Our Vision:
Healthy People in Vibrant Communities

BOARD OF HEALTH MEETING

St. Thomas Location: 1230 Talbot Street
Virtual Participation: Microsoft Teams
Wednesday, November 22, 2023, at 5:00 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	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: October 26, 2023	Joe Preston	Decision
3.0 APPROVAL OF CONSENT AGENDA ***Consent agenda items are routine business items that do not require discussion. Any member of the Board may request an item be moved from the consent agenda to Section 4.0, 5.0, 6.0 or Closed Session (the latter is subject to by-laws governing closed session).***			
4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION			
5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.ACCEPTANCE.DECISION			
5.1	**Community Profile Report for November 22, 2023**	Foundational Standards Team	Decision
5.2	**Chief Executive Officer's Report for November 22, 2023**	Cynthia St. John	Decision
6.0 NEW BUSINESS/OTHER			
7.0 CLOSED SESSION			
8.0 RISING AND REPORTING OF THE CLOSED SESSION			
9.0 FUTURE MEETINGS & EVENTS			
9.1	• Board of Health Orientation: Thursday, January 25, 2024 at 12:00 pm • Board of Health Meeting: Thursday, January 25, 2024 at 1:00 pm ○ Location: 1230 Talbot Street, St. Thomas, ON Virtual Participation: MS Teams	Joe Preston	
10.0 ADJOURNMENT			

October 26, 2023

Board of Health Meeting

Minutes

The meeting of the Board of Health for Oxford Elgin St. Thomas Health Unit was held on Thursday, October 26, 2023, in-person at the Oxford County Administrative Building, 21 Reeve Street, Woodstock, ON, with virtual participation via MS Teams commencing at 1:03 p.m.

PRESENT:

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

GUESTS:

Ms. M. Alvey	Health Promoter, Environmental Health
Ms. M. Cornwell*	Manager, Communications
Ms. J. DeRoo	Public Health Nurse, Chronic Disease and Injury Prevention
Ms. J. Gordon	Administrative Assistant
Mr. P. Heywood	Program Director
Mr. J. Landaverde	Student, Chronic Disease and Injury Prevention
Mr. D. McDonald	Director, Corporate Services and Human Resources
Ms. S. MacIsaac	Program Director
Ms. M. Nusink*	Director, Finance
Ms. A. Pavletic	Manager, Environmental Health
Mr. I. Santos	Manager, Information Technology
Mr. D. Smith	Program Director
Ms. M. Van Wylie	Program Manager, Chronic Disease and Injury Prevention
Ms. N. Abedin*	Master's Student (Climate Change), University of Waterloo
Mr. Rob Perry*	Aylmer Express

**represents virtual participation*

REGRETS:

Mr. J. Couckuyt	Board Member

Mr. D. Shinedling	Board Member
Mr. D. Warden	Board Member

1.1 CALL TO ORDER, RECOGNITION OF QUORUM

Ms. Bernia Wheaton shall hereby be recognized and called upon as Ms. Bernia Martin.

1.2 AGENDA

Resolution # (2023-BOH-1026-1.2)
Moved by D. Mayberry
Seconded by M. Ryan

That the agenda for the Southwestern Public Health Board of Health meeting for October 26, 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-1026-2.1)
Moved by M. Peterson
Seconded by B. Martin

That the minutes for the Southwestern Public Health Board of Health meeting for September 28, 2023 be approved.

Carried.

3.0 CONSENT AGENDA

No Items.

4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION

No Items.

5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.DECISION

5.1 Actions to Reduce Alcohol-Related Harms Report for October 26, 2023

Peter Heywood introduced Marcia Van Wylie, Program Manager of Chronic Disease and Injury Prevention (CDIP), Jose Landaverde, a student nurse currently placed with CDIP, and Jacqueline Deroo, Public Health Nurse on the CDIP team and the primary author of the report.

J. Deroo presented the report.

J. Herbert inquired how this report relates to the frequent messaging that "one glass a day is acceptable and healthy" and J. Deroo noted that this statement is a myth now that more evidenced-based research has been completed.

M. Ryan noted this report is an opportunity to greatly influence systemic and behavioural change, particularly for children and youth, citing the successes of Smoke Free Ontario campaigns despite initial public resistance.

L. Rowden sought clarity on the definition of higher raters of drinking and whether that defines the person as an alcoholic.

J. Deroo indicated that the guidance helps people assess their drinking habits and intake and to consider if they do have some issues with alcohol. If there are concerns, there is a diagnostic tool that a health care provider would use to determine if there were issues with alcohol intake. The guidance acts as a reflection and reference tool, developed out of research related to heart disease, cancer, and other alcohol-related harms.

L. Rowden followed up with commenting on how alcoholism and people with alcohol-related issues are not well-supported in the community, citing an absence of detoxification centres as an example.

J. Deroo noted that research shows that an increase in overall population alcohol consumption is associated with a higher incidence of disordered drinking among the public. Conversely, by reducing the overall drinking levels in the population, not necessarily quitting altogether but drinking less, the demand for treatment decreases. This can ease the burden on the treatment system and prevent more individuals from needing treatment in the first place, a concept supported by research. Reducing overall alcohol consumption can proactively address the issue.

B. Martin asked if there was a correlation between the pop-up of agency stores which makes alcohol more available with increased alcohol consumption. J. Deroo confirmed there is a correlation, indicating that as access points increase, so do rates of drinking and drinking harms increase.

J. Herbert supported the recommendations of the report, noting it will likely be more effective in influencing younger generations via education and preventative measures (while older generations are more likely to resist).

J. Deroo noted that there is research indicating that upstream policy decision-making is impactful at the population level, citing the move to allow alcohol in grocery stores in 2014 was paralleled by notable increases in ER visits.

D. Mayberry thanked the team for the report. He noted the potential of a younger populations' generational influence on the behaviour of older generations such as parents and grandparents. He followed up by asking how SWPH can help municipalities understand the implications of the guidance (such as the increased harms that are likely to result from having alcohol available for sale at a corner store), encouraging any recommendations go to all of the municipalities, upper and lower tiers, to inform individual councils. He also suggested that SWPH develop a generic guideline for bylaws that municipalities could adapt and use. J. Deroo responded that there is the potential for grants that would allow for public health support of municipalities regarding local alcohol policies and bylaws.

M. Ryan noted his support for a recommendation from SWPH to municipalities about specific actions that can be taken. He referenced the distance restrictions from schools and playgrounds for cannabis stores, and how similar guidance and specific recommendations would be effective tools that municipalities could reference for future planning and implementation.

B. Martin noted that the Alcohol and Gaming Commission of Ontario (AGCO) recently downloaded the licensing of outdoor patios to local municipalities and suggested developing recommendations to municipalities that take into account this detail.

J. Deroo responded there has been work on municipal alcohol policies in Western Canada and agrees that municipalities can determine where alcohol is provided.

P. Heywood noted that positive work on education, attitudes, and behaviour is being done in schools with the hope these children and youth will carry them on in the future.

C. St. John added that staff will take back work around supporting municipalities and will bring forward what has been shared regarding bylaw and policy development at a future meeting.

D. Mayberry commended the author for developing a well-written report that can be clearly understood by the average person.

Resolution # (2023-BOH-1026-5.1)
Moved by M. Ryan
Seconded by M. Peterson

> That the Board of Health for Southwestern Public Health approve the Actions to Reduce Alcohol-Related Harms Report for October 26, 2023.

Carried.

Ms. J. Deroo, Ms. M. Van Wylie, and Jose Landaverde contributors to the report, left the room at 1:35pm.

5.2 Medical Officer of Health Report

Dr. Tran acknowledged the support and expertise of Nermina Bedin in developing the Climate Science Report.

Dr. N. Tran reviewed the Climate Science Report with the Board.

D. Mayberry asked what is defined as a very wet day. It was noted that Very Wet Days (10mm) include the number of days within a specific timeframe where the total precipitation, which includes both rain and snow, exceeds or equals 10 mm.

D. Mayberry noted his appreciation for the report and the work that has been done thus far, and asked how public health will respond to this information. Additionally, he asked if there would be further consideration of not only physical human impacts, but also social impacts of climate change such as migration.

Dr. Tran responded that next steps will be to meet with climate experts at the University of Waterloo and will bring forward an array of questions related to health and vulnerability assessments.

M. Ryan commented that Oxford County's recent strategic plan includes enhancing environmental sustainability, noting the philosophical alignment in the report with their strategic plan. He supported a plan for SWPH to connect with municipalities to provide actionable opportunities and recommendations at the municipality level.

Dr. Tran agreed, noting the potential impacts of climate change affect those at the local level, and that many opportunities for action would be most effective at the municipal level. He noted the hope that this report will be the starting point for practical and collaborative discussions regarding climate change and mitigation adaptation.

Dr. Tran reviewed the second half of his report, providing an update on recent developments at the local and provincial level in relation to the Consumption and Treatment Services (CTS) Feasibility Study Report approved by the Board in June 2023.

Dr. Tran referenced the recent provincial announcement to pause the approval of any new CTS sites in Ontario pending a critical incident review triggered by a shooting that occurred outside the vicinity of a CTS in Toronto in August. He noted that any provincial recommendations that arise from the review will be incorporated in SWPH's CTS work.

Dr. Tran also noted the decision by Woodstock City Council on Thursday, October 21, 2023, to endorse treatment bed options while striking down further CTS exploration in the region.

Dr. Tran indicated a follow-up report could be provided to highlight other CTS options in the face of this changing landscape.

J. Preston asked if there was a timeline for the completion of the provincial review. There is currently no indication from the province in terms of a timeline.

D. Mayberry asked what next steps should be considered following the provincial pause and the lack of endorsement by the City of Woodstock, suggesting the exploration of other possible locations and other ways to proceed with supporting CTS in the SWPH region given the ongoing opioid crisis.

Dr. Tran agreed the opioid crisis continues to be a critical issue to address, noting the importance of a comprehensive solution that draws upon many means, of which CTS is regarded as a harm reduction tool. He indicated that more options will be explored and brought to the Board pending provincial recommendations out of its incident review.

M. Ryan recommended that future public health initiatives engage in a more strategic, early, and ongoing rollout of information to a community that in large part would find absorbing large reports difficult, which then hampers community understanding and uptake.

C. St. John noted that leadership will review the timing of information-sharing with and presentations to municipalities.

Resolution # (2023-BOH-1026-5.2)
Moved by G. Jones
Seconded by J. Herbert

> That Board of Health for Southwestern Public Health accept the Medical Officer of Health Report for October 26, 2023.
>
> Carried.

5.1 Chief Executive Officer's Report

C. St. John reviewed her report.

M. Peterson asked for clarity regarding the effectiveness of rapid antigen testing (RAT) kits in identifying the Covid-19 virus after hearing of delayed positive tests well after the person was symptomatic.

C. St. John responded that rapid antigen tests (RATs) are not as precise as the polymerase chain reaction (PCR) test kits and she asked Dr. Tran to elaborate further. Dr. Tran added that RATs were initially tailored to identify the original strain and the test's performance likely requires a higher viral load given the ongoing mutation of the Covid-19 virus. He indicated, however, that there are currently no studies tracking the test's accuracy.

C. St. John added that public health messaging continues to be that if you feel sick, stay home. This messaging remains critical particularly as we go move farther into the respiratory virus season.

L. Rowden asked if Covid-19 is more stable now as there are no longer provincial restrictions or funding provisions for those who are sick, resulting in many who do not test and go into work regardless.

C. St. John acknowledged the economic bias in place where those who are employed at organizations that provide sick leave are more likely to stay home.

Resolution # (2023-BOH-1026-5.3)
Moved by M. Peterson
Seconded by B. Martin

That Board of Health for Southwestern Public Health accept the Chief Executive Officer's report for October 26, 2023.

Carried.

7.0 TO CLOSED SESSION

Resolution # (2023-BOH-1026-C7)
Moved by D. Mayberry
Seconded by G. Jones

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

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

Other Criteria:

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

Carried.

8.0 RISING AND REPORTING OF CLOSED SESSION

Resolution # (2023-BOH-1026-C8)
Moved by B. Martin
Seconded by M. Peterson

That the Board of Health rise with a report.

Carried.

Resolution # (2023-BOH-1026-C3.1A)
Moved by M. Ryan
Seconded by J. Herbert

That the Board of Health for Southwestern Public Health approve striking a Special Standing Ad Hoc Committee related to the Strengthening Public Health initiative issued by the Ministry of the Health and that the membership of the committee be comprised of Chair, Vice-Chair, CEO, MOH, and relevant administrative support.

Carried.

Resolution # (2023-BOH-1026-C3.1)
Moved by M. Ryan
Seconded by M. Peterson

That the Board of Health for Southwestern Public Health approve the Chief Executive Officer's Report for October 26, 2023.

Carried.

9.0 FUTURE MEETING & EVENTS

The next scheduled meeting of the Board of Health is November 23, 2023, at 1:00 p.m. at 1230 Talbot Street, St. Thomas.

10.0 ADJOURNMENT

Resolution # (2023-BOH-1026-10)
Moved by B. Martin
Seconded by M. Ryan

That the meeting adjourns at 3:11 p.m.

Carried.

Confirmed: _____

Community Profile: Demographics and Health Equity

Health Status Data Presentation

Sarah Croteau, Epidemiologist
Kerry Bastian, Epidemiologist
Jenny Santos, Epidemiologist

November 23, 2023

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Population Size and Growth

- According to the 2021 census of the population, there were 216,533 people living in the Southwestern Public Health (SWPH) region
  - Oxford County had a population of 121,781
  - Elgin County (including the City of St. Thomas) had a population of 94,752

- The number of people that live in the SWPH region is growing
  - The local population grew by 8.4% between 2016 and 2021, while Ontario's population increased by 5.8%
  - Urban areas (St. Thomas, Aylmer, Tillsonburg, Ingersoll and Woodstock) experienced higher population growth (11.6%) compared to rural areas (3.9%)
  - Tillsonburg had the highest growth rate during this time at 17.3%
  - The only communities within the region that experienced a population decline between 2016 and 2021 were Bayham (-4.1%) and South-West Oxford (-0.7%)

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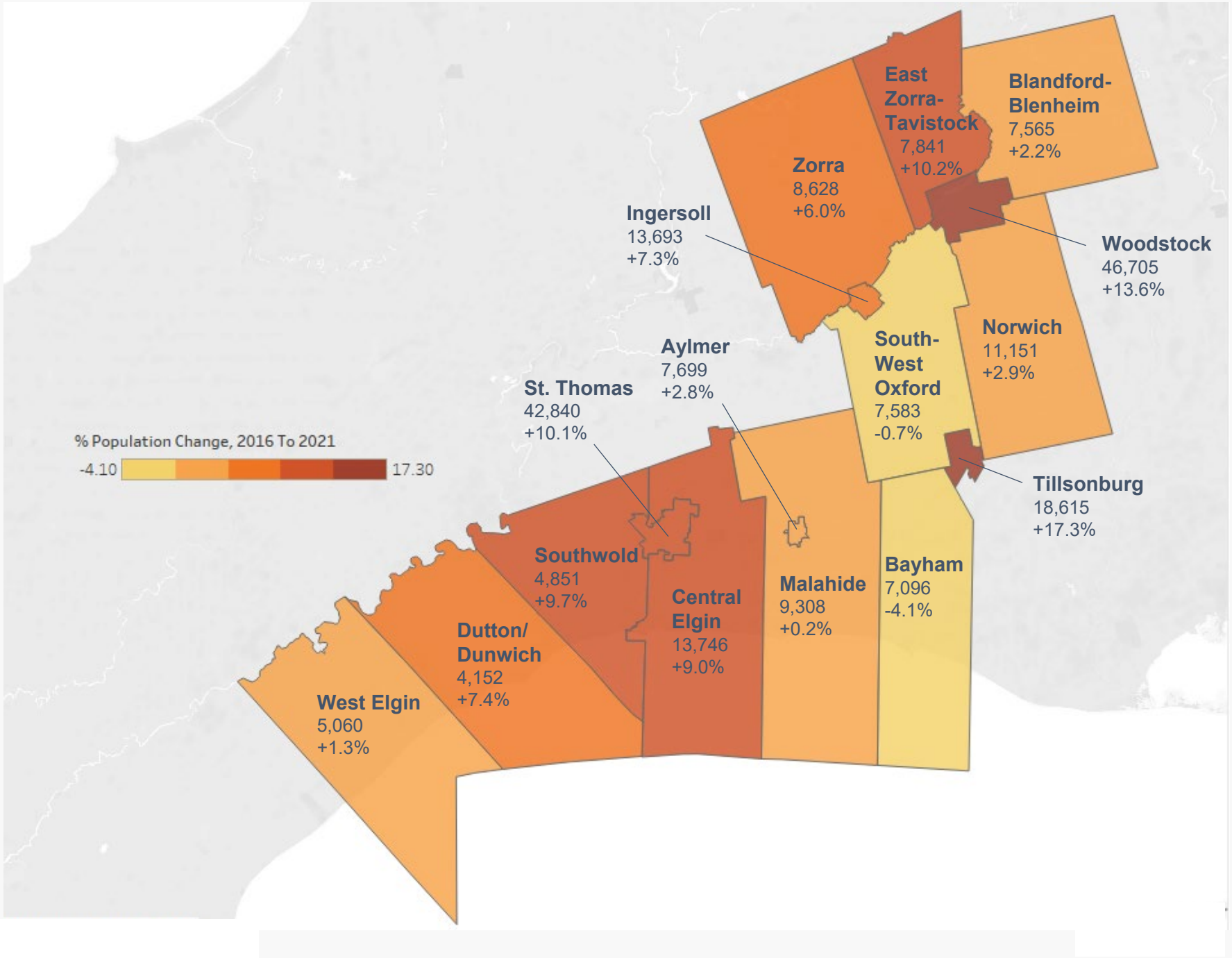

Population Size and Change by Municipality

What is driving population growth?

- **Intraprovincial migration**
- Natural growth
- Immigration from other countries

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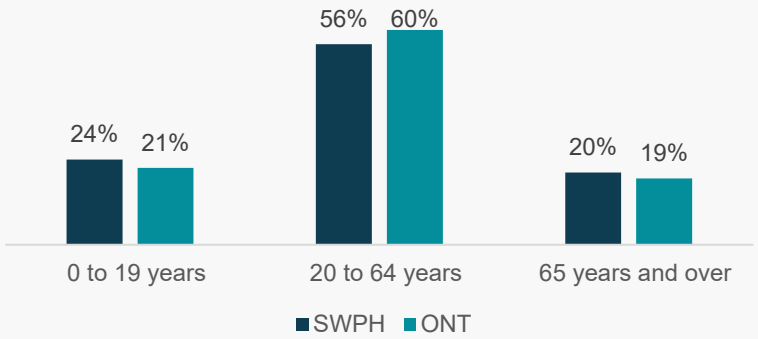
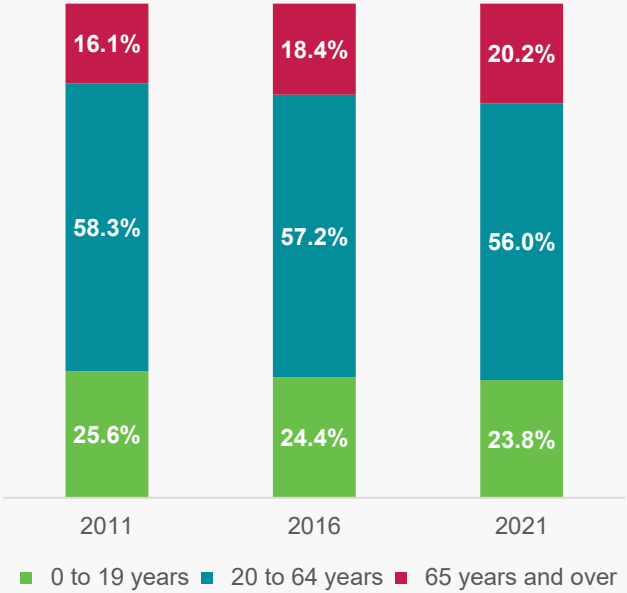
Population Age

- Proportionately, the **SWPH region** had slightly more children and youth (0-19 years) and older people (65+) and less adults compared to **Ontario** in 2021
  - Tillsonburg had the highest proportion of people aged 65+ (29.3%), while Bayham had the highest proportion of people aged 19 and younger (33.9%)





- The age distribution of the SWPH population changed over the 10-year period from 2011 to 2021
  - The proportion of the population **aged 65+** grew from 16.1% to 20.2%
  - During this same time, the proportion of children and youth **aged 0 to 19** decreased from 25.6% to 23.8%
  - The proportion of adults **aged 20-64** also decreased from 58.3% to 56.0%

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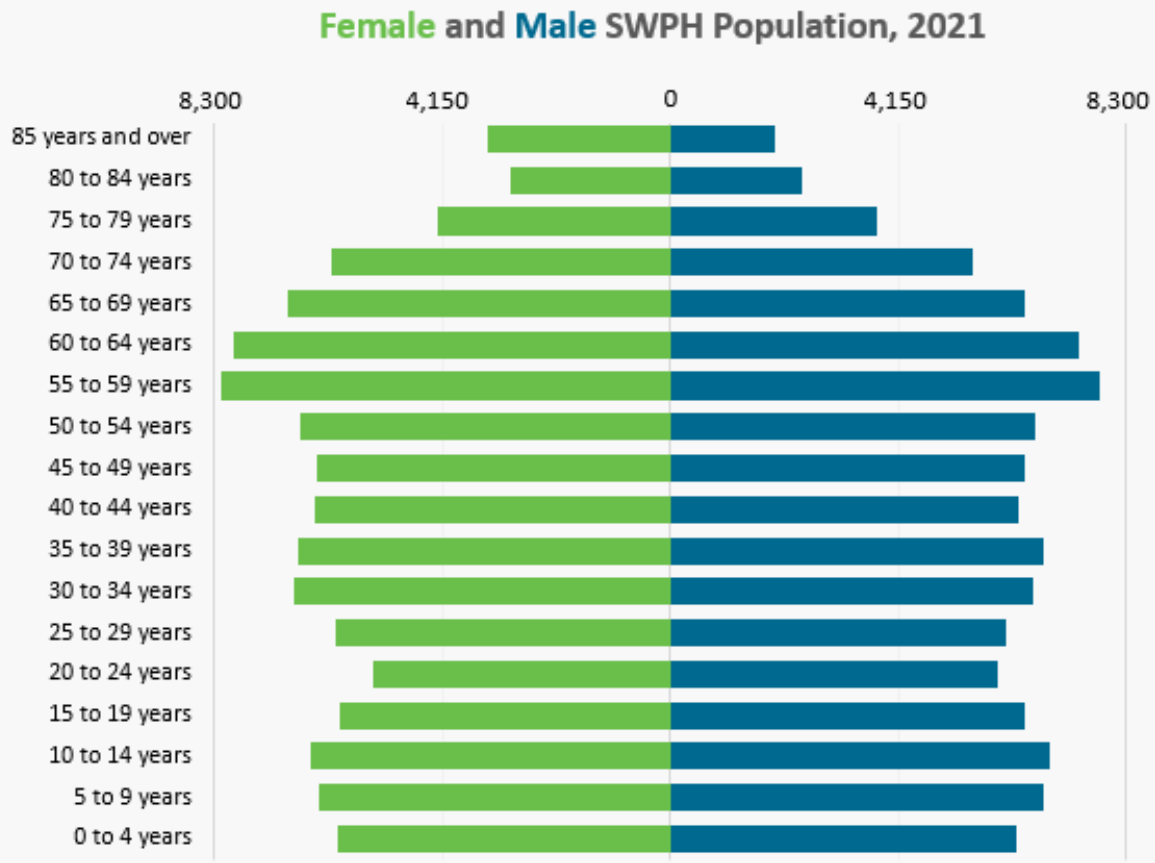
Population Age and Sex

- The population is aging, which mirrors nationwide trends
  - While an aging population is not new, the working-age population (15 to 64) has never been older
  - In 2021, the baby boomer generation included people aged 57 to 75 and by 2029 this whole generation will be of retirement age
  - This shift in demographics is also due to low fertility rates and a gradual increase in life expectancy
  - According to Statistics Canada, even a large increase in immigration would not significantly curb the projected decrease in working-age Canadians[1]



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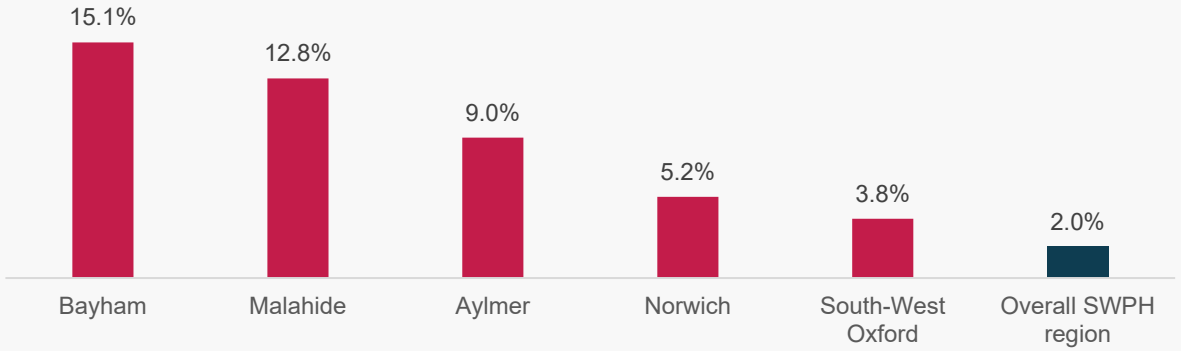
Language

- While the vast majority of the SWPH population can conduct a conversation in English (99.4%), 5.9% of the population report primarily speaking a different language at home.
- Germanic languages are the most common language spoken at home, besides English, in the region
  - While 2.0% of the overall population of SWPH predominantly speak a Germanic language within their home, these individuals are concentrated within a few communities
  - 15.1% of the population of Bayham primarily speak a Germanic language within their home, followed by 12.8% in Malahide, 9.0% in Aylmer and 5.2% in Norwich
  - Many of these individuals are likely to be part of the Amish or Mennonite communities



Proportion of the population that speak a Germanic language most often at home

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Immigration

- While about 1 in 10 people in the region are immigrants (11.5%), only 1.0% are recent immigrants (approximately 2,160 individuals)
  - Almost half of recent immigrants, defined as those immigrating between 2016 and 2021, live in Woodstock (44%)
- The most common places of birth among the recent immigrant population have changed compared to the previous census cycle in 2016

Recent Immigrants (2021)


India: 27.3%


Mexico: 12.5%*


United States: 9.3%


Jamaica: 5.8%


Philippines: 5.6%

Recent Immigrants (2016)


Mexico: 31.3%*


United States: 11.7%


Philippines: 8.3%


Jamaica: 5.0%


India: 3.3%

*Many of these individuals are likely to be part of the Mennonite community

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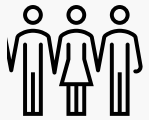
Visible Minorities and Indigenous People

- The proportion of the SWPH population that belong to a visible minority group **doubled** between 2016 and 2021, but remains much lower than the province
  - Visible minorities, which don't include Indigenous people, accounted for 6.3% of the SWPH population in 2021, compared to 3.1% in 2016
  - The proportion of visible minorities residing in the SWPH region in 2021 (6.3%) was much lower than the proportion of visible minorities residing in Ontario (34.3%)

SWPH (1 in 16)

ONT (1 in 3)



- The proportion of people in the SWPH region that identify as Indigenous is similar to the province and hasn't changed much over time
  - About 2.3% of the SWPH population identified as Indigenous in 2021, compared to Ontario at 2.9%
  - Permission was not given by two nearby reserves (Chippewas of the Thames First Nation and Oneida Nation of the Thames) to conduct the census, therefore this data largely represents people living off-reserve and may be an underestimate of the true number of people living in the region that identify as Indigenous

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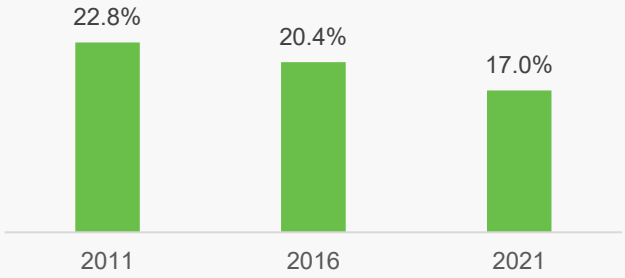
Housing and Household Types

- Most households within the region house one family, without additional people (66.3%), followed by one-person households at 25.3%.
- Among families with children, 14.6% were one-parent families, which was slightly lower than the province at 17.1%. Most lone parents were women (76.0%).
- 5.4% of occupied private dwellings in Oxford, Elgin and St. Thomas need major repairs (defective plumbing or electrical wiring, for example) which is similar to the province at 5.7%

- Within the region, the proportion of people that spend 30% or more of their income on shelter costs has been decreasing over time



Proportion of people that spend 30% or more of their income on shelter costs

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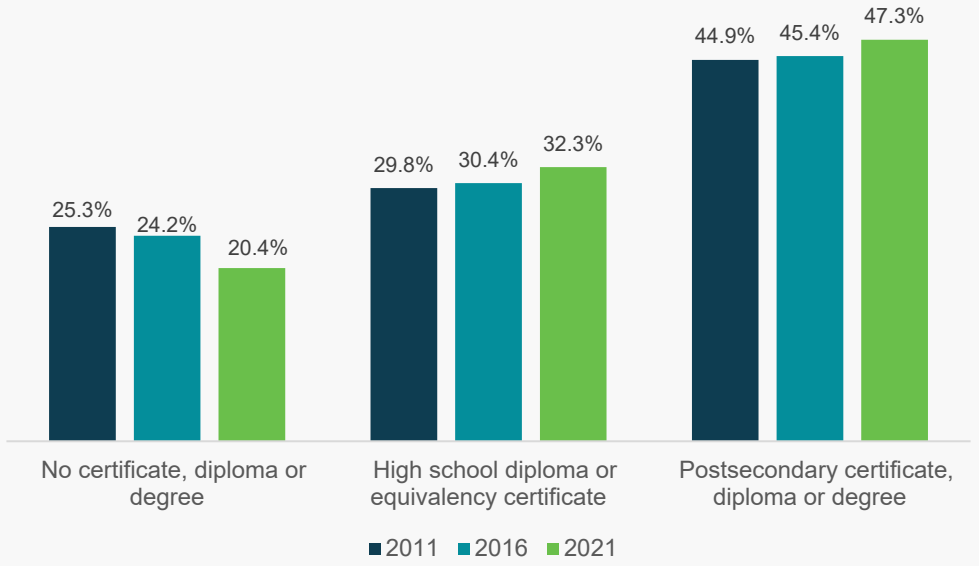
Education

- The proportion of the population with higher levels of education in the SWPH region is increasing
  - Over a decade from 2011 to 2021, the proportion of people with less than a high school education decreased by almost 5%, while the proportion with a secondary or postsecondary education increased.



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Employment by Industry

- In 2021, about 1 in 5 people (19.3%) living in the SWPH region worked in the manufacturing industry
- Other common employment industries include health care and social assistance (12.0%), retail trade (10.1%) and construction (9.2%)
- The distribution of employment by industry in the region was very similar in 2016 compared to 2021

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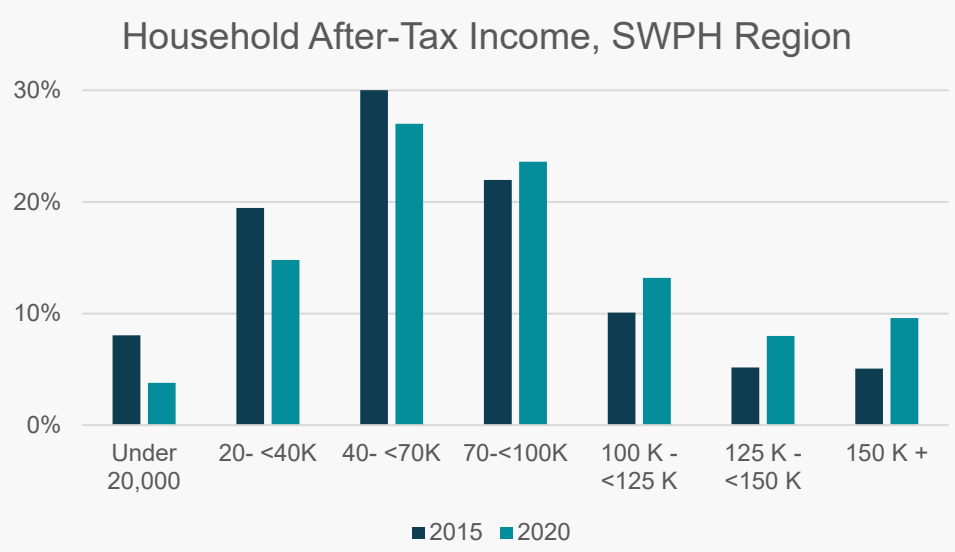
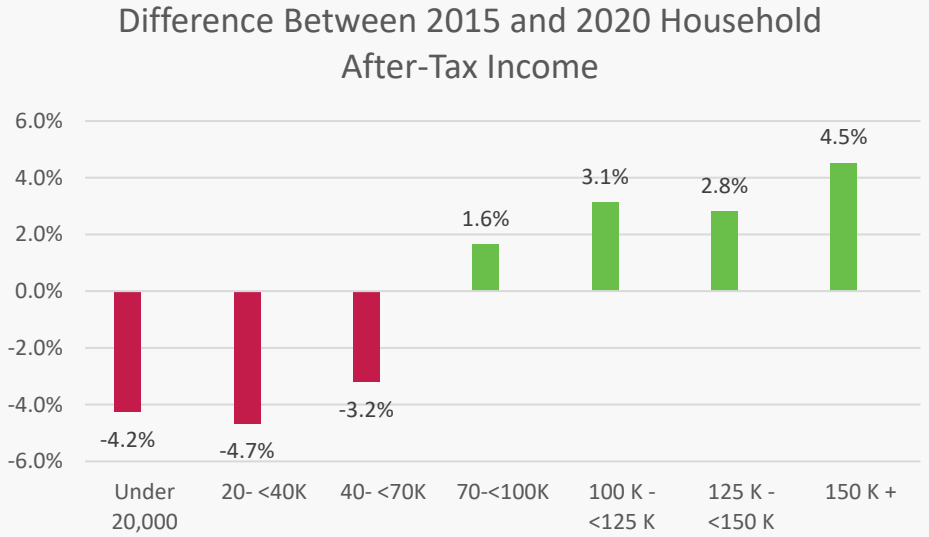
Household Income

- There was a decrease in the proportion of households in lower income categories and an increase in higher income categories from 2015 to 2020, which mirrors a province-wide trend





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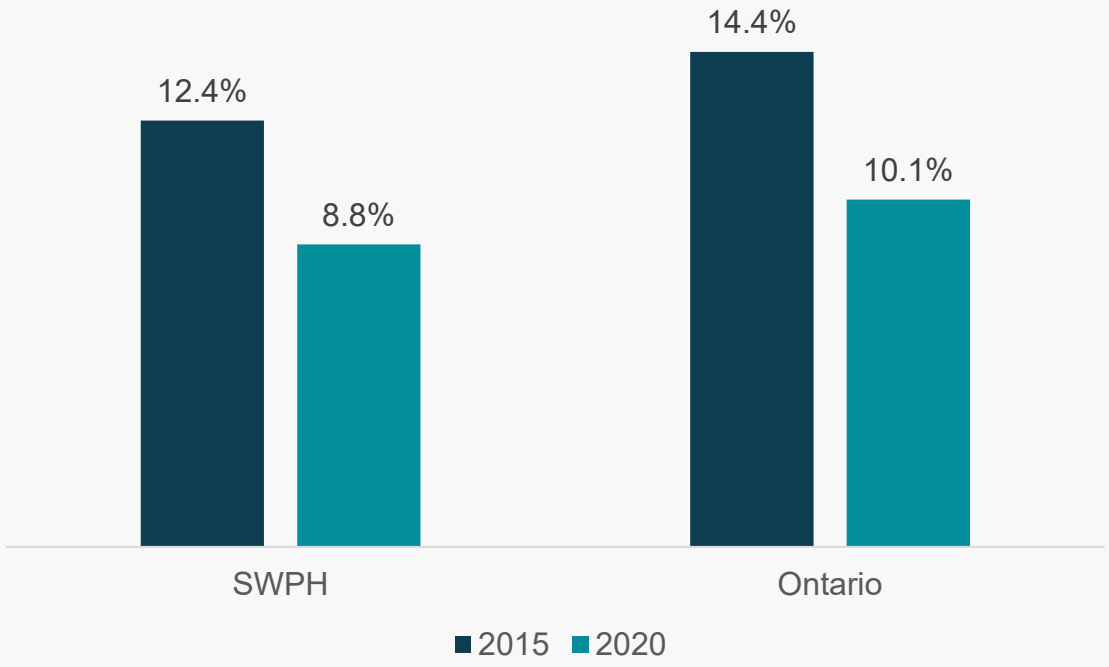
Low-Income Measure, After Tax (LIM-AT)

- The proportion of the SWPH population considered low-income using this measure decreased from 2015 to 2020
  - It's important to note this does not reflect the proportion of the population that are struggling to make ends meet. In 2023, the total basic cost of living for a family of 4 is estimated to be approx. $81K annually in the London Elgin Oxford region[2]



Low-income measure thresholds

Household Size	Household After-tax Income, 2020	Household After-tax Income, 2015
1 person	26,503	22,133
2 persons	37,480	31,301
3 persons	45,904	38,335
4 persons	53,005	44,266
5 persons	59,261	49,491
6 persons	64,918	54,215
7 persons	70,119	58,558

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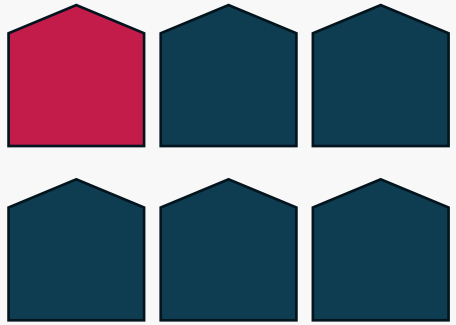
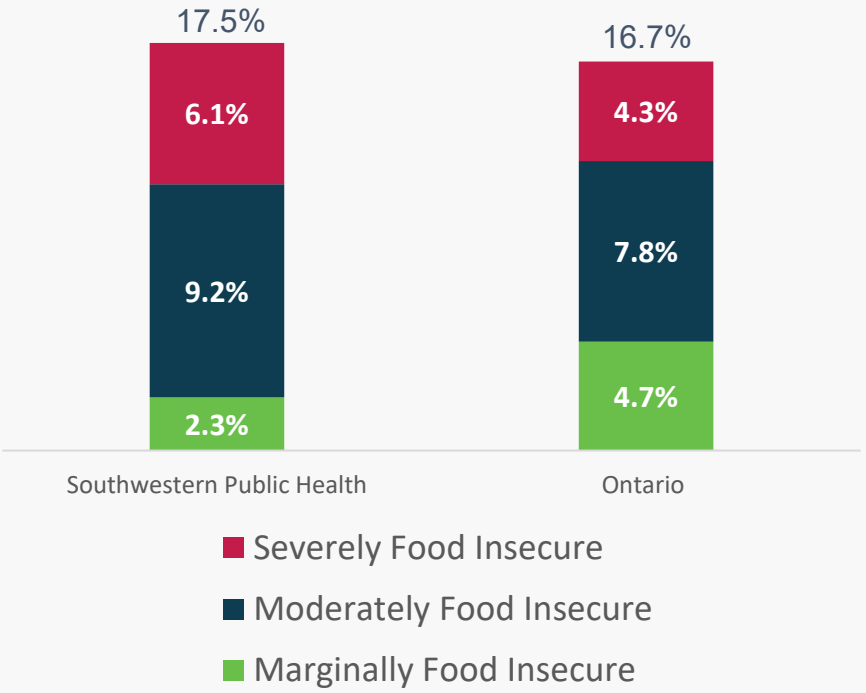
Food Insecurity

- An individuals' health and wellbeing are tightly linked to their household food security status.
- Almost 1 in 6 households (17.5%) in the SWPH region were food insecure between 2018 and 2020





- While the overall level of food insecurity in the region was comparable to the province, SWPH had a higher proportion of households that were moderately and severely food insecure.

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Ontario Marginalization Index

- The Ontario Marginalization Index (ON-Marg) is a tool that combines demographic indicators from the census to show differences in marginalization by geography
- These indicators are grouped together to create four categories (also known as dimensions) representing different aspects of marginalization:
  - Households and Dwellings
  - Material Resources
  - Age and Labour Force
  - Racialized and Newcomer Population
- All of the dissemination areas (DAs) in Ontario in each of these dimensions are ranked and sorted into quintiles (5 equal groups)
  - This means that SWPH ON-Marg maps compare marginalization locally to the province

Dissemination areas are small geographic units with a population of 400-700 people. There are 317 in the SWPH region.

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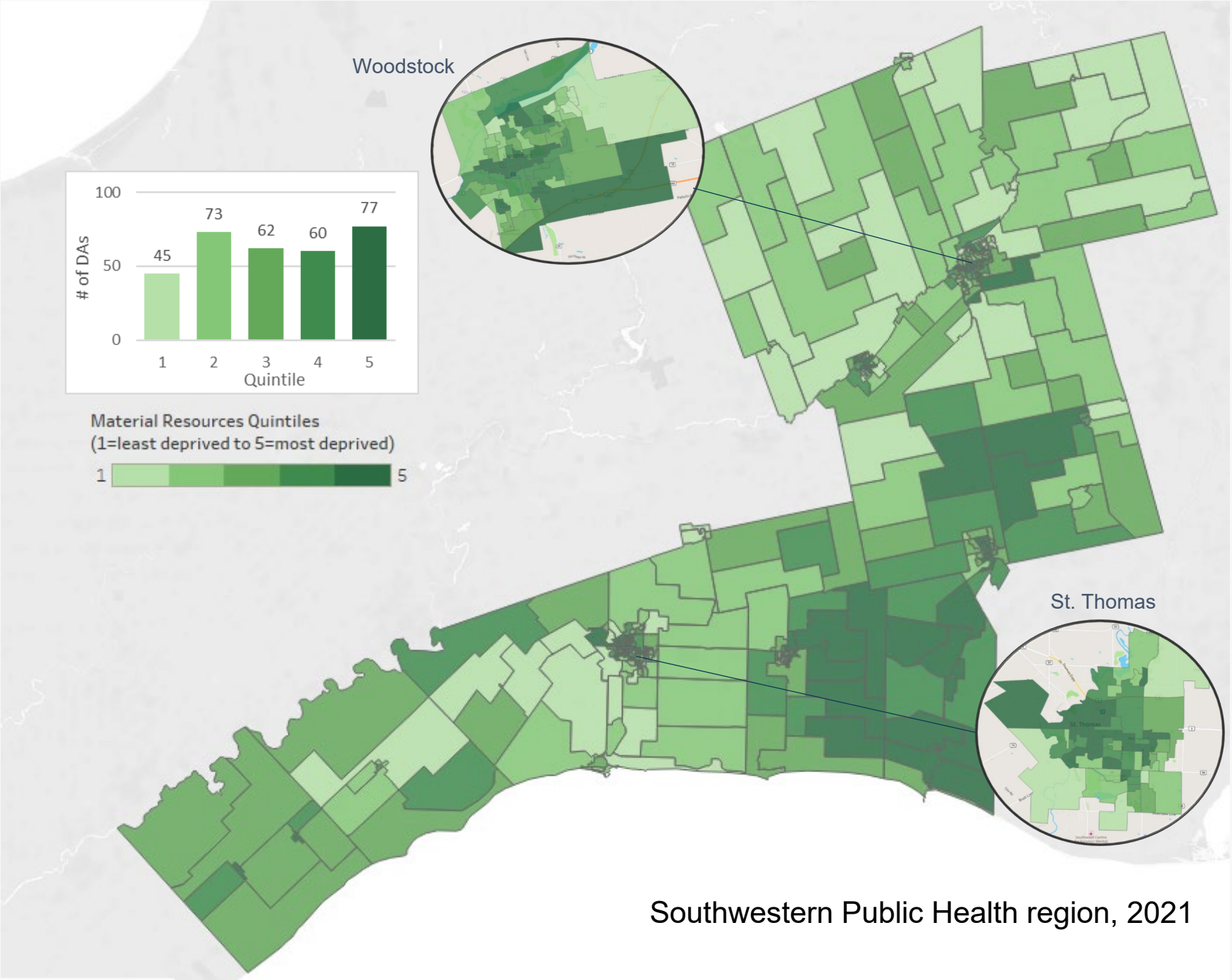
Material Resources

- This dimension is closely connected to poverty and refers to the inability for individuals and communities to access and attain basic material needs relating to housing, food, clothing, and education.
- 1 in 4 SWPH DAs are in the most deprived quintile in 2021, similar to 2016.
- The most deprived areas in SWPH tend to be in the South East and in urban centres



Southwestern Public Health region, 2021

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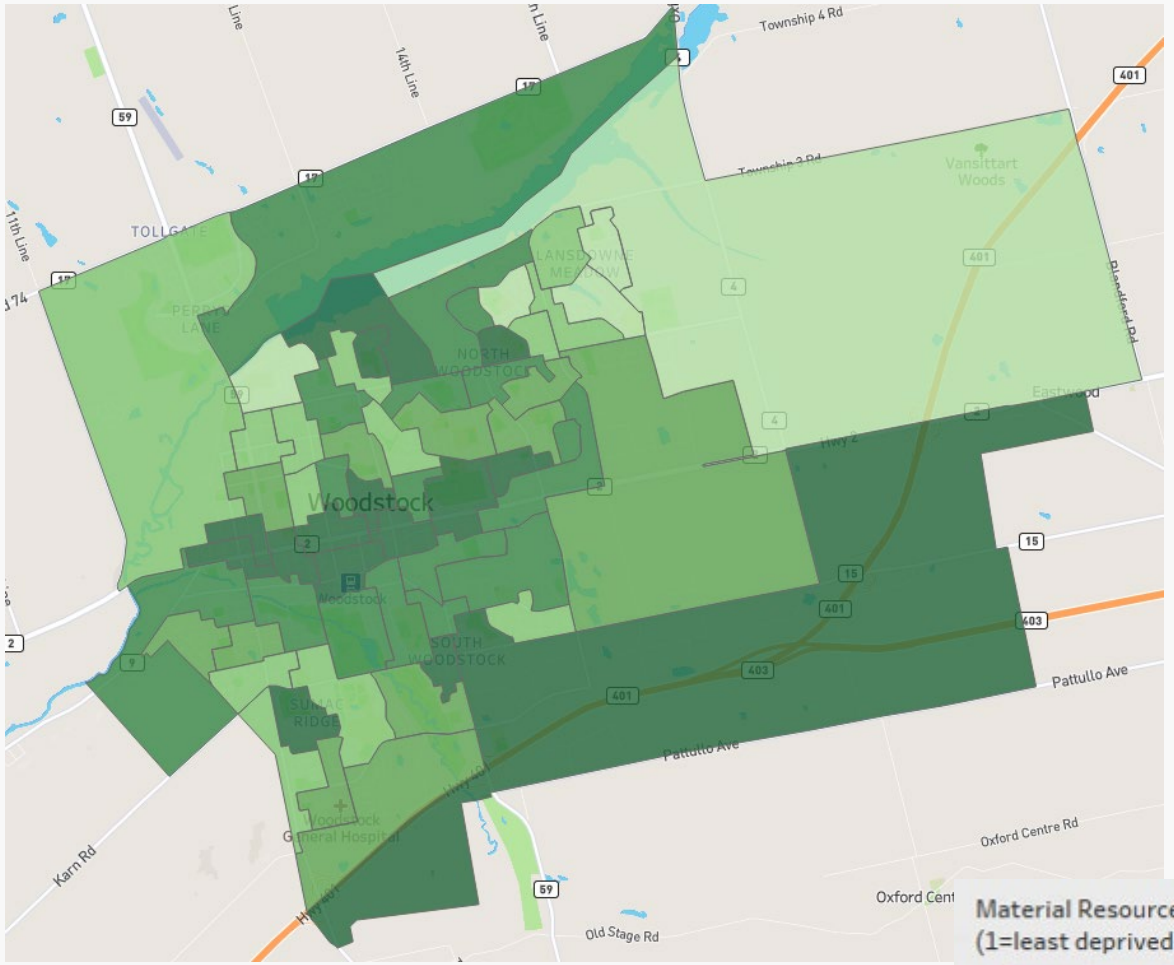
Material Resources

Woodstock



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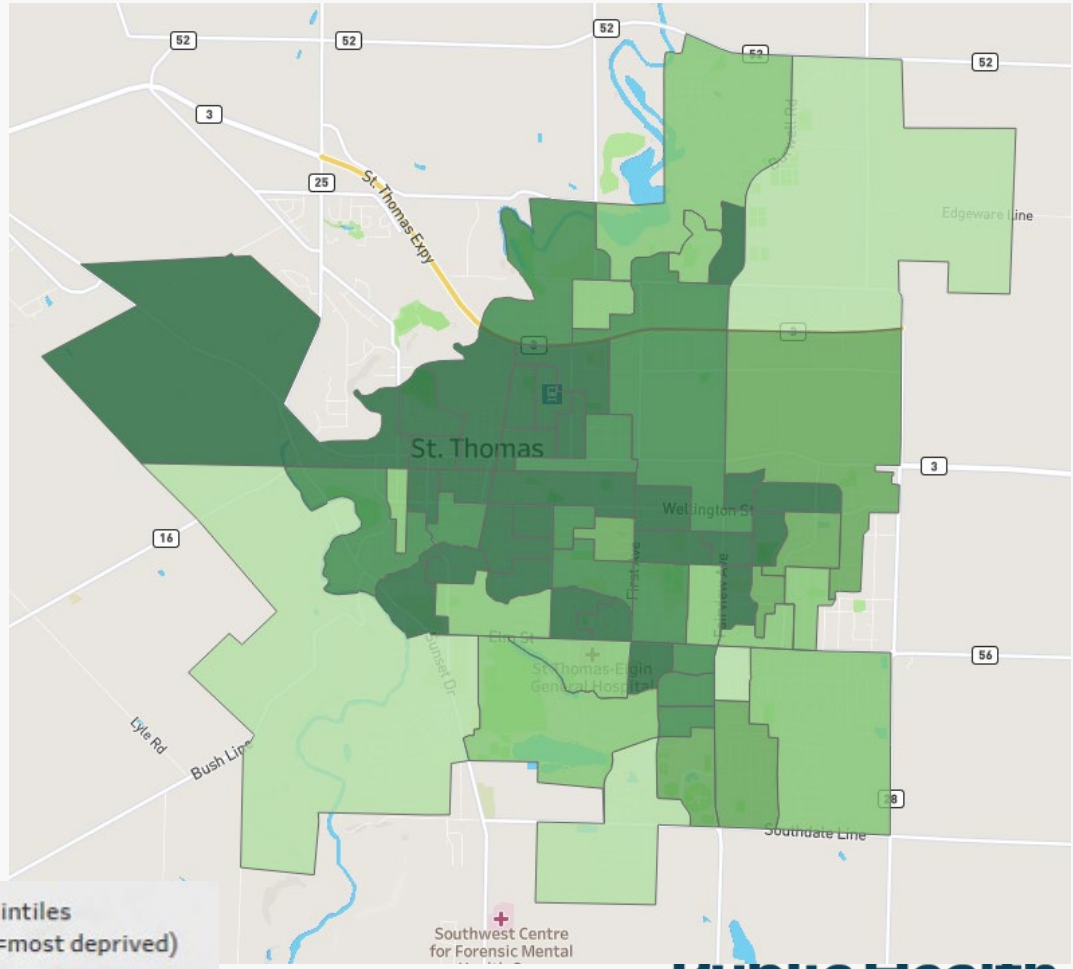

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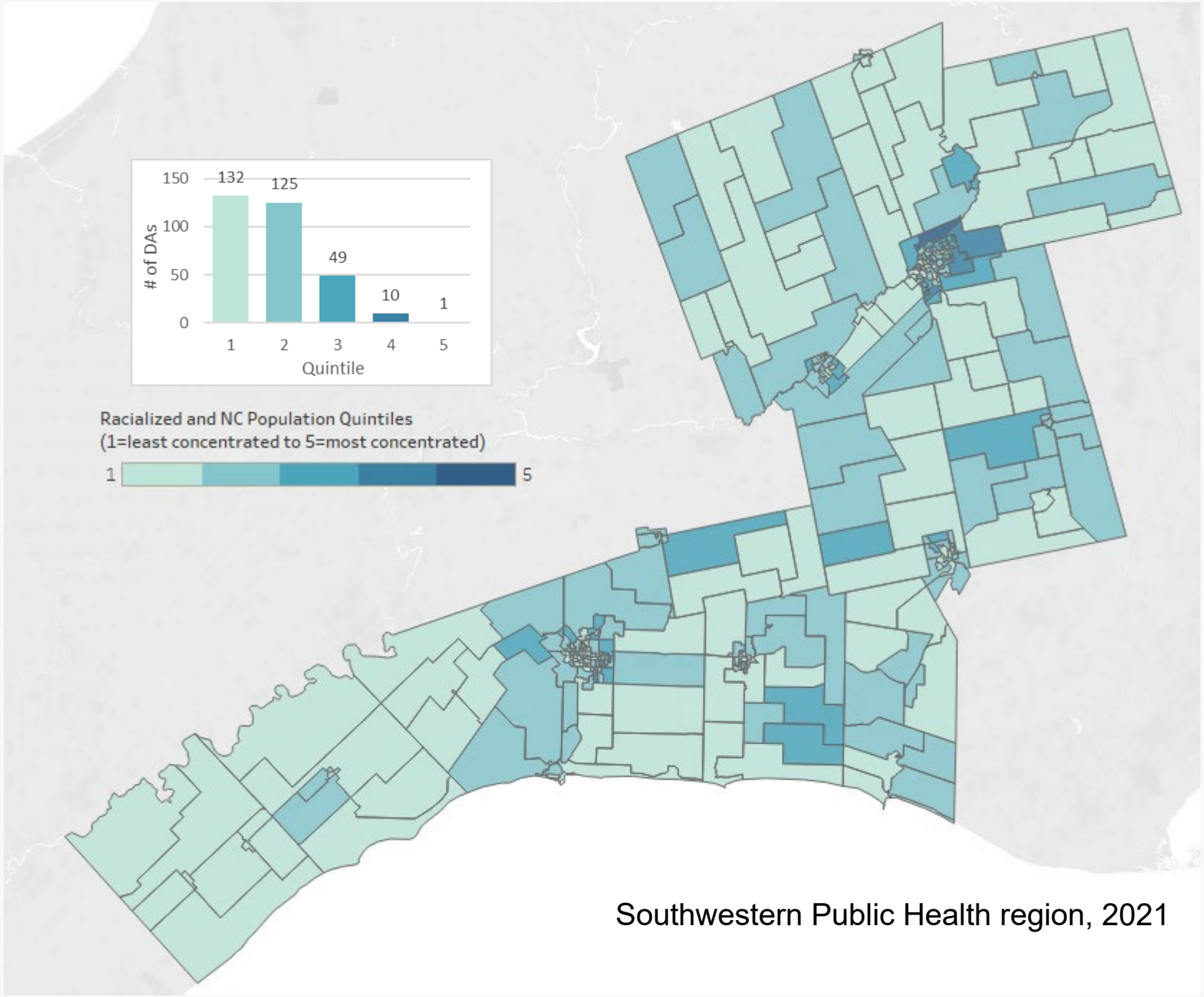
Racialized and Newcomer Populations



Southwestern Public Health region, 2021

- This dimension measures the proportion of newcomers, and/or non-white, non-Indigenous populations. These communities may experience high levels of racialization and xenophobia.
- Compared to other parts of Ontario, SWPH has a very low concentration of racialized and newcomer populations, with only 1 DA in Woodstock in the most concentrated quintile

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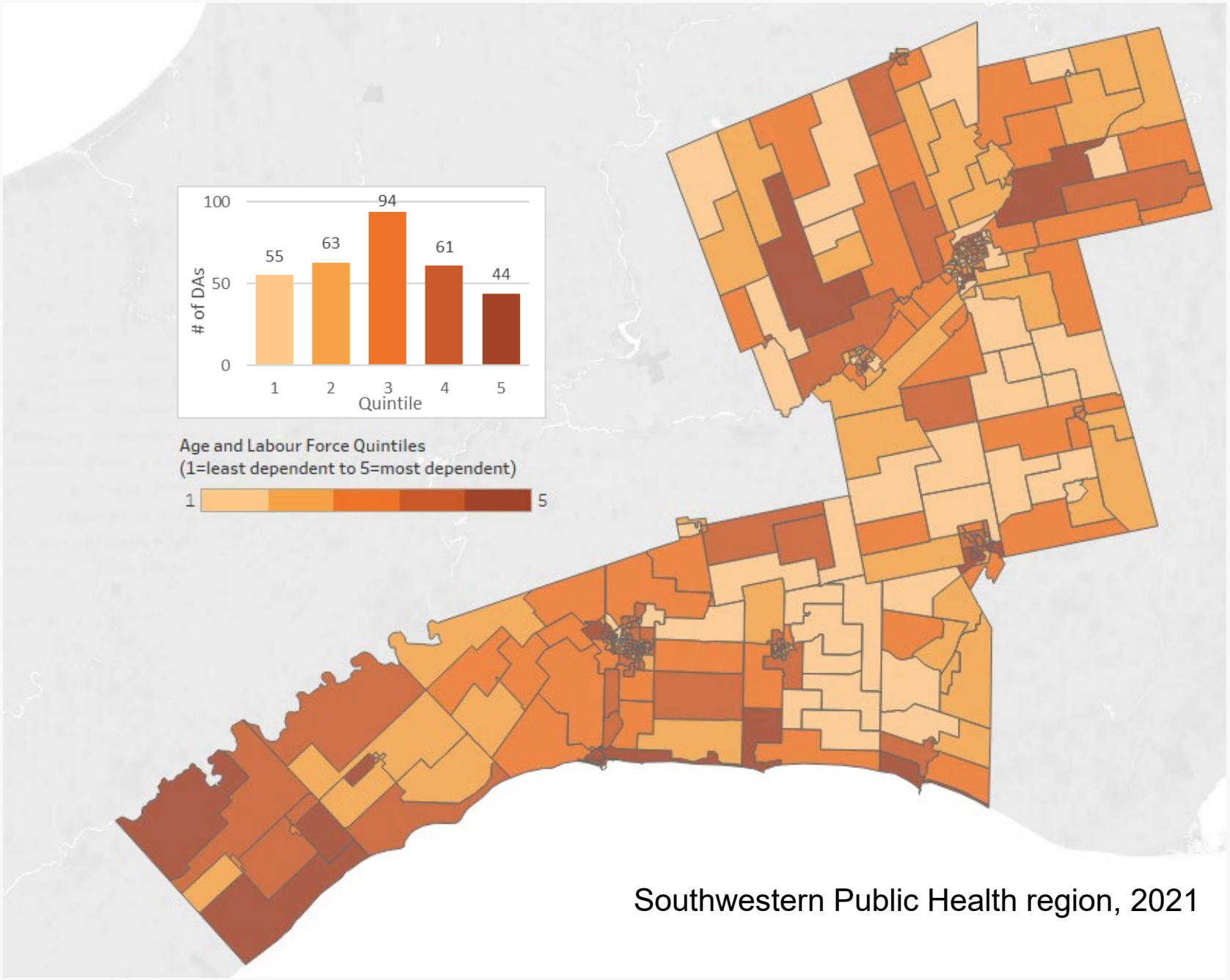

Southwestern Public Health region, 2021

Age and Labour Force

- This dimension measures the proportion of people who may require more financial and service support because of their age and employment situation. This includes older adults, children, and those unable to work due to disability.
- There are pockets of dependency throughout the SWPH region

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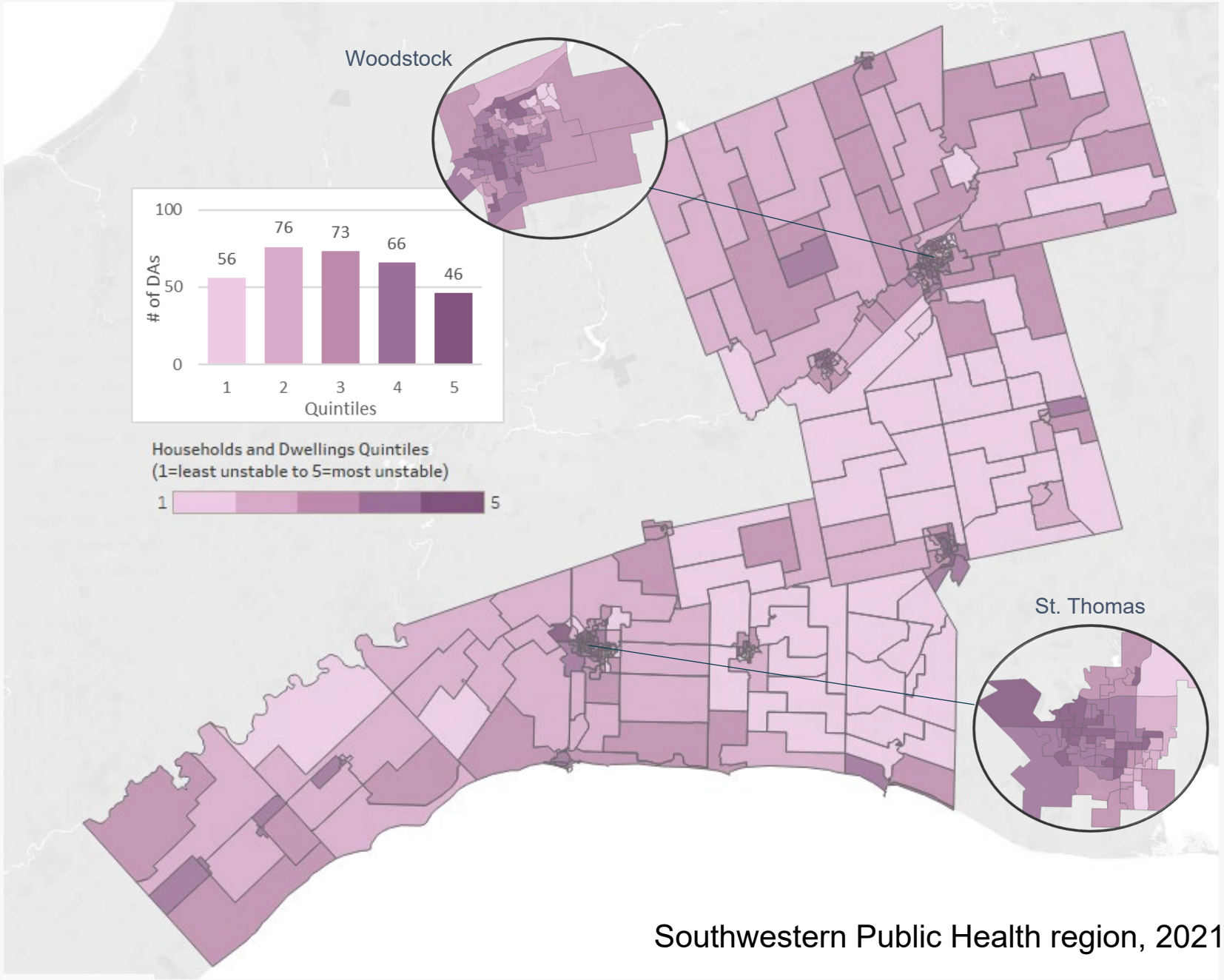

Southwestern Public Health region, 2021

Households and Dwellings

- This dimension relates to family and neighbourhood stability and cohesiveness and is based on measures of housing, age and marital status to identify areas with more people who do not own houses, who move frequently and who live alone.
- High residential instability is concentrated in urban areas in the SWPH region

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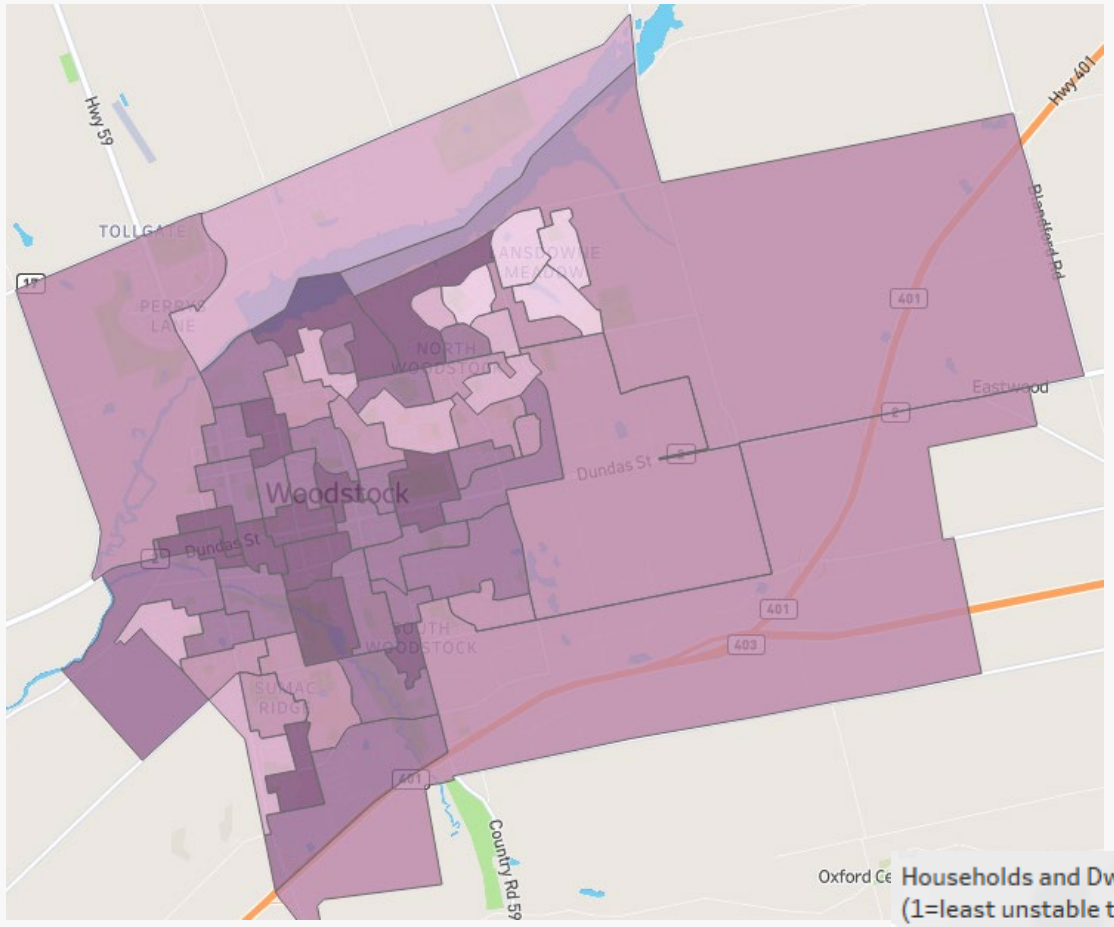
Households and Dwellings

Woodstock



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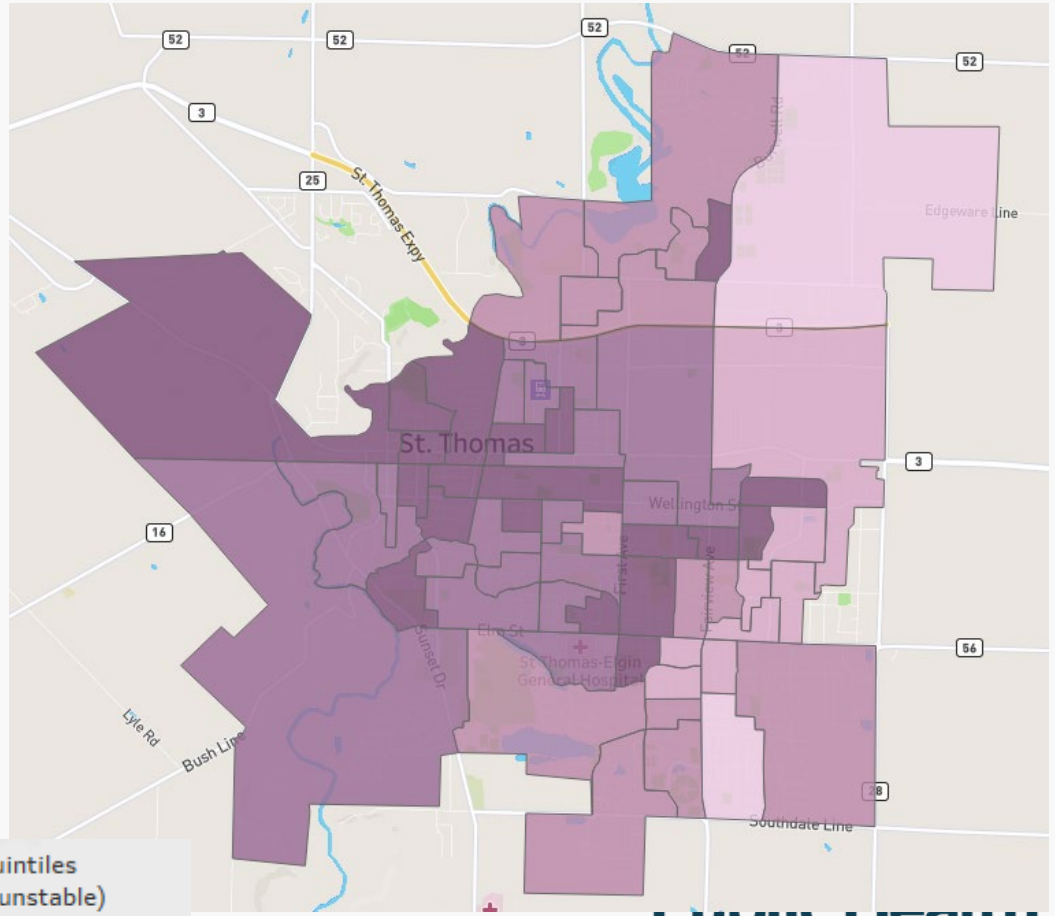

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Data Sources and References

Data Sources

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- National Household Survey, Statistics Canada, 2011
- Canadian Income Survey, Household Food Security Survey Module, Statistics Canada, 2018 - 2020
- Ontario Marginalization Index, Public Health Ontario, 2021, 2016

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1. Statistics Canada. The Daily, Wednesday, April 27, 2022. [Internet]. 2022. [Cited 2023 October 11]. Available from:

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CEO REPORT

Open Session

MEETING DATE:	November 22, 2023
SUBMITTED BY:	Cynthia St. John, Chief Executive Officer (written as of November 17, 2023)
SUBMITTED TO:	Board of Health
PURPOSE:	☒ Decision ☐ Discussion ☒ Receive and File
AGENDA ITEM #	5.2
RESOLUTION #	2023-BOH-1122-5.2

1.0 PROGRAM UPDATES (RECEIVE AND FILE):

1.1 SEXUAL HEALTH

HIV Self-Testing at Home Kits

HIV Self-test kits are kits that people can use within their own homes to test themselves, by means of a finger stick blood test, to determine their HIV status. The kits are designed to be screening tools and do require a person to have a traditional blood test to confirm their result. These kits were approved in Canada in 2020 but are not publicly funded. They are available for purchase through pharmacies or online. This type of testing provides an opportunity for people to access HIV testing in the comfort of their own homes, where they can come to terms with their results and then reach out for support once they feel ready to do so.

In the spring of 2023, Southwestern Public Health (SWPH)'s Sexual Health Team signed up to participate in a pilot program being provided by the Canadian AIDS Treatment Information Exchange (CATIE) called Community Link. This is a research project about expanding access to HIV Self-test kits in local communities. We received 100 kits for free to distribute to our priority populations. We developed a policy for distribution, a process for documentation and an information sheet with local resources for support that goes out with each kit.

The Sexual Health team began distributing the kits in October. The kits distributed so far have been well received and were given to people who had never heard of or accessed HIV Self-test kits before. The Sexual Health team hopes that participating in this pilot project will allow us to not only provide new testing technologies to people who might not otherwise be able to access them but also help us understand the demand for these kits, guiding our practice in the future.

1.2 FOUNDATIONAL STANDARDS

SWPH Respiratory Illness Activity Dashboard

This fall, the Foundational Standards team launched the Southwestern Public Health Respiratory Illness Activity Dashboard. This online dashboard builds off the previous COVID-19 dashboard, but now also includes surveillance data on Influenza and RSV (Respiratory syncytial virus). The purpose of the dashboard is to inform the community and our partners about the level of risk and trends of respiratory viruses in the Southwestern Public Health region. The Summary page provides the overall risk level and trend for Covid-19 and Influenza. Subsequent pages of the dashboard include data on the number of confirmed cases, percent positivity, hospitalizations, wastewater data and institutional outbreaks for Covid-19, Influenza, and RSV (when available). The Technical Notes page provides a short description of the methods of analysis and data sources.

Each week on Tuesdays during the respiratory season (i.e., October – April), the epidemiologists will refresh the dashboard to provide our community with the most up-to-date risk levels and trends of respiratory viruses circulating in the community.

1.3 CHRONIC DISEASE, INJURY PREVENTION AND SUBSTANCE USE UPDATE

Planet Youth, or the Icelandic Prevention Model, is a primary prevention model for youth substance use developed in Iceland. Over the last five years, interest in Planet Youth has grown, and over 100 communities worldwide have adopted this approach. The model focuses on shifting environmental risk and protective factors toward well-being, viewing society as the patient. There is an emphasis on using local data and fostering collaboration among community stakeholders to take action to effect the necessary changes and influence behaviour change.

On October 12, 2023, SWPH partnered with the Community Action Network for Children and Youth Elgin (CAN) to host a forum to discuss the Planet Youth Model. The event's main goal was to mobilize the community and garner commitment to adopting this approach. At the event, 72 community members representing social service agencies, municipal leaders, law enforcement, schools, business owners, parents, and local physicians came together to discuss the potential for Elgin County and St. Thomas communities. The event was well supported, and over 30 attendees agreed to remain involved and develop a plan for the next steps and data collection.

On October 30, Health Canada released the Canadian Drugs and Substances Strategy, which includes a new funding opportunity for communities to build interest and involvement in this model, gather the data, and implement changes to improve social and physical environments. More information about this funding opportunity will be forthcoming.

In Oxford County, some community partners have expressed interest, and we will continue to build awareness about this approach and the need to take a community-led approach to preventing youth substance use.

1.4 HEALTHY SCHOOLS TEAM SUMMARY

Using “Most Significant Change (MSC)” stories as a form of monitoring and evaluation is a valuable tool to capture the impact made by complex programs that more traditional forms of evaluation may not be able to do. Programs that focus on social change or those services that are customized and offered to smaller groups are examples of programs well suited for MSC stories. It uses a story approach to answer more subjective questions, like the what, when, and why of an impactful program.

The use of MSC stories can have several benefits to organizations that use them as evaluation tools. A story can provide a better picture of what is happening, rather than changes and improvements being reduced to number form. They are also a valuable way to recognize unexpected changes or those changes that otherwise may not have a predefined measure or outcome indicator. MSC, as an evaluation tool, is also very user-friendly. It requires minimal professional skills but allows the stakeholder to make valuable contributions to analyzing their results to explain the importance of the changes they discuss (Source: Davie & Dart (2005) http://www.mande.co.uk/docs/MSCGuide.pdf).

For the 2022-2023 school year, the Healthy Schools Team used MSC stories as an evaluation tool to describe changes in students' health or the school. The following question was used to guide the creation of the stories: "Looking back over the 2022-2023 school year, what do you think was the most significant change in the health of students (individual level) and/or the health of the school(s) (school level) and/or the education system as a result of your collaboration?"

Each of the team members wrote a story and then shared it with the team aloud during a summer team meeting. The stories were moving, emotional, impactful, and full of rich examples of the Healthy School Team's impact on our area schools and sharing the stories in that format allowed for rich dialogue so staff could learn from each other and celebrate each other's successes. The team plans to use this evaluation tool annually combined with several other evaluation strategies such as partnering with academic organizations to evaluate individual programs such as the Healthy Relationships Plus Program, utilizing year-end principal surveys to assess our impact, and monitoring our internal dashboard to ensure the team is meeting our goals and is aligned in our priorities and exploring other opportunities to continue to measure the impact of our work.

1.5 HEALTHY ENVIRONMENTS

November is Radon Awareness Month in Canada. Radon is the number one cause of lung cancer among non-smokers. SWPH will be providing education to homeowners on what they can do to protect themselves from this naturally occurring gas and will be providing free radon test kits between November 15th and November 24th, available for pick up at both office locations.

The Environmental Health (EH) team has been attending meetings with the Ministry of Natural Resources and Forestry (MNRF) and area health units regarding legacy gas and oil wells and associated health risks. SWPH will add information on the risk of hydrogen sulphide and continue to engage the MNRF regarding support from public health.

Current work priorities for the EH team includes providing information and education on air quality events such as those experienced in summer 2023. Information on the SWPH website has been updated and response preparation for 2024 is taking place. The Ministry of Health hosted a meeting with representation from Public Health Ontario and Environment and Climate Change Canada regarding extreme heat events. The purpose of this meeting was to begin to prepare for seasons of risk in 2024 and discuss the implications for public health to prepare and respond to a potential increase in events.

Work is moving ahead on the Climate Change Vulnerability Assessment (CCVA), in partnership with the University of Waterloo, Waterloo Climate Change Institute. Consultation meetings have been held with external and internal partners to determine vulnerable populations and the geographical individuality of the SWPH area. Priorities for the CCVA will include the psychosocial impacts of climate change.

A low-cost rabies clinic took place on Saturday, September 30th. One veterinary office participated and reported relatively low numbers in attendance. We had reached out to several vets, well in advance, asking for participation. We will be debriefing on how to engage in increased participation for next year.

The Regulatory Compliance Ontario Centre of Excellence hosted a meeting on October 31st to launch the Southwestern Regional Regulatory Hub Launch. This event brought together a number of authorities across the region with the purpose of strengthening and advancing our regulatory compliance and enforcement community through innovation and collaboration. SWPH has a follow-up meeting with the Compliance Centre on November 14th to discuss specific issues for our area.

2.0 CEO UPDATES FROM THE FIELD (RECEIVE AND FILE):

2.1 STRENGTHENING PUBLIC HEALTH (FOR INFORMATION)

On October 30, 2023, the Office of the Chief Medical Officer of Health (CMOH) released further materials related to the Ministry's Strengthening Public Health strategy. The slide deck is attached for reference.

The greatest difference between the August 30th release and the October 30th release is that the Ministry has defined the criteria that must guide the discussions of any merging of public health units.

2.2 WHITE PAPER PUBLICATIONS

Recently, the Association of Supervisors of Public Health Inspectors of Ontario (ASPHIO) and Health Promotion Ontario (HPO) each published a White Paper, one Highlighting the Vital Role of Public Health Inspectors Within a Responsive and Effective Public Health Workforce: A Report to the Ontario Ministry of Health and the other on The Value of Local Health Promotion in Ontario, respectively.

These White Papers strategically align with the CMOH's 2022 Annual Report, which stresses the need for ongoing investment in public health. This includes health system readiness to detect and manage outbreaks and to build a skilled, adaptable, resilient public health workforce, cross-trained in public health core competencies with the surge capacity to respond to outbreaks, pandemics, and other emergencies while maintaining essential public health services, including health promotion.

Health Promotion Ontario (HPO)

HPO represents professionals from various settings, including local public health agencies that practice health promotion across Ontario. The White Paper (and infographic) from HPO highlights that investing in health promotion in Ontario is a crucial strategy to address the healthcare crisis and enhance resilience for future pandemics and public health emergencies. The paper notes that by prioritizing preventative measures and working on upstream public health initiatives, the province can achieve several key benefits, including disease prevention, which reduces the burden on the healthcare system by minimizing the occurrence of chronic diseases and infectious disease outbreaks, leading to significant cost savings; thereby, reducing the strain on healthcare budgets.

The report included a recommendation "to maintain the current breadth and scope of health promotion work outlined in the Ontario Public Health Standards to ensure that health promotion is prioritized on an ongoing basis to prepare for and respond to current and future crises."

SWPH supports the recommendation and will continue to promote the value of upstream interventions and primary prevention activities to enhance the community's well-being.

Association of Supervisors of Public Health Inspectors of Ontario (ASPHIO)

ASPHIO represents program managers and program directors of local public health agencies who supervise public health inspectors delivering environmental health programs and services.

The White Paper from ASPHIO provides a snapshot of how the performance of programs and services delivered by public health inspectors (PHIs) in local public health agencies have been impacted by the Covid-19 pandemic and how the versatility, flexibility and adaptability of PHIs were invaluable throughout the pandemic response. The paper includes several recommendations to strengthen the PHI workforce, support program development and facilitate recovery. This includes promoting continuous quality improvement and establishing indicators and related processes that help ensure a sustainable PHI workforce that is equipped to address current and future public health priorities for the ongoing protection and promotion of the health and well-being of Ontarians. The focus of some of these recommendations includes sustainable funding, training and professional development, and the marketing of the profession to attract new public health inspectors to the industry.

The recommendations in the report align with the values and strategic priorities of SWPH, and we will continue to leverage public health inspectors' knowledge, skills, and abilities to address current and emerging public health events in our community.

2.3 AMO HEALTH TRANSFORMATION TASK FORCE

I will note that recently I received word that I will be joining AMO's Health Transformation Task Force. This group will be providing the Premier and Minister of Health with key advice on all things "health" including "public health strengthening." I look forward to bringing the perspective of a small urban, large rural public health agency to this table and its conversations about how health is impacting local municipalities and I will keep the board apprised of matters of interest as able.

3.0 GOVERNANCE MATTERS (DECISION):

3.1 TERMS OF REFERENCE: SPECIAL AD HOC COMMITTEE: STRENGTHENING PUBLIC HEALTH PROVINCIAL STRATEGY (DECISION)

At the Board of Health meeting on October 26, 2023, it was noted that a Terms of Reference would be brought forward for the Special Ad Hoc Committee: Strengthening Public Health Provincial Strategy. According to Bylaw No. 1, Article 74, "Special ad hoc committees may…be established, and the members appointed for a specific purpose for a specific period of time. Such committees shall be deemed to be discharged when their purpose has been achieved." Please see the attached Terms of Reference for Board review and approval.

MOTION: 2023-BOH-1122-5.2-3.1
That the Board of Health for Southwestern Public Health accept the Terms of Reference for the Special Ad Hoc Committee: Strengthening Public Health Provincial Strategy for November 22, 2023.

3.2 OFFICIAL CONFIRMATION OF LEE ROWDEN (RECEIVE AND FILE):

I am pleased to inform the Board that we have received notice from the office of the Public Appointee Secretariat on October 27, 2023 of Lee Rowden's re-appointment to the Board of Health. His re-appointment is for one year, effective November 29, 2023. And on the heels of that notification, we received notice on November 17, 2023 of David Warden's re-appointment to the Board of Health as well. His re-appointment is for three years, effective January 1, 2024.

We appreciate receiving confirmation of all our Provincial Appointees to the Board as we head into what will be a very busy year. SWPH plays a pivotal role in safeguarding the health and well-being of our community members in Oxford County, Elgin County, and the City of St. Thomas, and the stability of our Board of Health plays a crucial part in the oversight and governance of the health unit, ensuring it can effectively respond to public health challenges, emergencies, and the ongoing needs of our communities.

4.0 FINANCIAL MATTERS (DECISION):

4.1 THIRD QUARTER FINANCIAL STATEMENTS (DECISION):

At the end of Q3, September 30, 2022, Southwestern Public Health is currently underspent by approximately $4.4M or 19% of the overall budget, see attached. The variance to budget is higher than expected as the Covid-19 expenditures associated with SWPH's response is less than originally anticipated. In our Q3 report to the Ministry and as the Ministry directed, we indicated that SWPH would absorb the cost of the Covid-19 response in our mandatory budget. It is expected that this would result in there being no additional surplus by year end.

MOTION: 2023-BOH-1122-5.2-4.1
That the Board of Health to approve the third quarter financial statements for Southwestern Public Health as presented.

4.2 AUDIT ENGAGEMENT LETTER AND PLANNING LETTER (DECISION):

Graham Scott Enns has provided us with the engagement letter and the planning letter for the upcoming 2023 fiscal year end audit. The letters are required to be signed by the Board Chair.

The engagement letter highlights the objectives of the audit, the auditor's responsibility, management's responsibility, and the relevant terms that govern the engagement. The planning letter provides the relevant changes in accounting standards and the scope and timing of the audit. The attached letters have been reviewed in detail by staff and it is noted that the letters are standard and there are no concerns. I am therefore requesting that the Board approve the Board chair signing the letters.

MOTION: 2023-BOH-1122-5.2-4.2
That the Board of Health approve the Board Chair signing the engagement letter and audit planning letter received from Graham Scott Enns as presented, in preparation for the upcoming 2023 financial audit.

4.3 REVISED FUNDING LETTER (RECEIVE AND FILE):

On November 6, 2023, SWPH received an updated funding letter and accountability agreement (see attached) highlighting the Infection Prevention and Control Hubs, 100% provincially funded approved one-time funding for the period of April 1, 2023 to March 31, 2024 in the amount of $582,500. SWPH is happy to report that this was the amount requested.

MOTION: 2023-BOH-1122-5.2-4.3
That the Board of Health receive and file the revised 2023 Public Health Funding and Accountability Agreement.

4.4 2024 GENERAL COST-SHARED & 100% PROVINCIALLY FUNDED BUDGETS (DECISION):

We are pleased to attach the draft 2024 Program Budget package for your review, direction, and decision. The package includes budgets for all provincially mandated programs and services. There are no cost-shared budgets for any items that are not provincially mandated. Staff at all levels were involved in the creation of these budgets. We are proud to say that this budget package was derived from extensive program planning that was guided by evidence to support program direction.

This budget package reflects maintaining the momentum and direction from the Board throughout the 2023 year. There is no question that public health can always do more but it is also necessary to balance what is fiscally possible, particularly in challenging financial constraints. In effect, this budget reflects the direction to ask for what is needed but it is also a "stay the course" budget vs. a fast-track improved health outcomes over and above 2023 investments.

We will review this budget package thoroughly at the meeting including the specific costs associated with the cost-shared programs, the costs associated with 100% provincially funded ongoing programs, and the costs associated with the 100% provincially funded one-time initiatives. We will also discuss the draft levy amounts for municipal partners.

MOTION: 2023-BOH-1122-5.2-4.4
That the Board of Health accepts the 2024 Budgets for General Cost-Shared program, for 100% Provincially funded ongoing initiatives, and for 100% Provincially funded one-time initiatives.

MOTION: 2023-BOH-1122-5.2
That the Board of Health for Southwestern Public Health approve the Chief Executive Officer's Report for November 22, 2023.

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

STRENGTHENING PUBLIC HEALTH

Outcomes and Objectives to Support Voluntary Mergers

October 2023

Ontario

Context: A Strategy to Strengthen Public Health in Ontario

A Three-Pronged, Sector-Driven Approach

In August 2023, the government announced that the province is proceeding with a **three-pronged, sector-driven strategy** to optimize **capacity, stability, and sustainability** in public health and deliver **more equitable health outcomes** for Ontarians.

1. Roles and responsibilities

Conducting a **review of the Ontario Public Health Standards (OPHS)** with an aim to refine, refocus and re-level roles and responsibilities, collaborating with partners to optimize functions, for implementation beginning January 1, 2025.

2. Voluntary mergers

Enhancing capacity by facilitating voluntary mergers between LPHAs, through a **sector-driven approach** and by providing **time-limited funding,** for implementation beginning January 1, 2025.

3. Funding

Restoring **provincial base funding** to 2020 levels by January 1, 2024, implementing 1% **growth base funding** for the next three calendar years (2024-2026), creating a **three-year Merger Support Fund** for 2024-25 to 2026-27, and reviewing public health funding methodology for sustainability.

System Vision & Strategic Approach

The public health sector, municipalities and the province have an opportunity to work in partnership towards a **vision for a public health system in Ontario** where all local public health agencies have the **critical mass** and **capacity**, **skilled personnel** and **competencies** needed to deliver core public health services and address public health emergencies **within a cohesive system** that better aligns with community and system partners.

Voluntary mergers, **particularly among smaller LPHAs**, have significant potential to advance this vision by building critical mass, strengthening human resources, and improving system alignment.

A public health sector compromised of fewer, larger, strengthened LPHAs will lead to **improved public health services** for residents, a greater ability to **respond to the unique needs** of communities, **clearer communications** and more **coordinated action for public health emergencies** and issues that cross regional boundaries.

The ministry is working with sector partners to facilitate the voluntary merger process and advance this vision by:

1. Identifying **outcomes** for the public health system
2. Setting **objectives** to achieve these outcomes
3. Establishing a process through which LPHAs can submit **proposals for mergers** that align with the vision, objectives and outcomes.

Public Health Challenges to Address

Public Health System Challenges

Long-standing challenges and opportunities in Ontario's Public Health sector have been well-documented through multiple reports over the past 20 years. Many of these reports have cited challenges with the current system and proposed merging LPHAs in order to strengthen service delivery both locally and across the province.

Capacity

Some LPHAs do not have the **critical mass** to effectively or efficiently deliver all programs and services and to meet unexpected surges in demand. This results in inconsistent **organizational performance** across the province and barriers to effective emergency response.

Human Resources

Some LPHAs have challenges recruiting and retaining skilled **human resources**, both in leadership and in front-line staff, which impacts their ability to deliver programs and services.

System Alignment & Partnerships

The number of public health units creates challenges for **alignment and coordination** across LPHAs, with key partners and with the broader system, which can lead to duplication of efforts and impede progress on common goals.

Strengths and Benefits of Larger LPHAs

Benefits of Larger LPHAs

Mergers to create larger LPHAS can address long-standing capacity (i.e., critical mass and organizational performance) and human resource challenges.

1 Larger agencies serving larger populations are better able to perform essential services, provide a greater array of services, access timely surge capacity and provide a stronger voice for public health in their region.

2 Programs and services can be strengthened in larger agencies, including through targeted service delivery to meet unique community needs.

3 Larger agencies have a greater ability to recruit and retain staff and allow for career progression, including for specialized roles.

Mergers among LPHAs can also address challenges with system alignment and support stronger community partnerships and coordination.

4 Having fewer, larger agencies can reduce duplication and strengthen coordination within the public health system and among partners to enable progress on public health goals.

Preserving and Bolstering Current Strengths

Key strengths of Ontario's current public health system can be preserved and bolstered.

	This means…
Local Service Delivery Leveraging local knowledge and relationships, including with municipalities, allows the work of public health to be responsive to the needs of their communities.	Mergers are **not intended to result in a reduction in local public health service delivery** but should maintain these relationships and strengthen LPHAs' ability to be responsive to community needs.
Skilled Workforce Public health professionals are the backbone of program and service delivery.	Mergers are **not intended to result in the loss of front-line jobs** but should increase the capacity of LPHAs and enable recruitment and retention of public health professionals.
Focus on Health Equity Public health's equity perspective is essential for improving population health outcomes.	Mergers are **intended to enhance LPHA capacity to implement health equity strategies** and consider the needs of local populations, including Indigenous partners and Francophone communities.

Desired Outcomes and Objectives

Desired Outcomes

Mergers of smaller LPHAs are a key strategy to strengthen public health in Ontario as they have significant potential to contribute to the following outcomes:

- A public health system where all LPHAs have the **critical mass and capacity** needed to optimize performance and meet unexpected surges in demand.
- A public health system where all LPHAs have the **skilled personnel and competencies needed** to fully deliver **core public health services**.
- A **cohesive public health system that better aligns with community and system partners** to support progress on improving population health outcomes while reducing health inequities.

Capacity Objective: Critical Mass

Expected Outcome: A public health system where all LPHAs have the critical mass and capacity needed to optimize performance and meet unexpected surges in demand.

1

Build critical mass through LPHAs that have a **minimum population base of approximately 500,000** (with consideration for population trends, characteristics and geography, as outlined below).

- *A systematic review found that increasing the size of population served by local public health agencies is the strongest predictor of performance and is associated with economies of scale. One study found increases in performance plateau around a population of 500,000, while Ontario specific data indicates there may be benefits up to 1,000,000.*
- *Multiple inputs from stakeholders in 2019-2020 cited that population size is a predictor of public health performance and noted target population sizes in the range of 300,000 - 500,000.*

When considering the optimal population size, potential merger partners may also consider:

- **Future population growth** as it relates to minimum population base to ensure a critical mass is achieved and maintained.
- **Population density** and **geography** recognizing that in limited circumstances, mergers of geographically large, remote and sparsely populated LPHAs may result in geographic challenges that outweigh the benefits of achieving a minimum population base of 500,000.
- The impact of **population characteristics** on LPHA capacity, including considering whether the merger would benefit from 'like to like' (e.g., multiple rural agencies merging) or the presence of an urban centre (i.e., central hub for service delivery and access to skilled workforce).

Capacity Objective: Organizational Performance

Expected Outcome: A public health system where all LPHAs have the critical mass and capacity needed to optimize performance and meet unexpected surges in demand.

2

Maximize **improvements in organizational performance**, which may include reinvestment of any expected savings.

- *Previous LPHA mergers have demonstrated they provide opportunities for integrating operations and strengthening service delivery over time.*

When considering how to maximize organizational performance, potential merger partners should also consider:

- Addressing **current or ongoing performance issues** based on local organizational assessments and/or previous audits, where applicable.
- Identifying how changes will ensure adequate **infrastructure and support services** (e.g., legal, human resources, I&IT systems, capital infrastructure).
- Identifying opportunities for **changes to the organizational management and governance structures** to maximize performance.
- Achieving an optimal **balance of administrative and program delivery expenses** and opportunities for efficiencies, recognizing that some efficiencies may only be realized in the medium to longer term.

Human Resources Objectives

Expected Outcome: A public health system where all LPHAs have the skilled personnel and competencies needed to fully deliver core public health services.

3 Build and sustain strong **leadership structures** (including MOH, AMOH, CNO and CEO, if appropriate) with the competencies and expertise necessary to navigate the complexities of leading a LPHA and enable deep pathways for succession planning.

4 Achieve and sustain **sufficient competencies and capacities for specialized positions** for which the LPHAs have historical or ongoing vacancies.

- *Issues with recruitment and retention of specialized staff can impact a LPHA's ability to meet requirements of the OPHS.*
- *Studies indicate the presence of full-time, highly qualified leadership and the number of staff and specialized employees in local public health agencies is positively correlated with performance and health outcomes.*
- *Larger agencies can enable strengthened medical leadership, including through the presence of Associate Medical Officers of Health, who can provide additional expertise, support and coverage, and allow for organizational succession planning.*

Potential merger partners should consider:

- Addressing **current or persistent recruitment challenges** for positions within the LPHA(s).

System Alignment and Partnerships Objectives

Expected Outcome: A cohesive public health system that better aligns with community and system partners to support progress on improving population health outcomes while reducing health inequities.

5 Support **improved alignment and coordination with key system partners** both within and outside the health system, to improve public health service delivery.

6 Support **strengthened alignment and partnerships with communities** and **priority populations** to address health inequities.

- *Strengthening alignment with the health system and community partners can support public health's role in delivering health services (e.g., immunization, sexual health, school health), foster action on shared goals and allow for a more coordinated response during emergencies.*

Potential merger partners should also consider:

- That they only include LPHAs with **contiguous boundaries** and **do not result in isolated LPHAs** (i.e., leaving a small neighbouring LPHA behind).
- **Avoiding divisions to existing LPHAs where possible,** unless significant benefits for critical mass, system alignment and partnerships can be achieved.
- That they **preserve relationships with municipalities**.

Implementation Approach

Approach

The objectives and key considerations are designed to support LPHAs in considering voluntary mergers that will benefit local communities while supporting system-level outcomes and priorities.

- LPHAs will be invited to submit a voluntary merger business case that demonstrates how the proposed merger is anticipated to achieve progress on these objectives and advance the intended outcomes.
    - The ministry recognizes that there is considerable diversity across LPHAs and that challenges vary across regions.
    - Based on local and regional circumstances, it is understood that proposed mergers may advance the objectives in different ways and to greater or lesser degrees, depending on the objective.
- LPHAs will also be required to provide implementation and readiness information.
- Transition costs for approved mergers will be funded by the province, along with business continuity requirements.

Implementation and Readiness Information

LPHAs will need to provide additional information for proposed mergers.

This will include:

- Resolution or other form of agreement from existing boards to request approval from the Ministry of Health to create a new LPHA.
- Description of the proposed new LPHA (boundaries, name, governance and leadership structure) and the leadership structure that will be responsible for the planning and oversight of the proposed merger (e.g., joint steering committee structure and its mandate).
- A preliminary transition budget, including funding request for up to 3-years to support merger processes based on admissible costs.

A description of how the proposed new LPHA supports broader policy objectives, including:

- Reducing the number of LPHAs.
- Maintaining or enhancing service levels through the new structure.
- Minimizing impact on frontline jobs.
- Incorporating input from local partners into the planning process and enhancing the new organization's capacity to implement health equity strategies and consider the needs of local populations, including Indigenous partners and Francophone communities.

Merger Transition Funding

The Ministry will establish a three-year Merger Transition Fund to support voluntary mergers.

Examples of merger/transition costs include, but are not limited to:

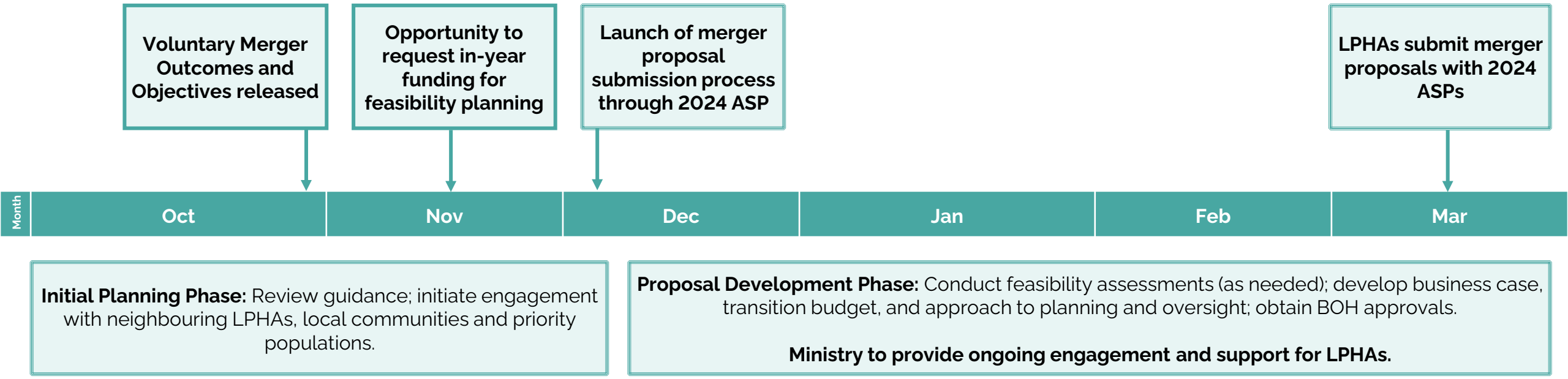
- Temporary dedicated FTEs to support transition and assist with change management
- Consulting services
- Wage harmonization
- Severance costs
- Communication and community engagement costs
- Legal costs
- Information and Information Technology supports
- Capital infrastructure supports
- Moving and relocation costs

Additional funding will also be considered for those LPHAs that are approved for mergers to support business continuity and to ensure program and service delivery stability while change is underway.

LPHAs will also have an opportunity through a 2023-24 in-year process to request one-time funding to support feasibility assessments and initial planning processes, where such costs cannot be managed from within operating funding.

Key Milestones

Additional information on the merger proposal submission process (including merger proposal business case template and eligible expenses) will be shared with the 2024 Annual Service Plan and Budget Submission template in early December 2023 with merger proposal business cases due in March 2024.



Initial Planning Phase: Review guidance; initiate engagement with neighbouring LPHAs, local communities and priority populations.

Proposal Development Phase: Conduct feasibility assessments (as needed); develop business case, transition budget, and approach to planning and oversight; obtain BOH approvals.

Ministry to provide ongoing engagement and support for LPHAs.

Next Steps

LPHAs, together with their BOHs, are encouraged to pursue the following next steps in considering voluntary mergers:

- Review the information provided and participate in ministry outreach about voluntary mergers.
- Initiate or continue discussions with other LPHAs about mergers where there is potential to advance the outcomes and objectives, considering local/regional and provincial/system-level perspectives.
- Engage with local communities and priority populations, including Indigenous and Francophone communities, early in the planning process.
- Share updates with the ministry on the status and progress of consideration of voluntary mergers, including any resolutions issued by Boards of Health.
- Consider need for one-time funding from the ministry to support merger planning or feasibility assessments, if these costs cannot be managed from within the LPHA's existing funding/budget. Information on an in-year request for one-time funding mechanism to be released in late Fall.

Questions about voluntary mergers can be emailed to StrengtheningPH@ontario.ca.

Sources

Multiple inputs were used to inform the development of the voluntary merger objectives and considerations, including:

Reports

- Public Health Modernization Discussion Paper (2019)
- Minister's Expert Panel on Public Health (2017)
- Final Report of the Funding Review Working Group (2013)
- Building Capacity – Ministry Discussion Paper (2009)
- Final Report of the Capacity Review Committee (2006)
- Walker Reports - For the Public's Health: Interim and Final Report of the Ontario Expert Panel on SARS and Infectious Disease Control (2003-04)

Other Sources

- Engagement with sector stakeholders, including the Public Health Leadership Table and the Voluntary Merger Key Informant Group, with representation from Boards of Health, LPHA Leadership (Medical Officers of Health and CEOs), Municipalities, the Association of Local Public Health Agencies, and the Association of Municipalities of Ontario.
- Syntheses of research evidence on public health performance and capacity.
- Documentation from previous LPHA mergers, including Southwestern, Huron-Perth and Simcoe-Muskoka.
- Stakeholder submissions in response to the Public Health Modernization Discussion Document (2019-2020).

SPECIAL AD HOC COMMITTEE:
STRENGTHENING PUBLIC HEALTH PROVINCIAL STRATEGY

TERMS OF REFERENCE

Membership:

Chair, Board of Health	- - - -
Vice Chair, Board of Health	- - - -
Chief Executive Officer, non-voting ex-officio	Cynthia St. John
Medical Officer of Health, non-voting ex-officio	Dr. Ninh Tran

Invited individuals (employees or consultants), as deemed necessary, non-voting

Purpose:
To provide advice and recommendations to the Board of Health for decision.
To provide advice, guidance, and direction to the Chief Executive Officer, related to the Strengthening of Public Health strategy involving merger discussions with other health units.

This Special Ad Hoc Committee is established further to the resolution passed at the October 26, 2023, Board of Health meeting, noted below:

- As per Board of Health (BOH) meeting, October 26, 2023, MOTION: 2023-BOH-1026-C3.1A That the Board of Health for Southwestern Public Health approve striking a Special Ad Hoc Committee related to the Strengthening Public Health initiative issued by the Ministry of the Health and that the membership of the committee be comprised of Chair, Vice-Chair, CEO, MOH, and relevant administrative support.

Duties and Responsibilities:

1. To review merger proposals and provide recommendations to the Board of Health for the best course of action.

2. To receive updates from SWPH's Executive Leadership related to merger discussions with other health units and related to updates from provincial authorities.

3. To provide updates to the Board of Health on the Committee's discussions and directions.

Meetings:
Meetings will initially be held on an ad hoc basis with the intention of more regular meetings (potentially monthly or biweekly in some cases) and as the Committee Chair deems necessary. Additional meetings will be at the call of the Chair.

Specific Roles and Responsibilities:

1. Chair:
    a. Chair meeting in accordance with current procedural Bylaw No. 1 Conduct of the Affairs,
    b. Guide the meeting according to the agenda and time available,
    c. Provide an opportunity for all members of the Committee to participate in the discussion,
    d. Ensure adherence to the Terms of Reference, and
    e. Review and approve the draft minutes and notes.

2. All Committee members:
    a. Prepare for each meeting by thoroughly reading all pre-circulated reports in advance of the meetings,
    b. Attend and actively participate in the discussion and business of the Committee,
    c. Speak as a collective (with one voice) following Committee decisions on matters, and
    d. Maintain confidentiality concerning any closed session discussions.

3. Chief Executive Officer:
    a. Update the Committee of any relevant concerns or issues as they arise,
    b. Provide written reports regarding the provincial strategy and as directed by the Committee, and
    c. Draft written Committee updates as directed.

5. Recorder of the Meeting:
    a. Schedule meetings as needed,
    b. Book room for meetings,
    c. Request agenda items in advance of the meeting,
    d. Post agenda and committee packages to the portal at least 3 days prior to the meeting (where possible), and
    e. Record minutes.

Terms of Office:
This committee will exist until such time as initiatives related to the Strengthening of Public Health strategy are resolved.

Minutes & Notes:
Minutes and notes of the Committee shall be taken by the Executive Assistant, approved by the Chair, signed by the Chair, and minutes will be posted to the portal, once approved and within two weeks following the meeting.

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

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

Decision Making:
The Committee will endeavour to reach consensus. The committee has the authority to make decisions concerning its purpose up to the point of approving legal merger-related decisions.

Accountability:
This Committee reports to and makes recommendations to the Board of Health.

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

Date adopted:
Approved: PENDING by the Board of Health
(MOTION:2023-BOH-1123-C2.2.2)

Ontario

Executive Council of Ontario
Order in Council

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

Conseil exécutif de l'Ontario
Décret

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

PURSUANT TO subsections 49(3) and 51(1) of the *Health Protection and Promotion Act*, **Lee Rowden** of St. Thomas be reappointed as a part-time member of the Board of Health for the Oxford Elgin St. Thomas Health Unit to serve at the pleasure of the Lieutenant Governor in Council for a period not exceeding one year, effective November 29, 2023 or the date this Order in Council is made, whichever is later.

EN VERTU DES paragraphes 49 (3) et 51 (1) de la *Loi sur la protection et la promotion de la santé*, **Lee Rowden** de St. Thomas est reconduit au poste de membre à temps partiel du conseil de santé de la circonscription sanitaire d'Oxford-Elgin-St. Thomas pour exercer son mandat à titre amovible à la discrétion du lieutenant-gouverneur en conseil, pour une période maximale d'un an, à compter du dernier en date du 29 novembre 2023 et du jour de la prise du présent décret.

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

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

Approved and Ordered:
Approuvé et décrété le : OCT 2 6 2023

Lieutenant Governor
La lieutenante-gouverneure

O.C. | Décret : 1572 / 2023

Ontario

Executive Council of Ontario
Order in Council

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

Conseil exécutif de l'Ontario
Décret

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

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

- - - - - - -

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

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

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

Approved and Ordered:
Approuvé et décrété le : NOV 16 2023

Lieutenant Governor
La lieutenante-gouverneure

O.C. | Décret : 1669/2023

SOUTHWESTERN PUBLIC HEALTH

For the Nine Months Ending Saturday, September 30, 2023

STANDARD/ PROGRAM	YEAR TO DATE ACTUAL	YEAR TO DATE BUDGET	YEAR TO DATE VAR	FULL YEAR BUDGET	FULL YEAR VAR	% VAR
Direct Program Costs						
Foundational Standards						
Emergency Management	$40,661	$63,820	$23,159	$113,982	$73,322	36.%
Effective Public Health Practise	249,982	253,379	3,397	337,839	87,857	74.%
Health Equity & CNO Nurses	166,486	243,893	77,406	325,190	158,704	51.%
Health Equity Program	2,050	5,693	3,643	7,590	5,540	27.%
Population Health Assessment	284,184	290,608	6,425	387,478	103,294	73.%
Foundational Standards Total	**743,363**	**857,393**	**114,030**	**1,172,079**	**428,717**	**63.%**
Chronic Disease Prevention & Well-Being						
Built Environment	160,856	193,238	32,383	257,651	96,795	62.%
Healthy Eating Behaviours	75,932	89,099	13,167	118,799	42,867	64.%
Physical Activity and Sedentary Behaviour	75,076	80,601	5,525	107,468	32,392	70.%
Suicide Risk & Mental Health Promotion	78,149	79,886	1,737	129,293	51,144	60.%
Chronic Disease Prevention & Well-Being Total	**390,013**	**442,824**	**52,812**	**613,211**	**223,199**	**64.%**
Food Safety						
Food Safety (Education, Promotion & Inspection)	379,610	367,069	-12,540	489,426	109,816	78.%
Food Safety Total	**379,610**	**367,069**	**-12,540**	**489,426**	**109,816**	**78.%**
Healthy Environments						
Climate Change	109,083	91,620	-17,463	122,160	13,077	89.%
Health Hazard Investigation and Response	265,069	305,854	40,785	407,806	142,737	65.%
Healthy Environments Total	**374,152**	**397,474**	**23,322**	**529,966**	**155,814**	**71.%**
Healthy Growth & Development						
Breastfeeding	243,870	284,387	40,517	379,182	135,312	64.%
Parenting	240,339	375,300	134,961	500,400	260,061	48.%
Reproductive Health/Healthy Pregnancies	218,258	277,592	59,334	381,234	162,976	57.%
Healthy Growth & Development Total	**702,467**	**937,279**	**234,812**	**1,260,816**	**558,349**	**56.%**
Immunization						
Vaccine Administration	107,220	111,328	4,107	148,437	41,216	72.%
Vaccine Management	82,914	149,771	66,857	199,695	116,781	42.%
Immunization Monitoring and Surveillance	79,727	108,979	29,252	145,305	65,578	55.%
Immunization Total	**269,861**	**370,078**	**100,216**	**493,437**	**223,576**	**55.%**
Infectious & Communicable Diseases						
Infection Prevention & Control	1,051,403	1,353,889	302,486	1,857,964	806,560	57.%
Needle Exchange	15,923	53,175	37,252	70,900	54,977	22.%
Rabies Prevention and Control and Zoonotics	163,115	166,944	3,829	222,592	59,477	73.%
Sexual Health	762,002	775,747	13,745	1,034,329	272,327	74.%
Tuberculosis Prevention and Control	16,959	20,895	3,937	27,860	10,902	61.%
Vector-Borne Diseases	112,660	162,520	49,861	216,694	104,034	52.%
COVID-19 Pandemic	830,177	2,112,743	1,282,566	2,816,990	1,986,813	29.%
COVID-19 Mass Immunization	488,456	2,227,147	1,738,691	2,969,529	2,481,073	16.%
Infectious & Communicable Diseases Total	**3,440,695**	**6,873,060**	**3,432,365**	**9,216,858**	**5,776,163**	**37.%**
Safe Water						
Water	135,018	123,110	-11,908	164,147	29,129	82.%
Safe Water Total	**135,018**	**123,110**	**-11,908**	**164,147**	**29,129**	**82.%**
School Health - Oral Health						
Healthy Smiles Ontario	619,840	641,808	21,968	855,744	235,904	72.%
School Screening and Surveillance	252,559	258,269	5,709	344,358	91,799	73.%
School Health - Oral Health Total	**872,399**	**900,077**	**27,677**	**1,200,102**	**327,703**	**73.%**
School Health - Immunization						
School Immunization	714,914	743,541	28,627	1,019,831	304,917	70.%
School Health - Other						
Comprehensive School Health	702,427	835,507	133,079	1,114,009	411,582	63.%
Substance Use & Injury Prevention						
Harm Reduction Enhancement	139,134	156,181	17,047	208,242	69,108	67.%
Injury Prevention	171,803	135,263	-36,541	180,350	8,547	95.%
Smoke Free Ontario Strategy: Prosecution	118,790	161,292	42,502	218,679	99,889	54.%
Substance Misuse Prevention	270,389	360,115	89,726	502,864	232,475	54.%
Substance Use & Injury Prevention Total	**700,116**	**812,851**	**112,735**	**1,110,135**	**410,018**	**63.%**

TOTAL DIRECT PROGRAM COSTS	**9,425,035**	**13,660,263**	**4,235,228**	**18,384,017**	**8,958,982**	**51.%**
TOTAL INDIRECT COSTS	**4,111,881**	**4,279,814**	**167,933**	**5,706,419**	**1,594,538**	**72.%**
TOTAL GENERAL SURPLUS/DEFICIT	**13,536,916**	**17,940,077**	**4,403,161**	**24,090,436**	**10,553,520**	**56.%**
100% MINISTRY FUNDED PROGRAMS						
MOH Funding	57,992	117,032	59,040	156,043	98,051	37.%
Senior Oral Care	823,411	795,825	-27,586	1,061,100	237,689	78.%
TOTAL 100% MINISTRY FUNDED	**881,403**	**912,857**	**31,454**	**1,217,143**	**335,740**	**72.%**
One-Time Funding - April 1, 2023 to March 31, 2024						
OTF NEP	8,285	27,500	19,215	55,000	46,715	0.%
OTF Public Health Inspector Practicum	0	10,000	10,000	20,000	20,000	2.%
OTF IPAC HUB	161,892	512,109	350,217	1,024,218	862,326	0.%
OTF School Nurses	225,000	225,000	0	225,000	0	0.%
Total OTF	**849,087**	**774,609**	**-1,084,579**	**1,324,218**	**-1,079,579**	**5498.%**
Programs Funded by Other Ministries, Agencies						
Healthy Babies Healthy Children	842,640	826,770	-15,871	1,653,539	340,111	79.%
Pre and Post Natal Nurse Practitioner	68,940	69,500	560	139,000	35,316	75.%
PHAC Smoking Cessation	82,686	132,413	49,727	0	-145,658	0.%
Low German Speaking Partnership Study	927	0	-927	0	-927	0.%
Total Programs Funded by Other Ministries, Agencies	**995,193**	**1,028,683**	**-219,294**	**1,792,539**	**228,841**	**87.%**

GRAHAM SCOTT ENNS LLP
CHARTERED PROFESSIONAL ACCOUNTANTS

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450 Sunset Drive, St. Thomas, ON N5R 5V1

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www.grahamscottenns.com

November 1, 2023

Southwestern Public Health
1230 Talbot Street
St. Thomas, ON, N5P 1G9

Dear Members of the Board of Health:

The Objective and Scope of the Audit

You have requested that we audit the financial statements of Southwestern Public Health, which comprise the statement of financial position as at December 31, 2023, and the statements of operations and surplus, change in net financial debt and cash flows for the period then ended, and notes to the financial statements, including a summary of significant accounting policies.

We are pleased to confirm our acceptance and our understanding of this audit engagement by means of this letter. Our audit will be conducted with the objective of our expressing an opinion on the financial statements.

The Responsibilities of the Auditor

We will conduct our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements. 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:

a. 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.

b. 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 entity's internal control. However, we will communicate to you in writing concerning any significant deficiencies in internal control relevant to the audit of the financial statements that we have identified during the audit.

c. Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

d. 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 entity'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 entity to cease to continue as a going concern.

e. 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.

Because of the inherent limitations of an audit, together with the inherent limitations of internal control, there is an unavoidable risk that some material misstatements may not be detected, even though the audit is properly planned and performed in accordance with Canadian generally accepted auditing standards.

The Responsibilities of Management

Our audit will be conducted on the basis that management and those charged with governance, acknowledge and understand that they have responsibility:

a. For the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for public sector entities

b. For the design and implementation of 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.

c. To provide us with timely:

    i. Access to all information of which management is aware that is relevant to the preparation of the financial statements (such as records, documentation and other matters);

    ii. Information about all known or suspected fraud, any allegations of fraud or suspected fraud and any known or probable instances of noncompliance with legislative or regulatory requirements;

    iii. Additional information that we may request from management for the purpose of the audit; and

    iv. Unrestricted access to persons within Southwestern Public Health from whom we determine it necessary to obtain audit evidence.

As part of our audit process:

a. We will make inquiries of management about the representations contained in the financial statements. At the conclusion of the audit, we will request from management and those charged with governance written confirmation concerning those representations. If such representations are not provided in writing, management acknowledges and understands that we would be required to disclaim an audit opinion.

b. We will communicate any misstatements identified during the audit other than those that are clearly trivial. We request that management correct all the misstatements communicated.

Form and Content of Audit Opinion

Unless unanticipated difficulties are encountered, our report will be substantially in the form contained below.

INDEPENDENT AUDITORS' REPORT

To the Board of Health, Members of Council, Inhabitants, and Ratepayers of Southwestern Public Health:

Opinion

We have audited the financial statements of Southwestern Public Health, which comprise the statement of financial position as at December 31, 2023, and the statement of operations and accumulated surplus, statement of changes in net assets 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, 2023, 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. 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.

INDEPENDENT AUDITORS' REPORT (CONTINUED)

Auditors' Responsibilities for the Audit of the Financial Statements (Continued)
As part of an audit in accordance with Canadian 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

CHARTERED PROFESSIONAL ACCOUNTANTS
Licensed Public Accountants

If we conclude that a modification to our opinion on the financial statements is necessary, we will discuss the reasons with you in advance.

Confidentiality

One of the underlying principles of the profession is a duty of confidentiality with respect to client affairs. Each professional accountant must preserve the secrecy of all confidential information that becomes known during the practice of the profession. Accordingly, we will not provide any third party with confidential information concerning the affairs of unless:

a. We have been specifically authorized with prior consent;

b. We have been ordered or expressly authorized by law or by the Code of Professional Conduct/Code of Ethics; or

c. The information requested is (or enters into) public domain.

Communications

In performing our services, we will send messages and documents electronically. As such communications can be intercepted, misdirected, infected by a virus, or otherwise used or communicated by an unintended third party, we cannot guarantee or warrant that communications from us will be properly delivered only to the addressee. Therefore, we specifically disclaim, and you release us from, any liability or responsibility whatsoever for interception or unintentional disclosure of communications transmitted by us in connection with the performance of this engagement. In that regard, you agree that we shall have no liability for any loss or damage to any person or entity resulting from such communications, including any that are consequential, incidental, direct, indirect, punitive, exemplary or special damages (such as loss of data, revenues or anticipated profits). If you do not consent to our use of electronic communications, please notify us in writing.

We offer you the opportunity to communicate by a secure online portal, however if you choose to communicate by email you understand that transmitting information poses the risks noted above. You should not agree to communicate with the firm via email without understanding and accepting these risks.

Use of Information

It is acknowledged that we will have access to all personal information in your custody that we require to complete our engagement. Our services are provided on the basis that:

a. You represent to us that management has obtained any required consents for collection, use and disclosure to us of personal information required under applicable privacy legislation; and
b. We will hold all personal information in compliance with our Privacy Statement.

Use and Distribution of our Report

The examination of the financial statements and the issuance of our audit opinion are solely for the use of Southwestern Public Health and those to whom our report is specifically addressed by us. We make no representations of any kind to any third party in respect of these financial statements or our audit report, and we accept no responsibility for their use by any third party or any liability to anyone other than Southwestern Public Health.

For greater clarity, our audit will not be planned or conducted for any third party or for any specific transaction. Accordingly, items of possible interest to a third party may not be addressed and matters may exist that would be assessed differently by a third party, including, without limitation, in connection with a specific transaction. Our audit report should not be circulated (beyond Southwestern Public Health) or relied upon by any third party for any purpose, without our prior written consent.

You agree that our name may be used only with our prior written consent and that any information to which we have attached a communication be issued with that communication, unless otherwise agreed to by us in writing.

Reproduction of Auditor's Report

If reproduction or publication of our audit report (or reference to our report) is planned in an annual report or other document, including electronic filings or posting of the report on a website, a copy of the entire document should be submitted to us in sufficient time for our review before the publication or posting process begins.

Management is responsible for the accurate reproduction of the financial statements, the auditor's report and other related information contained in an annual report or other public document (electronic or paper-based). This includes any incorporation by reference to either full or summarized financial statements that we have audited.

We are not required to read the information contained in your website or to consider the consistency of other information on the electronic site with the original document.

Ownership

The working papers, files, other materials, reports and work created, developed or performed by us during the course of the engagement are the property of our Firm, constitute confidential information and will be retained by us in accordance with our Firm's policies and procedures.

During the course of our work, we may provide, for your own use, certain software, spreadsheets and other intellectual property to assist with the provision of our services. Such software, spreadsheets and other intellectual property must not be copied, distributed or used for any other purpose. We also do not provide any warranties in relation to these items and will not be liable for any damage or loss incurred by you in connection with your use of them.

We retain the copyright and all intellectual property rights in any original materials provided to you.

File Inspections

In accordance with professional regulations (and by our Firm's policy), our client files may periodically be reviewed by practice inspectors and by other engagement file reviewers to ensure that we are adhering to our professional and Firm's standards. File reviewers are required to maintain confidentiality of client information.

Accounting Advice

Except as outlined in this letter, the audit engagement does not contemplate the provision of specific accounting advice or opinions or the issuance of a written report on the application of accounting standards to specific transactions and to the facts and circumstances of the entity. Such services, if requested, would be provided under a separate engagement.

Other Services

In addition to the audit services referred to above, we will, as allowed by the Code of Professional Conduct/Code of Ethics, prepare your federal and provincial income tax returns and other special reports as required. Management will provide the information necessary to complete these returns/reports and will file them with the appropriate authorities on a timely basis.

Governing Legislation

This engagement letter is subject to, and governed by, the laws of the Province of Ontario. The Province of Ontario will have exclusive jurisdiction in relation to any claim, dispute or difference concerning this engagement letter and any matter arising from it. Each party irrevocably waives any right it may have to object to any action being brought in those courts to claim that the action has been brought in an inappropriate forum or to claim that those courts do not have jurisdiction.

Dispute Resolution

You agree that:

a. Any dispute that may arise regarding the meaning, performance or enforcement of this engagement will, prior to resorting to litigation, be submitted to mediation; and

b. You will engage in the mediation process in good faith once a written request to mediate has been given by any party to the engagement.

Indemnity

Southwestern Public Health hereby agrees to indemnify, defend (by counsel retained and instructed by us) and hold harmless our Firm, and its partners, agents or employees, from and against any and all losses, costs (including solicitors' fees), damages, expenses, claims, demands or liabilities arising out of or in consequence of:

a. The breach by Southwestern Public Health, or its directors, officers, agents, or employees, of any of the covenants made by Southwestern Public Health herein, including, without restricting the generality of the foregoing, the misuse of, or the unauthorized dissemination of, our engagement report or the financial statements in reference to which the engagement report is issued, or any other work product made available to you by our Firm.

b. A misrepresentation by a member of your management or board of directors.

Time Frames

We will use all reasonable efforts to complete the engagement as described in this letter within the agreed upon time frames. However, we shall not be liable for failures or delays in performance that arise from causes beyond our control, including the untimely performance by Southwestern Public Health of its obligations.

Fees at Regular Billing Rates

Our professional fees will be based on our regular billing rates, plus direct out-of-pocket expenses and applicable HST, and are due when rendered. Fees for any additional services will be established separately.

Fees will be rendered as work progresses and are payable on presentation.

Our fees and costs will be billed monthly and are payable upon receipt. Invoices unpaid 30 days past the billing date may be deemed delinquent and are subject to an interest charge of 1.0% per month. We reserve the right to suspend our services or to withdraw from this engagement in the event that any of our invoices are deemed delinquent. In the event that any collection action is required to collect unpaid balances due to us, you agree to reimburse us for our costs of collection, including lawyers' fees.

Costs of Responding to Government or Legal Processes

In the event we are required to respond to a subpoena, court order, government agency or other legal process for the production of documents and/or testimony relative to information we obtained and/or prepared during the course of this engagement, you agree to compensate us at our normal hourly rates for the time we expend in connection with such response and to reimburse us for all of our out-of-pocket costs (including applicable GST/HST) incurred.

Termination

If we elect to terminate our services for nonpayment, or for any other reason provided for in this letter, our engagement will be deemed to have been completed upon written notification of termination, even if we have not completed our report. You will be obligated to compensate us for all time expended and to reimburse us for all of our out-of-pocket costs through to the date of termination.

Management acknowledges and understands that failure to fulfill its obligations as set out in this engagement letter will result, upon written notice, in the termination of the engagement.

Either party may terminate this agreement for any reason upon providing written notice to the other party. If early termination takes place, shall be responsible for all time and expenses incurred up to the termination date.

If we are unable to complete the audit or are unable to form, or have not formed, an opinion on the financial statements, we may withdraw from the audit before issuing an auditor's report, or we may disclaim an opinion on the financial statements. If this occurs, we will communicate the reasons and provide details.

Conclusion

This engagement letter includes the relevant terms that will govern the engagement for which it has been prepared. The terms of this letter supersede any prior oral or written representations or commitments by or between the parties. Any material changes or additions to the terms set forth in this letter will only become effective if evidenced by a written amendment to this letter, signed by all of the parties.

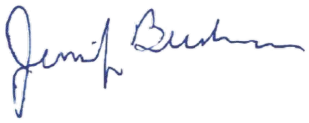
If you have any questions about the contents of this letter, please raise them with us. If the services outlined are in accordance with your requirements, and if the above terms are acceptable to you, please sign the copy of this letter in the space provided and return it to us.

We appreciate the opportunity of continuing to be of service to your organization.

Sincerely,

GRAHAM SCOTT ENNS LLP

CHARTERED PROFESSIONAL ACCOUNTANTS



Jennifer Buchanan, CPA, CA
Partner

Acknowledged and agreed on behalf of Southwestern Public Health by:

_____

Board Chair

Southwestern Public Health

GRAHAM SCOTT ENNS LLP
CHARTERED PROFESSIONAL ACCOUNTANTS

P. 519-633-0700 · F. 519-633-7009
450 Sunset Drive, St. Thomas, ON N5R 5V1

P. 519-773-9265 · F. 519-773-9683
25 John Street South, Aylmer, ON N5H 2C1

www.grahamscottenns.com

November 1, 2023

Southwestern Public Health
1230 Talbot Street
St. Thomas, ON, N5P 1G9

Dear Members of the Board of Health:

Re: Audit Planning

We are writing this letter in connection with our audit of the consolidated financial statements for the period ending December 31, 2023.

Our purpose in writing is to ensure effective two-way communication between us in our role as auditors and yourselves with the role of overseeing the financial reporting process. In this letter we will:

a) Address our responsibilities as independent auditors and provide information about the planned scope and timing of our audit.

b) Request a response to some audit questions and any additional information you may have that could be relevant to our audit.

Current Developments in the Profession
Over the past number of years there have been developments in the area of financial reporting, corporate governance and auditing. The upcoming changes over the next few fiscal years for financial reporting as it relates to public sector accounting standards are described below.

Adoption of New Accounting Framework - Public Sector Accounting Standards
On April 1, 2022 the organization was required to adopt the accounting frame work Public Sector Accounting Standards which has some differences from the previous accounting framework of Canadian Accounting Standards for Government not-for-profit organizations. The organization will be required to adopt the Public Sector (PS) standards, including the following:

- PS 1201 - Financial Statement Presentation
- PS 1300 - Government Reporting Entity
- PS 3280 - Asset Retirement Obligations
- PS 3400 - Revenue
- PS 3450 - Financial Instruments

The adoption of this new frame work may require changes to accounting policies and financial statement presentation to incorporate the noted PS standards.

We as auditors are not responsible for ensuring that the organization is prepared for the introduction of these standards and these standards will only be considered in so far as it affects our audit responsibilities under Canadian Auditing Standards. Management and those charged with governance are responsible for analyzing the impact on the organization, developing plans to mitigate the effects, and the preparation of the financial statements under these new or updated Canadian public sector accounting standards.

Auditor Responsibilities

As stated in the engagement letter dated November 1, 2023, our responsibility as auditors of your organization is to express an opinion on whether the financial statements present fairly, in all material respects, the financial position, results of operations and cash flows of the organization in accordance with Canadian public sector accounting standards.

An audit is performed to obtain reasonable but not absolute assurance as to whether the financial statements are free of material misstatement. Due to the inherent limitations of an audit, there is an unavoidable risk that some misstatements of the financial statements will not be detected (particularly intentional misstatements concealed through collusion), even though the audit is properly planned and performed.

Our audit includes:

a) Assessing the risk that the financial statements may contain misstatements that, individually or in the aggregate, are material to the financial statements taken as a whole; and

b) Examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements.

As part of our audit, we will obtain a sufficient understanding of the business and the internal control structure of Southwestern Public Health to plan the audit. This will include management's assessment of:

a) The risk that the financial statements may be materially misstated as a result of fraud and error; and,

b) The internal controls put in place by management to address such risks.

Planned Scope and Timing of Our Audit

In developing our audit plan, we worked with management to understand the nature of the entity Southwestern Public Health and to identify and assess the risks of material misstatement in the consolidated financial statements, whether due to fraud or error. Our audit plan has been designed to focus on the identified areas of risk.

Materiality

Overall materiality will be used to:

a) plan and perform the audit; and,

b) evaluate the effects of identified and uncorrected misstatements on the audit procedures performed as well as on the consolidated financial statements.

The materiality amount will be reassessed at period end to ensure it remains appropriate.

Significant Changes During Period

The significant changes that we addressed in planning the audit for the current period are set out below:

a) Other
The coronavirus pandemic represents a significant economic event for most organizations.

As part of our audit, we will discuss with management the impact of this event on the organization and as to whether there are any changes to controls or other business processes as a result of this event. These discussions may impact our audit and may result in additional audit procedures or financial statement estimates or disclosures.

Internal Control

To help identify and assess the risks of material misstatement in the consolidated financial statements, we obtain an understanding of internal control relevant to the audit. This understanding is used in the design of appropriate audit procedures. It is not used for the purpose of expressing an opinion on the effectiveness of internal control. Should we identify any significant deficiencies in the internal control and accounting systems, we will communicate them to you in our audit findings letter.

Significant Risks

In planning our audit, we identify significant financial reporting risks that, by their nature, require special audit consideration. The significant risks we have identified and our proposed audit response is outlined below:

Significant Risks	Proposed Audit Response
Revenue recognition and completeness	Analytical procedures Substantive testing of revenues, including the consistent application of accounting policies Review of cut-off procedures
Management override	Inquiries of management Review of journal entries Review of related-party transactions

If there are specific areas that warrant our particular attention during the audit or where you would like us to undertake some additional procedures, please let us know.

Uncorrected Misstatements

Where we identify uncorrected misstatements during our audit, we will communicate them to management and request that they be corrected. If not corrected by management, we will then request that you correct them. If not corrected by you, we will also communicate the effect that they may have individually, or in aggregate, on our audit opinion.

Timing

The proposed (approximate) timing of our audit, as discussed with management, is as follows:

Action	Date
Planning meeting and audit communications with board of directors and management	November 1, 2023
Start of interim audit field work	November 6, 2023
Start of year end audit field work	February 20, 2024
End of audit field work and discussions with management	March 20, 2024
Draft financial statement discussions with board of directors for approval of financial statements, audit findings, and audit opinion	March 30, 2024

Audit Findings

At the conclusion of our audit, we will prepare an audit findings letter to assist you with your review of the consolidated financial statements. This letter will include our views and comments on matters such as:

a) significant matters, if any, arising from the audit that were discussed with management;

b) significant difficulties, if any, encountered during the audit;

c) qualitative aspects of the entity's accounting practices, including accounting policies, accounting estimates and financial statement disclosures;

d) uncorrected misstatements; and

e) any other audit matters of governance interest.

Audit Questions and Requests

Fraud

To help us in identifying and responding to the risks of fraud within the entity, we would appreciate your responses to the following questions:

a) What oversight, if any, do you provide over management's processes for identifying and responding to fraud risks? Management's processes could include policies, procedures, programs or controls that serve to prevent, detect and deter fraud.

b) Do you have any knowledge of any actual, suspected or alleged fraud, including misappropriation of assets or manipulation of the consolidated financial statements, affecting the entity? If so, please provide details and how the fraud or allegations of fraud were addressed.

Other Matters

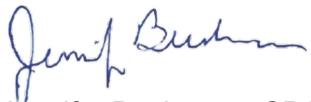
Would you please bring to our attention any significant matters or financial reporting risks, of which you are aware, that may not have been specifically addressed in our proposed audit plan. This could include such matters as future plans, contingencies (including any liability for contaminated sites), events, decisions, non-compliance with laws and regulations, potential litigation, specific transactions (such as with related parties or outside of the normal course of business) and any additional sources of audit evidence that might be available.

We recognize your significant role in the oversight of the audit and would welcome any observations on our audit plan.

This letter was prepared for the sole use of those charged with governance of Southwestern Public Health to carry out and discharge their responsibilities. The content should not be disclosed to any third party without our prior written consent, and we assume no responsibility to any other person.

Sincerely,

GRAHAM SCOTT ENNS LLP
Chartered Professional Accountants



Jennifer Buchanan, CPA, CA

Partner

Per: Southwestern Public Health

Signed: _____ Date: _____

Print Name: _____

Ministry of Health

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

Fax: 416 325-8412

Ministère de la Santé

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

Téléc. : 416 325-8412

Ontario

eApprove-72-2023-544

November 3, 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: Ministry of Health Public Health Funding and Accountability Agreement with the Board of Health for the Oxford Elgin St. Thomas Health Unit (the "Board of Health") dated January 1, 2014, as amended (the "Agreement")

This letter is further to the recent letter from the Honourable Sylvia Jones, Deputy Premier and Minister of Health, in which she informed your organization that the Ministry of Health (the "ministry") will provide the Board of Health with up to $582,500 in one-time funding for the 2023-24 funding year to support continued implementation and operations of the Infection Prevention and Control (IPAC) Hubs.

This will bring the total maximum funding available under the Agreement for the 2023-24 funding year to up to $14,850,500 ($12,436,500 in base funding and $2,414,000 in one-time funding). Please find attached to this letter a new Schedule A (Grants and Budget), Schedule B (Related Program Policies and Guidelines), Schedule C (Reporting Requirements), and Schedule D (Board of Health Financial Controls) that, pursuant to section 3.4 of the Agreement, shall replace the existing schedules. All terms and conditions contained in the Agreement remain in full force and effect.

We appreciate your cooperation with the ministry in managing your funding as effectively as possible. You are expected to adhere to our reporting requirements, particularly for in-year service and financial reporting, which is expected to be timely and accurate. Based on our monitoring and assessment of your in-year service and financial reporting, your cash flow may be adjusted appropriately to match actual services provided.

It is also essential that you manage costs within your approved budget.

…/2

Cynthia St. John

Please review the new Schedules carefully. Should you require any further information and/or clarification, please contact Brent Feeney, Director, Accountability and Liaison Branch, Office of Chief Medical Officer of Health, Public Health Division, at 416-671-3615 or by email at Brent.Feeney@ontario.ca.

Yours truly,

Elizabeth Walker
Executive Lead

Attachments

c: Mayor Joe Preston, Chair, Board of Health, Oxford Elgin St. Thomas Health Unit
Dr. Ninh Tran, Medical Officer of Health, Oxford Elgin St. Thomas Health Unit
Monica Nusink, Director of Finance, Oxford Elgin St. Thomas Health Unit
Dr. Kieran Moore, Chief Medical Officer of Health and Assistant Deputy Minister, MOH
Rayomond Dinshaw, Director (A), Fiscal Oversight and Performance Branch, MOH
Jim Yuill, Director, Financial Management Branch, MOH
Brent Feeney, Director, Accountability and Liaison Branch, MOH

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 2023

Issued November 2023

Schedule A
Grants and Budget

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

DETAILED BUDGET - MAXIMUM BASE FUNDS (GRANTS TO BE PAID SEMI-MONTHLY, FOR THE PERIODS OF JANUARY 1ST TO DECEMBER 31ST AND APRIL 1ST TO MARCH 31ST)			
Programs / Sources of Funding	**Grant Details**	**2023 Grant ($)**	**2023-24 Grant ($)**
Mandatory Programs (Cost-Shared)	• The 2023 Grant includes a pro-rated increase of $83,175 for the period of April 1, 2023 to December 31, 2023 • Per the Funding Letter, the 2023-34 Grant includes an annualized increase of $110,900 for the period of April 1, 2023 to March 31, 2024	11,168,975	11,196,700
MOH / AMOH Compensation Initiative (100%)	Cash flow will be adjusted to reflect the actual status of Medical Officer of Health (MOH) and Associate MOH positions, based on an annual application process.	178,700	178,700
Ontario Seniors Dental Care Program (100%)		1,061,100	1,061,100
Total Maximum Base Funds		**12,408,775**	**12,436,500**

DETAILED BUDGET - MAXIMUM ONE-TIME FUNDS (GRANTS TO BE PAID SEMI-MONTHLY, FOR THE PERIOD OF APRIL 1, 2023 TO MARCH 31, 2024, UNLESS OTHERWISE NOTED)			
Projects / Initiatives			**2023-24 Grant ($)**
Cost-Sharing Mitigation (100%) (For the period of January 1, 2023 to December 31, 2023)			1,498,900
Mandatory Programs: Needle Syringe Program (100%)			55,000
Mandatory Programs: New Purpose-Built Vaccine Refrigerators (100%)			32,600
Mandatory Programs: Public Health Inspector Practicum Program (100%)			20,000
Infection Prevention and Control Hubs (100%)			582,500
School-Focused Nurses Initiative (100%) (For the period of April 1, 2023 to June 30, 2023)	# of FTEs	9	225,000
Total Maximum One-Time Funds			**2,414,000**
Total Maximum Base and One-Time Funds[1]			**14,850,500**

2022-23 CARRY OVER ONE-TIME FUNDS[2] (CARRY OVER FOR THE PERIOD OF APRIL 1, 2023 to MARCH 31, 2024)		
Projects / Initiatives	**2022-23 Grant ($)**	**2023-24 Approved Carry Over ($)**
Ontario Seniors Dental Care Program Capital: New Fixed Site - Oxford County Dental Suite (100%)	1,540,000	1,540,000
Total Maximum Carry Over One-Time Funds	**1,540,000**	**1,540,000**

NOTES:

(1) Cash flow will be adjusted when the Province provides a new Schedule "A".

(2) Carry over of one-time funds is approved according to the criteria outlined in the provincial correspondence dated March 17, 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.

<u>Local Opioid Response</u>

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.

Type of Funding	***Base Funding***

- 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.

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:

Type of Funding ***Base Funding***

- 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.
    - 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.

<u>Opioid Overdose Early Warning and Surveillance</u>

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 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.
    - 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

Type of Funding ***Base Funding***

Appointments, Reporting, and Compensation, including requirements related to minimum salaries to be eligible for funding under this Initiative.

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 2023-24, with consideration being given to the implementation challenges following the COVID-19 response.

<u>Program Enrolment</u>

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.

SCHEDULE B

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base Funding***

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.

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).

Type of Funding	***Base Funding***

- 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.

Type of Funding	***Base Funding***

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.

SCHEDULE B

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Base Funding***

- 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 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.

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 cost-sharing change for mandatory programs.

Mandatory Programs: Needle Syringe Program (100%)

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

Mandatory Programs: New Purpose-Built Vaccine Refrigerators (100%)

One-time funding must be used for the purchase of 2 new purpose-built vaccine refrigerator(s) used to store publicly funded vaccines. The purpose-built refrigerator(s) must meet the following specifications:

a. Interior
   - Fully adjustable, full extension stainless steel roll-out drawers;
   - Optional fixed stainless-steel shelving;
   - Resistant to cleaning solutions;
   - Ongoing positive forced fan air circulation to ensure temperature uniformity at all shelf levels;
   - Fan is either encased or removed from the chamber. Fan auto shut-off when door is opened; and,
   - Walls are smooth, scratch and corrosion resistant painted interior and exterior surfaces.

b. Refrigeration System
   - Heavy duty, hermetically sealed compressors;
   - Refrigerant material should be approved for use in Canada;
   - Advanced defrost sensor(s) to manage the defrost cycle and minimize trace amounts of frost build-up; and,
   - Evaporator operates at +2°C, preventing vaccine from freezing.

c. Doors
   - Full view non-condensing, glass door(s), at least double pane construction;
   - Option spring-loaded closures include ≥90º stay open feature and <90º self-closing feature;
   - Door locking provision;
   - Option of left-hand or right-hand opening; and,
   - Interior cabinet lights with door activated on/off switch, as well as, an independent external on/off.

d. Tamper Resistant Thermostat
    - The thermostat should be set at the factory to +5ºC with a control range between +2ºC to +8ºC but this could be done at the time of delivery/installation at no additional cost.

e. Thermometer
    - An automatic temperature recording and monitoring device with battery backup;
    - An external built-in visual digital display thermometer independent of the temperature recording and monitoring device which has a digital temperature display in Celsius and temperature increment readings of 0.1ºC;
    - The external built-in digital thermometer must also be able to record and display the maximum, minimum and current temperatures and allow the user to easily check and reset these recordings as required; and,
    - The automatic temperature recording and monitoring device and digital display thermometer must be calibrated/accurate within +/- 0.5ºC or better.

f. Alarm Condition Indicator
    - Audible and visual warnings for over-temperature, under-temperature and power failure;
    - Remote alarm contacts;
    - Door ajar enunciator; and,
    - Alarm testing system.

g. Top or Bottom Mounted Compressors/Condensers
    - Compressor mounted at top or bottom but not in rear.

h. Noise Levels
    - The noise produced by the operation of the refrigerator shall not exceed 85 decibels at one metre. Specifications of the refrigerator must include the noise level measured in decibels of sound at one metre from the refrigerator.

i. Locking Plug
    - Power supply must have a locking plug.

j. Castors
    - Heavy duty locking castors either installed at the factory or upon delivery.

k. Voltage Safeguard
    - Voltage safeguard device capable of protecting against power surges related to the resumption of power to the refrigerator.

l. Warranty
    - The warranty should include, from date of acceptance, a five-year comprehensive parts and labour warranty with the stipulation that a qualified service representative shall be on-site no later than 12 hours after the service call

was made. Software upgrades provided free of charge during the warranty period.

m. Electrical Equipment
   - All electrically operated equipment must be UL, CSA and/or Electrical Safety Authority approved and bear a corresponding label. The equipment should specify the electrical plug type, voltage and wattage rating, and the recommended breaker size for the circuit connection.

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

One-time funding must be used to hire at least 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.

Infection Prevention and Control Hubs (100%)

One-time funding must be used by the Board of Health for 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 (CLSs) include, but are not limited to:

- Long-Term Care Homes;
- Retirement Homes;
- residential settings funded by the Ministry of Health (the ministry);
- Residential settings for adults and children funded by Ministry of Children, Community and Social Services (MCCSS);
- Shelters; and
- Supportive Housing.

Out-of-scope settings* include:

- Childcare settings;
- Day camps;
- Farms;
- Non-Ministry funded congregate living settings;
- Personal Service Settings (PSS);
- Hospitals;
- Primary care offices;

Type of Funding	***One-Time Funding***

- Correctional facilities;
- Offices and workplaces;
- Schools; and,
- Hospices

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

The IPAC Hubs may receive requests to support an out-of-scope setting due to pressures faced in the community / setting. The supports being offered, and the degree of Hub involvement should be discussed with the ministry for guidance / situational awareness and to minimize any potential duplication of services/support.

If the IPAC Hub is unable, or is not supporting, one of the in-scope CLSs listed above, discussion should take place with the ministry for guidance / situational awareness.

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

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):

- Deliver education and training;
- Host community/ies of practice to support information sharing, learning and networking to congregate living settings;
- Support the development of IPAC programs, policy and procedures within sites/organizations;
- Support assessments and audits of IPAC programs and practices;
- Provide recommendations to strengthen IPAC programs and practices;
- Mentor those with responsibilities for IPAC within congregate living settings;
- Support the development and implementation of outbreak management plans (in conjunction with public health partners and congregate living settings); and,
- Support congregate living settings to implement IPAC recommendations.

Recognizing that IPAC Hub staff often have dual roles, **out of scope functions / services for IPAC Hubs include, but are not limited to:**

Type of Funding	***One-Time Funding***

Clinical support and other services

- Offering testing or swabbing supports for COVID-19 or other respiratory viruses
- Offering vaccines / vaccine clinics
- Providing medical assessments
- Prescribing antivirals
- Inspections (e.g., as necessary for relicensing requirements)

Outbreak management:

- Leading outbreak management teams (unless delegated by Public Health Unit)
- Defining isolation periods for residents during an outbreak
- Declaring outbreaks / declaring outbreaks over

Degree of Coverage:

- Evening and weekend on-call support

The ministry is mindful that a transition period is likely required to stop providing some of the out-of-scope functions / services. If required, this transition should be discussed with the ministry.

The IPAC Hubs will operate during regular business hours. On-call and weekend coverage is not required. There may be unique emergent situations where after hours support is required and in these situations the ministry should be notified for situational awareness.

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

One-time funding must be used for the provision of expertise, education, and support related to the work of the IPAC Hubs to congregate care settings and be subject to review by the ministry. Funding must be used as directed by the ministry and may not be used for other programs or flow through to other organizations outside of the Board of Health without the expressed written permission by the ministry. As appropriate to the jurisdiction, other health partners may also be engaged (e.g., Public Health Ontario and other Public Health Units).

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

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

One-Time funding may be used for:

- IPAC Hub staff salaries, wages, and benefits

Type of Funding	***One-Time Funding***

- Overhead costs associated with IPAC Hub delivery services such as: administrative overhead; building occupancy costs; PPE for IPAC Hub staff
- Professional development for IPAC staff (e.g., membership in IPAC Canada, tuition for IPAC course, CIC reimbursement, conferences, etc.)
- Office equipment, communication, and I & IT
- Mileage costs / car rentals / meal allowance as indicated

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

- **Administrative Services on Behalf of Third Parties** – Ministry policy does not permit the use of ministry funds to provide administrative services on behalf of third parties (e.g., payroll).
- **Alcoholic Beverages** – Any expenses related to alcoholic beverages are not considered to be an admissible expense and will not be funded. IPAC Hubs will follow their host organizations Travel, Meal and Hospitality Expenses Directive.
- **Capital expenditures** – any costs related to capital infrastructure.
- **Grants to stakeholders / organizations** - Grants flowed or given to stakeholders/organizations
- **Depreciation on Capital Assets / Amortization** – All types of depreciation and amortization are non-admissible expenses and will not be funded.
- **Donations to Individuals or Organizations** – Ministry policy does not permit the use of government funds to provide donations.
- **Physical items provided to CLSs** (e.g., UV lights for monitoring of environmental cleaning; PPE).

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 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,

Type of Funding	***One-Time Funding***

- 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.

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.

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 in the Standards Activity Reports, or other reports requested by the Province, accurately reflects the vaccines administered.

SCHEDULE B
RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***Other***

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.

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. Infection Prevention and Control Hubs	For the period of April 1, 2023 to March 31, 2024	As directed by the Province
6. MOH / AMOH Compensation Initiative Application	For the entire Board of Health Funding Year	As directed by the Province
7. 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.

Infection Prevention and Control (IPAC) Hub Reports

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

SCHEDULE C
REPORTING REQUIREMENTS

MOH / AMOH Compensation Initiative Application

- The Board of Health shall complete and submit an annual application 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.

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.

2024 BUDGET

FOR

GENERAL PROGRAMS

SUPPORTED BY THE
ONTARIO PUBLIC HEALTH STANDARDS,
PROTOCOLS, AND GUIDELINES
(Requirements for Programs, Services, and Accountability)

General Programs

2024 Budget

&

Road Ahead

&

Priorities

STRATEGIC VISION, MISSION, AND VALUES

VISION

Healthy people in vibrant communities.

MISSION

Leading the way in protecting and promoting the health of all people in our communities, resulting in better health.

VALUES

Evidence
Collaboration
Accountability
Quality
Equity
Forward-thinking

THE ROAD AHEAD…

The 2024 budget for Southwestern Public Health (SWPH) aims to ensure better health outcomes through evidence-based planning, addressing various public health priorities, opportunities, issues, and challenges in the upcoming fiscal year recognizing what we do in 2024 has impact well beyond one year.

Key Considerations, Opportunities, Challenges, and Pressures

1. Strengthening Public Health recommendations from the Ministry of Health: There has **not** been any further information (since the October 2023 board meeting) shared about the Ministry of Health's Strategy that would inform the 2024 budget at the time of this report, however, SWPH remains ready to review and adapt as needed. Specifically, the three-pronged strategy includes:
    - Potential changes in public health roles and responsibilities by re-scoping the Ontario Public Health Standards in 2024 for implementation in 2025. This may include changing what public health is responsible for locally and what may be developed more regionally or provincially. We will not have confirmation of any changes until Fall 2024.
    - Potential mergers between local public health agencies that are of a size less than 500,000 population with implementation January 2025.
    - Restoring some provincial funding of the provincial cost-share changes made in 2020, confirming a 1% base budget increase in 2024, and reviewing public health funding methodology for implementation in 2026.
2. Strategic Planning in 2024-2025: Recent data collection efforts have provided a trove of relevant information that emphasizes the importance of local, evidence-informed, data-driven strategies and will inform the planning done by staff for the 2025 year.
3. Diseases of Public Health Significance (DOPHs): Adapting operations to absorb the management of clinical and outbreak support of recently added diseases such as Covid-19.
4. Emergency Readiness: Prioritizing preparedness for unforeseen community and health challenges and supporting community partners and leaders to do the same.
5. Short to Mid-Term Outcomes: Much of public health's impact is measured over decades. Important to include opportunities that achieve short to mid-term health improvements within a 3-5 year horizon.
6. Collaboration with Partners: Continuing collaboration with municipalities and community partners, recognizing and respecting each organization's different priorities and also recognizing so much of public health's work is not done alone.
7. Health Human Resources: This area continues to be challenging for so many sectors and public health is no exception. It is paramount that SWPH apply innovative approaches to attracting future talent and retaining the existing talent.
8. Expenditure Challenges including:
    - An approximate 27.5% increase in our employee group benefit plans across all employee groups driven by experience, utilization, and rising service costs. Of note, SWPH is not alone in facing this challenge. Health units across the province are also expecting increases in the range of 6% to 56.6% for 2024.

- Collective Agreement bargaining may continue in 2024 with one of our union partners whose current agreement expires December 31, 2023.
- Average inflation rate of 3.62% in 2023

The 2024 budget for Southwestern Public Health is more than just numbers; it is a commitment to the well-being of our communities and a commitment by the Board and staff to be wise stewards of our resources. The choices we make regarding our program and service delivery has a lasting impact on the health and safety of those we serve. This budget was built with the intention of remaining committed to the direction set by the Board of Health at the February 2023 and June 2023 meetings, and with the intention of being ready for what may lie ahead for public health in Ontario in 2024 and beyond.

SNAPSHOT OF SOME SWPH PRIORITIES

Priority Area	Population Health Objective
Harm Reduction	Major organizational project and focus to help reduce the rate of death attributed to opioid use.
Substance Use Prevention in Youth	Reduce the proportion of students in grades 9-12 reporting past year e-cigarette use by 10% by 2030.
Mental Health Promotion	Maintain the percentage of the Southwestern Public Health Population that reports excellent or very good Mental Health pre-pandemic levels of 25% or higher.
Emergency Preparedness	Major organizational project and focus to assist our own public health unit and other community partners with identifying key practices, policies, and procedures that would support effective emergency preparedness, response and recovery.
Climate Change & Extreme Weather	To reduce the number of emergency department visits due to heat-related and/or cold-related illness by 5% by 2025.
Infection Prevention & Control	To reduce or maintain the incidence rate of diseases of public health significance at or below the provincial average by 2030.
Child Immunization	Reduce the rate of Hep B and meningococcal by 1% by 2030.
Nurse Family Partnership	To decrease or maintain the percentage of Southwestern Public Health (SWPH) children scoring as vulnerable on the Early Development Indicator (EDI) to align with the provincial average in all domains by 2028.

Please note that the above is a snapshot of priorities and by no means the entire list of program and service work. This 2024 budget continues our ongoing delivery of supports in schools, in new parents' homes, in our sexual health clinics, and in food and personal service settings just to name a few.

POPULATION HEALTH HIGHLIGHTS

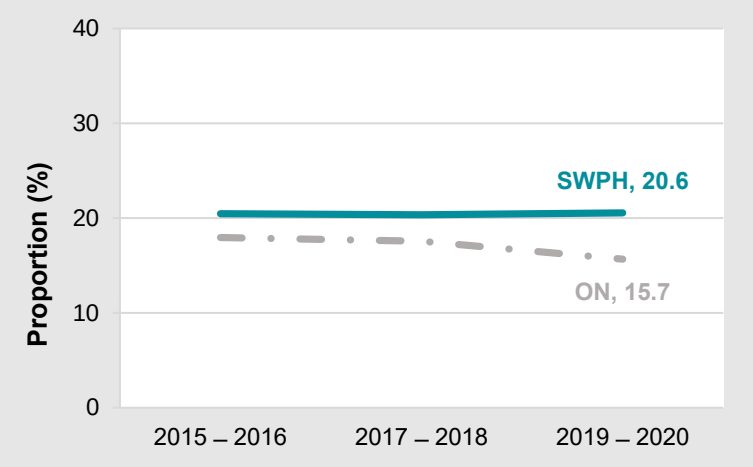
Based on local needs and recent concerns, the following are statistical highlights of some of the major priorities across the organization in 2024.

Adult Substances & Harm Reduction

The proportion of SWPH residents who reported drinking heavily at least once in the past month has remained relatively unchanged over time, remaining at about 20% since the 2015/2016 cycle of the Canadian Community Health Survey (CCHS) (**Figure 1**). This is in contrast to the provincial proportion, which decreased over each cycle of the CCHS, reaching 15.7% in the 2019/2020 cycle.

This rate indicates stagnation in reducing the amount of "risky" drinking in the SWPH region and the potential to implement additional health promotion and planning activities in our community.

Figure 1. Proportion of heavy drinking (men who have had 5+ drinks, women who have had 4+ drinks on one occasion in the past month), SWPH, Ontario, 2015-2020



As a likely consequence of heavy or risky drinking behaviours, the local rates of various alcohol-related harms, including mortality and hospitalizations, increased substantially between 2018 and 2021. This is concerning, given that the provincial rates of both of these outcomes did not change significantly over the same period.

The local rate of hospitalizations per 100,000 population due to conditions entirely attributable to alcohol (such as liver disease, accidental/intentional alcohol poisoning, etc.), reached an all-time high in 2021 of 305.7 hospitalizations per 100,0000 (**Figure 2**). This was 1.4 times higher than the provincial rate of 210.9 hospitalizations per 100,000, which was relatively unchanged over time.

Between 2018 and 2021, the mortality rate per 100,000 population due to alcohol toxicity (with and without other drug involvement) more than tripled to 3.3 deaths per 100,000 (**Figure 3**). This surpassed the provincial rate of 1.6 deaths per 100,000 in 2021. Similar to the rate of hospitalizations, this was an all-time high for SWPH.

Figure 2. Hospitalization rate (per 100,000 population) due to conditions entirely caused by alcohol, SWPH, Ontario, 2018-2021

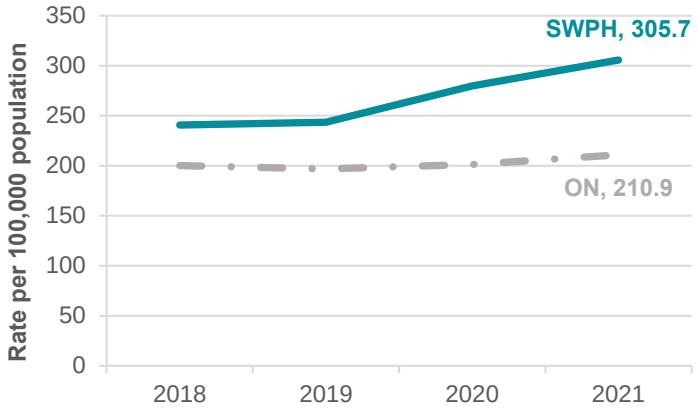
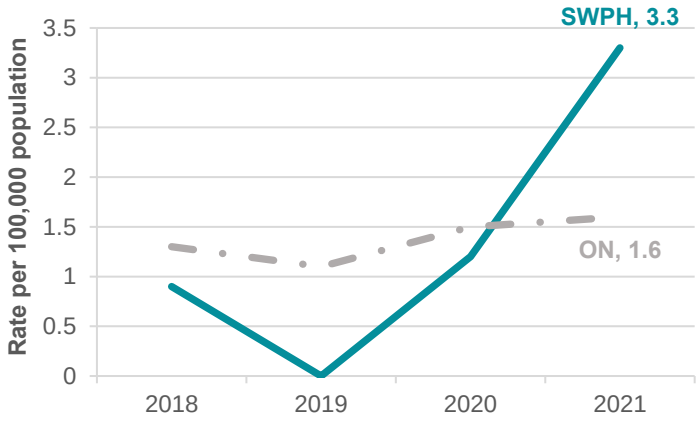


Figure 3. Mortality rate (per 100,000 population) due to alcohol-toxicity*, SWPH, Ontario, 2018-2021



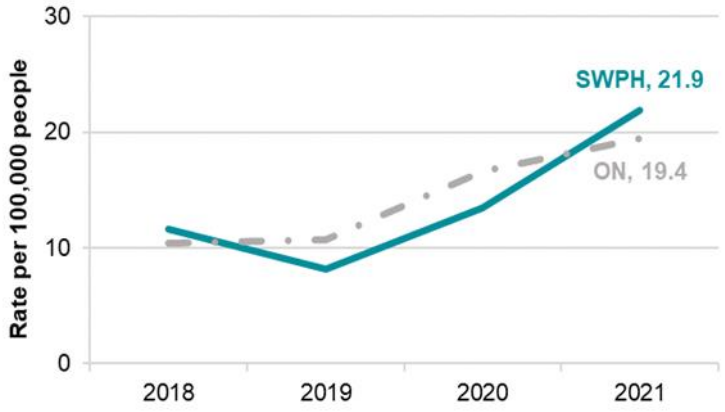
*Deaths due to alcohol toxicity BOTH with and without other drug involvement

The rates of opioid-related emergency department (ED) visits, hospitalizations, and deaths have all been steadily increasing since 2015. The rates of opioid-related ED visits and hospitalizations have been higher locally compared to the province since 2018.

The rate of opioid-related hospitalizations in the SWPH region is significantly higher than the provincial rate. In 2021, the local rate of 31.9 hospitalizations per 100,000 was nearly double the provincial rate of 16.3 hospitalizations per 100,000 population. The rate of opioid-related deaths also increased steeply during the pandemic, increasing from 13.4 deaths per 100,000 population in 2020 to 21.9 deaths per 100,000 population in 2021 (**Figure 4**).

During the COVID-19 pandemic, there continued to be increases across all three indicators locally and across Ontario. However, SWPH saw a larger increase in the rate of opioid-related ED visits compared to the provincial rate, up from 95.2 visits per 100,000 population in 2020 to 162.3 visits per 100,000 population in 2021.

Figure 4. Opioid-related mortality rate (per 100,000), SWPH, Ontario, 2018-2021

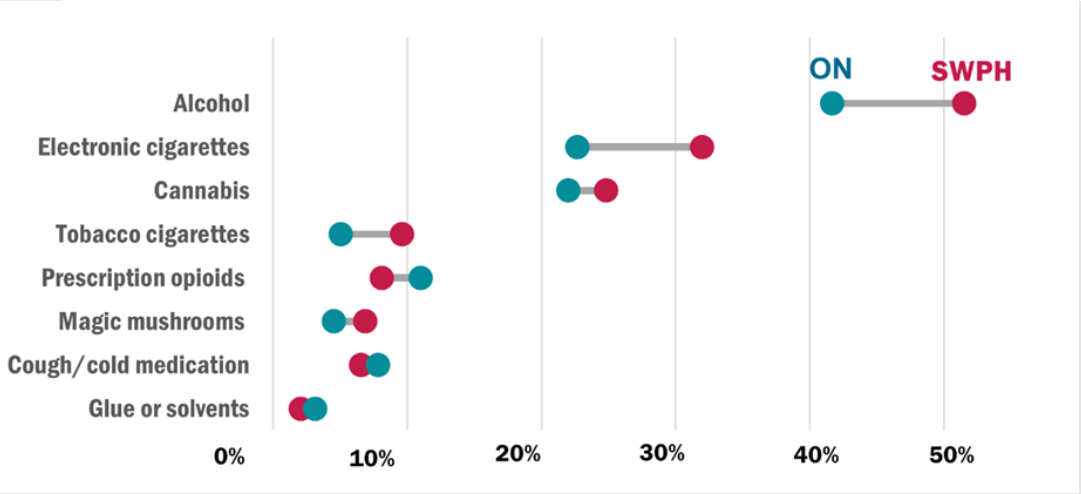


In terms of harm reduction activities, the total number of naloxone kits distributed by pharmacies and SWPH has also increased year over year, more than doubling between 2018 and 2021, highlighting the growing need given the increased opioid-related harms.
The higher burden of opioid-related harms also increases the need for a refined local opioid overdose response plan, which will be implemented in 2024.

Youth Substance Use

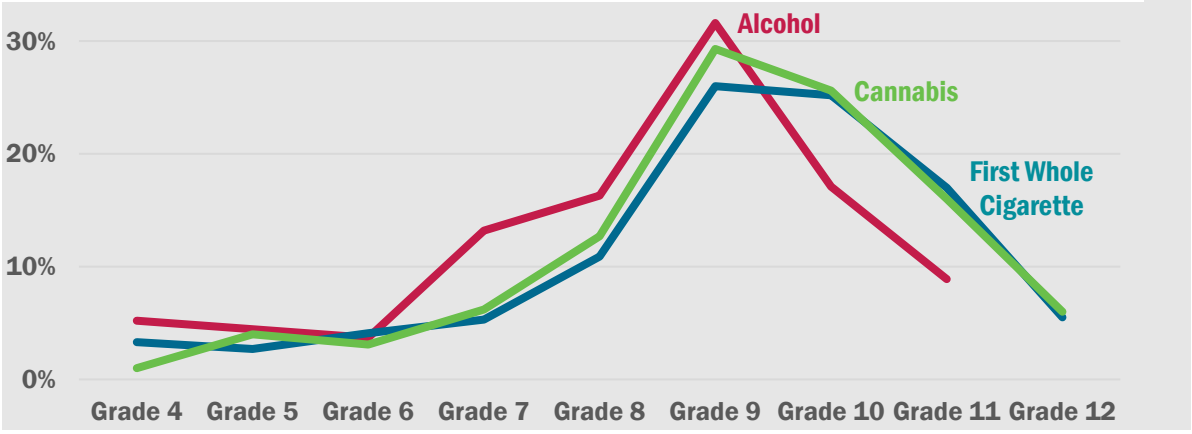
Reducing substance use among youth continues to be a priority for SWPH in 2024. Based on responses to the 2019 Ontario Drug Use and Student Health Survey (OSDUHS), 51.5% of youth in grades 7-12 in the SWPH region reported that they had more than a sip of alcohol in the past 12 months; 9.8% more than the provincial average of 41.7%. Greater proportions of youth from the SWPH region also reported using an electronic cigarette, otherwise known as vaping, and cannabis in the past 12 months compared to Ontario (vaping: 32.0% SWPH vs. 22.7% Ontario; cannabis: 25.6% SWPH vs. 22.0% Ontario). (**Figure 5**)

Figure 5. **More than 50% of SWPH youth reported drinking alcohol in the past 12 months.**



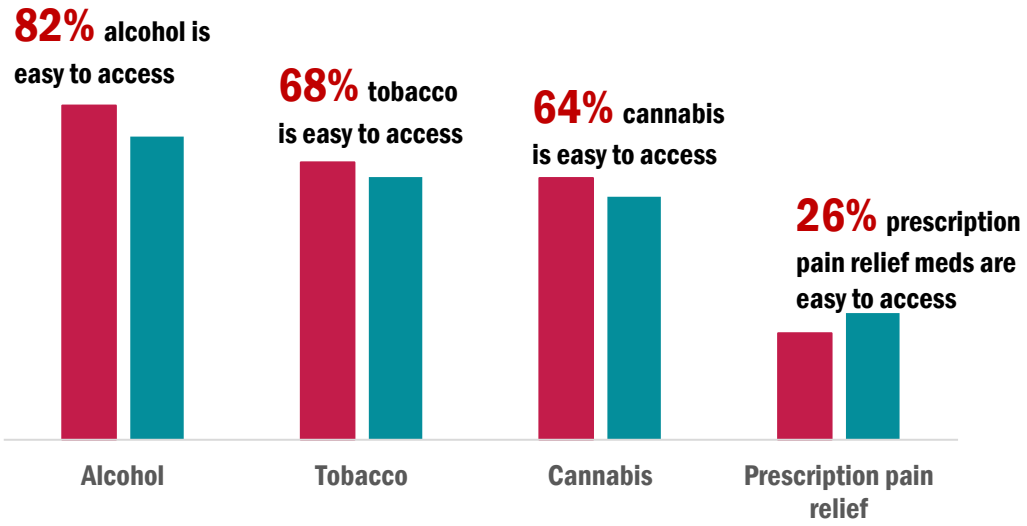
Of the youth that reported drinking alcohol and/or smoking cannabis or tobacco cigarettes, most reported that they first tried these substances in grade 9, when they were 14 or 15 years old. Based on this data, it appears that substance use prevention programs should attempt to reach youth before they enter high school. (**Figure 6**)

Figure 6. Locally, most youth start trying substances in grade 9.



Youth, locally and across the province, also reported in the 2019 OSDUHS that they found it easy to access substances. In the SWPH region, 82% of youth reported that alcohol was easy to access. Additionally, 68% and 64% reported that tobacco and cannabis, respectively, were easy to access. Except for prescription pain relief medication, youth from the SWPH region reported that substances were easy to access more frequently than youth from the rest of the province. (**Figure 7**)

Figure 7. SWPH youth find it easier to access most substances than Ontario youth.

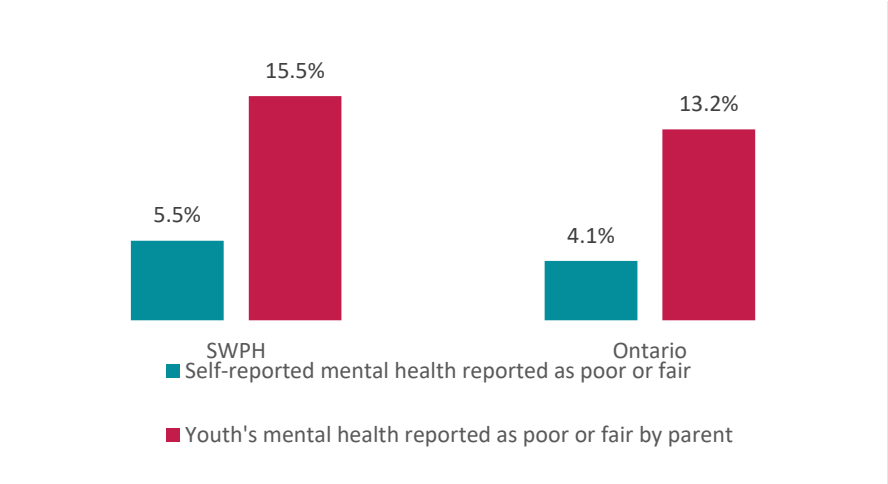


Children's Mental Health

Improving the mental health of children and youth continues to be a priority for SWPH in 2024. Based on responses to the 2019 Canadian Health Study on Children and Youth (CHSCY), more youth aged 12 to 17 years in the SWPH region perceived their mental health to be poor or fair compared to the rest of Ontario. Specifically, 15.5% of youth from the SWPH region reported their mental health to be poor or fair compared to 13.2% in Ontario. (Figure 8)

Interestingly, parents and/or guardians across the SWPH region and Ontario perceived their child or youth's mental health to be better than the youth themselves did. In the SWPH region, 5.5% of parents and/or guardians reported that they perceived their child/youth's mental health to be poor or fair, compared to 15.5% of youth in the region. The discrepancy between perceived mental health between parents and/or guardians and youth themselves was also observed at the Provincial level. (Figure 8)

Figure 8. Self-reported mental health among youth (12 to 17 years), SWPH, Ontario, 2019



Climate Change

Extreme temperatures increase the risk for environment-related illnesses such as heat stroke, syncope (fainting), and exhaustion, as well as frostbite and hypothermia, especially for seniors and other vulnerable populations in our community.

Locally, the rate of emergency department (ED) visits due to heat-related illnesses has increased over time until beginning to decrease in 2019. However, it remained high in comparison to Ontario throughout the pandemic (**Figure 9**). The rate of ED visits due to cold-related illnesses has fluctuated over time but also continued to increase into 2022 when it reached an all-time high of 27.8 visits per 100,000 population (**Figure 10**).

Figure 9. Emergency department rate for heat-related illnesses (per 100,000), SWPH, Ontario, 2018-2022

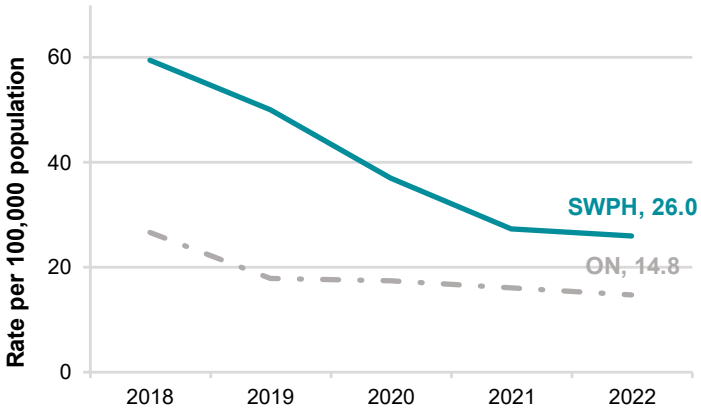
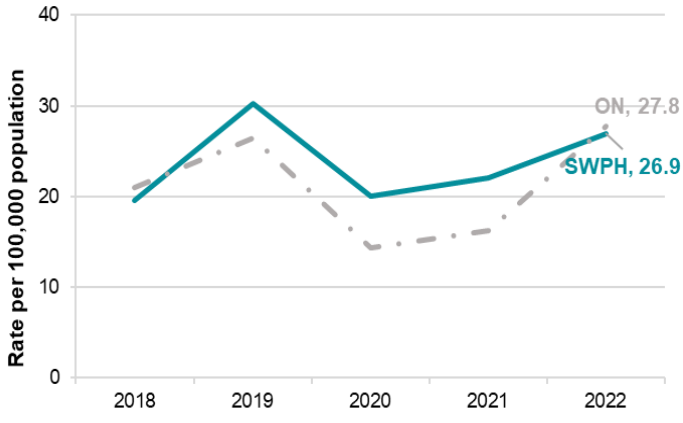


Figure 10. Emergency department rate for cold-related illnesses (per 100,000), SWPH, Ontario, 2018-2022



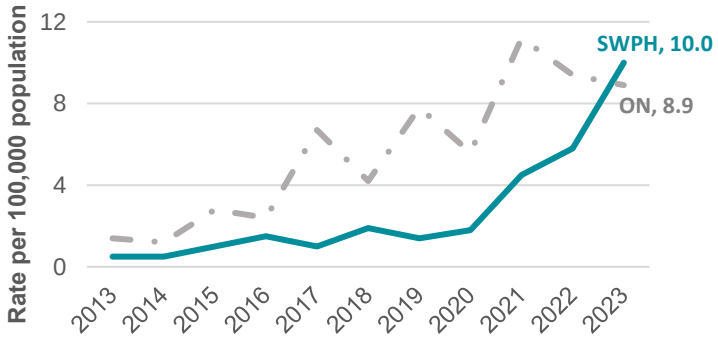
It is important to note that the COVID-19 pandemic had an impact on the volume of emergency department visits in 2020 and 2021 meaning these trends may actually be an underestimate of the impact of climate change over the last few years.

The general trend in the rate per 100,000 population of both hot and cold-related hospitalizations has been unstable over time, with numerous increases and decreases between 2018 and 2022. However, the local rate of heat-related hospitalizations remains marginally higher than the provincial rate as of 2022.

These trends highlight the need to continue issuing both heat and cold alerts, especially in coordination with any provincial/federal alerts, in order to reduce harms to the community. The topic of climate change will represent a large portion of work locally, that will be led by the Medical Officer of Health.

The rising temperature also increases the risk of vector-borne illnesses, such as West Nile and Lyme disease, as the warmer weather creates an ideal environment for mosquitos and ticks to thrive. The local rate of Lyme disease has increased rapidly over the past few years, as risk areas have expanded into Oxford and Elgin counties (**Figure 11**).

Figure 11. Rate of Lyme Disease (per 100,000), SWPH and ON, 2013 - 2023



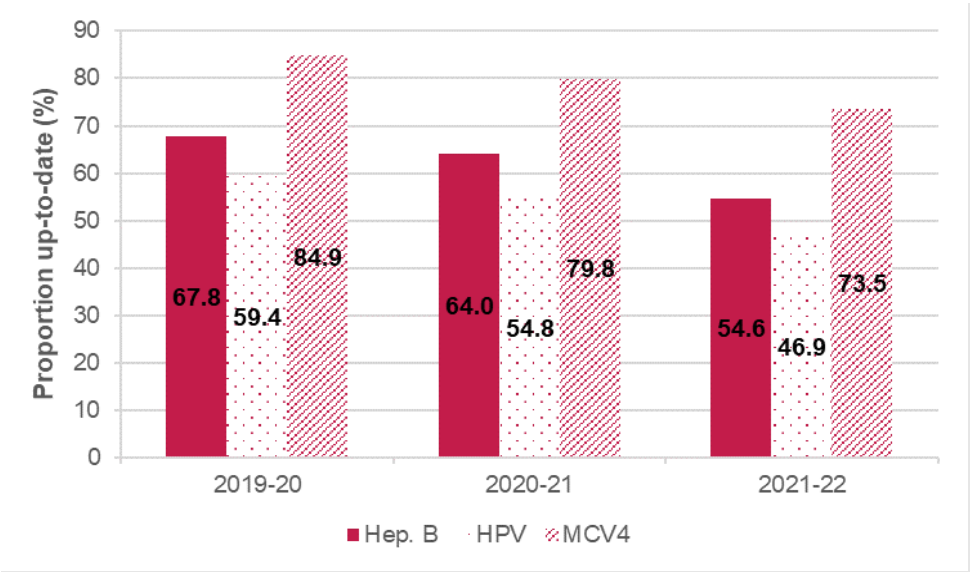
*2023 is an incomplete year of data and includes cases from Jan- Sept 2023

School-based Immunizations

The COVID-19 pandemic had an impact on the up-to-date (UTD) immunization coverage rates for school-aged children across the province for several school years and SWPH was no exception. The pandemic continues to impact coverage rates as catch-up programs continue to get students caught up on missed doses, with the 2021/22 school year still showing coverage rates that are lower than expected. Additionally, fewer 12-year-old students initiated their Hep.B and HPV series in the 2020/21 and 2021/22 school years.

Over the 3 school years examined (**Figure 12**), the coverage rates for the hepatitis B (Hep B), human papillomavirus (HPV) and meningococcal (MCV4) vaccinations have all decreased over time. The most pronounced decrease in coverage was for the Hep B vaccine, decreasing by 13.2% between the 2019/2020 and 2021/2022 school years, however, the HPV and MCV4 vaccination coverage decreases were close behind at 12.5% and 11.4%, respectively. (**Figure 12**).

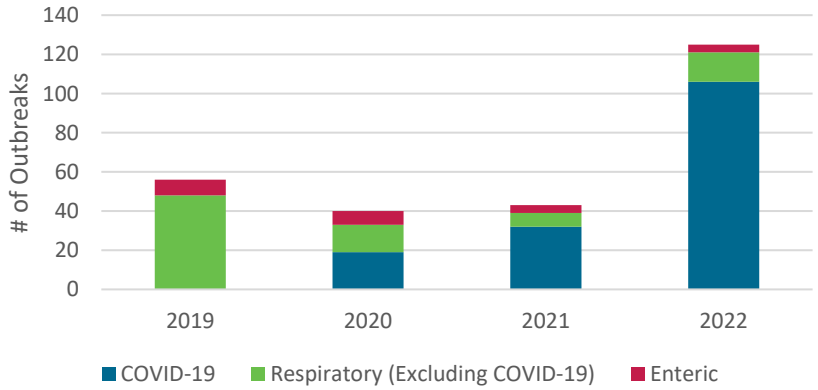
Figure 12. Proportion of up-to-date coverage for school-based immunization programs (12-year-olds), SWPH, 2018/19-2021/22 school years



Outbreaks

Over twice as many institutional outbreaks occurred in the SWPH region in 2022, compared to pre-pandemic, in 2019. Institutional outbreaks include those occurring in hospitals, retirement homes and long-term care homes. The pathogen responsible for the vast majority of outbreaks in 2022 was COVID-19 (84.8%), while enteric and other respiratory illnesses accounted for far fewer (3.2% and 12.0%, respectively). (**Figure 13**).

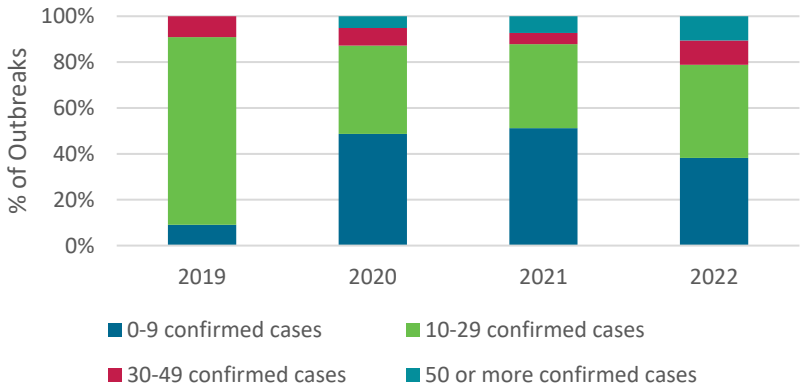
Figure 13. Institutional Outbreaks by Type in the SWPH Region



A change in the size of institutional outbreaks began in 2020, as the first COVID-19 outbreaks started to occur locally. In 2019, the majority of outbreaks (81.8%) had between 10-29 confirmed cases each. In more recent years, small outbreaks with 9 cases or less, as well as

very large outbreaks with 50 or more cases became more common. In 2022, 38.2% of outbreaks had 9 or fewer confirmed cases, compared to 9.1% in 2019. There were no outbreaks in 2019 with 50 or more cases, compared to 10.6% of outbreaks in 2022. (**Figure 14**)

Figure 14. Institutional Outbreaks by Size in the SWPH Region



2024 GENERAL PROGRAM BUDGETS

STRATEGIC ALIGNMENTS

Strategic Alignments Highlights:

Southwestern Public Health has a mandate to protect and promote the health of our communities, and this includes collaborating with municipalities on the development of healthy public policies that support community priorities through various means. Public Health collects and analyzes local data, which is used to help create healthier policies and to inform the development of critical documents used by municipalities, including Official Plans, Master Plans, Municipal Alcohol Policies and, more recently, Community Safety and Well-being plans.

Historically, Southwestern Public Health has collaborated with municipalities on the development of policies and bylaws that address important public health priorities, including smoking bylaws and active transportation, has conducted health impact assessments on large infrastructure projects (e.g., proposed landfill sites) and monitored outdoor air quality, and more recently, mental health and addictions and affordable housing.

After implementing a policy or bylaw, Southwestern Public Health also plays a key role in monitoring its impact on the community's health and well-being and whether the intervention generates positive health outcomes. Based on these findings, in consultation with municipalities, the information may be used to support policy revisions or improvements.

Collaboration with the municipalities ensures the integration of public health considerations into the programs and services and creates safer and healthier communities for all.

2024 GENERAL PROGRAM BUDGETS

SUPPORTING COSTS

Supporting Costs Highlights:

Public health is expected to achieve compliance with the standards outlined in the Ontario Public Health Standards Accountability Framework in the areas of grants and budget, delivery of programs and services, fiduciary requirements, good governance and management practices, and public health practice.

SWPH is required to comply with its accountability agreements between SWPH and the applicable Ministry. Some requirements include:

- ✓ delivery of all provincially mandated programs and services
- ✓ quarterly and annual financial reporting
- ✓ asset inventory and office equipment maintenance
- ✓ effective procurement practices
- ✓ updating development, and adherence to policies and procedures
- ✓ board of health orientation and development
- ✓ developing and maintaining strategies in the areas of communications, human resources, information technology risk management, program evaluation, and stakeholder engagement

This involves leadership and support across the organization in the areas of:

- ✓ board governance including standing committees and ad hoc committees where applicable
- ✓ accountability and target monitoring
- ✓ fiscal due diligence and financial management
- ✓ privacy of health information and personal information
- ✓ professional practice and continuous quality improvement
- ✓ strategies to support internal and external communications to applicable audiences
- ✓ staff committees/working groups to support program delivery and compliance
- ✓ oversight of building and rental costs of three facilities as well as maintenance
- ✓ information technology management including hardware/software licenses
- ✓ emergency management and business continuity planning
- ✓ insurance
- ✓ legislative compliance, risk management, and legal matters

One-Time Funding Request
100% Provincially Funded

2024
Budget and Highlights

Included:
Public Health Inspector Practicum Program
Sharps Program
COVID-19 Specific Costs
Infection Prevention and Control (IPAC) Hub
SWPH Website and Intranet Revamp
Strengthening Public Health Strategy Support

One-Time Funding Request
100% Provincially Funded

Project Title:
Public Health Inspector Practicum Program

Public Health Inspector Practicum Program Highlights:

a. To provide a practicum for two students enrolled or who already have a degree in a program of instruction approved by the Canadian Institute of Public Health Inspectors (CIPHI) Board of Certification (BOC).

b. To be eligible to sit the Examination to obtain the Certificate in Public Health Inspection (Canada), every candidate must satisfactorily complete a twelve (12) week minimum practicum in the basic inspection programs.

c. This practicum must be coordinated by a qualified person who holds the CPHI(C) at the supervisory level of the agency where the practicum is to take place. SWPH staff coach and mentor student PHI candidates in preparation for their BOC exam for the duration of the 12-week practicum.

d. SWPH benefits from the public health inspector practicum program as the students support the completion of lower risk inspection activity under the mentorship of certified public health inspectors. Additionally, students contribute by sharing innovation and health promotion / education ideas to program delivery. As well, student preceptors gain leadership and staff development opportunities.

One-Time Funding Request
100% Provincially Funded

Project Title:
Sharps Program

Sharps Program Highlights:

The goal of a comprehensive needle syringe and inhalation equipment program is to distribute needles/syringes and other drug use supplies as an effective method in reducing bloodborne infections (such as HIV, Hepatitis B and C, syphilis) associated with injection or inhalation drug use.

a. Due in part to the ongoing opioid crisis, demand for sterile harm reduction equipment is on the rise in SWPH's region. It is essential that SWPH continues to meet this growing demand to prevent the transmission of HIV, Hepatitis B and Hepatitis C infections. Both HIV and HCV can spread in the blood, and a major risk factor for both HIV and HCV infection is injection drug use.

b. As part of this strategy, SWPH is collaborating with Regional HIV/AIDS Connection and Canadian Mental Health Association Thames Valley Addiction and Mental Health Services to facilitate the distribution and collection of harm reduction supplies via a mobile outreach program.

c. The 2023 goals of the program include meeting or exceeding sharps return rates found in similar Ontario jurisdictions and ensuring that sharps disposal options are available to clients in areas where they are needed most. These goals align with the recommendations found in the Ontario Public Health Standards, 2018 and the Substance Use Prevention and Harm Reduction Guideline, 2018. Achieving these goals will necessitate additional kiosks in known underserviced areas and regular maintenance and disposal.

One-Time Funding Request
100% Provincially Funded

Project Title:
COVID-19 (General Response/Vaccination)

COVID-19 Specific Costs:

1. COVID-19 General Response

Public Health staff are focused on minimizing the risk of COVID-19 in high-risk settings, by supporting immunization, and outbreak management to reduce and prevent the spread of COVID 19. This includes long-term care homes, retirement homes, congregate living settings, and other residential facilities which are particularly vulnerable to outbreaks.

a. CCM (Case and Contact Management)

Case, contact, and outbreak management is pivotal in reducing the transmission of COVID-19 in our region, especially for those at risk for severe illness and outcomes in congregate living settings and health care institutions. Public Health Investigators work collaboratively with partners and high-risk settings to manage and control the spread of infection and manage outbreaks. This process is labour intensive and is compounded by the emerging pathogenicity of this novel virus. Staff may also provide guidance about returning to work, outbreak management, public health measures related to enhanced environmental cleaning, self-monitoring, and general infection prevention and control measures. It is anticipated that severe illness and the number of COVID-19 outbreaks may decline in 2024. COVID-19 case, and outbreak management will continue as a measure to control and prevent the spread.

One-Time Funding Request
100% Provincially Funded

COVID-19 General Response/Vaccination

COVID-19 Specific Highlights (continued):

SWPH will provide education on infection prevention and control practices such as face coverings, physical distancing, hand hygiene, screening to reduce the transmission of disease. SWPH is also reponsible for the management of the Case and Contact Management (CCM) database for COVID-19 data entry and outbreak management.

2. COVID-19 Vaccination

To further reduce the incidence rate of COVID-19, SWPH will continue to offer COVID-19 immunization clinics to immunize eligible people and vulnerable populations with COVID-19 vaccine. SWPH will work in collaboration with community partners to coordinate distribution and to administer COVID-19 vaccine to health care institutions and congregate living settings. Public health continues to be the primary distribution channel for primary care, hospitals and other health care settings who provide vaccination. The storage and distribution of the vaccine will play a key role in the management of the clinics to maintain the standardization of the identified product. The continued distribution and administration of the vaccine includes the need for public health nurses, registered practical nurses, supervisory support, clerical support, information technology support, and facilities support to complete this important work in an efficient manner.

One-Time Funding Request
100% Provincially Funded

Project Title:
Infection Prevention and Control HUB

Infection Prevention and Control (IPAC) HUB Highlights:

a. As part of the province's comprehensive plan *Keeping Ontarians Safe: Preparing for Future Waves of COVID-19,* local networks of IPAC expertise (IPAC Hubs) were developed across the health system, that work to enhance IPAC practices in community based, congregate living organizations (CLOs). These organizations include long-term care homes, retirement homes, residential settings funded by the Ministry of Health (MOH), residential settings for adults and children funded by Ministry of Children, Community and Social Services (MCCSS), shelters, and supportive housing. Through these new province-wide networks, CLOs are able to access IPAC expertise, collaborative assistance and just-in-time advice, guidance, and direct support on IPAC practices.

b. In collaboration with the Ministry of Health and other Ministries involved in this initiative, Ontario Health identified hospitals and public health units from across the province to lead local IPAC Hubs. Southwestern Public Health is the local IPAC Hub lead in this area, that works to coordinate and collaborate with Satellite hubs and health system partners in Oxford, Elgin, St. Thomas, and Huron Perth to ensure that this specialized guidance and support is available to our congregate living organizations throughout the region.

c. As the lead for the local IPAC Hub, SWPH is responsible for ensuring accountability for funds transferred from the Ministry of Health to Satellite Hubs, including monitoring of required deliverables. St. Thomas, Elgin, and Oxford IPAC services for congregate living organizations are administered by staff funded by the IPAC Hub. Services include support for IPAC training, policies and procedures, outbreak preparedness and assistance with on-site IPAC assessments.

One-Time Funding Request
100% Provincially Funded

Project Title:
SWPH Website and Intranet Revamp

SWPH Website and Intranet Revamp Highlights:

Southwestern Public Health (SWPH) has two primary online resources – a public facing website (visited by 200,000 unique visitors each year) and an employee intranet, which is the digital homebase for staff access to news, policies, tools, and other resources. As an agency, SWPH needs to ensure that our digital web presence is modern, up to date, secure, and aligned with best practices and legislative standards.

The nature of this project is to ensure that SWPH maintains a website and intranet that will support the organization into the future and meet the needs of our community and audiences.

SWPH's current websiteand intranet content management system (CMS), were both built in 2019 and will no longer be updated and supported by the web developer in 2024. As a result, SWPH will need to transition the CMS platform to a new updated version by 2025. To ensure that SWPH can continue to share information about programs and services to the community for the foreseeable future, SWPH will explore either building an entirely new website and intranet or 'renovate' the existing website and intranet into a new platform. This work will be completed by December 31, 2024.

One-Time Funding Request
100% Provincially Funded

Project Title:
Strengthening Public Health Strategy Support

Strategy Support for Strengthening Public Health Highlights:

Background:
The Board of Health has struck an Ad hoc Board Committee to support the Ministry of Health's Strengthening Public Health strategy. This ad hoc committee has been established to assess whether SWPH will voluntarily engage in a merger with one or more public health units. This provincial strategy is aimed at improving public health service delivery in our region by exploring opportunities for enhanced program and service capacity and maximizing resources.

Rationale for Consultant Engagement:
The nature of this project necessitates specialized knowledge and expertise in public health system amalgamations. Engaging external expertise is crucial for the following reasons:

- **Specialized Knowledge**: A consultant with experience in public health system mergers can provide insight into best practices, potential challenges, and opportunities.
- **Objective Perspective**: An external consultant can offer an impartial viewpoint and facilitate objective decision-making for the Adhoc Committee's consideration.
- **Efficiency and Effectiveness**: A consultant can expedite the merger evaluation process, preventing common pitfalls and streamlining the effort.
- **Risk Mitigation**: The consultant can identify and address potential regulatory and operational risks, ensuring a smoother transition if merging is approved.
- **Stakeholder Engagement**: A consultant can help engage various stakeholders, ensuring transparency and inclusivity in the process.

2024 BUDGET

Standard - Section / Program	2023 BUDGET Jan 1 - Dec 31	2024 BUDGET Jan 1 - Dec 31	Difference
Direct Program and Services Costs			
Foundational Standards			
Emergency Management	112,082	126,407	
Effective Public Health Practice	337,839	322,986	
Population Health Assessment	387,478	374,023	
Foundational Standards Total	**837,399**	**823,416**	**(13,983)**
Chronic Disease and Injury Prevention			
Built Environment	257,651	269,678	
Healthy Eating Behaviours	118,799	109,777	
Healthy Menu Choices Act Enforcement	-	-	
Physical Activity and Sedentary Behaviours	107,468	122,727	
Injury Prevention	180,350	205,404	
Mental Health Promotion	129,293	266,213	
Health Equity	332,780	301,265	
Chronic Disease and Injury Prevention	**1,126,341**	**1,275,063**	**148,722**
Food Safety			
Food Safety (Education, Promotion & Inspection)	489,426	507,457	
Food Safety Total	**489,426**	**507,457**	**18,031**
Healthy Environments			
Climate Change	122,160	345,272	
Healthy Environments (Health Hazard Investigation and Response)	407,806	540,121	
Healthy Environments Total	**529,966**	**885,393**	**355,427**
Healthy Growth and Development			
Breastfeeding	379,182	396,082	
Parenting	500,400	389,868	
Reproductive Health/Healthy Pregnancies	381,234	626,910	
Healthy Growth and Development Total	**1,260,816**	**1,412,860**	**152,044**

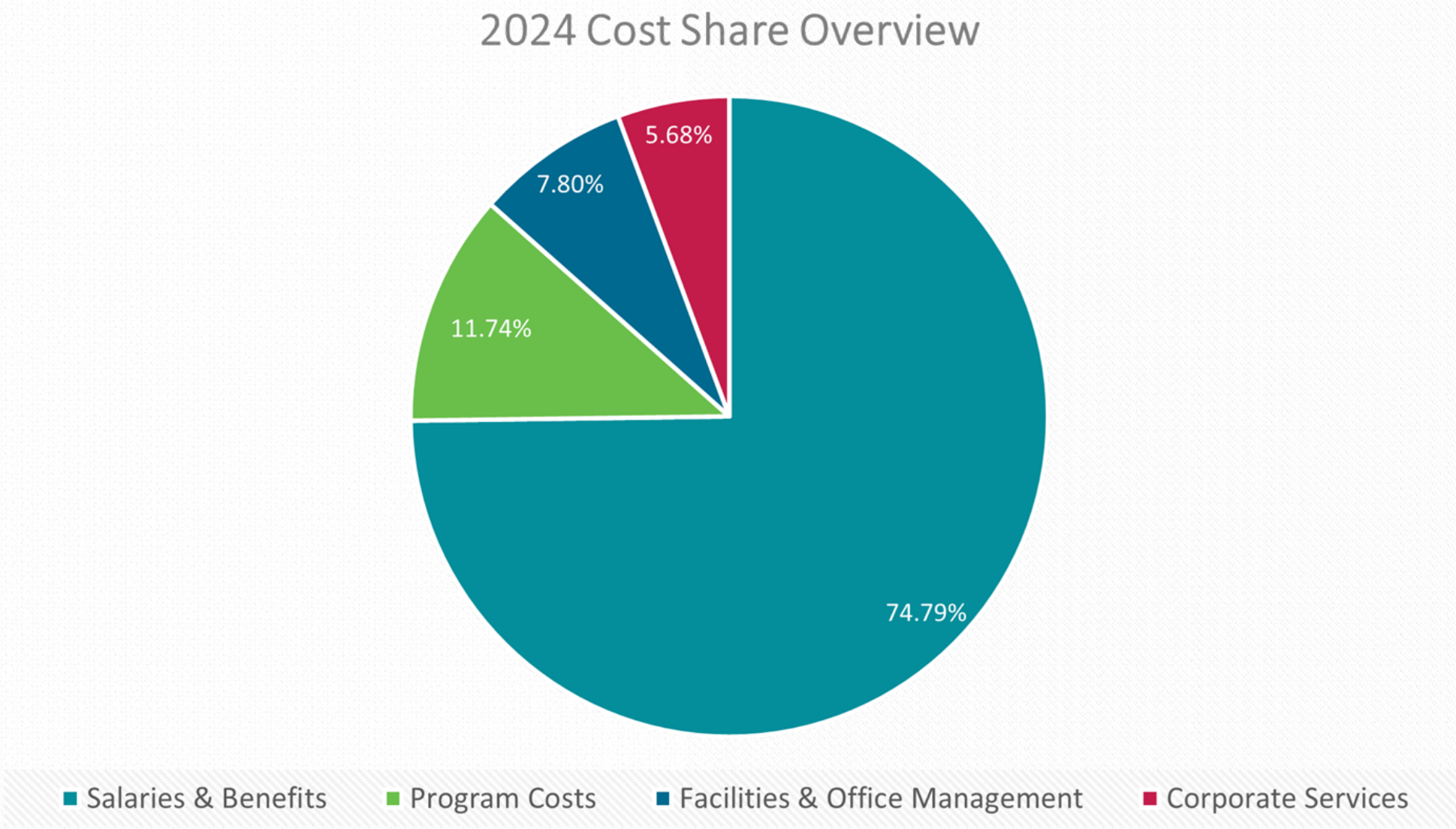
Standard - Section / Program	2023 BUDGET Jan 1 - Dec 31	2024 BUDGET Jan 1 - Dec 31	Difference
Immunization			
Vaccine Administration	148,437	157,544	
Vaccine Management	199,695	133,382	
Community Based Immunization Outreach	-	-	
Immunization Monitoring and Surveillance	145,305	120,574	
Immunization Total	**493,437**	**411,500**	**(81,937)**
Infectious and Communicable Diseases Prevention and Control			
Infection Prevention & Control	1,857,964	2,080,112	
Rabies Prevention and Control and Zoonotics	222,592	176,285	
Sexual Health	1,034,329	1,117,887	
Tuberculosis Prevention and Control	27,860	90,497	
Sharps program	70,900	51,200	
Vector-Borne Diseases	216,694	225,362	
Infectious and Communicable Diseases Prevention and Control Total	**3,430,339**	**3,741,343**	**311,005**
Safe Water			
Safe Water	164,147	163,789	
Safe Water Total	**164,147**	**163,789**	**(358)**
School Health - Oral Health			
Healthy Smiles Ontario	855,744	859,958	
School Screening and Surveillance	344,358	364,347	
School Health - Oral Health Total	**1,200,102**	**1,224,305**	**24,203**
School Health - Immunization			
School Immunization	1,019,831	1,274,875	
School Health - Immunization Total	**1,019,831**	**1,274,875**	**255,044**
School Health - Other			
Comprehensive School Health	1,114,009	1,639,533	
School Health - Other Total	**1,114,009**	**1,639,533**	**525,524**

Standard - Section / Program	2023 BUDGET Jan 1 - Dec 31	2024 BUDGET Jan 1 - Dec 31	Difference
Substance Use and Injury Prevention			
Harm Reduction	208,242	181,520	
Smoke Free Ontario Strategy	218,679	246,352	
Substance Use	502,864	429,807	
Substance Use and Injury Prevention Total	**929,785**	**857,678**	**(72,107)**
Direct Program and Services Costs Total	**12,595,597**	**14,217,213**	**1,621,616**
Program and Services Support Costs	5,658,419	6,332,827	
Program and Services Support Costs Total	**5,658,419**	**6,332,827**	**674,408**
Total Cost Shared	**18,254,016**	**20,550,040**	**2,296,024**
100% Provincially Funded Programs			
Medical Officer of Health Compensation Initiative	156,043	79,814	**(76,229)**
School Focused Nurses Initiative (Covid-19)	450,000	-	**(450,000)**
Senior Oral Care	1,061,100	1,577,205	**516,105**
Total 100% Provincially Funding	**1,667,143**	**1,657,019**	**(10,124)**
Total General Cost-Shared Funding and 100% Provincially Funded	19,921,159	22,207,059	2,285,900
One-Time 100% Provincial Funding Requests (April 1, 2023 to March 31, 2024)			
Covid-19	2,487,762	868,869	
Public Health Inspector Practicum	20,000	20,000	
Sharps Program	60,000	51,200	
Infection Prevention and Control Hub	805,000	582,500	
Stigma Education Initiative	24,500	-	
Collaborative Planning School Board Work	10,000	-	
Website and Intranet Revamp	-	50,000	
Strengthening Public Health Strategy Support	-	50,000	
Total	3,407,262	1,622,569	-
Programs Funded by Other Ministries			
Healthy Babies Healthy Children	1,653,539	1,653,539	-
Pre and Post Natal Nurse Practitioner	139,000	139,000	-
			-
Total Programs Funded by Other Ministries	**1,792,539**	**1,792,539**	**-**

2024 Cost Shared Budget Amounts

Current Budget Amount **$ 20,550,040**

2024 Budget - reflects a Ministry increase of 1%					
Population based on 2021 Census		**42,840**	**51,912**	**121,781**	**216,533**
30%		**19.785%**	**23.97%**	**56.24%**	**100%**
	Ministry	***City of St. Thomas***	***Elgin County***	***Oxford County***	***Total***
Ministry funding	$ 12,822,556	$ 1,087,234	$ 1,317,472	$ 3,090,674	$ 18,317,937
Total Funding	**$ 12,822,556**	**$ 1,087,234**	**$ 1,317,472**	**$ 3,090,674**	**$ 18,317,937**
Additional Board priorities levy		**$ 151,648**	**$ 183,762**	**$ 431,090**	**$ 766,500**
Total minimum	**$ 12,822,556**	**$ 1,238,883**	**$ 1,501,234**	**$ 3,521,764**	**$ 19,084,437**
2023 actual levy (base established by BOH)	**$ 12,667,875**	**$ 1,216,162**	**$ 1,473,702**	**$ 3,457,176**	**$ 18,814,915**
1% annualized increase		**$ 12,162**	**$ 14,737**	**$ 34,572**	**$ 61,470**
Amount required to maintain existing services		**$ 300,522**	**$ 364,161**	**$ 854,291**	**$ 1,518,973**
Actual Levy payment	**$ 12,822,556**	**$ 1,528,845**	**$ 1,852,600**	**$ 4,346,038**	**$ 20,550,040**


2024 Cost Share Overview
5.68%
7.80%
11.74%
74.79%
Salaries & Benefits
Program Costs
Facilities & Office Management
Corporate Services