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
April 27, 2023 at 1:00 p.m.

AGENDA			
Item	**Agenda Item**	**Lead**	**Expected Outcome**
1.0 CONVENING THE MEETING			
1.1	Call to Order, Recognition of Quorum • Introduction of Guests, Board of Health Members and Staff • Welcome, Grant Jones, to the Board of Health, Southwestern Public Health	Joe Preston	
1.2	Approval of Agenda	Joe Preston	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.	Joe Preston	
1.4	Reminder that Meetings are Recorded for minute taking purposes	Joe Preston	
2.0 APPROVAL OF MINUTES			
2.1	Approval of Minutes: March 20, 2023	Joe Preston	Decision
3.0 APPROVAL OF CONSENT AGENDA ITEMS			
3.1	**Support for Bill S-254, an Act to amend the Food and Drugs Act** *Association of Local Public Health Agencies (alPHa), April 17, 2023* Summary: This letter endorse Bill S-254, which calls for implementing health warning labels on alcoholic beverages.	Joe Preston	Receive and File
3.2	**Letter Regarding Provincial Minimum Wage Increase** *Public Health Sudbury & Districts Letter, April 11, 2023* Summary: This letter congratulates Premier Ford for the minimum wage increase while noting much remains to be done in achieving a living wage rate.	Joe Preston	Receive and File
4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION			
4.1	**Support for 'BILL S-254 An Act to amend the Food and Drugs Act** *Simcoe Muskoka District Health Unit, March 15, 2023* Summary: This letter endorse Bill S-254, which calls for implementing health warning labels on alcoholic beverages.	Joe Preston	Decision
5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.ACCEPTANCE.DECISION			
5.1	Presentation: Audited Financial Statements ending December 31, 2022	Graham Scott Enns	Decision
5.2	Chief Executive Officer's Report for April 27, 2023	Cynthia St. John	Acceptance
5.3	Medical Officer of Health's Report for April 27, 2023	Dr. Ninh Tran	Acceptance
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	Date to be determined, location to be determined.	Joe Preston	Decision
10.0 ADJOURNMENT			

April 11, 2023

Southwestern Public Health
c/o Cynthia St. John
via email: cstjohn@swpublichealth.ca

Re: Councillor Appointment to Southwestern Public Health – Board of Health

Dear Cynthia,

At its meeting on April 11, 2023 County Council passed the following resolution in response to the County Council appointee vacancy on the Board of Health:

“Moved by: Councillor Couckuyt
Seconded by: Councillor Leatham

RESOLVED THAT Deputy Warden Jones be appointed to serve as County Councillor representative on Southwestern Public Health Board of Health.

- Motion Carried.

Deputy Warden Grant Jones can be reached at gjones@elgin.ca or 519-671-0182.

Please feel free to contact me if you require any further information.

Yours truly,

Jenna Fentie
Manager of Administrative Services/Deputy Clerk
jfentie@elgin.ca

cc Julie Gonyou, Chief Administrative Officer/Clerk
Grant Jones, Deputy Warden, Elgin County Council

March 20, 2023

Board of Health Meeting

Minutes

The meeting of the Board of Health for Oxford Elgin St. Thomas Health Unit was held on March 20, 2023, at the St. Thomas site (1230 Talbot St.) and virtually via MS Teams commencing at 12:03 p.m.

PRESENT:

Mr. J. Couckuyt	Board Member
Mr. J. Herbert	Board Member
Mr. D. Mayberry	Board Member
Mr. M. Peterson	Board Member
Mr. J. Preston	Board Member (Chair)
Mr. M. Ryan	Board Member
Mr. D. Warden	Board Member
Ms. B. Wheaton	Board Member (Vice Chair)
Ms. C. St. John	Chief Executive Officer
Ms. A. Koning	Executive Assistant

**represents virtual participation*

GUESTS:

Mr. P. Heywood	Program Director*
Mr. D. McDonald	Director, Corporate Services and Human Resources*
Mr. D. Smith	Program Director*
Ms. M. Cornwell	Manager, Communications*
Ms. C. Richards	Program Manager*
Mr. I. Santos	Manager, Information Technology
Ms. W. Lee	Administrative Assistant

**represents virtual participation*

REGRETS:

Mr. L. Rowden	Board Member
Dr. N. Tran	Medical Officer of Health

1.1 CALL TO ORDER, RECOGNITION OF QUORUM

J. Preston recognized and acknowledged the loss of SWPH's board member D. McPhail. He commended D. McPhail on his unwavering dedication to his community and his commitment to

public health. C. St. John noted that it was a pleasure working with D. McPhail for many years and the community has lost a wonderful man. She noted that a flower arrangement was sent to the family and a donation was made to a charity of the family's choice in honour of D. McPhail, on behalf of the SWPH Board of Health. Lastly, she had flags lowered to half mast until after D. McPhail's celebration of life concluded.

1.2 AGENDA

Resolution # (2023-BOH-0320-1.2)

Moved by D. Mayberry
Seconded by M. Peterson

That the agenda for the Southwestern Public Health Board of Health meeting for March 20, 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-0320-2.1)
Moved by D. Warden
Seconded by J. Herbert

That the minutes for the Southwestern Public Health Board of Health meeting for February 9, 2023 be approved.

Carried.

3.0 CONSENT AGENDA

The Board discussed concerns regarding the appointment process and C. St. John provided an overview of the process for reappointment of members of the SWPH Board. It was noted that a report will be brought forward at the April meeting that outlines what historically was the Governance Committee's roles and responsibilities with managing provincial appointments and reappointments.

It was noted that consent agenda items 3.3. and 3.4 are receive and file at this time as SWPH will be developing letters of support based on the results of our situational assessments to apply a local approach to the letters. C. St. John noted that these letters will be brought forward to the Board Chair for approval.

Resolution # (2023-BOH-0320-3.1)
Moved by D. Warden
Seconded by M. Ryan

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

It was noted that the Ontario Government's budget is most likely approved and that this letter is really an advocacy letter for continued discussion about the importance in investing in public health. It was requested that the obligated municipalities be copied on the letter of support.

Resolution # (2023-BOH-0320-4.1)
Moved by D. Warden
Seconded by J. Herbert

That the Board of Health for Southwestern Public Health support correspondence 4.1 – 2023 Pre-Budget Submission from the Association of Local Public Health Agencies (alPHa).

Carried.

5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.DECISION

5.1 Chief Executive Officer's Report for March 20, 2023

C. St. John reviewed her report.

The Board advised that there is an opportunity to receive information as it is available, regarding how SWPH proposes to improve population health levels, should additional funds be available. It was noted that the Board does not want to hold out if there are proposals and decisions that could be made ahead of the June Board meeting.

The Board discussed the importance in converting the school-focused nursing into base funding and not one-time funding, as it is difficult to manage. It was noted that the School Boards should be copied on the advocacy letter as well. It was noted that specific data for school-based programs would be helpful in supporting funding requests. The Board agreed that our work in schools is very important for our youth, and we must continue to advocate for funding. It was noted that the Association of Local Public Health Agencies should be writing in support of this funding as all health units appear in support of this initiative to continue.

Resolution # (2023-BOH-0320-5.1)
Moved by B. Wheaton
Seconded by M. Peterson

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's report for March 20, 2023.

Carried.

5.2 Medical Officer of Health's Report for March 20, 2023

It was noted that Dr. Tran was unable to attend the board meeting and C. St. John requested that the report be deferred to the next board meeting.

D. Mayberry noted that the provincial Chief Medical Officer of Health's report was well done and he believes that there are some great learnings noted. He noted his concerns regarding the erosion of trust of public health due to the pandemic.
The Board Chair noted that Dr. Tran can speak to this matter at the next Board meeting.

Resolution # (2023-BOH-0320-5.2)
Moved by M. Ryan
Seconded by D. Mayberry

That Board of Health for Southwestern Public Health defer the Medical Officer of Health's report for March 20, 2023 to the next board meeting.

Carried.

6.0 NEW BUSINESS/OTHER

None at this time.

9.0 FUTURE MEETING & EVENTS

The next scheduled meeting of the Board of Health is April 27, 2023, at 1:00 p.m. The Board of Health orientation session will be held on at 12:00 p.m. on the same day.

10.0 ADJOURNMENT

Resolution # (2023-BOH-0320-10)

Moved by D. Warden
Seconded by M. Peterson

That the Board of Health meeting adjourns at 12:54 p.m.

Carried.

Confirmed: _____

alPHa
Association of Local PUBLIC HEALTH Agencies

alPHa's members are the public health units in Ontario.

alPHa Sections:

Boards of Health Section

Council of Ontario Medical Officers of Health (COMOH)

Affiliate Organizations:

Association of Ontario Public Health Business Administrators

Association of Public Health Epidemiologists in Ontario

Association of Supervisors of Public Health Inspectors of Ontario

Health Promotion Ontario

Ontario Association of Public Health Dentistry

Ontario Association of Public Health Nursing Leaders

Ontario Dietitians in Public Health

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Tel: (416) 595-0006
E-mail: info@alphaweb.org

April 17th, 2023

Hon. Jean-Yves Duclos, P.C., M.P.
Minister of Health
House of Commons
Ottawa, Ontario K1A 0A6

Dear Minister Duclos,

Re: Bill S-254, an Act to amend the Food and Drugs Act (warning label on alcoholic beverages)

On behalf of the Association of Local Public Health Agencies (alPHa) and its Council of Ontario Medical Officers of Health, Boards of Health Section and Affiliate Organizations, we are writing to express support for the Senate Bill S-254 An Act to amend the Food and Drugs Act (warning label on alcoholic beverages), which calls on the federal government of Canada to implement alcohol warning labels.

According to a 2020 report on Canadian Substance Use Costs and Harms, alcohol cost Canada $16.6 billion and was responsible for more than 18 000 deaths in 2017. Public Health Ontario estimates an average of 4,330 alcohol attributable deaths occur in Ontario annually. Alcohol is also classified by the World Health Organization (WHO) as a Class 1 carcinogen and is a cause of 7 different types of cancer, including those of the breast and colon.

Bill S-254 aligns with the updated Canadian Guidance on Alcohol and Health, which recommends that Health Canada "require, through regulation, the mandatory labelling of all alcohol beverages to list the number of standard drinks in a container, the Guidance on Alcohol and Health, health warnings and nutrition information." This recommendation was based on the Canadian Centre on Substance Use and Addiction (CCSA)'s systematic review of enhanced alcohol container labels. Further, this policy is supported by Evidence-Based Recommendations for Labelling Alcohol Products in Canada developed by the Canadian Alcohol Policy Evaluation (CAPE) project. The WHO also recommends health warning labels on alcohol to enable individuals to make better-informed choices about their health.

A recent study in Yukon has contributed to the growing evidence demonstrating that warning labels decreases alcohol sales. Other jurisdictions are now moving to implement similar policies, including Australia and New Zealand mandating a warning label related to the risks of alcohol during pregnancy, and Ireland requiring warning labels on the risks of alcohol in causing cancer.

Tobacco and cannabis are also regulated psychoactive substances that have significant health impacts, and both are already subject to mandatory warning labels. Extensive evidence demonstrates that warning labels on tobacco products decreases product appeal and increases consumers' intention to quit. Similarly, early evidence since the legalization of cannabis indicates that consumers are more aware of health risks when warning labels are present. It is time that alcohol packaging also be required to have health warning labels.

In summary, we believe that the measures proposed in Bill S-254, if approved by the Parliament of Canada and enacted by the Government of Canada, would be an important public health measure that will protect the health and wellbeing of all Canadians.

We look forward to working with you and would like to request an opportunity to meet with you and your staff. To schedule a meeting, please have your staff contact Loretta Ryan, Executive Director, alPHa, at loretta@alphaweb.org or 647-325-9594.

Sincerely,

Trudy Sachowski,
President

Copy: Senator Patrick Brazeau (Bill Sponsor)
Hon Carolyn Bennett, Minister of Mental Health and Addictions; Associate Minister of Health
Dr. Theresa Tam, Chief Public Health Officer of Canada
Dr. Kieran Moore, Chief Medical Officer of Health, Ontario

The Association of Local Public Health Agencies (alPHa) is a not-for-profit organization that provides leadership to Ontario's boards of health. alPHa represents all of Ontario's 34 boards of health, medical officers and associate medical officers of health, and senior public health managers in each of the public health disciplines – nursing, inspections, nutrition, dentistry, health promotion, epidemiology, and business administration. As public health leaders, alPHa advises and lends expertise to members on the governance, administration, and management of health units. The Association also collaborates with governments and other health organizations, advocating for a strong, effective, and efficient public health system in the province. Through policy analysis, discussion, collaboration, and advocacy, alPHa's members and staff act to promote public health policies that form a strong foundation for the improvement of health promotion and protection, disease prevention and surveillance services in all of Ontario's communities.

Public Health
Santé publique
SUDBURY & DISTRICTS

April 11, 2023

VIA EMAIL

The Honourable Doug Ford
Premier of Ontario
Legislative Building, Queen's Park
Toronto, ON M7A 1A1

Dear Premier Ford:

Re: Minimum Wage Increase

Public Health Sudbury & Districts (Public Health) would like to extend its sincere congratulations to the Ontario government for the increase of the minimum to $16.55 an hour in the fall. Public Health supports the government's efforts to help individuals and families combat the cost of living. The announced 6.8 per cent pay raise is a positive step to assist workers who are still struggling post-pandemic with rising costs of housing, food, and transportation.

Our support for an increase in minimum wage comes from overwhelming evidence confirming the link between income and health, whereby health improves every step of the income ladder. Adequate income not only removes the barriers, stressors, and challenges to achieving health but also decreases the risk of premature morbidity and mortality and increases physical and mental health across the life course. In relation to health and income, the Board of Health passed a Motion (#53-19), Opportunities for All – Poverty Reduction on November 21, 2019:

> WHEREAS income is one of the strongest predictors of health and local data show that low income is associated with an increased risk of poor physical and mental health in Sudbury and districts; and
>
> WHEREAS Public Health Sudbury & Districts annual Nutritious Food Basket reports demonstrate that individuals and families reliant on the current provincial social assistance rates or that earn a minimum wage will experience challenges in supporting their health including meeting their nutrition requirements; and

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Sudbury East / Sudbury-Est
1 rue King Street
Box / Boîte 58
St.-Charles ON P0M 2W0
t: 705.222.9201
f: 705.867.0474

Espanola
800 rue Centre Street
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t: 705.222.9202
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Île Manitoulin Island
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Mindemoya ON P0P 1S0
t: 705.370.9200
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Chapleau
34 rue Birch Street
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1.866.522.9200

phsd.ca

WHEREAS income solutions incorporate the health enhancing influence of work while addressing food security and the health damaging impacts of insufficient income; and

WHEREAS the Sudbury Workers Education and Advocacy Centre calculated a living wage for Sudbury of $16.98 (current provincial minimum is $14.00), and the City of Greater Sudbury proclaimed November 3 – 9, 2019 as Living Wage Week; and

THEREFORE BE IT RESOLVED that the Board of Health for Public Health Sudbury & Districts formally endorse the principle of living wage employment and direct the Medical Officer of Health to pursue certification; and

FURTHER that the Board encourages all employers across our service area to recognize the serious health and societal costs of inadequate income.

While we welcome this increase, we think it is important to underscore that minimum wage is the lowest wage rate an employer can pay an employee, which is different from a living wage. A living wage is an income sufficient for families to pay for the basic necessities of life so they can live with dignity and participate as active citizens in our society. The current living wage calculation for Sudbury and districts is $19.70 per hour compared to the newly announced minimum wage for the province in the fall of $16.55.

Our agency is dedicated to building a resilient and healthy workplace and to encouraging this approach across employers in the communities that we serve. In support of this, Public Health is certified as a Living Wage Employer. All staff members qualify for a living wage, which reflects the income workers must bring home to meet their basic living needs and participate more fully in life, work, and community.

Public Health Sudbury & Districts is a progressive public health agency committed to improving health and reducing social inequities in health. The minimum wage, even with the upcoming increase, will fall short of the income needed for individuals to pay for basic needs. As your government considers future adjustments to the minimum wage, we urge you to consider the living wage rate calculations for Ontarians, with the understanding that an adequate income aligned with a living wage can contribute to increased physical and mental health outcomes of Ontarians and reduce costs associated with premature morbidity and mortality.

Sincerely,

René Lapierre
Chair, Board of Health

cc: All Ontario Boards of Health
Association of Local Public Health Agencies
Honourable Sylvia Jones, Deputy Premier and Minister of Health
Honourable Monte McNaughton, Minister of Labour, Immigration, Training and Skills Development
Jamie West, Member of Provincial Parliament, Sudbury
France Gélinas, Member of Provincial Parliament, Nickel Belt
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin-Kapuskasing

simcoe muskoka
DISTRICT HEALTH UNIT

March 15, 2023

Honourable Jean-Yves Duclos
Minister of Health, Canada
House of Commons
Ottawa, ON K1A 0A6
jean-yves.duclos@parl.gc.ca

Dear Honourable Minister Duclos:

Re: Support for 'BILL S-254 An Act to amend the Food and Drugs Act (warning label on alcoholic beverages)'

On March 15, 2023, the Board of Health for the Simcoe Muskoka District Health Unit (SMDHU) received information on the 2023 Canada's Guidance on Alcohol & Health and passed a motion to endorse Bill S-254 – An Act to Amend the Food and Drug Act (Warning Label on Alcoholic Beverages), calling on the federal government of Canada to implement health warning labels on alcohol.

According to the Canadian Community Health Survey (CCHS) in 2019/20, 20% of adults in Simcoe Muskoka ages 19 years and older reported drinking at a high-risk level (7+ drinks) in the past week. This was significantly higher than the comparable provincial average of 15%. SMDHU's Board of Health is committed to our mandate under the Ontario Public Health Standards to influence the development and implementation of healthy policies and programs related to alcohol and other drugs to reduce harms associated with substance use.

As such, we ask for your support of Bill S-254 and the implementation of federally mandated labels on all alcohol containers sold in Canada, to better inform Canadians about the health risks of alcohol. This is especially important given that the majority of Canadians are unaware that alcohol is classified by the World Health Organization (WHO) as a Class 1 carcinogen and is a cause of 7 different types of cancer, including breast and colon.

Bill S-254 aligns with the recent call in Canada's Guidance on Alcohol and Health for mandatory labelling of all alcoholic beverages with the number of standard drinks in a container, risk levels from Canada's Guidance on Alcohol and Health, and health warnings. This recommendation by the Canadian Centre on Substance Use and Addiction is based on their 2022 systematic review of enhanced alcohol container labels, and is supported by other scientific experts in the field, including Evidence-based Recommendations for Labelling Alcohol Products in Canada developed by Canadian Alcohol Policy Evaluation (CAPE) Project researchers. A recent study in Yukon has contributed to the growing evidence base regarding the impact of warning labels; briefly introduced labels on alcohol products in government-owned liquor stores saw sales of labelled alcohol products decrease by 6.6%, while sales of unlabeled alcohol products increased by 6.9%[1] . The extensive evidence regarding warning labels applied to tobacco products is also informative, having been shown to lead to increased health knowledge and decreased tobacco use (WHO, 2022).

In Canada, similar to tobacco and cannabis products, it is time for the Government of Canada to require warning labels on alcohol. According to a 2020 report on Canadian Substance Use Costs and Harms, alcohol is a drug that cost Canada $16.6 billion and was responsible for more than 18,000 deaths in 2017 alone.

The Senate plays a key role in introducing legislation to serve the best interests of Canadians and we urge you to join Senator Brazeau in supporting Bill S-254.

Sincerely,

ORIGINAL Signed By:

Ann-Marie Kungl, Board of Health Chair
Simcoe Muskoka District Health Unit

AMK:CG:LS:sh

cc:

Members of Parliament for Simcoe and Muskoka
Ontario Boards of Health
Dr. Kieran Moore, Chief Medical Officer of Ontario
Senator Patrick Brazeau
Loretta Ryan, Executive Director, Association of Local Public Health Agencies, alPHa
Dr. Theresa Tam, Chief Public Health Officer of Canada

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[1] Weerasinghe, A., Schoueri-Mychasiw, N., Vallance, K., Stockwell, T., Hammond, D., McGavock, J., Greenfield, T.K., Paradis, C., Hobins, E. Improving Knowledge that Alcohol Can Cause Cancer is Associated with Consumer Support for Alcohol Policies: Findings from a Real-World Alcohol Labelling Study. *Int. J. Environ. Res. Public Health 2020*, 17, 398. Retrieved from: https://doi.org/10.3390/ijerph17020398

OXFORD ELGIN ST. THOMAS HEALTH UNIT

Operating as

SOUTHWESTERN PUBLIC HEALTH

Financial Statements

December 31, 2022

SOUTHWESTERN PUBLIC HEALTH

Financial Statements

For the Year Ended December 31, 2022

Table of Contents **PAGE**

MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL REPORTING

The accompanying financial statements are the responsibility of the management of Southwestern Public Health and have been prepared in accordance with Canadian public sector accounting standards.

These financial statements include:

- Independent Auditors' report
- Statement of Financial Position
- Statement of Operations and Accumulated Surplus
- Statement of Change in Net Financial Debt
- Statement of Cash Flows
- Notes to the Financial Statements
- Schedule of Expenditures

The Chief Executive Officer and the Chief Financial Officer are responsible for ensuring that management fulfills its responsibility for financial reporting and is ultimately responsible for reviewing the financial statements before they are submitted to the Board for approval.

The integrity and reliability of Southwestern Public Health reporting systems are achieved through the use of formal policies and procedures, the careful selection of employees and an appropriate division of responsibilities. These systems are designed to provide reasonable assurance that the financial information is reliable and accurate.

The financial statements have been audited on behalf of the Board of Health, Inhabitants and Ratepayers of the participating municipalities of the County of Oxford, County of Elgin and City of St. Thomas by Graham Scott Enns LLP in accordance with Canadian generally accepted auditing standards.

Cynthia St. John
Chief Executive Officer

Monica Nusink
Chief Financial Officer

April 27, 2023
St. Thomas, Ontario

GRAHAM SCOTT ENNS LLP
CHARTERED PROFESSIONAL ACCOUNTANTS

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INDEPENDENT AUDITORS' REPORT

To the **Board of Health, Members of Council, Inhabitants and Ratepayers** of
the participating municipalities of the County of Oxford, County of Elgin and City of St. Thomas:

Opinion
We have audited the financial statements of **Southwestern Public Health**, which comprise the statement of financial position as at December 31, 2022, and the statement of operations and accumulated surplus, statement of changes in net debt and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the organization's financial statements present fairly, in all material respects, the financial position of the organization as at December 31, 2022, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for public sector entities.

Basis for Opinion
We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the organization in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements
Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for public sector entities, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the organization's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the organization or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the organization's financial reporting process.

Auditors' Responsibilities for the Audit of the Financial Statements
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

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INDEPENDENT AUDITORS' REPORT (CONTINUED)

Auditors' Responsibilities for the Audit of the Financial Statements (Continued)

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the organization's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the organization's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the organization to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

St. Thomas, Ontario

April 27, 2023

Graham Scott Enns LLP

CHARTERED PROFESSIONAL ACCOUNTANTS
Licensed Public Accountants

SOUTHWESTERN PUBLIC HEALTH

Statement of Financial Position
December 31, 2022

	2022	2021
	$	$
FINANCIAL ASSETS		
Cash	**8,167,225**	4,467,481
Accounts receivable	**302,365**	93,536
Government remittance receivable	**126,255**	131,802
	8,595,845	4,692,819
FINANCIAL LIABILITIES		
Accounts payable and accrued liabilities	**1,760,170**	1,878,028
Deferred revenue (Note 3)	**1,840,083**	2,016,900
Due to Province of Ontario	**4,752,223**	560,244
Long-term debt (Note 5)	**7,170,000**	7,402,000
	15,522,476	11,857,172
NET FINANCIAL DEBT (PAGE 6)	**(6,926,631)**	(7,164,353)
NON-FINANCIAL ASSETS		
Prepaid expenses	**63,530**	65,163
Tangible capital assets (Note 4)	**9,299,868**	9,585,251
	9,363,398	9,650,414
ACCUMULATED SURPLUS (PAGE 5)	**2,436,767**	2,486,061

Approved by the Board:

_____ Director

_____ Director

The accompanying notes are an integral part of these financial statements.

SOUTHWESTERN PUBLIC HEALTH

Statement of Operations and Accumulated Surplus
For the Year Ended December 31, 2022

	(Note 13) Budget 2022 $	**2022 $**	2021 $
REVENUES			
Operating grants			
Municipal:			
County of Elgin	1,187,287	**1,187,287**	1,093,661
City of St. Thomas	922,650	**922,650**	849,893
County of Oxford	2,628,966	**2,628,966**	2,421,570
Province of Ontario (Note 7)	26,067,378	**20,516,291**	24,594,350
Public Health Agency of Canada (Note 8)	244,929	**262,765**	39,868
Student Nutrition (Note 9)	209,270	**165,597**	239,214
Total operating grants	31,260,480	**25,683,556**	29,238,556
Other			
Other fees and recoveries	11,375	**95,779**	162,251
Clinics	43,000	**28,916**	24,363
Interest	14,400	**128,942**	9,508
Total other revenue	68,775	**253,637**	196,122
TOTAL REVENUES	31,329,255	**25,937,193**	29,434,678
EXPENDITURES - SCHEDULE (PAGE 21)	31,329,255	**25,986,487**	28,987,357
(DEFICIENCY) EXCESS OF REVENUES OVER EXPENDITURES	-	**(49,294)**	447,321
ACCUMULATED SURPLUS, BEGINNING OF YEAR	2,486,061	**2,486,061**	2,038,740
ACCUMULATED SURPLUS, END OF YEAR (NOTE 2)	2,486,061	**2,436,767**	2,486,061

The accompanying notes are an integral part of these financial statements.

SOUTHWESTERN PUBLIC HEALTH

Statement of Change in Net Financial Debt
For the Year Ended December 31, 2022

	(Note 13) Budget 2022 $	**2022 $**	2021 $
(DEFICIENCY) EXCESS OF REVENUES OVER EXPENDITURES	-	**(49,294)**	447,321
Amortization of tangible capital assets	-	**754,397**	693,702
Acquisition of tangible capital assets	-	**(469,014)**	(866,760)
Change in prepaid expenses	-	**1,633**	(14,231)
DECREASE IN NET DEBT	-	**237,722**	260,032
NET FINANCIAL DEBT, BEGINNING OF YEAR	7,164,353	**7,164,353**	7,424,385
NET FINANCIAL DEBT, END OF YEAR	7,164,353	**6,926,631**	7,164,353

SOUTHWESTERN PUBLIC HEALTH

Statement of Cash Flows
For the Year Ended December 31, 2022

	2022 $	2021 $
OPERATING ACTIVITIES		
(Deficiency) excess of revenues over expenditures	**(49,294)**	447,321
Items not involving cash:		
Amortization of tangible capital assets	**754,397**	693,702
Change in non-cash assets and liabilities:		
Accounts receivable	**(208,829)**	185,903
Government remittances receivable	**5,547**	48,496
Prepaid expenses	**1,633**	(14,231)
Accounts payable and accrued liabilities	**(117,858)**	(571,459)
Deferred revenue	**(176,817)**	1,134,933
Due to Province of Ontario	**4,191,979**	1,049,160
Cash provided by operating activities	**4,400,758**	2,973,825
CAPITAL ACTIVITIES		
Net acquisition of tangible capital assets	**(469,014)**	(866,760)
Cash applied to capital activities	**(469,014)**	(866,760)
FINANCING ACTIVITIES		
Repayment to long-term debt	**(232,000)**	(226,000)
Cash applied to financing activities	**(232,000)**	(226,000)
NET CHANGE IN CASH DURING THE YEAR	**3,699,744**	1,881,065
CASH, BEGINNING OF YEAR	**4,467,481**	2,586,416
CASH, END OF YEAR	**8,167,225**	4,467,481

The accompanying notes are an integral part of these financial statements.

Southwestern Public Health (the "organization") provides public health services to the residents of the City of St. Thomas, County of Elgin and the County of Oxford and is accountable to the Province of Ontario as outlined in the Health Protection and Promotion Act.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements of the organization are prepared by management in accordance with Canadian accounting standards for public sector entities. Significant aspects of the accounting policies adopted by the organization are as follows:

Basis of Accounting

The financial statements are prepared using the accrual basis of accounting. The accrual basis of accounting records revenue as it is earned and measurable. Expenses are recognized as they are incurred and measurable based upon receipt of goods or services and/or the creation of a legal obligation to pay.

Accounting Estimates

The preparation of these financial statements is in conformity with Canadian accounting standards for public sector entities which requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenditures during the current period. These estimates are reviewed periodically and adjustments are made to income as appropriate in the year they become known.

In particular, the organization uses estimates when accounting for certain items, including:

- Useful lives of tangible capital assets
- Employee benefit plans

Financial Instruments

The organization's financial instruments consist of cash and cash equivalents, accounts receivable, accounts payable and accrued liabilities and long-term debt. Unless otherwise noted, it is management's opinion that the organization is not exposed to significant interest, currency, or credit risk arising from these financial instruments.

Revenue Recognition

Government transfers are recognized in the financial statements as revenues in the financial period in which events giving rise to the transfer occur, providing the transfers are authorized, any eligibility criteria have been met including performance and return requirements, and reasonable estimates of the amounts can be determined. Any amount received but restricted is recorded as deferred revenue in accordance with Section 3100 of the Public Sector Accounting Handbook and recognized as revenue in the period in which the resources are used for the purpose specified.

Unrestricted contributions are recognized as revenues when received or receivable if the amount to be received is reasonable estimated and collection is reasonable assured.

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Tangible Capital Assets

Tangible capital assets are recorded at cost, which includes all amounts that are directly attributable to acquisition, construction, development or betterment of the asset. The cost, less residual value, of the tangible capital assets, excluding land are amortized on a straight-line basis over their estimated useful lives as follows:

Land improvements	20 years
Building	40 years
Roof	20 years
Component equipment	24 years
Computer equipment	4 years

Amortization begins the first month of the year following the year the asset is placed in service and to the year of disposal. Assets under construction are not amortized until the asset is available for productive use.

Deferred Revenue

The organization administers other public health programs funded by the Province of Ontario and reported on a Provincial fiscal year end of March 31st. Any unexpended funding for these programs at December 31st is reported as deferred revenue on the statement of financial position. Additionally the organization receives certain grants and other funding from external sources for administering public health programs and may defer funds not spent at December 31st if the respective funding agreement has a term beyond the year end.

Employee Benefit Plans

The organization accounts for its participation in the Ontario Municipal Employees Retirement System (OMERS), a multi-employer public sector pension fund, as a defined contribution plan. The OMERS plan specifies the retirement benefits to be received by the employees based on the length of service and pay rates. Employee benefits include post employment benefits. Post employment benefits are subject to actuarial valuations and are accrued in accordance with the projected benefit method, prorated on service and management's best estimate of salary escalation and retirement ages of employees. Any actuarial gains and losses related to past service of employees are amortized over the expected average remaining service period.

Recent Accounting Pronouncements

PSAB released a standard related to Financial Instruments (PS 3450). The standard applies to all local governments for fiscal years beginning on or after April 1, 2022. The standard applies to all types of financial instruments. The new standard requires that equity and derivative instruments be measured at fair value, with changes in value being recorded in the statement of remeasurement gains/losses. The standard gives the option of cost/amortized cost vs. fair value of remaining instruments, which is elected upon by the government organization. The organization has not yet determined what, if any, financial reporting implications may arise from this standard.

2. ACCUMULATED SURPLUS

The accumulated surplus consists of the following individual fund surplus/(deficit) and reserves as follows:

	2022 $	2021 $
SURPLUS		
General reserve	**306,899**	302,810
Invested in tangible capital assets	**9,299,868**	9,585,251
	9,606,767	9,888,061
AMOUNTS TO BE RECOVERED		
Net long-term debt	**(7,170,000)**	(7,402,000)
ACCUMULATED SURPLUS	**2,436,767**	2,486,061

3. DEFERRED REVENUE

	2022 $	2021 $
Ontario Seniors Dental Care Program Capital: New Fixed Site	**1,155,004**	-
Mobile Dental Clinic - March 31, 2023 Funding	**500,000**	-
St. Thomas - Low German Needs Assessment	**84,269**	85,624
Healthy Babies Healthy Children - March 31, 2023 Funding	**57,529**	-
Sewage Inspection Program	**17,175**	17,175
Needle Exchange Program - March 31, 2023 Funding	**17,039**	-
Public Health Agency of Canada	**9,067**	9,067
Healthy Babies Healthy Children - March 31, 2022 Funding	**-**	893,722
Mobile Dental Clinic - March 31, 2022 Funding	**-**	500,000
IPAC Hub Infection - March 31, 2022 Funding	**-**	377,500
Student Nutrition	**-**	68,177
Merger - March 31, 2022 Funding	**-**	60,609
Needle Exchange Program - March 31, 2022 Funding	**-**	5,026
Total Deferred Revenue	**1,840,083**	2,016,900

4. TANGIBLE CAPITAL ASSETS

December 31, 2022

Cost	Opening	Additions	Disposals	**Ending**
	$	$	$	**$**
Land	572,909	-	-	**572,909**
Land improvements	161,330	-	-	**161,330**
Building	7,932,066	39,087	-	**7,971,153**
Roof	157,000	-	-	**157,000**
Building component equipment	1,644,296	290,548	-	**1,934,844**
Information technology equipment	2,446,919	139,379	-	**2,586,298**
	12,914,520	469,014	-	**13,383,534**

Accumulated Amortization	Opening	Amortization	Disposals	**Ending**
	$	$	$	**$**
Land improvements	56,469	8,067	-	**64,536**
Building	1,312,767	198,302	-	**1,511,069**
Roof	54,950	7,850	-	**62,800**
Building component equipment	473,260	65,146	-	**538,406**
Information technology equipment	1,431,823	475,032	-	**1,906,855**
	3,329,269	754,397	-	**4,083,666**

Net Book Value	Opening	**Ending**
	$	**$**
Land	572,909	**572,909**
Land improvements	104,861	**96,794**
Building	6,619,299	**6,460,084**
Roof	102,050	**94,200**
Building component equipment	1,171,036	**1,396,438**
Information technology equipment	1,015,096	**679,443**
	9,585,251	**9,299,868**

4. TANGIBLE CAPITAL ASSETS (CONTINUED)

December 31, 2021

Cost	Opening	Additions	Disposals	**Ending**
	$	$	$	**$**
Land	572,909	-	-	**572,909**
Land improvements	161,330	-	-	**161,330**
Building	7,849,037	83,029	-	**7,932,066**
Roof	157,000	-	-	**157,000**
Building component equipment	1,195,713	448,583	-	**1,644,296**
Computer equipment	2,111,771	335,148	-	**2,446,919**
	12,047,760	866,760	-	**12,914,520**

Accumulated Amortization	Opening	Amortization	Disposals	**Ending**
	$	$	$	**$**
Land improvements	48,402	8,067	-	**56,469**
Building	1,116,541	196,226	-	**1,312,767**
Roof	47,100	7,850	-	**54,950**
Building component equipment	423,439	49,821	-	**473,260**
Computer equipment	1,000,685	431,738	-	**1,431,823**
	2,635,567	693,702	-	**3,329,269**

Net Book Value	Opening	**Ending**
	$	**$**
Land	572,909	**572,909**
Land improvements	112,928	**104,861**
Building	6,732,496	**6,619,299**
Roof	109,900	**102,050**
Building component equipment	772,274	**1,171,036**
Computer equipment	1,111,686	**1,015,096**
	9,412,193	**9,585,251**

5. LONG-TERM DEBT

a) The balance of long-term debt reported on the Statement of Financial Position is made up of the following:

	2022	2021
	$	$
RBC bankers' acceptance to finance construction of new office building	**7,170,000**	7,402,000

Principal payments relating to the long-term debt outstanding are due as follows:

2023	2024	2025	2026	2027	Thereafter	Total
$	$	$	$	$	$	$
241,000	248,000	257,000	265,000	274,000	5,885,000	7,170,000

On January 2, 2014 the former Elgin St. Thomas Health Unit converted the short term construction loan into long-term financing. The former organization was advanced $9,000,000 in a 32 day banker acceptance notes at the CDOR rate of 1.22% plus a stamping fee of 0.40%. The former organization at the same time entered into an interest rate swap contract to fix the interest rate on their long-term financing at 2.85% for a 30 year time frame. As a result of these transactions, the former organization had fixed their rate on this debt obligation at 2.85% plus the stamping fee (for a total of 3.25% for 2022). The stamping fee is reviewed every fifteen years to determine if the risk assessment of the organization has changed from the last review at which point the rate could increase if additional risk is determined. As a result of the interest swap agreement, if the organization were to repay the long-term debt at December 31, 2022 an additional cost of $642,351 would be incurred. An additional $800,000 can be borrowed at any time and added to this swap agreement.

6. RECONCILIATION FOR MINISTRY OF HEALTH SETTLEMENT PURPOSES

	2022	2021
	$	$
(Deficiency) Excess of Revenues over Expenditures	**(49,294)**	447,321
Reconciling items:		
Principal portion of long-term debt	**(232,000)**	(226,000)
Vacation and compensating time	**(130,258)**	(17,163)
Amortization	**754,397**	693,702
Eligible expenses transferred to tangible capital assets	**(374,498)**	(866,760)
(Deficiency) Excess of Revenues over Expenditures for Ministry of Health Purposes	**(31,653)**	31,100

7. PROVINCE OF ONTARIO

	2022 $	2021 $
Cost shared programs		
General Public Health Programs	**12,557,250**	12,474,900
Other programs and one time funding		
COVID-19: Extraordinary Costs	**2,818,925**	8,261,632
Healthy Babies Healthy Children - Ending March 2021 Funding	**-**	98,845
Healthy Babies Healthy Children - Ending March 2022 Funding	**152,820**	346,503
Healthy Babies Healthy Children - Ending March 2023 Funding	**1,182,620**	-
Infection Prevention and Control Hub - Ending March 31, 2021 Funding	**-**	108,298
Infection Prevention and Control Hub - Ending March 31, 2022 Funding	**548,744**	832,958
Infection Prevention and Control Hub - Ending March 31, 2023 Funding	**660,213**	-
Medical Officer of Health Compensation Initiative	**21,990**	176,803
Merger Costs - Ending March 31, 2021 Funding	**-**	66,007
Merger Costs - Ending March 31, 2022 Funding	**60,609**	163,203
Mobile Clinic - One Time Funding - Ending March 31, 2022 Funding	**-**	50,000
Needle Exchange Program - Ending March 31, 2021 Funding	**-**	4,772
Needle Exchange Program - Ending March 31, 2022 Funding	**9,818**	9,182
Needle Exchange Program - Ending March 31, 2023 Funding	**10,336**	-
Ontario Seniors Dental Care	**1,021,144**	901,300
Prenatal and Postnatal Nurse Practitioner Services - March 31, 2022	**-**	139,008
Prenatal and Postnatal Nurse Practitioner Services - March 31, 2023	**139,008**	-
Public Health Case & Contact Management Solution (COVID-19)	**-**	4,966
Public Health Inspector Practicum Program - Ending March 31, 2021	**-**	2,495
Public Health Inspector Practicum Program - Ending March 31, 2022	**-**	10,000
Public Health Inspector Practicum Program - Ending March 31, 2023	**19,606**	-
School-Focused Nurses Initiative - Ending March 31, 2021	**-**	226,000
School-Focused Nurses Initiative - Ending March 31, 2022	**204,492**	695,628
School-Focused Nurses Initiative - Ending March 31, 2023	**672,000**	-
Temporary Retention Incentive for Nurses - March 2023 Funding	**436,716**	-
Vaccine Fridge - Ending March 31, 2021	**-**	21,850
Total other programs and one time funding	**7,959,041**	12,119,450
Total Province of Ontario grants	**20,516,291**	24,594,350

8. PUBLIC HEALTH AGENCY OF CANADA

The organization receives funding from the Public Health Agency of Canada for funds to carry out the Smoking Cessation (previously Creating Connections) project. Any unexpended funding for this program at December 31st is reported as deferred revenue on the statement of financial position.

	2022	2021
	$	$
Revenue		
Revenue - March 31, 2022	**157,132**	39,868
Revenue - March 31, 2023	**105,633**	-
	262,765	39,868
Expenditure		
Purchased services - March 31, 2022	**56,352**	22,964
Purchased services - March 31, 2023	**39,321**	-
Salaries - March 31, 2022	**6,066**	14,185
Salaries - March 31, 2023	**58,322**	-
Benefits - March 31, 2022	**198**	2,667
Benefits - March 31, 2023	**7,677**	-
Travel - March 31, 2022	**-**	52
Travel - March 31, 2023	**313**	-
	168,249	39,868
Capital expenditures - March 31, 2022	**94,516**	-
Program excess of revenue over expenditures	**-**	-

9. STUDENT NUTRITION

The organization receives funding from a number of external agencies including the United Way and VON to provide healthy foods to participating schools in Oxford County. Any unexpended funding for this program at December 31st is reported as deferred revenue on the statement of financial position. This is the final year of the program, unspent funds at the year end have been included in the payables balance to the new organizer.

	2022	2021
	$	$
Revenue	**165,597**	239,214
Expenditure		
Program supplies	**165,597**	239,214
Program excess of revenue over expenditures	**-**	-

10. OPERATING LEASES

The organization leases two buildings from the County of Oxford at $49,007 per month plus HST on an ongoing monthly basis to April 30, 2024. On an annual basis the landlord increases the annual rent by the percentage increase of the Consumer Price Index.

The minimum annual lease payments required in the next three years in respect of operating leases are as follows:

	$
2023	588,084
2024	196,028

11. CASH FLOW FROM THE PROVINCE OF ONTARIO MINISTRIES OF HEALTH AND CHILDREN, COMMUNITY AND SOCIAL SERVICES

The organization receives annual funding and one time funding ("OTF") from the Province of Ontario Ministry of Health ("MOH") and the Ministry of Children, Community and Social Services ("MCCSS") to carry out general public health programs and related health programs and services. Funding provided from the Ministry for the year ended December 31, 2022 is as follows:

	MOH $	MCCSS $
COVID - Extra Ordinary Costs - March 31, 2023	7,104,100	-
General Public Health Programs	12,557,250	-
Infection Prevention and Control Hub - March 31, 2022	171,244	-
Infection Prevention and Control Hub - March 31, 2023	513,756	-
Medical Officer of Health Compensation Initiative	175,971	-
Needle Exchange Program - OTF - March 31, 2022	4,792	-
Needle Exchange Program - OTF - March 31, 2023	27,375	-
Ontario Senior Dental Care Program	1,021,144	-
Ontario Seniors Dental Care Program Capital:		
New Fixed Site - OTF - March 31, 2023	1,155,004	-
Public Health Inspector Practicum Program OTF - March 31, 2022	2,464	-
Public Health Inspector Practicum Program OTF - March 31, 2023	14,997	-
School-Focused Nurses Initiative - March 31, 2022	226,120	-
School-Focused Nurses Initiative - March 31, 2023	672,000	-
Space Needs Assessment - OTF - March 31, 2023	20,000	-
Temporary Retention Incentive for Nurses - March 31, 2023	675,494	-
Healthy Babies Healthy Children - March 31, 2022	-	413,382
Healthy Babies Healthy Children - March 31, 2023	-	1,240,149
Prenatal and Postnatal Nurse Practitioner - March 31, 2022	-	34,752
Prenatal and Postnatal Nurse Practitioner - March 31, 2023	-	104,256
	24,341,711	1,792,539

12. PENSION AGREEMENTS

The organization makes contributions to the Ontario Municipal Employees Retirement Fund (OMERS), which is a multi-employer plan, on behalf of members of its staff. The plan is a defined benefit plan which specifies the amount of the retirement benefit to be received by the employees based on the length of service and rates of pay. Each year, an independent actuary determines the funding status of OMERS Primary Pension Plan (the Plan) by comparing the actuarial value of invested assets to the estimated present value of all pension benefits the members have earned to date. The most recent actuarial valuation of the Plan was conducted December 31, 2022, and the results of this valuation disclosed actuarial liabilities of $130.3 billion in respect of benefits accrued for service with actuarial assets at that date of $123.6 billion leaving an actuarial deficit of $6.7 billion.

Since any surpluses or deficits are a joint responsibility of all Ontario municipalities and their employees, the organization does not recognize any share of the OMERS Pension surplus or deficit in these financial statements.

The amount contributed to OMERS for the year ended December 31, 2022 was $1,189,987. OMERS contribution rates for 2022 and 2021 depending on income level and retirement dates ranged from 9.2% to 15.8%.

13. BUDGET FIGURES

The operating budgets approved by the organization and the Province of Ontario for 2022 are reflected on the statement of operations and are presented for comparative purposes.

14. PUBLIC SECTOR SALARY DISCLOSURE ACT 1996

The Public Sector Salary Disclosure Act, 1996 (the "Act") requires the disclosure of the salaries and benefits of employees in the public sector who are paid a salary of $100,000 or more in a year. The organization complies with the Act by providing the information to the Ontario Ministry of Health for disclosure on the public website at www.fin.gov.on.ca.

15. COMPARATIVE FIGURES

Certain comparative figures presented in the financial statements have been reclassified to conform to the presentation adopted in the current year.

16. FINANCIAL INSTRUMENTS

Risks and Concentrations

The organization is exposed to various risks through its financial instruments. The following analysis provides a measure of the organization's risk exposure and concentrations at the statement of financial position date.

Liquidity Risk

Liquidity risk is the risk that the organization will encounter difficulty in meeting obligations associated with financial liabilities. The organization is exposed to this risk mainly in respect of its accounts payable and accrued liabilities.

Credit Risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The organization's main credit risk relate to its accounts receivable.

Interest Rate Risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The organization is exposed to interest rate risk on its fixed and floating interest rate financial instruments. Given the current composition of long-term debt (proportion of debt at a fixed interest rate compared to a floating interest rate), fixed-rate instruments subject the organization to a fair value risk while the floating-rate instruments subject it to a cash flow risk.

It is management's opinion that the entity is not exposed to any significant market, foreign currency or price risk.

No financial liabilities of the organization were in default during the period.

The organization was not subject to any covenants during the period.

There have been no changes to the assessed levels of theses risks in the year.

SOUTHWESTERN PUBLIC HEALTH

Schedule of Expenditures
For the Year Ended December 31, 2022

	(Note 13) Budget 2022 $	**2022 $**	2021 $
GENERAL PUBLIC HEALTH PROGRAMS			
SALARIES AND WAGES			
Management	3,135,637	**3,425,822**	966,565
Nursing	2,886,628	**2,858,884**	1,041,895
Inspection and environment	1,227,401	**1,129,003**	334,690
Clerical and support	707,408	**808,059**	485,193
Health promotion	624,698	**609,941**	48,791
COVID-19	6,995,886	**4,175,339**	11,736,632
	15,577,658	**13,007,048**	14,613,766
FRINGE BENEFITS			
Group pension	1,303,000	**1,407,479**	1,380,873
Canada pension plan	524,000	**664,368**	657,017
Extended health care	622,500	**505,861**	543,622
Long term disability	381,000	**336,817**	349,234
Employer health tax	251,000	**310,418**	329,063
Employment insurance	184,000	**228,982**	270,650
Dental plan	208,000	**190,792**	191,665
Part-time benefits	5,000	**102,285**	105,730
Workplace safety insurance	116,500	**95,202**	142,297
Supplementary unemployment benefits	32,000	**81,987**	49,307
Group life insurance	63,500	**56,233**	60,301
Employee assistance programs	9,260	**7,858**	7,858
Benefits to other programs	(3,169,046)	**(1,594,411)**	(2,797,200)
COVID-19	1,762,603	**876,706**	2,192,482
	2,293,317	**3,270,577**	3,482,899
FEES AND HONORARIA			
Labour relations	117,000	**156,815**	25,547
Audit and legal	92,700	**45,528**	28,754
Honorarium	20,000	**15,618**	15,440
Services fees	5,210	**6,429**	4,905
Meeting expense	19,400	**12,454**	1,022
	254,310	**236,844**	75,668
COVID-19 EXPENSES OTHER THAN PAYROLL	5,336,875	**646,660**	3,480,335

SOUTHWESTERN PUBLIC HEALTH

Schedule of Expenditures
For the Year Ended December 31, 2022

	(Note 13) Budget 2022 $	**2022 $**	2021 $
TRAVEL	192,883	**92,478**	45,592
EQUIPMENT	714,383	**645,736**	611,933
PROGRAM SUPPLIES	240,907	**457,339**	286,975
AMORTIZATION	-	**754,397**	693,702
RENT AND UTILITY SERVICES			
Building and facilities rental	1,060,216	**774,814**	852,796
Interest on long-term debt	239,000	**262,604**	244,547
	1,299,216	**1,037,418**	1,097,343
ADMINISTRATIVE			
Telephone	167,950	**164,173**	245,101
Insurance	123,100	**112,296**	92,688
Professional development	98,315	**68,795**	13,718
Fees and subscriptions	38,580	**53,533**	30,211
Public awareness, promotion and engagement strategies	180,075	**61,291**	212,132
Printing and postage	40,425	**24,398**	14,846
	648,445	**484,486**	608,696
TOTAL COST SHARED PROGRAM EXPENDITURES	23,615,570	**20,632,983**	24,996,909

SOUTHWESTERN PUBLIC HEALTH

Schedule of Expenditures
For the Year Ended December 31, 2022

	(Note 13) Budget 2022 $	**2022 $**	2021 $
OTHER PROGRAMS AND ONE TIME EXPENDITURES			
MINISTRY PROGRAMS - 100% FUNDED			
Infection Prevention and Control Hub (March 31, 2021)	-	**-**	108,298
Infection Prevention and Control Hub (March 31, 2022)	1,365,000	**548,745**	832,958
Infection Prevention and Control Hub (March 31, 2023)	685,000	**660,213**	-
Medical Officer of Health Compensation Initiative	176,576	**21,990**	176,803
Merger Costs (March 31, 2021)	-	**-**	44,455
Merger Costs (March 31, 2022)	200,000	**60,610**	113,220
Needle Exchange Program Initiative (March 31, 2021)	-	**-**	4,825
Needle Exchange Program Initiative (March 31, 2022)	20,000	**9,818**	9,128
Needle Exchange Program Initiative (March 31, 2023)	-	**10,335**	-
Ontario Senior Dental Care Program	901,300	**899,204**	897,315
Public Health Case and Contact Management Solution (March 31, 2021)	-	**-**	4,966
Public Health Inspector Practicum Program (March 31, 2022)	-	**-**	10,000
Public Health Inspector Practicum Program (March 31, 2023)	20,000	**19,607**	-
School-Focused Nurses Initiative (March 31, 2021)	-	**-**	226,200
School-Focused Nurses Initiative (March 31, 2022)	900,000	**204,492**	695,427
School-Focused Nurses Initiative (March 31, 2023)	672,000	**672,000**	-
Temporary Retention Incentive for Nurses (March 31, 2022)	386,000	**-**	-
Temporary Retention Incentive for Nurses (March 31, 2023)	386,000	**436,715**	-
Vaccine Refrigerator (March 31, 2021)	-	**-**	2,701
Total Ministry Programs - 100% Funded	5,711,876	**3,543,729**	3,126,296
OTHER PROGRAMS			
Healthy Babies Healthy Children	1,653,539	**1,335,575**	446,060
Public Health Agency Canada	-	**168,248**	39,868
Student Nutrition	209,270	**165,597**	239,213
Prenatal and Postnatal Nurse Practitioner Services	139,000	**139,000**	139,011
Low German Partnership	-	**1,355**	-
Total other programs	2,001,809	**1,809,775**	864,152
TOTAL EXPENDITURES	31,329,255	**25,986,487**	28,987,357

CEO REPORT

Open Session

MEETING DATE: April 27, 2023

SUBMITTED BY: Cynthia St. John, Chief Executive Officer (written as of April 19, 2023)

SUBMITTED TO: Board of Health

PURPOSE:
- ☒ Decision
- ☐ Discussion
- ☒ Receive and File

AGENDA ITEM # 5.2

RESOLUTION # 2023-BOH-0427-5.2

1.0 SWPH PROGRAM UPDATES (Receive and File):

1.1 Update: 2023 General Cost-Shared & 100% Provincially Funded Budget Planning:

The Foundational Standards team, comprised of public health planners, epidemiologists, a data analyst, and the manager of Foundational Standards, has mapped out a prioritization process that will support Southwestern Public Health (SWPH) in bringing forward the top public health interventions that, with dedicated additional funding or staffing support, can lead to appreciable improvements in health status indicators.

At this time, a review of all 2023 program plans that are housed in the program planning database has been completed and the team has provided comments and considerations about whether interventions can move the needle on population health indicators (which is the population health change we want to see) and whether there is current data available to measure that change. For example, vaccination programs, such as influenza or childhood immunizations, may consider whether they have the resources to reach their target population (whereby a measurable impact on population health indicators might result in lower rates of disease incidence or hospitalizations).

In the coming weeks, staff will use the intervention review and guiding questions to determine whether our 2023 interventions are currently adequately resourced and whether there are interventions that would markedly impact health indicators if provided with additional

supports. The results of this process will ultimately form the report to the Board of Health slated for June. At the March Board meeting, the Board did discuss that if possible, smaller, more bite-sized pieces of this information can be brought to the Board in April or May if that is possible in the staff's opinion. At this time, staff have determined that the June timing is the best so as not to disrupt program and service restarts that have occurred this year.

1.2 Denture Hygiene Program for Long-Term Care Homes and Retirement Homes:

To celebrate April's Oral Health Month, SWPH's Oral Health team has been busy engaging with long-term care and retirement homes in Oxford County, Elgin County, and the City of St. Thomas on the importance of oral health care for their residents. "Good oral health is vitally important for people of all ages and even more so for older adults, seniors, and the most vulnerable who are receiving care in residential settings."[1]

For background, in 2019, the Ministry of Health provided SWPH with one-time funding to launch a long-term care (LTC) and retirement homes (RH) denture hygiene program. Due to the pandemic and increased Covid activity in LTC/RH and congregate settings, this program was deferred. We're pleased to announce that SWPH has relaunched this program. In early March, LTC/RHs in our jurisdiction were provided an opportunity to receive an ultrasonic cleaning device (from SWPH) to assist with cleaning their residents' dentures. Ultrasonic denture cleaning offers numerous benefits for LTC/RH residents and elderly people, including improved oral hygiene, increased independence, enhanced quality of life, reduced risk of infection, and cost-effectiveness. Studies have shown the ultrasonic denture cleaners are good at removing the thin bio films on dentures which can harbour the various bacteria that can find their way into respiratory or digestive tracts and cause infections to this vulnerable population.

LTC/RH homes were invited to visit either the Woodstock or St. Thomas sites to pick up an ultrasonic unit during the week of April 11th – 14th. Along with the ultrasonic units, homes received two glass beakers, a box of denture cups, a jug of stain and tartar remover as well as instructions on how to operate the unit (please see image 1). SWPH staff also trained LTC/RH staff on how to use the ultrasonic cleaner, how to maintain the device, and general hygiene tips for dentures. This program is designed so that LTC/RH staff will use a train-the-trainer approach for their support staff. SWPH also created literature for LTC/RH homes to help with using this device.

This program also provided an excellent opportunity to share information regarding the Ontario Seniors Dental Care Program (OSDCP), applications for any eligible residents, as well as information on the importance of oral health as it relates to overall health and wellness and the link to such chronic conditions like diabetes and heart health. A fact sheet is also included on "Oral Care Tips for Seniors and Their Caregivers" from the Canadian Dental Hygienists Association.

[1] https://www.dentalhygienecanada.ca/DHCanada/Seniors/DHCanada/Seniors/Long_Term_Care.aspx

A total of nineteen (19) LTC/RHs agreed to participate in this program - twelve (12) from Oxford County and seven (4) from Elgin County and three (3) from the City of St. Thomas. Some of the larger homes have requested more than one ultrasonic unit to facilitate denture cleaning for their residents on various floors or wings of the facilities. In total, SWPH will be disseminating 33 ultrasonic cleaners to LTC/RHs.

Image 1: Ultrasonic cleaner and associated supplies each participating LTC/RH will receive.

1.3 Healthy Schools:

SWPH, Thames Valley District School Board (TVDSB), and Middlesex London Health Unit (MLHU) officially signed a Partnership Declaration earlier this month. This declaration aims to demonstrate the shared commitment between the school board and the local health units to positively impact learning potential in schools by improving the health and well-being of children and youth. We are excited about the joint effort to achieve mutual goals such as:

I. Enhancing partnerships by identifying shared strategic priorities, goals, mandates, and values; and measurable strategies to achieve them.
II. Using local community and school board data and evidence to inform the equitable allocation of public health resources and program distribution in schools.
III. Outlining strategies for shared decision-making regarding resource and program distribution provided by health units to TVDSB.
IV. Maximizing the efficient use of staffing resources for program and service delivery.
V. Drawing on the areas of expertise of all partners to ensure students receive the best programs and services to support their health and well-being.

At the writing of this report, SWPH is very close to completing a similar agreement with the London District Catholic School Board (LDCSB), one that will ideally lead to a data-sharing agreement which is critical in informing our strategies and program planning to support local children and youth.

1.4 Chronic Disease and Injury Prevention:

The Chronic Disease and Injury Prevention team is currently completing numerous situational assessments that will inform program planning and prioritization decisions for 2024 and beyond while also maintaining a busy profile in the community. Below are some noteworthy highlights.

ACT-i-Pass is a physical activity program that offers grade 5 children recreational programming at no cost to the user. Research indicates that physical activity levels drop off in Grade 5, and this program aims to counteract this. If children can access physical activity opportunities, they can have better health, less illness, reduced screen time, and more play! In partnership with the Human Environments Analysis Lab (HEAL) from Western University, SWPH supports the program's implementation for the first time in Oxford County, Elgin County, and the City of St. Thomas. Over the past three months, efforts have focused on recruiting local recreation service providers who can offer free opportunities. The program will be promoted primarily through schools this spring and will launch in July.

Data collection for the Consumption and Treatment Services (CTS) Feasibility Study is now complete. On April 12th, a data review event was held with the members of the External Advisory Committee. The committee, which has representation from community partners, local municipal leaders, businesses, and people with lived experience with substance use, had the opportunity to provide local interpretations of the data and its implications for future actions. This step is vital because it improves the data quality and will inform the development of the recommendations for the final report which will soon be presented to the Board of Health.

In March, the Ontario Public Health Association (OPHA) Working Group on Alcohol (of which SWPH is an active member) submitted a letter (see attached) to Deputy Prime Minister Freeland to support the scheduled excise tax adjustment for alcohol. The letter emphasized that health taxes, such as excise taxes on alcohol and tobacco, are win-win policy measures that, as the letter notes, "save lives, prevent disease and injury, advance health equity, mobilize revenue for the general budget, and are highly cost-effective."

And…as referenced in an email I sent the Board of Health in early April, our very own West Lorne community won the Kraft Hockeyville contest. At SWPH, we actively promoted this contest with our staff and encouraged them to vote because active people=healthier people. And what a fitting tribute that the winner was announced on what would have been former Board of Health member Duncan McPhail's birthday – April 1st. The outcome of this contest is a testament to the fact that small communities can come together and achieve big things! Congratulations to everyone involved!

1.5 Vaccine Preventable Disease (VPD), Infectious Diseases, Healthy Environments:

SWPH is pleased to report that Round 2 of school clinics is currently underway, providing second doses of Hep B, HPV, and several catch-up doses of vaccines from suspensions. This initiative aims to ensure that students receive the necessary vaccines to protect them from vaccine preventable diseases.

SWPH continues to closely monitor pertussis cases in the community, and we are pleased to report that the number of new cases is trending down. Additionally, the number of facility outbreaks continues to decrease. Our Infectious Disease staff is encouraged by this progress and will continue to support and work closely with our partners.

Our Healthy Environments team has begun the procurement process for the West Nile virus program (scheduled to begin mid-May) such as entering agreements for identification and stand-by larviciding. Of note, the Environmental Health team has created a short video highlighting their work, which will be shared at the beginning of May. Our Communications staff plan to share this on our social media channels to help our community better understand the work that our Environmental Health team is doing to ensure a healthy and safe environment.

1.6 COVID Response & Immunizations:

Health Canada, the National Advisory Committee on Immunizations (NACI), and Ontario's Chief Medical Officer of Health (CMOH) are recommending high-risk individuals receive their next COVID-19 booster dose this spring. The campaign officially launched on April 6, 2023, with 3 weekly clinics being offered at either our 1230 Talbot Street location, or 410 Buller Street. Appointments can be booked at Ontario.ca/book-vaccine/, or by calling 1-833-943-3900. Long-term care homes, retirement homes, and congregate settings are also amongst the recommended groups and they will be supported through several different channels.

Conversely, we are seeing the end of various provincial Covid-19 response initiatives. The Ministry of Health's GO-Vaxx team wrapped up their mobile bus clinics on March 31, 2023. In 2022 alone, the team hosted more than 210 clinics in Elgin, Oxford, and St. Thomas, vaccinating thousands of individuals. A thank-you letter was sent on behalf of Southwestern Public Health to Metrolinx, as well as the Honourable Sylvia Jones, and Dr. Kieran Moore.

1.7 Who is SWPH? Video:

Finally, I highly recommend that Board Members view and share SWPH's engaging video, "Who is Southwestern Public Health" which showcases our mission, vision, and values of promoting healthy people in vibrant communities. This short yet informative video provides an excellent overview of the vital role that public health plays in Oxford County, Elgin County, and the City of St. Thomas, as well as how it fits into the broader healthcare system. By sharing this video, board members can help promote a better understanding of what public health does and of the importance of public health in our communities. Social media posts have been made to our Twitter and Facebook accounts and members are encouraged to share those posts as well.

2.0 FINANCIAL MATTERS

2.1 Audited Financial Statements (Decision):

I am pleased to report that the audit of our financial records for the period ending December 31, 2022, has been completed by Graham Scott Enns. The audit was managed again this year by Scott Westelaken and overseen by Jennifer Buchanan.

The audited statements are attached for your review (appended under Agenda Item 5.1). There were no issues and no material errors noted. Graham Scott Enns will be presenting the draft audited statements at the board meeting.

MOTION: 2023-BOH-0427-5.2A
That the Board of Health approve the audited financial statements for the period ending December 31, 2022.

2.2 Appointment of Auditors (Decision):

Each year, the Board of Health is required to formally appoint an auditing firm for the next fiscal period. Staff are recommending that Graham Scott Enns be appointed as the auditing firm for 2023. They are a firm that is local within the geographic area serving SWPH, they have experience working with the existing public health finance staff, and they have a thorough understanding of the many different funding envelopes for public health.

MOTION: 2023-BOH-0427-5.2B
That the Board of Health appoint Graham Scott Enns as the auditing firm for the year ending December 31, 2023.

2.3 2023 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 2023 Board approved budget. I am pleased to report that the requirement to complete this has been met and the report was submitted to the Ministry of Health at the end March by the deadline date. The report was approved by me and signed by the Board Chair. The report is quite lengthy and in a database format that makes it difficult to include in this package. As such, it is available on the Board portal for any Board member who wishes to view it.

MOTION: 2023-BOH-0427-5.2C
That the Board of Health ratify the signing of the Annual Service Plan for 2023.

2.4 Revised 2022 Funding Letter (Receive and File):

On March 24, 2023, we received a revised 2022 funding letter (see attached) which included the extension of the funding for School-Focused Nurses Initiative until June 30, 2023. They are continuing to fund 9 FTEs at an annual amount of $897,000.

At the March Board meeting I recommended that the Board of Health send a letter to the Ministry of Health about the importance of this funding continuing on as sustainable base funding and outlining the extensive accomplishments that can be achieved with this funding. At the time of this report the letter has not been sent out yet as staff have been directed to engage with local schoolboards and solicit their feedback and support.

2.5 Infection Prevention and Control HUB Funding (Receive and File):

An email confirmation was received on March 31, 2023, confirming the decision to continue funding the Infection Prevention and Control (IPAC) Hubs in the 2023-2024 provincial fiscal year up to March 31, 2024. Funding letters are being prepared to extend the current agreements that expired March 31, 2023.

The decision to continue funding IPAC Hubs for the 2023-2024 fiscal year speaks to the vital need to provide support and resources for healthcare facilities and workers in implementing infection prevention and control measures. By extending funding, the government is demonstrating a commitment to ensuring that Ontario is prepared to respond to emerging infectious diseases.

2.6 Carry Over of 2022-23 Ontario Seniors Dental Care Program Capital Project Funding (Receive and File):

On March 17, 2023, SWPH received notice from the Ministry of Health regarding the carry over of 2022-23 Ontario Seniors Dental Care Program Capital Project Funding. We are very pleased to note that the amount of unspent funding provisioned by the Ministry has been carried forward another year to be spent by March 31, 2024. This carry over of funds allows us the opportunity to pursue a new fixed site for the Oxford County Dental Suite with greater thoroughness and commitment to ensure we find an optimal site that best fits the needs of our community.

2.7 SWPH Request for One-time Funding for Project Management Support (Receive and File):

In addition to the 2023 Board approved budgets, I added an additional one-time 100% provincial funding request to the Ministry of Health. This request to the Ministry is to support project management work associated with exploring different facilities in Woodstock. As the Board considers and pursues different options that would better serve the needs of our community, we also recognize the significant time demands associated with this. In order to fully explore these opportunities, we require additional funding to support the upcoming work that this project calls for. I will keep the Board apprised of the status of the funding request.

3.0 GOVERNANCE MATTERS

3.1 SWPH Provincial Appointments (Decision):

At the last Board meeting, the Board discussed the process SWPH takes when provincial representatives terms come up for renewal. It was noted that this is typically a role of the Governance Committee, as per policy BOH-GOV-080. Upon the Board's decision to not have the Governance Committee formulated this year, the policy has been revised and is attached for your review and approval to reflect the transfer of responsibility from the Governance Committee to the Board itself.

As per the draft Board policy BOH-GOV-080 Order in Council (OIC) Provincial Representatives, the Board Chair reaches out to current Provincial Appointees to determine if they wish to have their appointment to the board renewed. L. Rowden's term ends November 28, 2023 and D. Warden's term ends December 31, 2023.

Provided the Board agrees, per policy, the CEO and Executive Assistant will work with the Board Chair and the two board appointees to review their interest in serving another term and if interested, to complete the necessary forms. If one or both of the current appointees is not interested in serving again, the CEO will provide a draft action plan to the Board to seek additional interested individuals.

3.2 Association of Local Public Health Agencies (alPHa) AGM & Conference (Action Required):

alPHa's 2023 Annual General Meeting and Conference in Toronto, Ontario will continue the important conversation on the role of Local Public Health in the province's Public Health System. Board members are welcome to attend the conference on June 13th and the half-day Board of Health section meeting on Wednesday, June 14th. Members' attendance is in the SWPH annual budget. Please reach out to C. St. John if you are interested in attending. The **Preliminary Program**, revised **Conference Poster** and **Sponsorship** information are available for viewing with more details to be added over the coming weeks.

MOTION: 2023-BOH-0427-5.2
That the Board of Health for Southwestern Public Health approve the Chief Executive Officer's Report for April 27, 2023.

March 24, 2023

The Honourable Chrystia Freeland, P.C., M.P.
Deputy Prime Minister and Minister of Finance
House of Commons
Ottawa, Ontario
K1A 0A6

Support for planned annual adjustment to excise tax on alcohol products

Dear Deputy Prime Minister Freeland:

On behalf of the Ontario Public Health Association (OPHA), the Canadian Public Health Association (CPHA), and our members, we are writing to express our strong support for the federal government's scheduled excise tax adjustment on alcohol products for April 1, 2023.

We are concerned, however, by both the March 22 opposition motion to cancel the scheduled excise tax increase and by comments of Liberal MP Adam Van Koeverden (Parliamentary Secretary to the Minister of Health) expressing his belief that the scheduled increase is too high. Such views among Parliamentarians represent pandering to industry and false economics, reflecting an inadequate understanding of why excise taxes exist and why they should be indexed to inflation.

In reality, a 6.3% excise tax increase will have a negligible impact: an additional cost an average of 5-10¢ for an imported six-pack of beer, 3¢ for a 750 ml bottle of wine, and 70¢ cents for 750 ml spirit of 40% alcohol. This isn't going to break the bank for either producers or consumers, and there's no reason to believe otherwise.

Proceeding with this planned excise tax increase is essential to advance public health and sound government policy-making. Health taxes – such as excise taxes on producers of alcohol, tobacco and cannabis – are win-win-win public policy measures because they save lives, prevent disease and injury, advance health equity, mobilize revenue for the general budget, and are highly cost-effective. Further, in a published 2022 monograph examining hundreds of alcohol policy publications, they concluded that there is strong evidence of alcohol tax effectiveness in reducing alcohol related harms, including adolescents and heavy drinkers.

Alcohol products bring enormous health and social costs to Canadians, and a multi-billion-dollar deficit to Canada as a whole. Government revenues from alcohol of $10.9 billion in 2014 were outweighed by societal costs of $14.6 billion. These losses are compounded by the reality that Ottawa left substantial revenue on the table between 1985 and 2017 by failing to index alcohol excise taxes to the cost of living.

The alcohol industry and businesses pretend to be on the side of consumers when they point to concerns about consumers and businesses struggling to afford price increases across all categories of goods and services. This is true when it comes to necessities but not at all with respect to alcohol and other health-harming substances. Giving tax breaks to industry by not carrying through with the planned excise tax increase would be a grave disservice to Canadians.

In making tax policy, it's the government's responsibility to prioritize Canadians' health and safety over industry interests. Adjusting excise tax to inflation maintains the integrity of the pricing structures in place, ensuring that the cost of alcohol stays stable in relation to other things we buy. If the government doesn't stick to this policy, it effectively lowers the cost of a product that brings significant social and health harms to individuals and collective costs to us all.

Sincerely,

John Atkinson
Executive Director
Ontario Public Health Association
www.opha.on.ca

Ian Culbert
Executive Director
Canadian Public Health Association
www.cpha.ca

Southwestern Public Health

1230 Talbot Street
St. Thomas, ON
N5P 1G9

April 27, 2023

Graham Scott Enns LLP
450 Sunset Drive
St. Thomas, Ontario
N5R 5V1

Dear Sir/Madame:

This representation letter is provided in connection with your audit of the financial statements of Southwestern Public Health for the year ended December 31, 2022 for the purpose of expressing an opinion as to whether the financial statements are presented fairly, in all material respects, in accordance with Canadian accounting standards for public sector entities.

In making the representations outlined below, we took the time necessary to appropriately inform ourselves on the subject matter through inquiries of entity personnel with relevant knowledge and experience, and, where appropriate, by inspecting supporting documentation.

We confirm that (to the best of our knowledge and belief):

1. Financial Statements

We have fulfilled our responsibilities, as set out in the terms of the audit engagement dated December 31, 2022 for:

a) Preparing and fairly presenting the financial statements in accordance with Canadian accounting standards for public sector entities;

b) Providing you all relevant information, such as:

i) Accounting records, supporting data and other relevant documentation,

ii) Minutes of meetings (such as shareholders, board of directors and audit committees) or summaries of actions taken for which minutes have not yet been prepared, and

iii) Information on any other matters, of which we are aware, that is relevant to the preparation of the financial statements;

c) Ensuring that all transactions have been recorded in the accounting records and are reflected in the financial statements; and

d) Designing and implementing such internal control as we determined is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. We have also communicated to you any deficiencies in the design and implementation or the maintenance of internal control over financial reporting of which management is aware.

2. Fraud and Non-Compliance

We have disclosed to you:

a) All of our knowledge in relation to actual, alleged or suspected fraud affecting the entity's financial statements involving:

i) Management;

ii) Employees who have significant roles in internal control; or

iii) Others where the fraud could have a material effect on the financial statements;

b) All of our knowledge in relation to allegations of fraud or suspected fraud communicated by employees, former employees, analysts, regulators or others;

c) All known instances of non-compliance or suspected non-compliance with laws and regulations, including all aspects of contractual agreements that should be considered when preparing the financial statements;

d) All known, actual, or possible litigation and claims that should be considered when preparing the financial statements; and

e) The results of our risk assessments regarding possible fraud or error in the financial statements.

3. Related Parties

We confirm that there were no related-party relationships or transactions that occurred during the period.

4. Estimates

We acknowledge our responsibility for determining the accounting estimates required for the preparation of the financial statements in accordance with Canadian accounting standards for public sector entities. Those estimates reflect our judgment based on our knowledge and experience of past and current events, and on our assumptions about conditions we expect to exist and courses of action we expect to take. We confirm that the significant assumptions and measurement methods used by us in making accounting estimates, including those measured at fair value, are reasonable.

5. Subsequent Events

All events subsequent to the date of the financial statements and for which Canadian accounting standards for public sector entities requires adjustment or disclosure have been adjusted or disclosed.

6. Commitments and Contingencies

There are no commitments, contingent liabilities/assets or guarantees (written or oral) that should be disclosed in the financial statements. This includes liabilities arising from contract terms, illegal acts or possible illegal acts, and environmental matters that would have an impact on the financial statements.

7. Adjustments

We have reviewed, approved and recorded all of your proposed adjustments to our accounting records. This includes journal entries, changes to account coding, classification of certain transactions and preparation of, or changes to, certain accounting records. A list of these adjustments is attached to this letter.

8. Other Representations

i) **Accounting Policies**

All significant accounting policies are disclosed in the financial statements and are consistent with those used in the previous period.

ii) **Future Plans**

We have no plans or intentions that may materially affect the carrying value or classification of assets and liabilities reflected in the financial statements.

Yours truly,

_____

Cynthia St. John, Chief Executive Officer

_____

Monica Nusink, Chief Financial Officer

New Schedules to the Public Health Funding and Accountability Agreement

BETWEEN THE PROVINCE AND THE BOARD OF HEALTH

(BOARD OF HEALTH FOR THE OXFORD ELGIN ST. THOMAS HEALTH UNIT)

EFFECTIVE AS OF THE 1ST DAY OF JANUARY 2022

Issued March 2023

SCHEDULE "A"
GRANTS AND BUDGET

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

DETAILED BUDGET - MAXIMUM BASE FUNDS (FOR THE PERIOD OF JANUARY 1ST TO DECEMBER 31ST, UNLESS OTHERWISE NOTED)	
Programs/Sources of Funding	**Approved Allocation ($)**
Mandatory Programs (70%)[1]	11,085,800
MOH / AMOH Compensation Initiative (100%)[2]	178,700
Ontario Seniors Dental Care Program (100%)[3]	1,061,100
Total Maximum Base Funds[4]	**12,325,600**

DETAILED BUDGET - MAXIMUM ONE-TIME FUNDS (FOR THE PERIOD OF APRIL 1, 2022 TO MARCH 31, 2023, UNLESS OTHERWISE NOTED)			
Projects / Initiatives			**2022-23 Approved Allocation ($)**
Cost-Sharing Mitigation (100%)[5]			1,498,900
Mandatory Programs: Needle Exchange Program (100%)			36,500
Mandatory Programs: Public Health Inspector Practicum Program (100%)			20,000
Capital: Space Needs Assessment (100%)			20,000
COVID-19: General Program (100%)[5]			1,744,200
COVID-19: Vaccine Program (100%)[5]			6,140,600
Infection Prevention and Control Hub Program (100%)			685,000
Ontario Seniors Dental Care Program Capital: New Fixed Site - Oxford County Dental Suite (100%)			1,540,000
School-Focused Nurses Initiative (100%)	# of FTEs	**9**	897,000
Temporary Retention Incentive for Nurses (100%)			386,000
Total Maximum One-Time Funds[4]			**12,968,200**

MAXIMUM TOTAL FUNDS	**2022-23 Approved Allocation ($)**
Base and One-Time Funding	**25,293,800**

DETAILED BUDGET - MAXIMUM ONE-TIME FUNDS (FOR THE PERIOD OF APRIL 1, 2021 to MARCH 31, 2022, UNLESS OTHERWISE NOTED)	
Projects / Initiatives	**2021-22 Approved Allocation ($)**
Temporary Retention Incentive for Nurses (100%)	386,000
Total Maximum One-Time Funds[4]	**386,000**

2021-22 CARRY OVER ONE-TIME FUNDS[6] (CARRY OVER FOR THE PERIOD OF APRIL 1, 2022 to MARCH 31, 2023)		
Projects / Initiatives	**2021-22 Approved Allocation ($)**	**2022-23 Carry Over Amount ($)**
Ontario Seniors Dental Care Program Capital: Mobile Dental Clinic (100%)	550,000	500,000
Total Maximum One-Time Funds	**550,000**	**500,000**

DETAILED BUDGET - MAXIMUM ONE-TIME FUNDS (FOR THE PERIOD OF APRIL 1, 2023 to MARCH 31, 2024, UNLESS OTHERWISE NOTED)			
Projects / Initiatives			**2023-24 Approved Allocation ($)**
Cost-Sharing Mitigation (100%)[7]			1,498,900
School-Focused Nurses Initiative (100%)[8]	# of FTEs	**9**	225,000
Total Maximum One-Time Funds			**1,723,900**

NOTES:

(1) Base funding increase for Mandatory Programs is pro-rated at $82,350 for the period of April 1, 2022 to December 31, 2022; therefore, maximum base funding flowed for the period of January 1, 2022 to December 31, 2022 will be $11,058,350.

(2) Cash flow will be adjusted to reflect the actual status of current Medical Officer of Health and Associate Medical Officer of Health positions.

(3) Base funding increase for the Ontario Seniors Dental Care Program is pro-rated at $119,850 for the period of April 1, 2022 to December 31, 2022; therefore, maximum base funding flowed for the period of January 1, 2022 to December 31, 2022 will be $1,021,150.

(4) Maximum base and one-time funding is flowed on a mid and end of month basis, unless otherwise noted by the Province. Cash flow will be adjusted when the Province provides a new Schedule "A".

(5) Approved one-time funding is for the period of January 1, 2022 to December 31, 2022.

(6) Carry over of one-time funding is approved according to the criteria outlined in the provincial correspondence dated March 14, 2022.

(7) Approved one-time funding is for the period of January 1, 2023 to December 31, 2023.

(8) Approved one-time funding is for the period of April 1, 2023 to June 30, 2023.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***BASE FUNDING***

Provincial base funding is provided to the Board of Health for the purposes of delivering public health programs and services in accordance with the Health Protection and Promotion Act (HPPA), Regulations under the HPPA, Ontario Public Health Standards, and the Agreement. Provincial base funding is also provided to the Board of Health for the purposes of delivering related public health programs and initiatives in accordance with Schedule B.

Mandatory Programs: Harm Reduction Program Enhancement

The scope of work for the Harm Reduction Program Enhancement is divided into three components:
1. Local Opioid Response;
2. Naloxone Distribution and Training; and,
3. Opioid Overdose Early Warning and Surveillance.

Local Opioid Response

Base funding must be used to build a sustainable community outreach and response capacity to address drug and opioid-related challenges in their communities. This includes working with a broad base of partners to ensure any local opioid response is coordinated, integrated, and that systems and structures are in place to adapt/enhance service models to meet evolving needs.

Local response plans, which can include harm reduction and education/prevention, initiatives, should contribute to increased access to programs and services, and improved health outcomes (i.e., decrease overdose and overdose deaths, emergency room visits, hospitalizations). With these goals in mind, the Board of Health is expected to:

- Conduct a population health/situational assessment, including the identification of opioid-related community challenges and issues, which are informed by local data, community engagement, early warning systems, etc.
- Lead/support the development, implementation, and evaluation of a local overdose response plan (or drug strategy). Any plan or initiative should be based on the needs identified (and/or gaps) in your local assessment. This may include building community outreach and response capacity, enhanced harm reduction services and/or education/prevention programs and services.
- Engage stakeholders – identify and leverage community partners to support the population health/situational assessment and implementation of local overdose response plans or initiatives. Community stakeholders, including First Nations, Métis and Inuit communities and persons with lived experience, should be meaningfully engaged in the planning and implementation of all initiatives, where appropriate.
- Adopt and ensure timely data entry into the Ontario Harm Reduction Database, including the Transition to the Ontario Harm Reduction Database and ensure timely collection and entry of minimum data set as per direction from the Province.

Naloxone Kit Distribution and Training

The Board of Health (or their Designate) must be established as a naloxone distribution lead/hub for eligible community organizations, as specified by the Province, which will increase dissemination of kits to those most at risk of opioid overdose.

Type of Funding	***BASE FUNDING***

To achieve this, the Board of Health is expected to:

- Order naloxone kits as outlined by the Province; this includes naloxone required by eligible community organizations distributing naloxone.
- Coordinate and supervise naloxone inventory, including managing supply, storage, maintaining inventory records, and distribution of naloxone to eligible community organizations, and ensuring community organizations distribute naloxone in accordance with eligibility criteria established by the Province.
- With the exception of entities (organizations, individuals, etc.) as specified by the Province:
  - Train community organization staff on naloxone administration, including how to administer naloxone in cases of opioid overdose, recognizing the signs of overdose and ways to reduce the risk of overdose. Board of Health staff would also instruct agency staff on how to provide training to end-users (people who use drugs, their friends and family).
  - Train community organization staff on naloxone eligibility criteria, including providing advice to agency staff on who is eligible to receive naloxone and the recommended quantity to dispense.
  - Support policy development at community organizations, including providing consultation on naloxone-related policy and procedures that are being developed or amended within the eligible community organizations.
  - Promote naloxone availability and engage in community organization outreach, including encouraging eligible community organizations to acquire naloxone kits for distribution to their clients.

Use of naloxone (NARCAN® Nasal Spray and injectable naloxone formulations)

The Board of Health will be required to submit orders for naloxone to the Province in order to implement the Harm Reduction Program Enhancement. By receiving naloxone, the Board of Health acknowledges and agrees that:

- Its use of naloxone is entirely at its own risk. There is no representation, warranty, condition or other promise of any kind, express, implied, statutory or otherwise, given by her Majesty the Queen in Right of Ontario as represented by the Ministry of Health, including Ontario Government Pharmaceutical and Medical Supply Service in connection with naloxone.
- The Province takes no responsibility for any unauthorized use of naloxone by the Board of Health or by its clients.
- The Board of Health also agrees to:
  - Not assign or subcontract the distribution, supply or obligation to comply with any of these terms and conditions to any other person or organization without the prior written consent of the Province.
  - Comply with the terms and conditions as it relates to the use and administration of naloxone as specified in all applicable federal and provincial laws.
  - Provide training to persons who will be administering naloxone. The training shall consist of the following: opioid overdose prevention; signs and symptoms of an opioid overdose; and, the necessary steps to respond to an opioid overdose, including the proper and effective administration of naloxone.
  - Follow all provincial written instructions relating to the proper use, administration, training and/or distribution of naloxone.

Type of Funding	***BASE FUNDING***

- Immediately return any naloxone in its custody or control at the written request of the Province at the Board of Health's own cost or expense, and that the Province does not guarantee supply of naloxone, nor that naloxone will be provided to the Board of Health in a timely manner.

Opioid Overdose Early Warning and Surveillance

Base funding must be used to support the Board of Health in taking a leadership role in establishing systems to identify and track the risks posed by illicit opioids in their jurisdictions, including the sudden availability of illicit synthetic opioids and resulting opioid overdoses. Risk based information about illicit synthetic opioids should be shared in an ongoing manner with community partners to inform their situational awareness and service planning. This includes:

- Surveillance systems should include a set of "real-time" qualitative and quantitative indicators and complementary information on local illicit synthetic opioid risk. Partners should include, but are not limited to: emergency departments, first responders (police, fire and ambulance) and harm reduction services.
- Early warning systems should include the communication mechanisms and structures required to share information in a timely manner among health system and community partners, including people who use drugs, about changes in the acute, local risk level, to inform action.

Mandatory Programs: Healthy Smiles Ontario Program

The Healthy Smiles Ontario (HSO) Program provides preventive, routine, and emergency and essential dental treatment for children and youth, from low-income families, who are 17 years of age or under.

In addition to the program requirements under the Ontario Public Health Standards, the Board of Health must ensure that the following requirements are met:

- The Board of Health is responsible for ensuring promotional/marketing activities have a direct and positive impact on meeting the objectives of the HSO Program.
- The Board of Health is reminded that HSO promotional/marketing materials approved by the Province and developed provincially are available for use by the Board of Health in promoting the HSO Program.
- The overarching HSO brand and provincial marketing materials were developed by the Province to promote consistency of messaging, and "look and feel" across the province. When promoting the HSO Program locally, the Board of Health is requested to align local promotional products with the provincial HSO brand. When the Board of Health uses the HSO brand, it is required to liaise with the Ministry of Health's Communications and Marketing Division to ensure use of the brand aligns with provincial standards.
- The Board of Health is required to bill back relevant programs for services provided to non-HSO clients. All revenues collected under the HSO Program, including revenues collected for the provision of services to non-HSO clients such as Ontario Works adults, Ontario Disability Support Program adults, municipal clients, etc., must be reported as income in financial reports as per Schedule C of the Agreement.
- For the purposes of reporting and monitoring for the HSO Program, the Board of Health must use the following provincial approved systems or mechanisms, or other as specified by the Province.

Type of Funding	***BASE FUNDING***

  - Aggregate screening, enrolment, and utilization data for any given month must be submitted by the 15th of the following month to the ministry in the ministry-issued template titled Dental Clinic Services Monthly Reporting Template.
  - Client-specific clinical data must be recorded in either dental management software (e.g., ClearDent, AbelDent, etc.) or in the template titled HSO Clinic Treatment Workbook that has been issued by the ministry for the purposes of recording such data.
- The Board of Health must enter into Service Level Agreements with any partner organization (e.g., Community Health Centre, Aboriginal Health Access Centre, etc.) delivering services as part of the HSO Program. The Service Level Agreement must set out clear performance expectations, clearly state funding and reporting requirements between the Board of Health and local partner, and ensure accountability for public funds.
- Any significant change to previously approved HSO business models, including changes to plans, partnerships, or processes, must be approved by the Province before being implemented.
  Any contract or subcontract entered into by the Board of Health for the purposes of implementing the HSO Program must be conducted according to relevant municipal procurement guidelines.

Mandatory Programs: Nursing Positions

Base funding may be utilized to support Chief Nursing Officer, Infection Prevention and Control, and Social Determinants of Health Nursing positions, as well as other nursing positions at the Board of Health.

The Board of Health shall only employ a Chief Nursing Officer with the following qualifications:
- Registered Nurse in good standing with the College of Nurses of Ontario;
- Baccalaureate degree in nursing;
- Graduate degree in nursing, community health, public health, health promotion, health administration or other relevant equivalent OR be committed to obtaining such qualification within three years of designation;
- Minimum of 10 years nursing experience with progressive leadership responsibilities, including a significant level of experience in public health; and,
- Member of appropriate professional organizations (e.g., Registered Nurses' Association of Ontario, Association of Nursing Directors and Supervisors in Official Health Agencies in Ontario-Public Health Nursing Management, etc.).

The Chief Nursing Officer role must be implemented at a management level within the Board of Health, reporting directly to the Medical Officer of Health or Chief Executive Officer and, in that context, will contribute to organizational effectiveness.

The Board of Health shall only employ an Infection Prevention and Control Nurse with the following qualifications:
- The position is required to have a nursing designation (Registered Nurse, Registered Practical Nurse, or Registered Nurse in the Extended Class); and,
- Certification in Infection Control (CIC), or a commitment to obtaining CIC within three years of beginning of employment.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***BASE FUNDING***

The Board of Health shall only employ a Social Determinants of Health Nurse with the following qualifications:

- The position is required to be to be a Registered Nurse; and,
- The position is required to have or be committed to obtaining the qualifications of a public health nurse as specified in section 71(3) of the HPPA and section 6 of Ontario Regulation 566 under the HPPA.

Mandatory Programs: Smoke-Free Ontario

Smoke-Free Ontario is a comprehensive approach that combines programs, policies, social marketing, and legislation to reduce the use of tobacco and vapour products and lower health risks by protecting Ontarians from second-hand smoke and vapour, and to keep harmful products out of the hands of children and youth.

In addition to the program requirements under the Ontario Public Health Standards, the Board of Health must ensure that it complies with any written directions provided by the Province on the interpretation and enforcement of the *Smoke-Free Ontario Act, 2017*.

Medical Officer of Health / Associate Medical Officer of Health Compensation Initiative (100%)

The Province provides the Board of Health with 100% of the additional base funding required to fund eligible Medical Officer of Health (MOH) and Associate Medical Officer of Health (AMOH) positions within salary ranges initially established as part of the 2008 Physician Services Agreement and continued under subsequent agreements.

Base funding must be used for costs associated with top-up for salaries and benefits, and for applicable stipends to eligible MOH and AMOH positions at the Board of Health and cannot be used to support other physicians or staffing costs. Base funding for this initiative continues to be separate from cost-shared base salaries and benefits.

The maximum base funding allocation in Schedule A of the Agreement does not necessarily reflect the cash flow that the Board of Health will receive. Cash flow will continue to be adjusted regularly by the Province based on up-to-date application data and information provided by the Board of Health during a funding year. The Board of Health is required to notify the Province if there is any change in the eligible MOH and/or AMOH(s) base salary, benefits, FTE and/or position status as this may impact the eligibility amount for top-up.

The Board of Health must comply and adhere to the eligibility criteria for the MOH/AMOH Compensation Initiative as per the *Policy Framework on Medical Officer of Health Appointments, Reporting, and Compensation*, including requirements related to minimum salaries to be eligible for funding under this Initiative.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***BASE FUNDING***

Ontario Seniors Dental Care Program (100%)

The Ontario Seniors Dental Care Program (OSDCP) provides comprehensive dental care to eligible low-income seniors to help reduce unnecessary trips to the hospital, prevent chronic disease and increase quality of life for seniors. The program is being implemented through a phased approach.

The government announced the launch and staged implementation of the OSDCP on November 20, 2019. During the first stage of implementation, dental services were available for eligible seniors through Boards of Health, participating Community Health Centres and Aboriginal Health Access Centres. Through Stage 1, dental care was initiated and provided to eligible low-income seniors through Boards of Health, participating Community Health Centres, and Aboriginal Health Access Centres based on increasing Board of Health operational funding and leveraging existing infrastructure. The second stage of the program, which began in winter 2020, expanded the program by investing in new dental clinics to provide care to more seniors in need. This included new dental services in underserviced areas, including through mobile dental buses and an increased number of dental suites in Boards of Health, participating Community Health Centres, and Aboriginal Health Access Centres. The second stage of the program will continue throughout 2022, with consideration being given to the ongoing implementation challenges presented by the COVID-19 response.

Program Enrolment

Program enrolment is managed centrally and is not a requirement of the Board of Health. The Board of Health is responsible for local oversight of dental service delivery to eligible clients under the program within the Public Health Unit area.

In cases where eligible seniors present with acute pain and urgent need, and are not already enrolled in the program, OSDCP providers, at the clinical discretion of the attending dental care provider, may support timely access to emergency dental treatment by providing immediate services following the seniors' signing of an emergency need and eligibility attestation. This attestation and enrollment process is to be administered at the local level. Following the delivery of emergency treatment, all seniors will need to submit an OSDCP application, be determined eligible, and be enrolled to receive any further non-emergency dental care through the OSDCP.

Program Delivery

The OSDCP is delivered through Boards of Health, participating Community Health Centres, and Aboriginal Health Access Centres across the province. These service delivery partners are well positioned to understand the needs of priority populations and provide high quality dental care to low-income seniors in their communities.

With respect to Board of Health service delivery under the OSDCP, the Board of Health may enter into partnership contracts with other entities/organizations or providers/specialists as needed (e.g., to address potential access issues) to provide services to enrolled clients in accordance with the OSDCP Schedules of Services for Dentist and Non-Dentist Providers on behalf of the Public Health Unit.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***BASE FUNDING***

Where OSDCP client service access issues exist, as evidenced by waiting lists, for example, the Board of Health must take prompt action as feasible to establish OSDCP partnership agreements to address these access issues, including engaging in outreach and consultation with local dental providers and in compliance with the Board of Health or municipal procurement processes.

Base funding for the OSDCP must be used in accordance with the OSDCP-related requirements of the *Oral Health Protocol, 2018* (or as current), including specified requirements for service delivery, oral health navigation, and data collection and analysis. The Board of Health may allocate base funding for this Program across the program expense categories, with every effort made to maximize clinical service delivery and minimize administrative costs.

Planning for delivery of the OSDCP began when the program was announced in April 2019 with clinical service delivery beginning with the program launch in November 2019.

As part of implementation, eligible expense categories under this Program also include:

- *Clinical service delivery costs*, which are comprised of:
  - Salaries, wages, and benefits of full-time, part-time, or contracted staff of the Board of Health or local service delivery partner which provide clinical dental services for the Program.
  - Salaries, wages, and benefits of full-time, part-time, or contracted staff of the Board of Health or local service delivery partner which undertake ancillary/support activities for the Program, including: management of the clinic(s); financial and programmatic data collection and reporting for the clinic(s); and, general administration (e.g., reception services) at the clinic(s).
  - Overhead costs associated with the Program's clinical service delivery such as: clinical materials and supplies; building occupancy costs; maintenance of clinic infrastructure; staff travel associated with clinical service delivery (e.g., portable clinics, mobile clinics, long-term care homes, if applicable); staff training and professional development associated with clinical staff and ancillary/support staff, if applicable; office equipment, communication, and information and information technology.
- *Oral health navigation costs*, which are comprised of:
  - Salaries, wages, and benefits of full-time, part-time, or contracted staff engaged in: client enrolment assistance for the Program's clients (i.e., assisting clients with enrolment forms); program outreach (i.e., local-level efforts for identifying potential clients); and, oral health education and promotion to the Program's clients.
  - Salaries, wages, and benefits of full-time, part-time, or contracted staff that undertake the following ancillary/support activities related to oral health navigation: management, financial and programmatic reporting, and general administration (if applicable).
  - Overhead costs associated with oral health navigation such as: materials and supplies; building occupancy costs incurred for components of oral health navigation; staff travel associated with oral health navigation, where applicable; staff training and professional development associated with oral health navigation and ancillary/support staff, if applicable; office equipment, communication, and information and information technology costs associated with oral health navigation.
  - Client transportation costs in order to address accessibility issues and support effective program delivery based on local need, such as where the enrolled OSDCP client would otherwise not be able to access dental services. Boards of Health will be asked to provide information on client

transportation expenditures through in-year reporting and should track these expenditures and the number of clients accessing these services accordingly.

Operational expenses that are **not** eligible under this Program include:

- Staff recruitment incentives;
- Billing incentives; and,
- Costs associated with any activities required under the Ontario Public Health Standards, including the *Oral Health Protocol, 2018* (or as current), which are not related to the OSDCP.

Other Requirements

Marketing

- When promoting the OSDCP locally, the Board of Health is required to align local promotional products with the provincial Program brand and messaging. The Board of Health is required to liaise with the Province to ensure use of the brand aligns with provincial standards.

Revenue

- While priority must be given to clients eligible under this Program, the Board of Health may provide services to non-OSDCP clients using resources under this Program. If this occurs, the Board of Health is required to bill-back relevant programs for services provided to non-OSDCP clients using resources under this Program. All revenues collected under the OSDCP, including revenues collected for the provision of services to non-Program clients such as Ontario Works adults, Ontario Disability Support Program adults, Non-Insured Benefits clients, municipal clients, HSO clients, etc., with resources under this Program must be reported as an offset revenue to the Province. Priority must always be given to clients eligible under this Program. The Board of Health is required to closely monitor and track revenue from bill-back for reporting purposes to the Province.
- A client co-payment is required on new denture services. Co-payment amounts are specified by the Province in Appendix A of the OSDCP Denture Services Factsheet for Providers (Factsheet), which applies to both dentists and denturists. It is the Board of Health's responsibility to collect the client co-payment for the codes outlined in Appendix A of the Factsheet. The Board of Health may determine the best mechanism for collecting co-payments, using existing payment and administration processes at the local level, in collaboration with OSDCP service delivery partners (e.g., Community Health Centre, Aboriginal Health Access Centre), as needed. The remaining cost of the service, after co-payment, is to be absorbed by the Board of Health through its operating base funding for the OSDCP. The revenue received from client co-payments for OSDCP service(s) is to be used to offset OSDCP program expenditures. Co-payment revenues are to be reported as part of the financial reporting requirements to the Province.

Community Partners

- The Board of Health must enter into discussions with all Community Health Centres and Aboriginal Health Access Centres in their catchment area to ascertain the feasibility of a partnership for the purpose of delivering this Program.
- The Board of Health must enter into Service Level Agreements with any partner organization (e.g., Community Health Centres, Aboriginal Health Access Centres) delivering services under this Program. The Service Level Agreement must set out clear performance expectations, clearly state

Type of Funding	***BASE FUNDING***

funding and reporting requirements between the Board of Health and the local partner, and ensure accountability for public funds.

- The Board of Health must ensure that base funding is used to meet the objectives of the Program, with a priority to deliver clinical dental services to clients, while staying within the base funding allocation.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***ONE-TIME FUNDING***

Cost-Sharing Mitigation (100%)

One-time cost-sharing mitigation funding must be used to offset the increased costs of municipalities as a result of the 70% (provincial) / 30% (municipal) cost-sharing change for mandatory programs.

Mandatory Programs: Needle Exchange Program (100%)

One-time funding must be used for extraordinary costs associated with delivering the Needle Exchange Program. Eligible costs include purchase of needles/syringes, associated disposal costs, and other operating costs.

Mandatory Programs: Public Health Inspector Practicum Program (100%)

One-time funding must be used to hire one (1) or more Public Health Inspector Practicum position(s). Eligible costs include student salaries, wages and benefits, transportation expenses associated with the practicum position, equipment, and educational expenses.

The Board of Health must comply with the requirements of the Canadian Institute of Public Health Inspectors Board of Certification for field training for a 12-week period; and, ensure the availability of a qualified supervisor/mentor to oversee the practicum student's term.

Capital: Space Needs Assessment (100%)

One-time funding must be used by the Board of Health to hire a consultant/architect to review its return to work policy to understand the impact on future space needs; to review dental programs currently running in several locations to determine how much space is required and where; and, to review Woodstock office spaces to capture the current space being utilized and to prepare an estimate of how much space would be required should the organization relocate all services in Woodstock to a single location in a new leased space. Eligible costs include items identified in the Board of Health's one-time funding request.

Other requirements of this one-time funding include:

- Any changes to the scope of the project, including anticipated timelines, require, prior review and approval by the Province.
- One-time funding is provided with the understanding that no additional operating funding is required, nor will it be made available by the Province, as a result of the completion of this project.
- The Board of Health must ensure that any goods and services acquired with this one-time funding should be procured through an open and competitive process that aligns with municipal and provincial procurement directives to the greatest extent possible.
- The Board of Health must ensure that this project is compliant with associated legislated standards (i.e., Building code/associated Canadian Standards Association requirements) and infection prevention and control practices as appropriate to the programs and services being delivered within the facility.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***ONE-TIME FUNDING***

COVID-19: General Program (100%)

One-time funding must be used to offset extraordinary costs associated with preventing, monitoring, detecting, and containing COVID-19 in the province (excluding costs associated with the delivery of the COVID-19 Vaccine Program). Extraordinary costs refer to the costs incurred over and above the Board of Health's existing funding/approved budget for mandatory programs in organized and unorganized areas (where applicable).

Eligible costs include, but are not limited to:

- Staffing – Salaries and benefits, inclusive of overtime for existing or redeployed Board of Health staff (including management staff directly engaged in COVID-19 activities); staff redeployed from associated regional governments; new temporary or casual staff; salaries and benefits associated with overtime worked by indirect staff (e.g., finance, human resources, legal, communications, etc.) and management staff (where local Board of Health policies permit such arrangements) that have not been redeployed directly to COVID-19, but have incurred overtime due to working on COVID-19 related activities.
- Travel and Accommodation – for staff delivering COVID-19 service away from their home office location, or for staff to conduct infectious disease surveillance activities (swab pick-ups and laboratory deliveries).
- Supplies and Equipment – small equipment and consumable supplies (including laboratory testing supplies and personal protective equipment) not already provided by the Province, and information and information technology upgrades related to tracking COVID-19 not already approved by the Province.
- Purchased Services – service level agreements for services/staffing with community providers and/or municipal organizations, professional services, security services, cleaning services, hazardous waste disposal, transportation services including courier services and rental cars, data entry or information technology services for reporting COVID-19 data to the Province (from centres in the community that are not operated by the Board of Health) or increased services required to meet pandemic reporting demands, outside legal services, and additional premises rented by the Board of Health.
- Communications – language interpretation/translation services, media announcements, public and provider awareness, signage, and education materials regarding COVID-19.
- Other Operating – recruitment activities, staff training.

Other requirements of this one-time funding include:

- The Board of Health must ensure that any goods and services acquired with this one-time funding are procured through an open and competitive process that aligns with municipal and provincial procurement directives to the greatest extent possible.
- The Board of Health must enter into a Memorandum of Understanding / Service Level Agreement (or other similar arrangement) with any partner organization delivering services under this program (this includes services provided by a municipality of which a Public Health Unit is a part of). The Memorandum of Understanding / Service Level Agreement must set out clear performance expectations, clearly state funding and reporting requirements between the Board of Health and the local partner, and ensure accountability for the funds (value for money). Funding included as part of a Memorandum of Understanding / Service Level Agreement must NOT exceed those that would

have been paid if the transaction was at "arm's length" (and is subject to provincial audit or assessment). Copies of these agreements must be provided to the Province upon request.

The following are examples of non-admissible expenditures:

- Costs associated with delivering other public health programs and services.
- Lost revenues for public health programs and services not considered a direct COVID-19 cost, including lost revenue claimed by another organization and/or third party.
- Any COVID-19 costs directly incurred by other organizations and/or third parties (i.e., long-term care homes, hospitals, municipalities). However, if a Board of Health is entering into an agreement with another organization and/or third party, then those costs would be admissible if a Memorandum of Understanding / Service Level Agreement is in place that sets out clear performance expectations and ensures accountability for the funds, as noted above.
- Sick time and vacation accruals, or banked overtime (funding of these items will be considered only when these amounts are paid).
- Costs that are reimbursable from other sources.
- Costs associated with COVID-19 case and contact management self-isolation sites.
- Costs associated with municipal by-law enforcement.
- Electronic Medical Record systems.

The Board of Health is required to track COVID-19 spending separately and retain records of COVID-19 spending.

COVID-19: Vaccine Program (100%)

One-time funding must be used to offset extraordinary costs associated with organizing and overseeing the COVID-19 immunization campaign within local communities, including the development of local COVID-19 vaccination campaign plans. Extraordinary costs refer to the costs incurred over and above the Board of Health's existing funding/approved budget for mandatory programs in organized and unorganized areas (where applicable).

Eligible costs include, but are not limited to:

- Staffing – salaries and benefits, inclusive of overtime, for existing staff or redeployed Board of Health staff (including management staff directly engaged in COVID-19 activities); staff redeployed from associated regional governments; new temporary or casual staff; and, salaries and benefits associated with overtime worked by indirect staff (e.g., finance, human resources, legal, communications, etc.) and management staff (where local Board of Health policies permit such arrangements) that have not been redeployed directly to COVID-19, but have incurred overtime due to working on COVID-19 related activities. Activities include providing assistance with meeting provincial and local requirements for COVID-19 surveillance and monitoring (including vaccine safety surveillance, adverse events and number of people vaccinated), administering the COVID-19 vaccine, managing COVID-19 Vaccine Program reporting requirements, and planning and deployment of immunization/ vaccine clinics.
- Travel and Accommodation – for staff delivering COVID-19 Vaccine Program services away from their home office location, including transporting vaccines, and transportation/accommodation for staff of mobile vaccine units.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***ONE-TIME FUNDING***

- Supplies and Equipment – supplies and equipment associated with the storage and handling of the COVID-19 vaccines (including vaccine refrigerators, freezers, coolers, etc.), small equipment and consumable supplies (including personal protective equipment) not already provided by the Province, supplies necessary to administer the COVID-19 vaccine (including needles/syringes and disposal, sterile gauze, alcohol, bandages, etc.) not already provided by the Province, information and information technology upgrades related to tracking COVID-19 immunization not already approved by the Province.
- Purchased Services – service level agreements for services/staffing with community providers and/or municipal organizations, professional services, security services, cleaning services, hazardous waste disposal, transportation services (e.g., courier services, transporting clients to vaccination clinics), data entry or information technology services for reporting COVID-19 data related to the Vaccine Program to the Province from centres in the community that are not operated by the Board of Health or increased services required to meet pandemic reporting demands, outside legal services, and additional premises leased or rented by the Board of Health.
- Communications – language interpretation/translation services, media announcements, public and provider awareness, signage, and education materials regarding COVID-19 immunization outreach.
- Other Operating – recruitment activities, staff training.

Other requirements of this one-time funding include:

- The Board of Health must ensure that any goods and services acquired with this one-time funding are procured through an open and competitive process that aligns with municipal and provincial procurement directives to the greatest extent possible.
- The Board of Health must enter into a Memorandum of Understanding / Service Level Agreement (or other similar arrangement) with any partner organization delivering services under this program (this includes services provided by a municipality of which a Public Health Unit is a part of). The Memorandum of Understanding / Service Level Agreement must set out clear performance expectations, clearly state funding and reporting requirements between the Board of Health and the local partner, and ensure accountability for the funds (value for money). Funding included as part of a Memorandum of Understanding / Service Level Agreement must NOT exceed those that would have been paid if the transaction was at "arm's length" (and is subject to provincial audit or assessment). Copies of these agreements must be provided to the Province upon request.

The following are examples of non-admissible expenditures:

- Costs associated with delivering other public health programs and services.
- Lost revenues for public health programs and services not considered a direct COVID-19 cost, including lost revenue claimed by another organization and/or third party.
- Any COVID-19 costs directly incurred by other organizations and/or third parties (i.e., long-term care homes, hospitals, municipalities). However, if a Board of Health is entering into an agreement with another organization and/or third party, then those costs would be admissible if a Memorandum of Understanding / Service Level Agreement is in place that sets out clear performance expectations and ensures accountability for the funds, as noted above.
- Sick time and vacation accruals, or banked overtime (funding of these items will be considered only when these amounts are paid).
- Costs that are reimbursable from other sources.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***ONE-TIME FUNDING***

The Board of Health is required to track COVID-19 spending separately and retain records of COVID-19 spending.

Infection Prevention and Control Hub Program (100%)

One-time funding must be used by the Infection Prevention and Control (IPAC) Hubs to enhance IPAC practices in congregate living settings in the Board of Health's catchment area. Congregate living settings include, but are not limited to, long-term care homes, retirement homes, hospices, residential settings for adults and children funded by Ministry of Children, Community and Social Services (MCCSS), shelters, supportive and residential housing funded by the Province.

The IPAC Hub will be required to provide IPAC supports and services to congregate living settings in its catchment. The type, amount, and scheduling of services provided by the IPAC Hub to congregate living settings will be based on the need, as identified by any of the following: the congregate living settings, the IPAC Hub, and IPAC Hub networks. The IPAC Hub will conduct an assessment to determine the allocation and priority of services. These services include provision of the following IPAC services supports either directly or through partnership with Hub Partners (other local service providers with expertise in IPAC):

- Education and training;
- Community/ies of practice to support information sharing, learning, and networking among IPAC leaders within congregate living settings;
- Support for the development of IPAC programs, policy, and procedures within sites;
- Support of assessments and audits of IPAC programs and practice;
- Recommendations to strengthen IPAC programs and practices;
- Mentorship for those with responsibilities for IPAC within congregate living settings;
- Support for the development and implementation of outbreak management plans (in conjunction with public health partners and congregate living settings); and,
- Support for congregate living settings to implement IPAC recommendations.

At all times, the congregate living organization will retain responsibility and accountability for their organization's IPAC program unless otherwise stated through a supplemental agreement with another partner. Supplemental agreements may be made with an organization operating an IPAC Hub.

Eligible one-time funding must be used for the provision of IPAC expertise, education, and support to congregate care settings and be subject to review by the Province. Allocation of funding must be used at the discretion of the Board of Health (the Hub), in conjunction with direction from the Province, and in consultation with the Ontario Health West Region, and with support from Public Health Ontario in service delivery. As appropriate to the jurisdiction, other health partners may also be engaged such as Ontario Health Teams.
In addition, the Board of Health (Hub) will be required to:

- Provide status reports, per the requirements in Schedule C.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***ONE-TIME FUNDING***

Ontario Seniors Dental Care Program Capital: New Fixed Site - Oxford County Dental Suite (100%)

As part of the OSDCP, capital funding is being provided to support capital investments in Boards of Health, Community Health Centres and/or Aboriginal Health Access Centres across the province for enhancing infrastructure to increase clinical spaces and capacity to deliver dental care services for eligible seniors.

One-time funding must be used to retrofit a fixed clinical space in Oxford County to create a four (4) operatory dental clinic. Eligible costs include dental equipment, waiting room, storage, Panorex, and digital radiography.

Other requirements of this capital funding include:

- Any changes to the scope of the project, including anticipated timelines, require, prior review and approval by the Province.
- Capital funding is provided with the understanding that no additional operating funding is required, nor will it be made available by the Province, as a result of the completion of this project.
- The Board of Health must ensure that any goods and services acquired with this Capital funding should be procured through an open and competitive process that aligns with municipal and provincial procurement directives to the greatest extent possible.
- The Board of Health must ensure that this project is compliant with associated legislated standards (i.e., Building code/associated Canadian Standards Association requirements) and infection prevention and control practices as appropriate to the programs and services being delivered within the facility.

School-Focused Nurses Initiative (100%)

The School-Focused Nurses Initiative was created to support additional nursing FTE capacity in every Board of Health to provide rapid-response support to school boards and schools, child care, and camps in facilitating public health preventative measures related to the COVID-19, including screening, testing, tracing, vaccination, education and mitigation strategies.

The school-focused nurses continue to contribute to the following activities in support of school boards and schools:

- Providing support in the development and implementation of COVID-19 health and safety plans;
- Providing sector specific support for infection prevention; vaccinations, surveillance, screening and testing; outbreak management; case and contact management; and,
- Supporting communication and engagement with local school communities, as well as the broader health care sector.

While the priority focus is on the COVID-19 response, the additional nurses may also support the fulfilment of Board of Health requirements to improve the health of school-aged children and youth as per the School Health Program Standard and related guidelines and protocols under the Ontario Public Health Standards. The additional FTEs may also support childcare centres, home childcare premises and other priority settings relating to the health of school-aged children and youth.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***ONE-TIME FUNDING***

The initiative is being implemented with the following considerations:

- Recruitment of Registered Nurses to the extent possible;
- French language and Indigenous (First Nation, Métis, Inuit) service needs;
- Capacity for both in-person and virtual delivery;
- Consistency with existing collective agreements; and,
- Leveraging the Chief Nursing Officer role as applicable in implementing this initiative, as well as coordinating with existing school health, nursing, and related programs and structures within the Board of Health (e.g., School Health Teams, Social Determinants of Health Nurses, Infection Prevention and Control Nurses, and school-based programs such as immunization, oral and vision screening, reproductive health, etc.).

Qualifications required for these positions are:

- Current registration with the College of Nurses of Ontario (i.e., Registered Nurse, Registered Practical Nurse, or Registered Nurse in the Extended Class).

One-time funding must be used to continue the new temporary FTEs for school-focused nurses as specified in Schedule A of the Agreement. Funding is for nursing salaries, wages, and benefits only and cannot be used to support other operating costs. Additional costs incurred by the Board of Health to support school re-opening initiatives that cannot be managed within the existing budget of the Board of Health, are admissible through the COVID-19 extraordinary costs process.

Temporary Retention Incentive for Nurses (100%)

Nurses are critical to the province's health workforce and its ongoing response to COVID-19. Across the province, nurses have demonstrated remarkable dedication, professionalism, and resilience. Ontario has introduced a temporary financial incentive to support nursing retention and stabilize the current nursing workforce during this critical time.

Through the Temporary Retention Incentive for Nurses, the Province is providing a lump sum payment of up to $5,000 for eligible full-time nurses and a prorated payment of up to $5,000 for eligible part-time and casual nursing staff across the province. The payment will be paid by employers, including Boards of Health, in two (2) installments, with the first payment made in Spring 2022 and second payment made in September 2022.

The eligibility period for the program is related to work performed between **February 13, 2022 to April 22, 2022**. To receive the first payment, nurses must be in employment as a practicing nurse on **March 31, 2022**. To receive the second payment, nurses must be in employment as a practicing nurse on **September 1, 2022**.

All those employed as practicing nurses (Registered Nurses, Registered Practical Nurses, Nurse Practitioners) are eligible for the incentive, except for:

- Those in private duty nursing.
- Those employed by schools / school boards.
- Those employed by postsecondary institutions.
- Nursing executives (i.e., Chief Nursing Officer).

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***ONE-TIME FUNDING***

In addition:

- Hours worked in any of the "excluded" areas are not eligible.
- Hours worked for Temporary Staffing Agencies are not eligible.
- Nurses are not eligible to receive any payment if they retire or leave employment prior to March 31, 2022.
- Nurses are only eligible to receive one payment if they retire or leave employment as a nurse prior to September 1, 2022.

One-time funding must be used to support implementation of the Temporary Retention Incentive for Nurses in accordance with the *Temporary Retention Incentive for Nurses Program Guide for Broader Public Sector Organizations*, and any subsequent direction provided by the Province. The Board of Health is required to consider various factors, including those identified in the Guide, to determine the appropriate implementation and eligibility of the program at its Public Health Unit.

The Board of Health is required to monitor the number of full-time employees receiving the incentive as well as the number of eligible part-time/casual hours. The Board of Health is also required to create and maintain records of payments and records must include the following details for each eligible worker:

- Number of work hours eligible for pandemic hourly pay.
- Gross amount of paid out to eligible workers.
- Number of statutory contributions paid by employers because of providing pay to eligible workers (applicable to part-time/casual workers).
- Completed employee attestations.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***OTHER***

Infectious Diseases Programs Reimbursement

Funding for Infectious Diseases Programs will be provided on a case-by-case basis through direct reimbursement. These funds are provided to offset the costs of treatment medications not made available through the Ontario Government Pharmaceutical and Medical Supply Service (OGPMSS).

To be reimbursed, original receipts and client identification information needs to be submitted to the Infectious Diseases Section of the Health Protection and Surveillance Policy and Programs Branch (Office of Chief Medical Officer of Health, Public Health). Clients will not be directly reimbursed.

Questions about the reimbursement process and expense eligibility can be submitted to the following email: IDPP@ontario.ca.

Leprosy

The Board of Health may submit claims on a case-by-case basis for medication costs related to the treatment of Leprosy. As per Chapter A: Leprosy, of the *Infectious Diseases Protocol, 2018* (or as current), treatment should be under the direction of an infectious disease specialist and should refer to World Health Organization (WHO) treatment recommendations.

Tuberculosis

The Board of Health may submit claims on a case-by-case basis for second-line and select adjunct medications related to the treatment of active tuberculosis and latent tuberculosis infection. For more information on the reimbursement process, see section 9 of the *Tuberculosis Program Guideline, 2018* (or as current).

Vaccine Programs Reimbursement

Funding on a per dose basis will be provided to the Board of Health for the administration of influenza, meningococcal, and human papillomavirus (HPV) vaccines.

In order to claim the vaccine administration fees, the Board of Health is required to submit, as part of the Standards Activity Reports or other reports as requested by the Province, the number of doses administered. Reimbursement by the Province will be made on a quarterly basis based on the information.

The Board of Health is required to ensure that the vaccine information submitted on the Standards Activity Reports, or other reports requested by the Province, accurately reflects the vaccines administered and reported on the Vaccine Utilization database.

Influenza

- The Province will continue to pay $5.00/dose for the administration of the influenza vaccine.
- All doses administered by the Board of Health to individuals aged 6 months or older who live, work or attend school in Ontario.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***OTHER***

Meningococcal

- The Province will continue to pay $8.50/dose for the administration of the meningococcal vaccine.
- Routine immunization program: Doses administered as part of the grade 7 school-based or catch-up program for eligible students up to grade 12.
  - Men-C-C doses if given in substitution of Men-C-ACYW135 for routine doses.

Note: Doses administered through the high-risk program are not eligible for reimbursement.

Human Papillomavirus (HPV)

- The Province will continue to pay $8.50/dose for the administration of the HPV vaccine.
- Routine immunization program: Doses administered as part of the grade 7 school-based or catch-up program for eligible students up to grade 12.
- High-risk program: MSM <26 years of age.

SCHEDULE "C"

REPORTING REQUIREMENTS

The reports mentioned in this Schedule are provided for every Board of Health Funding Year unless specified otherwise by the Province.

The Board of Health is required to provide the following reports/information in accordance with direction provided in writing by the Province (and according to templates provided by the Province):

Name of Report	Reporting Period	Due Date
1. Annual Service Plan and Budget Submission	For the entire Board of Health Funding Year	March 1 of the current Board of Health Funding Year
2. Quarterly Standards Activity Reports		
Q2 Standards Activity Report	For Q1 and Q2	July 31 of the current Board of Health Funding Year
Q3 Standards Activity Report	For Q3	October 31 of the current Board of Health Funding Year
Q4 Standards Activity Report	For Q4	January 31 of the following Board of Health Funding Year
3. Annual Report and Attestation	For the entire Board of Health Funding Year	April 30 of the following Board of Health Funding Year
4. Annual Reconciliation Report	For the entire Board of Health Funding Year	April 30 of the following Board of Health Funding Year
5. COVID-19 Expense Form	For the entire Board of Health Funding Year	As directed by the Province
6. Infection Prevention and Control Hub Program Reports	For the period of April 1, 2022 to March 31, 2023	As directed by the Province
7. MOH / AMOH Compensation Initiative Application	For the entire Board of Health Funding Year	As directed by the Province

Name of Report	Reporting Period	Due Date
8. Temporary Retention Incentive for Nurses Reporting	For the entire Board of Health Funding Year	June 1 of the current Board of Health Funding Year October 3 of the current Board of Health Funding Year
9. Other Reports and Submissions	As directed by the Province	As directed by the Province

Definitions

For the purposes of this Schedule, the following words shall have the following meanings:
"Q1" means the period commencing on January 1st and ending on the following March 31st.

"Q2" means the period commencing on April 1st and ending on the following June 30th.

"Q3" means the period commencing on July 1st and ending on the following September 30th.

"Q4" means the period commencing on October 1st and ending on the following December 31st.

Report Details

Annual Service Plan and Budget Submission

- The Annual Service Plan and Budget Submission Template sets the context for reporting required of the Board of Health to demonstrate its accountability to the Province.
- When completed by the Board of Health, it will: describe the complete picture of programs and services the Boards of Health will be delivering within the context of the Ontario Public Health Standards; demonstrate that Board of Health programs and services align with the priorities of its communities, as identified in its population health assessment; demonstrate accountability for planning – ensure the Board of Health is planning to meet all program requirements in accordance with the Ontario Public Health Standards, and ensure there is a link between demonstrated needs and local priorities for program delivery; demonstrate the use of funding per program and service.

Quarterly Standards Activity Reports

- The Quarterly Standards Activity Reports will provide financial forecasts and interim information on program achievements for all programs governed under the Agreement.
- Through these Standards Activity Reports, the Board of Health will have the opportunity to identify risks, emerging issues, changes in local context, and programmatic and financial adjustments in program plans.
- The Quarterly Standards Activity Reports shall be signed on behalf of the Board of Health by an authorized signing officer.

Annual Report and Attestation

- The Annual Report and Attestation will provide a year-end summary report on achievements on all programs governed under the Agreement, in all accountability domains under the Organizational Requirements, and identification of any major changes in planned activities due to local events.
- The Annual Report will include a narrative report on the delivery of programs and services, fiduciary requirements, good governance and management, public health practice, and other issues, year-end report on indicators, and a board of health attestation on required items.
- The Annual Report and Attestation shall be signed on behalf of the Board of Health by an authorized signing officer.

Annual Reconciliation Report

- The Board of Health shall provide to the Province an Annual Reconciliation Report for funding provided for public health programs governed under the Accountability Agreement.
- The Annual Reconciliation Report must contain: Audited Financial Statements; and, Auditor's Attestation Report in the Province's prescribed format.
- The Annual Reconciliation Report shall be signed on behalf of the Board of Health by an authorized signing officer.

COVID-19 Expense Form

- The Board of Health shall complete and submit actual and forecasted expenditures associated with COVID-19 extraordinary costs (for both the COVID-19 Vaccine Program and the COVID-19 General Program) through the submission of a COVID-19 Expense Form.
- The COVID-19 Expense Form shall be signed on behalf of the Board of Health by an authorized signing officer.

Infection Prevention and Control Hub Program Reports

- The Board of Health shall provide to the Province status reports for one-time funding provided for the Infection Prevention and Control (IPAC) Hub Program in addition to identifying concerns and emerging issues to Ontario Health West in a timely way and contribute to shared problem solving. Reports will include:
  - Operational targets and progress;
  - Description and explanation of changes in strategy;
  - Communication strategies; and,
  - Changes in human resources within the IPAC Hub.

MOH / AMOH Compensation Initiative Application

- The Board of Health shall complete and submit an annual application in order to participate in this Initiative and be considered for funding.
- Supporting documentation such as employment contracts must be provided by the Board of Health, as requested by the Province.
- Application form templates and eligibility criteria/guidelines shall be provided by the Province.

Temporary Retention Incentive for Nurses

- The Board of Health will be required to monitor and report on the number of full-time employees receiving the incentive, as well as the number of eligible part-time / casual hours. Key reporting timelines, which are subject to change, are as follows:
  - **June 1, 2022:** status update on progress of first payments to be provided to the

Province.

- **October 3, 2022:** status update on progress of second payments to be provided to the Province.

SCHEDULE "D"

BOARD OF HEALTH FINANCIAL CONTROLS

Financial controls support the integrity of the Board of Health's financial statements, support the safeguarding of assets, and assist with the prevention and/or detection of significant errors including fraud. Effective financial controls provide reasonable assurance that financial transactions will include the following attributes:

- **Completeness** – all financial records are captured and included in the Board of Health's financial reports;
- **Accuracy** – the correct amounts are posted in the correct accounts;
- **Authorization** – the correct levels of authority (i.e., delegation of authority) are in place to approve payments and corrections including data entry and computer access;
- **Validity** – invoices received and paid are for work performed or products received and the transactions properly recorded;
- **Existence** – assets and liabilities and adequate documentation exists to support the item;
- **Error Handling** – errors are identified and corrected by appropriate individuals;
- **Segregation of Duties** – certain functions are kept separate to support the integrity of transactions and the financial statements; and,
- **Presentation and Disclosure** – timely preparation of financial reports in line with the approved accounting method (e.g., Generally Accepted Accounting Principles (GAAP)).

The Board of Health is required to adhere to the principles of financial controls, as detailed above. The Board of Health is required to have financial controls in place to meet the following objectives:

1. **Controls are in place to ensure that financial information is accurately and completely collected, recorded, and reported.**

   Examples of potential controls to support this objective include, but are not limited to:
   - Documented policies and procedures to provide a sense of the organization's direction and address its objectives.
   - Define approval limits to authorize appropriate individuals to perform appropriate activities.
   - Segregation of duties (e.g., ensure the same person is not responsible for ordering, recording, and paying for purchases).
   - An authorized chart of accounts.
   - All accounts reconciled on a regular and timely basis.
   - Access to accounts is appropriately restricted.
   - Regular comparison of budgeted versus actual dollar spending and variance analysis.
   - Exception reports and the timeliness to clear transactions.
   - Electronic system controls, such as access authorization, valid date range test, dollar value limits, and batch totals, are in place to ensure data integrity.

- Use of a capital asset ledger.
- Delegate appropriate staff with authority to approve journal entries and credits.
- Trial balances including all asset accounts that are prepared and reviewed by supervisors on a monthly basis.

2. Controls are in place to ensure that revenue receipts are collected and recorded on a timely basis.

Examples of potential controls to support this objective include, but are not limited to:

- Independent review of an aging accounts receivable report to ensure timely clearance of accounts receivable balances.
- Separate accounts receivable function from the cash receipts function.
- Accounts receivable sub-ledger is reconciled to the general ledger control account on a regular and timely basis.
- Original source documents are maintained and secured to support all receipts and expenditures.

3. Controls are in place to ensure that goods and services procurement, payroll and employee expenses are processed correctly and in accordance with applicable policies and directives.

Examples of potential controls to support this objective include, but are not limited to:

- Policies are implemented to govern procurement of goods and services and expense reimbursement for employees and board members.
- Use appropriate procurement method to acquire goods and services in accordance with applicable policies and directives.
- Segregation of duties is used to apply the three (3) way matching process (i.e., matching 1) purchase orders, with 2) packing slips, and with 3) invoices).
- Separate roles for setting up a vendor, approving payment, and receiving goods.
- Separate roles for approving purchases and approving payment for purchases.
- Processes in place to take advantage of offered discounts.
- Monitoring of breaking down large dollar purchases into smaller invoices in an attempt to bypass approval limits.
- Accounts payable sub-ledger is reconciled to the general ledger control account on a regular and timely basis.
- Employee and Board member expenses are approved by appropriate individuals for reimbursement and are supported by itemized receipts.
- Original source documents are maintained and secured to support all receipts and expenditures.
- Regular monitoring to ensure compliance with applicable directives.
- Establish controls to prevent and detect duplicate payments.
- Policies are in place to govern the issue and use of credit cards, such as corporate, purchasing or travel cards, to employees and board members.
- All credit card expenses are supported by original receipts, reviewed and approved by appropriate individuals in a timely manner.
- Separate payroll preparation, disbursement and distribution functions.

4. **Controls are in place in the fund disbursement process to prevent and detect errors, omissions or fraud.**

   Examples of potential controls include, but are not limited to:
   - Policy in place to define dollar limit for paying cash versus cheque.
   - Cheques are sequentially numbered and access is restricted to those with authorization to issue payments.
   - All cancelled or void cheques are accounted for along with explanation for cancellation.
   - Process is in place for accruing liabilities.
   - Stale-dated cheques are followed up on and cleared on a timely basis.
   - Bank statements and cancelled cheques are reviewed on a regular and timely basis by a person other than the person processing the cheques / payments.
   - Bank reconciliations occur monthly for all accounts and are independently reviewed by someone other than the person authorized to sign cheques.

Ontario

Ministry of Health

Office of Chief Medical Officer of Health, Public Health
Box 12,
Toronto, ON M7A 1N3

Tel.: 416 212-3831
Fax: 416 325-8412

Ministère de la Santé

Bureau du médecin hygiéniste en chef, santé publique
Boîte à lettres 12
Toronto, ON M7A 1N3

Tél. : 416 212-3831
Téléc. : 416 325-8412

March 17, 2023

Cynthia St. John
Chief Executive Officer
Oxford Elgin St. Thomas Health Unit
1230 Talbot Street
St. Thomas, ON N5P 1G9

Dear Cynthia St. John:

Re: Carry Over of 2022-23 Ontario Seniors Dental Care Program Capital Project Funding – Oxford Elgin St. Thomas Health Unit – Public Health Funding and Accountability Agreement (Accountability Agreement)

I am writing to you regarding your request to carry over funds from 2022-23 into 2023-24 for the Ontario Seniors Dental Care Program Capital Project: New Fixed Site - Oxford County Dental Suite under the Accountability Agreement with the Ministry, in which your request and our records outline the following:

Sector/Program: Ontario Seniors Dental Care Program Capital Project: New Fixed Site - Oxford County Dental Suite
TPR Name: Oxford Elgin St. Thomas Health Unit
Total Amount of Ontario Seniors Dental Care Capital Project Funding Provided in 2022-23: $1,540,000
Amount of Unspent Funding in 2022-23: $1,540,000
Amount of Unspent Funding Requested to be Carried Forward into 2023-24: $1,540,000

In light of the unprecedented and exceptional circumstances related to COVID-19, your request for carry over of $1,540,000 in unspent 2022-23 Ontario Seniors Dental Care Program Capital Project: New Fixed Site - Oxford County Dental Suite transfer payment funding into 2023-24 has been assessed and is hereby approved according to the following criteria:

- The funding has been issued to your organization (i.e., your organization has received the funding).
- Your organization was unable to use the full amount of transfer payment funding within 2022-23.

.../2

Cynthia St. John

- The carry over of funds will assist your organization in addressing COVID-19 related pressures and to complete the project/initiative/services in 2023-24 (e.g., if the carry over is not permitted you will face a financial pressure next year to complete the project/initiative/services).
- The carry over of funds will be used for the original intention and will **not** be repurposed to cover other costs not originally contemplated in the Accountability Agreement.
- Settlements for transfer payment funding that is not approved for carry over will be required.
- Reconciliation of all transfer payment funding, including carry over funding will be required at a future date.
- Your organization must note the carry over of approved unspent funding in:
  - The notes section (with attestation that the underspending will address COVID-19 related pressures) of your organization's audited financial statements for 2022-23 and 2023-24; and/or,
  - A third-party auditor sign-off on both the Ontario Seniors Dental Care Program Capital Project Settlement Report and Public Health Unit Attestation that carry forward was appropriate and accurately reported in the Oxford Elgin St. Thomas Health Unit audited financial statements for 2022-23 and 2023-24.

At our first available opportunity, the Office of Chief Medical Officer, Public Health, will send your Board of Health a new Schedule A to the Accountability Agreement that will include the carry over of 2022-23 funding.

Should you require any further information and/or clarification, please contact Brent Feeney, Director, Accountability and Liaison Branch, at 416-671-3615 or by email at Brent.Feeney@ontario.ca.

Yours truly,

Elizabeth Walker
Executive Lead

c: Larry Martin, Chair, Board of Health, Oxford Elgin St. Thomas Health Unit
Dr. Ninh Tran, Medical Officer of Health, Oxford Elgin St. Thomas Health Unit
Monica Nusnik, Director of Finance, Oxford Elgin St. Thomas Health Unit
Jeffrey Graham, Director, Fiscal Oversight and Performance Branch, MOH
Jim Yuill, Director, Financial Management Branch, MOH
James Stewart, Director, Health Capital Investment Branch, MOH
Heather Schramm, Director (A), Health Promotion & Prevention Policy & Programs, MOH
Brent Feeney, Director, Accountability and Liaison Branch, MOH

SECTION:	**Governance**	**APPROVED BY:**	**Board of Health**
NUMBER:	**BOH-GOV-080**	**REVISED:**	**April 27, 2023**
DATE:	**May 1, 2018**		

Order in Council (OIC) Provincial Representatives

Purpose:

To ensure the Board of Health has the opportunity to participate in the recruitment, nomination and recommendation of individuals for public appointment positions on the Board. This will further support the desire for a skills-based Board.

Policy:

On a schedule determined by the Board of Health based upon vacancies, interested potential board of health members will be solicited from the community. At least eight months prior to vacancies, an advertisement will be placed in area newspapers and on social media platforms of the Health Unit. The process of locally recruiting and recommending nominees for provincial appointments to the Board of Health will reflect the principles of equality of access, treatment, and opportunity of recommendation by all interested persons. Terms for all provincial appointments to the Board of Health will be tracked by the Executive Assistant. An Order in Council Provincial representative will serve a maximum of 3 consecutive terms as approved by the Lieutenant Governor of Ontario.

Procedure:

Management of Existing Appointments about to End:

1. The Executive Assistant will advise the CEO and Board of Health of terms that are due to end one year prior to the expiry of the appointment.
2. The Chair of the Board of Health will contact the incumbent to discuss his/her intentions.
3. If the member wishes to renew their appointment, and the Board of Health is in agreement, the member must complete a Reappointment Information Form and

provide it to the Executive Assistant for submission to the Public Appointments Secretariat (PAS), as well as to the Public Appointments Unit of the Ministry of Health and Long-Term Care, Corporate Management Branch.
4. If the member does not wish to renew their appointment, or if a vacancy is identified, the Board of Health will discuss and decide whether a new provincial appointee should be recruited or not.

Recruitment of New Provincial Appointments:

1. The Executive Assistant will place an advertisement for interest in a provincial appointment to the Board of Health, in all local papers and on all social media platforms of the health unit (Facebook, twitter and website). The Public Appointments Secretariat (PAS) also posts upcoming vacancies on their website.
2. The Board of Health will review applications, interview and rank potential applicants, using pre-determined selection criteria.
3. The preferred candidate(s) will be directed to apply through the PAS website.
4. A letter will be sent by the Board Chair to the local Member of Provincial Parliament, with a copy to the Public Appointments Unit of the relevant branch , identifying and noting support of the preferred applicant(s).
5. A copy of the confirmed Order-In-Council (OIC) appointee will be forwarded to the Chair of the Board of Health and the CEO. A letter of acknowledgement will be forwarded on behalf of the Board Chair to the new member. It is expected to take at least four to six months to obtain the final Order-In-Council approval of appointments.

Definitions:

1. OIC – appointments are made by the Lieutenant Governor in Council (Order-In-Council)

References:

1. Under section 49 (3) of the Health Protection and Promotion Act, 1990 (HPPA), the Lieutenant Governor in Council may appoint one or more persons as members of the board of health, but the number of members so appointed shall be less than the number of municipal members of the board of health.

MOH REPORT

Open Session

MEETING DATE:	April 27, 2023
SUBMITTED BY:	Dr. Ninh Tran, MOH (written as of 12:00 noon, April 19, 2023)
SUBMITTED TO:	Board of Health
PURPOSE:	☐ Decision ☐ Discussion ☒ Receive and File
AGENDA ITEM #	5.3
RESOLUTION #	2023-BOH-0427-5.3

1. Chief Medical Officer of Health Report (Receive and File):

Please find the attached Chief Medical Officer of Health (CMOH) 2022 Annual Report, titled: Being Ready: Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemics. I will share highlights and key takeaways from this report with the Board at the meeting.

2. COVID-19 (Receive and File):

2.1 Provincial and Local Responses:

As a result of key indicators in Ontario showing signs of stabilizing and improving after a rise in Covid-19 over the fall/winter respiratory season, a number of Provincial, Regional, and Local Covid -19 actions and services have wound down:

a) The Covid -19 Assessment Centres at St. Thomas Elgin General Hospital (STEGH) and Woodstock General Hospital (WGH) closed as of April 1st, 2023.
b) The provincial vaccination resource administered from the Ministry of the Solicitor General (GO-VAXX/Mobile Clinics and Health Human Resources (HHR) Support) ended as of April 1st, 2023.
c) The Province released updated guidance for Long-term Care Homes (LTCH), Retirement Homes (RH) and Congregate Living Settings (CLS).
d) Southwestern Public Health (SWPH) closed Covid-19 mass immunization clinics on February 17, 2023.

The closure of testing and screening locations and decrease in focused methods of vaccine delivery in our various rural communities, as well as the relaxing of guidance for visitors to care homes clearly signal a critical milestone in our provincial and regional response to Covid-19. All were crucial in our pandemic response and we are deeply grateful for their service to our communities as these concerted efforts helped to reduce the spread of Covid-19 and mitigate its impact on public health.

3. Other diseases of public health significance:

3.1 Resurgence of Pertussis

Pertussis, commonly known as whooping cough, was one of the most common childhood diseases and a major cause of child mortality in the 20th century. Following the development of a vaccine and its routine administration to children along with protection from polio, tetanus and diphtheria, cases and deaths decreased significantly.

Pertussis can be introduced to communities through travel to countries with lower rates of vaccination, and it can circulate among those who are unvaccinated, under-vaccinated, or those whose vaccine effectiveness has decreased over time. It is very contagious and spreads via droplets from the noses and mouths of those who are infected.

SWPH has seen 98 confirmed cases of pertussis between January 1, 2022, and March 28, 2023. The 98 cases represented about 37% of the provincial total from that time period.

The resurgence of Pertussis in our area is likely due to a couple of factors. Pertussis is cyclical and we do see peaks and valleys in case numbers every 3 to 5 years. The last surge of pertussis cases in our region was approximately 5 years ago occurring throughout 2017 and 2018. We also have a larger proportion of people who are unvaccinated in this region. Finally, following the pandemic, we have more children who are behind in their routine vaccinations due to service interruptions. Families have been through a lot and vaccination sometimes fell to the wayside. This is a reminder that it's time to get everyone caught up and protected.

3.2 Avian influenza

Avian Influenza (AI) is a disease caused by a virus that primarily infects domestic poultry and wild birds such as geese, ducks, and shore birds. Each year, there is a "bird flu" season, and some forms of the "bird flu" are worse than others. Wild birds, especially waterfowl, are a natural reservoir for mild strains of AI. Highly pathogenic Avian Influenza (HPAI) H5N1 is a strain known to kill both wild birds and commercial poultry.

In March 2022, HPAI H5N1 virus was first detected in Ontario in wild and commercial poultry and made its way onto a commercial turkey farm in Oxford County. Fortunately, this did not result in any human cases. This same strain of the virus has also been found in many other jurisdictions across the world, including in other Canadian provinces and American states. Recently in April 2023, an Ontario dog contracted HPAI after consuming a wild goose that was infected with HPAI.

The risk to the public of catching the HPAI H5N1 virus from domestic poultry or products or from pets is very low and there is no need to change food consumption habits or travel plans.

3.3 Multi-drug Resistant Gonorrhea

Gonorrhea is a preventable and curable sexually transmitted infection (STI) caused by the bacteria Neisseria gonorrhoeae and is the second most common STI.

Recent international reports, including from Europe and the USA, have identified a multidrug-resistant strain of Neisseria gonorrhoeae. Through routine provincial disease surveillance activities, an Ontario patient with no known travel history was recently identified as having a gonorrhea infection with a similar resistance pattern, i.e. reduced susceptibility to ceftriaxone and cefixime which are standard treatment options, as well as resistance to ciprofloxacin, penicillin, and tetracycline, suggesting circulation of this multi-drug resistant strain within Ontario. At this time, there has not been any reports of this strain in SWPH.

Conclusion:

Although Covid-19 has stabilized and we are approaching the end of the respiratory season, we must not be complacent. As noted in the CMOH report, unfortunately history tells us that, once an event like SARS, H1N1, or Covid-19 passes, complacency often sets in, funding is redirected, and readiness wanes. We are already seeing emerging challenges regarding infectious diseases of public health significance, both new and old. To be prepared, SWPH must take a collective, forward-thinking approach to pandemic planning, including sustained investments in strengthening sector, system, community, and societal readiness.

MOTION: 2023-BOH-0427-5.3
That the Board of Health for Southwestern Public Health accept the Medical Officer of Health's Report for April 27, 2023.

Ministry of Health | Office of Chief Medical Officer of Health, Public Health

CMOH Report 2022

Being Ready:

Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemics

March, 2023

Ontario

Background of CMOH reports and 2022 report overview

Summary of the 2022 CMOH report on pandemic preparedness

- Report development process
- Overview of the report contents
- Report recommendations
- Next steps

Communications plan

Ontario

2022 Report

Being Ready:

Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemics

Components of the 2022 CMOH Report

Letter from Dr. Kieran Moore to the Speaker of the Legislative Assembly of Ontario

Executive Summary

Introduction

Why this report is needed

Report body

Next Steps

Acknowledgements

References

Appendices

- Includes legislative requirement to report on Ontario Health Units with Vacancies for Medical Officer of Health and Associate Medical Officer of Health

Ontario

Introduction and Background

The Case for Sustained Investment in Outbreak Preparedness

There are social, ethical and financial reasons why Ontario must continue to invest in being prepared and more resilient in the face of outbreaks:

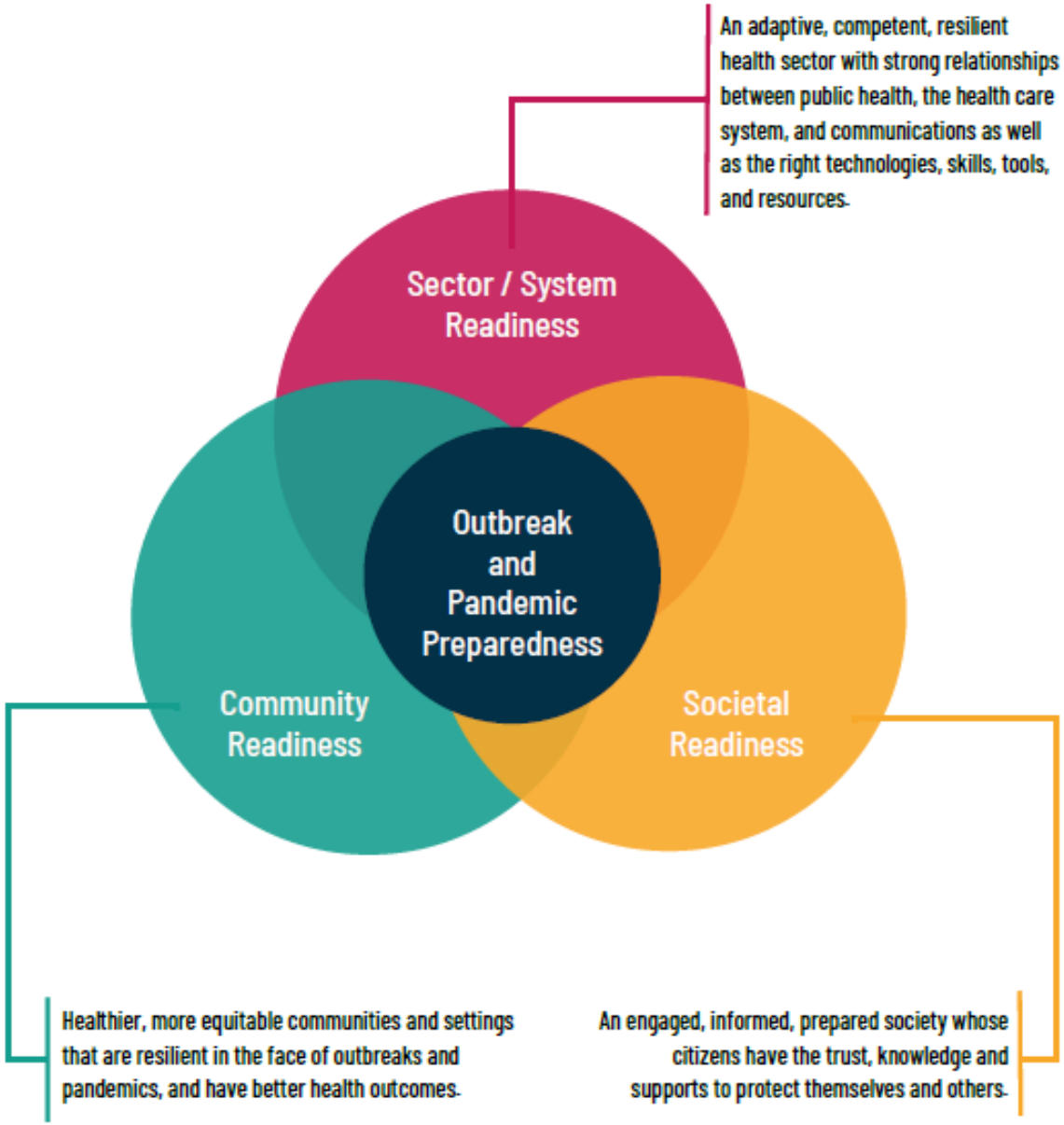
The risk of serious outbreaks and another pandemic is real and growing due to climate change, changing interactions with wildlife, global trade and travel, re-emergence of infections such as measles and polio, and the natural or deliberate release of bioengineered pathogens

The human and economic costs from the morbidity, mortality, mental health and social impacts of illness from pandemics and measures for controlling pandemics are too high

The burden disproportionately affects populations already facing health inequities, and pandemic responses work best when everyone is properly protected – if parts of society are left behind, the effectiveness of the response decreases for everyone

A Bigger Picture View of Readiness

Ontario's public health sector must take a collective, forward-thinking approach to pandemic planning that builds:

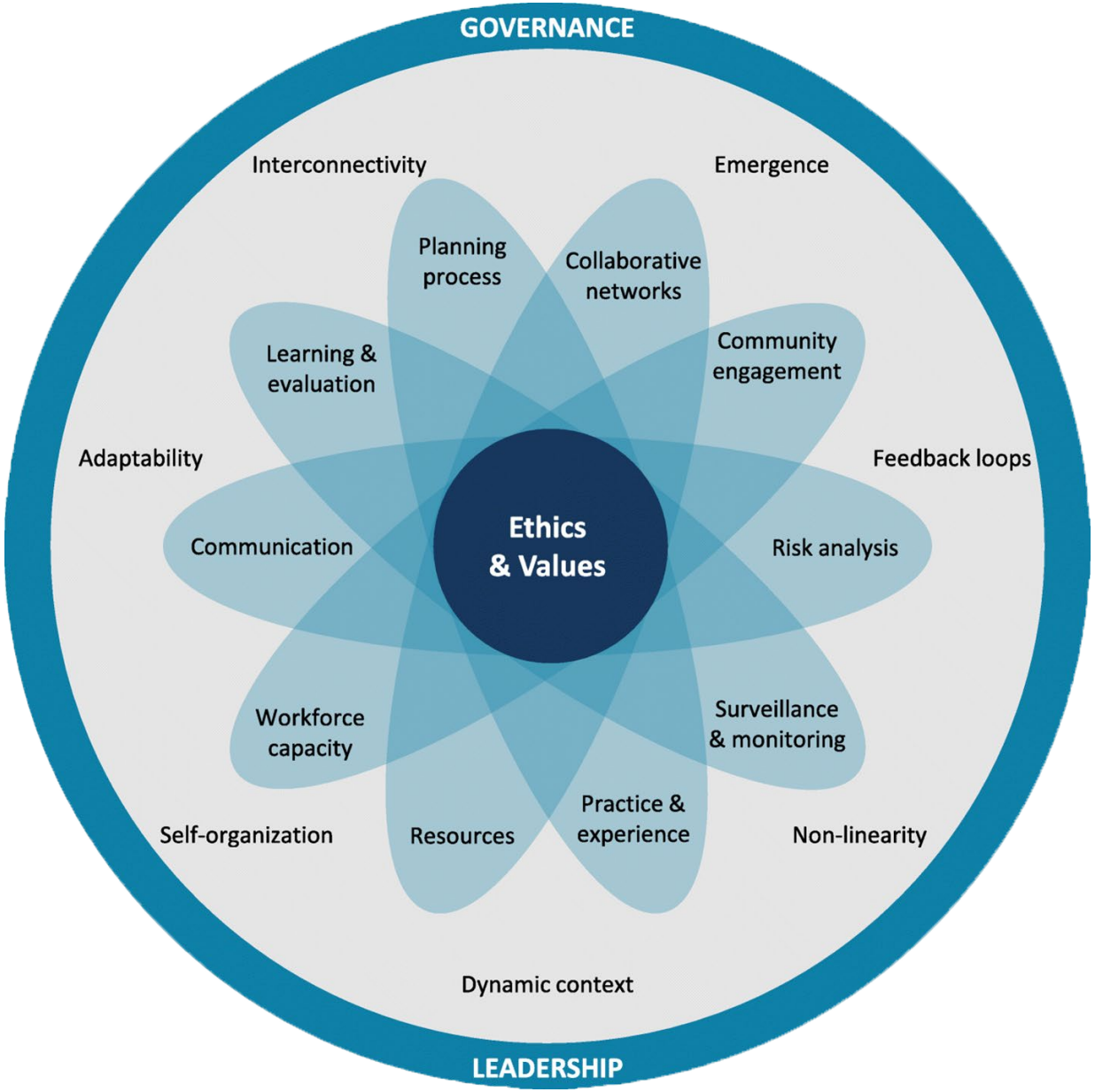


Ontario

Frameworks and Indicators

There is no specific checklist that Ontario can use to guarantee it will be ready for the next outbreak or pandemic - preparedness is an ongoing process and not an end state

- Relevant Ontario Public Health Standards were included to demonstrate existing accountabilities for public health sector preparedness
- The report utilizes an established resilience framework for public health emergency preparedness, and other frameworks for organizing and indicators of preparedness
- Each section was assessed for examples of successes, challenges and equity in application across the province to identify priorities for the next 1-2 years



Ontario

Sector and System Readiness

Public health system capacities for responding to pandemics while having the surge capacity to maintain essential public health functions and respond to ongoing emergencies

- **Strong collaborative networks** across the health sector, including Indigenous services
- A skilled, adaptive, **resilient workforce**
- Innovative, leading-edge **testing and diagnostics**
- Real-time **surveillance** systems and **scientific expertise**
- Critical response resources:
  - **Infection prevention and control** interventions and expertise in both health care and non-health care settings
  - Dependable supplies of **personal protective equipment**
  - Timely access to **vaccines and therapeutics**

Relationships	Strengthen **collaborative networks** across the health care system, including with Indigenous health service providers, and develop the governance structures to support those networks.
People	Build a skilled, adaptable resilient **public health workforce**, cross-trained in public health core competencies (e.g. vaccination, infection control, epidemiology, and outbreak management), with the surge capacity to respond to outbreaks, pandemics, and other emergencies while maintaining essential public health services.
Testing capacity and expertise	Strengthen Ontario's lab network capacity - people, **infrastructure, and technologies** - including Public Health Ontario (PHO) Laboratory's capacity, so that the network can deliver high volume testing during a pandemic while continuing to provide routine health testing, and contribute to global efforts to detect and monitor emerging infectious diseases.
Surveillance and scientific expertise	Strengthen the public health surveillance and scientific infrastructure so the sector can: provide **comprehensive real-time information** (e.g. laboratory results, cases, severity, immunizations, and sociodemographic data) to inform the public health response; adopt One Health Surveillance approaches; and coordinate the work done by scientific experts to create knowledge and inform decision-making.
Critical response resources	Maintain timely access to the critical resources required in most outbreaks: • **Infection prevention and control** (IPAC) interventions and expertise in both health care and non-health care settings - including primary care, schools, workplaces, and congregate living settings (e.g. long-term care homes, retirement homes, shelters). • **Personal protective equipment** (PPE) - including the capacity to produce PPE, resilient supply chains, and a reliable rolling provincial stockpile • **Vaccines and therapeutics** – partnerships with the health care system, including pharmacists, to deliver vaccines and therapeutics, as they become available.

Ontario

Community Readiness

Individuals and communities fare better during disease outbreaks when they are in good health and live in favourable social conditions

- Build enduring **community partnerships**, including with Indigenous communities and Black and other racialized communities
- Engage communities in **co-creating and testing outbreak plans**, as part of ongoing learning and continuous quality improvement of pandemic planning
- Improve **health equity** and resilience, by assessing the health of the population, identifying health inequities, and working with partners and governments to implement interventions to reduce those inequities
    - This includes working with Indigenous, Black and other racialized communities to advance the provincial collection and use of **sociodemographic data** to address health inequities

Community partnerships	Build enduring collaborative partnerships with **communities that face health inequities and systematic racism and discrimination** as well as settings that may be at increased risk, such as congregate living settings. Work with them to: adapt public health and other health services to meet their needs; co-design and advocate for upstream interventions to reduce health inequities and risks; and co-develop and test outbreak plans.
Data to address inequities	Develop the provincial capacity to routinely collect **social, economic, health outcome, and sociodemographic data**, including information on race, ethnicity, and language, that can be used to identify communities at risk and work with them to reduce health inequities.

Ontario

Societal Readiness

The effective use of public health measures to prevent outbreaks depends on a resilient, supportive society

- Build **social trust and ethical preparedness** by engaging society in conversations about shared values and ethics and the use of ethical expertise in public health decision-making
- **Communicate clearly and transparently** with the public and counter mis-information, and use evidence-based methods to improve communications in English, French and other languages

Ontario

Next Steps

Ontario's public health sector is committed to ensuring all the expertise, tools and technologies are in place, actively engaging communities and society in pandemic preparedness

Preparedness is a process of continuous improvement – Ontario must sustain its investments in public health preparedness over time to be ready for infectious disease outbreaks and pandemics
Ensure accountability for outbreak preparedness and response by reviewing relevant Ontario Public Health Standards, including the Emergency Management Guideline
Continue to assess and report on the public health sector's progress in outbreak and pandemic preparedness in future CMOH reports
Improve the health of Indigenous Peoples by continuing to work with Indigenous leaders and health service providers, as well as federal partners
Improve the health of Black and other racialized populations and reducing health inequities including advancing race-based data to address systemic racism
Sustain relationships within the public health sector and the health sector

Communications Plan for release of report

Communications Plan

Stakeholder-focused with targeted media

Ontario

BEING READY

Ensuring Public Health Preparedness for Infectious Outbreaks and Pandemics

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2022 ANNUAL REPORT

Of the Chief Medical Officer of Health of Ontario to the Legislative Assembly of Ontario