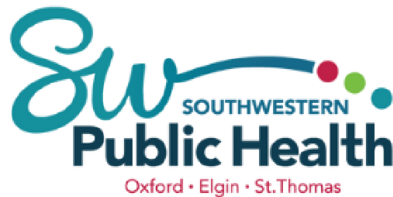


Our Vision:
*Healthy People in Vibrant Communities*

# Board of Health Meeting

St. Thomas Location: 1230 Talbot St. St. Thomas, ON
Talbot Boardroom
MS Teams Participation
Thursday, January 23, 2025
1:00 p.m.

| AGENDA | | | |
|---|---|---|---|
| **ITEM** | **AGENDA ITEM** | **LEAD** | **EXPECTED OUTCOME** |
| **1.0 CONVENING THE MEETING** | | | |
| 1.1 | Call to Order, Recognition of Quorum<br>• Introduction of Guests, Board of Health Members and Staff | 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<br>a) Chair<br>b) Vice-Chair<br>c) Delegation of Head | <br>Cynthia St. John<br>Board Chair<br>Board Chair | Decisions |
| **2.0 APPROVAL OF MINUTES** | | | |
| 2.1 | Approval of Minutes<br>• November 28, 2024 | Board Chair | Decision |
| **3.0 APPROVAL OF CONSENT AGENDA ITEMS** | | | |
| **4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION** | | | |
| **5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.ACCEPTANCE.DECISION** | | | |
| 5.1 | SWPH Report on Planet Youth: Implementing the Icelandic Prevention Model, a Community-Based Approach to Reducing Youth Substance Use | Jessica Austin<br>Brooke Boersen | Receive and File |
| 5.2 | Medical Officer of Health's Report for January 23, 2025 | Dr. Tran | Decision |
| 5.3 | Chief Executive Officer's Report for January 23, 2025 | Cynthia St. John | Decision |
| **6.0 NEW BUSINESS/OTHER** | | | |
| **7.0 CLOSED SESSION** | | | |
| **8.0 RISING AND REPORTING OF THE CLOSED SESSION** | | | |
| **9.0 FUTURE MEETINGS & EVENTS** | | | |

| AGENDA | | | |
|---|---|---|---|
| ITEM | AGENDA ITEM | LEAD | EXPECTED OUTCOME |
| 9.1 | • Board of Health Orientation: Thursday, February 27, 2025 at Noon<br>• Board of Health Orientation: Thursday, February 27, 2025 at 1:00 p.m.<br>○ Location: Woodstock<br>Oxford County Administration Building<br>21 Reeve Street, Woodstock, ON<br>○ Virtual Participation: MS Teams | Board Chair | |
| **10.0 ADJOURNMENT** | | | |

November 28, 2024
**Board of Health Meeting**
**Open Session Minutes**

A meeting of the Board of Health for Oxford Elgin St. Thomas Health Unit was held on Thursday, November 28, 2024 commencing at 1:03 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. L. Rowden | Board Member |
| Mr. M. Peterson | Board Member |
| Mr. M. Ryan | Board Member |
| Mr. D. Warden | Board Member |
| Ms. C. St. John | Chief Executive Officer (ex officio) |
| Dr. J. Lock | Acting Medical Officer of Health (ex officio) |
| Ms. W. Lee | Executive Assistant |

**GUESTS:**

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

**MEDIA:**

| | |
|---|---|
| Mr. Joe Konecny* | Aylmer Express |

**represents virtual participation*

**REGRETS:**

| | |
|---|---|
| Mr. J. Preston | Board Member |
| Mr. D. Shinedling | Board Member |

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

## 1.1 CALL TO ORDER, RECOGNITION OF QUORUM

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

## 1.2 AGENDA

**Resolution # (2024-BOH-1128-1.2)**
Moved by M. Ryan
Seconded by D. Warden

> That the agenda for the Southwestern Public Health Board of Health meeting for November 28, 2024 be approved as amended.

Carried.

**1.3 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-1128-2.1)**
Moved by J. Herbert
Seconded by M. Peterson

> That the minutes for the Southwestern Public Health Board of Health meeting for October 24, 2024 be approved.

Carried.

## 3.0 CONSENT AGENDA

No items.

## 4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION

No items.

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

**5.1 Acting Medical Officer of Health Report for November 28, 2024**

Dr. J. Lock presented her report.

J. Herbert inquired about concerns regarding the spike in Covid-19 cases. Dr. Lock explained that while periodic spikes are expected post-pandemic, they remain concerning due to ongoing risks for vulnerable populations.

G. Jones asked whether the data collected on children's well-being included physical, mental, and social health. Dr. Lock noted that the effort involves a holistic approach, covering physical health, mental well-being, and social engagement indicators. She noted that while there are some surveys in place, they are not consistently conducted, thus requiring continued collaboration with educational councils to enhance data collection tools.

S. Molnar asked about differences in strategic priorities between regional engagement efforts. Dr. Lock attributed these to local needs assessments and specific health challenges identified in Elgin and Oxford.

Dr. Lock also provided an update on a local measles cluster linked to a wedding in New Brunswick. The health unit's rapid response helped contain the outbreak, supported by a rapid response from provincial and community partners. However, one community exposure has been reported thus far. Dr. Lock expects measles will remain an active concern and staff are responding and following up on case and contact management, and she noted SWPH does have high vaccination rates in the community as its first line of defense.

B. Martin asked for clarification on the immunization schedule for measles, mumps, and rubella (MMR vaccine). Dr. Lock advised that the MMR vaccine is given in two doses at one and four years of age, providing lifelong immunity. Adults born before 1970 likely have natural lifelong immunity from native infection, while those born after 1970 who received only one dose may not have lasting immunity. A second dose is recommended for individuals in higher-risk settings, such as healthcare workers. While a blood test for immunity exists, it is generally more practical to receive a second dose if there are concerns about immunity.

**Resolution # (2024-BOH-1128-5.1)**
Moved by G. Jones
Seconded by D. Mayberry

> That the Board of Health for Southwestern Public Health accept the Acting Medical Officer of Health's report for November 28, 2024.

Carried.

DRAFT

## 5.2 Chief Executive Officer's Report

C. St. John reviewed her report.

J. Herbert asked for clarity on process for passing multiple motions noted in the report.
B. Martin responded the CEO would deliver the entire report first, after which questions would be entertained about the report up to the budget. Following this, the Board would go through each motion individually.

**Resolution # (2024-BOH-1128-5.2-3.1)**
Moved by D. Warden
Seconded by M. Peterson

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

Carried.

**Resolution # (2024-BOH-1128-5.2-3.2)**
Moved by G. Jones
Seconded by J. Herbert

> That the Board of Health approve the Board Chair signing the engagement letter and audit planning letter received from Graham Scott Enns as presented, in preparation for the upcoming 2024 financial audit.

Carried.

M. Ryan asked about population growth projections, which C. St. John confirmed were sourced from the Ministry of Finance. He further inquired whether the proposed 3.9% budget increase was reasonable, with M. Nusink noting that the Consumer Price Index (CPI) was 3.4%.

G. Jones sought clarification on the 17% increase in benefits. C. St. John explained that the rise was due to increased usage and the high cost of biologics in the pharmaceutical sector. D. McDonald added that SWPH had surveyed other health units, which reported similar increases ranging from 10% to 25%. D. Warden asked whether the benefits policy was reviewed for competitiveness. D. McDonald confirmed that the policy undergoes a market review every three years to ensure competitive rates.

L. Rowden asked when the ONA contract would be reviewed, with C. St. John confirming it expires December 31, 2024 and negotiations will commence early in 2025. He also expressed concern about rising costs. B. Martin interjected that detailed discussions on contracts would



DRAFT

require a closed session, and L. Rowden indicated he did not wish to move to closed to discuss further.

G. Jones asked how staff movement was tracked. C. St. John explained that this is managed through the annual service plan and tracked by the Finance Director.

D. Warden asked whether the proposed 3.9% budget increase included the full budget or specific program areas. C. St. John clarified that it referred to the overall budget. D. Warden then suggested considering using surplus funds to offset the increase.

S. Molnar asked if there had been a mid-year amendment to service levels. C. St. John clarified that such adjustments were made in 2023 and incorporated into the base budget per Board direction. S. Molnar noted due diligence was done and the programs are giving good value.

D. Mayberry discussed the burden of public health costs, noting that lower-income residents pay less in taxes but benefit significantly from health services. He asked whether reserves were included in the budget, with C. St. John responding that no, she did not include reserves in the budget presented, explaining that only the Board could allocate reserves to cover any budgetary pressures.

D. Mayberry asked whether any of the projected $1 million surplus would need to be returned. M. Nusink confirmed that no, the $1M surplus does not have to be returned to the Ministry of Health and that the Ministry of Health had agreed, in writing, that the surplus fully belonged to the Board of Health.

M. Ryan followed up, asking whether any asset management concerns might require surplus allocation. M. Nusink stated that no immediate needs were identified but noted that capital requests under $1 million could be 100% funded by the Ministry if required.

B. Martin formally proposed the motion, with J. Herbert moving and S. Molnar seconding.
D. Warden requested a recorded vote.

D. Mayberry recommended allocating $745,000 of the projected surplus to reserves, bringing the total to roughly $1 million, and using the remaining funds to reduce the municipal levy.
D. Mayberry pointed out that given the new OPHS, new funding formula, 2% population growth, inflation, and new employee contracts, having $1 million in reserve may not be enough.

M. Ryan expressed hesitation about voting without seeing specific figures in writing. C. St. John clarified that the final surplus figure would not be known until the 2024 year has been audited. The surplus figure would be shared with the Board by the auditors in April 2025. In the interim, M. Nusink provided a rough estimate of the 2024 surplus at the meeting, noting it is still draft.

A five minute break was taken to allow time to amend the motion on the table based upon the Board's discussion.

The amended motion was read aloud, specifying that "any 2024 surplus be carried forward to be applied to SWPH's reserve in 2025." The amendment to the budget motion was moved by D.



DRAFT

Mayberry and seconded by M. Peterson. M. Ryan asked for a breakdown of the percentage impact to the three obligated municipalities in light of the amended motion. M. Nusink shared the new number to the group and verbally summarized the change to the budget line related to the obligated municipalities.

**Resolution # (2024-BOH-1128-5.2-3.3)**
Moved by D. Mayberry
Seconded by M. Peterson

> That the Board of Health amend the proposed resolution with the following statement: …and to take its existing reserve in the amount of $255,500 to offset the proposed municipal levy of the 2025 draft budget and that any 2024 surplus be carried forward to be applied to SWPH's reserve in 2025.

Carried.

M. Ryan noted this was a reasonable budget, despite financial pressures such as the impact of inflation, the municipalities' tax burden, and the limited provincial funding increase of 1%, and urged continued advocacy at all levels of government for better support. C. St. John clarified the municipal increase figure was 8.8% and a 3.9% increase overall, and acknowledged the Board's steadfast commitment to local public health. D. Mayberry expressed concern about the budget's adequacy given population growth but trusted staff's thorough preparation.

**Resolution # (2024-BOH-1128-5.2-3.4)**
Moved by J. Herbert
Seconded by S. Molnar

> That the Board of Health approve the 2025 Budgets for General Cost-Shared program, for 100% Provincially funded ongoing initiatives, and for 100% Provincially funded one-time initiatives as presented, and to take its existing reserve in the amount of $255,500 to offset the proposed municipal levy of the 2025 draft budget and that any 2024 surplus be carried forward to be applied to SWPH's reserve in 2025.

Carried.

| | |
|---|---|
| Agar, Catherine | Yea |
| Couckuyt, Jack | Yea |
| Herbert, Jim | Yea |
| Jones, Grant | Yea |
| Martin, Bernia | Yea |
| Mayberry, David | Yea |
| Molnar, Stephen | Yea |



DRAFT

| | |
|---|---|
| Peterson, Mark | Yea |
| Rowden, Lee | Yea |
| Ryan, Marcus | Yea |
| Warden, David | Yea |

B. Martin thanked the staff for their leadership in bringing forward the budget and the Board for balancing public health funding needs with being responsible to their communities.

**Resolution # (2024-BOH-1128-5.2)**
Moved by D. Mayberry
Seconded by M. Peterson

That the Board of Health accept the Chief Executive Officer's report for November 28, 2024.

Carried.

D. Warden left at 2:49 p.m.
S. Molnar noted his regrets at 2:50 p.m. and extended his holiday greetings to the group. Quorum was maintained.

## 6.0 NEW BUSINESS

## 7.0 TO CLOSED SESSION

**Resolution # (2024-BOH-1128-C7)**
Moved by G. Jones
Seconded M. Peterson

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;

DRAFT

(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 # (2024-BOH-1128-C8)**
Moved by D. Mayberry
Seconded by J. Herbert

That the Board of Health rise with a report.

Carried.

**Resolution # (2024-BOH-1128-C3.1)**
Moved by J. Herbert
Seconded by M. Ryan

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Report for November 28, 2024.

Carried.

## 9.0 FUTURE MEETING & EVENTS

## 10.0 ADJOURNMENT

M. Ryan thanked B. Martin for her leadership of the Board over the 2024 year.

The meeting adjourned at 3:03 p.m.

**Resolution # (2024-BOH-1128-10)**
Moved by G. Jones
Seconded by J. Herbert

That the meeting adjourns to meet again on Thursday, January 23, 2025, at 1:00 p.m. or earlier at the call of the Chair.

Carried.

DRAFT

Confirmed: ______________________________

DRAFT

# BOARD REPORT

## SWPH Report on Planet Youth: Implementing the Icelandic Prevention Model

| | |
|---|---|
| **MEETING DATE:** | January 23, 2025 |
| **SUBMITTED BY:** | Peter Heywood, Program Director |
| **SUBMITTED TO:** | Board of Health |
| **PURPOSE:** | ☐ Decision<br>☐ Discussion<br>☒ Receive and File |
| **AGENDA ITEM #** | 5.1 |
| **RESOLUTION #** | **2025-BOH-0123-5.1** |
| **REPORT TITLE:** | SWPH Report on Planet Youth: Implementing the Icelandic Prevention Model, a Community-Based Approach to Reducing Youth Substance Use |

## PURPOSE OF THIS REPORT

From time to time, the Board of Health receives more detailed program and service delivery reports to provide a greater understanding of a particular program. This report is provided for information with the goal that the Board of Health has a deeper understanding of some of our work in the area of youth substance use prevention and its link to our mandate.

## BACKGROUND & CURRENT LANDSCAPE

As reported in the *Youth Substance Use & Harms in the SWPH Region* Health Status Report, the reality of youth substance use emerges with alarming clarity. In 2019, youth in the Southwestern Public Health (SWPH) region reported using alcohol, tobacco, e-cigarettes, cannabis, and magic mushrooms more than youth in Ontario.[1] Over half of local youth report drinking alcohol in the last 12 months, approximately 10% higher compared to youth in Ontario.[1] However, the use of tobacco was the most significant with youth in the SWPH region, who reported smoking 2x more than youth in Ontario.[1] The data represents a troubling trend that poses significant risks to our young population's health and future and compels us to confront a pressing issue.

The following key indicators provide a snapshot of the issue in Oxford County, Elgin County, and the City of St. Thomas in 2019:

- The use of tobacco cigarettes was significantly different from the provincial proportion (5% for ON; 10% for SWPH). [1]

- Over half of local youth reported having consumed alcohol in the last 12 months, which is 10% higher than Ontario (74.7% vs. 64.8%) (excluding those who had a few sips to try). [1]
- Of those who have consumed alcohol, about 20% reported heavy drinking in 2019 compared to Ontario youth with 14.8% with a significantly higher proportion of local youth drinking to feel drunk in the past month compared to Ontario youth as well (24.1% versus 15.1%).[1]
- Cannabis is the third most common substance that local youth report using (behind alcohol and tobacco). In 2019, approximately 25% of youth in SWPH and Ontario reported using cannabis over the past year.[1]
- Initiation of alcohol, cannabis, and tobacco cigarettes primarily sits with youth starting grade 9.[1]

Addressing substance use during youth is crucial because it can have lasting effects. For example, ". . . early initiation and excessive or frequent substance use could lead to chronic diseases and substance use disorders later in life. It is also associated with learning and memory problems, impacting educational attainment."[1] The research shows that traditional prevention strategies targeted at educating youth about the dangers of substances and health consequences are not based on theory and are ineffective.[2] Fear-based tactics and lecture-style programs are ineffective in promoting behaviour change and fail to incorporate social factors of influence.[2] To be effective, prevention strategies must focus on the community environments around youth that influence risk and protective factors for substance use, including the family, peer group, leisure time (outside of school), and school. Risk factors are known as factors in the life of children and adolescents that increase the likelihood of substance use, for example, favourable and consistent attitudes around substance use in the home. Protective factors are factors in the life of children and adolescents that decrease the likelihood of substance use, such as healthy attachments with adult allies within the school environment. The risk and protective factors for substance use are shared by other health outcomes as well, such as mental health and wellbeing.

Addressing the high rates of substance use in our region requires a united, community-driven response that prioritizes primordial prevention. It requires the active involvement of every community member, from policymakers and healthcare providers to municipalities, schools, businesses and families. There is importance in striving to build a community that enhances protective factors and reduces risk factors through collective action and by using localized data to inform decisions that will create effective, long-lasting change for youth wellbeing. Southwestern Public Health is dedicated to collaborating with the community to address youth substance use. SWPH believes that the Icelandic Prevention Model is the most effective approach for tackling these issues, as it can reduce youth substance use and foster a healthier, more resilient community.

## SOLUTION

### *What is the Icelandic Prevention Model?*

The Icelandic Prevention Model is an evidence-based primordial prevention approach with demonstrated effectiveness in reducing substance use in Iceland for over twenty years. Figure 1 below demonstrates the change in the percentage of students in grade 10 who have used specific substances in Iceland over time (1998-2023). The Icelandic Prevention Model requires

collaboration and buy-in from numerous parties in the immediate vicinity of youth, including youth, schools, parents, caring adult allies, municipalities, sports clubs, social services, and non-profit organizations to make sustainable changes to the community environment. The Icelandic Prevention Model measures and maps out the social factors influencing youth substance use. This process includes gathering and disseminating localized data to community coalitions, which will identify priority areas relevant to the risk and protective factors highlighted in the data report. In consultation with the broader community, the community coalition identifies ways to align local policies and professional practice and design measures to reduce or delay substance use.

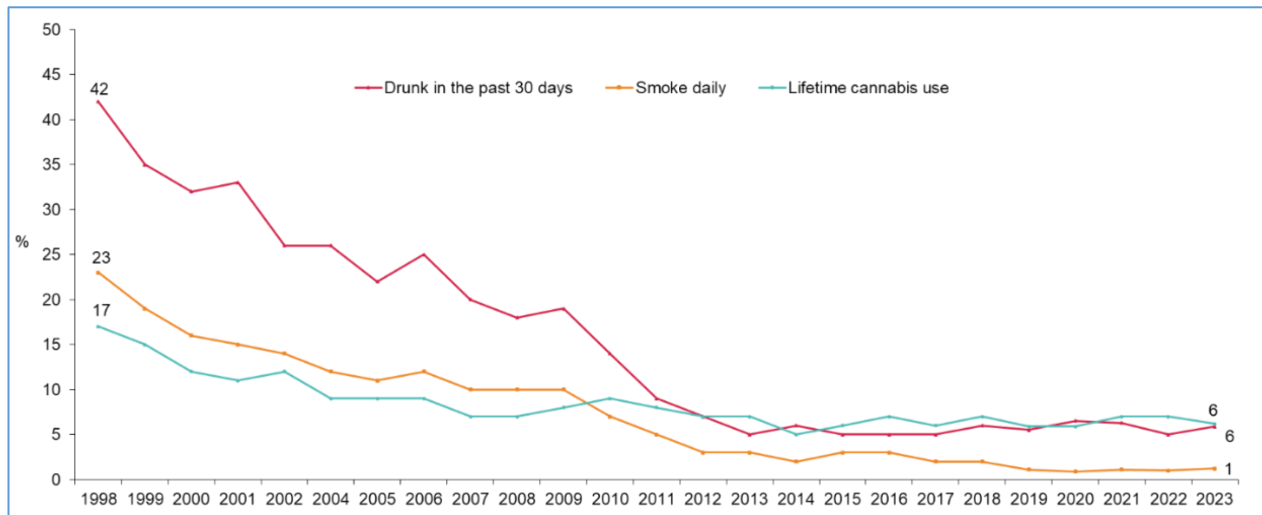

**Figure 1.** Development of substance use among grade 10 students in Iceland, years 1998-2023.

## *What is Primordial or Primary Prevention?*

Primordial prevention aims to prevent health problems before they occur in the future. It consists of modifying population-level health determinants and inhibiting the establishment of risk factors known to increase the likelihood of a health concern occurring.[3] This type of prevention targets society rather than individuals.

## *What is Planet Youth?*

"Planet Youth is the consulting and service organization founded to adapt and implement the Icelandic Prevention Model in other countries using the Planet Youth Guidance Program. The Planet Youth Guidance Program is the systematic and standardised implementation methodology, developed by Planet Youth, to adapt and implement the Icelandic Prevention Model in contexts outside of Iceland."[4] Typically, data at the provincial and federal levels is delayed, and the sample is often not large enough to be representative of our region. Whereas the Planet Youth team expedites the reporting process and the risk and protective factors analysis and provides reports to the community coalitions and secondary schools in 6-8 weeks. Based on the analysis findings, it is up to the community to decide on key areas for focus and solution-building using the received data report and their knowledge of the local context.[5]

## *Momentum in Canada for the Icelandic Prevention Model*

The Chief Public Health Officer's Report on the *State of Public Health in Canada 2018: Preventing Problematic Substance Use in Youth* was published in the fall of 2018 and promoted the Icelandic Prevention Model as a comprehensive approach to tackle wide-scale use of substances by youth.[6] This was pivotal for Canadian communities to explore the possibility of adapting and implementing the model locally. Similarly, the Icelandic Prevention Model is discussed as an effective upstream prevention framework in the 2023 Chief Medical Officer's Report, *Balancing Act: An All-of-Society Approach to Substance Use and Harms*. Over 20 communities across Canada have initiated adapting and implementing the Icelandic Prevention Model in their local jurisdictions through a partnership with Planet Youth.

In 2023, the Public Health Agency of Canada launched and announced funding for the Youth Substance Use Prevention Program as a national initiative that seeks to prevent substance use and promote wellness by supporting the implementation of the Icelandic Prevention Model within a Canadian context. "The Youth Substance Use Prevention Program includes an emphasis on youth engagement, measuring mental health and wellness, and prioritizing youth populations disproportionately impacted by substance use."[7] The Public Health Agency of Canada will announce Stream 2 funding for the Youth Substance Use Prevention Program in Spring 2025. Communities who have signed initial contracts with Planet Youth for the first steps of the Icelandic Prevention Model and who have demonstrated community readiness will be informed about the funding application process and invited to apply.

## *What Does this Process Entail?*

The Planet Youth Guidance Program includes support for community coalitions to implement and adapt the Icelandic Prevention Model through a 10-step process:

- "Steps 1 to 3 focus on building and maintaining community capacity for model implementation;
- Steps 4 to 6 focus on implementing a rigorous system of data collection, processing, dissemination, and translation of findings;
- Steps 7 to 9 are designed to focus community attention and to maximize community engagement in creating and sustaining a social environment in which young people become progressively less likely to engage in substance use, including demonstrative examples from Iceland; and
- Step 10 focuses on the iterative, repetitive, and long-term nature of the IPM [Icelandic Prevention Model] and describes a predictable arc of implementation-related opportunities and challenges."[8]

"Ultimately, the goal of the Icelandic Prevention Model is to facilitate a paradigm shift in community norms and culture. A paradigm shift is established incrementally and will most likely require years to fully solidify in most communities. Therefore, repetition and continuation are essential parts of "matching the scope of the solution to the scope of the problem."[8]

**Figure 2.** The 10 core steps to the practical implementation of the Icelandic Prevention Model emphasize repeating these steps to create a paradigm shift in the community.

## ACCOUNTABILITY

Substance Use Prevention is mandated under the Ontario Public Health Standards, and more specifically in the Substance Use Prevention and Harm Reduction Guideline (2018):

- Substance Use and Injury Prevention Requirement 1. The board of health shall collect and analyze relevant data to monitor trends over time, emerging trends, priorities, and health inequities related to injuries and substance use and report and disseminate the data and information in accordance with the Population Health Assessment and Surveillance Protocol, 2018 (or as current).
    - As per Requirement 1, the Planet Youth survey data would provide a more cost-efficient way of obtaining local and timely data on risk and protective factors of substance use and mental health in youth, which is a current gap in the local data available to SWPH.
- Substance Use and Injury Prevention Requirement 2. The board of health shall develop and implement a program of public health interventions using a comprehensive health promotion approach that addresses risk and protective factors to reduce the burden of preventable injuries and substance use in the health unit population.
    - As per Requirement 2, the Icelandic Prevention Model utilizes a comprehensive community approach to measure and address the population's risk and protective factors of substance use and mental health.

## STRATEGIC ALIGNMENT

Local substance prevention, explicitly the Icelandic Prevention Model, is a top priority for the *Elgin Mental Health, Substance Use, and Addiction Coalition* and the *Oxford Mental Health and Addictions Action Coalition.* Moreover, substance use is recognized as a critical area of focus in the *Safe and Well Oxford Plan* and the *Aylmer-Elgin-St. Thomas Community Safety and Well-Being Plan*.

## LOCAL SUPPORT AND ACTION

We have an exciting opportunity as strong engagement and investment is already happening in our communities for this approach and addressing youth substance use and wellbeing. Many community partners around the table have committed in-kind contributions and collaborated to build understanding and support for the Icelandic Model of Prevention. To date, SWPH has provided direction and support to our local communities by way of co-chairing the establishment of two coalitions, Planet Youth Elgin-St. Thomas, and Planet Youth Oxford.

In Elgin-St. Thomas, work has been underway since 2019, and therefore, the community is a little further along in adopting the Icelandic Prevention Model than Oxford. The Planet Youth Elgin-St. Thomas Coalition was officially formalized in 2023, and much work has been underway. A community forum was held in October 2023 to share more information about local data, substance prevention, and the Icelandic Prevention Model, and gather data from diverse community members. The Planet Youth Elgin-St. Thomas Coalition has also started community knowledge exchange with formal delegations and community events. Community advisory conversations have started, and local experts and influencers from West Elgin, East Elgin, and St. Thomas are consulting to support a comprehensive knowledge transfer strategy in their areas of the model.

Over the last year, dialogue and interest have been building within Oxford County. Although there has not been a community forum yet, this will likely happen in 2025 to educate the community about the model and to bring more community partners to the table. The Planet Youth Oxford Coalition's inaugural meeting was held in November 2024. Partners from diverse sectors were brought together to discuss the model's first steps and actions that must be completed in the next couple of months to prepare for the data collection phase. SWPH staff have presented, as well as informally been a part of conversations at community groups about the Icelandic Prevention Model and the Planet Youth Guidance Program for knowledge exchange and recruitment purposes (e.g., Tillsonburg Resource Network, Oxford Mental Health and Addictions Action Coalition, Community Building Youth Futures, etc.).

SWPH plays a critical role in fostering collaboration among schools and school boards, parents, policymakers, government agencies, and community organizations to coordinate and implement the Icelandic Prevention Model, an initiative designed to create a supportive environment for youth. Some examples of the progress and success thus far include:

- SWPH staff have already and will continue to support and assist with applications for local, provincial, and federal grants as they arise to fund the adaptation of the Icelandic Prevention Model for our region.
- A contract with Planet Youth has been signed to complete Steps 1-3 of the model (see Figure 2) in Elgin-St. Thomas and Oxford County.
- SWPH staff have been collaborating with local school boards (Thames Valley District School Board, London District Catholic School Board, & Conseil scolaire catholique Providence) to complete their internal Risk Assessments for the Planet Youth Survey and the associated research methodology.
- A joint delegation between the Mayor of St. Thomas and the Wardens of Elgin and Oxford was held with Associate Minister of Mental Health and Addictions Michael Tibollo at the 2024 Association of Municipalities of Ontario Conference to discuss Planet

Youth and provincial investment to support our region in adaptation and implementation of the Icelandic Prevention Model. SWPH had requested the delegation on behalf of the counties and created a briefing note and frequently asked questions document to support our local municipal leaders at the delegation.

- The coalitions have begun receiving in-kind and monetary contributions from municipalities, community partners, and community members to support the implementation of the first steps of the Icelandic Prevention Model.
- Both community coalitions have begun to establish flow-through fund accounts with the county-specific Community Foundations to fundraise and apply for grants to support communication materials, data collection, and implementation of localized solutions. This is established to accept donations from local businesses, private sponsors, charity events, and other community opportunities in 2025.

## RISKS TO CONSIDER

The data required to understand youth substance use is currently limited for our region. The only two sources include the Canadian Health Survey on Children and Youth (CHSCY) and the Ontario Student Drug Use and Health Survey (OSDUHS), which are not available routinely for the SWPH region. These sources for local data often have a low response rate, which results in reporting data with caution due to unstable estimates. Further, Statistics Canada has shared that Local Public Health Agencies will no longer receive local-level data from the Canadian Health Survey on Children and Youth. This will further limit access to information on children and youths' physical and mental health data to inform decisions for evidence-based solutions. Therefore, our community needs this Planet Youth substance use data to make informed decisions that will affect youth. If the community does not invest in the Icelandic Prevention Model long-term, it could be challenging to monitor local substance use trends among youth on an ongoing basis.

The Icelandic Prevention Model is an ongoing process that needs to be implemented over the long term to achieve sustainable and effective community reflection and action based on local evidence. The Planet Youth survey is conducted every two years in schools to track changes over time. However, the costs related to this level of data collection, along with the necessary support and guidance from Planet Youth, are significant; therefore, ensuring funding sustainability must be addressed from the beginning. This will involve initiating changes at the systems level, including prioritizing the model and allocating funds to support it. Additional support from provincial and federal levels, coupled with integration into policies that back the Icelandic Prevention Model, would further enhance these efforts. SWPH is committed to supporting and educating on the redesign of systems to facilitate the sustainable, long-term commitment required for the model.

Building community capacity and improving communication among partners should be among the initial steps of the model to ensure alignment with the community's chosen prevention approach and localized solutions. It is essential to foster a collaborative environment by minimizing conflicting activities and adhering to best practices. Ensuring all partners are aligned in their commitment to support and implement the identified local solutions as a cohesive network will be essential for the community's success. Aligning with all partners across the

spectrum of substance use and mental health efforts, from prevention to treatment, is fundamental as we all have a role in improving the environments for young people in our communities.

## NEXT STEPS

SWPH will continue to co-chair the coalitions in both Oxford and Elgin-St. Thomas. Additionally, it will provide oversight, coordination, and administrative support related to the Planet Youth contract, focusing on completing steps 1-3 of the model. SWPH is committed to collaborating with the community coalitions in this effort. This includes:

- Supporting the administrative responsibilities, such as the logistical and financial components (i.e. management of grants) necessary for successful implementation.
- Assisting in tasks related to research, ethics and data collection.
- Following data collection, encouraging and supporting communities in committing to applying the evidence to inform priorities and strategies to reduce risk factors and strengthen protective factors.
- Ensuring compliance with financial and programmatic reporting requirements.
- Promoting and supporting seamless coordination among community partners and the long-term sustainability of the model.

The coalitions in both Oxford and Elgin-St. Thomas are well underway and will continue to build momentum before the data collection phase, which is planned for fall 2025. Community advisory engagement discussions will assist in developing a knowledge translation strategy and associated products. This will include specific populations and areas in our region to ensure meaningful and applicable ways to share the work of the Planet Youth coalitions. Community ownership of tag lines and imagery for the coalition will also be necessary for this work.

Delegations and conversations with municipalities and their Safe and Well Committees will continue, with coalition members leading the process. The outcome of these delegations is for municipal leaders to understand and support Planet Youth implementation and recognize it as the substance use prevention approach that local communities will adopt. Municipal leaders can take the initiative to advocate for the Icelandic Prevention Model and their communities at events, such as future gatherings with a wider number of leaders such as conferences organized by the Association of Municipalities of Ontario. Collaborating with other community leaders and provincial representatives can foster important discussions. These municipal partners can help generate support and momentum for their initiatives by sharing successful strategies and experiences with other communities across Ontario.

It is crucial to remain updated and connected on the provincial and federal-level work through the Pan-Canadian Icelandic Approach Community of Practice through the Knowledge Development and Exchange Hub. SWPH Health Promoter Jessica Austin originally formed this Community of Practice with partners across Ontario. However, more recently, the Community of Practice transitioned to the Knowledge Development and Exchange Hub (with funding from the Public Health Agency of Canada) to host and expand as interest in and adaptation of the

Icelandic Prevention Model has grown substantially across the country. This Community of Practice is now recognized as the national group for the Icelandic Prevention Model; SWPH continues to participate in this knowledge exchange group and will share new information and learning with our local coalitions.

Provincial-specific work will also continue by meeting with other Planet Youth communities across Ontario to ensure the alignment of messages and the ability to share experiences and resources. The sustainability of coalitions will also be necessary to advocate and continue conversations with provincial bodies to support and recognize the model as the substance prevention standard across Ontario.

## CONCLUSION

Substance use is a prevalent concern in many communities across Ontario and Canada. It is known that there are devastating long-term health impacts associated with the early age of initiation and use of substances in youth. Therefore, preventing and delaying use is critical to promoting wellness among youth and reducing substance-related harms throughout the entire population. Many diverse sectors and community members must be involved and committed to the process to do this well. The community partners, members, and leaders involved with the Planet Youth Coalitions thus far have contributed an extraordinary amount of work that could not have been done without their dedication, support, and passion. The community is the cornerstone of the Icelandic Prevention Model, and therefore, ensuring the community, including youth, is engaged and involved throughout all the steps will ensure successful outcomes.

In summary, the Icelandic Prevention Model focuses on changing the environments that affect youth, such as school, home, peers, and the broader community, because the environments surrounding youth directly contribute to their health and wellbeing outcomes.[9] To make lasting and impactful changes to the social and physical environments, researchers, policymakers, practitioners, and community members must align and dedicate resources to address this complex problem. It is essential to emphasize that the solution's scope must match the problem's scope.

**MOTION: 2025-BOH-0125-5.1**
That the Board of Health for Southwestern Public Health receive and file the *SWPH Report on Planet Youth: Implementing the Icelandic Prevention Model, a Community-Based Approach to Reducing Youth Substance Use* for January 23, 2025.

## REFERENCES


1. Santos J. Youth substance use & harms in the SWPH region. Woodstock, ON: Southwestern Public Health; 2024.
2. Griffin, K.W. and Botvin, G.J. (2010). Evidence-Based Interventions for Preventing Substance Use Disorders in Adolescents. *Child Adolesc Psychiatr Clin N Am*. Jul; 19(3): 505–526. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2916744/
3. Association of Faculties of Medicine of Canada. Chapter 4: Primordial Prevention. In: AFMC Primer on Population Health. Available from: https://phprimer.afmc.ca/en/part-i/chapter-4.
4. Knowledge Development and Exchange Hub. 2023 Planet Youth Service Agreement Template Guidance Program [Internet]. 2024 Aug. Available from: https://cop.kdehub.ca/wp-content/uploads/2024/08/2023-Planet-Youth-Service-Agreement-Template-Guidance-Program_ENGLISH.pdf.
5. Planet Youth, ehf. (2021). Planet Youth Guidance Program Information Guide. Retrieved from Planet Youth Guidance Program Information Guide (English). Electronic Edition. 2021.
6. Public Health Agency of Canada. 2018 Preventing Problematic Substance Use in Youth. Ottawa: Public Health Agency of Canada; 2018. Available from: https://www.canada.ca/content/dam/phac-aspc/documents/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/2018-preventing-problematic-substance-use-youth/2018-preventing-problematic-substance-use-youth.pdf.
7. Knowledge Development and Exchange Hub. What is YSUPP? [Internet]. Available from: https://kdehub.ca/about/what-is-ysupp/.
8. Implementing the Icelandic Model for Preventing Adolescent Substance Use - Alfgeir L. Kristjansson, Michael J. Mann, Jon Sigfusson, Ingibjorg E. Thorisdottir, John P. Allegrante, Inga Dora Sigfusdottir, 2020.
9. Planet Youth. The 5 Guiding Principles [Internet]. Available from: https://planetyouth.org/the-5-guiding-principles/.

# Acting Medical Officer of Health
## Report to the Board

| | |
|---|---|
| **MEETING DATE:** | January 23, 2025 |
| **SUBMITTED BY:** | Dr. J. Lock, Acting Medical Officer of Health (written as of January 9, 2025) |
| **SUBMITTED TO:** | Board of Health |
| **PURPOSE:** | ☐ Decision<br>☐ Discussion<br>☒ Receive and File |
| **AGENDA ITEM #** | 5.2 |
| **RESOLUTION #** | **2025-BOH-0123-5.2** |

## 1.0 CURRENT RESPIRATORY ILLNESS TRENDS (2024-25 SEASON)

As of December 22, 2024, local and provincial COVID-19 positivity rates have stabilized at 13–14% following a peak in September. Hospitalizations remain steady, though post-holiday transmission may cause an uptick. Respiratory Syncytial Virus (RSV) activity peaked in December with local and provincial positivity rates of approximately 10.7–10.8%, showing a gradual decline but still notable, particularly among children. Influenza cases surged in December, with local positivity reaching 12.2%, slightly surpassing the provincial peak. Influenza activity remains elevated but is expected to decrease as January progresses.

As noted above, this data does not yet reflect the potential impact of holiday gatherings over Christmas and New Year's. While cases were increasing leading up to the holiday season, historical patterns suggest we might see a decline in activity a few weeks into the new year, similar to previous years.

Overall, the season's trends reflect predictable patterns: COVID-19 peaked earlier in September and has since plateaued, while RSV and influenza surged later in the fall and early winter, peaking between September and December.

### 1.1 RESPIRATORY SEASON VACCINE CAMPAIGN UPDATE

In the fall the health unit collaborated with eligible congregate living settings to promote vaccination of staff and residents for COVID and Influenza. Eligible residents were also offered RSV vaccine. The Ministry of Health (the Ministry) has collected seasonal influenza immunization rates for long-term care home (LTCH) healthcare workers since 1999 and for hospitals since 2000. Last year, the median health care worker influenza immunization rates for hospitals and LTCHs in Ontario were 38.5% and 60.8% respectively, a decreasing trend over the past several years. This year, in addition to collecting influenza immunization coverage rates for

hospital and LTCH staff, the Ministry asked LTCHs to report influenza and RSV immunization coverage of residents.

For the public, influenza vaccine coverage rates have been falling over the last two years. As of the week of Nov 28th, at the provincial level, the total number of doses administered by pharmacies declined from 2,193,776 in 2022/23 to 1,619,180 in 2024/25. Likewise, COVID-19 vaccination coverage, in those 75 years and older, has decreased from 70% coverage in 2022/23 to 37.5% in 2024/25 with parallel decreases across all age ranges.

## 2.0 MEASLES, MUMPS AND AVIAN INFLUENZA UPDATE

In December there was one confirmed measles case and twelve confirmed mumps cases. At the writing of this report, no new cases have been reported since prior to Christmas.

On December 20th, the health unit was contacted by the public health veterinarian regarding a local poultry farm infected with H5N1avian influenza. As of the writing of this report, there are four infected sires within our health unit. Public Health's role is focused on providing direction to farm workers on avian influenza signs and symptoms, what to do if symptoms develop, use of personal protective equipment (PPE), influenza vaccine, and post exposure prophylaxis. To date, there have been no cases of human-to-human transmission and the risk to the public remains low.

## 4.0 LOCALLY DRIVEN COLLABORATIVE PROJECTS (LCDP)

The LDCP program is a Public Health Ontario (PHO) initiative that brings together public health units, academic partners, and community groups to collaboratively design and implement research projects on important public health issues of shared interest. Southwestern Public Health (SWPH) has participated in projects in the past. Most recently, this included the 2024 project: GetaKit: An online HIV and STI testing service.

This year, SWPH is participating in a project lead by Thunder Bay District Health Unit, KFL&A Public Health and Lakehead University. The purpose of the project is to better understand public health's role within the multi-sectorial efforts to prevent gender-based violence (GBV) and to improve the efficiency and effectiveness of prevention initiatives.

## 5.0 SUBSTANCE USE AND MENTAL HEALTH

The Office of the Chief Coroner distributes a monthly summary of suspect drug-related and drug toxicity deaths in Ontario. In November the there were 195 suspect drug-related deaths reported in November 2024 in Ontario.

Over the past three months (September – November 2024), there were 723 suspect-drug related deaths. This represents:

- A 25% decrease from the three months prior (June – August 2024)
- A 29% decrease from the same period three years ago (September – November 2021)
- An 53% increase from the same period five years ago (September – November 2019)

Opioid toxicity deaths remain high, with 200 opioid toxicity deaths (confirmed and probable) reported each month February to August 2024.

In the SWPH region the statistics are similar. There were 3 suspect drug-related deaths reported in November 2024 in the SWPH region.

Over the past three months (September – November 2024), there were 11 suspect-drug related deaths. This represents:

- A 15% decrease from the three months prior (June – August 2024)
- A 42% decrease from the same period three years ago (September – November 2021)
- An 175% increase from the same period five years ago (September – November 2019)

Although death rates are decreasing, work continues to decrease unnecessary deaths. There are several current reports that provide insight which include the report of the Office of the Auditor General of Ontario. The recommendations within this report have several areas in common with the alPHa resolution A22-4 on Priorities for Provincial Action on the Drug/Opioid Poisoning Crisis in Ontario. The 2023 report by Ontario's Chief Medical Officer of Health, Balancing Act: An All-of-Society Approach to Substance Use and Harms, also provided multiple evidence-based intervention recommendations for communities to address.

Improving surveillance is a key method to prevent substance use related deaths. Traditional surveillance methods often fail to capture real-time data or emerging trends. In 2023 PHO supported a LDCP led by the University of Toronto, Ottawa Public Health, and Thunder Bay Public Health. This project is developing the Automated Opioid News Event-Based Surveillance system. Event-based surveillance differs from traditional indicator-based surveillance systems by focusing on information from various sources, including news media and social media. The system uses near real-time news data feeds along with an artificial intelligence model that filters articles and extracts critical situational awareness information. This is then transcribed to a dashboard.

Bill 223, Safer Streets, Stronger Communities Act, received assent in December, transitioning away from Safe Consumption Sites (SCS) to Homeless and Addiction Recovery (HART) hubs. This change in direction will require a new look at harm reduction interventions for some communities, where the SCS have grown to play a key harm reduction role for substance users.

The Association of Local Public Health Agencies (alPHa) section of medical officers of health known in short form as COMOH has several working groups (WG) focusing on complex issues. WGs are collaborative forums to advance population health interventions. WG membership includes medical officers of health from various health units, PHO staff, and ministry partners. The WGs create a table for review of evidence and best practice, evolving situational awareness, and generative discussions, with both internal and external partners. SWPH is a member of the drug and opioid toxicity crisis (DOTC) WG.

In the past months, the DOTC WG has been consulting with the Mental Health and Addictions Centre of Excellence (MHA CoE) to determine how public health harm reduction efforts can better intersect with the CoE Substance Use Disorder Integrated Care Pathway and other addiction systems planning. With the transition away from SCS, the DOTC WG is also looking at ways to enhance support of upstream prevention focused projects, on child and youth, such as Planet Youth, and other youth mental health initiatives.

Locally, work also continues to mitigate impacts of substance use, mental health and homelessness through our community collaboration tables. For example, congruent with the MHA CoE integrated care pathway, the Elgin Ontario Health Team (OHT) has instituted "Stepped Care in Elgin". This is a model to organize mental health, substance use health, and addiction services. Importantly, the model recognizes the need to increase equitable access to mental health, substance use, and addiction supports. It uses a population health management (PHM) approach. PHM can be interpreted as the use of patient-level socioeconomic and geographic data to direct health resources. It is an approach to planning the health care needs of all patients by shifting the focus from individual patient visits to the entire population.

**MOTION: 2025-BOH-0123-5.2**
That the Board of Health for Southwestern Public Health accept the Acting Medical Officer of Health's Report for January 23, 2025.

# CEO REPORT

**Open Session**

| | |
|---|---|
| **MEETING DATE:** | January 23, 2025 |
| **SUBMITTED BY:** | Cynthia St. John, Chief Executive Officer (written as of January 10, 2025) |
| **SUBMITTED TO:** | Board of Health |
| **PURPOSE:** | ☐ Decision<br>☐ Discussion<br>☒ Receive and File |
| **AGENDA ITEM #** | 5.3 |
| **RESOLUTION #** | **2025-BOH-0123-5.3** |

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

### 1.1 SEXUAL HEALTH PROGRAM: GETAKIT PROGRAM LAUNCH

Southwestern Public Health is excited to announce the launch of the GetaKit program on January 21st. This innovative sexual health initiative provides residents with greater access to sexually transmitted infection (STI) testing services by offering two convenient options: testing by mail or testing at a local LifeLabs facility. These options eliminate the need for clients to visit the health unit in person, significantly improving accessibility, particularly for individuals living in our most rural and remote areas.

The program is a step forward in ensuring equitable access to essential health services and aligns with our commitment to addressing barriers that may prevent individuals from seeking timely care.

We are collaborating closely with SWPH's Communications team to develop an effective promotion strategy to ensure the program's success. This will include targeted outreach to raise awareness of the program's benefits and to engage key audiences in both rural and urban communities within our region. Further updates on program uptake and feedback will be provided in future reports.

### 1.2 CHRONIC DISEASE AND INJURY PREVENTION: ALCOHOL

*The Canadian Alcohol Policy Evaluation Project (CAPE) invited Southwestern Public Health to contribute to an article in the Canadian Journal of Public Health.*

Recently, the Canadian Alcohol Policy Evaluation Project (CAPE) invited one of our public health nurses, Jacqueline Derro to contribute to an article for the Canadian Journal of Public Health. The article, published in December 2024, describes the process and experience of developing a Community of Practice (CoP) for Alcohol Policy. The CoP of interest was created in response to practitioner needs and is seen as a way to bridge the gap between alcohol harms, evidence-based policy, and political inaction. We were invited to participate in this because we regularly engage with the CoP for webinars, roundtable discussions, working group meetings, and networking events. This platform allows practitioners from various sectors, researchers, and people with lived/living experience (PWLLE) to connect, share experiences and resources, and build capacity. The key highlights from this article can be found below:

- Launching the CoP with the release of new research findings and policy efforts ensured broad membership early on.
- Having a research organization in the lead role creates credibility, trust, and independence.
- Continual investment in a coordination team to facilitate and support the community of practice ensures sustainable collaboration.
- Not allowing industry involvement safeguards against interference and misinformation.
- Involving People with lived/living experience adds important perspectives.
- Co-creating webinars and events by CoP members and the coordination team supports bidirectional relationships between researchers and practitioners, improving the exchange of ideas and knowledge. This approach also recognizes that research is best informed by practice and vice versa.

Full access to the article can be found here.

We were pleased to contribute to this article, as it helps advance knowledge of successful practices (i.e. CoPs), which are the basis for comprehensive solutions to health issues. In health promotion and public health, the issues we are required to address are often complicated and complex, which requires cross-collaboration among sectors to solve. The learnings from this CoP's successful development and experience can be used towards other public health programs and is a great way to support approaches that require collaboration across sectors moving forward.

### 1.3 MONITORING FOOD AFFORDABILITY

Each year, the health unit monitors food affordability in our community using the Nutritious Food Basket (NFB) survey. This survey provides an estimate of the cost of healthy eating based on national nutrition recommendations and average food purchasing patterns. The cost is determined by pricing 61 food items from eight grocery stores in the region and calculating the average lowest retail price. The NFB data is compared to income scenarios developed by Ontario Dietitians in Public Health (ODPH) and local rental data. This surveillance helps us identify gaps between rising food costs and household incomes, providing essential data to advocate for income-based solutions that improve food access.

Since sharing our January 2024 report on household food insecurity, we have focused on raising awareness of this important issue and engaging with key partners. As part of this effort, letters were sent to all municipalities in our catchment area to share our findings and promote the benefits of becoming a Living Wage employer. We also contributed local food costing data to the Ontario Living Wage Network to assist in calculating the regional living wage. Additionally, we presented our local data and discussed evidence-based solutions to community partners such as Reducing Poverty Together in Oxford County, the Elgin St. Thomas Coalition to End Poverty, and the Woodstock Mayor's Community and Social Well-being Task Force. Our participation in the United Way Oxford's United Conversation Series on food insecurity further expanded our outreach. Feedback from these engagements highlighted that while food insecurity is widely recognized as an issue, the local data underscored its urgency and scale. Partners expressed interest in learning more about practical actions, such as becoming a Living Wage employer and how to support food security initiatives at the local level.

The updated food cost data from May 2024 indicates that income levels and social assistance rates are not keeping pace with the rising cost of living, contributing to ongoing food insecurity. In 2024, the cost of eating a healthy diet for a family of four in Oxford, Elgin, and St. Thomas is $1231/month. In 2025, the health unit will continue to monitor and report on local food affordability and its health impacts.

We will also collaborate with ODPH on a municipal primer that includes local recommendations to address food insecurity and resources for implementation. The municipal primer will be shared with the Board of Health and local poverty reduction groups to identify collaborative action opportunities to meet our community's needs.

| | Family of 4, Ontario Works | Family of 4, Full-time Minimum Wage Earner | Family of 4, Median Ontario Income (after tax) | Single Parent with 2 Children, Ontario Works | One Person, Ontario Works | One Person, Ontario Disability Support Program | One Person, Old Age Security/ Guaranteed Income Supplement | Single Pregnant Person, Ontario Disability Support Program |
|---|---|---|---|---|---|---|---|---|
| Total Monthly Income | $2908 | $4507 | $9685 | $2670 | $881 | $1465 | $2069 | $1505 |
| Average Monthly Rent | 3 Bedroom $1683 | 3 Bedroom $1683 | 3 Bedroom $1683 | 2 Bedroom $1479 | Bachelor $959 | 1 Bedroom $1186 | 1 Bedroom $1186 | 1 Bedroom $1186 |
| Monthly Food Cost | $1231 | $1231 | $1231 | $920 | $426 | $426 | $307 | $452 |
| Monthly Income Remaining for Other Expenses | **-$6** | **$1593** | **$6771** | **$271** | **-$504** | **-$147** | **$576** | **-$133** |
| % of Income for Rent | 58% | 37% | 17% | 55% | 109% | 81% | 57% | 79% |
| % of Income for Food | 42% | 27% | 13% | 34% | 48% | 29% | 15% | 30% |

**Table 1. Nutritious Food Basket Income Scenarios for the Southwestern Public Health Region, 2024.**

## 1.4 VACCINE PREVENTABLE DISEASE TEAM: YEAR IN REVIEW

### 1.4.1 RSV (Respiratory Syncytial Virus) for Infants and High-Risk Children Program

The Ministry of Health launched the RSV (Respiratory Syncytial Virus) program for infants and high-risk children, introducing a new inventory product, Beyfortus®, a monoclonal antibody providing short-term protection during peak RSV season. Enhanced collaboration with hospital birthing center partners ensured readiness for the introduction of this product in the province. Internally, SWPH's Healthy Growth and Development team was actively engaged and informed to ensure parents of infants and high-risk children were aware of the program. Through vaccine supply and ordering processes, SWPH distributed thousands of doses of Beyfortus® to area healthcare providers for administration to eligible infants and children, protecting them against severe RSV impacts, including hospitalization. Additionally, a new medical directive was implemented, allowing clients without access to primary care providers to receive the administration of Beyfortus® directly through SWPH.

### 1.4.2 Immunization Record Review and the Healthy Baby Healthy Children Program

As part of a new initiative to further integrate program teams at SWPH and maximize efficiency and support for clients in our region, immunization record reviews are now also conducted for families involved in SWPH's Healthy Baby Healthy Children (HBHC) Program. This past year, families working with a Public Health Nurse and Parent Resource Worker in the Healthy Babies Healthy Children program were approached for consent to review their children's immunization records. With parental consent, immunization records were reviewed for dozens of children, many of whom are not yet school-aged and therefore not subject to the Immunization of School Pupils Act. Families were supported in accessing vaccination records from previous healthcare providers, booking vaccine appointments at SWPH, updating vaccination plans, and more. To reduce barriers, transportation and language translation support were provided as needed.

### 1.4.3 Comprehensive Oral Polio Record Review and Action

In May 2024, in response to rising international concerns about polio, the Ministry of Health for Ontario announced that, effective immediately, students immunized with the oral polio vaccine (OPV) after April 2016 would no longer be considered up-to-date under the Immunization of School Pupils Act. OPV, traditionally used internationally, provides protection against only two strains of the polio virus and has not been used in Canada since 1996. Ontario now requires students to be immunized with IPV (inactivated polio vaccine), which protects against all three strains of the polio virus.

Proactively, SWPH's Vaccine-Preventable Diseases (VPD) team conducted a comprehensive record review to identify students who received OPV internationally. Over 150 students vaccinated internationally and now attending school in the SWPH region were successfully notified of the provincial policy change through phone calls, letters, and/or in-person communication during SWPH vaccine clinic visits. More than 67% of these students were brought up-to-date with IPV vaccinations through SWPH clinics or by reporting updates from their healthcare providers. The remaining students will be followed up during the annual record review process under ISPA legislation.

### 1.4.4 Numbers in Review

The Immunization of School Pupils Act (ISPA), RSO 1990, requires students attending school in Ontario to have up-to-date immunization records on file with Public Health Units, or have completed (and notarized) Statements of Conscience or Religious Beliefs (Exemptions).

- Number of Elementary Student Immunization Records Reviewed for ISPA in 2024 = 25867
- Number of Secondary Student Immunization Records Reviewed for ISPA in 2024 = 10569
- Number of Health Care Provider Fridges (that store publicly funded vaccine) inspected by SWPH and achieving compliance (passing) with Ministry guidance in 2024 = 211
- Number of vaccination clinics offered in area schools in 2024 = 120
- Number of general immunization clinics (non-COVID/flu) offered in community settings in 2024 = 31
- Number of immunizations (non-COVID) provided by SWPH in all settings in 2024 = 14027

### 1.4.5 Overview of 2024 and Considerations for 2025

The year 2024 has reminded SWPH of the importance of remaining vigilant against vaccine-preventable diseases. Our region experienced confirmed cases of measles, mumps, and pertussis, along with a potential diphtheria case (which ultimately tested negative). In addition, COVID-19 outbreaks continued in area long-term care and retirement homes, underscoring the ongoing threat these diseases pose to community health.

The year concluded with the confirmation of Highly Pathogenic Avian Influenza (HPAI) H5N1 in several regional poultry operations. Thanks to swift action and collaboration with farm operators, the Ministry of Health, and the Canadian Food Inspection Agency (CFIA), no human cases have been reported to date. However, H5N1 remains a significant public health concern nationally and internationally. SWPH is actively planning the next steps for readiness and preparedness, which will likely include a vaccination response.

Fortunately, SWPH is well-equipped to address these challenges through an engaged workforce and a strong commitment to community partnerships. In 2024, 100% of nurses employed by SWPH (excluding those on approved leaves) participated in at least one vaccination clinic. These clinics provided more than just vaccination opportunities—they allowed nurses to refine client assessment skills, apply medical directives, handle and administer vaccines across diverse populations and age groups, and work collaboratively as part of a vaccination team responding to community needs.

Additionally, all casual nurses hired in January 2024 remained employed throughout the year, supporting various vaccination initiatives, including suspension avoidance clinics, school-based clinics, oral polio vaccine remediation, multi-antigen clinics, community flu and COVID-19 vaccination clinics, and fall vaccination campaigns for long-term care and retirement homes. Being able to manage the ever-evolving vaccine preventable disease demands in our community involves so many spokes in the wheel, so to speak. Partners agencies, health care providers, trained and skilled health unit staff, commitment to supporting clients where they are at and removing any barriers possible just to name a few.

## 2.0 MINISTRY OF HEALTH UPDATE (RECEIVE AND FILE):

### 2.1 ONTARIO PUBLIC HEALTH STANDARDS

Near the end of December 2024, the Ministry of Health (Ministry) provided an update on the Ontario Public Health Standards (OPHS) and public health funding as part of its Strengthening Public Health initiative. The revised OPHS and supporting documents are scheduled for release by August 2025, with an effective date of January 2, 2026. This extended timeline allows boards of health adequate time to prepare for implementation. To support this transition, the Ministry will engage with the public health sector throughout 2025, exploring implementation supports such as activities through the provincial OPHS Review Table.

In terms of funding, the Ministry confirmed a 1% annual growth in base funding for the three years (2024–2026) of the Strengthening Public Health initiative to support stability during this period of change. Additionally, a review of the provincial funding methodology for public health is underway, with further details to be shared from the Ministry of Health, in the coming months. The Ministry reports that feedback gathered during recent consultations is being incorporated into the revised OPHS to address workload concerns at the local level.

SWPH continues to actively pursue opportunities to participate and provide feedback to the Ministry, ensuring local needs and perspectives are well-represented. I will keep the Board apprised of Ministry communications regarding the revised standards and funding review and their implications for our programs and services.

### 2.2 PUBLIC HEALTH MERGER ANNOUNCEMENTS

The voluntary mergers of specific local public health agencies (LPHAs) in Ontario have now been confirmed, following the public posting of proposed amendments to the Health Protection and Promotion Act (HPPA) regulations. These voluntary mergers (2 of which were part of Ontario's Strengthening Public Health strategy) address long-standing challenges in the sector. The finalized mergers are as follows:

- **Northeastern Health Unit**: Formed by the merger of Porcupine Health Unit and Timiskaming Health Unit, governed by the autonomous Board of Health for the Northeastern Health Unit.
- **Grand Erie Health Unit**: Formed by the merger of Brant County Health Unit and Haldimand-Norfolk Health Unit, governed by the autonomous Board of Health for the Grand Erie Health Unit.
- **Haliburton, Kawartha, Northumberland and Peterborough Health Unit**: Formed by the merger of Haliburton, Kawartha and Pine Ridge District Health Unit and Peterborough County-City Health Unit, governed by the autonomous Board of Health for the newly merged health unit.
- **South East Health Unit**: Formed by the merger of Hastings & Prince Edward Counties Health Unit, Kingston, Frontenac and Lennox and Addington Health Unit, and Leeds, Grenville & Lanark District Health Unit, governed by the autonomous Board of Health for the South East Health Unit.

Regulatory amendments to RRO 1990 Reg. 553, 559, and 569 under the HPPA have been finalized to enable these mergers. These changes specify the names and geographic areas of the newly merged entities, the number of municipal members on their Boards of Health, and updates to public health clinic names and addresses.

The mergers aim to improve capacity, stability, and sustainability across the public health sector, enabling better critical mass, skilled personnel, and alignment with community and system partners. These enhancements will support the delivery of equitable health outcomes, improve the ability to meet surges in demand, and strengthen the delivery of core public health services. The process involved local decision-making and collaboration among the Boards of Health for the affected LPHAs.

SWPH congratulates the formation of these new public health entities and extends its best wishes to their boards and staff. We remain committed to continuing to provide support and fostering collaboration as they expand their public health delivery, programs, and services. On behalf of the Board of Health, a letter of congratulations will be sent to each new board of health.

## 3.0 FINANCIAL MATTERS (DECISION):

### 3.1 IPAC HUB FUNDING (DECISION):

On December 4, 2024 we received our Infection Prevention and Control (IPAC) Hub transfer funding agreement for the 2024/2025 fiscal year. The letter indicated that the Board of Health will be provided with $205,150 in base funding and $205,150 in one-time funding for a total of $410,300 for the entire fiscal year. This is in keeping with our budget request. We appreciate the Ministry's ongoing commitment to IPAC funding although receiving the letter this late in the fiscal year always creates challenges such as uncertainty in staffing.

IPAC Hub funding has historically been provided to us via One-Time Funding (OTF) based on our submission for funding each year. The accompanying letter noted that the Ministry of Health is committing to base funding up to 2029 in the amount of $205,150 each fiscal year. They also noted that they are providing up to $205,150 in one-time funding for the 2024-25 funding year as noted above, to support continued operations of the Infection Prevention and Control (IPAC) Hubs. They are not committing to any OTF funding past this fiscal year.

In follow up with the Ministry regarding OTF funding, they noted 2024-25 is a transition year to give the ministry flexibility to work on finalizing future year funding. At this point we don't know what the 2025/2026 funding will look like past the base funding that has been announced so we will have to plan accordingly.

In order for the Ministry to begin flowing funds they require the attached transfer payment agreement to be signed which was completed and sent back to the Ministry.

**MOTION: 2025-BOH-0123-5.3-3.1**
That the Board of Health ratify the signing of the IPAC Hub Transfer Payment Agreement for Southwestern Public Health as noted in the CEO report.

## 4.0 ALPHA WINTER SYMPOSIUM

Registration for the 2025 Winter Symposium, Section Meetings, and Workshops, taking place from February 12 to 14, is now open. The Winter Symposium is virtual, and key speakers include the Chief Medical Officer of Health, with the Boards of Health Section Meeting including updates from the Association of Municipalities of Ontario (AMO), and a legal presentation by James LeNoury on Boards of Health legal roles and responsibilities. Two half-day workshops are also scheduled: "Leading Change – The 5 Tensions to Manage Successful Transformation" on February 12 from 1 to 4 p.m., and "Harnessing the Power of 'Where' for Public Health Discussions" by Esri Canada on February 13 from 1 to 4 p.m. (workshops are included with Symposium registration). Kindly reach out to Wai or me if you would like to be registered for this event.

**MOTION: 2025-BOH-0123-5.3**
That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Report for January 23, 2025.

Ontario

**Ministry of Health**

Office of Chief Medical Officer of Health, Public Health

Box 12
Toronto, ON M7A 1N3

Fax.: 416 325-8412

**Ministère de la Santé**

Bureau du médecin hygiéniste en chef, santé publique

Boîte à lettres 12
Toronto, ON M7A 1N3

Téléc. :416 325-8412

Date: December 2, 2024

Subject: Public Posting on Ontario's Regulatory Registry of proposed amendments to regulations under the Health Protection and Promotion Act (voluntary mergers)

Dear Colleagues,

We have reached a pivotal milestone in work to strengthen public health and build healthier communities across Ontario. I am pleased to share that the government is proposing to amend regulations under the *Health Protection and Promotion Act* (HPPA) that, pending approval by Cabinet, will allow the voluntary mergers of the following local public health agencies (LPHAs):

- Porcupine Health Unit and Timiskaming Health Unit to become the **Northeastern Health Unit.**
- Brant County Health Unit and Haldimand-Norfolk Health Unit to become the **Grand Erie Health Unit.**
- Haliburton, Kawartha and Pine Ridge District Health Unit and Peterborough County-City Health Unit to become the **Haliburton Kawartha Northumberland and Peterborough Health Unit.**
- Hastings and Prince Edward Counties Health Unit and Kingston, Frontenac and Lennox and Addington Health Unit and Leeds, Grenville & Lanark District Health Unit to become the **South East Health Unit.**

Regulatory amendments to Reg. 553 (Areas Comprising Health Units) and Reg. 559 (Designation of Municipal Members of Boards of Health) under the HPPA are required to effect the voluntary mergers of LPHAs. Consequential changes are also required to

Schedule 1 of Reg. 569 (Reports), to update names and addresses of certain public health clinics within the merged entities.

Proposed regulatory amendments have been posted to the Ontario Regulatory Registry for public consultation and feedback. Please share this information with impacted stakeholders in your communities, including Indigenous and Francophone partners.

The proposed regulatory changes can be found by searching "proposed amendments to regulations under the Health Protection and Promotion Act to effect the voluntary mergers of certain local public health agencies" on Ontario's Regulatory Registry.

Comments on the regulatory registry will be accepted until end of day on December 4, 2024.

I would like to acknowledge that Boards of Health for the nine LPHAs are in the process of seeking agreement to proceed with the proposed mergers and express my deepest gratitude for your unwavering dedication and hard work in navigating these mergers.

Thank you for your continued partnership throughout this journey and I look forward to receiving feedback on these proposed regulatory changes.

Regards,

Dr. Kieran Michael Moore, MD, CCFP(EM), FCFP, MPH, DTM&H, FRCPC, FCAHS
Chief Medical Officer of Health and Assistant Deputy Minister, Public Health

**Ministry of Health**

Office of the Deputy Premier
and Minister of Health

777 Bay Street, 5th Floor
Toronto ON  M7A 1N3
Telephone: 416 327-4300
www.ontario.ca/health

**Ministère de la Santé**

Bureau du vice-premier ministre
et ministre de la Santé

777, rue Bay, 5e étage
Toronto ON  M7A 1N3
Téléphone: 416 327-4300
www.ontario.ca/sante

eApprove-72-2024-707

November 27, 2024

Bernia Martin
Chair, Board of Health
Oxford Elgin St. Thomas Health Unit
1230 Talbot Street
St. Thomas ON  N5P 1G9

Dear Bernia Martin:

I am pleased to advise you that the Ministry of Health will provide the Board of Health for the Oxford Elgin St. Thomas Health Unit up to $205,150 in base funding for the 2024-25 funding year, up to $205,150 in base funding for the 2025-26 funding year, up to $205,150 in base funding for the 2026-27 funding year, up to $205,150 in base funding for the 2027-28 funding year, and up to $205,150 in base funding for the 2028-29 funding year, and up to $205,150 in one-time funding for the 2024-25 funding year, to support operations of the Infection Prevention and Control (IPAC) Hubs.

The Executive Lead of the Office of Chief Medical Officer of Health, Public Health Division will write to the Oxford Elgin St. Thomas Health Unit shortly with further details concerning this funding.

Thank you for the important service that your public health unit provides to Ontarians, and your ongoing dedication and commitment to addressing the public health needs of Ontarians.

Sincerely,

Sylvia Jones
Deputy Premier and Minister of Health

c: Dr. Ninh Tran, Medical Officer of Health, Oxford Elgin St. Thomas Health Unit
Cynthia St. John, Chief Executive Officer, Oxford Elgin St. Thomas Health Unit
Dr. Kieran Moore, Chief Medical Officer of Health and Assistant Deputy Minister
Elizabeth Walker, Executive Lead, Office of Chief Medical Officer of Health, Public Health

# ONTARIO TRANSFER PAYMENT AGREEMENT

**THE AGREEMENT** is effective as of the 1st day of April, 2024

**B E T W E E N :**

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

**(**the **"Province")**

**- and -**

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

**(**the **"Recipient")**

## CONSIDERATION

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

## 1.0 ENTIRE AGREEMENT

1.1 **Schedules to the Agreement.** The following schedules form part of the Agreement:

Schedule "A" - General Terms and Conditions
Schedule "B" - Project Specific Information and Additional Provisions
Schedule "C" - Project
Schedule "D" - Budget
Schedule "E" - Payment Plan
Schedule "F" - Reports.

1.2 **Entire Agreement.** The Agreement constitutes the entire agreement between the Parties with respect to the subject matter contained in the Agreement and supersedes all prior oral or written representations and agreements.

## 2.0 CONFLICT OR INCONSISTENCY

2.1 **Conflict or Inconsistency.** In the event of a conflict or inconsistency between the Additional Provisions and the provisions in Schedule "A", the following rules will apply:

(a) the Parties will interpret any Additional Provisions in so far as possible, in a way that preserves the intention of the Parties as expressed in Schedule "A"; and

(b) where it is not possible to interpret the Additional Provisions in a way that is consistent with the provisions in Schedule "A", the Additional Provisions will prevail over the provisions in Schedule "A" to the extent of the inconsistency.

## 3.0 COUNTERPARTS

3.1 **One and the Same Agreement.** The Agreement may be executed in any number of counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument.

## 4.0 AMENDING THE AGREEMENT

4.1 **Amending the Agreement.** The Agreement may only be amended by a written agreement duly executed by the Parties.

## 5.0 ACKNOWLEDGEMENT

5.1 **Acknowledgement**. The Recipient acknowledges that:

(a) by receiving Funds it may become subject to legislation applicable to organizations that receive funding from the Government of Ontario, including the *Broader Public Sector Accountability Act, 2010* (Ontario), the *Public Sector Salary Disclosure Act, 1996* (Ontario), and the *Auditor General Act* (Ontario);

(b) His Majesty the King in right of Ontario has issued expenses, perquisites, and procurement directives and guidelines pursuant to the *Broader Public Sector Accountability Act, 2010* (Ontario);

(c) the Funds are:

(i) to assist the Recipient to carry out the Project and not to provide goods or services to the Province;

(ii) funding for the purposes of the *Public Sector Salary Disclosure Act, 1996* (Ontario);

(d) the Province is not responsible for carrying out the Project;

(e) the Province is bound by the *Freedom of Information and Protection of Privacy Act* (Ontario) and that any information provided to the Province in connection with the Project or otherwise in connection with the Agreement may be subject to disclosure in accordance with that Act; and

(f) the Province is bound by the *Financial Administration Act* (Ontario) ("**FAA**") and, pursuant to subsection 11.3(2) of the FAA, payment by the Province of Funds under the Agreement will be subject to,

   (i) an appropriation, as that term is defined in subsection 1(1) of the FAA, to which that payment can be charged being available in the Funding Year in which the payment becomes due; or

   (ii) the payment having been charged to an appropriation for a previous fiscal year.

**- SIGNATURE PAGE FOLLOWS -**

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

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

____________________ __________________________________________

Date

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

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

____________________ __________________________________________

Date

Name:
Title:

I have authority to bind the Recipient.

____________________ __________________________________________

Date

Name:
Title:

I have authority to bind the Recipient.

## SCHEDULE “A”
## GENERAL TERMS AND CONDITIONS

### A1.0 INTERPRETATION AND DEFINITIONS

A1.1 **Interpretation.** For the purposes of interpretation:

(a) words in the singular include the plural and vice-versa;

(b) words in one gender include all genders;

(c) the headings do not form part of the Agreement; they are for reference only and will not affect the interpretation of the Agreement;

(d) any reference to dollars or currency will be in Canadian dollars and currency; and

(e) “include”, “includes” and “including” denote that the subsequent list is not exhaustive.

A1.2 **Definitions.** In the Agreement, the following terms will have the following meanings:

**“Additional Provisions”** means the terms and conditions set out in Schedule “B”.

**“Agreement”** means this agreement entered into between the Province and the Recipient, all of the schedules listed in section 1.1, and any amending agreement entered into pursuant to section 4.1.

**“Budget”** means the budget attached to the Agreement as Schedule “D”.

**“Business Day”** means any working day, Monday to Friday inclusive, excluding statutory and other holidays, namely: New Year’s Day; Family Day; Good Friday; Easter Monday; Victoria Day; Canada Day; Civic Holiday; Labour Day; Thanksgiving Day; Remembrance Day; Christmas Day; Boxing Day and any other day on which the Province has elected to be closed for business.

**“Effective Date”** means the date set out at the top of the Agreement.

**“Event of Default”** has the meaning ascribed to it in section A12.1.

**“Expiry Date”** means the expiry date set out in Schedule “B”.

**“Funding Year”** means:

(a) in the case of the first Funding Year, the period commencing on the

Effective Date and ending on the following March 31; and

(b) in the case of Funding Years subsequent to the first Funding Year, the period commencing on April 1 following the end of the previous Funding Year and ending on the following March 31 or the Expiry Date, whichever is first.

**"Funds"** means the money the Province provides to the Recipient pursuant to the Agreement.

**"Indemnified Parties"** means His Majesty the King in right of Ontario, and includes His ministers, agents, appointees, and employees.

**"Loss"** means any cause of action, liability, loss, cost, damage, or expense (including legal, expert and consultant fees) that anyone incurs or sustains as a result of or in connection with the Project or any other part of the Agreement.

**"Maximum Funds"** means the maximum set out in Schedule "B".

**"Notice"** means any communication given or required to be given pursuant to the Agreement.

**"Notice Period"** means the period of time within which the Recipient is required to remedy an Event of Default pursuant to section A12.3(b), and includes any such period or periods of time by which the Province extends that time pursuant to section A12.4.

**"Parties"** means the Province and the Recipient.

**"Party"** means either the Province or the Recipient.

**"Proceeding"** means any action, claim, demand, lawsuit, or other proceeding that anyone makes, brings or prosecutes as a result of or in connection with the Project or with any other part of the Agreement.

**"Project"** means the undertaking described in Schedule "C".

"**Records Review**" means any assessment the Province conducts pursuant to section A7.4.

**"Reports"** means the reports described in Schedule "F".

## A2.0 REPRESENTATIONS, WARRANTIES, AND COVENANTS

A2.1 **General.** The Recipient represents, warrants, and covenants that:

(a) it is, and will continue to be, a validly existing legal entity with full power

to fulfill its obligations under the Agreement;

(b) it has, and will continue to have, the experience and expertise necessary to carry out the Project;

(c) it is in compliance with, and will continue to comply with, all federal and provincial laws and regulations, all municipal by-laws, and any other orders, rules, and by-laws related to any aspect of the Project, the Funds, or both; and

(d) unless otherwise provided for in the Agreement, any information the Recipient provided to the Province in support of its request for funds (including information relating to any eligibility requirements) was true and complete at the time the Recipient provided it and will continue to be true and complete.

A2.2 **Execution of Agreement.** The Recipient represents and warrants that it has:

(a) the full power and capacity to enter into the Agreement; and

(b) taken all necessary actions to authorize the execution of the Agreement.

A2.3 **Governance.** The Recipient represents, warrants, and covenants that it has, will maintain in writing, and will follow:

(a) a code of conduct and ethical responsibilities for all persons at all levels of the Recipient's organization;

(b) procedures to enable the Recipient's ongoing effective functioning;

(c) decision-making mechanisms for the Recipient;

(d) procedures to enable the Recipient to manage Funds prudently and effectively;

(e) procedures to enable the Recipient to complete the Project successfully;

(f) procedures to enable the Recipient to identify risks to the completion of the Project and strategies to address the identified risks, all in a timely manner;

(g) procedures to enable the preparation and submission of all Reports required pursuant to Article A7.0; and

(h) procedures to enable the Recipient to address such other matters as the Recipient considers necessary to enable the Recipient to carry out its obligations under the Agreement.

A2.4 **Supporting Proof.** Upon the request of the Province, the Recipient will provide the Province with proof of the matters referred to in Article A2.0.

## A3.0 TERM OF THE AGREEMENT

A3.1 **Term.** The term of the Agreement will commence on the Effective Date and will expire on the Expiry Date unless terminated earlier pursuant to Article A11.0 or Article A12.0.

## A4.0 FUNDS AND CARRYING OUT THE PROJECT

A4.1 **Funds Provided.** The Province will:

(a) provide the Recipient with Funds up to the Maximum Funds for the purpose of carrying out the Project;

(b) provide the Funds to the Recipient in accordance with the payment plan attached to the Agreement as Schedule "E"; and

(c) deposit the Funds into an account the Recipient designates provided that the account:

(i) resides at a Canadian financial institution; and

(ii) is in the name of the Recipient.

A4.2 **Limitation on Payment of Funds.** Despite section A4.1:

(a) the Province is not obligated to provide any Funds to the Recipient until the Recipient provides the certificates of insurance or other proof required pursuant to section A10.2;

(b) the Province is not obligated to provide instalments of Funds until it is satisfied with the progress of the Project; and

(c) the Province may adjust the amount of Funds it provides to the Recipient for any Funding Year based upon the Province's assessment of the information the Recipient provides to the Province pursuant to section A7.2.

A4.3 **Use of Funds and Carry Out the Project.** The Recipient will do all of the following:

(a) carry out the Project in accordance with the Agreement;

(b) use the Funds only for the purpose of carrying out the Project;

(c) spend the Funds only in accordance with the Budget;

(d) not use the Funds to cover any cost that has been or will be funded or reimbursed by one or more of any third party, ministry, agency, or organization of the Government of Ontario.

A4.4 **Interest-Bearing Account.** If the Province provides Funds before the Recipient's immediate need for the Funds, the Recipient will place the Funds in an interest-bearing account in the name of the Recipient at a Canadian financial institution.

A4.5 **Interest.** If the Recipient earns any interest on the Funds, the Province may do either or both of the following:

(a) deduct an amount equal to the interest from any further instalments of Funds;

(b) demand from the Recipient the payment of an amount equal to the interest.

A4.6 **Rebates, Credits, and Refunds.** The Province will calculate Funds based on the actual costs to the Recipient to carry out the Project, less any costs (including taxes) for which the Recipient has received, will receive, or is eligible to receive, a rebate, credit, or refund.

## A5.0 RECIPIENT'S ACQUISITION OF GOODS OR SERVICES, AND DISPOSAL OF ASSETS

A5.1 **Acquisition.** If the Recipient acquires goods, services, or both with the Funds, it will do so through a process that promotes the best value for money.

A5.2 **Disposal.** The Recipient will not, without the Province's prior consent, sell, lease, or otherwise dispose of any asset purchased or created with the Funds or for which Funds were provided, the cost of which exceeded the amount as set out in Schedule "B" at the time of purchase.

## A6.0 CONFLICT OF INTEREST

A6.1 **Conflict of Interest Includes.** For the purposes of Article A6.0, a conflict of interest includes any circumstances where:

(a) the Recipient; or

(b) any person who has the capacity to influence the Recipient's decisions,

has outside commitments, relationships, or financial interests that could, or could be seen by a reasonable person to, interfere with the Recipient's

objective, unbiased, and impartial judgment relating to the Project, the use of the Funds, or both.

A6.2 **No Conflict of Interest.** The Recipient will carry out the Project and use the Funds without an actual, potential, or perceived conflict of interest unless:

(a) the Recipient:

(i) provides Notice to the Province disclosing the details of the actual, potential, or perceived conflict of interest; and

(ii) requests the consent of the Province to carry out the Project with an actual, potential, or perceived conflict of interest;

(b) the Province provides its consent to the Recipient carrying out the Project with an actual, potential, or perceived conflict of interest; and

(c) the Recipient complies with any terms and conditions the Province may prescribe in its consent.

## A7.0 REPORTS, ACCOUNTING, AND REVIEW

A7.1 **Province Includes.** For the purposes of sections A7.4, A7.5 and A7.6, **"Province"** includes any auditor or representative the Province may identify.

A7.2 **Preparation and Submission.** The Recipient will:

(a) submit to the Province at the address set out in Schedule "B":

(i) all Reports in accordance with the timelines and content requirements set out in Schedule "F";

(ii) any other reports in accordance with any timelines and content requirements the Province may specify from time to time;

(b) ensure that all Reports and other reports are:

(i) completed to the satisfaction of the Province; and

(ii) signed by an authorized signing officer of the Recipient.

A7.3 **Record Maintenance.** The Recipient will keep and maintain for a period of seven years from their creation:

(a) all financial records (including invoices and evidence of payment)

relating to the Funds or otherwise to the Project in a manner consistent with either international financial reporting standards or generally accepted accounting principles or any comparable accounting standards that apply to the Recipient; and

(b) all non-financial records and documents relating to the Funds or otherwise to the Project.

A7.4 **Records Review.** The Province may, at its own expense, upon twenty-four hours' Notice to the Recipient and during normal business hours enter upon the Recipient's premises to conduct an audit or investigation of the Recipient regarding the Recipient's compliance with the Agreement, including assessing any of the following:

(a) the truth of any of the Recipient's representations and warranties;

(b) the progress of the Project;

(c) the Recipient's allocation and expenditure of the Funds.

A7.5 **Inspection and Removal.** For the purposes of any Records Review, the Province may take one or both of the following actions:

(a) inspect and copy any records and documents referred to in section A7.3;

(b) remove any copies the Province makes pursuant to section A7.5(a).

A7.6 **Cooperation.** To assist the Province in respect of its rights provided for in section A7.5, the Recipient will cooperate with the Province by:

(a) ensuring that the Province has access to the records and documents wherever they are located;

(b) assisting the Province to copy records and documents;

(c) providing to the Province, in the form the Province specifies, any information the Province identifies; and

(d) carrying out any other activities the Province requests.

A7.7 **No Control of Records.** No provision of the Agreement will be construed to give the Province any control whatsoever over any of the Recipient's records.

A7.8 **Auditor General.** The Province's rights under Article A7.0 are in addition to any rights provided to the Auditor General pursuant to section 9.1 of the *Auditor General Act* (Ontario).

## A8.0 COMMUNICATIONS REQUIREMENTS

A8.1 **Acknowledge Support.** Unless the Province directs the Recipient to do otherwise, the Recipient will in each of its Project-related publications, whether written, oral, or visual:

(a) acknowledge the support of the Province for the Project;

(b) ensure that any acknowledgement is in a form and manner as the Province directs; and

(c) indicate that the views expressed in the publication are the views of the Recipient and do not necessarily reflect those of the Province.

## A9.0 INDEMNITY

A9.1 **Indemnify.** The Recipient will indemnify and hold harmless the Indemnified Parties from and against any Loss and any Proceeding, unless solely caused by the gross negligence or wilful misconduct of the Indemnified Parties.

## A10.0 INSURANCE

A10.1 **Insurance.** The Recipient represents, warrants, and covenants that it has, and will maintain, at its own cost and expense, with insurers having a secure A.M. Best rating of B+ or greater, or the equivalent, all the necessary and appropriate insurance that a prudent person carrying out a project similar to the Project would maintain, including commercial general liability insurance on an occurrence basis for third party bodily injury, personal injury, and property damage, to an inclusive limit of not less than the amount set out in Schedule "B" per occurrence, which commercial general liability insurance policy will include the following:

(a) the Indemnified Parties as additional insureds with respect to liability arising in the course of performance of the Recipient's obligations under, or otherwise in connection with, the Agreement;

(b) a cross-liability clause;

(c) contractual liability coverage; and

(d) at least 30 days' written notice of cancellation.

A10.2 **Proof of Insurance.** The Recipient will:

(a) provide to the Province, either:

(i) certificates of insurance that confirm the insurance coverage

required by section A10.1; or

(ii) other proof that confirms the insurance coverage required by section A10.1; and

(b) in the event of a Proceeding, and upon the Province's request, the Recipient will provide to the Province a copy of any of the Recipient's insurance policies that relate to the Project or otherwise to the Agreement, or both.

## A11.0 TERMINATION ON NOTICE

A11.1 **Termination on Notice.** The Province may terminate the Agreement at any time without liability, penalty, or costs upon giving 30 days' Notice to the Recipient.

A11.2 **Consequences of Termination on Notice by the Province.** If the Province terminates the Agreement pursuant to section A11.1, the Province may take one or more of the following actions:

(a) cancel further instalments of Funds;

(b) demand from the Recipient the payment of any Funds remaining in the possession or under the control of the Recipient; and

(c) determine the reasonable costs for the Recipient to wind down the Project, and do either or both of the following:

(i) permit the Recipient to offset such costs against the amount the Recipient owes pursuant to section A11.2(b); and

(ii) subject to section A4.1(a), provide Funds to the Recipient to cover such costs.

## A12.0 EVENT OF DEFAULT, CORRECTIVE ACTION, AND TERMINATION FOR DEFAULT

A12.1 **Events of Default.** Each of the following events will constitute an Event of Default:

(a) in the opinion of the Province, the Recipient breaches any representation, warranty, covenant, or other term of the Agreement, including failing to do any of the following in accordance with the terms and conditions of the Agreement:

(i) carry out the Project;

(ii) use or spend Funds; or

(iii) provide, in accordance with section A7.2, Reports or such other reports as the Province may have requested pursuant to section A7.2(a)(ii);

(b) the Recipient's operations, its financial condition, its organizational structure or its control changes such that it no longer meets one or more of the eligibility requirements of the program under which the Province provides the Funds;

(c) the Recipient makes an assignment, proposal, compromise, or arrangement for the benefit of creditors, or a creditor makes an application for an order adjudging the Recipient bankrupt, or applies for the appointment of a receiver;

(d) the Recipient ceases to operate.

A12.2 **Consequences of Events of Default and Corrective Action.** If an Event of Default occurs, the Province may, at any time, take one or more of the following actions:

(a) initiate any action the Province considers necessary in order to facilitate the successful continuation or completion of the Project;

(b) provide the Recipient with an opportunity to remedy the Event of Default;

(c) suspend the payment of Funds for such period as the Province determines appropriate;

(d) reduce the amount of the Funds;

(e) cancel further instalments of Funds;

(f) demand from the Recipient the payment of any Funds remaining in the possession or under the control of the Recipient;

(g) demand from the Recipient the payment of an amount equal to any Funds the Recipient used, but did not use in accordance with the Agreement;

(h) demand from the Recipient the payment of an amount equal to any Funds the Province provided to the Recipient;

(i) demand from the Recipient the payment of an amount equal to the costs the Province incurred or incurs to enforce its rights under the Agreement, including the costs of any Records Review and the costs it incurs to

collect any amounts the Recipient owes to the Province; and

(j) upon giving Notice to the Recipient, terminate the Agreement at any time, including immediately, without liability, penalty or costs to the Province.

A12.3 **Opportunity to Remedy.** If, pursuant to section A12.2(b), the Province provides the Recipient with an opportunity to remedy the Event of Default, the Province will give Notice to the Recipient of:

(a) the particulars of the Event of Default; and

(b) the Notice Period.

A12.4 **Recipient not Remedying.** If the Province provides the Recipient with an opportunity to remedy the Event of Default pursuant to section A12.2(b), and:

(a) the Recipient does not remedy the Event of Default within the Notice Period;

(b) it becomes apparent to the Province that the Recipient cannot completely remedy the Event of Default within the Notice Period; or

(c) the Recipient is not proceeding to remedy the Event of Default in a way that is satisfactory to the Province,

the Province may extend the Notice Period, or initiate any one or more of the actions provided for in sections A12.2(a), (c), (d), (e), (f), (g), (h), (i) and (j).

A12.5 **When Termination Effective.** Termination under Article A12.0 will take effect as provided for in the Notice.

## A13.0 FUNDS AT THE END OF A FUNDING YEAR

A13.1 **Funds at the End of a Funding Year.** Without limiting any rights of the Province under Article A12.0, if, by the end of a Funding Year, the Recipient has not spent all of the Funds allocated for that Funding Year as provided for in the Budget, the Province may take one or both of the following actions:

(a) demand from the Recipient payment of the unspent Funds;

(b) adjust the amount of any further instalments of Funds accordingly.

## A14.0 FUNDS UPON EXPIRY

A14.1 **Funds Upon Expiry.** Upon expiry of the Agreement, the Recipient will pay to the Province any Funds remaining in its possession, under its control, or both.

## A15.0 DEBT DUE AND PAYMENT

A15.1 **Payment of Overpayment.** If at any time the Province provides Funds in excess of the amount to which the Recipient is entitled under the Agreement, the Province may:

(a) deduct an amount equal to the excess Funds from any further instalments of Funds; or

(b) demand that the Recipient pay to the Province an amount equal to the excess Funds.

A15.2 **Debt Due.** If, pursuant to the Agreement:

(a) the Province demands from the Recipient the payment of any Funds, an amount equal to any Funds or any other amounts owing under the Agreement; or

(b) the Recipient owes to the Province any Funds, an amount equal to any Funds or any other amounts owing under the Agreement, whether or not the Province has demanded their payment,

such amounts will be deemed to be debts due and owing to the Province by the Recipient, and the Recipient will pay the amounts to the Province immediately, unless the Province directs otherwise.

A15.3 **Interest Rate.** The Province may charge the Recipient interest on any money owing to the Province by the Recipient under the Agreement at the then current interest rate charged by the Province of Ontario on accounts receivable.

A15.4 **Payment of Money to Province.** The Recipient will pay any money owing to the Province by cheque payable to the “Ontario Minister of Finance” and delivered to the Province at the address set out in Schedule “B".

A15.5 **Fails to Pay.** Without limiting the application of section 43 of the *Financial Administration Act* (Ontario), if the Recipient fails to pay any amount owing under the Agreement, His Majesty the King in right of Ontario may deduct any unpaid amount from any money payable to the Recipient by His Majesty the King in right of Ontario.

## A16.0 NOTICE

A16.1 **Notice in Writing and Addressed.** Notice will be:

(a) in writing;

(b) delivered by email, postage-prepaid mail, personal delivery, courier or fax; and

(c) addressed to the Province or the Recipient as set out in Schedule “B”, or as either Party later designates to the other by Notice.

A16.2 **Notice Given.** Notice will be deemed to have been given:

(a) in the case of postage-prepaid mail, five Business Days after the Notice is mailed; or

(b) in the case of fax, one Business Day after the Notice is delivered; and

(c) in the case of email, personal delivery or courier on the date on which the Notice is delivered.

A16.3 **Postal Disruption.** Despite section A16.2(a), in the event of a postal disruption:

(a) Notice by postage-prepaid mail will not be deemed to be given; and

(b) the Party giving Notice will give Notice by email, personal delivery, courier or fax.

## A17.0 CONSENT BY PROVINCE AND COMPLIANCE BY RECIPIENT

A17.1 **Consent.** When the Province provides its consent pursuant to the Agreement:

(a) it will do so by Notice;

(b) it may attach any terms and conditions to the consent; and

(c) the Recipient may rely on the consent only if the Recipient complies with any terms and conditions the Province may have attached to the consent.

## A18.0 SEVERABILITY OF PROVISIONS

A18.1 **Invalidity or Unenforceability of Any Provision.** The invalidity or unenforceability of any provision of the Agreement will not affect the validity or enforceability of any other provision of the Agreement.

## A19.0 WAIVER

A19.1 **Condonation not a waiver**. Failure or delay by the either Party to exercise any of its rights, powers or remedies under the Agreement will not constitute a waiver

of those rights, powers or remedies and the obligations of the Parties with respect to such rights, powers or remedies will continue in full force and effect.

A19.2 **Waiver.** Either Party may waive any of its rights, powers or remedies under the Agreement by providing Notice to the other Party. A waiver will apply only to the specific rights, powers or remedies identified in the Notice and the Party providing the waiver may attach terms and conditions to the waiver.

## A20.0 INDEPENDENT PARTIES

A20.1 **Parties Independent.** The Recipient is not an agent, joint venturer, partner, or employee of the Province, and the Recipient will not represent itself in any way that might be taken by a reasonable person to suggest that it is or take any actions that could establish or imply such a relationship.

## A21.0 ASSIGNMENT OF AGREEMENT OR FUNDS

A21.1 **No Assignment.** The Recipient will not, without the prior written consent of the Province, assign any of its rights or obligations under the Agreement.

A21.2 **Agreement Binding.** All rights and obligations contained in the Agreement will extend to and be binding on:

(a) the Recipient's heirs, executors, administrators, successors, and permitted assigns; and

(b) the successors to His Majesty the King in right of Ontario.

## A22.0 GOVERNING LAW

A22.1 **Governing Law.** The Agreement and the rights, obligations, and relations of the Parties will be governed by and construed in accordance with the laws of the Province of Ontario and the applicable federal laws of Canada. Any actions or proceedings arising in connection with the Agreement will be conducted in the courts of Ontario, which will have exclusive jurisdiction over such proceedings.

## A23.0 FURTHER ASSURANCES

A23.1 **Agreement into Effect.** The Recipient will:

(a) provide such further assurances as the Province may request from time to time with respect to any matter to which the Agreement pertains; and

(b) do or cause to be done all acts or things necessary to implement and

carry into effect the terms and conditions of the Agreement to their full extent.

## A24.0 JOINT AND SEVERAL LIABILITY

A24.1 **Joint and Several Liability.** Where the Recipient comprises more than one entity, each entity will be jointly and severally liable to the Province for the fulfillment of the obligations of the Recipient under the Agreement.

## A25.0 RIGHTS AND REMEDIES CUMULATIVE

A25.1 **Rights and Remedies Cumulative.** The rights and remedies of the Province under the Agreement are cumulative and are in addition to, and not in substitution for, any of its rights and remedies provided by law or in equity.

## A26.0 FAILURE TO COMPLY WITH OTHER AGREEMENTS

A26.1 **Other Agreements.** If the Recipient:

(a) has failed to comply with any term, condition, or obligation under any other agreement with His Majesty the King in right of Ontario or one of Her agencies (a "**Failure**");

(b) has been provided with notice of such Failure in accordance with the requirements of such other agreement;

(c) has, if applicable, failed to rectify such Failure in accordance with the requirements of such other agreement; and

(d) such Failure is continuing,

the Province may suspend the payment of Funds for such period as the Province determines appropriate.

## A27.0 SURVIVAL

A27.1 **Survival.** The following Articles and sections, and all applicable cross-referenced Articles, sections and schedules, will continue in full force and effect for a period of seven years from the date of expiry or termination of the Agreement: Article 1.0, Article 2.0, Article A1.0 and any other applicable definitions, section A2.1(a), sections A4.4, A4.5, A4.6, section A5.2, section A7.1, section A7.2 (to the extent that the Recipient has not provided the Reports or other reports as the Province may have requested and to the satisfaction of the Province), sections A7.3, A7.4, A7.5, A7.6, A7.7, A7.8, Article A8.0, Article A9.0, section A11.2, section A12.1, sections A12.2(d), (e), (f), (g), (h), (i) and (j), Article A13.0, Article A14.0, Article A15.0, Article A16.0,

Article A18.0, section A21.2, Article A22.0, Article A24.0, Article A25.0 and Article A27.0.

**- END OF GENERAL TERMS AND CONDITIONS -**

**SCHEDULE "B"**
**PROJECT SPECIFIC INFORMATION AND ADDITIONAL PROVISIONS**

| **Maximum Base Funds** | $205,150 per Funding Year |
|---|---|
| **Expiry Date** | March 31, 2029 |
| **Maximum One-Time Funds** | $205,150 |
| **Expiry Date** | March 31, 2025 |
| **Amount for the purposes of section A5.2 (Disposal) of Schedule "A"** | $2,000 |
| **Insurance** | $2,000,000 |
| **Contact information for the purposes of Notice to the Province** | **Name:** Jodi Melnychuk<br>**Position:** Director, Health Protection, Policy and Partnerships Branch, Office of Chief Medical Officer of Health, Public Health<br>**Address:** Box 12, Toronto, ON M7A 1N3<br>**Email:** Jodi.Melnychuk@ontario.ca |
| **Contact information for the purposes of Notice to the Recipient** | **Name:** Cynthia St. John<br>**Position:** Chief Executive Officer<br>**Address:** 1230 Talbot Street, St. Thomas ON  N5P 1G9<br>**Email:** cstjohn@swpublichealth.ca |

**Additional Provisions**:

None

## SCHEDULE "C"
## PROJECT

Base and one-time funding must be used by the Board of Health for the Infection Prevention and Control (IPAC) Hubs, to support building capacity in IPAC practices in congregate living settings (CLSs) in the Board of Health's catchment area. CLSs include, but are not limited to:

- Assisted living;
- Adult mental health and addictions;
- Child and youth mental health secure treatment programs;
- Child and youth mental health live-in treatment programs;
- Emergency shelters;
- Licensed retirement homes;
- Long-term care homes;
- Adult developmental/ intervenor services' programs;
- Anti-human trafficking specialized accommodations for survivors of human trafficking;
- Children's residences;
- Indigenous healing and wellness strategy bed-based programs;
- Violence against women emergency shelter and supports;
- Youth justice facilities and open secure custody settings; and,
- Supportive housing

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

- Childcare settings;
- Day camps;
- Farms including International Agricultural Worker (IAW) housing;
- Non-ministry funded CLSs;
- Personal Service Settings (PSS);
- Hospitals;
- Primary care offices;
- Correctional facilities;
- Offices and workplaces;
- Schools;
- Hospices;
- Integrated Community Health Services Centres (ICHSC) formally known as Independent Health Facilities (IHFs);
- Un-licensed retirement homes;
- Transitional Care Units (Alternative Level of Care); and,
- Community based care e.g., agencies providing home care

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

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

Discussions for guidance / situational awareness if the IPAC Hub is unable or is not supporting one of the in-scope CLSs listed above must occur in advance with the Ministry.

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

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

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

**Supports / services offered**:

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

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

- Supporting CLSs to implement IPAC recommendations.

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

*Clinical support and other services*

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

*Outbreak management:*

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

*Hours of Operation:*

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

At all times, the congregate living setting (CLS) will retain responsibility and accountability for their organization's IPAC program.

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

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

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

In addition, the Board of Health (IPAC Hub) will be required to provide status reports, per the requirements in Schedule F.

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

Funding may be used for:

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

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

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

- **Alcoholic Beverages** – Any expenses related to alcoholic beverages are not considered to be an admissible expense and will not be funded. IPAC Hubs will follow their host organizations Travel, Meal and Hospitality Expenses Directive;
- **Capital expenditures** – any costs related to capital infrastructure e.g., construction or renovations;
- **Grants and gifts to stakeholders / organizations** – Grants or gifts (e.g., chocolate for IPAC week) flowed or given to stakeholders/organizations. The ministry does not permit subsidizing education or education associated expenses for congregate living setting staff (e.g., subsidizing CSA courses for congregate living setting staff to attend; associated transportation or parking costs for education/meetings);
- **Depreciation on Capital Assets / Amortization** – All types of depreciation and amortization are non-admissible expenses and will not be funded;
- **Donations to Individuals or Organizations** – Ministry policy does not permit the use of government funds to provide donations; and
- **Physical items provided to CLSs** (e.g., UV lights for monitoring of environmental cleaning, PPE, textbooks for certification, Hub branded items).

The Recipient must record and report to the Province all of the activities they carry out on an annual basis in a workplan and activity reporting template to be provided by the Province, within the timelines specified in Schedule F for the Activity Report.

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

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

Any changes to the workplan, timelines and/or budget, where applicable, shall be submitted by the Recipient to the Province for review and approval by January 31st of the previous Funding Year. For example, if the Recipient proposes changes to the 2025-26 Funding Year’s workplan, timeline and budget, they will need to be submitted to the Province by January 31st, 2025 for review and approval.

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

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

**SCHEDULE "D"**
**BUDGET**

## FUNDS

| Funding Type | Amount | Funding Period |
|---|---|---|
| Maximum Base Funds per Year | $205,150 | 2024-25 Funding Year |
| | $205,150 | 2025-26 Funding Year |
| | $205,150 | 2026-27 Funding Year |
| | $205,150 | 2027-28 Funding Year |
| | $205,150 | 2028-29 Funding Year |
| Maximum One-Time Funds | $205,150 | 2024-25 Funding Year |
| **TOTAL** | **$1,230,900** | |

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

## SCHEDULE "E"
## PAYMENT PLAN

| Funding Year | Funding Amount | Funding Date |
|---|---|---|
| 2024-25 | $410,300 | First installment: on the next regularly scheduled payment date following date on which the Agreement is fully executed based on a semi-monthly funding frequency.<br>Subsequent installments: an amount equal to the remainder of the total funding for 2024-25, payable on a semi-monthly funding frequency. |
| 2025-26 to 2028-29 | $205,150 per Funding Year | Payable semi-monthly on the mid and end of each month. Cash flow may be adjusted to reflect forecasted spending. |

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

## SCHEDULE "F"
## REPORTS

**Definitions**

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

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

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

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

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

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

| | Name of Report | Due Date |
|---|---|---|
| 1 | 1st Quarter Financial Report | July 31 of the Funding Year |
| 2 | 2nd Quarter Financial Report | October 31 of the Funding Year |
| 3 | 1st and 2nd Quarter (Interim) Project Activity Report | October 31 of the Funding Year |
| 4 | 3rd Quarter Financial Report | January 31 of the Funding Year |
| 5 | 4th Quarter (Final) Financial Report | April 30 of the next Funding Year |
| 6 | 3rd and 4th Quarter (Final) Project Activity Report | May 15 of the next Funding Year |
| 7 | Funding Year Annual Reconciliation Report | June 30 of the next Funding Year |
| 8 | Organization's Audited Financial Report | June 30 of the next Funding Year |
| 9 | Reports specified by the Province from time to time | On date specified by the Province of the next Funding Year |

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

*Report Details*

**1. 1st Quarter Financial Report**

The Financial Report will specify actual expenditures/revenues against the approved Budget and any resulting variances for each cost category at the end of the 1st quarter of the Funding Year**.** The reporting template is attached to the Agreement as Appendix 2.

**2. 2nd Quarter (Interim) Financial Report**

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

**3. 1st and 2nd Quarter (Interim) Project Activity Report**

This report contains Project activity progress at the end of the 2nd quarter of the Funding Year. For this report, document achievements in relation to the agreed objectives and/or major deliverables, including key Project and evaluation results (outputs and/or outcomes); resources produced (if any); variances in achievement of planned outputs/outcomes (e.g., delays in meeting planned deliverables) and barriers encountered; and, if appropriate, planned remedial actions to ensure deliverables are met. This report should include progress against performance indicators as agreed to with the Province.

**4. 3rd Quarter Financial Report**

This Financial Report contains actual expenditures at the end of 3rd quarter of the Funding Year, and a forecast of Project expenditures for the fourth quarter. The purpose of this report is to report progress, flag large expenditures that are planned for the 4th Quarter and identify any Funds that will be un-spent by the end of the funding year.

**5. 4th Quarter (Final) Financial Report**

This Financial Report contains actual expenditures at the end of the Funding Year. The report will specify actual revenues and expenditures against the approved Budget and any resulting variances for the funding period. Reporting templates will be provided by the Province and the report will be signed by authorized signing officers of the organization (e.g., CEO/MOH and/or CFO/Finance Director).

**6. 3rd and 4th Quarter (Final) Project Activity Report**

This report contains Project activity progress at the end of the Funding Year/period. For this report, document achievements in relation to the agreed objectives and/or major deliverables, including key Project and evaluation results

(outputs and/or outcomes); resources produced (if any); variances in achievement of planned outputs/outcomes (e.g., delays in meeting planned deliverables) and barriers encountered. This report should include progress against performance indicators as agreed to by the Province.

**7. Funding Year Annual Reconciliation Report**

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

**8. Organization's Audited Financial Report**

This report is the annual audited organizational financial report, including financial statements prepared in accordance with Canadian generally accepted accounting principles and attested to by a licensed public accountant. The Province does not require a separate schedule to be prepared for each Project funded as long as Province revenue and expenditures are identifiable within the report and the Funding Year Annual Reconciliation reports (which are project-specific) are duly signed by authorized signing officers.

**9. Reports specified by the Province from time to time**

As specified.

alPHa
Association of Local
PUBLIC HEALTH
Agencies

# 2025 alPHa Winter Symposium, Section Meetings and Workshops: February 12-14

**alPHa's Winter Symposium, Section Meetings, and Workshops, that are taking place online February 12-14, will continue the important conversations on the critical role, value, and benefit of Ontario's local public health system.**

## Workshops:

- **Afternoon of Feb. 12 - Half-day workshop: *Leading Change - The 5 Tensions to Manage for Successful Transformation* with Tim Arnold of Leaders for Leaders.**
- **Afternoon of Feb. 13- Half-day workshop: *Strengthening Public Health with the Power of 'Where'* with Esri Canada.**

## Symposium:

- **Morning of Feb. 14 - Join public health leaders from across Ontario as members discuss key public health issues.**

## Section Meetings:

- **Afternoon of Feb. 14 - BOH Section and COMOH Section Meetings.**

**Registration is $399+HST. Members are automatically registered for the workshops and section meetings when they sign up for the Winter Symposium. Please note, you must be an alPHa member to participate in the workshops, Symposium and/or Section meetings.**

The Winter Symposium is co-hosted by alPHa and Simcoe Muskoka District Health Unit

alPHa
Association of Local
PUBLIC HEALTH
Agencies

simcoe muskoka
DISTRICT HEALTH UNIT

With generous support from:

EOHU
Eastern Ontario Health Unit

BSEO
Bureau de santé de l'est de l'Ontario

Dalla Lana
School of Public Health

genwell
HUMAN CONNECTION MOVEMENT

esri Canada