



Our Vision:
Healthy People in Vibrant Communities

BOARD OF HEALTH MEETING AGENDA

St. Thomas Site: 1230 Talbot Street, St. Thomas, ON
Virtual Participation: MS Teams
Thursday, March 27, 2025, at 1:00 p.m.

ITEM	AGENDA ITEM	LEAD	EXPECTED OUTCOME
1.0 CONVENING THE MEETING			
1.1	Call to Order, Recognition of Quorum <ul style="list-style-type: none"> Introduction of Guests, Board of Health Members and Staff 	Bernia Martin	
1.2	Approval of Agenda	Bernia Martin	Decision
1.3	Reminder to disclose Pecuniary Interest and the General Nature Thereof when Item Arises including any related to a previous meeting that the member was not in attendance for.	Bernia Martin	
1.4	Reminder that meetings are recorded for minute-taking purposes, and open session portions are publicly available for viewing for 30 days after being posted on Southwestern Public Health’s website.	Bernia Martin	
2.0 APPROVAL OF MINUTES			
2.1	Approval of Minutes <ul style="list-style-type: none"> February 27, 2025 	Bernia Martin	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	Medical Officer of Health Report for March 27, 2025	Dr. Ninh Tran	Receive and File
5.2	Governance Standing Committee Report for March 27, 2025	Grant Jones	Receive and File
5.3	Chief Executive Officer’s Report for March 27, 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			
9.1	<ul style="list-style-type: none"> Board of Health Orientation: Thursday, April 24, 2025 at 12:00 p.m. Board of Health Meeting: Thursday, April 24, 2025 at 1:00 p.m. <ul style="list-style-type: none"> Woodstock: Oxford County Administration Building 21 Reeve Street, Woodstock, ON Virtual Participation: MS Teams 		
10.0 ADJOURNMENT			



February 27, 2025
Board of Health Meeting
Open Session Minutes

A meeting of the Board of Health for Oxford Elgin St. Thomas Health Unit was held on Thursday, February 27, 2025 commencing at 1:04 p.m.

**Represents virtual participation*

PRESENT:

Ms. C. Agar	Board Member
Mr. J. Couckuyt	Board Member
Mr. G. Jones	Board Member (Vice Chair)
Mr. J. Herbert	Board Member
Ms. B. Martin	Board Member (Chair)
Mr. D. Mayberry	Board Member
Mr. M. Peterson	Board Member
Mr. L. Rowden	Board Member
Mr. M. Ryan	Board Member
Mr. D. McDonald	Acting CEO, Director, Corporate Services and Human Resources
Dr. N. Tran	Medical Officer of Health
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
Ms. M. Nusink	Director, Finance
Ms. C. Richards	Program Manager, Foundational Standards
Ms. N. Rowe*	Manager, Communications
Mr. I. Santos	Manager, Information Technology

MEDIA:

Mr. I. McCallum	Mybroadcastingcorp.ca
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REGRETS:

Mr. S. Molnar	Board Member
Mr. J. Preston	Board Member
Mr. D. Warden	Board Member
Mr. D. Shinedling	Board Member
Ms. C. St. John	Chief Executive Officer

**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 1:03pm.

Dr. N. Tran expressed his sincere condolences for the family of Dr. Malcolm Lock.

1.2 AGENDA

Resolution # (2025-BOH-0227-1.2)

Moved by D. Mayberry

Seconded by M. Ryan

That the agenda for the Southwestern Public Health Board of Health meeting for, February 27, 2025 be approved.

Carried.

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

2.0 APPROVAL OF MINUTES

Resolution # (2025-BOH-0227-2.1)

Moved by J. Herbert

Seconded by M. Peterson

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

Carried.

3.0 CONSENT AGENDA

No Items.

4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION

No items.

5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.DECISION

5.1 Medical Officer of Health's Report

Dr. N. Tran reviewed his report.

He noted that rising case counts are straining Southwestern Public Health's (SWPH) work in case and contact management (CCM). As a result, SWPH has shifted from ideal CCM practices such as

contact tracing to public notifications and online assessment tools using decision trees to guide the public.

L. Rowden inquired about the Hart Hub's scope and the population it will serve, expressing concern about funding. Dr. Tran explained that the Hart Hub will address social determinants of health, substance use, mental health, and recovery services, combining addiction treatment with broader supportive services.

J. Couckuyt asked whether the Tillsonburg model of care developed in response to the lack of primary care physicians in the area could be replicated. Dr. Tran noted that the Tillsonburg model was implemented to mitigate the impact of healthcare provider (HCP) shortages. A call for proposals successfully expanded the Family Health Team (FHT) there, providing healthcare access for orphaned clients after HCP retirements. He emphasized this model as a local Oxford Ontario Health Team (Oxford OHT) initiative in response to funding gaps and HCP shortages.

J. Couckuyt noted that municipalities face pressure to address HCP shortages and followed up by asking if the clinic was staffed by existing municipal staff or if new staffing was involved. He also asked what role municipal funding played in supporting the clinic. Dr. Tran responded that while he did not have precise funding details, the clinic's development involved combining small funding streams, in-kind support, and reallocating staff. Some organizations contributed in-kind support for facilities, project management, administrative support, and supplies. Additional municipal funding was also sought to support the clinic. Dr. Tran emphasized that while this model was not ideal due to the absence of dedicated provincial funding, it was the best available response for addressing a critical local healthcare gap.

C. Agar inquired about measles cases, asking if they affected adults or children. Dr. Tran reported that 95% of cases involved insufficiently vaccinated individuals, highlighting that measles is preventable through vaccination. He confirmed seven hospitalizations.

B. Martin asked whether infections were spreading within families or communities. Dr. Tran explained that measles' high infectivity results in clusters of household cases due to significant viral load within homes.

M. Peterson asked if vaccinated individuals had been affected. Dr. Tran confirmed that two vaccinated individuals contracted measles but experienced milder illness. He stressed the vaccine's effectiveness in preventing severe outcomes. M. Peterson also asked whether the current measles strain shows signs of mutation. Dr. Tran confirmed that data continues to show the vaccine's effectiveness and emphasized the importance of achieving 95% vaccination coverage for herd immunity.

C. Agar referenced recent government changes regarding medical student placements and asked if SWPH could advocate for regional medical student recruitment. Dr. Tran noted that SWPH supports local work opportunities to enhance positive experiences in the region. While some organizations offer scholarships and bursaries, healthcare providers tend to gravitate toward urban areas, and incentives to attract providers to rural regions require further exploration.

B. Martin highlighted local efforts to encourage students to return home to practice medicine. Elgin County and St. Thomas have collectively invested over \$1 million in bursaries and incentives. However, a challenge remains as new doctors manage smaller patient rosters compared to retiring physicians (800 versus 1,500 patients, for example).

J. Herbert noted that new doctors expect local access to advanced medical technologies like CT and MRI machines, and outdated equipment in some hospitals deters recruitment. Dr. Tran acknowledged this as a barrier and stressed the importance of improving resources to support healthcare recruitment efforts.

Resolution # (2025-BOH-0227-5.1)

Moved by D. Mayberry

Seconded by G. Jones

That Board of Health for Southwestern Public Health accept the Medical Officer of Health's report for January 25, 2025.

Carried.

5.3 Chief Executive Officer's Report

Derek McDonald reviewed the report on behalf of C. St. John.

G. Jones expressed gratitude from the Township of Southwold for SWPH's prompt support during a major water line break that affected 75% of the township. He commended SWPH staff for their swift communication efforts.

D. Mayberry asked for additional context in the status reports, noting they currently outline where things stand and where they have been. He requested more detail on how trends developed, why certain outcomes occurred, and how improvements or reversals could be achieved. C. Richards explained that the reports are intended to provide data to guide program and service planning, which will determine future actions to address these trends.

D. Mayberry also raised questions about addressing weight stigma in the Chronic Disease and Injury Prevention (CDIP) report. He stressed the importance of naming issues without shaming individuals, in order to promote prevention and solutions. D. McDonald explained that SWPH is aligning with Ontario dietitians to shift perceptions of healthy weight while promoting a weight-inclusive approach. P. Heywood added that this approach emphasizes environmental and socioeconomic factors rather than blaming individuals. Public health's role is to inform the public and support this shift.

J. Couckuyt asked about a previous program on alcohol and opioids. D. McDonald acknowledged he would confer with the team to source the report.

Resolution # (2025-BOH-0227-5.2)

Moved by J. Couckuyt

Seconded by M. Peterson

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

Carried.

6.0 NEW BUSINESS

7.0 TO CLOSED SESSION

Resolution # (2025-BOH-0227-C7)

Moved by D. Mayberry

Seconded by J. Herbert

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

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

Other Criteria:

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

Carried.

6.0 RISING AND REPORTING OF CLOSED SESSION

Resolution # (2024-BOH-1128-C8)

Moved by G. Jones

Seconded by M. Peterson

That the Board of Health rise with a report.

Carried.

Resolution # (2025-BOH-0227-C3.1)

Moved by J. Herbert

Seconded by M. Peterson

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

8.0 FUTURE MEETING & EVENTS

9.0 ADJOURNMENT

The meeting adjourned at 2:22 p.m.

Resolution # (2025-BOH-0227-9.0)

Moved by M. Peterson

Seconded by L. Rowden

That the meeting adjourns at 2:22pm to meet again on Thursday, March 27, 2025 at 1:00 p.m.

Carried.

Confirmed: _____

DRAFT



Medical Officer of Health

Report to the Board

MEETING DATE: March 27, 2025

SUBMITTED BY: Dr. Ninh Tran, Medical Officer of Health (written as of March 13, 2025)

SUBMITTED TO: Board of Health

PURPOSE: Decision
 Discussion
 Receive and File

AGENDA ITEM # 5.1

RESOLUTION # 2025-BOH-0327-5.1

1.0 MEASLES

Current Case Count and Impact

The number of measles cases in our Southwestern Public Health (SWPH) region continues to rise. Since October 2024, there have been 187 confirmed cases of measles as of March 13, 2025. Of these, 161 have occurred since January 1, marking an increase of 149 cases since the February Board of Health report. There have been 17 hospitalizations to date, 16 of which occurred in 2025.

Impact on Healthcare System

Rising case numbers locally and in neighboring public health units continue to result in widespread exposures across different settings. This has significantly strained our ability to conduct active contact tracing and notify those who may have been exposed. The increase in cases is also placing pressure on the broader healthcare system, including hospitals, family physicians, nurse practitioners, and other healthcare providers.

Outbreak Response and Prioritization

Due to the high number of exposures, SWPH staff are prioritizing contact follow-up for those at highest risk. The public is being informed of potential exposures through media releases, which include guidance on symptom monitoring and recommendations. An online **Measles Exposure Risk Assessment Tool** is available at www.swpublichealth.ca/measles.

Enhanced Support from PHAC Field Epidemiologist

To strengthen our response, SWPH has secured additional support from the Public Health Agency of Canada's (PHAC) Canadian Field Epidemiology Program (CFEP). The CFEP, known for building Canada's public health capacity, trains professionals in applied epidemiology and mobilizes them to respond to urgent public health events. This support is particularly timely as

SWPH manages a sizable portion of Ontario's measles cases, with a notable impact on children under 18 years old. A PHAC Field Epidemiologist (Epi) will assist SWPH on several key tasks:

- *Data Management:* Reviewing current processes, developing an electronic questionnaire to streamline data collection, and enhancing the existing Excel line list for improved case and contact management.
- *Outbreak Investigation Support:* Assisting with data analysis, improving data quality, and developing a weekly outbreak report to provide context to the daily dashboard data.
- *Projections and Vaccine Data Analysis:* Creating outbreak projections based on past outbreaks and analyzing local vaccination data to assess immunization coverage. Special focus will be given to populations at higher risk, including those in private and parochial schools, which traditionally have lower vaccine uptake rates.

The Epi will collaborate closely with SWPH's existing epidemiologists, as this placement aims to support our outbreak response by leveraging PHAC's specialized expertise and resources.

Current Situation and Risks

The reported case counts and public notifications underrepresent the true extent of the situation, as some cases go undetected or unreported. Measles is actively circulating in the community, and exposure can occur at any time and place.

Most cases continue to be among individuals who are not up to date on their vaccinations, particularly unimmunized children. The risk of measles in unimmunized individuals is extremely high, while those who are fully vaccinated face very low risk.

Media Coverage and Public Awareness

The outbreak has expanded beyond SWPH and Grand Erie Public Health's regions, with additional public health units now reporting exposures and cases. We are sharing our expertise, resources, and messaging with other public health units based on our early experience in managing this outbreak. Indeed, SWPH's efforts have received increased media attention following a feature article in [The Canadian Press](#) (showcasing what happens behind the scenes at a health unit at the centre of a measles outbreak), which was picked up by over 50 outlets across Canada. The coverage has garnered significant attention from both national and local media outlets, and we continue to receive follow-up inquiries from several prominent sources, including The Globe and Mail, CBC, and CTV News, among others.

We are hopeful this added attention will further educate the public, increase awareness that measles is a highly preventable disease, and encourage more vulnerable populations to get vaccinated — a crucial step in curbing the outbreak.

Acknowledging Staff Efforts

Finally, I want to recognize the tremendous efforts of SWPH staff who have stepped up to support our measles response. Their dedication has been remarkable, with staff taking on various roles to manage the growing outbreak.

From conducting case investigations and handling challenging calls to training surge support staff and strengthening partnerships within our community, every effort has played a vital role. Staff have also worked diligently to vaccinate those at risk, often navigating complex situations with compassion and professionalism.

This collective commitment has been instrumental in SWPH's ability to respond effectively to this outbreak. I am deeply grateful for the dedication, resilience, and teamwork demonstrated by our staff during this demanding time.

MOTION: 2025-BOH-0327-5.1

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



Governance Standing Committee

Report to the Board

Open Session

MEETING DATE: March 27, 2025

SUBMITTED BY: Grant Jones, Governance Standing Committee Chair

SUBMITTED TO: Board of Health

PURPOSE: Decision
 Discussion
 Receive and File

AGENDA ITEM # 5.2

RESOLUTION # 2025-BOH-0327-5.2

The Governance Standing Committee (GSC) met Monday, March 17, 2025 to review the following items.

1.0 BOARD OF HEALTH MEMBERSHIP (Receive and File):

1.1 Reappointment of Lee Rowden

The Committee received the official announcement of Lee Rowden’s re-appointment to the Board of Health for three (3) years. The Committee had not met since the announcement was received in January 2025.

Lee’s dedication, leadership, and ongoing contributions have been valuable to both the Board and public health in our region.

1.2 Appointment of Councillor Earl Taylor

The Committee notes that City of St. Thomas Councillor Earl Taylor has joined the Board of Health, succeeding Mayor Joe Preston. Earl’s recent appointment to the St. Thomas City Council in February 2025 followed a vacancy on council. As we welcome our new Board member, we recognize Earl’s community involvement and professional experience and a new perspective to the Board while also acknowledging that he is new to both city council and the Board. We are committed to equipping him with the necessary background in public health and governance to support his success in this role.

Additionally, a letter of appreciation will be sent to Mayor Joe Preston and city council, acknowledging the Mayor’s dedicated service and meaningful contributions to the Board of Health.

MOTION: 2025-BOH-0327-5.2

That the Board of Health for Southwestern Public Health accept the Governance Standing Committee Chair's report for March 27, 2025.



Ontario

**Executive Council of Ontario
Order in Council**

On the recommendation of the undersigned, the Lieutenant Governor of Ontario, by and with the advice and concurrence of the Executive Council of Ontario, orders that:

**Conseil exécutif de l'Ontario
Décret**

Sur la recommandation de la personne soussignée, le lieutenant-gouverneur de l'Ontario, sur l'avis et avec le consentement du Conseil exécutif de l'Ontario, décrète ce qui suit :

PURSUANT TO subsections 49(3) and 51(1) of the *Health Protection and Promotion Act*, **Lee Rowden** of St. Thomas be reappointed as a part-time member of the Board of Health for the Oxford Elgin St. Thomas Health Unit to serve at the pleasure of the Lieutenant Governor in Council for a period not exceeding three years, effective November 29, 2024 or the date this Order in Council is made, whichever is later.

EN VERTU DES paragraphes 49 (3) et 51 (1) de la *Loi sur la protection et la promotion de la santé*, **Lee Rowden** de St. Thomas est reconduit au poste de membre à temps partiel du conseil de santé de la circonscription sanitaire d'Oxford-Elgin-St. Thomas pour exercer son mandat à titre amovible à la discrétion du lieutenant-gouverneur en conseil, pour une période maximale de trois ans, à compter du dernier en date du 29 novembre 2024 et du jour de la prise du présent décret.

Recommended: Minister of Health
Recommandé par : La ministre de la Santé

Concurred: Chair of Cabinet
Appuyé par : La présidence du Conseil des ministres

Approved and Ordered:
Approuvé et décrété le : NOV 28 2024

**Administrator of the Government
L'administratrice du gouvernement**

O.C. | Décret : 1523 / 2024

March 4, 2025

Southwestern Public Health
Attn: Wai Lee, Executive Assistant
Via Email: wlee@swpublichealth.ca

Re: 2025 Appointments - Southwestern Public Health

Dear Ms. Lee:

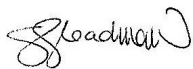
Please be advised that at the March 3rd, 2025, meeting, Council of the Corporation of the City of St. Thomas appointed the following person to Southwestern Public Health:

COUNCILLOR EARL TAYLOR 108 Hughes Street, N5P 2Z1 519-670-9223
e-mail: etaylor@stthomas.ca

Councillor Taylor will be replacing Mayor Preston's position on the Board.

If you have any questions please feel free to contact me at the information above.

Sincerely,



Sherry Steadman
Legislative Services Coordinator

C/c Councillor Taylor



CEO REPORT

Open Session

MEETING DATE: March 27, 2025

SUBMITTED BY: Cynthia St. John, Chief Executive Officer (written as of March 13, 2025)

SUBMITTED TO: Board of Health

PURPOSE: Decision
 Discussion
 Receive and File

AGENDA ITEM # 5.3

RESOLUTION # 2025-BOH-0327-5.3

1.0 PROGRAM AND SERVICE UPDATES (RECEIVE AND FILE):

1.1 DISTRIBUTION OF DRUG CHECKING KITS TO COMMUNITY PARTNERS

Southwestern Public Health’s (SWPH) recent initiative to distribute drug checking supplies to our community partners has officially commenced, marking a significant step forward in our collective mission to enhance public health and safety. Partner organizations across our area have now started to receive essential drug test strips, which they will subsequently distribute to their respective clients. This collaborative effort aims to equip individuals with the necessary tools to ensure their safety and well-being.

Illicit drug testing strips are tools used by substance users to test the presence and purity of illegal or recreational drugs. These strips help substance users check for the presence of harmful substances that may be mixed with the drug, such as fentanyl, which can be deadly even in small amounts.

Drug testing strips are primarily used to reduce harm by helping users avoid dangerous substances or overdoses. For instance, fentanyl test strips are particularly important in harm reduction strategies because even a tiny amount of fentanyl can cause a fatal overdose. The strips offer substance users a way to potentially reduce the risk of ingesting dangerous substances. Some organizations and local public health agencies have started providing these drug testing strips as part of harm reduction programs.

In a bid to streamline the distribution process and maximize the outreach, each partner organization has been entrusted with the task of assembling the kits themselves. This approach not only fosters a sense of ownership and responsibility but also ensures that the kits are tailored to meet the specific needs of their communities.

The provision of these kits represents our unwavering commitment to supporting our partners in their vital work. By empowering partnering agencies with these resources, we are taking a proactive stance in mitigating the risks associated with drug use and promoting a safer, healthier environment for all.

As staff move forward with this work, staff will continue to monitor the progress of this distribution initiative, ensuring that our partners have the support they need to effectively serve their communities.

2.0 FINANCIAL MATTERS (DECISION):

2.1 HEALTH CANADA HEATADAPT FUNDING (DECISION):

I am so pleased to announce that Southwestern Public Health (SWPH) has received \$614,596 in funding from Health Canada's Climate Change and Health Capacity Building Program, Stream 2: HeatADAPT, to support climate change initiatives over the next three years. Below is further information about this revenue grant and the board is asked to ratify the signing of the agreement.

The proposal, titled "Equitable Heat Resilience: Bridging Health, Nature, and Community-Action," aims to enhance extreme heat resilience in the regions of Oxford County, Elgin County, and the City of St. Thomas. The project focuses on health equity and human-nature connections to address the impacts of extreme heat on vulnerable populations.

Extreme heat poses a significant public health risk, particularly to vulnerable populations such as older adults, children, those with chronic illnesses, outdoor workers, and individuals experiencing homelessness. As climate change continues to increase the frequency and intensity of heatwaves, it is crucial to implement proactive measures to protect the health and well-being of our community.

Extreme heat can lead to serious health issues, including heat exhaustion, heatstroke, and exacerbation of pre-existing conditions such as cardiovascular and respiratory diseases. Vulnerable populations are at a higher risk of experiencing these adverse health outcomes due to factors such as limited access to cooling resources, pre-existing health conditions, and socio-economic barriers.

SWPH is mandated and indeed committed to protecting and promoting the health of our community. Addressing extreme heat is a critical component of our work, as it directly impacts the health and safety of our residents. By implementing evidence-based adaptation measures, we can reduce the health risks associated with extreme heat and enhance the resilience of our

community. By focusing on health equity and human-nature connections, we aim to create tailored interventions that meet the unique needs of our community members. This project will also strengthen our partnerships with community organizations, academic institutions, and municipal leaders, fostering a collaborative approach to addressing climate-related health risks.

This funding will expand the Environmental Health team's work to address the health impacts of extreme heat, particularly on vulnerable populations. The HeatADAPT project aims to:

1. **Increase Understanding of Extreme Heat Impacts:** Conduct research on heat-related health risks, focusing on vulnerable groups.
2. **Improve Community Preparedness:** Identify barriers to heat intervention access and create an inventory of existing programs and policies.
3. **Enhance Resilience:** Develop comprehensive strategies, including an emergency plan, heat action plan, and heat communication plan.

Funding Details:

Health Canada has approved the funding request of \$614,596 for the HeatADAPT project, with the following amounts allocated per fiscal year:

- 2024/25: \$141,222
- 2025/26: \$257,797
- 2026/27: \$215,577

A portion of the funding will support academic research conducted by the University of Waterloo and the University of British Columbia. These funds will be used to hire graduate and PhD students, support research activities, and facilitate knowledge mobilization. These research activities will provide valuable insights into the health impacts of extreme heat and inform the development of targeted interventions and policies to enhance community resilience.

Expected Short-Term Outcomes:

- Increased knowledge about individual and environmental factors associated with morbidity during heat events.
- Improved understanding of how extreme heat affects the daily lives of vulnerable populations.
- Identification of existing barriers in community adaptation to extreme heat.

Expected Medium-Term Outcomes:

- Enhanced capacity and resilience among health and social service providers.
- Increased participation of providers in reducing health harms associated with extreme heat.
- Development of new programs, services, and policies that integrate health equity and human-nature connections.

Expected Long-Term Outcomes:

- Improved coordinated emergency response to extreme heat alerts.

- Sustained community engagement in extreme heat action planning and implementation.
- Increased resilience for vulnerable populations and the natural environment in our region.

The HeatADAPT project represents a significant opportunity for SWPH to enhance extreme heat resilience in our region. By accepting the funding from Health Canada, we can implement evidence-based adaptation measures to protect the health of our communities and address the challenges posed by climate change

The agreement was reviewed by staff and legal counsel and has been signed by me with the approval of the Board Chair due to timing constraints and the urgency to return the agreement before Health Canada's March 24th deadline.

The Board is asked to ratify the signing of the agreement which is available for review on the [BOH portal](#).

MOTION: 2025-BOH-0327-5.3-2.1

That the Board of Health ratify the signing of the HeatADAPT agreement between SWPH and Health Canada.

2.2 2025 Annual Service Plan and Budget Submission (Receive and file):

The Annual Service Plan (ASP) is a consolidated Ministry document that includes all of our program planning activities and our 2025 Board-approved budget. The document takes what the Board approved in terms of the 2025 budget together with the program and service work and captures it in one very large Ministry document. Given the extensive length of the ASP form, it is [available on the Board portal](#) for any Board member who wishes to review it.

I am pleased to report that the requirement to complete this has been met and the document was submitted to the Ministry of Health earlier this month. It was approved by me and signed by the Board Chair.

MOTION: 2025-BOH-0327-5.3-2.2

That the Board of Health ratify the signing of the Annual Service Plan for 2025.

2.3 MEASLES OUTBREAK MANAGEMENT: ONE-TIME FUNDING REQUEST (RECEIVE AND FILE):

Given SWPH's prolonged and ongoing management of the measles outbreak, we have prepared an In-Year One-Time Funding Request business case to the Ministry of Health to cover the increased costs associated with the response. This funding is necessary to support additional staffing, extended clinic hours, and enhanced public health communications. The amount

requested at this time is \$878,471. Without this funding, the financial burden will fall on our obligated municipalities.

While we are ready to proceed, we are awaiting further direction regarding submission. Securing these funds will ensure a robust public health response while preventing financial strain on our municipal partners. The timeline for the Ministry's direction remains uncertain, but we will follow up regularly.

MOTION: 2025-BOH-0327-5.3

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