



Our Vision:  
*Healthy People in Vibrant Communities*

**Board of Health Meeting**  
St. Thomas Location: 1230 Talbot St. St. Thomas, ON  
Talbot Boardroom  
MS Teams Participation  
Wednesday, January 18, 2023  
3:00 p.m.

AGENDA			
Item	Agenda Item	Lead	Expected Outcome
<b>1.0 COVENING 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>	Cynthia St. John	
1.2	Approval of Agenda	Cynthia St. John	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.	Cynthia St. John	
1.4	Reminder that Meetings are Recorded for minute taking purposes	Cynthia St. John	
1.5	Election of Officers <ul style="list-style-type: none"> <li>a) Chair</li> <li>b) Vice-Chair</li> <li>c) Delegation of Head</li> </ul>	Cynthia St. John New Board Chair New Board Chair	Decision
<b>2.0 APPROVAL OF MINUTES</b>			
2.1	Approval of Minutes <ul style="list-style-type: none"> <li>• October 6, 2022</li> </ul>	New Board Chair	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	Chief Executive Officer’s Report for January 18, 2023	Cynthia St. John	Acceptance
<b>6.0 NEW BUSINESS/OTHER</b>			
<b>7.0 CLOSED SESSION</b>			
<b>8.0 RISING AND REPORTING OF THE CLOSED SESSION</b>			
<b>9.0 FUTURE MEETINGS &amp; EVENTS</b>			
9.1	To be determined.	New Board Chair	Decision
<b>10.0 ADJOURNMENT</b>			



The meeting of the Board of Health for Oxford Elgin St. Thomas Health Unit was held on Thursday, October 6, 2022, in-person at 410 Buller St., Woodstock, ON, with virtual participation commencing at 3:02 p.m.

**PRESENT:**

Ms. L. Baldwin-Sands	Board Member*
Mr. T. Comiskey	Board Member*
Mr. T. Marks	Board Member*
Mr. L. Martin	Board Member (Chair)
Mr. D. Mayberry	Board Member
Mr. S. Molnar	Board Member*
Mr. J. Preston	Board Member (Vice Chair)*
Mr. L. Rowden	Board Member*
Mr. D. Warden	Board Member*
Ms. C. St. John	Chief Executive Officer
Dr. N. Tran	Medical Officer of Health
Ms. A. Koning	Executive Assistant

*\*represents virtual participation*

**GUESTS:**

Mr. P. Heywood	Program Director
Ms. S. MacIsaac	Program Director
Mr. D. McDonald	Director, Corporate Services and Human Resources
Ms. M. Nusink	Director, Finance (CFO)
Mr. D. Smith	Program Director
Ms. M. Cornwell	Manager, Communications
Ms. E. Arnett	Program Manager
Mr. A. DiSero	Public Health Nurse
Ms. B. Ledgley	Public Health Nurse
Mr. R. Perry	Aylmer Express

**REGRETS:**

Mr. G. Jones	Board Member
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**1.1 CALL TO ORDER, RECOGNITION OF QUORUM**

## 1.2 AGENDA

### Resolution # (2022-BOH-1006-1.2)

Moved by D. Mayberry  
Seconded by T. Comiskey

That the agenda for the Southwestern Public Health Board of Health meeting for October 6, 2022 be approved.

Carried.

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

1.4 Reminder that Meetings are Recorded for minute-taking purposes.

## 2.0 APPROVAL OF MINUTES

### Resolution # (2022-BOH-1006-2.1)

Moved by J. Preston  
Seconded by D. Warden

That the minutes for the Southwestern Public Health Board of Health meeting for September 1, 2022 be approved.

Carried.

## 3.0 CONSENT AGENDA

### Resolution # (2022-BOH-1006-3.0)

Moved by D. Mayberry  
Seconded by T. Marks

That the Board of Health for Southwestern Public Health receive and file consent agenda items 3.1 – 3.2.

Carried.

## 4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION

**Resolution # (2022-BOH-1006-4.0)**

Moved by D. Warden

Seconded by D. Mayberry

That the Board of Health for Southwestern Public Health support 4.1 - Sudbury & Districts Public Health, correspondence dated September 22, 2022 regarding Lifejacket and Personal Flotation Device Legislation.

Carried.

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

**5.1 Comprehensive School Health Model Presentation**

C. St. John introduced E. Arnett, Program Manager for the School Health Team. E. Arnett advised that A. DiSero and B. Ledgley would be presenting on behalf of the School Team for SWPH.

A. DiSero highlighted the Health Equity Approach. He noted that the model is based on three core values in the literature surrounding Comprehensive School Health.

A. DiSero noted that Proportionate Universalism is the first core value. This approach focusses on delivering equitable service by delivering a greater volume of service to the schools we know need it the most. This ensures disproportionate pockets of need are met with proportionate care and attention by our team. He noted that SWPH has separated schools within the region into two categories: universal and priority. He noted that priority school nurses have seven schools each, whereas universal schools have 17 each.

A. DiSero noted that the second core value is carried through a knowledge of the effects of adverse childhood experiences (ACEs) on health outcomes for adults. He noted that ACEs are experiences such as physical or emotional abuse, neglect and household disfunction, to name a few. These experiences can increase poor physical and mental health outcomes.

A. DiSero noted that the third core value is the HOPE Framework (Health Outcomes from Positive Experiences) and is focused on creating positive childhood experiences (PCEs). This value is rooted in evidence that demonstrates that creating experiences and environments for children that are positive while they grow can mitigate the effects of ACEs as children develop.

A. DiSero noted that the Healthy Schools Team Logic Model includes five key components: school health in all policies, social and physical environment, school community engagement, community partnerships, and teaching and learning.

B. Ledgley noted that a priority for the healthy schools program work is mental health and well-being promotion. She noted that SWPH has several mental health initiatives that are being worked on in partnership with our area school boards, Middlesex London Health Unit, and School Mental Health Ontario. She noted that the most intensive initiative is the Health Relationship Plus Program (HRPP). This year will mark the first school year of offering this program, which is a series of skill-building sessions to grade seven and eight classes with the support of their classroom teacher. She noted that we are starting at up to 17 elementary schools with grade seven and eights across our region. She noted that SWPH along with Western University, Middlesex London Health Unit (MLHU), Thames Valley District School Board (TVDSB), and the London District Catholic School Board (LDCSB) are working together on an evaluation plan to collect data related to the program's outcomes, which is a unique opportunity. She noted that these findings will contribute to our mid and long-term team outcomes.

D. Warden asked for clarification regarding the mention of water fountains. He noted that many public buildings closed water fountains during COVID-19. E. Arnett noted that the promotion for additional water fountains in schools was an example of how SWPH's previous work with schools can result in a healthier setting for children.

L. Baldwin-Sands asked if E. Arnett could elaborate on the collaboration with MLHU. E. Arnett noted that SWPH was and continues to work collaboratively with MLHU, which has strengthened our relationship with our neighbouring health unit. She noted that COVID-19 provided the opportunity to build relationships with schools, their administrators and school boards. She believes that this has set a strong foundation for further collaborations.

L. Baldwin-Sands noted that it is wonderful to hear that there are breakout sessions happening with students. E. Arnett noted that student engagement is a key component of our work. She noted that we use student leadership to help deliver programs, as they cannot always be adult led. She noted that we see great success when students are fully engaged.

E. Arnett highlighted that the HRPP program is only delivered in select schools, with the hope to gradually deliver the program in more schools as time and resources allow. D. Mayberry noted that he has concerns with the fact that we can only deliver this program in select schools, as he believes it can have positive impacts for many more students, however understands resources are limited. E. Arnett noted that as the nurses work with the teachers, through co-facilitation, this will allow us to gradually grow the program with the support of teachers teaching the program as well. D. Mayberry expressed his appreciation for this program and the positive impact SWPH school nurses are having on youth in our community.

L. Martin thanked E. Arnett, A. DiSero and B. Ledgley for their presentation. They departed at 3:30 p.m.

## 5.2 Governance Standing Committee Report for October 6, 2022

L. Martin reviewed the report.

It was noted that a Strategic Planning session will occur in the New Year with the newly appointed Board of Health members.

### Resolution # (2022-BOH-1006-5.2A)

Moved by L. Baldwin-Sands

Seconded by D. Warden

That the Board of Health for Southwestern Public Health approve the Governance Standing Committee's 2023 Committee workplan.

Carried.

### Resolution # (2022-BOH-1006-5.2)

Moved by T. Comiskey

Seconded by T. Marks

That the Board of Health for Southwestern Public Health accept the Governance Standing Committee's Report for October 6, 2022.

Carried.

## 5.3 Finance and Facilities Standing Committee Report for October 6, 2022

J. Preston reviewed the report.

The board discussed mitigation funding and how it came to be. C. St. John confirmed that mitigation funding was provided to Boards of Health to ease the financial burden on municipalities when the Ministry changed the cost share ratio and when previously 100% provincially funded programs were changed to cost-shared programs. She noted that some funding that was previously a 75/25 split between the Ministry and Boards of Health, were changed to a 70/30 split, and several 100% funded programs shifted to a 70/30 split. D. Mayberry noted that the CEO, through a report to the Finance and Facilities Standing Committee is already exploring the financial impacts to SWPH, should provincial mitigation funding not flow beyond 2023 to support municipalities.

C. St. John noted at this time, we do not have concerns with 2022 cash flow. She noted that SWPH's COVID expenditures are less than what was anticipated. She noted that our obligated municipalities will be notified of the change in cash flow status after this meeting.

**Resolution # (2022-BOH-1006-5.3A)**

Moved by D. Mayberry

Seconded by L. Baldwin-Sands

That the Board of Health for Southwestern Public Health approve SWPH’s financial statements for mandatory programs and services for the period ending June 30, 2022, as recommended by the Finance & Facilities Standing Committee.

Carried.

**Resolution # (2022-BOH-1006-5.3B)**

Moved by D. Warden

Seconded by L. Baldwin-Sands

That the Board of Health for Southwestern Public Health approve the audited financial statements for the Healthy Babies Healthy Children (HBHC) and Pre and Post Natal Nurse Practitioner (PPNP) programs for the period ending March 31, 2022 and ratify the signing of the Annual Reconciliation.

Carried.

**Resolution # (2022-BOH-1006-5.3)**

Moved by D. Warden

Seconded by T. Comiskey

That the Board of Health for Southwestern Public Health accept the Finance and Facilities Standing Committee’s Report for October 6, 2022.

Carried.

**5.4 Chief Executive Officer’s Report for October 6, 2022**

C. St. John reviewed her report.

C. St. John highlighted the fact that currently there is a great deal of staff time dedicated to catching up on program and service work and we are thrilled to see these programs and services back up and running, as they were pre-pandemic. She noted that this is good news for our communities.

C. St. John highlighted the municipal election primer that SWPH had developed, which highlights six population health priorities and explains how they impact community wellness. She noted that SWPH will be using a variety of communication channels to share this information and encourage residents to vote and discuss these health priorities with candidates.

C. St. John was pleased to advise that SWPH received notice in mid-September that the Minister of Health has approved Dr. Tran’s appointment as Medical Officer of Health for SWPH.

**Resolution # (2022-BOH-1006-5.4)**

Moved by D. Warden

Seconded by L. Baldwin-Sands

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's report for October 6, 2022.

Carried.

**5.5 Medical Officer of Health's Report for October 6, 2022**

Dr. Tran reviewed his report.

Dr. Tran noted that it is very important to be up to date with your vaccinations and the bivalent vaccine is a great development. He noted that the bivalent includes both the original strain and the omicron strain. He recommended that if you are high risk than obtaining the additional dose after three months otherwise, he recommends the six-month interval.

Dr. Tran highlighted Australia's increased rate of influenza. He noted that as Canada's Southern Hemisphere counter part, he anticipates that our region will also see an increase in influenza rates for the upcoming season. Therefore, he encourages community members to obtain their influenza vaccine.

L. Baldwin-Sands commended SWPH, her latest experience obtaining her booster shot was a very good one. She noted that she was extremely pleased with how easy it was to book an appointment and come onsite for the dose to be administered. She encourages residents in the SWPH region to obtain their COVID-19 vaccine and flu shot and encouraged community members to share the booking links on their social media pages, as she will be doing so.

L. Martin congratulated Dr. Tran on his appointment and officially welcomed him as MOH for SWPH, on behalf of the entire Board of Health and staff.

**Resolution # (2022-BOH-1006-5.5)**

Moved by D. Mayberry

Seconded by L. Baldwin-Sands

That the Board of Health for Southwestern Public Health accept the Medical Officer of Health's report for October 6, 2022.

Carried.

**6.0 NEW BUSINESS/OTHER**



J. Preston noted that this is the last scheduled Board of Health meeting with the current board. He noted that as Vice Chair he would like to thank L. Martin for his service to the SWPH Board of Health and his community. He commended L. Martin on his leadership through the pandemic and noted that he will truly be missed.

C. St. John thanked L. Martin for his consistent leadership and teachings over the last four years. She noted that what she loved most about working with L. Martin is his willingness and openness to learn, which results in excellent leadership. She thanked L. Martin for his leadership during a very difficult time in public health's history. Not an easy job and he led the Board very well.

L. Martin thanked all the Board of Health members and staff for their leadership and noted that has enjoyed working with each one of them.

D. Mayberry departed at 4:04 p.m.

## **7.0 TO CLOSED SESSION**

### **Resolution # (2022-BOH-1006-C7)**

Moved by J. Preston

Seconded by D. Warden

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

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

Other Criteria:

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

Carried.

## **8.0 RISING AND REPORTING OF CLOSED SESSION**

**Resolution # (2022-BOH-1006-C8)**

Moved by L. Baldwin-Sands  
Seconded by T. Marks

That the Board of Health rise with a report.

Carried.

**Resolution # (2022-BOH-1006-C3.1A)**

Moved by D. Warden  
Seconded by T. Comiskey

That the Board of Health for Southwestern Public Health approve the updated 2022 risk register, as presented.

Carried.

**Resolution # (2022-BOH-1006-C3.1B)**

Moved by D. Warden  
Seconded by L. Baldwin-Sands

That the Board of Health for Southwestern Public Health approve the 2023 risk register, as presented.

Carried.

**Resolution # (2022-BOH-1006-C3.1)**

Moved by J. Preston  
Seconded by T. Comiskey

That the Board of Health for Southwestern Public Health approve the Governance Standing Committee's Report for October 6, 2022.

Carried.

**Resolution # (2022-BOH-1006-C3.2)**

Moved by D. Warden  
Seconded by T. Marks

That the Board of Health for Southwestern Public Health approve the Finance and Facilities Standing Committee's Report for October 6, 2022.

Carried.

**Resolution # (2022-BOH-1006-C3.3A)**

Moved by D. Warden  
Seconded by T. Comiskey

That the Board of Health ratify the tentative agreement reached between the Board of Health of the Oxford Elgin St. Thomas Health Unit and the Ontario Nurses' Association effective January 1, 2022 until December 31, 2024.

Carried.

**Resolution # (2022-BOH-1006-C3.3)**

Moved by L. Baldwin-Sands  
Seconded by J. Preston

That the Board of Health for Southwestern Public Health approve the Chief Executive Officer's Report for October 6, 2022.

Carried.

**10.0 ADJOURNMENT**

**Resolution # (2022-BOH-1006-10)**

Moved by T. Marks  
Seconded by L. Baldwin-Sands

That the meeting adjourns at 4:15 p.m.

Carried.

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



# CEO REPORT

Open Session

**MEETING DATE:** January 18, 2023

**SUBMITTED BY:** Cynthia St. John, CEO (written as of January 11, 2023)

**SUBMITTED TO:**  Board of Health  
 Finance & Facilities Standing Committee  
 Governance Standing Committee

**PURPOSE:**  Decision  
 Discussion  
 Receive and File

**AGENDA ITEM #** 5.1

**RESOLUTION #** 2023-BOH-0118-5.1

## 1. Board of Health Officers (Decision):

As outlined in Section 65 of Bylaw No. 1, the Chair and Vice Chair shall be elected at the first meeting of the Board each year. The first item on the January 18, 2023 Board of Health agenda will be the election of these two Officers. The Officers serve a one (1) year term. In extenuating circumstances, as outlined in the same Section, an Officer may serve for a longer period of time.

The Chief Executive Officer will chair the first part of the agenda until the first Officer (Chair) is elected.

## 2. Standing Committees of the Board (Decision):

Further to Section 74 of Bylaw No. 1, the Board of Health currently has two Standing Committees, and it is required to appoint members to these committees – specifically, the Finance & Facilities Standing Committee and the Governance Standing Committee.

As CEO of SWPH, I am recommending that the Board of Health decide at this Board of Health meeting which Board members will serve on which standing committees so meeting dates, agendas, and action plans can be coordinated as soon as possible given the amount of Committee work ahead.

A summary of both Committees is listed below and links to the Terms of Reference for both Committees is also included.

#### Finance and Facilities Standing Committee

This Committee acts in an advisory capacity to the Board of Health on matters related to finances and facilities of the organization. The Committee ensures the adequacy and effectiveness of financial reporting to the Board and other stakeholders by reviewing and recommending approval of financial statements, policies, specific budgets, internal and external financial audits, as well as facilities matters.

#### Governance Standing Committee

This committee acts in an advisory capacity to the Board of Health on matters related to overall governance. The Committee ensures that the Board of Health fulfils its legal, ethical and functional responsibilities through adequate governance policy development, board member recruitment strategies, board training programs, monitoring board activities and evaluation of board members' participation. The Committee oversees the recommendation process for Order in Council appointments through an active recruitment and screening process.

#### Membership and meeting frequency

This chart outlines meeting cadence and the number of Board of Health members required on each committee.

<b>Standing Committee Name</b>	<b># of members required</b>	<b># of meetings per year</b>	<b>Term</b>
<b>Finance &amp; Facilities</b>	minimum of 5, maximum of 6 (1 must be the Chair or Vice Chair)	4 (additional meetings may be held at the call of the Chair)	2 years
<b>Governance</b>	minimum of 5, maximum of 6 (1 must be the Chair or Vice Chair)	3-4 (additional meetings may be held at the call of the Chair)	2 years

Please refer to the attached Terms of Reference for each standing committee for a comprehensive overview of the Standing Committee duties.

For the process of naming committee members at the January meeting, the Board Chair asks all board members at the meeting which committee they would be interested in participating on. It is recommended that if there are more members interested in a committee than outlined above, a secret ballot be conducted. The ballots would be distributed and counted by the Secretary/Treasurer (Chief Executive Officer). The Board Chair would then communicate the results.

**MOTION: 2023-BOH-0118-5.1A**

That the Board of Health for Southwestern Public Health appoint the following members of the Board to the Finance and Facilities Standing Committee:

- (insert names determined at the meeting)

**MOTION: 2023-BOH-01018-5.1B**

That the Board of Health for Southwestern Public Health appoint the following members of the Board to the Governance Standing Committee:

- (insert names determined at the meeting)

**3. Board of Health Meetings for 2023 (Decision):**

At the October 2022 Board of Health meeting, Board Members discussed that the meeting cadence for the SWPH Board of Health was changed to the third Wednesday of the month. Since that time, the CEO has been advised that several of the 2023 appointed Board Members have a conflict with this day of the week and time. In preparation for the Board's discussion on the matter at the January 18, 2023 meeting, staff have reviewed known council meeting commitments of some of the board members (municipal appointees) and staff have reached out to provincial appointees to discuss availability as well. The following amended board day/time appears to be available:

- Fourth Thursday of each Month at 3:00pm

It would be preferable to have the schedule determined at this Board meeting so that staff can update the schedule of staff reports, determine Board standing committee dates, and so forth.

**Please note** that this above noted schedule would be for board meetings only. Finance and Facilities Standing Committee and Governance Standing Committee meetings are timed throughout the year based upon deadlines for both SWPH planning purposes, for Ministry of Health reporting purposes, completion of audit, provincial appointee timing, risk registrar monitoring, etc. It would be preferable to have the schedule determined at this Board meeting so that staff can update the schedule of staff reports, determine Board standing committee dates, and so forth.

**MOTION: 2023-BOH-0118-5.1C**

That a revised schedule of Board of Health meetings be developed and circulated to the Board for their information.

#### **4. SWPH Program Updates (Receive and File):**

##### **4.1 Infectious Disease Prevention and Control**

###### **a. Covid Outbreaks**

Outbreak investigations in Long Term Care Homes (LTCH)/Retirement Homes (RH) and congregate settings have stayed constant at 25 cases per month over the last few months. The primary pathogen identified is COVID-19 however influenza A, RSV and parainfluenza have also been identified.

###### **Covid Vaccination Clinic**

SWPH office locations in St. Thomas and Woodstock continue to offer COVID and flu vaccines through both appointments and limited walk ins. Clinics are primarily based out of each location, with occasional mobile clinics and in rural Elgin and Oxford. SWPH continues to vaccinate homebound clients, in collaboration with Oxford EMS, and we continue to support retirement homes and long-term care homes for training and coordination of vaccines. The provincial Govaxx bus services Tillsonburg, Woodstock, Ingersoll, and Aylmer one day per week for clients 5+.

###### **b. Diseases of Public Health Significance (DOPHS)**

Investigations of diseases of public health significance (DOPHS) have remained constant for most reportable pathogens however staff continue to monitor an increased number of pertussis cases in an identifiable under immunized population. The rate of invasive group A streptococcal disease continues to be monitored and remains similar to previous months.

##### **4.2 Vaccine Preventable Diseases Program**

###### **a. Upcoming Elementary School Record Review – ISPA (Immunization of School Pupils Act)**

Each year, public health, under the Ontario Public Health Standards and the legislation known as the [Immunization of School Pupils Act, R.S. 1990](#) (commonly known as ISPA) is mandated to review the immunization records of all students attending school. This review ensures all students attending school are up-to-date on all age-appropriate immunizations in accordance with [Ontario's Provincial immunization schedule](#) and that their immunization records are up-to-date in the province's digital immunization repository known as Panorama.

This Fall, our immunization team completed reviews of over 3000 students in secondary schools who were overdue for vaccination or missing records in the provincial Panorama system. The team engaged with the students, their families, and primary care providers to complete this update. Secondary students who were still outstanding for vaccinations were offered the opportunity to “catch up” on these vaccines right at their school through on-site clinics at every high school.

In early January 2023, our immunization team will undertake a review of thousands of elementary school students who are overdue for vaccination or missing records. The families will be notified by mail of the need to update their child's vaccination records or to book an appointment with their primary care provider to update their child's vaccination status. SWPH also offers weekly public clinics (appointments available to be booked online via our website) to assist families. Students who remain overdue for vaccinations or who have records missing will face suspension from school in June 2023 in accordance with the ISPA legislation to allow families the greatest amount of time to catch up following the impacts of the COVID19 pandemic. SWPH plans to return to a December school suspension date for secondary students and a late Spring school suspension date for elementary students for the 2023/2024 school year.

#### 4.3 Chronic Disease and Injury Prevention Program

##### **a. Community Partner Re-engagement**

Over the past four months, the Chronic Disease and Injury Prevention (CDIP) program has re-engaged with numerous local partners, committees and working groups. Staff have also returned to many regional and provincial collaborative tables to conduct joint planning and resource sharing. For example, the Ontario Public Health Association's (OPHA) Alcohol Working Group has recently updated an infographic to reflect the current alcohol policy environment, including the impacts of the Covid-19 Pandemic and the ways forward. We have also worked in partnership to provide feedback on the upcoming new Canadian Guidelines on Alcohol and Health.

##### **b. Program Situational Assessments**

The CDIP team has also embarked on numerous situational assessments in the areas of falls prevention in seniors, physical activity, opioid related death, food security and mental health promotion. Situational assessments follow a structured process to collect information on community need, what is affecting the need, what is happening in the community already, and what can make the situation better, including public health interventions. The results of these assessments will be used to influence program planning for 2023 and beyond.

##### **c. Consumption and Treatment Services Feasibility Study**

Since October, CDIP staff have been collaborating with a consulting firm and an Internal Working Group to complete a research ethics application for a Consumption and Treatment Services Feasibility Study. The completed application was submitted to Public Health Ontario's Research Ethics Board on November 10<sup>th</sup>. We hope to receive approval in early January and start the data collection process immediately. An external advisory committee will be formed to advise on the study and its results.



#### 4.4 Health Schools Program

##### **a. Healthy Relationships Plus Program**

Throughout the fall, the Healthy Schools staff has been offering a 16-week Healthy Relationships Plus Program (HRPP) in nine grade 7/8 classes (as the first pilot of this comprehensive program). The program designed through the Centre for School Mental Health from the University of Western Ontario equips students with the skills they need to build healthy relationships and help themselves and their peers reduce risky behaviours. The HRPP uses open dialogue and role-playing to engage youth in enthusiastic discussions about peer pressure, help-seeking, media literacy, healthy and unhealthy peer and dating relationships, and healthy communication. The program is offered in partnership with the classroom teacher, ensuring the lessons learned can continue to be practiced throughout the year. In 2023, the number of classes receiving the HRPP will increase dramatically, with each nurse offering between 2-5 programs at their respective schools.

##### **b. Low German Community of Practice**

The team's Health Promoter has been leading a Low German Community of Practice. The Community of Practice has approximately 80 community members interested in building a more inclusive and equitable community. The group's most recent meeting focused on communication tools for the Low German Community. The following steps include the creation of a resource for health and social service providers to learn about the community, along with some valuable strategies for navigating sensitive discussions.

##### **c. School Nutrition Program Update**

The start of the New Year marks a significant transition for the School Nutrition Partnership in Oxford County. SWPH has been the lead agency working with Oxford County schools for years. Beginning in January 2023, the VON has cancelled our contract and will take the coordination role in-house. VON is taking all remaining School Nutrition Partnerships in-house. This means they will no longer contract the work to other partners. SWPH has been assured that there will be no changes to the services the local schools receive. Each of the Oxford schools was notified of this change in November.

#### 4.5 Healthy Growth and Development Program

##### **a. Intimate Partner Violence (IPV) Indicator-based Assessment Training for Staff**

During the COVID-19 pandemic, increased rates of intimate partner violence (IPV) have been reported. Public health measures to mitigate the transmission of the SARS-CoV-2 virus have left many individuals who experience violence spending increased time with or in closer proximity to partners who use violence. Community-based supports, such as shelters, have also been challenged to provide pre-pandemic levels of safety planning services.

Based upon changes in how IPV is determined, our nursing staff in the healthy growth and development team completed updated training that outlined the types of safety planning strategies that are recommended (and not recommended) to promote the safety of clients experiencing IPV. As part of the training, guidance was provided on how the nursing process can be applied to recognize and respond to a client's experiences of current (or past) IPV through establishing a therapeutic relationship; utilizing an indicator-based assessment to identify physical and mental health effects, exhibited by mother or infant to initiate a discussion to summarize the PHNs concerns and to create an opportunity for the client to safely disclose their experiences of IPV; identification of IPV; supporting individualized planning to build upon the client's strengths followed by the PHN linking the client by way of warm referrals to community supports and services and finally, evaluation of the process. Policies and procedures are being developed to reflect this change in practice.

#### 4.6 Foundational Standards

##### **a. New Covid – 19 Dashboard**

On November 23, 2022, the Foundational Standards team launched a new enhanced Covid-19 dashboard on our website. The new tool not only continues to share raw data about the Covid-19 cases in our region, but it also assesses the risk of Covid associated with the data. The enhanced dashboard will allow community members and our health system partners, like long-term care homes and hospitals, to determine their risk more easily. The new dashboard highlights four indicators: confirmed cases, percent positivity, new hospitalizations and active outbreaks. It also notes whether the trend is increasing or decreasing in those areas. The new dashboard also introduces an overall risk assessment and labels that risk as low, moderate, high or very high. The dashboard is updated weekly on Tuesdays.

#### 4.7 Foundational Standards

##### **a. SWPH 2022 Communications Year in Review**

Our staff finished the year with some analysis of our digital work – on social media and on the Southwestern Public Health website. This type of analysis ensure that we understand how our digital work resonates with our community and also areas/ideas for improvement.

At year end, the website had a **Quality Assurance score of 92.2%**. This means that there are very few broken links, links to unsafe domains, or misspellings. The site's **Accessibility score was 84.9%**. In the new year, we will make edits to ensure accessibility of all aspects of the site for persons with disabilities.

In 2022, there were **248,911 unique visitors** (individuals) to the website. These visitors viewed a total of 1,041,904 pages. The most popular page was the Covid-19 dashboard – reflecting the community's ongoing interest in pandemic activity.

Social media engagement decreased from 2021 levels. This was expected as the emergency nature of the pandemic shifted to our "new normal," and our followers moved on to other

content. Our Facebook posts reached **221,423** users (down 41% from 2021) and our Instagram posts reached **13,217** users (down 23.1% from 2021). Despite these losses, our number of fans and followers grew in 2022 and now exceeds 20,000 across all social platforms.

The communications staff has undertaken some recent training to improve its video production capabilities as video is the most popular and most effective media to promote on social channels. We will also be developing specific channel strategies to ensure we're making the best use of the tools available to us and maximizing their potential for community engagement, education, and promotion.

In addition to this assessment of our digital activity, the members of the communications team have been heavily involved with supporting the staff teams in program planning, updating and refreshing promotional materials in preparation for 2023 work, and planning a series of engaging public facing stories intended to educate, inform and inspire the residents of Oxford County, Elgin County and the City of St. Thomas.

**MOTION: 2023-BOH-0118-5.1**

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Report for January 18, 2023.



## Finance and Facilities Standing Committee Terms of Reference

### **Membership:**

A minimum of 5 and a maximum of 6 Board members one of which must be the Chair or Vice Chair of the Board of Health serves as Chair of the Committee.

The Chair of this Standing Committee cannot serve as Chair of the other Board Standing Committee (Governance).

In addition, the Chief Executive Officer is an ex-officio member of the Committee, non voting. Other staff including the Director of Finance may attend as required and will be non-voting.

### **Purpose:**

1. Act in an advisory capacity to the Board of Health on matters related to finances and facilities of the organization.
2. Ensure the adequacy and effectiveness of financial reporting by reviewing and recommending approval to the Board related to financial statements, policies, specific budgets, and both internal and external financial and facilities' audits.

### **Duties and Responsibilities:**

- Review and make recommendations to the Board regarding quarterly financial statements and other financial reporting considered by the Board,
- Ensure the Health Unit has a formal process to establish an annual operating budget within the parameters and funding guidelines provided,
- Review and make recommendations to the Board regarding annual operating and capital plans/budgets,
- Periodically review the internal control processes which includes policies and practices used to control the operations, accounting, and regulatory compliance of the organization,
- Review and make recommendations to the Board regarding the annual audited financial statements,
- Review and recommend the annual audit plan, audit fees, and scope of the audit services (engagement letter),
- Review the audit findings including but not limited to the auditor's Management Letter, any weaknesses in internal controls and the Executive Management's response to such letters,
- Review annually the types and amounts of insurance carried by the Health Unit,
- Review, periodically, administrative policies relating to the financial management of the Health Unit, including but not limited to, investments, and signing authorities,
- Provide updates to the Board on Committee meeting discussions and subsequent

- actions, and
- Provide leadership and direction on matters related to BOH properties and leased facilities, including assessing property requirements and reviewing capital improvement and construction projects.

### **Meetings:**

Approximately four meetings will be held annually. Additional meetings may be held at the call of the Chair. Meetings of this committee will be held virtually or in person at one of the public health offices).

### **Specific Roles and Responsibilities:**

1. Chair (Board Chair or Board Vice Chair):
  - a. Chair meeting in accordance with current procedural Bylaw No. 1 Conduct of the Affairs,
  - b. Guide the meeting according to the agenda and time available,
  - c. Provide an opportunity for all members of the Committee to participate in the discussion,
  - d. Ensure adherence to the Terms of Reference,
  - e. Review and approve the draft minutes before distribution to the Committee members, and
  - f. Review draft reports to the Board of Health of Committee discussions and recommendations.
2. Committee Members:
  - a. Prepare for each meeting by thoroughly reading all pre-circulated reports in advance of the meetings,
  - b. Attend and actively participate in the discussion and business of the Committee, and
  - c. Speak as a collective (with one voice) following Committee decisions on matters.
3. Chief Executive Officer:
  - a. Update Finance and Facilities Standing Committee of any financial concerns or issues as they arise,
  - b. Provide written reports regarding strategic deliverables to the Committee in advance of each meeting, and
  - c. Draft written Committee updates regarding achievements to Board of Health as directed.
4. Recorder of the Meeting:
  - a. Schedule meetings as needed,
  - b. Book room for meetings,
  - c. Request agenda items in advance of the meeting,
  - d. Post agenda and committee packages to the portal at least 3 days prior to the meeting, and
  - e. Record minutes.

**Terms of Office:**

Members shall serve a minimum of two years to provide continuity within the Committee. The term of office for a member may be extended with the approval of the Board of Health.

**Minutes:**

Minutes of the Committee shall be taken by the Executive Assistant, reviewed by the CEO, approved by the Committee Chair, signed by the Committee Chair, and posted to the portal within two weeks following the meeting.

**Quorum:**

A quorum of members must be present either in person or via electronic means, before a meeting can proceed. Quorum shall be a majority of the members of the Committee (50% +1).

A scheduled meeting will be cancelled if the Chair is unable to confirm that a quorum of members can attend. This decision will be based on the members' replies to the meeting invitation.

**Decision Making:**

The Committee will endeavour to reach consensus related to its finance and facilities related decisions and recommendations and in accordance with OESTHU Bylaw No. 1 - Conduct of the Affairs.

**Accountability:**

This Committee reports and makes recommendations to the Board of Health and/or the Chief Executive Officer.

**Confidentiality:**

Each member of the Committee has a duty to keep confidential any information which the Committee has identified as such or at the request of the Board of Health.

**Date adopted:**

Original: May 1, 2018 by OESTHU Board of Health  
Revision: October 1, 2020 by OESTHU Board of Health  
Revision: April 7, 2022 by OESTHU Board of Health



Governance Standing Committee  
**Terms of Reference**

**Membership:**

A minimum of 5 and a maximum of 6 Board members one of which must be the Chair or Vice Chair of the Board of Health serves as Chair of this Committee.

The Chair of this Standing Committee cannot serve as the Chair of the other Board Standing Committee (Finance and Facilities).

In addition, the Chief Executive Officer is an ex-officio member of the Committee, non voting. Other staff may attend as required and are non-voting.

**Purpose:**

1. Act in an advisory capacity to the Board of Health (BOH) on matters related to good governance.
2. Ensure that the Board of Health fulfils its legal, ethical and functional responsibilities through adequate governance policy development, board member recruitment strategies, board training programs, monitoring board activities and evaluation of board members' participation.
3. Oversee the nomination process for Order in Council appointments.

**Duties and Responsibilities:**

- Review the number of members on the BOH and recommend changes as needed,
- Review the orientation plan for new board members and continuing education program plan for existing board members which includes a framework for what and how information is shared with the BOH,
- Oversee and advise on the selection of Board members for its standing Committees,
- Oversee the process for recruiting and recommending public appointees to the Public Appointment Secretariat,
- Ensure there is a current inventory of Board member knowledge and skills related to Board functions,
- Review and recommend revisions, where necessary, to Board of Health by-laws, policies and procedures,
- Advise the Board or a standing Committee of the Board of all corporate governance issues that the Committee determines ought to be considered by the Board or Committee,
- Ensure there is a process for assessing the effectiveness of the Board and its Committees,
- Identify opportunities for the Board to participate in collaborative governance opportunities within the community that will promote and protect the health of the

- population,
- Review and recommend to the BOH a risk register for the Health Unit which includes but is not limited to the areas of human resource succession planning, information technology, surge capacity planning, operational risks and legal issues, and
- Ensure performance development reviews for the CEO and the MOH are completed in accordance with policy.

### **Meetings:**

Approximately three to four meetings will be held annually, with additional meetings at the call of the Chair. Meetings of this committee will be held virtually or in person at one of the public health offices.

### **Specific Roles and Responsibilities:**

1. Chair (Board Chair):
  - a. Chair meeting in accordance with current procedural Bylaw No. 1 Conduct of the Affairs,
  - b. Guide the meeting according to the agenda and time available,
  - c. Provide an opportunity for all members of the Committee to participate in the discussion,
  - d. Ensure adherence to the Terms of Reference,
  - e. Review and approve the draft minutes before distribution to the Committee members, and
  - f. Review draft reports to the Board of Health of Committee discussions and recommendations.
2. Committee Members:
  - a. Prepare for each meeting by thoroughly reading all pre-circulated reports in advance of the meetings,
  - b. Attend and actively participate in the discussion and business of the Committee, and
  - c. Speak as a collective (with one voice) following Committee decisions on matters.
3. Chief Executive Officer:
  - a. Update Governance Standing Committee of any relevant concerns or issues as they arise,
  - b. Provide written reports regarding strategic deliverables to the Committee in advance of each meeting, and
  - c. Draft written Committee updates regarding achievements to Board of Health as directed.
4. Recorder of the Meeting:
  - a. Schedule meetings as needed,
  - b. Book room for meetings,
  - c. Request agenda items in advance of the meeting,
  - d. Post agenda and committee packages to the portal at least 3 days prior to the meeting, and
  - e. Record minutes.



**Terms of Office:**

Members shall serve a minimum of two years to provide continuity within the Committee. The term of office for a member may be extended with the approval of the Board of Health.

**Minutes:**

Minutes of the Committee shall be taken by the Executive Assistant, reviewed by the CEO, approved by the Committee Chair, signed by the Committee Chair, and posted to the portal within two weeks following the meeting.

**Quorum:**

A quorum of members must be present either in person or via electronic means, before a meeting can proceed. Quorum shall be a majority of the members of the Committee (50% + 1 of committee members appointed).

A scheduled meeting will be cancelled if the Chair is unable to confirm that a quorum of members can attend. This decision will be based on the members' replies to the meeting invitation.

**Decision Making:**

The Committee will endeavour to reach consensus related to its governance decisions and recommendations and in accordance with OESTHU Bylaw No. 1 - Conduct of the Affairs.

**Accountability:**

This Committee reports and makes recommendations to the Board of Health and/or the Chief Executive Officer.

**Confidentiality:**

Each member of the Committee has a duty to keep confidential any information which the Committee has identified as such or at the request of the Board of Health.

**Date adopted:**

Tentatively: April 5, 2018 by Transition Governance Committee

Officially: May 1, 2018 by OESTHU Board of Health

Revision: February 3, 2022 by OESTHU Board of Health  
(Motion #2022-BOH-0203-5.1)