



The meeting of the Board of Health for Oxford Elgin St. Thomas Health Unit was held on Thursday, June 22, 2023, in-person at 1230 Talbot Street, St. Thomas, ON, with virtual participation via MS Teams commencing at 1:01 p.m.

PRESENT:

Mr. J. Couckuyt	Board Member
Mr. J. Herbert	Board Member
Mr. D. Mayberry	Board Member
Mr. J. Preston	Board Member (Chair)
Mr. L. Rowden	Board Member
Mr. M. Ryan	Board Member
Mr. D. Warden	Board Member
Ms. B. Wheaton	Board Member (Vice Chair)
Ms. C. St. John	Chief Executive Officer
Dr. N. Tran	Medical Officer of Health
Ms. W. Lee	Executive Assistant

GUESTS:

Ms. J. Gordon*	Administrative Assistant
Mr. P. Heywood	Program Director
Mr. D. McDonald	Director, Corporate Services and Human Resources
Ms. S. Maclsaac	Program Director
Ms. M. Nusink	Director, Finance
Ms. C. Richards	Manager, Foundational Standards
Ms. N. Rowe*	Senior Communications Coordinator
Mr. I. Santos	Manager, Information Technology
Mr. D. Smith	Program Director
Ms. M. Van Wylie*	Manager, Chronic Disease and Injury Prevention
Ms. C. Wilson*	Manager, Covid-19 Immunization
Mr. B. Bicknell	Media, CTV News
Mr. R. Perry*	Media, The Aylmer Express
Mr. J. Acchione*	Mayor, City of Woodstock; CTS External Advisory Committee
Ms. K. Jarvi*	CTS External Advisory Committee
Ms. S. McCabe*	CTS External Advisory Committee
Ms. L. Mizon*	CTS External Advisory Committee
Ms. S. Pepper*	CTS External Advisory Committee

Ms. S. Shapton*	CTS External Advisory Committee
Ms. H. Sheridan*	CTS External Advisory Committee
Ms. K. Gilson*	United Way, Oxford
Mr. T. Mooney*	City of St. Thomas
Ms. J. Moore*	Alzheimer Society Southwest Partners
Ms. M. Alvey*	SWPH Staff
Ms. K. Bastian*	SWPH Staff
Ms. B. Boersen*	SWPH Staff
Ms. S. Croteau*	SWPH Staff
Ms. L. Gillespie*	SWPH Staff
Ms. R. Gregoire*	SWPH Staff
Ms. B. Grigg*	SWPH Staff
Mr. R. Haile*	SWPH Staff
Ms. E. Hanley*	SWPH Staff
Ms. A. Harvey*	SWPH Staff
Ms. M. Hutchinson*	SWPH Staff
Ms. M. Lichti*	SWPH Staff
Ms. G. Milne*	SWPH Staff
Mr. R. Northcott*	SWPH Staff
Ms. S. Sachdeva*	SWPH Staff
Ms. J. Santos*	SWPH Staff
Ms. G. Urbani*	SWPH Staff
Ms. K. Vanderhoeven*	SWPH Staff
Ms. R. Wallace*	SWPH Staff

**represents virtual participation*

REGRETS:

Mr. G. Jones	Board Member
Mr. M. Peterson	Board Member

1.1 CALL TO ORDER, RECOGNITION OF QUORUM

1.2 AGENDA

Resolution # (2023-BOH-0622-1.2)

Moved by M. Ryan

Seconded by J. Herbert

That the agenda for the Southwestern Public Health Board of Health meeting for June 22, 2023 be approved.

Carried.

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

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

2.0 APPROVAL OF MINUTES

Resolution # (2023-BOH-0622-2.1)

Moved by D. Warden

Seconded by M. Ryan

That the minutes for the Southwestern Public Health Board of Health meeting for May 30, 2023 be approved.

Carried.

3.0 CONSENT AGENDA

Resolution # (2023-BOH-0622-3.1)

Moved by D. Warden

Seconded by B. Wheaton

That the Board of Health for Southwestern Public Health receive and file consent agenda items 3.1 -3.4.

Carried.

4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION

Resolution # (2023-BOH-0622-4.1)

Moved by J. Herbert

Seconded by L. Rowden

That the Board of Health for Southwestern Public Health support correspondence 4.1, Declarations of Emergency in the Areas of Homelessness, Mental Health, and Opioid Overdoses/Poisoning, May 16, 2023, from Hamilton Public Health Services and 4.2, Support for the 2022 Annual Report of the Chief Medical Officer of Health for Ontario, May 4, 2023, from Public Health Sudbury & Districts.

Carried.

5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.DECISION

5.1 Consumption Treatment and Services Feasibility Study Findings Report for June 22, 2023

Dr. Tran reviewed his report.

P. Heywood reviewed the development of the Consumption Treatment and Services (CTS) Feasibility Study.

Dr. Tran and P. Heywood provided background information on the development of the CTS study, an explanation of what is defined as consumption and treatment services, the components of a feasibility study, data collection, findings from the feasibility study, recommendations, and next steps based on the study's findings.

P. Heywood noted the following recommendations:

1. Southwestern Public Health (SWPH) consults with local partners, including local hospitals, community health centres, community organizations, and the Elgin and Oxford Ontario Health Teams, on the feasibility and application process requirements of such partners who are considering operating consumption and treatment services in SWPH's region.
2. SWPH to support discussions by using the findings and local data to consider potential locations that could host CTS; the potential location must meet the requirements for Federal approval and Provincial funding. This process shall be done in consultation with PWLE, the public, business owners and operators, Indigenous community partners, health system partners, municipalities, and other community partners.
3. Pending the outcome of the consultation process outlined in point 2, Southwestern Public Health supports obtaining Letters of Support from the respective cities and host locations (i.e., the City of St. Thomas and/or the City of Woodstock) based on the community's readiness* to participate and the preparedness of a community partner(s) to operate such an intervention. These letters are required to support the provincial funding application for a CTS site(s).
4. To address the concerns raised during the consultation process, SWPH will continue with data collection, further education, and engage in consultation with the general community, business owners/operators, Indigenous community partners, municipalities, and community partners on the purpose and expected impacts of CTS, informed by the experiences of other CTS sites in Ontario. Additionally, consultation should continue to be developed and delivered with PWLE and community partners that support and/or interact with people who use substances.
5. Southwestern Public Health supports providers interested in operating a CTS site in the completion of the Federal Exemption Application and the Provincial Funding Application, as necessary, to the Federal government and Ministry of Health respectively pending the participation of a willing community partner(s).

D. Warden noted his support for the study. He sought confirmation regarding the importance of the municipalities in supporting further actions via a letter of approval. Dr. Tran confirmed that would be a critical component alongside other factors such as identifying a viable location and service provider.

D. Warden suggested that staff present on the CTS study to the municipalities to seek their support. Dr. Tran agreed that he would like to have that conversation with municipalities sooner rather than later as well as initiate the parallel action of identifying a service provider.

M. Ryan strongly supported the report and commended its excellence. He noted the need is obvious and lies within public health's mandate of supporting harm reduction.

M. Ryan noted that every municipality in Ontario is now required to have a community safety and well-being action plan and to his knowledge all have identified issues of substance abuse and addiction. He stated that this is a tremendous opportunity for municipalities to demonstrate their support and action. He noted that he was personally involved in supporting a community member in medical distress and sees the benefits of CTS such as wraparound services that could provide medical assistance as well as other supports that are needed earlier on. He reaffirmed his support for the report as he pointed out the recommendations and stages in phase two which would address the concerns raised in phase one of the study.

J. Herbert voiced his strong support for the report. He noted that his previous support of initiatives such as a safe injection site. He noted meeting with Mayor Josh Morgan of London to discuss the permanent Carepoint Consumption and Treatment Service which opened on February 2023, and that the CTS site is considered as another tool in the toolbox. J. Herbert reviewed the practice of the London CTS site and its effectiveness in reducing harms. He noted that a key learning from the London Mayor is to gain the support of the public in spending taxpayer dollars. J. Herbert did voice his concern over the effectiveness of a mobile unit. He also noted his concern over the length of time needed to initiate action plans as he expressed his eagerness to implement sooner rather than later. J. Herbert repeated his strong support for SWPH's report and expressed his willingness to volunteer his services as needed.

Dr. Tran responded, acknowledging the urgency of the situation, but noting that providing a CTS program is a complex issue that will need community support. He noted that engaging in community consultation may take more time, but there are notable benefits when there is involvement and commitment from the community. He noted that SWPH will also consider other tools such as best practices for prevention and consideration and how best to engage with community partners.

P. Heywood clarified that SWPH will be actively pursuing ministry funding and federal exemption, but also notes the added option called urgent public health needs site to be considered if necessary.

L. Rowden questioned the focus on downtown sites. He asked if one is able to discover what percentage of the population requiring emergency services are homeless, have homes, are located in the downtown core, etc. He noted that the St. Thomas Elgin General Hospital (STEGH) has wraparound services currently and asks why is the downtown core the recommendation.

Dr. Tran responded that there are some assumptions regarding demographics as the data for deaths noted in the area indicate that many who died actually had their own private dwellings, indicating that when we address the opioid crisis, we should not conflate the issue with the housing and homelessness crisis.

Dr. Tran acknowledged that SWPH's region is a mix of urban and rural communities, and the geography is more spread out. He referenced the second recommendation in the report which will be to consider the unique aspects of our region and regional data to inform identifying a CTS site. He noted as well that not only will it be important to identify the best possible location, but other factors must also be considered such as the accessibility of the site location,

whether the site location is one that works for the service provider, and whether the site location would be recognized as effective for those who require CTS support.

Dr. Tran noted that the findings from the CTS study indicate that the majority of respondents in any type of jurisdiction rank a downtown site the highest. He also noted the CTS study is a starting point to consider and further studies might lead to locally provided solutions that identify a different focus regarding locations.

J. Preston added that this board will have involvement in future steps and decisions but noted that many of the comments and questions today look ahead to next steps that happen with the municipalities and partner agencies.

B. Wheaton noted her appreciation of the CTS report and the 5 recommendations, commending their specificity, thoroughness, and respectful recognition of the benefits and impacts such services will have on the community.

In acknowledging the report's outlined risks and limitations, B. Wheaton stated there would be a greater cost related to not taking action on harm reduction recommendations. She pointed out that municipalities and community groups have identified harm reduction at the forefront of actionable items and concluded that the Board has a moral, ethical, and legal obligation to fully support the recommendations presented today.

D. Mayberry expressed his appreciation of the CTS report and of the comments from the Board. He noted his agreement with J. Herbert and M. Ryan's comments and reiterated the need to support the report, particularly in light of the data provided which has indicated dramatic increases in hospitalizations and death. He repeated his full support of the recommendations.

J. Couckuyt affirmed his support of all the recommendations and noted his appreciation of the amount of research and data provided in the study. He did point out that there is an absence of data on rural areas such as Elgin County which often are missed in such reports, noting the report mentions St. Thomas, Woodstock, Ingersoll, and Tillsonburg only. He indicated his hope that phase two would provide more research about local rural areas and less densely populated towns as these are communities that suffer from these same issues.

Resolution # (2023-BOH-0622-5.1)

Moved by D. Warden

Seconded by M. Ryan

That the Board of Health for Southwestern Public Health approve the Consumption Treatment and Services Feasibility Study Findings Report for June 22, 2023.

Carried.

5.2 Further Investments in Public Health Priorities Report

C. St. John noted the report comes at the Board's request in February 2023 to outline recommended further investments in public health priorities and to indicate how such

investments might make a measurable difference in the population health of Oxford County, Elgin County, and the City of St. Thomas.

C. St. John reviewed the report and its recommendations regarding Climate Change, Substance Use Prevention, Nurse Family Partnership, Mental Health Promotion, Childhood Immunizations, Infection Prevention and Control, and Emergency Management.

C. St. John noted at the end of her report that she is mindful of key concerns for the Board to consider:

1. That SWPH is halfway through the budget year.
2. That the Board of Health approved a budget of 4.5% for 2023 in February.
3. That at the present time, SWPH has not received any approvals from the Ministry of Health, our largest funding partner and in the absence of approval, municipalities would face the burden of any budget increases including any provincial portions unfunded.
4. That high inflation rates remain a current concern.
5. That there is currently no indication that mitigation funding will be provided for 2024, referencing the Provincial decision in 2020 to change the cost sharing of public health services from 75:25 to 70:30 (wherein the ministry is currently providing mitigation funding in order for municipal partners to adjust to the expected financial obligation).
6. That the recommendations in this report are not one-time requests, but permanent additions to the current and future budgets.

J. Preston moved to discuss the report first.

D. Warden noted this report was what the board asked for, and noted staff provided thorough detail. He noted this would be a major decision of the board since it will affect future budgets and reviewed the various options, they could consider such as select some recommendations, table the report, or approve the report wholly or with adjustments. He confirmed that the report addressed gaps in programs as identified by staff.

C. St. John responded that one of the key factors in recommending the priorities and recommendations in the report was in assessing their measurable impact over 3-5 years and whether staff had data available at that time to support the ask and the specified criteria.

D. Warden sought clarification regarding the funding request of \$766,500, whether it is for the remainder of the year or a full year.

C. St. John clarified that the funding request is an annual cost. If it were to be implemented this year, it would be a prorated amount.

M. Ryan sought clarification regarding what the funding request was in terms of a percentage increase.

M. Nusink clarified that this would be an increase of 4%. J. Preston clarified that this 4% increase would be on top of the 4.5% increase approved by the Board in February.

M. Ryan asked when was the last time that the Ministry of Health did not approve SWPH's budget allocation to them.

C. St. John noted this occurs annually. In follow-up, M. Ryan asked for additional information regarding how much is not approved. C. St. John noted that she would provide a report outlining historical investments since it is not on hand at this time.

M. Ryan sought additional details regarding the process by which the Ministry provides funding, asking if specifics are provided or if the funding amount just decreases.

J. Preston responded that both scenarios could happen. C. St. John added that funding could amount to a 0% budget increase from our provincial funders, which, in terms of inflation and cost of living increases, would then be regarded as a decrease in funding.

J. Herbert noted the detail that the Board could move forward with some or all of the recommendations and put forward the suggestion of changing the wording of the motion from approving to accepting the motion.

J. Preston acknowledged that it would be at the Board's decision to approve or accept the report.

B. Wheaton asked if accepting the report would provide staff with the wherewithal to ask for an increase from the Ministry.

C. St. John responded that the report would need to be approved in order for a revised budget submission to the Ministry of Health.

D. Mayberry sought clarification whether the ministry would fund 75% of the additional funding request or would the onus lie with the contributing municipal members.

C. St. John noted that SWPH would re-submit the revised budget to the Ministry of Health but reiterated that municipalities would be responsible if provincial funding falls short.

D. Mayberry sought clarification regarding immunization rates in the report, asking what rates SWPH hopes to attain and if the funding investment would be sufficient to increase rates.

Dr. Tran responded that there are a number of approaches to take for target setting. The ideal immunization rate would be 90% for optimal herd immunity but that is unrealistic as provincial rates have historically peaked at near 70%. In noting local rates, Dr. Tran indicated that at minimum SWPH would hope to reverse the downward trend and target pre-pandemic levels or higher as a measure of success.

D. Mayberry followed up with question asking Dr. Tran if the public should feel satisfied with pre-pandemic levels of immunization rates.

Dr. Tran responded that in 2019 he would not be satisfied with immunization rates at the time and would have targeted for rates of over 70% for vaccines that are universally accessible. He reiterated that given the current post-pandemic rates; pre-pandemic rates would be an initial degree of notable achievement.

D. Mayberry asked if the funding requested for childhood immunizations is sufficient.

S. MacIsaac responded in agreement, noting the goal would be to reach pre-pandemic levels over 3-5 years amidst work on opening access, reducing barriers, and supporting vaccine-hesitant families.

D. Mayberry sought clarification regarding the Nurse Family Partnership (NFP), asking how many first-time mothers SWPH visits.

C. St. John responded that SWPH does offer a visit to every new mom; however, that is not to say that every new mom will accept the offer since it is a voluntary program. C. St. John noted she would provide a report on actual numbers as follow-up.

Dr. Tran added that SWPH supports all families. The NFP would support a subset of young expectant mothers based on age and issues related to the social determinants of health. It is a targeted, intensive intervention directed at those who are identified at a higher risk of negative outcomes.

J. Couckuyt stated he would be in favour of approving the report.

M. Ryan noted he would move or second the approval of the report as worded.

J. Preston asked for interpretation of 'approve,' whether that indicates positive reception or positive reception and commitment to fund as needed.

J. Couckuyt responded that this would mean approving for submission to the ministry.

C. St. John clarified that approval would mean a motion to revise the budget, currently and in the future given this additional budgeted item is not a one-time ask but a base funding increase.

M. Ryan noted his intention would mean approving the report including the budgetary allocation and the submission to the funding municipalities as well as resubmission to the Ministry of Health.

J. Preston sought clarification on what the next steps would be if the municipalities refused to fund the additional investment.

D. Mayberry noted that levying the municipalities entails only informing them of their obligation, as per the HPPA.

M. Ryan offered additional comments that highlighted the need to address alarming population health trends in the SWPH region and for funding to align with community safety and well-being plans. He asserted the proposed actions were justified and necessary, emphasizing the importance of advocating strongly for funding.

M. Ryan appreciated the recommended next steps in the report and further suggested approaching the funding municipalities to solicit letters of support for the budget resubmission to the Ministry of Health, and that their correspondence should be included.

M. Ryan expressed the argument that this support of public health by its municipalities offers an opportunity to achieve measurable impacts on people's safety and well-being. He noted that if the Ministry chooses not to provide funding, it raises the question of which aspects of municipally developed community safety and well-being plans they expect administrators to cut, as it is contradictory to expect them to improve community well-being without adequate funding support. M. Ryan concluded that the recommended investments are eminently defensible and should be absolutely supported.

J. Preston offered a comment from the chair. He noted as a Mayor for the City of St. Thomas, he has noted a certain health care creep into the budgets of municipalities although budget portfolios do not provide for healthcare. He noted as well that municipalities contribute to long-term care facilities and there has been increased investment in addiction support, mental health support, street level support, etc. From this perspective of a representative of municipal taxpayers, J. Preston noted that he would find it difficult to justify further funding and would vote against the motion.

J. Preston noted he appreciated the priorities. J. Preston sought clarification regarding SWPH's surplus funding. C. St. John responded that there is currently a surplus but that it is only the second quarter so she could not accurately predict to the end of the year just yet.

M. Ryan noted that Board members do have obligations to their municipalities but when they sit at Board of Health meetings they should do so with a degree of municipal impartiality and public health advocacy.

D. Mayberry voiced his agreement with M. Ryan, noting that communities will pay for the consequences of inaction in reactive services such as ambulances, emergency services, and police enforcement, etc. just as much as they would for preventative public health actions. He noted that municipalities are not doing enough upstream prevention which results in ever-expanding costs in downstream management.

D. Mayberry acknowledged J. Preston's assertion that public health should be funded by the province, but that it does not discount the needs of the communities that should be addressed now.

Resolution # (2023-BOH-0622-5.2)

Moved by J. Couckuyt

Seconded by M. Ryan

That Board of Health for Southwestern Public Health approve the Further Investments in Public Health Priorities Report for June 22, 2023.

Carried.

5.3 Chief Executive Officer's Report

C. St. John reviewed her report.

Resolution # (2023-BOH-0622-5.3A)

Moved by D. Mayberry

Seconded by D. Warden

That Board of Health for Southwestern Public Health approve the signing of the 2022 program-based grants annual reconciliation report as presented.

Carried.

Resolution # (2023-BOH-0622-5.3)

Moved by J. Couckuyt

Seconded by B. Wheaton

That Board of Health for Southwestern Public Health approve the Chief Executive Officer's report for June 22, 2023.

Carried.

7.0 TO CLOSED SESSION

Resolution # (2023-BOH-0622-C7)

Moved by B. Wheaton

Seconded by J. Herbert

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

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

Other Criteria:

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

Carried.

8.0 RISING AND REPORTING OF CLOSED SESSION

Resolution # (2023-BOH-0427-C8)

Moved by M. Ryan

Seconded by J. Couckuyt

That the Board of Health rise with a report.

Carried.

Resolution # (2023-BOH-0622-C3.1)

Moved by D. Warden
Seconded by D. Mayberry

That the Board of Health for Southwestern Public Health accept the Special Ad Hoc Building Committee Report for June 22, 2023.

Carried.

Resolution # (2023-BOH-0622-C3.2)

Moved by J. Herbert
Seconded by J. Couckuyt

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Report for June 22, 2023.

Carried.

10.0 ADJOURNMENT

Resolution # (2023-BOH-0622-10)

Moved by M. Ryan
Seconded by B. Wheaton

That the meeting adjourn at 3:25 p.m.

Carried.

Confirmed: _____

