Our Vision:
Healthy People in Vibrant Communities

BOARD OF HEALTH MEETING
St. Thomas Location: 1230 Talbot Street
Virtual Participation: Microsoft Teams
Thursday, September 28, 2023, at 1:00 p.m.

AGENDA			
ITEM	**AGENDA ITEM**	**LEAD**	**EXPECTED OUTCOME**
1.0 CONVENING THE MEETING			
1.1	Call to Order, Recognition of Quorum • Introduction of Guests, Board of Health Members and Staff • Welcome Davin Shinedling, Provincial Appointee to the Board of Health	Joe Preston	
1.2	Approval of Agenda	Joe Preston	Decision
1.3	Reminder to disclose Pecuniary Interest and the General Nature Thereof when Item Arises including any related to a previous meeting that the member was not in attendance for.	Joe Preston	
1.4	Reminder that Meetings are recorded for minute-taking purposes.	Joe Preston	
2.0 APPROVAL OF MINUTES			
2.1	Approval of Minutes: June 22, 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).***			
3.1	**Expansion of Publicly Funded Vaccine in Ontario Pharmacies** August 8, 2023: Association of Local Public Health Agencies (alPHa) *This letter gives input and supports the proposal of expansion of publicly funded vaccines in Ontario pharmacies. alPHa highlights the importance of increasing access to immunization for all vaccine preventable diseases and notes the success of the COVID-19 vaccination campaign is a clear illustration of collaborative partnerships.*		Receive and File
4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION			
4.1	**Support for Bill C-252, An Act to Amend the Food and Drugs Act (prohibition of food and beverage marketing directed at children)** June 9, 2023: Middlesex-London Health Unit *This letter supports Bill C-252's amendments and proposes additional measures for consideration; Increasing the age to under 18 for restricting commercial advertising; and, expanding restrictions to all advertising types such as celebrity and character endorsements as indicated in Bill C-252.*	Cynthia St. John	Decision
5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.ACCEPTANCE.DECISION			
5.1	**Unregulated Residential Facilities Report for September 28, 2023**	Peter Heywood	Decision
5.2	**Medical Officer of Health's Report for September 28, 2023**	Dr. Ninh Tran	Decision
5.3	**Chief Executive Officer's Report for September 28, 2023**	Cynthia St. John	Decision

AGENDA			
ITEM	**AGENDA ITEM**	**LEAD**	**EXPECTED OUTCOME**
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, October 26, 2023 at 12:00 pm • Board of Health Meeting: Thursday, October 26, 2023 at 1:00 pm ○ Location: Oxford County Administration Building, 21 Reeve Street, Woodstock, ON N4S 7Y3; Virtual Participation: MS Teams	Joe Preston	
10.0 ADJOURNMENT			

June 22, 2023

Board of Health Meeting

Minutes

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

PRESENT:

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

GUESTS:

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

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

**represents virtual participation*

REGRETS:

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

1.1 CALL TO ORDER, RECOGNITION OF QUORUM

1.2 AGENDA

Resolution # (2023-BOH-0622-1.2)
Moved by M. Ryan
Seconded by J. Herbert

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

Carried.

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

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

2.0 APPROVAL OF MINUTES

Resolution # (2023-BOH-0622-2.1)
Moved by D. Warden
Seconded by M. Ryan

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

Carried.

3.0 CONSENT AGENDA

Resolution # (2023-BOH-0622-3.1)
Moved by D. Warden
Seconded by B. Wheaton

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

Carried.

4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION

Resolution # (2023-BOH-0622-4.1)
Moved by J. Herbert
Seconded by L. Rowden

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

Carried.

5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.DECISION

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

Dr. Tran reviewed his report.

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

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

P. Heywood noted the following recommendations:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Resolution # (2023-BOH-0622-5.1)
Moved by D. Warden
Seconded by M. Ryan

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

Carried.

5.2 Further Investments in Public Health Priorities Report

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

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

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

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

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

J. Preston moved to discuss the report first.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Resolution # (2023-BOH-0622-5.2)
Moved by J. Couckuyt
Seconded by M. Ryan

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

Carried.

5.3 Chief Executive Officer's Report

C. St. John reviewed her report.

Resolution # (2023-BOH-0622-5.3A)
Moved by D. Mayberry
Seconded by D. Warden

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

Carried.

Resolution # (2023-BOH-0622-5.3)
Moved by J. Couckuyt
Seconded by B. Wheaton

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

Carried.

7.0 TO CLOSED SESSION

Resolution # (2023-BOH-0622-C7)
Moved by B. Wheaton
Seconded by J. Herbert

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

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

Other Criteria:

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

Carried.

8.0 RISING AND REPORTING OF CLOSED SESSION

Resolution # (2023-BOH-0427-C8)
Moved by M. Ryan
Seconded by J. Couckuyt

That the Board of Health rise with a report.

Carried.

Resolution # (2023-BOH-0622-C3.1)
Moved by D. Warden
Seconded by D. Mayberry

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

Carried.

Resolution # (2023-BOH-0622-C3.2)
Moved by J. Herbert
Seconded by J. Couckuyt

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

Carried.

10.0 ADJOURNMENT

Resolution # (2023-BOH-0622-10)
Moved by M. Ryan
Seconded by B. Wheaton

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

Carried.

Confirmed: _____

alPHa
Association of Local PUBLIC HEALTH Agencies

480 University Ave., Suite 300
Toronto, Ontario M5G 1V2
Tel: (416) 595-0006
E-mail: info@alphaweb.org

August 8, 2023

Hon. Sylvia Jones
Minister of Health & Deputy Premier
College Park 5th Flr, 777 Bay St
Toronto, ON M7A 2J3

Dear Minister Jones,

Re: Expansion of Publicly Funded Vaccines in Ontario Pharmacies

On behalf of the Association of Local Public Health Agencies (alPHa) and its Council of Ontario Medical Officers of Health, Boards of Health Section and Affiliate Organizations, we are writing to provide our input on the above-named consultation, which seeks to assess the potential for expanded routine vaccine administration through pharmacies.

We are aware that this survey has been sent to a variety of stakeholders, including each of Ontario's 34 public health units. While the channels of vaccine delivery are numerous, immunization is a core function of public health. Local public health units have the capability, experience and know-how to successfully deliver comprehensive and cost-effective population-wide immunization programs. Their submissions will therefore provide your Ministry with more detailed advice on this matter.

Owing to the process and timelines of this consultation, I am confident that you will appreciate that we will not have had had the opportunity to review each of these in detail. We therefore invited our members to suggest key themes that should be amplified. I am pleased to be able to present these here, with a note that these do not represent consensus statements based on a comprehensive survey but rather topics that were suggested to us with some consistency. We recommend you refer to the individual public health unit submissions for specific details and rationale.

Information management / Central vaccine registry: maintaining a centralized immunization registry that is accessible to all providers remains an essential support for health care, public health, and the population. Ensuring that comprehensive and current immunization data are available to public health and others who require it is essential for surveillance, assessing vaccine safety, minimizing errors, managing complex immunization schedules, vaccine inventory management, record keeping, and informing outbreak and infection control responses. A comprehensive immunization registry / information system accessible to all vaccine delivery agents should be a foundation upon which the expansion of routine vaccine administration occurs.

Ensuring optimal, integrated care for all residents: while immunization is of critical importance on its own, some patients may have additional needs that can best be addressed at the appropriate point of contact. Examples include the routine immunization of young children who may need a more supportive environment, adolescents whose appointments are opportunities to address related developmental and health issues, patients who are off-schedule or have complex needs, or newcomers who may need additional advice and benefit from referrals. Should such individuals choose to avail themselves of pharmacies for their vaccination needs, additional resources should be available to pharmacists to facilitate their ability to meet those needs.

Human resource and infrastructure support: with increased demand on pharmacies as they take on an expanded role in vaccination, consideration will need to be given to ensuring that trained staff are available to meet these additional responsibilities in addition to the ones they already oversee. This will also create additional demands on local public health for its existing vaccine inventory management program, surveillance activities, and other direct support for service providers. In addition to ensuring public health units will have sufficient resourcing to support additional pharmacies, the pharmacy sector would benefit from dedicated human resource and infrastructure support to set this channel up for success.

Public health achieves its aims with greatest success by working in collaborative partnership with numerous community stakeholders. The success of the COVID-19 vaccination campaign in Ontario is a clear illustration of this, with public health clinics, hospitals, primary care, and pharmacies providing multiple options for coverage. We are supportive of building on this success to meet the objective of increasing access to timely immunization for all vaccine preventable diseases for all Ontarians and are pleased that you are gathering valuable input to ensure that the implications of this proposal are carefully examined.

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

Sincerely,

Dr. Charles Gardner,
President

Copy: Dr. Kieran Moore, Chief Medical Officer of Health
Dr. Daniel Warshafsky, Associate Chief Medical Officer of Health
Elizabeth Walker, Executive Lead, Office of the Chief Medical Officer of Health

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

BUREAU DE SANTÉ DE MIDDLESEX-LONDON HEALTH UNIT

June 9, 2023

Bureau of Policy, Intergovernmental and International Affairs, Food Directorate
Health Products and Food Branch, Health Canada
251 Sir Frederick Banting
Postal Locator 2204C
Ottawa, ON K1A 0K9

Re: Consultation on Restricting Food Advertising Primarily Directed at Children

At the May 18, 2023 meeting, the Middlesex-London Board of Health carried the following motion regarding Bill C-252, *An Act to amend the Food and Drugs Act (prohibition of food and beverage marketing directed at children*:

It was moved by **A. DeViet, seconded by M. Smibert,** *that the Board of Health:*

1) *Receive Report No. 35-23 re: "Support for Health Canada's policy update on restricting advertising of food and beverages to children"; and*
2) *Submit a letter on behalf of the MLHU Board of Health in support of Health Canada's recent policy update on restricting the commercial advertising of food and beverages to children along with these additional measures:*
    - *Increasing the age to under 18 for restricting commercial advertising*
    - *Expanding restrictions to all advertising types such as celebrity and character endorsements as indicated in Bill C-252.*

Youth are vulnerable to the advertising of the food and beverage industry. This exposure influences children and youths' food preferences, purchase requests, and consumption patterns which negatively impacts their health and wellbeing. Advertising of food and beverages influences choices in food and is considered an environmental determinant of health.

Current proposed amendments to Bill C-252, *An Act to amend the Food and Drugs Act (prohibition of food and beverage marketing directed at children* include focuses on television and digital media and limits restrictions to children under 13. This leaves various advertising techniques unrestricted and youth aged 13-17 vulnerable to harmful advertising.

The Middlesex-London Board of Health would like to propose the following additional measures (amendments) be considered for the policy update:

- Increasing the age to under 18 for restricting commercial advertising; and
- Expanding restrictions to all advertising types such as celebrity and character endorsements as indicated in Bill C-252.

Attached to this letter is Report 35-23 re: Support for Health Canada's Policy Update on Restricting Advertising of Food and Beverages to Children for further reference.

Sincerely,

Matthew Newton-Reid
Board Chair
Middlesex-London Health Unit

CC: Honourable Jean-Yves Duclos, Minister of Health of Canada
Honourable Patricia Lattanzio, Member of Parliament, Saint-Léonard—Saint-Michel
Dr. Theresa Tam, Chief Public Health Officer of Canada
Dr. Alexander Summers, Medical Officer of Health
Julie Goverde, Acting Manager, Community Health Promotion
All Ontario Boards of Health

MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 35-23

TO: Chair and Members of the Board of Health

FROM: Dr. Alexander Summers, Medical Officer of Health
Emily Williams, Chief Executive Officer

DATE: 2023 May 18

SUPPORT FOR HEALTH CANADA'S POLICY UPDATE ON RESTRICTING ADVERTISING OF FOOD AND BEVERAGES TO CHILDREN

Recommendation

It is recommended that the Board of Health:

1) ***Receive Report No. 35-23 re: "Support for Health Canada's policy update on restricting advertising of food and beverages to children";***
2) ***Submit a letter on behalf of the MLHU Board of Health in support of Health Canada's recent policy update on restricting the commercial advertising of food and beverages to children along with these additional measures:***
   - ***Increasing the age to under 18 for restricting commercial advertising***
   - ***Expanding restrictions to all advertising types such as celebrity and character endorsements as indicated in Bill C-252.***

Key Points

- Children and youth are vulnerable to the advertising of the food and beverage industry. Constant exposure influences children and youths' food preferences, purchase requests, and consumption patterns which negatively impacts their health and wellbeing.
- Health Canada released a policy update in April 2023 to protect children by restricting food and beverage advertising. However, the policy update solely focuses on television and digital media and limits restrictions to children under 13. This leaves various advertising techniques unrestricted and youth vulnerable to harmful advertising.

Background

Food and Beverage Advertising

Food and beverage advertising substantially influences food and beverage choices and preferences, and has been identified as an environmental determinant of health (Potvin Kent et al., 2022). Children and youth are exposed to food and beverage advertising on a constant basis. In 2019, approximately $628,600,000 was spent on food advertising, with more than 90% of the advertising being for foods that do not meet Canada's Food Guide (Potvin Kent et al., 2022). Over 50 million food and beverage advertisements were found on popular children's websites in 2015-2016, and over 90% of those ads were for foods high in sodium, sugar, and/or saturated fat (Heart & Stroke, 2021). Digital advertising via social media, the internet, and mobile devices is less costly, and has been shown to be more effective and persuasive compared to traditional media (Potvin Kent et al., 2022). Social media advertising provides companies with the ability to directly interact with consumers, which provides valuable information to companies (Potvin Kent et al., 2022). In addition, the use of digital media by children and youth has been increasing, resulting in increased exposure to digital marketing (Potvin Kent et al., 2022).

Negative Health Impacts of Food and Beverage Marketing to Children and Youth

The food industry appeals to children and youth using cartoons, celebrities, popular music, slang, and sports to market their products (Heart & Stroke, 2021, Truman & Elliott, 2019; Harris et al., 2020). Children are targeted because they are unable to critically assess advertisement messages, can influence family spending, and provide an opportunity to establish brand loyalty at a young age (Ontario Dietitians in Public Health [ODPH], 2019). Youth are also vulnerable to marketing due to their cognitive and emotional development, peer pressure, high levels of exposure to advertising, and increased independent purchasing power (Harris et al. 2020; Truman & Elliot, 2019). These factors can influence children and youths' food preferences, purchase requests, and consumption patterns, which negatively impacts their health and wellbeing (Hastings et al., 2006; & Cairns, Angus, & Hastings, 2009; Wilcox et. Al., 2004; Carter et al., 2011; Dietitians of Canada 2010).

History of Legislation

The Canadian Children's Food and Beverage Advertising Initiative set voluntary standards for the food industry to follow. However, this voluntary approach has not been effective at reducing food and beverage advertising to children (ODPH, 2019). Policies to protect this vulnerable population from food and beverage advertising have been established in many countries including Mexico, Spain, Sweden, Norway, Brazil, and the province of Quebec in 1980 (ODPH, 2019). Legislation in Quebec has resulted in children seeing fewer food and beverage ads, and fewer characters being used for food and beverage marketing in comparison to other Canadian provinces (Potvin Kent et al., 2011).

In September 2015, *Bill S-228, An Act to amend the Food and Drugs Act (prohibiting food and beverage marketing directed at children)*, was introduced, and passed by the Senate and the House of Commons, however, was not called to final vote in 2019. In 2016, Health Canada committed to protecting vulnerable populations as part of the Healthy Eating Strategy through restricting commercial advertising of food and beverages that do not support the health of children and youth. *Bill C-252, An Act to amend the Food and Drugs Act (prohibition of food and beverage marketing directed at children)* was introduced in November 2021, and has been adopted by the Standing Committee on Health on April 18th, 2023, and presented to the House of Commons on April 26, 2023.

Current Legislative Action

Health Canada has committed to implementing restrictions on food and beverage advertising to children by the fall of 2023 in their *Forward Regulatory Plan* for 2022-2024. Health Canada recently released a policy update in April 2023, indicating intention to amend the *Food and Drug Regulations* to "*restrict advertising to children under the age of 13 of foods that contribute to excess intakes of sodium, sugars and saturated fat… focusing on television and digital media first"* and is accepting comments until June 12, 2023.

Conclusion

Legislation that regulates food and beverage advertising to children and youth helps to protect this population from negative health impacts. The current policy proposal from Health Canada limits restrictions to children under 13, leaving some youth vulnerable. It also limits legislation to television and digital media, allowing other persuasive advertising methods such as celebrity endorsements to continue. References for sources within this report are noted in Appendix A.

This report was prepared by the Community Health Promotion Team, Healthy Living Division.

Dr. Alexander Summers, MD, MPH, CCFP, FRCPC
Medical Officer of Health

Emily Williams, BScN, RN, MBA, CHE
Chief Executive Officer

References for Report 35-23: Support for Health Canada's policy update on restricting advertising of food and beverages to children

Cairns, G., Angus, K., & Hastings, G. (2009). The extent, nature and effects of food promotion to children: A review of the evidence to December 2008. Geneva: World Health Organization. http://www.who.int/dietphysicalactivity/Evidence_Update_2009.pdf

Carter, O. B. J., Patterson, L. J., Donovan, R. J., Ewing, M. T., & Roberts, C. M. (2011). Children's understanding of the selling versus persuasive intent of junk food advertising: Implications for regulation. Social Science & Medicine, *72*(6), 962–968. https://doi.org/10.1016/j.socscimed.2011.01.018

Dietitians of Canada. (2010). Advertising of Food and Beverages to Children. Position of Dietitians of Canada. http://www.dietitians.ca/Downloads/Public/2010-DC- Advertising-to-Children-Position.aspx

Harris, J.L., Yokum, S. & Fleming-Milici, F. (2020) Hooked on junk: Emerging evidence on how food marketing affects adolescents' diets and long-term health. *Current Addiction Reports*, 8, 19–27. https://doi.org/10.1007/s40429-020-00346-4

Hastings, G., McDermott, L., Angus, K., Stead, M., & Thomson, S. (2007). *The extent, nature and effects of food promotion to children: A review of the evidence: Technical paper prepared for the World Health Organization.* World Health Organization. https://apps.who.int/iris/handle/10665/43627

Heart & Stroke. (2021). *Position Statement: Protecting our Children: Restricting Food and Beverage Marketing to Kids What needs to be done*. https://heartstrokeprod.azureedge.net/-/media/pdf-files/canada/2022-policy statements/marketingtokidspositionstatement.ashx?la=en&rev=c685af1a18db41dc999767aa370cbcb6

Heart and Stroke Foundation. (2017). *The kids are not alright: How the food and beverage industry is marketing our children and youth to death. Report on the Health of Canadians.* http://www.heartandstroke.ca/what-wedo/media-centre/report-on-health

Ontario Dietitians in Public Health (2019). *Backgrounder: Marketing of food and beverages to children and youth.* https://www.odph.ca/upload/membership/document/2019-11/final-m2k-backgrounder-formatted.pdf

Potvin Kent, M. P., Dubois, L., & Wanless, A. (2011). Food marketing on children's television in two different policy environments. *International Journal of Pediatric Obesity*, *6*(2-2), 433–441. https://doi.org/10.3109/17477166.2010.526222Potvin Kent, M., et al. (2022). Food and beverage advertising expenditures in Canada in 2016 and 2019 across media. BMC Public Health, 22(1). https://doi.org/10.1186/s12889-022-13823-4

Statistics Canada. Canadian Community Health Survey—Nutrition (2004). Ottawa (ON): Statistics Canada; 2004.

Truman, E. & Elliott, C. (2019) Identifying food marketing to teenagers: A scoping review. *International Journal of Behavioral Nutrition and Physical Activity. 16*(67), 1-10. https://doi.org/10.1186/s12966-019-0833-2

Wilcox, B. L., et al. (2004). *Report of the APA task force on advertising and children.* http://www.apa.org/pi/families/resources/advertising-children.pdf

REPORT

MEETING DATE:	September 28, 2023
SUBMITTED BY:	Peter Heywood, Program Director
SUBMITTED TO:	Board of Health
PURPOSE:	☒ Decision ☒ Discussion ☐ Receive and File
AGENDA ITEM #	5.1
RESOLUTION #	2023-BOH-0928-5.1
REPORT TITLE	Regulated, Quasi-regulated, and Unregulated Residential Facilities Report

Report Highlights:

- Unregulated and quasi-regulated residential facilities encompass a range of settings, including group homes, lodging houses, and supportive living facilities, some of which lack proper oversight and adherence to safety and quality standards.
- Regulations for unregulated and quasi-regulated facilities vary across Canada (i.e., Ontario does not have province-wide regulations specific to these settings); however, some municipalities have filled this regulatory gap by implementing a local by-law.
- Due to the absence of a provincial licensing or registration process, the prevalence of quasi-regulated and unregulated facilities is difficult to substantiate.
- To maximize the potential benefits and minimize the harms that unregulated and quasi-regulated residential facilities can provide, it would be prudent to investigate a combination of additional regulations, standards of care, enforcement options, and associated policy levers to support and protect the well-being of the residents.

Operational Definitions:

In this report, the term 'residential facilities' applies to the following dwellings.

***Provincially regulated residential facility**:* A residential facility that operates under specified standards of care and may receive provincial funding. For example, the operation and funding of long-term care homes are overseen by the Ministry of Long-Term Care and are regulated

through the *Ontario Long-Term Care Homes Act*. Another example is retirement homes: the province requires retirement homes to obtain a licence and comply with requirements under the *Retirement Homes Act*; however, retirement homes do not receive funding from the province.[1]

***Quasi-regulated residential facility**:* Facilities (e.g., lodging and boarding homes) that receive municipal or provincial funding, are typically registered or licensed and have associated municipal regulations (or standards imposed by community organizations). In Ontario, specific standards of care for these facilities may be prescribed at the municipal level through by-laws.

As a limitation to the operational definition above, it is essential not to disregard facilities that receive funding because there are funding disparities between residential facilities due to the different funding types available (for instance, Community Homes for Opportunity[I] vs. Community Homeless Prevention Initiative[II]). These funding disparities also translate to inconsistent and less frequent facility assessments which may affect the quality of care for residents.

***Unregulated / not required to be regulated residential facility**:* Defined as a facility that operates without provincial standards of care, provincial or municipal funding or licensing for the aspects of care and accommodation that affect a resident's quality of life. This excludes other regulatory requirements prescribed by the *Ontario Building Code, Fire Code* and *Occupational Health and Safety Act* that protect tenants and workers from hazards that could lead to injury, mental and physical illness, and fatalities.

An example of this type of facility would be boarding homes, supportive living facilities, or residential care facilities operating in areas of Ontario that do not have municipal by-laws regulating these settings or the same facilities that operate without licensure in regions requiring regulations. The quality of care provided in these settings can vary quite notably, with some offering higher levels of accommodation and care and others offering notably poor standards of care. These settings' lack of regulation and standardization may contribute to this variability.

Additionally, literature from the United States (US) has noted a parallel regulatory situation for Assisted Living (AL) settings. Given the similarity between residential facilities in Canada and these settings (as well as the lack of relevant literature for Canadian residential facilities), these settings were also included in this project. Terms referring to these parallel settings include Assisted Living settings and Unlicensed Care Homes (UCHs).

[I] Community Homes for Opportunity (CHO): This is funding from the province, and can be considered a high quality funding pot for quasi-regulated residential facilities. It includes the provision of Service Liaison personnel that regularly assess home to ensure standards of care and quality are met.

[II] Community Homeless Prevention Initiative (CHPI): This funding is managed by municipalities and is transferred to agencies with roles in supportive housing, such as the Canadian Mental Health Association (CMHA). The funding may be tied to municipalities' standards via their bylaws, however these standards are not routinely assessed or enforced due to lack of resourcing for community agencies. As such, the condition of these facilities is variable.

This project aimed to focus on housing options that served individuals with low socioeconomic status who need assistance with activities of daily living. Mental health status, substance use challenges, physical disability, or other reasons can dictate the need for assistance. This was challenging in some scenarios, as the terminology used for private pay facilities that serve affluent individuals and subsidized options that serve low-income individuals can be classified similarly.

Mission/Vision/Values:

Southwestern Public Health's (SWPH) current Strategic Plan (2019-2024) directs the health unit's work and provides a road map for allocating resources, developing partnerships, and building an organizational structure that supports the work completed. Therefore, the initiatives contained within this report endorse the Values and Strategic Directions as set out in the Strategic Plan explicitly:

Strategic Direction #1: With partners and community members, reduce health and social inequities, making measurable improvements in population health.

Strategic Direction #2: Work with partners and community members to transform systems to improve population health.

Accountability:

Southwestern Public Health and the Board of Health are held accountable by the Ontario Public Health Standards and Protocols. These documents emphasize the importance of consulting and collaborating with local interested parties to inform the development and implementation of public health interventions. Additionally, SWPH is obligated under the Health Hazard Response Protocol to "…assess and inspect facilities where there is an elevated risk of illness associated with exposures that are known or suspected to be associated with health hazards…".[2]

Purpose/Approach:

The purpose of this report is to provide the findings from the Regulated, Quasi-regulated, and Unregulated Residential Facility Environmental Scan. The environmental scan was drafted to gather evidence on five key themes pertaining to the prevalence and operations of quasi-regulated and unregulated residential facilities in the region served by SWPH and the province.

The key themes explored included:

1) Operational standards and any applicable regulatory process for residential facilities;
2) Potential differences in living conditions between regulated and unregulated residential facilities;
3) Prevalence of unregulated and quasi-regulated residential facilities in the Southwestern Public Health region (and within Ontario);
4) Funding sources for residential facilities; and
5) The unintended impacts of municipalities regulating residential facilities.

This evidence will allow us to expand local insight into these facilities' impact on the community and inform any potential advocacy work in this field with insights from key players.

Evidence/Data:

Public health relies on evidence to inform the need for public health intervention. The evidence below supports the need for additional regulations and enforcement regarding unregulated residential facilities that may be operating in the Southwestern Public Health region (which includes Oxford County, Elgin County, and the City of St. Thomas).

In the 1970s and 1980s, a process known as deinstitutionalization occurred in Canada.[3] Deinstitutionalization was a practice in which the psychiatric hospitals of the day gradually released their residents into the community.[3] As a movement, deinstitutionalization was associated with increasing advocacy of human rights; this can be demonstrated by the main goal of this movement, which was to empower people living with mental illness and enable them to integrate into communities.[4-5] However, there was a need to provide adequate community-level care to replace the institutional approach, and there has been a noted failure to provide adequate support (such as income and housing) to people living with a mental illness or substance use disorder.[4] Deinstitutionalization policies contributed to the development of residential care facilities, as new settings in the community were required to offer some degree of support for activities of daily living to individuals with severe and ongoing mental illness. [3]

Notable amounts of people living in unregulated residential facility settings experience inequities in the social determinants of health. For example, people in these settings may have low socioeconomic status, have difficulty maintaining employment, and/or have a greater need for social support than the general population.[6-7] Due to the inequities they experience, they may have fewer housing options and thus need to live in a substandard physical environment (the unregulated residential facilities under discussion in this report).[6]

Unregulated residential facilities are often used as housing of last resort; a potential contributing factor may be the lack of affordable housing in Ontario.[7] Ontario is currently experiencing an affordable housing crisis, with rent and house prices increasing faster than incomes, lack of rental supply, and unmet demand for supportive housing all playing a role in this crisis.[8] Although multiple levels of government have expressed their commitment to increasing the housing supply, this complex issue is unlikely to be resolved rapidly.[8] In the interim, populations who experience multiple inequities are left with sparse choices for housing and may have to choose between living in an unregulated housing facility or experiencing homelessness.[7] As this is the case, it is important to emphasize that while regulating residential facilities has the potential for beneficial impacts, there needs to be care taken to minimize any unintended impacts of potential regulations, such as reducing the supply of affordable housing.

Canada has varying approaches to regulating quasi-regulated and unregulated residential facilities. It is worth noting that Ontario is the only province in Canada that relies on municipal-

level oversight and enforcement of this sector, as there are no standards of care[III] that apply at the provincial level for these facilities.[7] Instead, some municipal governments have developed by-laws for these settings, although this has resulted in a patchwork regulatory coverage of the sector.[7]

Lack of effective oversight and enforcement has led to anecdotes of these settings being hazardous for occupants. These conditions can sometimes result in poor health outcomes or even fatalities. Notable examples include a building fire in Toronto that claimed ten lives in 1989, a housing fire in London linked to twelve fire code violations and the death of a resident, and more recently, the closure and relocation of residents living in an unregulated boarding home in St. Thomas (please see the associated Toronto Star article in ***Additional Resources*** section for more details).[9- 10]

Comparable housing situations in the United States can be observed in Assisted Living (AL) settings. Similar to unregulated residential facilities, AL settings can be located in areas that fall outside of regulatory requirements, or they can operate in areas where specific regulations exist (and they operate without adhering to them).[6]

The limited literature regarding unregulated settings in the U.S. shows that oversight is limited (or non-existent).[6] Unregulated settings have been cited in anecdotes as lacking staff resources and/or adequately trained staff.[6] Anecdotes regarding unregulated settings have also noted several environmental concerns, including:[6]

- Pest infestations;
- Lack of running water;
- Lack of electricity;
- Lack of adequate climate control;
- Lack of safe exit routes (in case of emergency);
- Lack of proper electrical wiring; and
- Lack of smoke detectors.

Some anecdotes from the literature noted that conditions could slide from worrying to physical and emotional abuse.[6] While these anecdotes are shocking, it is important to remember that these abhorrent conditions do not necessarily apply to all unlicensed settings; some have been noted to provide beneficial environments of good value to their users.[6]

Assisted living settings have been identified as having a number of safety culture domains that could be improved.[11] Variance and inconsistencies among similar settings challenge evidence-informed decision-making due to variations in services, definitions used, expectations for providers, regulatory requirements, lack of enforcement information and data inconsistencies.[12- 16] It has been noted that mistreatment in AL settings cannot be adequately studied in a generalizable manner until there is a broader level of consensus around key definitions and regulations in these settings.[17] On a related note, the lack of centralized data sources to assess these settings has resulted in a limited ability to assess health-related

[III] It should be noted that other standardized building regulations do apply to these settings, including the *Ontario Building Code, Fire Code,* and *Occupational Health and Safety Act*.

outcomes and quality indicators in these settings.[18] There have been calls for more coordinated data collection efforts in these settings, including increasing site visits and interviews with ombudspersons and representatives in regulatory agencies.[6]

Background:

On July 7, 2021, a Section 13 Order to Close was issued by Southwestern Public Health under the *Health Protection and Promotion Act* to the owner/operator of an unregulated residential boarding home in St. Thomas due to unresolved health hazards, including the accumulation of garbage, infestation of flies, infestation of bed bugs, evidence of pests, evidence of rodents in and around the building and perimeter of the property, and mould contamination in the basement area adjacent to food storage. On the same day, orders were also issued by Fire Services under the *Fire Code*, ordering the building closed and secured from unauthorized entry and by Building Services under the *Ontario Building Code* prohibiting occupancy. SWPH investigated this facility with the City of St. Thomas and several community partners and identified several health hazards that led to its closure.[19]

The facility's closure represented a significant disruption to the residents, including relocating twenty-six (26) residents with various vulnerabilities and co-morbidities to a temporary shelter at the Joe Thornton Centre in St. Thomas until long-term housing solutions could be found while the owner/operator was provided with the opportunity to comply with the requirements prescribed in the order.[19] The resident mobilization was facilitated by the City of St. Thomas Social Services department and the Canadian Mental Health Association.[20]

In response to this incident, and to mitigate future incidents, SWPH has undertaken a project that aims to understand the prevalence of unregulated and quasi-regulated residential facilities in the region served by SWPH and throughout Ontario and how these facilities operate. A component of this project is an environmental scan informed by the literature on this topic and consultations with community partners.

Analysis:

Impact of this Issue on Community Members:

The social determinants of health are broadly recognized social, economic, personal, and environmental factors that play a key role in determining the health of populations.[21] Housing is well recognized as an essential social determinant of health and may play a key role in improving several dimensions of health.[22-23] As such, ensuring that safe, high-quality housing options are available to vulnerable populations is an important part of a comprehensive strategy to address population-level health inequities.

Operational Standards and Assessment Processes:

Ontario's regulatory situation is nuanced, as it does not have province-wide regulations, but some municipalities have by-laws stipulating requirements for these facilities.[7] One example of local implementation of by-laws is in Hamilton, Ontario. The by-laws in this jurisdiction are enforced in a shared manner by the municipal licensing department and the local public health department.[3] While there has been some criticism of the by-laws in Hamilton, they have resulted in a system where residential facilities are licensed to a minimum standard.[3, 24] There

are some instances where facilities go above and beyond the minimum standards specified in the by-law to support the well-being of their residents.[25]

Prevalence of Unregulated and Quasi-regulated Facilities:

Due to the lack of regulation, the prevalence of these types of facilities is unknown. It has been noted by local community partners that there may be more of these facilities than we are currently aware of.

An idea of the prevalence of these types of facilities may be gleaned from numbers available from a jurisdiction in Ontario (Hamilton) that regulates some of these dwellings. As of July 2023, Hamilton was noted to have 20 licensed lodging homes[IV] intended for individuals who require assistance with activities of daily living, such as individuals with a developmental delay, those with mental illness, or older adults.

Funding Sources for Residential Facilities:

The majority of funding in LTC settings in Canada is government-subsidized, while service delivery is done by a mix of actors in the public, private, and non-profit sectors.[26] Ontario is a notable example of the difference in delivery models across Canada, as the majority of publicly funded beds are located in private/for-profit facilities.[26] Funding for residential facilities can be received from a number of sources. For example, some sources, such as the Community Homes for Opportunity (CHO) program, offer a relatively well-funded option, subsidizing beds at $1725/bed/month. Conversely, some other sources are notably less well-funded; for example, the Community Homeless Prevention Initiative (CHPI) subsidizes beds at $1300/bed/month.

One example of a funding split for these services from Hamilton was that approximately half of the cost of a bed in a facility is covered via subsidy from the Ministry of Community and Social Services, while the remaining portion of the cost is usually covered by benefits a resident receives (which are typically sourced from either Ontario Works or the Ontario Disability Support Program funding).[3]

The Unintended Impacts of Municipalities Regulating Residential Facilities:

The individuals who are served in residential facilities and similar settings are among the most vulnerable people in communities; they may live with a combination of low income, old age, physical and/or mental disabilities, mental illness, and/or may be living with the effects of chronic homelessness.[6] Unlicensed residential facilities may be one of this population's few affordable housing options.[6] As this is the case, care needs to be taken if implementing additional regulations for these facilities, as this may have the unintended impact of driving marginalized individuals into experiencing homelessness. Some risk mitigation strategies for this type of impact include enlisting the assistance of local legal aid clinics to ensure an understanding of resident's rights and the role of agencies in protecting residents early on in

[IV] Licensed lodging home is the term used by the City of Hamilton for "a house or other building or portion thereof in which four (4) or more persons are or are intended to be harboured, received or lodged for fire, where lodging rooms are without kitchen facilities for the exclusive use of the occupants and where each occupant does not have access to all of the habitable areas in the building, but does not include a hotel, hospital, nursing home, home for the young or the aged or institution if the hotel, hospital, home or institution, is licensed, approved or supervised under a general or special Act other than the Municipal Act, 2001."[24]

the relocation process and offering temporary housing accommodation until suitable housing alternatives are found.

This sentiment was echoed by community partners, who noted that some community members would have nowhere else to live if not for quasi-regulated facilities. However, concerns about resident health and safety in these settings were also expressed by community partners.

Budget Impacts/Monitoring:

This report contains no further financial implications beyond what has already been approved by the Board of Health in the 2023 operating budget.

Risks/Concerns:

Several potential unintended risks and concerns relating to further development and implementation of regulation were highlighted regarding this topic through the completion of a Health Equity Impact Assessment prior to the commencement of the environmental scan deliverable. Some of the recurring potential unintended impacts that were noted from this document included housing loss, exposure to discrimination (including, but not limited to racial, cultural, and gender discrimination), increased financial stress, as well as reduced access to social and health services.

Future Considerations:

Key community partner interviews and the literature found through this process both noted that a nuanced view of unregulated residential facilities is necessary to maximize benefits and minimize harm. As noted above, anecdotes cited from the literature and local community partners support the notion that residential facilities **can** have a positive impact on the community and good value to their residents.[6] While more stringent regulations in these settings can improve outcomes relating to resident health, well-being and safety, there have been cautionary calls for additional research to be required to comprehend any unintended impacts of regulations.[27-29]

Level of Regulation:

Ontario is unique among all the other provinces in Canada, as it is the only jurisdiction that relies on local enforcement for these settings.[7] Higher-level regulations (such as federal-level regulations) relevant to these settings would allow for greater standardization.[30] In the U.S., the inconsistent regulations and occasional scandalous events in AL settings have led some individuals to call for implementing federal-level regulations for these types of settings; as such, similar high-level regulation may be considered in Ontario's similar quasi-regulated/unregulated residential facility settings.[31]

Monitoring and Enforcement:

Bill 38, *Protecting Vulnerable Persons in Supportive Living Accommodations Act,* 2022, proposes a "…framework to be supplemented by regulations, governing applications for and the issuance of licenses…".[32] This is the fourth iteration of this private members bill; this version of the bill passed first reading on November 15, 2022, and has not had it's status change since then.[32] If this bill were to pass and regulations were implemented in residential facilities, there needs to be mechanisms to ensure facility compliance. For instance, a local partner noted that in some circumstances, their staff, while capable of reporting health and safety concerns in these settings, could not enforce operator compliance. An example of a way to enforce compliance in these settings would be to have compliance with regulations directly tied to progressive enforcement options.

When pondering the possibility of implementing additional regulations in these settings, community partners noted that a more nuanced approach to regulation and enforcement would be beneficial. One specific example mentioned was the inclusion of a liaison role that supports operators in creating safe environments for their residents while encouraging the enforcement of regulations.

Conclusion:

While some unregulated residential facilities can positively impact their communities, other unregulated residential facilities can have far-reaching negative impacts on the well-being of their residents. By establishing and implementing standards, local public health units, municipalities and community agencies can work together to protect vulnerable individuals and improve the quality of life for those residing in such facilities.

When considering such actions, policymakers must consider potential unintended impacts (i.e., resident displacement) and take appropriate steps to mitigate these risks. To maximize the potential benefits and minimize the possible harm that this type of housing can provide, it would be prudent to investigate a combination of additional regulations and progressive enforcement options, including warnings, fines, and orders to promote a healthy environment for the residents residing there. Transparency of enforcement actions to the general public should also be considered if additional regulatory actions are taken. Finally, additional partnerships between operators and relevant community organizations should be investigated to enable residential facilities to become good places for vulnerable community members to start their journey to long-term housing.

Recommendations for the Board's Consideration:

1. Strengthen regulatory oversight. Encourage the provincial government to establish Standards of Practice that include registration and licensing requirements for unregulated residential facilities and their operators with local public health agencies and municipalities.
2. Encourage the provincial government to adequately fund local public health agencies to conduct routine inspections to monitor facility conditions and adherence to standardized practices.

3. Request that the members of the Association of Local Public Health Agencies (alPHa) adopt a resolution specific to unregulated residential facilities at their next scheduled Annual General Meeting in June 2024. The resolution, developed by Southwestern Public Health, would include:
    - A call for establishing provincial standards that promote consistency in areas pertaining to unregulated residential facilities, including licensing.
    - Providing funding directed to local public health agencies for inspection standards/enforcement ability of these facilities, requiring collaboration between relevant actors (such as public health and municipal regulatory officials), and implementing regular public disclosure of inspection findings and regulations relating to standardized wellness supports for tenants, such as meal plans, medication assistance, and addiction support.
        a. Recommend establishing a task force to enhance coordination with the Ministry of Municipal Affairs and Housing, facility operators, the Ministry of Health, the Ministry of Long-Term Care, the Association of Municipalities of Ontario, and the Association of Local Public Health Agencies. This collaboration would standardize the understanding and application of practices (and their corresponding responsibilities) regarding unregulated residential facilities among multiple actors. Pertinent areas of consideration for a task force of this nature would include:
            i. Subcategories of standards of practice (i.e., governance, licensing, resident rights and services, resident care standards, record management, etc.).
            ii. Potential establishment of a provincial complaint reporting system/database.[33]
4. Encourage the Ministry of Municipal Affairs and Housing to raise public awareness about residential facilities and provide resources for individuals and families seeking safe housing alternatives.
5. Continue to explore the applicability of Bill 38, *Protecting Vulnerable Persons in Supportive Living Accommodation Act, 2022*.

MOTION: 2023-BOH-0928-5.1
The Board of Health for Southwestern Public Health approve the Regulated, Quasi-regulated, and Unregulated Residential Facilities Report for September 28, 2023.

Additional Resources:

- It was supposed to be a safe, affordable home for Ontarians with nowhere else to go. But inside, it was horrifying - Toronto Star
- Bill 135, Protecting Vulnerable Persons in Supportive Living Accommodation Act, 2017
- Bill 164, Protecting Vulnerable Persons in Supportive Living Accommodation Act, 2020
- Bill 81, Protecting Vulnerable Persons in Supportive Living Accommodation Act, 2021
- Bill 38, Protecting Vulnerable Persons in Supportive Living Accommodation Act, 2022
- Building Code
- Fire Protection and Prevention Act, 1997
- Occupational Health and Safety Act, 1990
- Health Protection and Promotion Act, 1990

References:

Please note that the Literature Search Strategies were completed by Amy Faulkner, Shared Library Services Partnership librarian at Simcoe Muskoka District Health Unit.

1. Government of Ontario. Retirement Home Act, 2010, S.O. 2010, c. 11. [Online].; 2010 [cited 2023 July 19. Available from: https://www.ontario.ca/laws/statute/10r11 .

2. Ministry of Health and Long-Term Care. Health Hazard Response Protocol, 2019. [Online].; 2019 [cited 2023 June 1. Available from: https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Health_Hazard_Response_Protocol_2019_en.pdf .

3. Noble A. THE GOOD, THE BAD, AND THE INDIFFERENT: AN EXPLORATORY STUDY OF LODGING HOMES IN HAMILTON, ONTARIO FROM THE PERSPECTIVE OF MENTAL HEALTH SOCIAL WORKERS. [Online].; 2016 [cited 2023 May 23. Available from: https://macsphere.mcmaster.ca/bitstream/11375/20510/2/noble_amanda_r_2016september_MSW.pdf .

4. Read A. Psychiatric Deinstitutionalization in BC: Negative Consequences and Possible Solutions. University of British Columbia Medical Journal. 2009 September; 1(1).

5. Lemay RA. Deinstitutionalization of People With Developmental Disabilities: A Review of the Literature. Canadian Journal of Community Mental Health. 2009; 28(1).

6. Lepore M, Greene AM, Porter K, Lux L, Vreeland E, Hawes C. Unlicensed care homes in the United States: a clandestine sector of long-term care. J Aging Soc Policy. 2018 January-February; 31(1).

7. Mathien J. Issues Related to Lodging and Boarding Homes in the City of Toronto. [Online].; 2000 [cited 2023 May 12. Available from: https://www.toronto.ca/legdocs/2000/agendas/council/cc/cc000704/cms6rpt/cl010.pdf .

8. Ministry of Municipal Affairs and Housing. Ontario's second Action Plan under the National Housing Strategy (2022-23). [Online].; 2023 [cited 2023 June 5. Available from: https://www.ontario.ca/document/ontarios-second-action-plan-under-national-housing-strategy-2022-23# .

9. Mathieu E. The Rupert Hotel fire killed 10 people. Thirty years later, many Toronto rooming houses operate without scrutiny. [Online].; 2019 [cited 2023 May 23. Available from: https://www.thestar.com/news/gta/2019/12/16/the-rupert-hotel-fire-killed-10-people-thirty-years-later-many-toronto-rooming-houses-operate-without-scrutiny.html .

10. Trevithick M. SWPH orders closure of St. Thomas group home over 'significant health hazards'. [Online].; 2021 [cited 2023 May 23. Available from: https://globalnews.ca/news/8009796/swph-orders-closure-st-thomas-group-home-health-hazards/ .

11. Castle NG, Wagner LM, Sonon K, Ferguson-Rome JC. Measuring Administrators' and Direct Care Workers' Perceptions of the Safety Culture in Assisted Living Facilities. Joint Commission Journal on Quality and Patient Safety. 2012 August; 38(8).

12. Woods DL, Guo G, Kim H, Phillips LR. We've got trouble: medications in assisted living. Journal of Gerontological Nursing. 2010 April; 36(4).

13. Smith L, Xu L. Patchwork Protections: Regulatory Oversight in Assisted Living. The Public Policy & Aging Report. 2021; 31(2).

14. Tunalilar O, Lin S, Carder P. Survey Deficiencies as Quality Indicators in Oregon Assisted Living Communities. Gerontologist. 2022; 62(8).

15. Lerner NB, Trinkoff A, Storr CL, Han K, Yang BK. Leadership tenure is related to aide turnover in US assisted living facilities: Cross-sectional secondary data analysis. Applied Nursing Research. 2017; 36.

16. Bettger JP, Sochalski JA, Foust JB, Zubritsky CD, Hirschman KB, Abbott KM, et al. Measuring Nursing Care Time and Tasks in Long-Term Services and Supports: One Size Does Not Fit All. The Journal of Nursing Research. 2012 September; 20(3).

17. Phillips LR, Guo G. Mistreatment in assisted living facilities: complaints, substantiations, and risk factors. The Gerontologist. 2011; 51(3).

18. Temkin-Greener H, Mao Y, Li Y, McGarry B. Using Medicare Enrollment Data to Identify Beneficiaries in Assisted Living. Journal of the American Medical Directors Association. 2022; 24.

19. Southwestern Public Health. Understanding the Disparities of Unregulated and Quasi-Regulated Residential Homes Serving Vulnerable Individuals in Ontario. Southwestern Public Health; 2022.

20. Heywood P. Walnut Manor After Action Report. Southwestern Public Health; 2022.

21. Public Health Agency of Canada. Social determinants of health and health inequalities. [Online].; n.d. [cited 2023 July 19. Available from: https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html .

22. Rolfe S, Garnham L, Godwin J, Anderson I, Seaman P, Donaldson C. Housing as a social determinant of health and wellbeing: developing an empirically-informed realist theoretical framework. BMC Public Health. 2020 July; 20.

23. Padgett DK, Stanhope V, Henwood BF, Stefancic A. Substance Use Outcomes Among Homeless Clients with Serious Mental Illness: Comparing Housing First with Treatment First Programs. Community Mental Health Journal. 2010 January; 47.

24. City of Hamilton. BY-LAW NO. 07-170 | BEING A BY-LAW TO LICENSE AND REGULATE VARIOUS BUSINESSES. [Online].; 2021 [cited 2023 July 19. Available from: https://www.hamilton.ca/sites/default/files/2022-09/07-170-consolidation-nov2021.pdf .

25. Indwell. Strathearne Suites. [Online].; n.d. [cited 2023 July 19. Available from: https://indwell.ca/strathearne-suites .

26. McGregor MJ. Finding a Model That Supports Quality. HealthcarePapers. 2011; 10(4).

27. Temkin-Greener H, Guo W, Hua Y, Li Y, Caprio T, Schwartz L, et al. End-Of-Life Care In Assisted Living Communities: Race And Ethnicity, Dual Enrollment Status, And State Regulations. Health Affairs. 2022 May; 41(5).

28. Temkin-Greener H, Mao Y, McGarry B, Zimmerman S. Patient Safety Culture in Assisted Living: Staff Perceptions and Association with State Regulations. JAMDA. 2022; 23(12).

29. Belanger E, Teno JM, Wang X, Rosendaal N, Gozalo PL, Dosa D, et al. State Regulations and Hospice Utilization in Assisted Living During the Last Month of Life. Journal of the American Medical Directors Association. 2022; 23(8).

30. Smith L, Carder P, Bucy T, Winfree J, Brazier JF, Kaskie B, et al. Connecting policy to licensed assisted living communities, introducing health services regulatory analysis. Health Services Research. 2021 January; 56(3).

31. Mor V, Miller EA, Clark M. The taste for regulation in long-term care. Medical Care Research and Review. 2010; 67(4).

32. Legislative Assembly of Ontario. Bill 38, Protecting Vulnerable Persons in Supportive Living Accomodation Act, 2022. [Online].; 2022 [cited 2023 August 22. Available from: https://www.ola.org/en/legislative-business/bills/parliament-43/session-1/bill-38 .

33. Government of Newfoundland and Labrador. Provincial Personal Care Home Program Operational Standards. [Online].; 2007 [cited 2023 July 5. Available from: https://www.gov.nl.ca/hcs/files/publications-april07-pch-manual.pdf .

MOH REPORT

Open Session

MEETING DATE:	September 28, 2023
SUBMITTED BY:	Dr. Ninh Tran, MOH (written as of 12:00 Noon, September 20, 2023)
SUBMITTED TO:	Board of Health
PURPOSE:	☐ Decision ☒ Discussion ☒ Receive and File
AGENDA ITEM #	5.2
RESOLUTION #	2023-BOH-0928-5.2

Fall Respiratory Season

The end of summer leads to a fall season busy with activity, including return to work and school. This, coupled with colder temperature and more indoor activities, leads to the usual Fall Respiratory Season. Various seasonal respiratory pathogens, such as influenza, respiratory syncytial virus (RSV) along with Covid-19, are expected to circulate putting strains in our health system.

In preparation for this season and as part of emergency preparedness, on August 16th, 2023, Southwestern Public Health (SWPH) co-led with Ontario Health West a Regional Respiratory Virtual Simulation Exercise with participation from our local health system partners, including hospitals, long-term care, primary care, OHT, laboratory services and community services. This was part of a coordinated Provincial initiative with similar exercises being conducted in the month of August 2023.

The exercise highlighted the need for coordinated response and communication; timely access to vaccines, testing, and anti-virals; and access to health services by those who are unattached to primary care. Work in these areas is underway locally to better respond to this fall season as well as for future years.

Similar to last Fall, there will be additional vaccine products available, including updated Covid -19 vaccine product and seasonal influenza vaccine. The updated Covid -19 product will target the XBB subvariant and is expected to be available to higher-risk groups later this month. It is important to ensure residents are up to date with recommended Covid -19 vaccine dose and influenza vaccine. For

Covid -19, this is particularly important for those who it has been 6 months or more since their last dose and/or infection and who are at higher risk of developing complications.

Those at higher risk for complications due to Covid -19 and/or influenza as well as their providers include:

- Residents and staff living in congregate living settings
- Pregnant individuals
- People >= 65 years of age
- Children 6 months to 4 years (for influenza)
- FNIM
- Individuals 6 months or older with underlying health conditions as per NACI
- Members of racialized and other equity deserving communities
- Health care providers

In addition, there will be a newly approved RSV available for those 60 years and older, with a provincially funded program for those 60 years and older living in long-term care homes, Elder Care Lodges and for some retirement home residents.

SWPH has been preparing for this fall season by being part of different provincial, regional and local tables to be informed, as well as taking a leadership and coordinating role with our health partners so that we are all prepared to respond.

Air Quality and Wildfires

Over the summer, smoke from ongoing forest fires in Quebec and northeastern Ontario has impacted the air quality in several regions of Ontario, including Elgin County and Oxford County. Various health advisories were issued locally, as well as provincially and nationally to inform residents of the local risk using a Provincial/National tool called the Air Quality Health Index (AQHI) with targeted health messaging and recommendations. In addition to extreme heat events, we must now also be prepared to respond and adapt to wildfire events in future summer seasons. This is another example of the impacts of Climate Change. I will be bringing a more fulsome report on Climate Change at the upcoming October Board of Health meeting.

Consumption and Treatment Services (CTS)

Following the unanimous endorsement at the June 2023 Board of Health (BOH) meeting, SWPH is now progressing through Phase 2 of the Consumption and Treatment Services (CTS) feasibility study initiative, which aims to address critical issues within our community related to substance mis-use and addiction. This phase involves ensuring that the findings and progress of the CTS feasibility study are effectively communicated and discussed with key stakeholders in our region.

To disseminate the findings and initiate discussions surrounding the CTS feasibility study, offers to present and discuss the study's results have been extended to both the City of St. Thomas and City of Woodstock Councils. SWPH is committed to transparency and collaboration in addressing this pressing concern. In addition to engaging with local governing bodies, SWPH has actively involved community partner organizations who play pivotal roles in the health and social sectors.

Outreach to community partner organizations is instrumental in fostering dialogue and raising awareness about the CTS feasibility study. SWPH has coordinated information sessions to provide a comprehensive overview of the study's findings and its potential implications for the community. These sessions were scheduled for September 18th and 25th, 2023, allowing stakeholders the opportunity to learn more about the CTS study and engage in planful discussions.

Local governance and its vital role in shaping policy decisions related to the CTS Study's findings is a key step outlined in Phase 2. To this end, a delegation presentation was made to Woodstock City Council at a special CTS meeting convened on September 26th, 2023. This presentation served as a platform for SWPH to present the study's findings, address questions and concerns, and actively involve city council in the problem-solving process.

By adopting this comprehensive approach of engaging with community partners, local government, and stakeholders, SWPH remains committed to evidence-based decision-making and community involvement in addressing the critical issue of substance misuse and addiction. This collaborative effort ensures that the CTS feasibility study is thoroughly understood, and its potential impacts are carefully considered as the initiative progresses into its next phase.

Conclusion:

SWPH remains dedicated to its mission of identifying and mobilizing community responses to both existing and emerging threats and challenges. By actively participating in provincial, regional, and local health and social systems, we continue to prepare and adapt and respond to the evolving landscape of public health. Our commitment to evidence-based decision-making and community involvement ensures that we continue to make strides in safeguarding the health and well-being of our residents. Together, we face the fall respiratory season and other challenges with resilience and determination.

Questions for BOH:

1) How ready are our current municipalities and counties in the SWPH region to respond to these challenges of emergency planning, fall respiratory season, opioids crisis and climate change?
2) How can SWPH support our municipalities and counties with these challenges?

MOTION: 2023-BOH-0928-5.2
That the Board of Health for Southwestern Public Health accept the Medical Officer of Health's Report for September 28, 2023.

CEO REPORT

Open Session

MEETING DATE:	September 28, 2023
SUBMITTED BY:	Cynthia St. John, Chief Executive Officer (written as of September 21, 2023)
SUBMITTED TO:	Board of Health
PURPOSE:	☒ Decision ☐ Discussion ☒ Receive and File
AGENDA ITEM #	5.3
RESOLUTION #	2023-BOH-0928-5.3

1.0 PROGRAM UPDATES (RECEIVE AND FILE):

1.1 ORAL HEALTH MOBILE VEHICLE – OFFICIALLY ON THE ROAD!

Wednesday, September 6, 2023 was a monumental day for Southwestern Public Health (SWPH) as our long-anticipated Oral Health Mobile Vehicle hit the road.

Our inaugural trip's first stop was at the Tillsonburg Community Centre. Clients enrolled in the provincial Ontario Seniors Dental Care Program (administered by SWPH) were treated on board and with great success. SWPH's mobile vehicle offers the same level of care and treatment as you would find in any one of SWPH's fixed dental clinics.

The plan for our mobile vehicle is to travel right across our jurisdiction – where there's a need and access is a barrier to care, we will be there! Presently, the mobile vehicle is on the road 1-2 days a week and will scale up accordingly. In addition, the long-term plan is to visit homebound clients or those in long-term care homes where mobility is a barrier to receiving treatment.

The mobile vehicle provides options and new opportunities for innovative service delivery models to support our many communities.

1.2. HEALTHY SCHOOLS TEAM

In August, the Health Schools team successfully secured a Locally Driven Collaborative Project (LDCP) funding through Public Health Ontario. The LDCP program aims to bring together public health units (PHU) and academic and community partners to collaborate on important program activities of shared interest. The $74,282 in funding will be used to work with three other public health units (Windsor-Essex, Middlesex-London, and Halton health units) and School Mental Health Ontario to work at the system level to improve the ways that organizations funded by two different ministries (Ministry of Education and the Ministry of Health) work to support the mental health promotion services offered across the province.

1.3. VACCINE PREVENTABLE DISEASES

With summer behind us and the leaves beginning to change, this signals a rapid change in our Vaccine Preventable Diseases team's work as we ramp up for what could be another aggressive respiratory illness season.

1.3.1 Influenza Vaccine

The Ministry of Health's Universal Influenza Immunization Program (UIIP) plan at SWPH is well underway. Influenza (flu) vaccine is set to arrive at Public Health Units at the end of September. SWPH is on target to handle close to 31,505 flu vaccines as we are the responsible agent to receive and ship all flu vaccine to health system partners including primary care providers, hospitals, long-term care homes, retirement homes, and workplaces. SWPH works with these homes on a weekly basis to ensure they are well supported with the four (4) potential flu vaccine products that we receive from the Ministry of Health. Local pharmacies, who are the largest provider of flu vaccine to our community, receive their vaccines directly from a third-party pharmacy distributor.

Families of young children (under 5 years of age) can sometimes find it challenging to find a health care provider who offers flu vaccine. As such, SWPH will provide flu vaccine by appointment to children 5 years of age and younger and their families beginning in October to ensure access is easily available. Appointments will be released on our website beginning in early October.

1.3.2 Covid-19 Vaccine

On July 7, 2023, the Ministry of Health advised individuals 5 years of age and older to consider delaying further booster doses until Fall 2023. The Ministry also updated their statement on "Staying Up to Date" to indicate the following:

Staying Up to Date:

- For those **6 months – 4 years**, means having a completed primary series. Booster doses are not currently recommended for this age group.
- For those **5 years and older,** means completion of the primary series and receipt of the currently recommended booster dose.

With Fall now upon us, SWPH is awaiting the release of new guidance from the Ministry to guide what Covid-19 vaccine product will be recommended, what groups will be recommended/eligible for an additional Covid-19 booster, and what interval from the last Covid-19 vaccine product should be followed. This could vary depending on approvals for use, release of guidance information, and/or vaccine supply realities.

With the assumption that demand for booster doses will grow as Covid-19 illness is expected to again increase, SWPH is preparing to release increased appointments three days a week for eligible individuals beginning in October and extending into November. Appointments will be available via:

- The provincial online booking system found at www.ontario.ca/book-vaccine
- Calling the Provincial Vaccine Contact Centre (PVCC) at 1-833-943-3900.
    - Assistance is available from the PVCC in over 300 languages and operates Monday to Friday (excluding holidays) 8:30 am – 5:00 pm Eastern Time.

Clinic appointments will be offered at our St. Thomas office (1230 Talbot Street location) and our Woodstock office (410 Buller Street location). We will determine the feasibility of other locations as the planning of our response develops this Fall.

1.3.3 Infectious Diseases

Two Masters of Public Health students completed placements with the Infectious Diseases team over the summer and completed projects to guide ongoing programs.

Institutional outbreaks occurred over the summer at a lower incidence than throughout the year. A variety of pathogens have been identified as the cause of the outbreaks with Covid-19 being the most common. Communication and resources will be sent to long-term care, retirement homes and congregate settings soon to remind them of steps to take to be prepared for the upcoming respiratory virus season.

Case investigations of diseases of public health significance continue, as do food safety inspections at long-term care homes, retirement homes, congregate living settings, and licensed childcare centres.

Recently, the investigation of two infection prevention and control (IPAC) complaints at local dental offices have resulted in the need for corrective actions at these locations. On a positive note, the public seems to be better aware of IPAC practices and when to be concerned about their observations which is excellent.

1.3.4 Environmental Health

The Environmental Health team has been busy over the summer conducting their routine investigations as well as several rabies investigations involving bats. In August, a bat involved in an exposure to humans in our area tested positive for the rabies virus and post-exposure prophylaxis was swiftly provided. The beach sampling program finished at the end of August. This year SWPH issued a total of 12 warnings to the public about the risks of swimming in public beaches due to high levels of E. coli bacteria. And, to date, the 2023 West Nile virus program has identified 4 mosquito pools in our area testing positive for the virus. Surveillance concludes at the end of September.

2.0 UPDATES FROM THE ASSOCIATION OF LOCAL PUBLIC HEALTH AGENCIES (ALPHA) GENERAL MEETING (RECEIVE AND FILE):

2.1 ALPHA ANNUAL GENERAL MEETING (FOR INFORMATION)

The Association of Local Public Health Agencies (alPHa) held their annual conference and annual general meeting in June in Toronto. Both Dr. Tran and I attended. As previously discussed, we voted in favour of the resolutions that were put forward during the annual general meeting. Every public health program/service-related resolution aligns with the work of public health at the local level and within the Ontario Public Health Standards. Full details on every resolution are located here. Below is a shorter summary:

Resolution A23-01 – Constitutional Amendment on Voting Delegates Allocation
Sponsored by alPHa Board of Directors

Summary: Adding a new allocation category for public health units that have a population of more than 1,000,000 given the significant population changes for three public health units (Ottawa, Peel, and York) since the original voting allocation categories were created.

Resolution A23-02 – Towards a Renewed Smoking and Nicotine Strategy in Ontario
Sponsored by Simcoe Muskoka District Health Unit

Summary: The Association of Local Public Health Agencies (alPHa) write to the Minister of Health recommending the development of a renewed and comprehensive smoking, vaping, and nicotine strategy given the disproportionate commercial tobacco and nicotine use and associated health burdens among certain priority populations and given that the significant gains made with commercial tobacco control in Ontario are in jeopardy without a provincial strategy and infrastructure to support its continuation.

Resolution A23-03 – Improving Indoor Air Quality to Prevent Infections and Promote Respiratory Health
Sponsored by Peterborough Public Health/Niagara Region Public Health

Summary: The Association of Local Public Health Agencies (alPHa) carry out actions including a) calling on the federal and provincial governments to update building codes by incorporating higher standards of air quality, b) encouraging municipal governments and

First Nations governments to consider policy levers to improve indoor air quality in their regions with particular emphasis on their own public facilities, c) calling on the federal and provincial governments to create funds, incentives, and education campaigns to support small businesses in upgrading their HVAC systems and/or otherwise improve their indoor air quality, and d) encourage members to liaise with other sectors to understand how changes could be implemented in indoor public and residential settings.

Resolution A23-04 – Ending Underhousing and Homelessness in Ontario
Sponsored by alPHa Board of Health Section

Summary: The Association of Local Public Health Agencies (alPHa) support AMO's Call to Action on Housing and Homelessness. In addition, alPHa call on the provincial government to acknowledge that housing is a social determinant of health and a human right, to acknowledge that homelessness in Ontario is a social, economic, and health crisis, to commit to the goal of ending underhousing and homelessness in Ontario, and to work with alPHa, Amo, and other partners to achieve these goals.

Resolution A23-05 – Monitoring Food Affordability in Ontario and Inadequacy of Social Assistance Rates
Sponsored by Ontario Dietitians in Public Health

Summary: The Association of Local Public Health Agencies (alPHa) call on the provincial government to utilize food affordability monitoring results from public health units in Ontario to determine the adequacy of social assistance rates and to acknowledge the impact of rising food costs and to legislate targets for reduction of food insecurity as part of Ontario's plan for poverty reduction.

Resolution A23-06 – Advocating for a National School Food Program in Canada
Sponsored by Kingston, Frontenac and Lennox and Addington Board of Health

Summary: The Association of Local Public Health Agencies (alPHa) call on the federal government to follow through on its commitment from 2021 regarding allocating $1 billion over five years in Budget 2024 to establish a National School Nutritious Meal Program, to enter into discussions with indigenous leaders to negotiate agreements for the creation and/or enhancement of permanent independent distinctions based on First Nation, Metis and Inuit School meal programs, and to create a dedicated school food infrastructure to enhance food production and preparation equipment and facilities. In addition, alPHa endorse the work of the Coalition for Healthy School Food – a non-partisan network of more than 260 non-profit organizations.

2.2 MEETINGS WITH PROVINCIAL LEADERS

I am currently a member of both the alPHa's Board of Directors and the alPHa Executive Committee. The alPHa Executive met with Premier Doug Ford on June 5, 2023 and with Minister of Health and Deputy Premier Sylvia Jones on July 26, 2023. Both meetings centred on how alPHa can work in partnership with the Ontario Government to advance the work of public

health and improve the health of all communities in Ontario. These meetings were an excellent opportunity to delver deeper into the value of public health work in partnership with others and that a strong public health system results in a healthier population that ultimately contributes to a stronger economy while preserving costly health care resources. These small, focused meetings gave us the opportunity to talk about mutual interests and to better understand each other's perspectives.

3.0 ASSOCIATION OF MUNICIPALITIES OF ONTARIO (AMO) 2023 CONFERENCE (RECEIVE AND FILE):

Some of our Board of Health members attended the Association of Municipalities of Ontario (AMO) conference in their roles as municipal leaders but others did not. Below is a brief general description of announcements made concerning public health made by Minister of Health, Sylvia Jones.

- ✓ The Ministry of Health is restoring the change in the cost-share of mandatory programs that the Ontario government made in 2020;
- ✓ The Ministry of Health will provide one-time funding and support for any health units that wish to voluntarily merge to strengthen their public health capacity;
- ✓ The Ministry of Health will provide a 1% base funding increase for the next three (3) years starting in 2024; and
- ✓ The Ministry of Health will undertake a review of the work of public health and determine the future roles and responsibilities of public health units.

In addition to the Minister's announcement above, there were several sessions throughout the conference that focused on a subject matter that is a key determinant of health – housing. As we know, housing is a significant contributor to an individual's overall health over their lifetime. I was pleased to see several sessions were dedicated to this important social determinant of health and, without a doubt, this was top of mind for so many municipal leaders that attended the conference.

4.0 FINANCIAL MATTERS

4.1 SECOND QUARTER FINANCIAL STATEMENTS (DECISION):

At the end of quarter two, June 30, 2023, Southwestern Public Health is currently underspent by approximately $3.2M or 13% of the overall budget, see attached. The variance is mainly due to significantly less Covid costs than originally anticipated. The mandatory surplus is approximately $1.3M and is the result of some gapped staffing dollars which is the result of staff leaves that have been difficult to replace as well as timing of programs (some program plans are not implemented until later in the year).

All program expenses and variances are reviewed monthly. At the end of June, it is anticipated that all budgeted funds will be spent by year end.

MOTION: (2023-BOH-0928-5.3A)
That the Board of Health approve the second quarter financial statements for the period ending June 30, 2023 for Southwestern Public Health.

4.2 HEALTHY BABIES HEALTHY CHILDREN (HBHC) AND PRE AND POST NATAL NURSE PRACTITIONER (PPNP) AUDITED STATEMENTS (DECISION):

I am pleased to report that the audit of our financial statements for the period ending March 31, 2023 has been completed by Graham Scott Enns for our Healthy Babies Healthy Children (HBHC) Program and our Pre and Post Natal Nurse Practitioner (PPNP) Program. The audit was managed again this year by Scott Westelaken and overseen by Jennifer Buchanan.

The audited statements are attached for your review. There were no issues and no material errors noted. An engagement letter was required to be signed by the Board of Health Chair for the completion of this work. This has been signed by Joe Preston on behalf of the Board and is attached for your reference.

MOTION: (2023-BOH-0928-5.3B)
That the Board of Health approve the audited financial statements for the Healthy Babies Healthy Children Program and the Pre and Post Natal Nurse Practitioner program for the period ending March 31, 2023 and that the Board of Health ratify the signing of the Engagement Letter.

4.3 ANNUAL REVIEW OF BOARD OF HEALTH POLICIES (RECEIVE AND FILE):

Periodically, the Finance & Facilities Standing Committee, which at this time is not active, reviews its finance policies and determines if there are any revisions necessary or if additional policies are required. As in previous years, I have undertaken a review on behalf of the Board. There is only one policy that I feel would benefit from clearer language.

A complete list of financial policies is located on the BOH portal through this link, which includes the policy I have noted with clearer wording suggestions.

4.4 2023 FUNDING GRANT AND ACCOUNTABILITY AGREEMENT (RECEIVE AND FILE):

At the end of August, SWPH received its 2023 Ministry of Health grant funding letter and associated amending agreement between the Ministry of Health and SWPH. The operating funding for the Ontario Public Health Standards and Accountability Framework is for the period of January 1, 2023, to December 31, 2023. All one-time funding is for the period of April 1, 2023, to March 31, 2024. Please see the attached correspondence along with the funding summary. There were no noteworthy changes to the actual agreement between this version and last year's version of the agreement.

Highlights:

- ✓ Base funding was noted at $11,196,700, a 1% increase over the previous year. Mandatory Base funding increase is pro-rated at $83,175 for the period of April 1, 2023 to December 31, 2023 (so not a full 1% for the fiscal year). Therefore, actual cash flow for 2023 will be $11,168,975. Of note the 1% increase does not apply to the mitigation funding.
- ✓ Mitigation funding to offset municipal contribution to public health remains the same amount as the prior year with $1,498,900 of provincially funded mitigation funding received.
- ✓ Medical Officer of Health Top Up Compensation Initiative remains at $178,700 and the top up portion of the compensation is funded provincially.
- ✓ Ontario Seniors Dental Care Program remains at $1,061,100 and continues to be funded 100% provincially.
- ✓ Covid-19 General Funding and Vaccine Funding were not included in the funding letter. Ministry dialogue has confirmed that it is expected that funding will be provided based on Q2 Ministry reporting and only provided should the public health unit exhaust all mandatory program and service funding.
- ✓ IPAC Hub funding was not noted in the funding letter either. It is anticipated it will be sent in a separate letter at a later date.
- ✓ Three of our six one-time business cases that SWPH requested were approved and they are funded 100% provincially. They are:

    - Public Health Inspector Practicum Program - $20,000
    - New Purpose-Built Vaccine Refrigerators - $32,600
    - Needle Exchange Program - $55,000

- ✓ School Focused Nurses Initiative for April to June was also noted in the letter - $225,000. This means however that this funding was not continued for the balance of 2023. We anticipated that this funding would not be renewed.

- ✓ Those one-time funding (OTF) requests not approved include the Stigma Education Initiative, Collaborative Planning School Board Work, and the Project Manager for a new Woodstock site facility for programs and services.

The following was approved for carry forward until March 31, 2024:

- Ontario Senior Dental Care Capital: new fixed site in Woodstock - $1,540,000

As noted in the previous section, the Ministry has officially confirmed that they will be providing a 1% increase over the next three years (covered later in my report). This increase will be based on the annualized funding (pro-rated amount in funding letter) plus the mitigation funding.

It is also important to note that the change in funding formula that that Ministry has noted of returning to the 25/75 cost share formula (from the current 30/70) is not a full restoration of the changes made in 2020 and a return to the previous funding formula. Specifically, the

previous formula included approximately $3M of 100% Ministry funded programs that was changed to a cost-share arrangement and therefore, rolled into the 25/75 split. Those previously 100% provincially funded programs are not being returned to 100% provincial funding.

The Board will recall from previous discussions that the 2020 cost share change was of great concern to SWPH and to the obligated municipalities. While the amount is not a full restoration of funding, it is indeed significant and appreciated. At the Board meeting, Monica and I will walk the Board through the exact funding allocation and a historical picture to further explain the changes.

MOTION: 2023-BOH-0622-5.3C
That the Board of Health accept the Amending Agreement between the Ministry of Health and Southwestern Public Health effective January 1, 2023.

5.0 FACILITIES MATTERS (RECEIVE AND FILE):

5.1 ST. THOMAS SITE:

Beyond the replacements of our lights/ballasts to more efficient LED lighting, and general repair and maintenance matters, there is nothing noteworthy for this reporting period.

5.2 WOODSTOCK SITE:

The construction surrounding the demolition of the former CAS building on Light Street and the masonry work at our Buller Street office continues. The noise and parking has been somewhat challenging for our staff but beyond that, there is nothing noteworthy at this time to report concerning our offices at Buller and Graham.

6.0 2022 PROGRAM-BASED GRANTS AND ANNUAL RECONCILIATION (RECEIVE AND FILE):

The 2022 program-based grants and annual reconciliation report has been completed and submitted to the Ministry of Health. The reconciliation is signed by the Board Chair and CEO and it was submitted by the deadline of August 31, 2023. The reconciliation package is taking our audited financial statements already approved by the Board together with narratives that describe the work completed and submitting the information using the Ministry templates. The reconciliation package is quite large and as such, it is not attached to this package. Board members can locate that information on the Board portal.

MOTION: 2023-BOH-0928-5.3D
That the Board of Health for Southwestern Public Health ratify the Board of Health Chair and CEO's signing of the 2022 program-based grants annual reconciliation report as noted.

7.0 GOVERNANCE MATTERS:

The Governance Standing Committee of the Board is not currently meeting and as such, all governance related matters are brought forward to the full Board for review.

7.1 MEETING EVALUATIONS SUMMARY (RECEIVE AND FILE):

We had less than 50% completion rate for board meeting evaluations following each of the first two quarters of 2023. Of the evaluations completed, the members noted that the meetings were chaired well, that there was sufficient time for dialogue, that Board members had the information within reports to make decisions, that they were pleased with the overall management of the orientation and development sessions, and that the information they were given in meetings was relevant to their governance role.

7.2 3RD QUARTER BOARD MEETING EVALUATION (ACTION REQUIRED):

Members are required (based upon policy) to evaluate Board of Health meetings on a quarterly basis, with results from each quarter tabulated and shared with the Board. The third quarter meeting evaluation form is linked here. Board members are asked to complete this evaluation no later than October 6th, 2023.

Scan & Click for the Survey

We appreciate the Board taking the time to complete these evaluations to ensure staff and board members are meeting the needs of the Board. Please complete the September evaluation so that we can report its findings back to the Board at the December meeting.

7.3 STRATEGIC PLANNING FOR 2024-2026 (DECISION):

As an organization, we had intended to complete a new strategic plan for SWPH as our current one will expire next year. Given the amount of change we have had as a Board coupled with the extensive impact of the pandemic, refreshing our strategic priorities seems like a logical next step. The work is set to start this fall with the following objectives:

1. Evaluate the effectiveness of our current strategic plan's strategic directives and goals
2. Incorporate emerging trends and opportunities into our strategic directions
3. Define clear and measurable strategic goals
4. Align our strategic plan with the evolving needs and expectations of our stakeholders
5. Foster innovation and adaptability within our organization
6. Ensure resource allocation aligns with strategic priorities

As discussed earlier in this report, the Ministry of Health is undertaking a review of the roles and responsibilities of public health with the intention of communicating the those changes in mid-late 2024 for implementation January 1, 2025. Given this significant undertaking both locally and provincially, the senior team met and discussed the matter. I, together with the team, feel that it makes the most sense to pause our strategic plan refresh until late next year when a clearer picture of public health changes is known. Secondly, if we wait a year, we will then have updated census data and our local health status report information to guide the development of our strategic directions. Of note, the team feels our current strategic

directions are still valid today as they are broad in their scope. They also are the strategic directions that our staff used to develop their 2024 program plans.

I would appreciate Board direction on whether you support this recommendation.

MOTION: 2023-BOH-0928-5.3
That the Board of Health for Southwestern Public Health approve the Chief Executive Officer's Report for September 28, 2023.

SOUTHWESTERN PUBLIC HEALTH

For the Six Months Ending Friday, June 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	$31,111	$35,324	$4,213	$70,648	$39,537	44.%
Effective Public Health Practise	164,112	168,920	4,807	337,839	173,727	49.%
Health Equity & CNO Nurses	110,633	162,595	51,962	325,190	214,557	34.%
Health Equity Program	1,083	3,795	2,712	7,590	6,507	14.%
Population Health Assessment	182,072	193,739	11,667	387,478	205,406	47.%
Foundational Standards Total	**489,011**	**564,373**	**75,361**	**1,128,745**	**639,734**	**43.%**
Chronic Disease Prevention & Well-Being						
Built Environment	104,196	128,825	24,629	257,651	153,455	40.%
Healthy Eating Behaviours	49,145	59,400	10,254	118,799	69,654	41.%
Physical Activity and Sedentary Behaviour	46,342	53,734	7,392	107,468	61,126	43.%
Suicide Risk & Mental Health Promotion	60,816	47,563	-13,253	95,126	34,310	64.%
Chronic Disease Prevention & Well-Being Total	**260,499**	**289,522**	**29,023**	**579,044**	**318,545**	**45.%**
Food Safety						
Food Safety (Education, Promotion & Inspection)	239,579	244,713	5,134	489,426	249,847	49.%
Food Safety Total	**239,579**	**244,713**	**5,134**	**489,426**	**249,847**	**49.%**
Healthy Environments						
Climate Change	68,175	61,080	-7,095	122,160	53,985	56.%
Health Hazard Investigation and Response	169,880	203,903	34,023	407,806	237,926	42.%
Healthy Environments Total	**238,055**	**264,983**	**26,928**	**529,966**	**291,911**	**45.%**
Healthy Growth & Development						
Breastfeeding	146,008	189,591	43,583	379,182	233,174	39.%
Parenting	156,465	250,200	93,735	500,400	343,935	31.%
Reproductive Health/Healthy Pregnancies	130,662	182,283	51,622	364,567	233,905	36.%
Healthy Growth & Development Total	**433,135**	**622,074**	**188,940**	**1,244,149**	**811,014**	**35.%**
Immunization						
Vaccine Administration	69,524	74,218	4,694	148,437	78,913	47.%
Vaccine Management	54,863	99,847	44,984	199,695	144,832	27.%
Immunization Monitoring and Surveillance	52,293	72,652	20,359	145,305	93,012	36.%
Immunization Total	**176,680**	**246,717**	**70,038**	**493,437**	**316,756**	**36.%**
Infectious & Communicable Diseases						
Infection Prevention & Control	689,708	889,398	199,690	1,778,797	1,089,089	39.%
Needle Exchange	4,811	35,450	30,639	70,900	66,089	7.%
Rabies Prevention and Control and Zoonotics	106,492	111,296	4,804	222,592	116,100	48.%
Sexual Health	517,403	517,165	-239	1,034,329	516,926	50.%
Tuberculosis Prevention and Control	10,497	13,930	3,433	27,860	17,363	38.%
Vector-Borne Diseases	63,776	108,347	44,571	216,694	152,918	29.%
COVID-19 Pandemic	584,982	1,408,495	823,514	2,816,990	2,232,009	21.%
COVID-19 Mass Immunization	383,947	1,484,764	1,100,818	2,969,529	2,585,582	13.%
Infectious & Communicable Diseases Total	**2,361,616**	**4,568,845**	**2,207,229**	**9,137,691**	**6,776,075**	**26.%**
Safe Water						
Water	84,683	82,074	-2,610	164,147	79,464	52.%
Safe Water Total	**84,683**	**82,074**	**-2,610**	**164,147**	**79,464**	**52.%**
School Health - Oral Health						
Healthy Smiles Ontario	405,212	427,872	22,660	855,744	450,532	47.%
School Screening and Surveillance	162,585	172,179	9,594	344,358	181,773	47.%
School Health - Oral Health Total	**567,797**	**600,051**	**32,255**	**1,200,102**	**632,306**	**47.%**
School Health - Immunization						
School Immunization	456,029	488,583	32,554	977,166	521,137	47.%
School Health - Other						
Comprehensive School Health	294,140	557,004	262,865	1,114,009	819,869	26.%
Substance Use & Injury Prevention						
Harm Reduction Enhancement	90,216	104,121	13,905	208,242	118,026	43.%
Injury Prevention	109,046	90,175	-18,871	180,350	71,304	60.%
Smoke Free Ontario Strategy: Prosecution	74,349	106,623	32,274	213,245	138,897	35.%
Substance Misuse Prevention	161,548	234,399	72,851	468,798	307,250	34.%
Substance Use & Injury Prevention Total	**435,159**	**535,318**	**100,160**	**1,070,635**	**635,478**	**41.%**
TOTAL DIRECT PROGRAM COSTS	**6,036,383**	**9,064,257**	**3,027,875**	**18,128,517**	**12,092,134**	**33.%**
INDIRECT COSTS						
Indirect Administration	1,629,744	1,383,382	-246,362	2,766,764	1,137,021	59.%

Corporate	-35,900	130,893	166,793	261,786	297,686	(14.%)
Board	8,205	16,600	8,395	33,200	24,995	25.%
HR - Administration	336,486	442,163	105,677	884,326	547,840	38.%
Premises	766,333	880,171	113,839	1,760,343	994,011	44.%
TOTAL INDIRECT COSTS	**2,704,868**	**2,853,209**	**148,343**	**5,706,419**	**3,001,553**	**47.%**
TOTAL GENERAL SURPLUS/DEFICIT	**8,741,251**	**11,917,466**	**3,176,218**	**23,834,936**	**15,093,686**	**37.%**
100% MINISTRY FUNDED PROGRAMS						
MOH Funding	34,579	78,022	43,443	156,043	121,464	22.%
Senior Oral Care	604,456	530,550	-73,906	1,061,100	456,644	57.%
TOTAL 100% MINISTRY FUNDED	**639,035**	**608,572**	**-30,464**	**1,217,143**	**578,108**	**53.%**
One-Time Funding - April 1, 2023 to March 31, 2024						
OTF NEP	8,285	15,000	6,715	60,000	51,715	14.%
OTF Public Health Inspector Practicum	0	5,000	5,000	20,000	20,000	0.%
OTF IPAC HUB	85,352	256,055	170,703	1,024,218	938,866	8.%
OTF School Nurses- ended June 30/23	225,000	225,000	0	225,000	0	100.%
Total OTF	**772,547**	**501,055**	**-271,493**	**1,329,218**	**556,671**	
Programs Funded by Other Ministries, Agencies						
Healthy Babies Healthy Children	422,641	413,385	-9,256	1,653,539	760,108	26.%
Pre and Post Natal Nurse Practitioner	34,470	34,750	280	139,000	69,786	25.%
Low German Speaking Partnership Study	927	0	-927	0	-927	0.%
Total Programs Funded by Other Ministries, Agencies	**458,038**	**448,135**	**-9,903**	**1,792,539**	**828,967**	

SOUTHWESTERN PUBLIC HEALTH
HEALTHY BABIES HEALTHY CHILDREN

Statement of Revenue and Expenditures

March 31, 2023

SOUTHWESTERN PUBLIC HEALTH
HEALTHY BABIES HEALTHY CHILDREN

Statement of Revenue and Expenditures

For The Year Ended March 31, 2023

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INDEPENDENT AUDITORS' REPORT

To the Ministry of Children, Community and Social Services:

Opinion
We have audited the financial statements of revenues and expenditures of Southwestern Public Health - Healthy Babies Healthy Children program for the year ended March 31, 2023. This statement has been prepared by management in accordance with the terms and conditions of the service agreement dated April 1, 2022 with the Province of Ontario, represented by the Ministry of Children, Community and Social Services and the Southwestern Public Health.

In our opinion, the statement of revenues and expenditures of the Southwestern Public Health - Healthy Babies Healthy Children program for the year ended March 31, 2023 is prepared, in all material respects, in accordance with the terms and conditions issued by Ministry of Children, Community and Social Services.

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 the terms and conditions issued by the Ministry of Children, Community and Social Services, 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.

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INDEPENDENT AUDITORS' REPORT (CONTINUED)

Auditors' Responsibilities for the Audit of the Financial Statements (Continued)
As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

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

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

Graham Scott Enns LLP

July 19, 2023

CHARTERED PROFESSIONAL ACCOUNTANTS
Licensed Public Accountants

Southwestern Public Health
Healthy Babies Healthy Children
Statement of Revenue and Expenditures
For The Year Ended March 31, 2023

	Budget $	**Actual $**
REVENUE		
Grant - Ministry of Children, Community and Social Services	1,653,539	**1,653,539**
Service recovery fees	-	**125**
TOTAL REVENUES	1,653,539	**1,653,664**
EXPENDITURES		
Salaries and benefits		
Public health nurses	695,994	**711,927**
Benefits	312,141	**296,464**
Lay home visitors	280,527	**286,949**
Management co-coordinator	63,655	**65,112**
Clerical	16,098	**16,467**
Directors	15,833	**16,196**
Dietition	4,239	**4,337**
Total salaries and benefits	1,388,487	**1,397,452**
Contracted services		
IT Support	2,700	**267**
Operating costs		
Allocated expenses	200,023	**200,499**
Travel	32,370	**21,007**
Communication	7,500	**13,554**
Program resources	9,659	**11,262**
Professional development and training	2,000	**3,368**
Audit	2,300	**2,990**
Office supplies	6,500	**2,541**
Public awareness/promotion	2,000	**599**
Total operating costs	262,352	**255,820**
TOTAL EXPENDITURES	1,653,539	**1,653,539**
DUE TO MINISTRY OF CHILDREN, COMMUNITY AND SOCIAL SERVICES	-	**125**

Southwestern Public Health
Healthy Babies Healthy Children
Notes to the Statement of Revenue and Expenditures
March 31, 2023

1. SIGNIFICANT ACCOUNTING POLICIES

The statement of revenue and expenditures is the representation of management prepared using accounting principles that are prescribed by the Ministry of Children, Community and Social Services (Ministry). The following are the projects significant accounting policies:

Basis of Accounting

Revenues from government grants are recognized over the period for which the grant was given. Other revenues are recognized as they are earned and measurable.

Expenses are reported on the accrual basis of accounting except for the treatment of accrued vacation pay which is recorded when paid in accordance with Ministry guidelines.

Capital assets acquired, if any, are expensed in the year of acquisition. Amortization of capital assets over their estimated useful life is not recognized as an allowable expense for Ministry purposes.

2. MINISTRY OF CHILDREN, COMMUNITY AND SOCIAL SERVICES GRANT

The Ministry provides an operating grant for the Healthy Babies Healthy Children program which is administered by Southwestern Public Health. The amount of grant is based upon approved allowable costs and is subject to final determination by the Ministry.

SOUTHWESTERN PUBLIC HEALTH
PRE AND POST NATAL NURSE PRACTITIONER'S PROGRAM

Statement of Revenue and Expenditures

March 31, 2023

SOUTHWESTERN PUBLIC HEALTH
PRE AND POST NATAL NURSE PRACTITIONER'S PROGRAM

Statement of Revenue and Expenditures

For The Year Ended March 31, 2023

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INDEPENDENT AUDITORS' REPORT

To the Ministry of Children, Community and Social Services:

Opinion
We have audited the financial statements of revenues and expenditures of Southwestern Public Health - Pre and Post Natal Nurse Practitioner's program for the year ended March 31, 2023. This statement has been prepared by management in accordance with the terms and conditions of the service agreement dated April 1, 2022 with the Province of Ontario, represented by the Ministry of Children, Community and Social Services and the Southwestern Public Health.

In our opinion, the statement of revnues and expenditures of the Southwestern Public Health - Pre and Post Natal Nurse Practitioner's program for the year ended March 31, 2023 is prepared, in all material respects, in accordance with the terms and conditions issued by Ministry of Chilren, Community and Social Servies.

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 the terms and conditions issued by the Minstry of Children, Community and Social Services, 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.

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INDEPENDENT AUDITORS' REPORT (CONTINUED)

Auditors' Responsibilities for the Audit of the Financial Statements (Continued)
As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

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

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

Graham Scott Enns LLP

July 19, 2023

CHARTERED PROFESSIONAL ACCOUNTANTS
Licensed Public Accountants

Southwestern Public Health
Pre and Post Natal Nurse Practitioner's Program
Statement of Revenue and Expenditures
For the Year Ended March 31, 2023

	Budget $	**Actual** **$**
REVENUE		
Grant - Ministry of Children, Community and Social Services	139,000	**139,000**
EXPENDITURES		
Purchased services	139,000	**139,000**
TOTAL EXPENDITURES	139,000	**139,000**
DUE TO MINISTRY OF CHILDREN, COMMUNITY AND SOCIAL SERVICES	-	-

Southwestern Public Health
Pre and Post Natal Nurse Practitioner's Program
Notes to the Statement of Revenue and Expenditures
March 31, 2023

1. SIGNIFICANT ACCOUNTING POLICIES

The statement of revenue and expenditures is the representation of management prepared using accounting principles that are prescribed by the Ministry of Children, Community and Social Services (Ministry). The following are the projects significant accounting policies:

Basis of Accounting

Revenues from government grants are recognized over the period for which the grant was given. Other revenues are recognized as they are earned and measurable.

Expenses are reported on the accrual basis of accounting except for the treatment of accrued vacation pay which is recorded when paid in accordance with Ministry guidelines.

Capital assets acquired, if any, are expensed in the year of acquisition. Amortization of capital assets over their estimated useful life is not recognized as an allowable expense for Ministry purposes.

2. MINISTRY OF CHILDREN, COMMUNITY AND SOCIAL SERVICES GRANT

The Ministry provides an operating grant for the Pre and Post Natal Nurse Practitioner's Program which is administered by Southwestern Public Health. The amount of grant is based upon approved allowable costs and is subject to final determination by the Ministry.

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

June 15, 2023

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 auditedfinancial statements of reveneus and expenditures of Southwestern Public Health - Healthy Babies Healthy Chrildren program and Pre and Post Natal Nurse Practitioner's program for the year ended March 31, 2023.

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 Ministry of Children, Community and Social Services

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 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 Members of **Southwestern Public Health - HBHC and PPNP**:

Opinion
We have audited the financial statements of revenues and expenditures of **Southwestern Public Health - HBHC and PPNP**, for the year ended March 31, 2023. This statement was been prepared by management in accordance with the terms of the serivce agreement dated April 1, 2022 with the Province of Ontario, represented by the Ministry of Children, Community and Social Services and the Southwestern Public Health.

In our opinion, the organization's financial statements of revenues and expenditures of **Southwestern Public Health - HBHC and PPNP** for the year end is prepared , in all material respects, and in accordance with the terms and conditions issues by Ministry of Children, Community and Social Services.

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 Ministry of Children, Community and Social Services, 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 generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

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

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

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 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 .

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) 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

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 , or its directors, officers, agents, or employees, of any of the covenants made by 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 of its obligations.

Fees

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.

Survival of Terms

This engagement letter will continue in force for subsequent audits unless terminated by either party by written notice prior to the commencement of the subsequent audit.

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 by:

Members of the Board of Health

DocuSign

Certificate Of Completion

Envelope Id: 67EB524C954C42CA95D88FE8F4A9CF7A
Status: Completed
Subject: Graham Scott Enns LLP - JNB EL Signature - Signatures Required
Source Envelope:
Document Pages: 9
Signatures: 1
Envelope Originator:
Certificate Pages: 1
Initials: 0
Graham Scott Enns LLP
AutoNav: Enabled
portal@grahamscottenns.com
EnvelopeId Stamping: Enabled
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portal@grahamscottenns.com
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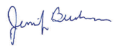
Signer Events	Signature	Timestamp
Jennifer Buchanan jbuchanan@grahamscottenns.com Security Level: .Email ID: 563f4eac-58ce-4929-a1e9-937c639e81bb 7/19/2023 10:34:56 AM	 Signature Adoption: Uploaded Signature Image Using IP Address: 67.58.194.186	Sent: 7/19/2023 10:15:56 AM Viewed: 7/19/2023 10:34:59 AM Signed: 7/19/2023 10:35:19 AM

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	7/19/2023 10:15:56 AM
Certified Delivered	Security Checked	7/19/2023 10:34:59 AM
Signing Complete	Security Checked	7/19/2023 10:35:19 AM
Completed	Security Checked	7/19/2023 10:35:19 AM

Payment Events	Status	Timestamps

BOARD OF HEALTH

SECTION:	Financial	APPROVED BY:	Board of Health
NUMBER:	BOH-FIN-050	REVISED:	September 1, 2022 September 28, 2023
DATE:	May 1, 2018		

Board Member Allowable Expenses (Conferences/Workshops/Educational)

Purpose:

The purpose is to provide Board members with the opportunity to participate in continuing education events relevant to their roles and responsibilities as Board of Health members and to ensure there is reasonable ~~compensation~~ reimbursement of expenses for such events.

Policy:

Board members may attend conferences, workshops, training events and other educational sessions relevant to public health, subject to the following guidelines:

a) All Board members are encouraged to attend one conference annually related to public health.
b) The number of delegates to other conferences, workshops, and courses shall be determined on a case by case basis by the Board.
c) Each Board member may attend up to two conferences, workshops or courses per year, unless otherwise determined by the Board.
d) Attendance at Conferences is subject to availability of the funds approved for Board conferences in each year's budget.
e) Original itemized receipts (including date, place and cost) are required for meals, and other allowable expenses such as parking, taxis/~~,~~ Uber, bus, accommodation, etc. in order to be eligible for reimbursement.
f) Should a Board member's spouse/partner/guest accompany the Board member, the Board member will pay any additional costs (travel, registration, meals) for that individual.
g) Reimbursement for allowable expenses shall be in accordance with the rates established in non-union policies.

Authorization:

Procedure:

1) Request to Attend:
   a) The Board member will notify the Board of Health Chair and/or the CEO of their interest in attending the conference, workshop, training events, or other educational sessions.
   b) The relevant forms and any other relevant documentation is forwarded to the CEO for processing by the Executive Assistant.
   c) Registration, accommodation and travel (train and/or~~&~~ plane) bookings will be made by the Executive Assistant.

2) Eligible Expenses
   a) Registration fees of the Board member attending conferences, workshops, training events and other educational sessions are eligible for reimbursement.
   b) Travel Expenses:
      i) If Board member is travelling by Car:
         - Parking and mileage are reimbursed in accordance with non-union policy.
         - Any fines incurred related to parking or driving violations are the sole responsibility of the Board member.
      ii) If Board member is travelling by Train:
         - Business class may be booked provided that government or non-profit rates are sought.
         - When traveling business class, the meal cost cannot be separately claimed, as a meal is included in the cost of a business class ticket.
      iii) If Board member is travelling by plane:
         - Economy class may be booked by the Executive Assistant seeking the most economical rate available.

   c) Accommodation Expenses:
      i) Accommodation for a single room on site or within reasonable distance is eligible for reimbursement. The number of nights is dependent on the location, travel arrangements and agenda (start/end times) and number of days the event is scheduled.
      ii) Additional room charges for meals and parking are eligible for reimbursement up to the amounts stated in section (d). Charges for internet (WIFI) connection, if not already included in the cost of the room, are eligible for reimbursement. The Board member is responsible for all other charges made to the room.

d) Meals:
   i) The cost of meals may be covered when meals are not included as part of the conference registration and/or included in the meeting or included in the mode of transportation.
   ~~ii)~~ Reimbursement for meals expenses is in accordance with non union policy. ~~up to the rates set out below including tips/gratuities (taxes included). Tips/gratuities should not exceed 15% of the meal before taxes~~
   - ~~Up to $20.00 is allowed for breakfast~~
   - ~~Up to $25.00 is allowed for lunch~~
   - ~~Up to $40.00 is allowed for dinner~~

   ~~iii)~~ii) Reimbursement of expenses must not include any alcoholic beverages.

3) Submission and Payment of Expenses:
   a) Upon return from the conference, workshop, training event or other educational session:
      i) The Board member will:
         - Complete the statement of Travelling Expenses Form
         - Attach all appropriate itemized receipts
         - Sign the form and forward the documentation to the CEO or Executive Assistant
      ii) The CEO will:
         - Review the expense claim, confirm it is in accordance with policy, and sign
         - Forward the claim to Finance for processing
      iii) Finance will:
         - Issue payment of the claim within 30 days of receipt of the claim.

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-72-2023-537

August 22, 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 will provide the Board of Health with up to $110,900 in additional base funding and up to $107,600 in one-time funding for the 2023-24 funding year to support the provision of public health programs and services in your community.

This will bring the total maximum funding available under the Agreement for the 2023-24 funding year to up to $14,268,000 ($12,436,500 in base funding and $1,831,500 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: Larry Martin, Chair, Board of Health, Oxford Elgin St. Thomas Health Unit
Dr. Ninh Tran, Medical Officer of Health, Oxford Elgin St. Thomas Health Unit
Monica 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 August 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
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			**1,831,500**

Total Maximum Base and One-Time Funds[1]	**14,268,000**

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.

Local Opioid Response

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

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

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

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.

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,
- Supporting communication and engagement with local school communities, as well as the broader health care sector.

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

SCHEDULE B
RELATED PROGRAM POLICIES AND GUIDELINES

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

The initiative is being implemented with the following considerations:

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

Qualifications required for these positions are:

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

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

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.

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. MOH / AMOH Compensation Initiative Application	For the entire Board of Health Funding Year	As directed by the Province
6. 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.

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.

1st Quarter Board of Health Meeting Evaluation (March 2023)

1) Overall, how satisfied were you with content of today's orientation session?

Respondents: 4

Choice	Percentage	Count	
Satisfied	100.00%	4	
Neither Satisfied or Dissatisfied	0.00%	0	
Dissatisfied	0.00%	0	
Total	100%	4	

2) How satisfied were you with the level of detail of today's orientation session presented today?

Respondents: 4

Choice	Percentage	Count	
Satisfied	100.00%	4	
Neither Satisfied or Dissatisfied	0.00%	0	
Dissatisfied	0.00%	0	
Total	100%	4	

3) Did you learn something new today about the work of public health and/or of Southwestern Public Health specifically?

Respondents: 4

Choice	Percentage	Count	
Yes	100.00%	4	
No	0.00%	0	
Total	100%	4	

#	Respondent	Please explain specifically, what the new learning was.
1	70.54.58.115	Was a good insight for me on just how the Health unit functions.
2	192.64.10.160	understanding of innovation vs risk tolerance culture
3	23.248.147.52	The difference between reactive, proactive, and the role prevention plays in building resiliency in health.
4	209.183.153.58	Situational Assessments

4) There was sufficient time provided for the presentation and discussion related to today's orientation session?

Respondents: 4

Choice	Percentage	Count	
Yes	100.00%	4	
No	0.00%	0	
Total	100%	4	

#	Respondent	Please explain in more detail.
1	70.54.58.115	Yes, a one hour session will give me a good idea on just how the board functions.
2	192.64.10.160	well moderated with time and juts enough steering
3	23.248.147.52	I found the discussion to be well rounded and facilitated to ensure all voices were heard.
4	209.183.153.58	covered key points

5) The orientation session today will further assist me with my governing role as a board of health member?

Respondents: 4

Choice	Percentage	Count	
Yes	100.00%	4	
No	0.00%	0	
Total	100%	4	

#	Respondent	Please explain in more detail.
1	70.54.58.115	Key points were presented
2	192.64.10.160	understanding the responsibility of the board to embody risk tolerance
3	23.248.147.52	Understanding the history of Strategic Planning along with the impact of innovation against risk helps me understand the role of governance vs. operations.
4	209.183.153.58	gave me direction

6) What, if anything, could be improved to make this particular orientation session better next time?

Respondents: 4

#	Respondent	6) What, if anything, could be improved to make this particular orientation session better next time?
1	70.54.58.115	All information is basically new to me being a first time board member
2	192.64.10.160	n/a
3	23.248.147.52	As a visual learner, having a summary of comments on the screen to track what has/has not been said to ensure thorough discussion without repetition.
4	209.183.153.58	none

7) What education and/or training would further support you in your governing role?

Respondents: 4

#	Respondent	7) What education and/or training would further support you in your governing role?
1	70.54.58.115	Having a health background will serve me well in the future
2	192.64.10.160	n/a at this time
3	23.248.147.52	Presentation of staff ideas and brainstorming to get an understanding of the possibilities in public health.
4	209.183.153.58	none

8) Are there any other comments and/or questions you would like to offer at this time?

Respondents: 3

#	Respondent	8) Are there any other comments and/or questions you would like to offer at this time?
1	70.54.58.115	The orientation sessions have been very beneficial for me.
2	192.64.10.160	I encourage an informal, followed by an early formal, review of the strategic plan
3	209.183.153.58	none

2nd Quarter Board of Health Meeting Evaluation (June 2023)

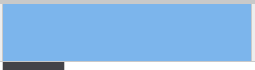
1) Overall, how satisfied were you with the content of this month's (or the previous month's) orientation session?

Respondents: 5

Choice	Percentage	Count	
Satisfied	100.00%	5	
Neither Satisfied or Dissatisfied	0.00%	0	
Dissatisfied	0.00%	0	
Total	100%	5	

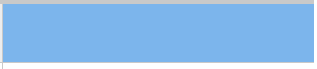
2) How satisfied were you with the level of detail of today's (or the previous month's) orientation session?

Respondents: 5

Choice	Percentage	Count	
Satisfied	80.00%	4	
Neither Satisfied or Dissatisfied	20.00%	1	
Dissatisfied	0.00%	0	
Total	100%	5	

3) Did you learn something new today (or from the previous month) about the work of public health and/or the work of Southwestern Public Health specifically?

Respondents: 5

Choice	Percentage	Count	
Yes	100.00%	5	
No	0.00%	0	
Total	100%	5	

#	Respondent	Please explain specifically, what the new learning was.
1	192.64.10.160	Dr. Tran's Safe injection site report. Very informatiive.
2	192.64.10.160	The impact of Public Health as it pertains to land use planning.
3	192.64.10.160	NA
4	192.64.10.160	NA
5	192.64.10.160	NA

4) Yes or No: There was sufficient time provided for the presentation and discussion related to today's (or the previous month's) orientation session.

Respondents: 5

Choice	Percentage	Count	
Yes	100.00%	5	
No	0.00%	0	
Total	100%	5	

#	Respondent	Please explain in more detail.
1	192.64.10.160	Good discussion kept our board on time.
2	192.64.10.160	Yes
3	192.64.10.160	NA
4	192.64.10.160	NA
5	192.64.10.160	NA

5) Yes or No: The orientation session today (or of the previous month) will further assist me with my governing role as a board of health member.

Respondents: 2

Choice	Percentage	Count	
Yes	100.00%	2	
No	0.00%	0	
Total	100%	2	

#	Respondent	Please explain in more detail.
1	192.64.10.160	Yes
2	192.64.10.160	NA

6) What, if anything, could be improved to make previous or this particular orientation session better next time?

Respondents: 5

#	Respondent	6) What, if anything, could be improved to make previous or this particular orientation session better next time?
1	192.64.10.160	Up to date report we're very informative.
2	192.64.10.160	Having copies of the slide deck to refer to after the meeting. Circling back to information is helpful.
3	192.64.10.160	NA
4	192.64.10.160	NA
5	192.64.10.160	Nothing

7) What education and/or training would further support you in your governing role?

Respondents: 4

#	Respondent	7) What education and/or training would further support you in your governing role?
1	192.64.10.160	Orientation sessions very helpful for me being a new board member
2	192.64.10.160	Just about everything
3	192.64.10.160	NA
4	192.64.10.160	More discussion on financials

8) Are there any other comments and/or questions you would like to provide at this time?

Respondents: 4

#	Respondent	8) Are there any other comments and/or questions you would like to provide at this time?
1	192.64.10.160	Hopefully to be more involved.

2	192.64.10.160	None
3	192.64.10.160	No
4	192.64.10.160	None