective factors in local school-aged children, prevent or decrease substance use and mental health concerns, and some of the other work done in area schools.

## CONCLUSION

School health at SWPH has evolved its programs and services to address many health and social issues impacting our community. Our work focuses on building protective factors to improve the trajectory of children and youth's lives. The next step for the team's work is to evaluate the impact of our programs to address belonging, which is a critical protective factor for addressing issues such as mental health and substance use.

### **MOTION: 2024-BOH-0926-5.1**

The Board of Health for Southwestern Public Health receives the report titled "Advancing School Health Programming: Integrating Health Promotion to Enhance Student Well-being" for October 24, 2024.

# Public Schools

SWPH Programs & Services Report  
2023/2024 School Year

[www.swpublichealth.ca](http://www.swpublichealth.ca)



# SCHOOL NURSE

Public Health Nurses that have a presence in schools\* are available to:

- Actively participate in a school's Safe and Inclusive Schools Plan or Belonging Plan and help with the planning and implementation of initiatives.
- Offer evidence informed programming such as Healthy Relationships Plus, Recess Programming, Let's Get Cooking and Student Leadership activities.
- Support students' individual health and wellness through one-to-one situational support sessions in our area Secondary Schools.
- Provide curriculum supports and resources for staff including consultation and response to concerns and emerging health issues.

\*SWPH uses the Educational Opportunities Index to prioritize schools who require additional support. Every school has access to public health support; however, 28 elementary schools and every high school receive regular intensive school visiting support from a public health nurse.



18

Schools engaged  
Public Health in  
their Safe  
Schools planning



27

Safe Schools  
meetings were held  
where public health  
nurses were present



73%

grade 7/8 students  
received Healthy  
Relationships Plus  
Programming

## The following schools engaged the SWPH nurse in Safe Schools Planning

- Aldborough Public School
- Annandale Public School
- Arthur Voaden Secondary School
- Central Elgin Secondary School
- Central Public School
- East Elgin Secondary School
- Elgin Court Public School
- Forest Park Public School
- John Wise Public School
- Laurie Hawkins Public School
- Monsignor Morrison Catholic School
- New Sarum Public School
- Pierre Elliott Trudeau French Immersion Public School
- St. Joseph's Catholic High School
- Stratfordville Public School
- Summers' Corners Public School
- West Elgin Secondary School
- Winchester Street Public School

## Situational Supports

Secondary school public health nurses support student's individual health and wellness needs through one-to-one situational support sessions

**201**  
SITUATIONAL  
SUPPORTS

## Top Health Topics



Mental health



Substance Use



Birth control/  
contraception

## School Interactions

Interactions entails classroom, whole school and school board initiatives conducted by Public Health staff.

**2123**  
SCHOOL  
INTERACTIONS

Public health staff work alongside local educators to offer the following evidence based programs in area schools:



Active and  
Safe Routes  
to School



Clinical  
Services



#Food4Thought



Healthy  
Relationships  
Plus



Healthy  
Schools  
Certification



Immunization



Kindergarten  
Orientation  
Fair



Let's Get  
Cookin'



Not an  
Experiment



Recess  
Programming



School  
Assessment



SISP/  
Belonging  
Plan



Student  
Leadership



Tower  
Gardens



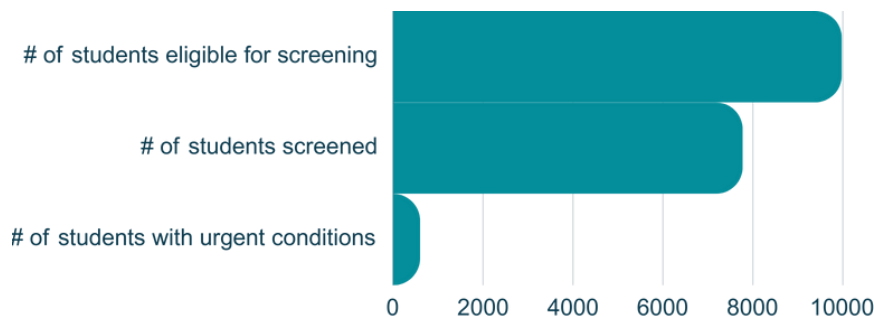
Use Your  
Instincts



Wellness  
Club

# ORAL HEALTH

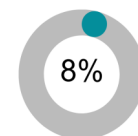
Oral health screening is a required program under the Oral Health Protocol, 2021. It is offered free in schools for students in JK/SK, Grade 2, and 7 to help identify students in need of dental care and connect eligible families with dental programming.



### Eligible Students Screened



### % of students screened with Urgent Conditions



# SUBSTANCE

Tobacco Enforcement Officers (TEOs) work under the Smoke Free Ontario Act, 2017, to prevent the use of tobacco and vape products on school property.



**107**  
school offences  
reported



**109**  
warnings  
issued



**3**  
tickets  
issued

# IMMUNIZATION

## 2023/2024 school year data

Ontario's Immunization of School Pupils Act requires that students attending elementary or secondary schools be immunized against designated diseases unless they have a valid exemption. Vaccination against meningococcal disease, HPV and Hepatitis B is offered to grade 7 students through school clinics in accordance with the Ontario Public Health Standards.

Secondary students who remained in non-compliance with ISPA after receiving notice from SWPH



Elementary students who remained in non-compliance with ISPA after receiving notice from SWPH



Grade 7 Students who received mandatory meningococcal vaccine at a school clinic



Mandatory immunizations for school attendance: diphtheria, tetanus, polio, measles, mumps, rubella, meningitis (meningococcal disease), whooping cough (pertussis), chickenpox (varicella) (required for children born in 2010 or later) Immunization of School Pupils Act





# BOARD REPORT

## Changes to Ontario’s Alcohol Retail System and Updated Report on Actions to Mitigate Alcohol-Related Harms

<b>MEETING DATE:</b>	October 24, 2024
<b>SUBMITTED BY:</b>	Peter Heywood, Program Director
<b>SUBMITTED TO:</b>	Board of Health
<b>PURPOSE:</b>	<input checked="" type="checkbox"/> Decision <input type="checkbox"/> Discussion <input type="checkbox"/> Receive and File
<b>AGENDA ITEM #</b>	5.2
<b>RESOLUTION #</b>	2024-BOH-0926-5.2
<b>REPORT TITLE:</b>	Changes to Ontario’s Alcohol Retail System and Updated Report on Actions to Mitigate Alcohol-Related Harms

### Introduction

This report provides updates on the recent changes to Ontario’s alcohol retail system and outlines the actions taken to fulfill recommendations from the previous [Board of Health Report: Actions to Reduce Alcohol-Related Harms](#) shared on October 26, 2023. Progress made on the previous recommendations from this report are as follows:

1. Association of Local Public Health Agencies (alPHA) members were asked to adopt a resolution developed by Southwestern Public Health (SWPH) at the next Annual General Meeting.
  - a. This recommendation was fulfilled. SWPH proposed a comprehensive provincial alcohol strategy: Enhancing public health through prevention, education, regulation, and treatment. alPHA adopted this resolution at its June 2024 meeting. Follow-up with alPHA and its membership is ongoing.
2. The Ontario Public Health Association requested a letter supporting its letter regarding modernizing the alcohol marketplace and product sales.
  - a. This letter was sent on December 21, 2023, and a response was received from the Ministry of Finance in February 2024. A letter of response was sent to the Ministry of Finance in May 2024, reiterating the Board of Health’s position.
3. SWPH was requested to collaborate with local municipalities to review and propose amendments to existing bylaws and alcohol-related policies to address the locations of alcohol retailers through zoning and distancing, with consideration for high-density neighbourhoods, schools, and childcare centres. This was to be reviewed in tandem with the Cannabis and Tobacco Policy.
  - a. The following actions were taken to fulfill this recommendation:

- i. By March 2024, letters were sent to all area municipalities providing information, including the report [Actions to Reduce Alcohol-Related Harms](#), and offering support to update local Municipal Alcohol Policies.
- ii. SWPH staff supported a municipality that reached out directly from this communication and had previously supported another municipality with its Municipal Alcohol Policy. There are continued plans to work on the Municipal Alcohol Policy into 2025.
- iii. Work on Municipal Alcohol Policy was continued and explored with the Southwestern Polysubstance Work Group, Ontario Public Health Association and Canadian Alcohol Policy Evaluation project.

## Situation

In December 2023, the Ontario Government announced plans to expand alcohol retail outlets by January 1, 2026. On May 24, 2024, the government revealed an accelerated timeline for the expansion, rolling out from August to October 2024. Further acceleration was announced on July 15, 2024. (1) After September 5, 2024, convenience stores could sell alcohol with a license. By the end of October 2024, every convenience, grocery and big-box store in Ontario will be eligible to sell beer, cider, wine and ready-to-drink alcoholic beverages. This will introduce up to 8,500 new stores where these products can be sold. (2) Existing requirements related to staff training, minimum pricing, hours of sale and warning signs about drinking during pregnancy will be maintained and applied to all new retail outlets. (2)

The SWPH region does not meet best practice guidelines for off-premise alcohol outlet density levels (less than 2 per 10,000 capita age 15+). (3,4) (Off-premise alcohol outlets are stores like the LCBO that allow someone to buy alcohol to drink elsewhere.) There are substantiated concerns that an increase in alcohol density will result in additional harm to the population by further exceeding the recommended threshold. (4)

The process for alcohol retail licensing in Ontario has been adjusted by recent Provincial legislation, which includes changes to the public consultation process. This removes the ability for municipalities and the public to provide input or submit concerns or objections regarding alcohol licensing for a particular location before licensing is provided. As outlined in the previous Board of Health Report: [Actions to Reduce Alcohol-Related Harms](#), locations and density of alcohol retail can impact public health, especially for vulnerable populations. Therefore, only some locations are appropriate to sell alcohol. The new licensing process requires extra effort from municipalities that want to establish protective restrictions proactively. No provincial protections are put in place regarding density or location, and each municipality would need to implement bylaws. For example, if a store applied for a license to sell alcohol close to a sensitive area, such as a treatment facility or high school, the Provincial legislation would still allow a permit despite any bylaws. It would be up to the municipality to have a bylaw and enforce any bylaws that dictated this restriction after the license was issued.

Other changes that have taken place:

- There is no longer a cap on how many grocery stores can sell alcohol and no cap in general for alcohol retail in Ontario.
- Density limits and restrictions will change. There are voluntary restrictions on outlet placement that the LCBO outlets follow, but density limits do not apply to all alcohol retail stores in Ontario. (4)
- An additional \$10 million over five years has been promised to support social responsibility and public health efforts. (2) At this time, how these funds will be allocated is still being determined.

- The Alcohol and Gaming Commission of Ontario has been provided extra money towards “additional funding for staffing” to increase its abilities to check compliance and enforce the rules; the AGCO has increased its inspection capacity by about 25 percent. (5)

Southwestern Public Health is responding by:

- Focussing continued efforts on education and public campaigns to increase awareness of the harms due to alcohol and the [Canadian Guidance on Alcohol and Health](#).
- Continue to monitor and report on the harmful impacts of alcohol on local communities, such as impaired driving, underage drinking rates, Emergency Department (ED) visits and mortality rates.
- Working with the Oxford Mental Health and Addictions Action Coalition, the Elgin Community Drug and Alcohol Strategy and other partners to understand how these policy changes will impact communities and the options that will help to mitigate these harms.
- Continue to support municipalities by making information available regarding possible mitigation strategies to decrease the harmful impacts of increased alcohol availability.
- Continuing to work on the recommendations presented to the Association of Local Public Health Agencies (ALPHA) in the June resolution a [Comprehensive Provincial Alcohol Strategy: Enhancing Public Health through Prevention, Education, Regulation and Treatment](#).

### **Local Concerning Trends**

The local alcohol-related mortality rate (with and without drug involvement) increased between 2018 and 2021, whereas the provincial rate decreased during the same time. In 2021, the rate in the SWPH region surpassed the provincial rate, reaching a high of 3.4 per 100,000 (compared to 2.5 per 100,000 across Ontario). The mortality rate of female SWPH residents also increased consistently during that time, nearly matching the historically higher rate among male residents in 2021. (6)

In 2021, the local rate of hospitalizations for conditions entirely attributable to alcohol per 100,000 in SWPH was 1.4x higher than that across Ontario (305.7 per 100,000 vs. 219.0 per 100,000). (7)

Locally, heavy drinking has remained consistent at 20% in the SWPH region since 2015/2016 (heavy drinking is defined as five (5) or more drinks for men and four (4) or more for women on a single occasion). This was higher than Ontario’s rate of 15%, which reported heavy drinking during the same timeframe. Locally, the proportion of those reporting heavy drinking has increased, while the provincial proportion has decreased. As a result, the percent difference between the local and provincial proportions has nearly doubled between 2015/2016 and 2019/2020. (7)

### **The Cost of Alcohol-Related Harms**

When alcohol becomes more available and affordable, the following problems increase: street and domestic violence, chronic diseases, sexually transmitted infections, road crashes, youth drinking, injury, (8) and suicide. (4,9) There are also increased costs of health care, lost productivity, criminal justice and other direct costs. (10,11)

Research from Ontario has found a positive association between alcohol outlet density and alcohol-attributable emergency department (ED) visits. Further, this study showed that men and women from the lowest neighbourhood socioeconomic status (SES) quintile had 2.19 and 1.8 times the risk of alcohol-attributable ED visits compared to their counterparts in the highest SES quintile. (12) Previous research has shown an increased number of off-premise alcohol outlets in low SES neighbourhoods, both in Ontario

and within our local GIS maps. (13) Considering the alcohol paradox, where lower socio-economic status individuals experience higher rates of harm despite drinking at the same level or less than those with higher socio-economic status, the increase in off-premise outlets will harm the most vulnerable of our population and exacerbate inequities in health status and outcomes further than they already are.

### **The Canadian Guidance on Alcohol and Health**

The current policy direction to expand retail outlets is incongruent with what we know about the harms alcohol causes and the policies that support people to decrease their alcohol use. The World Health Organization clearly states that there is no safe level of alcohol use (14), and the Canadian Guidance on Alcohol and Health advises on the risks alcohol poses to health, showing that health risks increase as a person increases their alcohol use. (15)

## **Assessment**

### **Municipal Level Policy Considerations:**

Municipal-level policies can protect people and reduce alcohol-related harm. Municipalities can address alcohol-related risk and harm on municipally owned property through Municipal Alcohol Policies (MAPs) and off municipally owned property by exploring by-laws, zoning, and licensing restrictions. (16) As with Tobacco, municipalities can implement by-laws to protect the “health, safety and well-being of persons.” (17) A document (municipal primer) describing a municipality's possible actions is currently under development and It is intended the municipal primer will be circulated to municipalities for their information and action.

SWPH and Spatialists Consulting created geographic image system (GIS) maps in 2022 to assist with tracking alcohol retailers and patterns in our region. This information will continue being reported through Public Health Ontario this winter. Using local data can assist municipalities in choosing the right policies for their communities based on local needs. (13,18) Enhancing monitoring and tracking of local resources used towards the harmful outcomes of alcohol is one way that local regions can make informed decisions around alcohol policy, for example, consistently tracking all police calls that involve alcohol and making that data publicly available.

### **Lack of Public Knowledge of Alcohol Harms**

The majority of those polled in Canada do not know about the alcohol and cancer link. (19,20,21) As the public’s understanding of the connection between cancer and alcohol increases, research suggests so does availability and marketing. (22,23,21) The Canadian Cancer Society recently polled Canadians and found that 93% of those polled in Ontario support policies that increase public awareness about risks associated with alcohol and to reduce its consumption. (24)

## **Recommendations for the Board’s Consideration**

1. To send a letter to the Ministry of Finance and the Ministry of Health requesting information on how the additional \$10 million for social responsibility will be allocated and requesting public health experts to be involved in this important work.
2. Support the municipal primer on *Reducing Alcohol Harms: A Primer for Municipalities* to the area municipalities, when it is circulated. The primer outlines what municipalities can do to reduce alcohol-related harm in their communities. (See attachment.)

## Conclusion

Alcohol is known to harm our community in many ways, and the harms are expected to increase with retail expansion. Healthy public policies at the local level are essential to create environments that positively influence choices around alcohol. Southwestern Public Health and municipalities play a vital role in supporting healthy communities, and the evidence exists to guide this effort. SWPH will continue to play a significant role in influencing healthy public policy regarding alcohol through several key mechanisms, including effective evidence-based research and advocacy, policy development and support through the implementation of recommendations in the alpha resolution: *Comprehensive Provincial Alcohol Strategy: Enhancing Public Health through Prevention, Education, Regulation and Treatment*, and community engagement through the Community Drug and Alcohol Strategies and will monitor and track changes related alcohol-related harms.

### **MOTION: 2024-BOH-0926-5.2**

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

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Local governments are uniquely positioned to foster healthy environments and behaviours when building healthy communities. This document provides insight into the health implications of alcohol use, to encourage and support communities to continue having informed conversations about reducing harms.



## Risks to Community Safety and Well-being <sup>(1) (2)</sup>

**Alcohol is the most used harmful drug in Southwestern Public Health regions.** Its use is under-reported across Canada, therefore rates of alcohol use are higher than the data available.

# 39%

of adult Southwestern Public Health respondents are drinking above what is considered a low-risk level according to Canada's Guidance on Alcohol and Health (had 3 or more standard drinks in the past 7 days).

## Alcohol Causes Injuries, Violence, and Health Harms <sup>(3) (4)</sup>

Alcohol is linked to more than 200 health and injury conditions, including cancers, physical injuries, liver disease, and fetal alcohol spectrum disorder, putting strain on our already overburdened healthcare system. Those who don't drink can experience secondary harms through impaired driving, intimate partner violence, and public disturbances.

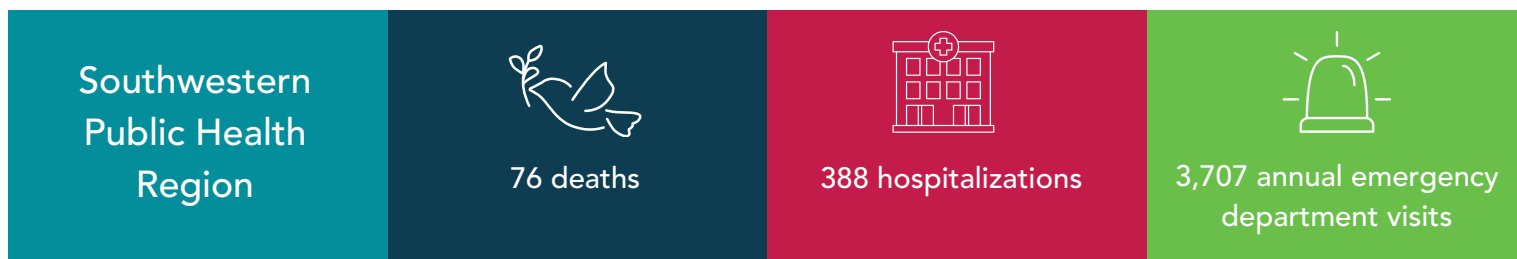
## Alcohol Exposure Impacts Youth <sup>(5) (6)</sup>

Having alcohol in areas frequented by youth normalizes and encourages use. Early alcohol initiation has clear harms for youth. Regulating alcohol access is a tool to address these risks and harms effectively.

- In 2019, more youth in the Southwestern Public Health Region reported that they thought alcohol was easy to get compared to youth in Ontario.
- 32% of youth (Gr. 9-12) in the Southwestern Public Health region who had ever drunk alcohol reported drinking for the first time in grade 9



# Deaths, Hospitalizations, and Emergency Department Visits Attributable to Alcohol: <sup>(7)</sup>



## Retail Density Impacts Consumption <sup>(8) (9)</sup>



On-premise: licensed establishments such as restaurants and bars



Off-premise: retail outlets such as LCBO, the Beer Store, convenience stores, and grocery stores

Research shows the density of on-premise establishments and off-premise outlets and alcohol harms.

More alcohol outlets result in more alcohol consumption and associated harms including injuries, illness, assaults, suicide, public disorder, and violent crime at the population level.

An increase in alcohol outlet density in Southwestern Public Health Region will further exceed the recommended threshold

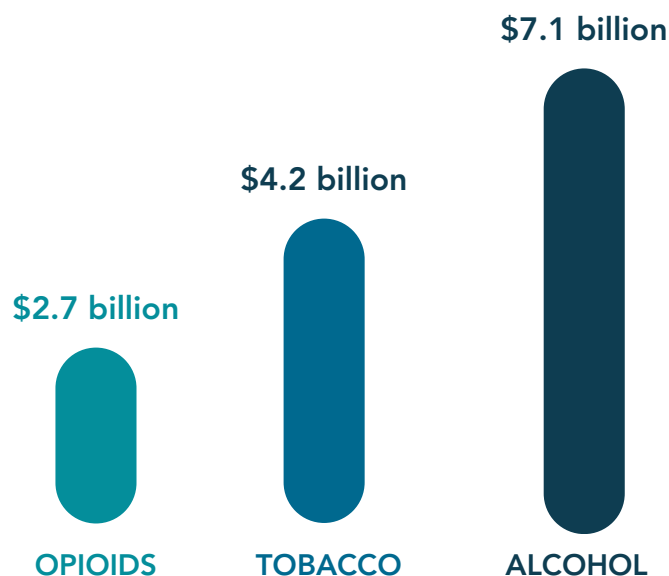
Currently, Southwestern Public Health does not meet best practice guidelines for off-premise alcohol outlet density levels (less than 2 per 10, 000 capita age 15+)

## Costs <sup>(10) (11)</sup>

In 2020/21, alcohol cost Ontario taxpayers over \$7 billion in direct (e.g., healthcare and enforcement) and indirect (e.g., lost productivity) costs.

Despite perceptions that alcohol is a large revenue generator, in 2020/21 alcohol generated just over \$5 billion in returns for Ontario, creating a nearly **\$2 billion deficit** for the province.

## Substance Use Attributable Costs 2020/2021



## Provincial Alcohol Retail Landscape

2015

2019

2020

2024

Expansion of alcohol sales to grocery stores, with approx. 450 participating stores

Expansion of LCBO convenience outlet stores

Expansion of alcohol delivery

Expansion of alcohol sales to grocery, convenience and big box stores (with no cap on number of outlets)

### Reducing Harms Related to Physical Availability of Alcohol

Currently there are no plans for provincial restrictions on retail outlet density, regulations to limit clustering of alcohol outlets, or proximity restrictions (i.e. distance between alcohol outlets and schools or healthcare facilities).

### What can Local Governments do?

Local governments are uniquely situated to create healthy environments and foster healthy behaviours. Through healthy public policies and partnerships, they can support the local economic and social benefits of alcohol, while reducing negative impacts.

### Modify Land Use Planning

(12) (10) (13) (14)

A greater density of alcohol outlets (on and off-premise) can increase community-level harms such as injury, poor mental health, and acute and chronic diseases.

#### Possible Actions:



Explore zoning options related to alcohol retail locations and density

- Consider minimum separation distances between alcohol outlets (on and off-premise) and sensitive land use areas, such as schools, treatment centers, and parks.

Less alcohol available → Decreased consumption → Decreased alcohol-related harms

### Work With Other Levels of Government

(14) (15)

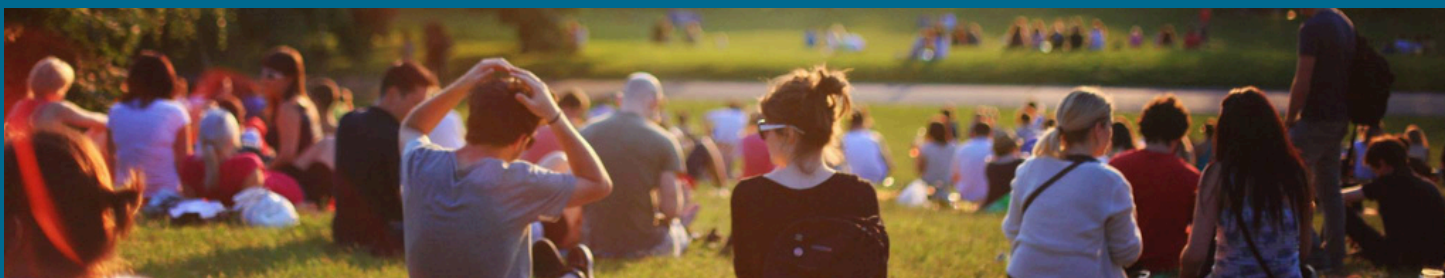
Municipalities know their communities best and see community-level impact from policies at all levels. Municipalities can advocate to the provincial and federal governments for evidence-based policies that work to reduce alcohol harms.

#### Possible Actions:



- Advocate to keep municipal control over alcohol policy that impacts the wellbeing and safety of the local community, such as keeping the public notice requirement for liquor license applications and allowing municipalities to have more input on alcohol retail outlet density and location decisions.

- Advocate for a provincial alcohol strategy that implements a public health approach to access, pricing, marketing, and labelling across the province.
- Advocate for other measures to reduce potential harm, such as increased fines and license fees and progressive enforcement of regulations.



## Regulate Alcohol at Public Spaces & Events <sup>(12) (10) (14)</sup>

Permitting alcohol use on public property can create a sense of normalization and increase consumption, resulting in public safety risks and increased risk of health and social harms. Event organizers can reduce alcohol-related harms by managing the availability of alcohol and strategically designing environments where alcohol is served.

### Possible Actions:



- Restrict alcohol consumption in public areas (e.g., parks), particularly given the rapid increase of alcohol outlets in Ontario.
- Regulate, manage, and evaluate alcohol consumption on municipally owned and managed properties during public and private events, through up-to-date municipal alcohol policies. Contact SWPH to discuss the Quality Measurement Tool for Municipal Alcohol Policies (MAPs) and accompanying gold standard template. These tools help to measure how effective a MAP is compared to best practice.
- Restrict or prohibit alcohol imagery, marketing, and sponsorship locally (e.g., on public transit, in arenas, at outdoor special events, etc.).
- Promote health by providing alcohol-free spaces, restrict or prohibit alcohol imagery and incentives or alcohol-free events (e.g., lower booking fees, priority dates, etc.).

## Monitor for Alcohol Harms <sup>(15)</sup>

Understanding the local impacts of alcohol use is crucial to supporting healthy public policy decisions.

### Possible Actions:



- Collaborate with public health to monitor local alcohol availability and alcohol-related harms. This can include measuring alcohol-related emergency calls and monitoring changes in outlet density.



Contact [communications@swpublichealth.ca](mailto:communications@swpublichealth.ca) for:

- Support with local policy development, including bylaws and Municipal Alcohol Policy review
- Opportunities to collaborate on strategies to reduce alcohol harms in our community
- Information on the health impacts of alcohol use

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# BOARD REPORT

## Further Investments in Public Health: October 2024 Update

<b>MEETING DATE:</b>	October 24, 2024
<b>SUBMITTED BY:</b>	Cynthia St. John (Written as of October 11, 2024)
<b>SUBMITTED TO:</b>	Board of Health
<b>PURPOSE:</b>	<input checked="" type="checkbox"/> Decision <input type="checkbox"/> Discussion <input type="checkbox"/> Receive and File
<b>AGENDA ITEM #</b>	5.2
<b>RESOLUTION #</b>	2024-BOH-1024-5.2
<b>REPORT TITLE:</b>	SWPH Report on Further Investments in Public Health: October 2024 Update

### Background

In June 2023, SWPH received additional base funding to expand staffing and enhance public health initiatives, focusing on six priority areas within our existing public health mandate:

1. Substance Use Prevention
2. Nurse Family Partnership (NFP)
3. Mental Health Promotion
4. Childhood Immunizations
5. Infection Prevention and Control
6. Emergency Management

It is time to update the board so this update outlines progress in each funded area and plans for the next 12-24 months.

### Further Investments Update

#### 1. Substance Use Prevention

**Base Funding Approved:** \$118,500

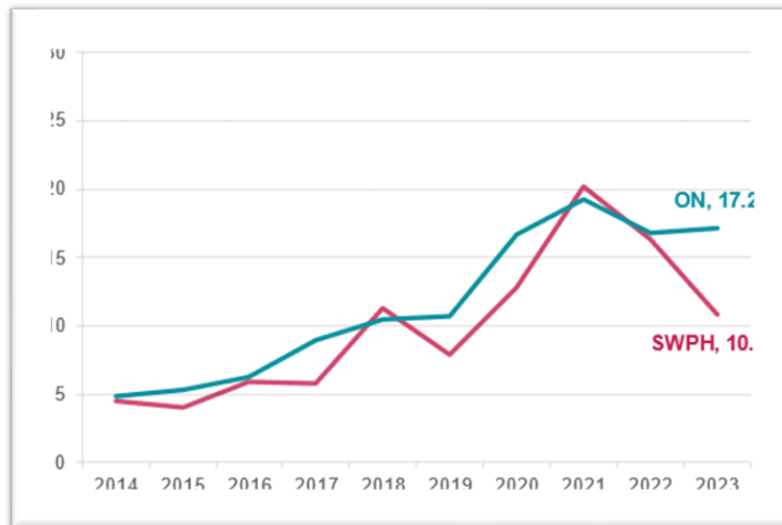
**Target Population:** School-aged children, youth, and vulnerable populations in Oxford County, Elgin County, and St. Thomas.

**Objective:** To address vaping trends among youth and reduce harms from opioids and other substances. Funding supported enhanced education, service, enforcement, and harm reduction initiatives through collaboration with community partners.

**Positions Funded:** One part-time Tobacco Enforcement Officer, one full-time Health Promoter.

**Updated Data:**

- No new data on youth vaping at this time.
- Opioid-related deaths in our region remain unchanged from 2018-2019 levels, despite a pandemic spike.



**Achievements Since June 2023**

Since June 2023, Southwestern Public Health has made significant progress in key initiatives. In the 2023/2024 school year, we strengthened enforcement of the Smoke-Free Ontario Act (SFOA) by conducting 150 school inspections and responding to all non-compliance complaints. To further support schools, we developed new resources, including a School Enforcement Pathway, an educational video on SFOA regulations, and a virtual Youth Tobacco Vapour Intervention Program.

In July 2023, we relaunched the Youth Access Test Shopping Program, which employs youth Test Shoppers to inspect retailers for compliance with youth access restrictions under the SFOA. The enhancement of this program was made possible by hiring an additional 0.5 FTE Tobacco Enforcement Officer using this funding.

Our Tobacco Enforcement Officers also received Brief Contact Intervention Training to better assess nicotine dependence in students and connect them with cessation resources.

Southwestern Public Health staff also provided support and coordination to the two active Drug and Alcohol Strategies in our region. These committees are community-partner-driven and help inform important priorities regarding prevention, treatment, harm reduction, safety, and community justice.

For the Elgin Community Drug and Alcohol Strategy, we've coordinated efforts and prepared a report summarizing findings and recommendations from community consultations. In Spring 2024, the Elgin Community Drug and Alcohol Strategy merged with the Elgin Mental Health and Addictions Network to streamline resources and services, a process led by Southwestern Public Health alongside Canadian Mental Health and Addictions of Thames Valley.

We also supported the Oxford Mental Health and Addiction Action Coalition (OHMAAC), facilitating a prioritization workshop in May 2024. This identified key areas for upstream prevention, treatment, harm reduction, and community safety. Action planning for those selected priorities is underway.

Recognizing that stigma related to substance use is a significant barrier for people to seek and receive support, we partnered with [CAPSA](#) to provide immersive anti-stigma training to health and social service organizations. Evaluations highlighted the positive shift in attitudes, and participants highly recommended the training to their colleagues.

This funding allowed us to complete an environmental scan on community sharps management, with a report detailing key findings and recommendations for enhanced sharps management.

Finally, this investment allowed us to assign more resources to the Planet Youth Model, a proven approach to preventing youth substance use. Over the past several months, our team has been raising awareness about the model and mobilizing community partners to build a coalition to lead this work. The role of the community coalition is to engage the community, support and facilitate data collection in local schools, set priorities, identify and pursue other funding, and drive the development of localized solutions using what is learned in the data reports. Most recently, a contract with Planet Youth was signed to advance this model of prevention in our region.

### **Future Objectives**

Over the next 12 – 24 months, we plan to:

- Continue to offer enhanced support and guidance to school partners to address the challenges with students vaping on school property,
- Implement and evaluate the Youth Tobacco Vapour Intervention Program in schools across our region,
- Explore opportunities with area municipalities to strengthen or develop local public policies related to substance use (e.g. smoke, vape and cannabis free beach bylaws),
- Continue to collaborate with and support the OHMAAC and the new Elgin Substance and Use and Mental Health Committee to advance their priority initiatives under the pillars of prevention, treatment, and harm reduction,
- Recruit and mobilize partners in Oxford County to build a Planet Youth Coalition similar to what is happening in Elgin County,
- Collaborate with our local community coalitions to advance the Planet Youth Model and implement the data collection in all secondary schools in Fall 2025,
- Disseminate findings from the Sharps Management Environmental Scan Report and implement recommendations in our region, and
- Collaborate with local partners to review the local HART Hub application materials and support planning and implementation should one or both applying communities be accepted.

## **2. The Nurse Family Partnership (NFP®)**

**Base Funding Approved:** \$50,000

**Target Population:** Expectant first-time mothers and their children from birth to two years old.

**Objective:** The requested funding was to work on reducing Adverse Childhood Experiences (ACEs) and enhancing resilience among the target population.

**Position Funded:** The funds were used to train existing staff to deliver the Nurse Family Partnership® (NFP®) program, to cover the annual licensing fees, and to contribute to the cost of a clinical resource lead. This lead position was shared across seven Public Health Units (PHUs) offering NFP® and provided operational support to the program.

**Achievements Since June 2023:**

The additional base budget investment has supported the transition of three Public Health Nurses (PHNs) from the Healthy Growth and Development team to the NFP® program. In January 2024, we formally notified the Ministry of Children, Community and Social Services (which funds the Healthy Babies Healthy Children (HBHC) program) about reallocating three HBHC nurses to support NFP®. Currently, these nurses manage a combined caseload of both HBHC and NFP® clients. As their NFP® caseload increases, they will transition their HBHC clients to other team members.

In November 2023, Southwestern Public Health signed a Memorandum of Agreement with Middlesex-London Health Unit, Ontario's NFP® license holder. This agreement outlines our participation in the NFP® program and cost-sharing responsibilities, including licensing, infrastructure, consultation fees, and the salary and benefits for a full-time Community Health Nursing Specialist/NFP® Practice Lead. Staff also gained access to an online education platform and educational materials.

Our team completed mandatory NFP® training, with the Program Manager participating in two days of supervisory training in October 2023. In April 2024, the Program Manager and the three nurses engaged in comprehensive facilitator-led training. Additionally, they received training in developmental screening (Ages and Stages), Parents in Partnership Education (PIPE), intimate partner violence, and Indigenous Cultural Safety (San'Yas).

We integrated NFP® data collection tools and nursing assessment forms into our existing electronic records system (Accuro), ensuring that all forms are accessible for public health nurses to use in client assessments and reporting.

NFP® staff have established collaborative participation in several key groups, including the Canadian Collaborative for NFP® and the Provincial Advisory Committee, with Southwestern Public Health represented now on multiple provincial working groups and committees.

To support program awareness, we developed a dedicated website and marketing materials for healthcare providers and the community. Following a soft launch over the summer of 2024, an official media release was issued on September 4, 2024. Our outreach plan involves engaging healthcare professionals and community partners to build a robust referral network. This initiative also promotes our other Healthy Growth and Development programs, including HBHC, breastfeeding support, Cognitive Behaviour Therapy (CBT), and the Know and Grow Line.

The NFP® team has been equipped with the necessary technology to facilitate educational activities with clients in their homes. Weekly meetings are held to review outreach efforts, referral status, caseload development, and reflective supervision.

Policies and procedures have been reviewed and updated to incorporate the NFP® program where appropriate.



## Future Objectives:

Over the next 12 to 24 months, we plan to:

- Build our NFP® caseload to maximum capacity (15-20 clients per public health nurse),
- Meet all financial and programmatic obligations outlined in the Memorandum of Understanding with Middlesex-London Health Unit, while aligning with Ministry of Children, Community and Social Services requirements,
- Collaborate with internal leadership and external partners to establish an NFP® Advisory Board to support advocacy, networking, referrals, and resources,
- Continue professional development and education for NFP® staff based on evolving learning needs,
- Expand community awareness of the NFP® program and strengthen support from service providers, funders, and advocates, and
- Maintain rigorous data collection to evaluate and report on NFP® outcomes, including reductions in adverse childhood experiences, to funders, community stakeholders, and clients.

## 3. Mental Health Promotion

**Base Funding Approved:** \$102,500

**Target population:** Residents of Oxford County, Elgin County, and the City of St. Thomas

**Objective:** The requested funding is aimed at addressing mental health promotion through skill-building initiatives and creating supportive environments. The selected interventions will be implemented internally with Southwestern Public Health staff, and some will be promoted to external partners. Activities may include policy development, educational workshops, and awareness-raising campaigns.

**Positions funded:** This investment supported the hiring of one full-time Health Promoter.

### Achievements since June 2023

Integrating trauma awareness and trauma-informed care into public health practice is a fundamental component of mental health promotion. To address this important need, Trauma-Informed Care and De-escalation Training was offered to all Southwestern Public Health staff in November-December of 2023. Of those who completed the post-training evaluation survey (n=109), 98% reported that they learned a new skill or way of thinking and 93.5% reported that they will apply their new knowledge and skill in their work. A virtual training session is provided to all new staff upon hire.

Like trauma awareness, mental health literacy is foundational for developing and delivering effective public health programs and supporting communities' mental health. In June 2024, an organizational-wide validated survey was launched to assess staff's mental health literacy levels and understanding of mental health concepts. Our staff team scored an average of 138.88 (87%, SD = 11.38) out of a maximum score of 160. Our scores are consistent with those expected of public health professionals; although, there were two components for potential training where staff scored below the organizational average. Tailored training options are currently being considered to increase mental health literacy in the identified areas.

Over the past year, two social media awareness campaigns were promoted, one in January and the other in May. These campaigns were centred around where and how to access mental services in our region and compassion as a proactive factor for mental health. In January, staff collaborated with Human Resources and the Wellness Committee to launch internal wellness activities and mental health educational messages in alignment with our external campaign.

One of the most significant achievements in this portfolio was the completion of a comprehensive situational assessment on mental health. An iterative process was employed to gather and assess local data of need, information about existing programs in services in the community and gaps, literature on risk and proactive factors to create a force field analysis, and evidence on effective interventions. Due to the complexity of the topic and the numerous known risk and protective factors at the population level, this assessment involved reviewing and evaluating an extensive amount of research evidence to inform decision-making. This document is currently being used to select interventions and to program plan for 2025.

### **Future objectives**

Over the next 12-24 months, we plan to:

- Provide tailored training to cultivate a mental health-literate staff team that will not only enhance our program development and service delivery but also contribute to fostering a resilient workforce capable of supporting their own mental health,
- Boost Excellence Canada's workplace mental health campaign in October to encourage area employers to create healthy workplaces supportive of mental health,
- Develop and launch a mental health education initiative,
- Explore policies supportive of mental health and use information gathered for planning and to develop policy recommendations,
- Provide training to all managers on strategies to support staff mental and conduct a training evaluation, and
- Engage and collaborate with community partners on initiatives to create a culturally safe health care system.

## **4. Vaccine Preventable Diseases Program - Childhood Immunizations**

**Base Funding Approved:** \$128,000

**Target Population:** School-aged children and youth

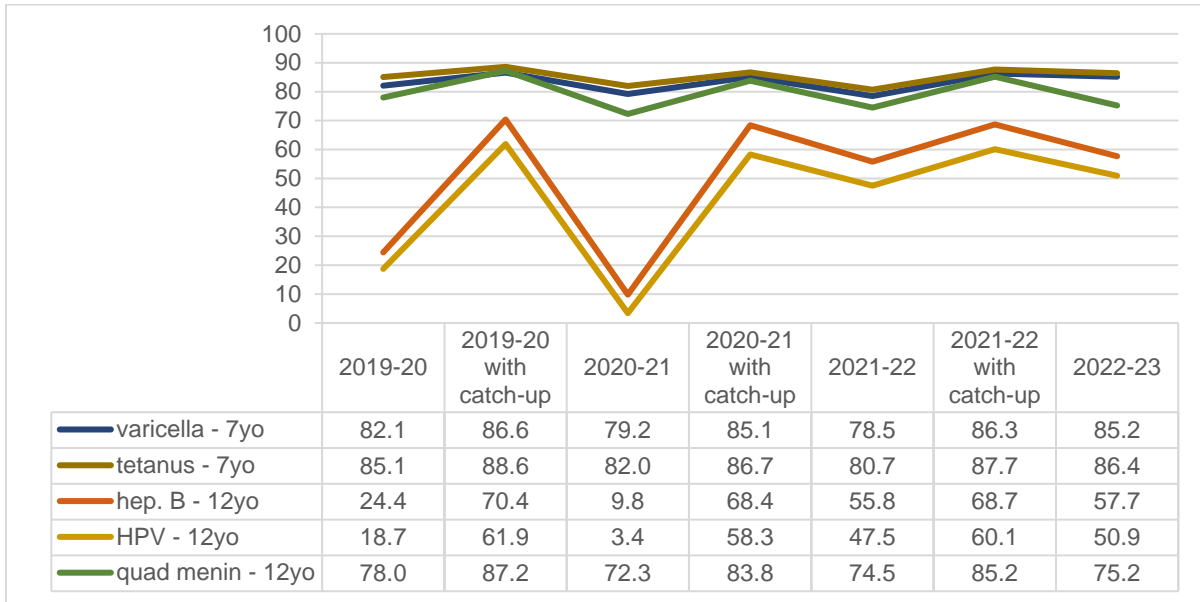
**Objective:** Post-pandemic, our focus has been on helping children catch up on missed immunizations and updating vaccination records in Panorama, the provincial health information system. We collaborate with primary care providers and hospitals to ensure proper vaccine storage and handling and offer vaccinations at SWPH clinics, schools, and community locations to reduce access barriers.

**Positions Funded:** Funding enabled us to hire 14 permanent casual nurses (RPNs and RNs) to support vaccination efforts.

**Updated Data:**

Vaccination coverage for Hepatitis B and HPV among 12-year-olds increased by over 50% in 2019/2020 and

2020/2021, and by over 10% in 2021/2022. Varicella and tetanus coverage also improved by 4-6% during catch-up activities.



**Achievements Since June 2023:**

The addition of 14 casual nurses has greatly strengthened our immunization efforts. These nurses support proactive record reviews, administer vaccinations before, during, and after school suspensions, and ensure smooth operations at school clinics. They are also cross-trained for emergency response, including outbreaks and pandemics, enhancing our preparedness.

The casual nurses work on an as-needed basis, are equipped with SWPH technology and receive annual vaccine-related training to ensure quick deployment. All nurses participated in the Spring school vaccination clinics and are scheduled for the Fall clinics. They are also supporting RSV vaccinations in long-term care and retirement homes.

These nurses allowed us to extend clinic hours, especially for "catch-up" vaccinations, such as those offered at schools before suspension days, at SWPH locations, and during home visits in equity-deserving communities. Clinics are regularly held in Aylmer, Tillsonburg, Norwich, Ingersoll, St. Thomas, and Woodstock.

Over the summer, casual nurses contacted families of students with missing records to help them update vaccinations before the school year. They are now working on informing students who received the Oral Polio Virus vaccine about the need for updated vaccinations as part of a new Ministry of Health program.

**Additional Achievements:**

1. **Proactive Record Review:** In 2024, families in the Healthy Babies Healthy Children (HBHC) program were offered immunization record reviews, and those needing updates received support to avoid school suspensions. This process will be an annual collaboration between the Healthy Growth and Development and Vaccine Preventable Disease (VPD) teams.
2. **First Five Program Partnership:** We collaborated with the First Five Program to ensure vaccines and resources are easily accessible for families without primary care providers, keeping immunizations a priority.

3. **Online Vaccine Ordering System:** SWPH is implementing an online vaccine ordering system for health care providers to streamline ordering, tracking, and quality measures, allowing our team to focus on client services.
4. **Aylmer Office Expansion:** In September 2024, we expanded our Aylmer office, adding two clinic spaces to meet growing demand. This space is now used for monthly clinics and will expand as needed to serve the East Elgin community.

### **Future Objectives**

Over the next 12 to 24 months, we plan to:

- Collaborate with our Communications team to promote vaccination opportunities through materials for health care providers, social media, and provincial campaigns,
- Leverage our casual nurses to engage families, including contacting those with incomplete records and supporting Ministry vaccine catch-up programs,
- Expand community clinics to increase access to vaccinations across the region,
- Further explore evidence-based strategies to address vaccine hesitancy at both individual and population levels, and
- Continue to pursue innovative approaches to improve efficiency and effectiveness in our vaccination efforts.

## **5. Infection Prevention and Control**

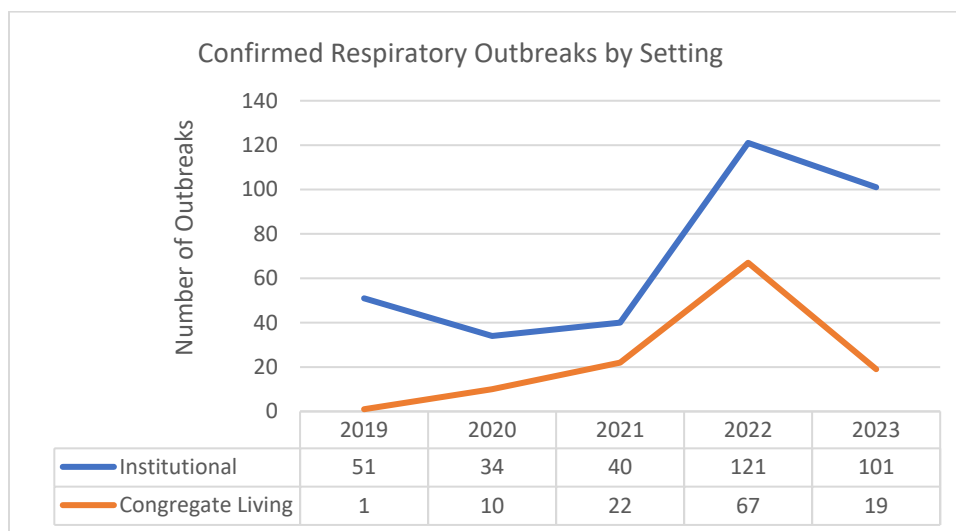
**Base Funding Approved:** \$237,500

**Target Population:** Employees of Congregate Living Settings

**Objective:** To strengthen infection prevention and control (IPAC) in long-term care homes, retirement homes, group homes, and unregulated settings like housing for international agricultural workers. The goal is to reduce the spread of diseases such as COVID-19, influenza, and other vaccine-preventable or enteric illnesses, and to ensure timely reporting, identification, and management of outbreaks to minimize impact on residents.

**Positions Funded:** This funding supported the hiring of one full-time public health nurse and one full-time public health inspector.

**Updated Data:** In 2023, 101 respiratory outbreaks occurred in institutional settings (long-term care homes, retirement homes, hospitals) and 19 in congregate living settings, with COVID-19 being the most common cause, followed by rhinovirus, parainfluenza, RSV, and influenza A and B.



### **Achievements Since June 2023:**

With the additional public health nurse and inspector, we enhanced staff education in congregate living settings on outbreak prevention and management, providing timely support during outbreaks. This also allowed us to catch up on routine food safety inspections deferred during the pandemic.

The rise in respiratory outbreaks post-COVID-19 has demanded more support for outbreak investigation and management. High staff turnover in these settings makes ongoing education on disease surveillance, testing, and outbreak practices essential. We also addressed reports of illness suspected to be acquired outside the facility, requiring investigation to determine outbreaks and ensure appropriate measures were implemented.

Each outbreak required intensive daily follow-up and periodic meetings until resolution. We provided additional staffing on weekends and holidays, when part-time staff unfamiliar with outbreak management were present, ensuring effective disease control and access to lab results.

On September 12, 2024, we held an in-person infection prevention workshop for congregate living staff, based on their preference for face-to-face learning. The workshop was well received, with positive feedback on increased knowledge.

### **Future Objectives:**

Over the next 12 to 24 months, we plan to:

- Revise SWPH guidance and outbreak control measures to align with new provincial respiratory outbreak guidelines,
- Provide ongoing, thorough education to congregate living staff to implement new guidance, addressing confusion from pandemic-era revisions,
- Continue enhanced staffing on weekends and holidays as needed based on active outbreaks, and
- Develop a cost-effective plan for specimen collection and delivery to Public Health Ontario Labs, adjusting for the end of COVID-19 funding.

## 6. Emergency Management

**Base Funding Approved:** \$130,000

**Target Audience:** Southwestern Public Health team, municipal partners, and emergency services organizations in Oxford County, Elgin County, and the City of St. Thomas.

**Position Funded:** As a result of the additional funding, we successfully hired a full-time Manager of Emergency Preparedness and Response (previously a 0.5FTE program manager). This role has enhanced collaboration with Southwestern Public Health and key community stakeholders, including Community Emergency Management Coordinators (CEMCs), healthcare providers, and the private sector.

### **Achievements Since January 2024**

A comprehensive review of SWPH's Emergency Management and Business Resilience Program was conducted, identifying areas of success, gaps, and growth opportunities, with a focus on future-proofing the program.

SWPH in partnership with community stakeholders came together to support the community during the April 2024 solar eclipse. Efforts included distributing 14,000 solar viewers and launching a public awareness campaign, prioritizing vulnerable communities.

SWPH actively participated in multiple regional initiatives such as:

- Petroleum Emergencies Awareness Workshop (Elgin County) – February 2024
- Social Services Emergency Management Exercise (Elgin County) – April 2024
- Woodstock Emergency Preparedness Expo – May 2024
- Exercise Heatwave: Provincial Response to Heat Emergencies – May 2024
- Severe Weather Preparedness Workshop (Elgin County) – June 2024
- Respiratory Simulation Exercise facilitated by OW West – June 2024

Further, SWPH purchased an emergency management (EM) and business continuity management (BCM) solution. This centralized, scalable system will enhance our ability to plan, manage resources, and respond to emergencies from any location.

### **Future Objectives**

In the next 12 to 24 months, we plan to:

- Launch the EM/BCM Solution: Configure, promote, and fully implement the emergency management platform to streamline our planning and response,
- Training Programs: Develop comprehensive emergency management training modules for all SWPH team members and SWPH's Board of Health,
- Exercise Program: Establish a robust exercise program targeting key organizational risks, including a large-scale, organization-wide simulation with external stakeholders,
- SW Ontario Public Health Collaboration: Initiate a working group for public health emergency management across Southwestern Ontario, and
- Policy and Procedure Updates: Formalize an annual update cycle for emergency management policies, procedures, and playbooks to maintain readiness.

## Conclusion

The enhanced base funding provided over the past year has been instrumental in strengthening our public health initiatives and expanding our reach across critical areas such as infection prevention and control, immunization efforts, and mental health and substance use prevention. With these additional resources, we have been able to increase capacity, respond swiftly to community needs, and support our partners in congregate settings, schools, and the broader health system. Our achievements, from addressing vaccine gaps to managing outbreaks, supporting preconception and emergency preparedness highlight the impact of these investments and underscore the value of this support to maintain momentum. Moving forward, we remain committed to leveraging these resources to enhance our preparedness, innovate in service delivery, and protect the health of our communities.

**MOTION: 2024-BOH-1024-5.2**

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



# Governance Standing Committee

## Report to the Board

### Open Session

**MEETING DATE:** October 24, 2024

**SUBMITTED BY:** Grant Jones, Governance Standing Committee Chair

**SUBMITTED TO:** Board of Health

**PURPOSE:**  Decision  
 Discussion  
 Receive and File

**AGENDA ITEM #** 5.4

**RESOLUTION #** 2024-BOH-1024-5.4

The Governance Standing Committee (GSC) met Monday, September 16, 2024 to review the following items.

#### 1.0 Order in Council Representatives (Receive and File):

At the June 2024 Board of Health meeting, the GSC recommended the reappointments of D. Shinedling and L. Rowden for Provincial approval, which the Board endorsed. I am pleased to report that D. Shinedling has been reappointed to Southwestern Public Health’s (SWPH) Board for a three-year term, effective August 17, 2024. His reappointment notice arrived just before the expiration of his term, and we appreciate the timely approval.

Based on previous experience with the public appointment process, we anticipate receiving notice of L. Rowden’s reappointment in late October or early November, ahead of his term ending on November 28, 2024.

**MOTION: 2024-BOH-1024-5.4**

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





# CEO REPORT

## Open Session

**MEETING DATE:** October 24, 2024

**SUBMITTED BY:** Cynthia St. John, Chief Executive Officer (written as of October 11, 2024)

**SUBMITTED TO:** Board of Health

**PURPOSE:**

Decision

Discussion

Receive and File

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**AGENDA ITEM #** 5.5

**RESOLUTION #** 2024-BOH-1024-5.5

Given the other extensive reports, my CEO update this month is kept relatively short noting only a few things this month.

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

#### 1.1 HEALTHY ENVIRONMENTS

In keeping with the *Health Protection and Promotion Act* ([HPPA](#)), Southwestern Public Health (SWPH) has been actively conducting food premises inspections to ensure compliance with food safety regulations and protect public health. Under these guidelines, food premises are categorized by risk level, determining the frequency of inspections. High-risk food premises, such as those that handle more complex food preparation, are required to be inspected three times per year, once in each third of the year (April, August, and December). Medium-risk premises must be inspected twice annually (June and December), while low-risk premises are inspected once per year (December).

As of October 2, 2024, SWPH has completed 64% of inspections for high-risk premises (212 out of 333), 63% for medium-risk premises (563 out of 902), and 57% for low-risk premises (468 out of 816). While progress has been steady, there will be an even greater focus on meeting the inspection targets by year-end.

Additionally, SWPH continues its rabies prevention efforts, having conducted 680 animal investigations to date in 2024. These efforts help mitigate rabies transmission risks and protect both public and animal health across the region. Ensuring compliance with inspection and investigation protocols remains a key priority for the final quarter of the year.

## 1.2 FALL COVID PLANS

In terms of testing, the province has updated its approach to Rapid Antigen Tests (RATs). The Ontario government is no longer supplying RAT kits to the public. Instead, individuals can now determine their eligibility for Covid-19 testing and treatment by visiting the provincial website ([www.ontario.ca/page/covid-19-testing-and-treatment](http://www.ontario.ca/page/covid-19-testing-and-treatment)). It is recommended that individuals consult with their primary care providers or pharmacists to assess whether testing is necessary. This new system helps ensure targeted testing and treatment, particularly for high-risk individuals, while aligning with the province's updated strategy for managing Covid-19.

As part of SWPH's fall Covid-19 plans, we have now received the Ministry's direction for the 2024 vaccination campaign, with a primary focus on high-risk priority groups, such as seniors, individuals with chronic health conditions, and those living in congregate settings. Both the Moderna and Pfizer vaccines have been approved for use during this campaign. Although the initial information package from the Ministry of Health included details only about Moderna, we expect additional information on Pfizer to follow shortly to ensure a comprehensive rollout across the region.

SWPH is readying its local vaccination initiative, with plans to work closely with pharmacies and healthcare providers to meet the community's needs during this fall campaign. Currently, 9 community vaccination events are planned for November and December:

- Nov 5 – Joe Thornton arena – St Thomas
- Nov 7 – Rodney (in partnership with (WECHC) West Elgin Community Health Centre
- Nov 13 – Oxford Auditorium – Woodstock
- Nov 14 – Dutton Community Centre (in partnership with WECHC)
- Nov 19 – Unifor Hall – Ingersoll
- Nov 22 – Ontario Police College – Aylmer
- Dec 6 – Tillsonburg Community Centre – Tillsonburg
- Dec 11 – Joe Thornton arena – St Thomas
- Dec 12 – Oxford Auditorium – Woodstock

## 1.3 INFECTIOUS DISEASES

The number of respiratory outbreaks caused by Covid -19 in the region has stabilized, with two ongoing outbreaks in long-term care facilities and one in a retirement home, noting that this could change at any time. While the provincial percent positivity rate for Covid-19 has decreased from high to moderate, SWPH continues to experience a very high percent positivity rate, indicating a higher local transmission level.

In contrast, influenza activity remains low both provincially and within the SWPH region.

Community members can track local trends for Covid -19, influenza, and other respiratory viruses through the Respiratory Virus Activity Dashboard, available on the SWPH website. This dashboard provides updated information every Tuesday, offering a comprehensive view of respiratory virus activity across the region: [SWPH Respiratory Virus Activity Dashboard] (<https://www.swpublichealth.ca/en/shared-content/respiratory-virus-activity-dashboard.aspx>).

#### 1.4 VACCINE PREVENTABLE DISEASE

A suspension date has been scheduled for Wednesday, December 11, 2024, for students in all grades in secondary schools who are non-compliant with the Immunization of School Pupils Act (ISPA). Starting the week of October 10th, the first notices will be sent out to students who are due or overdue for vaccinations as per ISPA requirements.

To help students meet these requirements, vaccination clinics have been organized at each high school. These clinics will run from November 5th to December 5th, ensuring students have opportunities to update their immunizations before the suspension date.

**MOTION: 2024-BOH-1024-5.5**

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