



Our Vision:
Healthy People in Vibrant Communities

Board of Health Meeting
 St. Thomas Location: 1230 Talbot St. St. Thomas, ON
 Talbot Boardroom
 MS Teams Participation
 Thursday, February 9, 2023
 1:00 p.m.

AGENDA

Item	Agenda Item	Lead	Expected Outcome
1.0 COVERING THE MEETING			
1.1	Call to Order, Recognition of Quorum <ul style="list-style-type: none"> Introduction of Guests, Board of Health Members and Staff 	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 <ul style="list-style-type: none"> January 18, 2023 	Joe Preston	Decision
3.0 APPROVAL OF CONSENT AGENDA ITEMS			
4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION			
5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.ACCEPTANCE.DECISION			
5.1	Medical Officer of Health’s Report for February 9, 2023	Dr. Ninh Tran	Acceptance
5.2	Chief Executive Officer’s Report for February 9, 2023	Cynthia St. John	Acceptance
6.0 NEW BUSINESS/OTHER			
6.1	SWPH Mass Immunization Clinic Closures <ul style="list-style-type: none"> Accolades to SWPH Staff and Partners 	Marcus Ryan	Receive and File
7.0 CLOSED SESSION			
8.0 RISING AND REPORTING OF THE CLOSED SESSION			
9.0 FUTURE MEETINGS & EVENTS			
9.1	February 16, 2023 (Budget specific - if required) March 20, 2023 (Next scheduled meeting)	Joe Preston	Decision
10.0 ADJOURNMENT			



The meeting of the Board of Health for Oxford Elgin St. Thomas Health Unit was held on January 18, 2023, at the St. Thomas site (1230 Talbot St.) and virtually via MS Teams commencing at 3:02 p.m.

PRESENT:

Mr. J. Couckuyt	Board Member
Mr. J. Herbert	Board Member
Mr. D. McPhail	Board Member
Mr. D. Mayberry	Board Member
Mr. M. Peterson	Board Member
Mr. J. Preston	Board Member (Chair)
Mr. L. Rowden	Board Member
Mr. M. Ryan	Board Member
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. A. Koning	Executive Assistant

**represents virtual participation*

GUESTS:

Mr. P. Heywood	Program Director*
Ms. S. Maclsaac	Program Director*
Mr. D. McDonald	Director, Corporate Services and Human Resources*
Ms. M. Nusink	Director, Finance (CFO)*
Mr. D. Smith	Program Director*
Ms. M. Cornwell	Manager, Communications*
Mr. R. Perry	Aylmer Express*

**represents virtual participation*

REGRETS:

1.1 CALL TO ORDER, RECOGNITION OF QUORUM

The meeting was chaired by Cynthia St. John, CEO, until the election of chair position occurred.

C. St. John welcomed all board members, staff, and media attending.

1.2 AGENDA

Resolution # (2023-BOH-0118-1.2)

Moved by D. Mayberry

Seconded by D. Warden

That the agenda for the Southwestern Public Health Board of Health meeting for January 18, 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.

1.5 Delegation of Officers

Resolution # (2023-BOH-0118-1.5A)

Moved by D. Warden

Seconded by D. McPhail

That Joe Preston be Chair of the Board of Health for Southwestern Public Health for the year 2023.

Carried.

Resolution # (2023-BOH-0118-1.5B)

Moved by M. Ryan

Seconded by D. Mayberry

That Bernia Wheaton be Vice-Chair of the Board of Health for Southwestern Public Health for the year 2023.

Carried.

Resolution # (2023-BOH-0118-1.5C)

Moved by D. Mayberry

Seconded by D. Warden

That further to Board of Health Policy BOH-GOV-030, the Board of Health Chair for Southwestern Public Health delegate the Chief Executive Officer for Southwestern Public Health as acting “Head” for the purpose of ensuring day-to-day fulfilment of Southwestern Public Health’s compliance obligations under the Municipal Freedom and Information and Protection of Privacy Act (MFIPPA).

Carried.

2.0 APPROVAL OF MINUTES

Resolution # (2023-BOH-0118-2.1)

Moved by D. Mayberry

Seconded by L. Rowden

That the minutes for the Southwestern Public Health Board of Health meeting for October 6, 2022 be approved.

Carried.

3.0 CONSENT AGENDA

None at this time.

4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION

None at this time.

5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.DECISION

5.1 Chief Executive Officer’s Report for January 18, 2023

C. St. John reviewed her report.

M. Ryan suggested that the Board of Health not move forward with establishing the Committees, if that is permissible. C. St. John confirmed that these Committees exist at the sole discretion of the Board of Health as outlined in Section 74 of Bylaw 1. He suggested that as a new Board member, he feels as though he would benefit and learn from being a part of conversations related to both finance and facilities and governance. The Board discussed the suggestion. It was noted that the Committees functioned effectively and efficiently previously and there were no concerns in previous practices. C. St. John noted that if the Board decides not to establish committees this year, Board members would need to be available for additional

meetings of the Board to accomplish the work of those committees. The Board members agreed.

Resolution # (2023-BOH-0118-5.1A)

Moved by M. Ryan

Seconded by J. Herbert

That the Board of Health for Southwestern Public Health do not create either the Finance and Facilities Standing Committee or the Governance Standing Committee, and that the Board of Health take on the work of the Committees as a whole, with this decision to be reviewed in a year's time.

Carried.

The Board members discussed future Board meetings. It was decided that Board of Health orientation would be immediately before the new Board meetings, from 12:00pm – 12:55pm.

C. St. John noted that the timely approval of the budget is required, and she requested that the Board of Health meet again in early February. It was decided that the next Board of Health meeting be on February 9th at 1:00pm and a follow-up meeting be scheduled for February 16th at 1:00pm, if required.

Resolution # (2023-BOH-0118-5.1B)

Moved by D. Mayberry

Seconded by B. Wheaton

That the Board of Health meetings be held on the fourth Thursday of the month at 1:00pm.

Carried.

Resolution # (2023-BOH-0118-5.1)

Moved by J. Herbert

Seconded by L. Rowden

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's report for January 5, 2023.

Carried.

6.0 NEW BUSINESS/OTHER

None at this time.

7.0 TO CLOSED SESSION

Resolution # (2023-BOH-0118-C7)

Moved by M. Ryan

Seconded by B. Wheaton

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-0118-C8)

Moved by M. Ryan

Seconded by D. Warden

That the Board of Health rise with a report.

Carried.

Resolution # (2023-BOH-0118-C3.1A)

Moved by B. Wheaton
Seconded by M. Ryan

That the Board of Health for Southwestern Public Health strike an Adhoc Committee of the Board to carry out specific work related to Facilities matters.

Carried.

Resolution # (2023-BOH-0118-C3.1B)

Moved by B. Wheaton
Seconded by M. Peterson

That the Board of Health for Southwestern Public Health accept the Terms of Reference for the creation of an Adhoc Committee as amended to carry out specific work related to Facilities matters.

Carried.

Resolution # (2023-BOH-0118-C3.1C)

Moved by M. Peterson
Seconded by M. Ryan

That the Board of Health for Southwestern Public Health appoint David Warden and David Mayberry to the Special Adhoc Committee.

Carried.

Resolution # (2023-BOH-0118-C3.1)

Moved by D. Mayberry
Seconded by D. Warden

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Report for January 18, 2023

Carried.

9.0 FUTURE MEETING & EVENTS

The next scheduled meeting of the Board of Health is February 9, 2023, at 1:00 p.m. The Board of Health orientation session will be held on February 9, 2023, at 12:00 p.m.

10.0 ADJOURNMENT

Resolution # (2023-BOH-0118-10)

Moved by J. Herbert

Seconded by D. Warden

That the Board of Health meeting adjourns at 4:43 p.m.

Carried.

Confirmed: _____

DRAFT



MOH REPORT

Open Session

MEETING DATE: February 9, 2023

SUBMITTED BY: Dr. Ninh Tran, MOH (written as of 12:00 noon, January 31, 2023)

SUBMITTED TO: Board of Health

PURPOSE: Decision
 Discussion
 Receive and File

AGENDA ITEM # 5.1

RESOLUTION # 2023-BOH-0209-5.1

1. Covid-19 (Receive and File):

COVID-19 CURRENT STATE:

Over 3 years have passed since the World Health Organization ([WHO](#)) declared SARS-CoV-2 a Public Health Emergency of International Concern on January 30, 2020, and a pandemic on March 11, 2020. At the time of this report, our confirmed Covid-19 cases, institutional outbreaks, and hospitalizations are decreasing, and our percent positivity indicates the overall risk of Covid-19 in the region is moderate. Of note, the most recent Public Health Ontario (PHO) SARS-CoV-2 Genomic Surveillance in Ontario [reports 5 cases of XBB 1.5](#) were in the Southwestern Public Health region as of January 7. PHO estimates [20% of new cases in Ontario are XBB 1.5](#); however, we have not yet seen this variant cause the same type of surges in overall cases that omicron did when it entered the population last winter.

The WHO announced on January 30, 2023 that Covid-19 remains a global health emergency, but this was accompanied by the positive assessment of overall levels of immunity (through vaccination or infection) as well as antiviral treatments in reducing morbidity and mortality. This virus will likely remain a permanent part of our health system's landscape, but it is inspiring to see how much has been achieved through research, science, and community engagement in reducing the severity of the disease. As SWPH moves to incorporate Covid-19 vaccination into its day-to-day work, it is an operational shift that signals a welcome return to a broader range of public health initiatives and projects that are so vitally needed in our communities.

2. Public Health Initiatives (Receive and File):

Since Spring 2022, I have been meeting regularly with community partners such as the Elgin and Oxford Ontario Health Teams (OHT), the Elgin Primary Care Rounds group, local hospital partners, as well as with fellow colleagues of the Council of Medical Officers of Health (COMOH) in various working groups. In meeting and collaborating with these groups, I note an overall emphasis on strategic prioritization as we all work to restart programs and initiatives that best address and respond to the needs of our communities. With this in mind, I will provide an update on SWPH's Consumption and Treatment Services (CTS) planning and work thus far.

CONSUMPTION AND TREATMENT SERVICES (CTS) BACKGROUND:

Consumption and Treatment Services (CTS) provide integrated, wrap-around services that connect clients who use drugs to primary care, treatment, and other health and social services. Covid-19 exacerbated the deadly overdose crisis and SWPH has observed an increase in overdose deaths in 2020-2022 compared to 2019.

- In the SWPH catchment area, there have been 43 opioid-related deaths from May 2017 to June 2019.⁴ In 2019, there were 14 opioid-related deaths among community members, with one of these deaths being classified as intentional.⁵ While almost three-quarters (74.4%) of the deaths that have occurred over the 2017-2019 timeframe were unintentional, this is a notably lower percentage of unintentional deaths compared to Ontario as a whole (91.2%).⁴ This information indicates that there is a higher proportion of intentional opioid-related deaths locally, and this should be factored into death by suicide prevention programming.⁴
- Data from April 2021 to March 2022 showed that there were 43 opioid-related deaths in the Southwestern Public Health Region during this timeframe, which represents a death rate of 20.5 per 100,000 people; this is above the opioid-related death rate of Ontario for the same timeframe (18.7 deaths per 100,000 people).⁶ This represents an increase in the opioid-related death rate for the SWPH region when compared with April 2020 to March 2021 (16.3 deaths per 100,000 people).⁶
- From 2019 to 2021, the average number of deaths from opioid overdoses has been increasing for the SWPH region; in 2019, the average number of deaths was 1.42, which increased to an average of 2.25 in 2020, and increased again to an average of 3.67 in 2021.⁷

As we have noted in previous reports, the opioid crisis is a complex public health concern with escalating and devastating impacts on individuals, families, and communities across the country in recent years. Social determinants of health (SDOH) contribute to many health disparities and inequities and are essential drivers of health and well-being. SDOH refers to a specific group of social and economic factors in the environment that influence health, functioning, and quality of life (i.e., income and income distribution, education, housing, disability, gender, immigration, social inclusion, early childhood development, race, etc.). The risk of developing a substance use disorder can be complex and SDOH can play a vital role in understanding and identifying an individual's risk of developing a mental illness and/or substance use dependence.

In approaching the intricate issues surrounding opioid and substance misuse in our community, we draw upon a four pillar framework: prevention, treatment, harm reduction, and justice and community safety. Prevention involves the coordination and integration of preventative services amongst agencies (i.e., working with schools, developing awareness campaigns for high-risk groups, etc.); treatment considers the need and value of support programs and services; harm reduction involves Naloxone training and needle exchange programs as well as community outreach and support of housing initiatives; and justice and community safety advocates for navigation support for those entering the justice system.

The current focus of the Oxford Community Drug and Alcohol Strategy and Elgin Community Drug and Alcohol Strategy is providing evidence-based support for Consumption and Treatment Services (CTS). CTS is one part, albeit an important part, of an integrated, wrap-around strategy that emphasizes service comprehensiveness, community engagement, and multi-agency involvement to facilitate the best possible implementation and resultant impact on our community. CTS locations allow people to consume pre-obtained drugs in a safe, hygienic environment under the supervision of trained and authorized harm reduction staff. These services reduce the harm caused from substance use (e.g., overdose, infection), while offering additional services such as counselling, primary care, addiction treatment, and connection to critical social supports such as housing.

Supervised consumption services have been studied in Canada and worldwide. Research has demonstrated benefits of supervised consumption services for both people who use drugs and for their communities. The addition of permanent, comprehensive Consumption and Treatment Services in the community has the potential to:

- Save lives by reducing the number of fatal and non-fatal drug overdoses
- Reduce the spread of infectious diseases like HIV and hepatitis C amongst people who inject drugs by promoting safe injection practices
- Connect people who use drugs with primary health care, addictions treatment, and social services like housing
- Create a safer community by reducing drug use in public spaces and publicly discarded needles and debris

There is no evidence that consumption services result in increased drug use, shifting drug use to different neighbourhoods, or increased drug trafficking or crime in the surrounding area. With this in mind, the CTS Feasibility Study's objectives are:

- To determine if there is a perceived need for CTS in SWPH's region
- To assess the engagement and level of support of CTS in SWPH's region
- To examine the models, operations, and practical components of offering CTS in SWPH's region.

The information obtained from the study will help to form recommendations on how to address opioid-related harms in the community based on concerns and barriers brought forward. It will gather and understand the perspectives of the community, including key

community partners, community members, and most importantly people with living/lived experience (PWLE) of substance use.

CTS FEASIBILITY PROGRESS TO DATE (OXFORD COUNTY, ELGIN COUNTY, CITY OF ST. THOMAS):

1) Selection of Consultant

- a. As of August 5th, 2022, a request for proposal for the CTS Feasibility Study was finalized and sent out to four consultant agencies. Proposals were evaluated by 2 core team members and the contract was awarded to the consultant with the highest evaluation score. A Letter of Agreement was signed with Collective Results for the CTS Feasibility Study on September 26th, 2022.

2) Completion of Research Proposal

- a. As of October 21, 2022 the initial research proposal and draft collection tools were received from Collective Results. These draft versions were subsequently reviewed and refined in consultation with core SWPH team, nursing staff, and foundational standards staff. Additionally, study materials pertaining to people with lived experiences (PWLE) were reviewed by PWLE and their feedback was incorporated into the study tools, processes, and methodology accordingly.

3) Submission and Approval of PHO Ethics Application

- a. After the completion of the research proposal, an initial ethics application to Public Health Ontario was co-developed by Collective Results and SWPH. SWPH received formal written approval to commence the project as of January 12th, 2023.

4) Formation of the External Advisory Committee

- a. An External Advisory Committee for the CTS Feasibility Study was formulated based on the required consultancy sectors outlined in both the Federal Drug Exemption guidelines and the Provincial CTS Application guide. These sectors include:
 - i. Community agencies (including social services);
 - ii. Downtown business associations & local chambers of commerce;
 - iii. Emergency services;
 - iv. Healthcare providers;
 - v. Indigenous organizations;
 - vi. Municipal departments;
 - vii. People with lived experience of substance use;
 - viii. Local politicians; and
 - ix. Public Health (including board of health)
- b. Local key figures from each of these sectors were invited to take part in the External Advisory Committee for the CTS feasibility study. Committee members will promote collaboration between various community members on harm reduction initiatives, as well as generate a shared and agreed-upon understanding of local issues through diverse perspectives on reducing drug-related harms. The first of the External Advisory Committee meetings took place as of January 24, 2023.

5) Commencement of Data Collection

- a. Data for the CTS feasibility study will be collected from 4 avenues, including PWLE semi-structured interviews, community partner focus groups, community member surveys, and key politician interviews. Data collection for this project began as of Tuesday January 24th, 2023, and is currently ongoing. The data collection should be complete by the beginning of March 2023, and then the final report will be prepared by Collective Results and the core SWPH team by the end of April 2023.

MOTION: 2023-BOH-0209-5.1

That the Board of Health for Southwestern Public Health accept the Medical Officer of Health's Report for February 9, 2023.



CEO REPORT

Open Session

MEETING DATE: February 9, 2023

SUBMITTED BY: Cynthia St. John, CEO (written as of February 1, 2023)

SUBMITTED TO: Board of Health

PURPOSE: Decision
 Discussion
 Receive and File

AGENDA ITEM # 5.2

RESOLUTION # 2023-BOH-0209-5.2

1.0 FINANCIAL MATTERS

1.1 Internal Controls & Processes (Receive and File):

Under the Ontario Public Health Standards and Accountability Framework, the Board is required to ensure that administration implements appropriate financial management and oversight including creating a process for internal financial controls. Attached is Southwestern Public Health's monthly financial control checklist which is completed monthly to ensure all month end procedures are done accurately and timely. I can confirm that SWPH follows the internal financial control checklist.

MOTION: (2023-BOH-0209-5.2A)

That the Board of Health for Southwestern Public Health receive and file the Internal Controls Checklist for 2023.

1.2 Audit Engagement Letter and Planning Letter (Decision):

Graham Scott Enns have provided us with the engagement letter and the planning letter for the upcoming 2022 fiscal year end audit. The letters are required to be signed by the Board Chair. The engagement letter highlights the objectives of the audit, the auditor's responsibility, management's responsibility, and the relevant terms that govern the engagement. The planning letter provides the relevant changes in accounting standards and the scope and timing of the audit. These letters have been reviewed in detail by staff and it is noted that the letters are standard and there are no concerns. I am therefore requesting that the letters be signed by the Board Chair.

MOTION: (2023-BOH-0209-5.2B)

That the Board of Health for Southwestern Public Health, in preparation for the upcoming 2022 financial audit, approve the Board Chair signing the engagement letter and audit planning letter received from Graham Scott Enns as presented.

1.3 Revised 2022 Funding Letter (Receive and File):

On January 11, 2023, we received a revised 2022 funding letter (attached) which included \$780,700 in additional one-time funding for the 2022 funding year to support extraordinary costs associated with preventing, monitoring, detecting, and containing COVID-19.

MOTION: (2023-BOH-0209-5.2C)

That the Board of Health for Southwestern Public Health receive and file the revised Amending Agreement between the Ministry of Health and Southwestern Public Health.

1.4 2023 General Cost-Shared & 100% Provincially Funded Budgets (Decision):

I am pleased to attach the draft 2023 Program Budget package for your review, direction, and decision. The package itself includes narrative and financial information for all provincially mandated programs and services. All cost-shared budgets are for provincially mandated programs and services only (there are no non-mandated programs and services). I am pleased to note that this package was derived from extensive program and service planning done by front line staff and management staff, that was guided by evidence to support program and service direction.

The development of this budget package was a challenge because we are still responding to the pandemic (outbreaks and vaccination have not disappeared), it has been over 3 years since we had a full year of regular programs and services, we have extensive backlog/catchup to complete, inflation is high, and stability is key to lasting public health success over years and decades.

This package has a fair amount of detail and because of that, I will present a synopsis of the budget at the Board meeting. The synopsis will include summaries of:

- cost-shared programs,
- 100% provincially funded ongoing programs and services, and
- 100% provincially funded one-time initiatives.

MOTION: (2023-BOH-0209-5.2D)

That the Board of Health for Southwestern Public Health approve the 2023 Budgets for General Cost-Shared program, for 100% Provincially funded ongoing programs and services, and for 100% Provincially funded one-time initiatives, as presented.

2.0 FACILITIES MATTERS

2.1 1230 Talbot HVAC Issues (Receive and File):

Recognizing that the Board as a whole will be receiving information concerning facilities matters going forward, the information below outlines the history associated with repeated HVAC failures and the potential future concerns. This information is for receive and file only at this time.

History

Early in 2020, SWPH made the decision to replace all HVAC units as a result of significant compressor failures over the years.

The first few issues that SWPH experienced was with the 3-way valves. After the second faulty 3-way valve, HTS (external HVAC contractor) worked with SWPH to try and determine if the 3-way valves that were used were faulty. An investigation determined that the valves were not faulty, and no recalls had been issued; the manufacturer confirmed this. After replacing 3 of the 3-way valves, SWPH then started to have issues with the compressors. Upon further investigation, HTS discovered that the supporting mechanisms for the roof top units were either missing, installed improperly and or were missing the proper clamps. It is noted that HTS was not the vendor during construction that installed the brackets or HVAC units. Not having these supporting components in place results in excessive vibration and movement that puts a great deal of stress on all components. The proper supporting mechanisms were purchased and installed. Unfortunately, the issues continued, and it is believed that the vibration and stress that has occurred was contributing to the cause. Of the 16 compressors on site, at least 7 were replaced prior to the replacement in 2020. In some cases, and not due to technician error, the repairs failed resulting in refrigerant leaks and spills. The law stipulates that a contractor can only expel to the air, up to 100 lbs of refrigerant in total, at one time and one location. Prior to deciding on the replacement, HTS had lost 83 lbs of refrigerant with one unit alone. Any further loses due to repairs could potentially result in HTS losing their licence.

Replacement Decision and Cost

After consultation with HTS, Daiken representatives (Daiken produced the units) , SWPH maintenance contractor, and the Board of Health a decision to replace all HVAC units was made hoping that new units, on new and properly installed brackets would resolve all issues. The replacement work was extensive and took place throughout January and February of 2020. The units are HPAC 1, HPAC 2, HPAC 3, and HPAC 4. Each HPAC unit has two sets of two compressors, totaling 4 per HPAC, or 16 compressors. The new units have a failover or slave unit that operates the unit if one compressor goes down. This keeps the unit operational, and the building heated or cooled. The units that were replaced did not have this type of compressor. All compressors installed in 2020 have a 10-year parts only warranty, meaning labour and refrigerant are not included. The cost for the replacement of the units was approximately \$106,000.

Issues With New HVAC Unit

From February 2020 until October of 2021 there were no issues, but in November 2021, SWPH maintenance contractor noticed there was no heat on the lower west side of the building and a failure code on system prompted a service call to our HVAC maintenance contractor, HTS. HTS revealed that the primary compressor in the unit had failed. As noted above, the compressor itself was covered by warranty, but replacing the compressor requires many hours of labor along with a supply, recover and recharge of refrigerant, nitrogen flush, pressure testing and monitoring to confirm proper operation, with refrigerant being the bulk of the expense. The cost of labour and refrigerant for a compressor replacement is approximately \$7,500. Then again in early December 2021, a second compressor failed.

After extensive negotiation and pressure by SWPH, HTS and Daiken replaced the compressors free of charge despite there being costs for the refringent and labour costs. With two failed compressors in just over a years' time, SWPH immediately arranged a meeting with HTS to discuss concerns about why two compressors would fail after such a short time. HTS confirmed their installations were completed by their most skilled technicians who practice caution to eliminate contamination and that acid and other testing was completed prior to completing the project. They also noted that there could be underlying issues in the building, the compressor is only one part of the entire system and in the past, there were other issues with branch box selectors and oil in traps.

HTS also noted then that they would be working with Daiken (the maker of the HVAC system) and the entire system would undergo a complete evaluation. Daiken representatives attended the site on January 12 and 13th, 2022 and completed a thorough investigation of the new units and system. A report was prepared and based on the tests during the site visit the system was found in good operation and nothing to indicate imminent damage to the compressors. There were some observations with recommendations for corrective actions that may contribute to compressor failure due to wet operation (liquid flood back) or power supply issues, that may or may not occur due to site power issues (i.e. power outages, power flickers, generator testing). Power however was as expected when Daiken was on site and both SWPH maintenance contractor and HTS technicians felt that the systems were designed to protect from power outages and that the recommendation to install phase monitors to protect from imbalances would not likely reveal anything significant and nothing further was done.

In the spring of 2022, maintenance noticed an issue with a unit serving front line area and identified another nonfunctioning compressor. This would be the third compressor failure since replacing all in 2020. In an effort to identify issues contributing to compressor fails, and using recommendations from Daiken report, SWPH reversed the decision to install phase monitors on all units to protect from any imbalance of overages in min/max rate for voltage. These were installed in September of 2022 and to date, no imbalances have been identified. HTS has even been on site during generator testing to review the phase monitors, again revealing nothing. As due diligence and at the instruction of the Board of Health, SWPH also contracted a different HVAC maintenance contractor, Honeywell, to complete an independent review of the systems, its history and the work being completed by HTS/Daiken. This report had no findings of improper maintenance, malfunctions etc.

Unfortunately, in November 2022, another failed compressor was discovered, making this the fourth failed compressor since installation in early 2022. These two compressors will be replaced in December 2022. The compressors being replaced are covered by a warranty, however as per previous compressor replacements, the refrigerant and labour costs are substantial. The refrigerant must be reclaimed and disposed of in a particular manner and then system charged with new refrigerant to reduce risk of contamination. The replacement cost per compressor is \$7,400.00 totaling \$14,800.00 being expensed to SWPH. These costs were absorbed in the SWPH facilities budget in 2022.

In late January of 2023 a fifth compressor has gone down and is currently being investigated by HTS but at this time it is believed that it will also require a replacement and again will result in a cost of approximately \$7,400 which will be expensed as part of our building repair and maintenance.

Anticipated Future Issues

Unfortunately, due to the continuous issues with compressor failures and the inability for anyone to identify the reason, we continue to anticipate additional failures throughout the course of the year and future years. We have budgeted for two compressor replacements in 2023 and will continue to budget for these annually.

3. GOVERNANCE MATTERS

3.1 Oath of Conduct and Confidentiality (Decision):

Just prior to the January Board of Health meeting, a board of health member asked me about the Oath of Conduct and Confidentiality declaration that Board of Health members are required to sign. The issue of concern, as expressed to me relates to #12 of the form (full form attached). You will note that #12 makes reference to the health unit exercising its right to require the resignation of the board member if the Board member has breached their Oath of Confidentiality. I committed to reviewing the matter and bringing the matter forward to the Governance Standing Committee for discussion and decision. I bring this item forward now to the full Board as Board standing committees have been suspended for the time being. Upon review of this item, and confirmed by legal counsel, I believe #12 should be amended as noted in the attached (see track changes).

MOTION: 2023-BOH-0209-5.2E

That the Board of Health for Southwestern Public Health amend BOH-GOV-020(F) Appendix A – Oath of Conduct and Confidentiality.

MOTION: 2023-BOH-0209-5.2

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Report for February 9, 2023.



GRAHAM SCOTT ENNS^{LLP}
CHARTERED PROFESSIONAL ACCOUNTANTS

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December 31, 2022

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

Dear Members of the Board of Health:

The Objective and Scope of the Audit

You have requested that we audit the financial statements of Southwestern Public Health, which comprise the statement of financial position as at December 31, 2022, and the statements of operations and surplus, change in net financial debt and cash flows for the period then ended, and notes to the financial statements, including a summary of significant accounting policies.

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

The Responsibilities of the Auditor

We will conduct our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements. As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- a. Identify and assess the risks of material misstatement of the financial statements (whether due to fraud or error), design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control.
- b. Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. However, we will communicate to you in writing concerning any significant deficiencies in internal control relevant to the audit of the financial statements that we have identified during the audit.
- c. Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

- d. Conclude on the appropriateness of management's use of the going-concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the entity to cease to continue as a going concern.
- e. Evaluate the overall presentation, structure and content of the financial statements (including the disclosures) and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

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

The Responsibilities of Management

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

- a. For the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for public sector entities
- b. For the design and implementation of such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.
- c. To provide us with timely:
 - i. Access to all information of which management is aware that is relevant to the preparation of the financial statements (such as records, documentation and other matters);
 - ii. Information about all known or suspected fraud, any allegations of fraud or suspected fraud and any known or probable instances of noncompliance with legislative or regulatory requirements;
 - iii. Additional information that we may request from management for the purpose of the audit; and
 - iv. Unrestricted access to persons within Southwestern Public Health from whom we determine it necessary to obtain audit evidence.

As part of our audit process:

- a. We will make inquiries of management about the representations contained in the financial statements. At the conclusion of the audit, we will request from management and those charged with governance written confirmation concerning those representations. If such representations are not provided in writing, management acknowledges and understands that we would be required to disclaim an audit opinion.
- b. We will communicate any misstatements identified during the audit other than those that are clearly trivial. We request that management correct all the misstatements communicated.

Form and Content of Audit Opinion

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

INDEPENDENT AUDITORS' REPORT

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

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management and Those Charged with Governance for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

INDEPENDENT AUDITORS' REPORT (CONTINUED)

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

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

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

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

St. Thomas, Ontario

CHARTERED PROFESSIONAL ACCOUNTANTS
Licensed Public Accountants

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

Confidentiality

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

- a. We have been specifically authorized with prior consent;
- b. We have been ordered or expressly authorized by law or by the Code of Professional Conduct/Code of Ethics; or
- c. The information requested is (or enters into) public domain.

Communications

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

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

Use of Information

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

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

Use and Distribution of our Report

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

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

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

Reproduction of Auditor's Report

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

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

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

Ownership

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

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

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

File Inspections

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

Accounting Advice

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

Other Services

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

Governing Legislation

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

Dispute Resolution

You agree that:

- a. Any dispute that may arise regarding the meaning, performance or enforcement of this engagement will, prior to resorting to litigation, be submitted to mediation; and
- b. You will engage in the mediation process in good faith once a written request to mediate has been given by any party to the engagement.

Indemnity

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

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

Time Frames

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

Fees at Regular Billing Rates

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

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

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

Costs of Responding to Government or Legal Processes

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

Termination

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

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

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

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

Conclusion

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

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

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

Sincerely,

GRAHAM SCOTT ENNS LLP
CHARTERED PROFESSIONAL ACCOUNTANTS



Jennifer Buchanan, CPA, CA
Partner

Acknowledged and agreed on behalf of Southwestern Public Health by:

Board Chair

Southwestern Public Health



GRAHAM SCOTT ENNS LLP
CHARTERED PROFESSIONAL ACCOUNTANTS

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December 31, 2022

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

Dear Members of the Board of Health:

Re: Audit Planning

We are writing this letter in connection with our audit of the consolidated financial statements for the period ending December 31, 2022.

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

- a) Address our responsibilities as independent auditors and provide information about the planned scope and timing of our audit.
- b) Request a response to some audit questions and any additional information you may have that could be relevant to our audit.

Current Developments in the Profession

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

Adoption of New Accounting Framework - Public Sector Accounting Standards

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

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

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

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

Auditor Responsibilities

As stated in the engagement letter dated December 31, 2022, our responsibility as auditors of your organization is to express an opinion on whether the financial statements present fairly, in all material respects, the financial position, results of operations and cash flows of the organization in accordance with Canadian public sector accounting standards.

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

Our audit includes:

- a) Assessing the risk that the financial statements may contain misstatements that, individually or in the aggregate, are material to the financial statements taken as a whole; and
- b) Examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements.

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

- a) The risk that the financial statements may be materially misstated as a result of fraud and error; and,
- b) The internal controls put in place by management to address such risks.

Planned Scope and Timing of Our Audit

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

Materiality

Overall materiality will be used to:

- a) plan and perform the audit; and,
- b) evaluate the effects of identified and uncorrected misstatements on the audit procedures performed as well as on the consolidated financial statements.

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

Significant Changes During Period

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

a) Other

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

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

Internal Control

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

Significant Risks

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

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

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

Uncorrected Misstatements

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

Timing

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

Action	Date
Planning meeting and audit communications with board of directors and management	November 1, 2022
Start of interim audit field work	November 1, 2022
Start of year end audit field work	March 1, 2023
End of audit field work and discussions with management	March 21, 2023
Draft financial statement discussions with board of directors for approval of financial statements, audit findings, and audit opinion	March 31, 2023

Audit Findings

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

- a) significant matters, if any, arising from the audit that were discussed with management;
- b) significant difficulties, if any, encountered during the audit;
- c) qualitative aspects of the entity's accounting practices, including accounting policies, accounting estimates and financial statement disclosures;
- d) uncorrected misstatements; and
- e) any other audit matters of governance interest.

Audit Questions and Requests

Fraud

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

- a) What oversight, if any, do you provide over management's processes for identifying and responding to fraud risks? Management's processes could include policies, procedures, programs or controls that serve to prevent, detect and deter fraud.
- b) Do you have any knowledge of any actual, suspected or alleged fraud, including misappropriation of assets or manipulation of the consolidated financial statements, affecting the entity? If so, please provide details and how the fraud or allegations of fraud were addressed.

Other Matters

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

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

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

Sincerely,

GRAHAM SCOTT ENNS LLP

Chartered Professional Accountants

Jennifer Buchanan

Jennifer Buchanan, CPA, CA

Partner

Per: Southwestern Public Health

Signed: _____ Date: _____

Print Name: _____

New Schedules to the Public Health Funding and Accountability Agreement

BETWEEN THE PROVINCE AND THE BOARD OF HEALTH

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

EFFECTIVE AS OF THE 1ST DAY OF JANUARY 2022

**SCHEDULE "A"
GRANTS AND BUDGET**

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

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

DETAILED BUDGET - MAXIMUM ONE-TIME FUNDS (FOR THE PERIOD OF APRIL 1, 2022 TO MARCH 31, 2023, UNLESS OTHERWISE NOTED)	
Projects / Initiatives	2022-23 Approved Allocation (\$)
Cost-Sharing Mitigation (100%) ⁽⁵⁾	1,498,900
Mandatory Programs: Needle Exchange Program (100%)	36,500
Mandatory Programs: Public Health Inspector Practicum Program (100%)	20,000
Capital: Space Needs Assessment (100%)	20,000
COVID-19: General Program (100%) ⁽⁵⁾	1,744,200
COVID-19: Vaccine Program (100%) ⁽⁵⁾	6,140,600
Infection Prevention and Control Hub Program (100%)	685,000
Ontario Seniors Dental Care Program Capital: New Fixed Site - Oxford County Dental Suite (100%)	1,540,000
School-Focused Nurses Initiative (100%) ⁽⁶⁾ # of FTEs 9	672,000
Temporary Retention Incentive for Nurses (100%)	386,000
Total Maximum One-Time Funds⁽⁴⁾	12,743,200

MAXIMUM TOTAL FUNDS	2022-23 Approved Allocation (\$)
Base and One-Time Funding	25,068,800

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

2021-22 CARRY OVER ONE-TIME FUNDS⁽⁷⁾ (CARRY OVER FOR THE PERIOD OF APRIL 1, 2022 to MARCH 31, 2023)		
Projects / Initiatives	2021-22 Approved Allocation (\$)	2022-23 Carry Over Amount (\$)
Ontario Seniors Dental Care Program Capital: Mobile Dental Clinic (100%)	550,000	500,000
Total Maximum One-Time Funds	550,000	500,000

NOTES:

- (1) Base funding increase for Mandatory Programs is pro-rated at \$82,350 for the period of April 1, 2022 to December 31, 2022; therefore, maximum base funding flowed for the period of January 1, 2022 to December 31, 2022 will be \$11,058,350.
- (2) Cash flow will be adjusted to reflect the actual status of current Medical Officer of Health and Associate Medical Officer of Health positions.
- (3) Base funding increase for the Ontario Seniors Dental Care Program is pro-rated at \$119,850 for the period of April 1, 2022 to December 31, 2022; therefore, maximum base funding flowed for the period of January 1, 2022 to December 31, 2022 will be \$1,021,150.
- (4) Maximum base and one-time funding is flowed on a mid and end of month basis, unless otherwise noted by the Province. Cash flow will be adjusted when the Province provides a new Schedule "A".
- (5) Approved one-time funding is for the period of January 1, 2022 to December 31, 2022.
- (6) Approved one-time funding is for the period of April 1, 2022 to December 31, 2022.
- (7) Carry over of one-time funding is approved according to the criteria outlined in the provincial correspondence dated March 14, 2022.

SCHEDULE “B”

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

BASE FUNDING

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

Mandatory Programs: Harm Reduction Program Enhancement

The scope of work for the Harm Reduction Program Enhancement is divided into three components:

1. Local Opioid Response;
2. Naloxone Distribution and Training; and,
3. Opioid Overdose Early Warning and Surveillance.

Local Opioid Response

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

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

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

Naloxone Kit Distribution and Training

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

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RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

BASE FUNDING

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

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

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

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

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

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RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

BASE FUNDING

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

Opioid Overdose Early Warning and Surveillance

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

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

Mandatory Programs: Healthy Smiles Ontario Program

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

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

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

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RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	<i>BASE FUNDING</i>
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- 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.

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RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

BASE FUNDING

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

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

Mandatory Programs: Smoke-Free Ontario

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

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

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

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

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

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

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

SCHEDULE “B”

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	BASE FUNDING
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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 underserved areas, including through mobile dental buses and an increased number of dental suites in Boards of Health, participating Community Health Centres, and Aboriginal Health Access Centres. The second stage of the program will continue throughout 2022, with consideration being given to the ongoing implementation challenges presented by the COVID-19 response.

Program Enrolment

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

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

Program Delivery

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

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

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RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

BASE FUNDING

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

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

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

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

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

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RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

BASE FUNDING

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

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

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

Other Requirements

Marketing

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

Revenue

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

Community Partners

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

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Type of Funding	<i>BASE FUNDING</i>
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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.

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RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

ONE-TIME FUNDING

Cost-Sharing Mitigation (100%)

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

Mandatory Programs: Needle Exchange Program (100%)

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

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

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

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

Capital: Space Needs Assessment (100%)

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

Other requirements of this one-time funding include:

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

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RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

ONE-TIME FUNDING

COVID-19: General Program (100%)

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

Eligible costs include, but are not limited to:

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

Other requirements of this one-time funding include:

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

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RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

ONE-TIME FUNDING

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

The following are examples of non-admissible expenditures:

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

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

COVID-19: Vaccine Program (100%)

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

Eligible costs include, but are not limited to:

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

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RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

ONE-TIME FUNDING

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

Other requirements of this one-time funding include:

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

The following are examples of non-admissible expenditures:

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

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RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

<i>ONE-TIME FUNDING</i>

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

Infection Prevention and Control Hub Program (100%)

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

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

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

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

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

In addition, the Board of Health (Hub) will be required to:

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

SCHEDULE “B”

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

ONE-TIME FUNDING

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

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

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

Other requirements of this capital funding include:

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

School-Focused Nurses Initiative (100%)

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

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

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

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

SCHEDULE “B”

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

ONE-TIME FUNDING

The initiative is being implemented with the following considerations:

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

Qualifications required for these positions are:

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

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

Temporary Retention Incentive for Nurses (100%)

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

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

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

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

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

SCHEDULE “B”

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

ONE-TIME FUNDING

In addition:

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

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

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

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

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding

OTHER

Infectious Diseases Programs Reimbursement

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

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

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

Leprosy

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

Tuberculosis

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

Vaccine Programs Reimbursement

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

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

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

Influenza

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

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding
<i>OTHER</i>

Meningococcal

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

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

Human Papillomavirus (HPV)

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

**SCHEDULE “C”
REPORTING REQUIREMENTS**

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

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

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

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

Definitions

For the purposes of this Schedule, the following words shall have the following meanings:
“Q1” means the period commencing on January 1st and ending on the following March 31st.
“Q2” means the period commencing on April 1st and ending on the following June 30th.
“Q3” means the period commencing on July 1st and ending on the following September 30th.
“Q4” means the period commencing on October 1st and ending on the following December 31st.

Report Details

Annual Service Plan and Budget Submission

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

Quarterly Standards Activity Reports

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

Annual Report and Attestation

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

Annual Reconciliation Report

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

COVID-19 Expense Form

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

Infection Prevention and Control Hub Program Reports

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

MOH / AMOH Compensation Initiative Application

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

Temporary Retention Incentive for Nurses

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

Province.

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

SCHEDULE "D"

BOARD OF HEALTH FINANCIAL CONTROLS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- Policy in place to define dollar limit for paying cash versus cheque.
- Cheques are sequentially numbered and access is restricted to those with authorization to issue payments.
- All cancelled or void cheques are accounted for along with explanation for cancellation.
- Process is in place for accruing liabilities.
- Stale-dated cheques are followed up on and cleared on a timely basis.
- Bank statements and cancelled cheques are reviewed on a regular and timely basis by a person other than the person processing the cheques / payments.
- Bank reconciliations occur monthly for all accounts and are independently reviewed by someone other than the person authorized to sign cheques.

Ministry of Health

Office of the Deputy Premier
and Minister of Health

777 Bay Street, 5th Floor
Toronto ON M7A 1N3
Telephone: 416 327-4300
Facsimile: 416 326-1571
www.ontario.ca/health

Ministère de la Santé

Bureau du vice-premier ministre
et du ministre de la Santé

777, rue Bay, 5^e étage
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January 11, 2023

eApprove-72-2022-441

Mr. Larry Martin
Chair, Board of Health
Oxford Elgin St. Thomas Health Unit
1230 Talbot Street
St. Thomas ON N5P 1G9

Dear Mr. Martin:

I am pleased to advise you that the Ministry of Health will provide the Board of Health for the Oxford Elgin St. Thomas Health Unit up to \$780,700 in additional one-time funding for the 2022-23 funding year to support extraordinary costs associated with preventing, monitoring, detecting, and containing COVID-19 in the province.

Dr. Kieran Moore, Chief Medical Officer of Health, will write to the Oxford Elgin St. Thomas Health Unit shortly concerning the terms and conditions governing the funding.

Thank you for the important service that your public health unit provides to Ontarians, and your ongoing dedication and commitment to addressing the public health needs of Ontarians.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sylvia Jones', written in a cursive style.

Sylvia Jones
Deputy Premier and Minister of Health

c: Cynthia St. John, Chief Executive Officer, Oxford Elgin St. Thomas Health Unit
Dr. Ninh Tran, Medical Officer of Health, Oxford Elgin St. Thomas Health Unit
Dr. Kieran Moore, Chief Medical Officer of Health
Alison Blair, Associate Deputy Minister, Pandemic Response and Recovery, MOH
Tim Lewis, Assistant Deputy Minister (A), Pandemic Response and Recovery, MOH



**2023 BUDGET
FOR
GENERAL PROGRAMS**

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



General Programs

2023 Budget & Realities and Priorities

STRATEGIC VISION, MISSION, AND VALUES



VISION

Healthy people
in vibrant
communities.

MISSION

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

VALUES

Evidence
Collaboration
Accountability
Quality
Equity
Forward-thinking

Realities

Southwestern Public Health's 2023 Budget considers the current reality of its provincial mandate, its continued development as a relatively new organization, the ongoing COVID-19 pandemic response/recovery/backlog demands, and the current needs of its communities. This budget has considerations such as:

- ✓ a continued leadership role in the response to the ongoing COVID-19 pandemic, with a focus on outbreak management and vaccination while also imbedding this work into our programs and services,
- ✓ the need to deliver public health programs and services in varying ways (in person, virtually, mobile, etc.) to protect the health and safety of our staff, our clients, and our communities,
- ✓ mandated delivery of Ontario Public Health Standards and Accountability Requirements
- ✓ the demonstrated value for money offered by Ontario's public health system. Specifically, studies have concluded that:
 - every \$1 spent on immunizing children with the measles-mumps-rubella vaccine saves \$16 in health care costs (Canadian Immunization Guide);
 - every \$1 spent on mental health and addictions saves \$7 in health costs and \$30 dollars in lost productivity and social costs (Every Door Is the Right Door: Towards a Ten-Year Mental Health and Addictions Strategy);
 - Every \$1 invested in tobacco prevention programs saves up to \$20 in future health care costs (Building on our Gains, Taking Action Now: Ontario's Tobacco Control Strategy for 2011-2016); and
 - Every \$1 spent on early childhood development and health care saves up to \$9 in future spending on health, social and justice services (The Chief Public Health Officer's Report on the State of Public Health in Canada, 2009).
- ✓ continued implementation of the current Strategic Plan for Southwestern Public Health (SWPH) recognizing the need for flexibility given potential changes in our communities due to the pandemic,
- ✓ provincial, municipal, and public demands of public health services, including for example, work towards opioid crisis prevention, assistance with addressing local

Realities (continued)

health equity concerns such as poverty, education, housing and community belongingness, studying the impacts of the global pandemic on health outcomes, and continued access to home visiting support, sexual health services, dental care, etc.,

- ✓ extensive catch up of the majority of public health programs put on hold throughout the pandemic (i.e. routine immunizations, oral health screening, healthy child development programs, climate change strategy development, etc.)
- ✓ continued development of the new organization, its culture, its program and service delivery framework (COVID-19 put a pause on much of this),
- ✓ enhanced staffing to support the COVID-19 pandemic response – recognizing that staff recruitment has been challenging due to shortages in the labour market,
- ✓ a continued emphasis on transparency, accountability, and reporting resulting in frequent collection of greater amounts of data, performance targets, and communication of such,
- ✓ a continued emphasis on risk management as outlined in the Board's 2023 risk register and this resulting in the need for continued support for the prompt and proactive identification, mitigation, monitoring and reporting of risks,
- ✓ the continued need for collaboration and integration with community and health system partners (i.e., primary care, education, etc.), and
- ✓ recognition of staff burnout and fatigue with respect to the overall COVID-19 response and the challenges associated with maintaining staff wellness while catching up on so much work that was paused.

Future Focused

In order to achieve its vision of Healthy People in Vibrant Communities, SWPH must have its eye on the future both near and far. SWPH considered what is on the horizon when it completed its 2023 planning. These considerations are not in any particular order.

- ✓ Capacity in the community and system for public health work
- ✓ Developing new priorities for 2024 and beyond
- ✓ Contain the spread of COVID-19
- ✓ The unintended consequences of the pandemic including the physical, emotional, and mental health & well-being implications
- ✓ Strive for continued staff wellness
- ✓ Significant economic challenges at the individual, local, provincial, and federal levels
- ✓ Future emergency readiness
- ✓ Strained health care system that was designed for less volume and acuity
- ✓ Individual and community impact of public health prevention, promotion, and protection
- ✓ Sustained momentum to achieve outcomes
- ✓ Workforce recruitment and retention

Priorities

Southwestern Public Health will:

- ✓ continue to contain COVID-19 but also recognize the need to incorporate COVID-19 as another infectious disease amongst many,
- ✓ continue to vaccinate our communities including potential future eligible cohorts with focus on vaccine hesitant and resistant individuals,
- ✓ focus on its 1st strategic direction of working with partners and community members to reduce health and social inequities, making measurable improvements in population health,
- ✓ focus on our 2nd strategic direction of working with partners and community members to transform systems to improve population health,
- ✓ focus on our 3rd strategic direction to build an organizational culture of innovation and leadership that supports excellence in public health programs and services,
- ✓ continue to be a credible, reliable, and trusted voice for public health matters in the community,
- ✓ continue to identify innovative approaches to our work so that we are the most effective as possible and we don't duplicate work,
- ✓ continue to offer comprehensive programs and services using accessible and relevant delivery methods for the communities it serves,
- ✓ continue to value partnerships and collaborative efforts with other agencies noting so much of public health's work is connected to other work in the community,
- ✓ strive for compliance with the Ontario Public Health Standards and Accountability Standards for general programs and related services as established by the Ministry of Health (MOH) and the Ministry of Children, Community and Social Services (MCCSS),
- ✓ strive to meet any performance targets established by the Ministry of Health as outlined in the Accountability Agreement between the Ministry and SWPH, and
- ✓ continue to monitor population health status and needs in Oxford County, the City of St. Thomas, and the County of Elgin, to evaluate public health programs and services and to engage in continuous quality improvement to improve the safety, efficiency, client-centredness, responsiveness, effectiveness, and timeliness of SWPH programs and services

2023 Budget: Summary

**Southwestern Public Health
2023 BUDGET**

Standard - Section / Program	2023 Budget
	Jan 1 - Dec 31
Direct Program and Services Costs	
Food Safety	
Food Safety (Education, Promotion & Inspection)	489,426
Food Safety Total	489,426
Healthy Environments	
Climate Change	122,160
Healthy Environments (Health Hazard Investigation and Response)	407,806
Healthy Environments Total	529,966
Healthy Growth and Development	
Reproductive Health/Healthy Pregnancies	364,567
Breastfeeding	379,182
Parenting	500,400
Healthy Growth and Development Total	1,244,149

2023 Budget: Summary

Standard - Section / Program	2023 Budget
	Jan 1 - Dec 31
Immunization	
Immunization Monitoring and Surveillance	145,305
Vaccine Administration	148,437
Vaccine Management	199,695
Immunization Total	493,437
Infectious and Communicable Diseases Prevention and Control	
Infection Prevention & Control	1,778,797
Tuberculosis Prevention and Control	27,860
Rabies Prevention and Control and Zoonotics	222,592
Sharps program	70,900
Vector-Borne Diseases	216,694
Sexual Health	1,034,329
Infectious and Communicable Diseases Prevention and Control Total	3,351,172
Safe Water	
Safe Water	164,147
Safe Water Total	164,147
School Health - Oral Health	
Healthy Smiles Ontario	855,744
School Screening and Surveillance	344,358
School Health - Oral Health Total	1,200,102
School Health - Immunization	
School Immunization	977,166
School Health - Immunization Total	977,166
School Health - Other	
Comprehensive School Health	1,114,009
School Health - Other Total	1,114,009

2023 Budget: Summary

Standard - Section / Program	2023 Budget
	Jan 1 - Dec 31
Substance Use and Injury Prevention	
Substance Use	468,798
Harm Reduction	208,242
Smoke Free Ontario Strategy	213,245
Substance Use and Injury Prevention Total	890,285
Foundational Standards	
Emergency Management	70,648
Effective Public Health Practice	337,839
Population Health Assessment	387,478
Foundational Standards Total	795,965
Chronic Disease and Injury Prevention	
Built Environment	257,151
Healthy Eating Behaviours	118,799
Mental Health Promotion	95,126
Injury Prevention	180,350
Health Equity	332,780
Healthy Menu Choices Act Enforcement	500
Physical Activity and Sedentary Behaviours	107,468
Chronic Disease and Injury Prevention	1,092,174

2023 Budget: Summary

Direct Program and Services Costs Total	12,341,997
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Program and Services Support Costs	5,706,419
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Program and Services Support Costs Total	5,706,419
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Total Cost Shared	18,048,416
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100% Provincially Funded Programs

Ontario Senior Dental Care Program	1,061,100
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Medical Officer of Health Compensation Initiative	156,043
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School Focused Nurses Initiative (Covid-19)	450,000
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Total 100% Provincially Funded	1,667,143
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Total General Cost-Shared Funding and 100% Provincially Funded	19,715,559
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One-Time 100% Provincial Funding Requests (April 1, 2023 to March 31, 2024)

Public Health Inspector Practicum	20,000
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Sharps Program	60,000
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Covid-19 (General response and Vaccination efforts)	2,487,762
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Infection Prevention and Control Hub	805,000
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Stigma Education Initiative	24,500
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Collaborative Planning School Board Work	10,000
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Total	3,407,262
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Programs Funded by Other Ministries

Healthy Babies Healthy Children	1,653,539
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Pre and Post Natal Nurse Practitioner	139,000
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Total Programs Funded by Other Ministries	1,792,539
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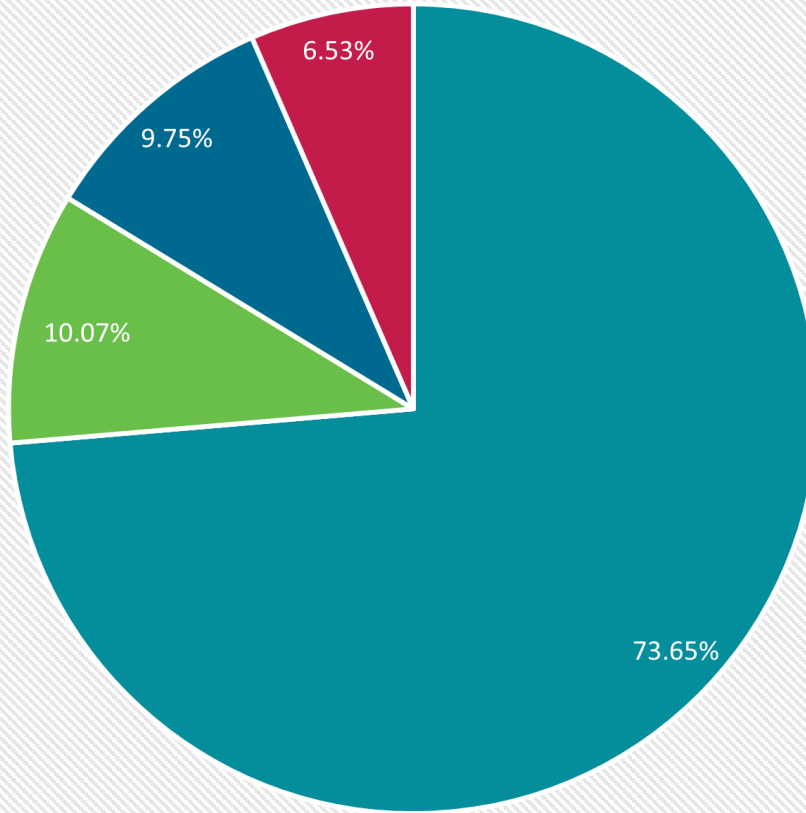
2023 Budget: Summary

2023 Cost Shared Budget Amounts

2023 Budget - reflects a 4.5% increase from all funding partners					
Population based on 2021 Census	42,840	51,912	121,781	216,533	
	19.78%	23.97%	56.24%	100%	
	<u>City of St.</u>				
	<u>Ministry</u>	<u>Thomas</u>	<u>Elgin County</u>	<u>Oxford County</u>	<u>Total</u>
Ministry funding	\$ 11,584,661	\$ 982,272	\$ 1,190,283	\$ 2,792,299	\$ 16,549,516
Total Funding	\$ 11,584,661	\$ 982,272	\$ 1,190,283	\$ 2,792,299	\$ 16,549,516
One Time Ministry mitigation funding to public health		\$ 296,550	\$ 359,349	\$ 843,001	\$ 1,498,900
Total	\$ 11,584,661	\$ 1,278,822	\$ 1,549,632	\$ 3,635,300	\$ 18,048,416
Levy increase over prior year (Cash payment)		\$ 59,622	\$ 2,996	\$ 163,333	\$ 225,952
Actual levy payment (cash payment)	\$ 13,083,561	\$ 982,272	\$ 1,190,283	\$ 2,792,392	\$ 18,048,509

2023 Budget: Summary

2023 Cost Share Overview



■ Salaries & Benefits ■ Program Costs ■ Facilities & Office Management ■ Corporate Services

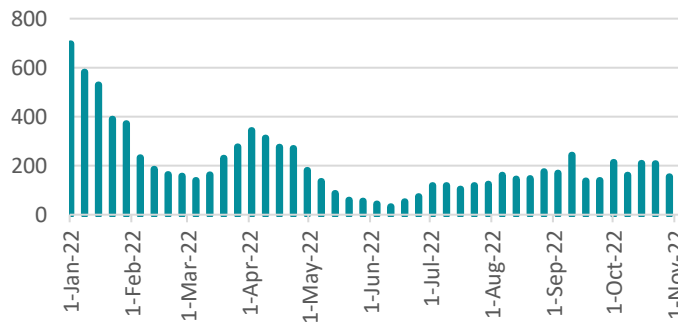
Population Health Highlights

Based on local need, and recent concerns, the following are statistical highlights of some of the majority priorities across the organization in 2023.

COVID-19

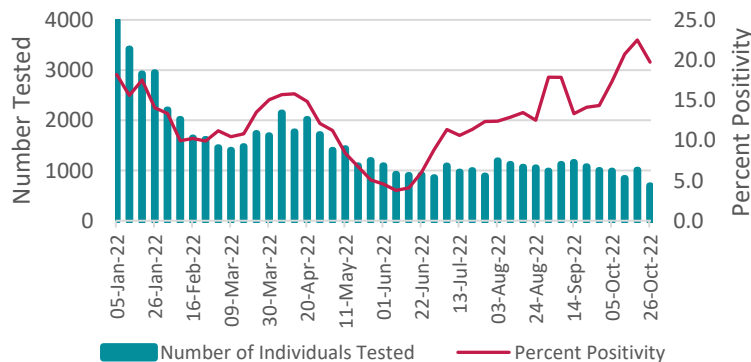
In 2022, SWPH entered a different stage of pandemic response—living with and managing COVID-19. Various provincial and federal restrictions related to travel, masking and closures were lifted and confirmed case counts throughout the year reflected these changes (**Figure 1**). At the beginning of 2022, eligibility for COVID-19 PCR testing became restricted to high-risk groups, which meant that the number of confirmed cases in the SWPH region was a severe underestimate of the true burden of the disease.

Figure 1. Number of confirmed cases in the SWPH region, weekly, January – December 2022



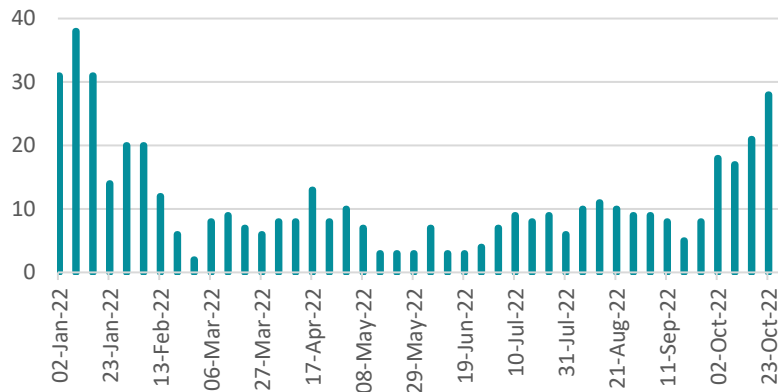
While the number of individuals being tested for COVID-19 declined over time in 2022, the percent positivity reached an all-time high in mid-October 2022, climbing to a record 22.5% (**Figure 2**).

Figure 2. Number tested and percent positivity in the SWPH region, weekly, January – December 2022



Throughout 2022, the number of new COVID-19 hospitalizations was generally higher in the fall and winter and lower in the spring and summer months (**Figure 3**).

Figure 3. Number of new hospitalizations in the SWPH region, weekly, January – December 2022



Vaccine uptake in the Southwestern Public Health region was initially high by the end of 2021, when about 84% of the population aged 12 years and older had received at least 2 doses of the vaccine. However, booster dose uptake in 2022 was much slower. As of November 9th, 2022, approximately 1 in 4 SWPH residents age 12+ (24.2%) had their primary series of the vaccine plus a booster dose in the last 6 months.

Going into 2023, SWPH staff will still be expected to continue COVID-19 case management, reporting, and vaccine administration activities. It is also important to continue reporting on and tracking COVID-19 and to reflect on the indirect health impacts of the pandemic.

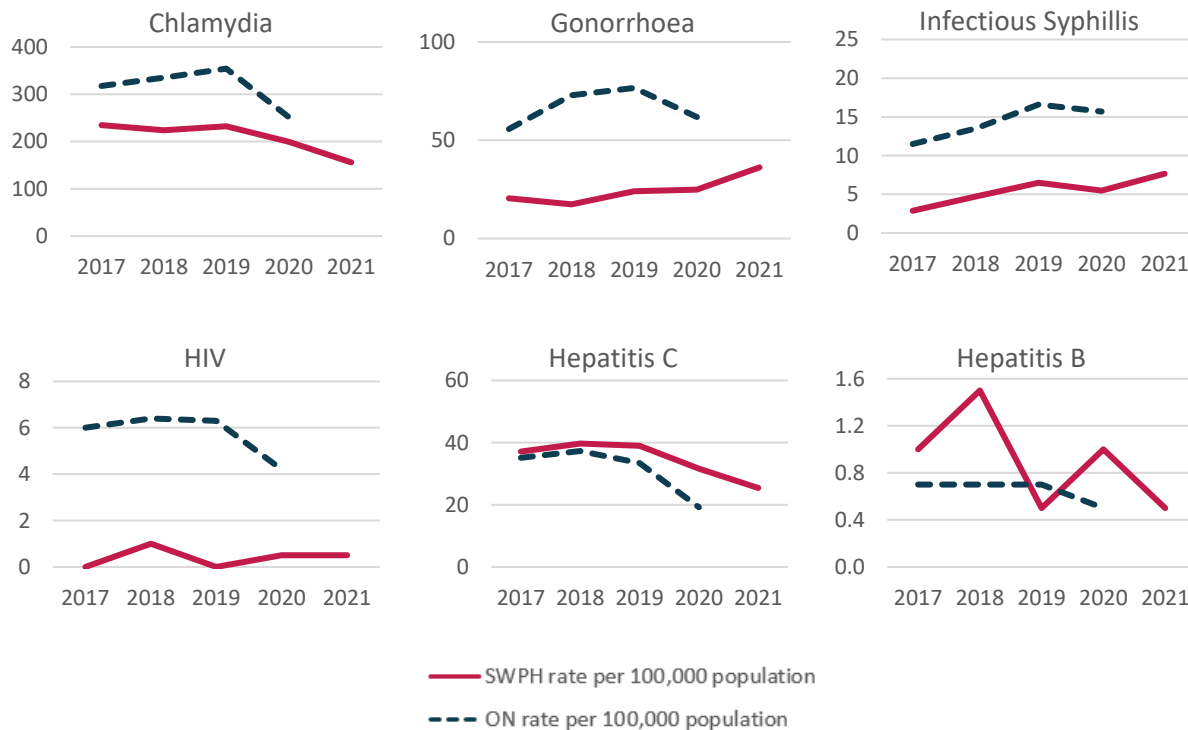
Sexual Health

Sexual health continues to be a priority area for Southwestern Public Health, with close to 500 confirmed sexually transmitted and bloodborne infections (STBBIs) in 2021 alone. While chlamydia is the most commonly diagnosed STBBI in the region (an average of 435 confirmed cases per year between 2017-2021), SWPH had a lower rate compared to Ontario and rates decreased locally during the 5-year time period (**Figure 4**).

Rates also decreased locally for hepatitis C, however, the rate remained higher than the provincial rate. In contrast, rates of gonorrhoea and infectious syphilis have been on the rise locally, with the rate of gonorrhea doubling between 2018 and 2021 (**Figure 4**). New confirmed cases of HIV and hepatitis B remain rare locally. Only 4 cases of HIV and 9 cases of hepatitis B were diagnosed over the 5-year time period examined (**Figure 4**).

Comparing STBBIs in males and females in the SWPH region, females had higher rates of chlamydia compared to males, while males had higher rates of infectious syphilis, gonorrhoea, HIV and hepatitis C. Hepatitis B had similar rates between males and females.

Figure 4. Rate of sexually transmitted diseases (per 100,000), SWPH, Ontario, 2017 – 2021



Youth that have sex at an early age may increase their risk of unplanned pregnancy and sexually transmitted infections if they do not have access to adequate protection, knowledge, and support to engage in safer sex. According to the results of the 2015/2016 Canadian Community Health Survey, a higher proportion of youth (15 to 19 years) in the SWPH region reported that they had had sexual intercourse in their lifetime compared to youth in Ontario (56.2% versus 33.5%). While the teen pregnancy rate (15 to 19 years) steadily declined locally from 2016-2020, it was significantly higher than the provincial rate for each of these years.

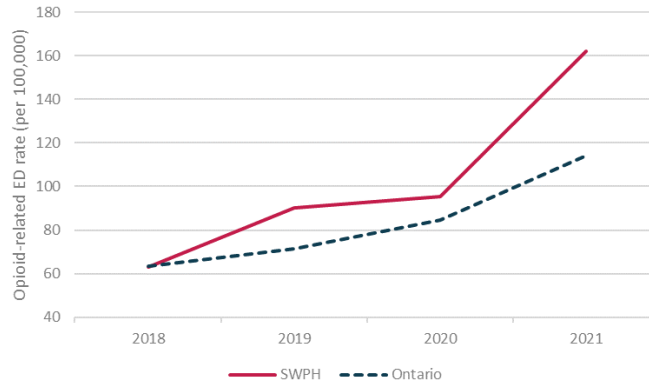
In 2023, SWPH staff will continue with STBBI case and contact management, providing no cost or low-cost access to contraceptives and providing education and counselling around STBBIs, contraceptives and pregnancy.

Harm Reduction

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

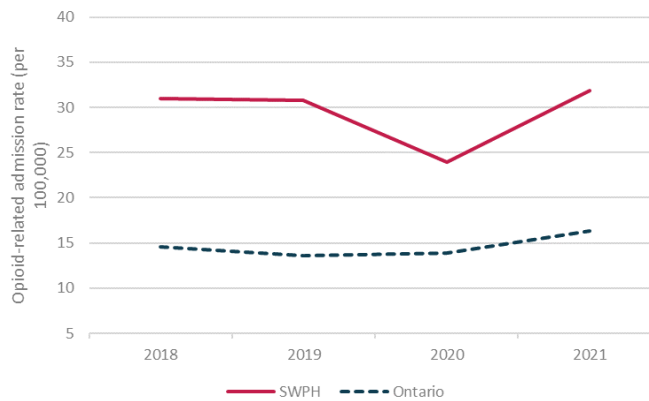
During the COVID-19 pandemic, there continued to be increases across all three indicators locally and across Ontario. However, SWPH saw a larger increase in the rate of opioid-related ED visits compared to the provincial rate, up from 95.2 visits per 100,000 population in 2020 to 162.3 visits per 100,000 population in 2021 (**Figure 5**).

Figure 5. Rate of opioid-related emergency department visits (per 100,000), SWPH, Ontario, 2018 – 2021



The rate of opioid-related hospitalizations is significantly higher than the provincial rate. In 2021, the local rate of 31.9 hospitalizations per 100,000 was nearly double the provincial rate of 16.3 hospitalizations per 100,000 population (**Figure 6**).

Figure 6. Rate of opioid-related hospitalizations (per 100,000), SWPH, Ontario, 2018 – 2021



The rate of opioid-related deaths also increased steeply during the pandemic, increasing from 13.4 deaths per 100,000 population in 2020 to 21.9 deaths per 100,000 population in 2021. In terms of harm reduction activities, the total number of naloxone kits distributed by pharmacies and SWPH has also increased year over year, more than doubling between 2018 and 2021, highlighting the growing need with the increased opioid-related harms.

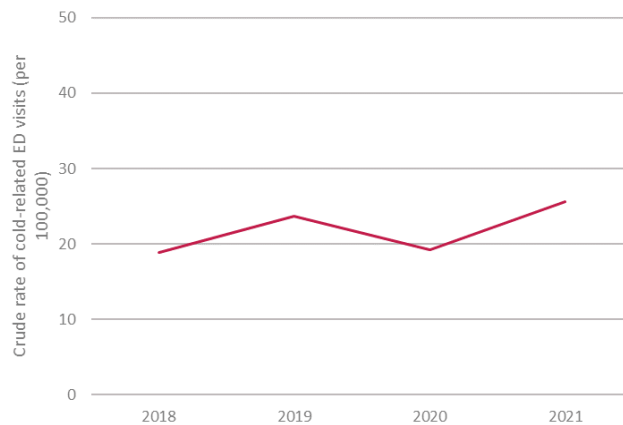
The higher burden of opioid-related harms also increases the need to assess the feasibility of consumption and treatment services in our region and a refined local opioid overdose response plan, which will be large pieces of SWPH work planned for 2023.

Climate Change

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

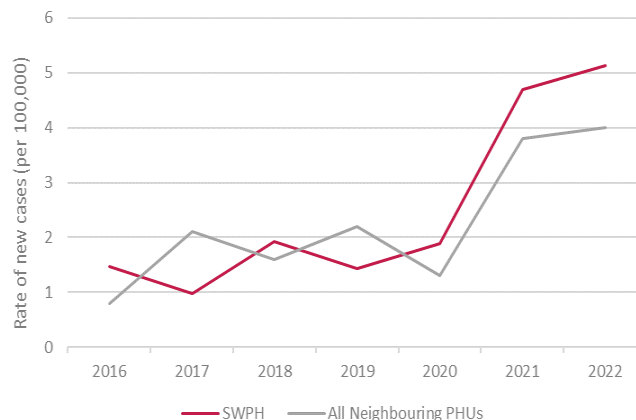
Locally, the rate of emergency department (ED) visits due to heat-related illnesses has increased overtime until 2019 and remained high throughout the pandemic. The rate of ED visits due to cold-related illnesses has fluctuated overtime but also continued to increase into 2021 when it reached an all time high of 26 visits per 100,000 population (**Figure 7**).

Figure 7. Emergency department rate for cold-related illnesses (per 100,000), SWPH, 2018 – 2021



The rising temperature also increases the risk of vector-borne illnesses, such as West Nile and Lyme disease, as the warmer weather creates an ideal environment for mosquitos and ticks to thrive. The rate of Lyme disease has been on the rise in recent years, reaching an all-time high of 4.9 cases per 100,000 in 2022. This is higher compared to the rate of all neighbouring health units (PHUs who share a border with SWPH) combined (**Figure 8**).

Figure 8. Lyme disease incidence rate (per 100,000), SWPH, surrounding PHUs, 2016 – 2022



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

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

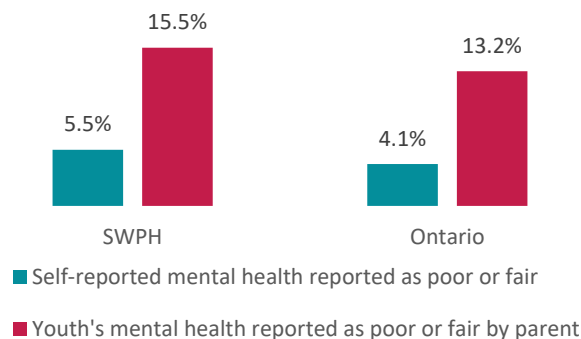
Children’s Well-Being

Mental Health

Improving the mental health of children and youth continues to be a priority for SWPH in 2023. Based on responses to the 2019 Canadian Health Study on Children and Youth (CHSCY), more youth aged 12 to 17 years in the SWPH region perceived their mental health to be poor or fair compared to the rest of Ontario. Specifically, 15.5% of youth from the SWPH region reported their mental health to be poor or fair compared to 13.2% in Ontario.

Interestingly, parents and/or guardians across the SWPH region and Ontario perceived their child or youth’s mental health to be better than the youth themselves did. In the SWPH region, 5.5% of parents and/or guardians reported that they perceived their child/youth’s mental health to be poor or fair, compared 15.5% of youth in the region. The discrepancy between perceived mental health between parents and/or guardians and youth themselves was also observed at the Provincial level (**Figure 9**).

Figure 9. Self-reported mental health among youth (12 to 17 years), SWPH, Ontario, 2019



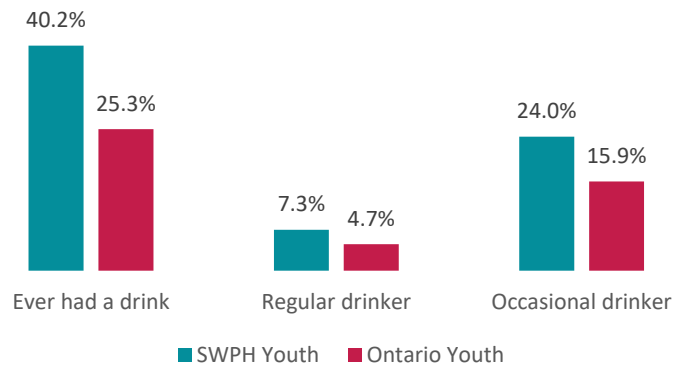
In 2019, 6.7% of youth in the SWPH region required or received services for their mental health between 2018 and 2019. This is slightly higher than the 5.8% reported at the Provincial level, though this difference is not statistically significant. Additionally, 20.6% of youth in the SWPH region reported that they had considered attempting suicide or taking their own life between 2018 and 2019. This percentage is higher, though not statistically significant, than what was reported among youth across Ontario (15.6%).

Substance Use

Substance use among youth continues to be priority area for SWPH. Alcohol, tobacco, and cannabis consumption are higher among youth from the SWPH region compared to all of Ontario.

According to data from the 2019 CHSCY, significantly more youth aged 12-17 years from the SWPH region had ever had a drink of alcohol; 40.2% of SWPH youth, compared to 25.3% of Ontario youth. Furthermore, more youth from the SWPH region considered themselves to be regular and occasional compared to youth across Ontario (**Figure 10**).

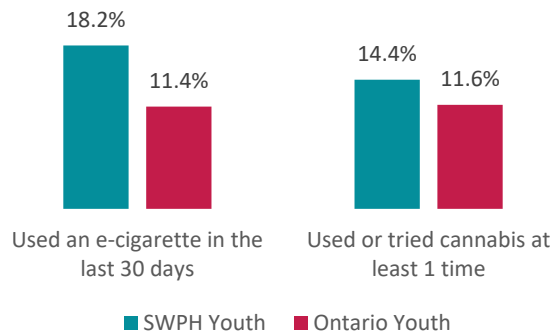
Figure 10. Self-reported alcohol use among youth (12 to 17 years), SWPH, Ontario, 2019



A significantly higher percentage of youth from the SWPH region reported having used an e-cigarette in the last 30 days according to the 2019 CHSCY (**Figure 11**). Specifically, 18.2% of youth from the SWPH region reported using an e-cigarette in the last 30 days, compared to 11.4% of youth across Ontario.

A higher percentage of youth aged 12 to 17 years from the SWPH region reported having tried cannabis at least once in their lifetime compared to Ontario. Though, the percentage of youth that reported using cannabis more than once was similar.

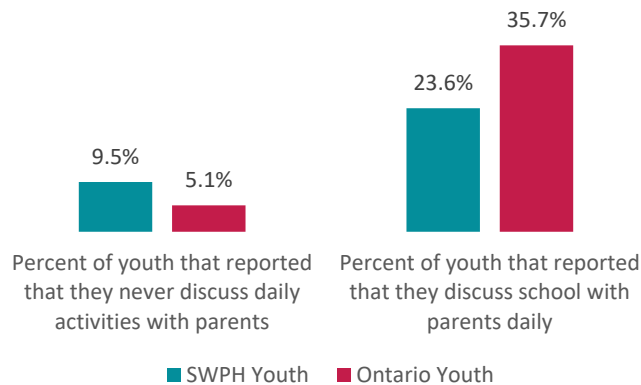
Figure 11. Self-reported e-cigarette use among youth (12 to 17 years), SWPH, Ontario, 2019



Parental Communication & Engagement

Parental engagement is a protective factor for the health of children and youth and is another priority area for SWPH in 2023. According to data from the 2019 CHSCY, communication between parents, care givers and their children or youth, and parental engagement is lower in the SWPH region than Ontario (**Figure 12**). For example, 9.5% of youth in the SWPH region reported that they never discussed daily activities with the parents between 2018 and 2019 compared to 5.1% of Ontario youth. Additionally, significantly less youth from the SWPH region reported discussing school with their parents daily (23.6%) compared Ontario youth (35.6%).

Figure 12. Self-reported interactions with parent or guardian among youth (12 to 17 years), SWPH, Ontario, 2019



The health and wellbeing of children and youth are the focus of work for many different teams at Southwestern public health into 2023.

2023 General Program Budgets

FOOD SAFETY

Food Safety Highlights:

1. Food Safety – Education, Promotion & Inspection

The goal of the Food Safety Program is to reduce the burden of food-borne illnesses. To meet this goal, several interventions are applied, including the inspection of public facilities that prepare and serve food, training of food handlers, educating the public about safe food-handling practices and principles, timely and effective detection of food-borne pathogens and response to community outbreaks.

- a. Complete 100% of all high-risk routine food premises' inspections and prioritize the inspection of food premises designated as moderate risk based on the relative extent of the risk presented by the operation (e.g., compliance history). Priority for inspections will consider those premises that were not inspected due to public health inspectors being deployed during the COVID-19 response.
- b. 100% disclosure of inspection results and enforcement activities on Health Inspect Southwestern and onsite at food premises' locations.
- c. Implement a locally driven food safety campaign for the public that: i) provides food safety tips via social media; ii) informs the public about the Health Inspect disclosure campaign; and iii) communicates the food safety requirements for preparing food for sale from a home residence.
- d. Provide formal and provincially approved food safety training courses to the community in a classroom setting. Informal education and food safety training occurs during inspections and conversations with food premises operators.

2023 General Program Budgets

HEALTHY ENVIRONMENTS

Healthy Environments Highlights:

This program aims to reduce public exposure to health hazards and to promote the development of healthy built and natural environments that support health and mitigate existing and emerging risks, including those of a changing climate.

1. Climate Change Program

- a. Continuation of climate change vulnerability assessment.
- b. Activation of a Heat Alert Response System (HARS).
- c. Develop a SWPH climate change strategy
- d. Review of municipal climate change plans. The review will provide us with a better understanding of climate and equity-related health indicators and supportive policies within Official plans. Further, it will facilitate a more proactive and effective relationship between SWPH and municipal planning partners to inform climate change and equity supportive policies.

2. Health Hazard Investigation and Response

- a. A focus on safe housing issues related to mould, pest control, and other health hazard issues using a health equity lens. This includes connecting with agencies like Canadian Mental Health Association and provincial financial support systems (e.g., ODSP) when needed. This focus also includes developing and maintaining partnerships with stakeholders such as housing corporations.
- b. Proactive initiatives involving federal and provincial inputs (from Health Canada and Public Health Ontario) focused on radon awareness and open-air burning.
- c. Completing routine migrant farm housing inspections at or above the required inspection frequency to minimize injury or illness potential impacts. The use of guidance from the province which includes COVID-19 mitigation strategies, remain in place.

2023 General Program Budgets

HEALTHY GROWTH AND DEVELOPMENT

Healthy Growth and Development Highlights:

1. Reproductive Health/Healthy Pregnancies

The goal of the Reproductive Health/Healthy Pregnancies program is to provide prenatal care and interventions to improve modifiable risk and protective factors that can better the health of the mother and child, families, and society overall.

To meet this goal:

- a. Free prenatal education provided virtually and in-person. It is anticipated that 750 individuals will take part, and benefit from prenatal education in 2023.
- b. Early identification of risk factors (chronic conditions, alcohol intake, smoking, substance use, poor nutrition in pregnancy) for early intervention by a Public Health Nurse.
- c. Promotion of reproductive health/healthy pregnancies via print, website, and social media channels.
- d. Resource sharing with clients and community agencies.

2. Breastfeeding

The goal of the Breastfeeding program is to support mothers to breastfeed as an optimal source of nutrition to support healthy growth and cognitive development of their infants.

To meet this goal:

- a. Promotion of the benefits of breastfeeding via print, website, and social media channels.
- b. Providing information, consults and resources to families who are considering or who have initiated breastfeeding.

2023 General Program Budgets

HEALTHY GROWTH AND DEVELOPMENT

Healthy Growth and Development Highlights (continued):

- c. Using online infant feeding surveillance survey to gather statistics around infant feeding practices in SWPH region to understand current situation and improve service.

Approximately 2575 babies are born annually in the SWPH region. In 2023 it is anticipated that 800 parents and their children will be served with over 1000 parent interactions via our website and social media channels.

3. Parenting

The goal of the Parenting program is to prepare parents for the transition from being partners to parents.

To meet this goal:

- a. Supporting positive parenting for healthy attachment between the parent and child through individual or group support sessions.
- b. Promotion of Know & Grow phone line and Healthy Growth & Development program services via print, website, and social media channels.
- c. Provide child management strategies to parents to promote positive behaviours in children to support successful child development.
- d. Mental health promotion, support, and referral to enhance the capacity of individuals to increase control over their lives and improve their mental health.

2023 General Program Budgets

IMMUNIZATION

Immunization Highlights:

1. Immunization Monitoring & Surveillance

The goal of the immunization monitoring and surveillance program is to effectively monitor, investigate, and document all suspected adverse events following immunization (AEFIs) that meet the provincial reporting criteria and promptly report all cases to the Ministry of Health. This includes promoting the reporting of AEFIs by other health care providers in the community to SWPH for follow up.

To meet this goal, several interventions will be applied:

- a. 100% of AEFIS reported to SWPH will be actioned within five business days of receipt with a comprehensive investigation and review by the medical officer of health.
- b. 100% of fridges storing publicly funded vaccines will have a fridge inspection completed annually by SWPH.
- c. 100% of fridge inspections are documented in the Ministry of Health's Panorama system.

2. Vaccine Administration

The goal of the vaccine administration program is to ensure that eligible persons, including underserved and priority populations, have access to provincially funded immunization programs and services.

To meet this goal, several interventions will be applied:

1. SWPH will act as the centralized distribution site for influenza vaccine and all other publicly funded vaccines for local health care partners (primary care, hospitals, workplaces, other health system partners).
2. SWPH will deliver all components of the provincial Universal Influenza Immunization Program (UIIP) to ensure that 100% of individuals in our region will be aware and able to access an influenza vaccine.

2023 General Program Budgets

IMMUNIZATION

Immunization Highlights (continued):

3. SWPH will support 100% of pre-qualifying organizations for the UIIP with an annual fridge inspection and support throughout the UIIP campaign for vaccine logistics. SWPH is responsible for monitoring and inspective over 150 community fridges annually.
4. SWPH will support 100% of calls from health care providers about vaccines and / or the provincial schedule within 5 days.
5. SWPH will provide weekly multi-antigen vaccination clinics that are open to the public (all ages) to “catch up” on missed vaccinations or to get up to date with the provincial vaccination schedule at each primary office location.

3. Community Based Immunization Outreach

The goal of the community-based immunization outreach program is to promote and provide provincially funded immunization programs and services to eligible persons in our region including underserved and priority populations.

To meet this goal, several interventions will be applied:

- a. Community influenza clinic appointments will be designed and held annually at each SWPH site to ensure access for clients who are not eligible to receive flu vaccine at a pharmacy (those under 2 years of age)
- b. Smaller, more targeted clinics are held in the community for clients who may be vulnerable to the complications of vaccine preventable diseases (like flu, COVID19, Hepatitis A and B vaccine, etc.) who may otherwise lack regular access to primary care. This would include the underhoused and clients impacted by mental illness and addictions.
- c. SWPH will provide monthly multi-antigen vaccination clinics (by appointment) that are open to the public (all ages) to “catch up” on missed vaccinations or to get up to date with the provincial vaccination schedule in community locations including Aylmer and to be determined locations in Oxford County (locations being sourced).

2023 General Program Budgets

IMMUNIZATION

Immunization Highlights (continued):

4. Vaccine Management

The goal of the vaccine management program is to promote effective inventory management for provincially funded vaccines in accordance with the provincial requirements. This includes preventing, managing, and reporting of vaccine wastage through the Ministry of Health's Panorama system. SWPH is required to ensure that the storage and distribution of provincially funded vaccines, including health care partners, is practiced in accordance with provincial requirements.

To meet this goal, several interventions will be applied:

- a. 100% of adverse storage conditions reported are investigated by SWPH.
- b. 100% adverse storage conditions investigations are documented in the Ministry of Health's Panorama system.
- c. Orders for vaccine from health system partners (primary care, hospitals, etc.) will be process and distributed by SWPH on a weekly basis. SWPH supports over 70 health system partners who order vaccines on a weekly basis.
- d. Wastage from health system partners (collected annually during annual fridge inspections by SWPH) will be entered into the Ministry of Health's Panorama system for reporting as required.
- e. Vaccine stored by and distributed by SWPH will be monitored for maintenance in cold chain temperatures 24/7 to ensure safety and viability of the products in accordance with the provincial requirements for storage and handling.

2023 General Program Budgets

INFECTIOUS AND COMMUNICABLE DISEASES PREVENTION AND CONTROL

Infectious and Communicable Diseases Prevention and Control Highlights:

The goal of the Infectious and communicable Diseases Prevention and Control program is to reduce the burden of communicable diseases and other infectious diseases of public health significance.

1. Infectious & Communicable Disease Prevention & Control

a. Infection Prevention & Control:

Public health staff with specialty training in Infection Prevention and Control (IPAC) investigate complaints from the public or internal disease investigations implicating community health care sites in the transmission of blood-borne infections. Sites may include medical and dental offices, surgical and non-surgical cosmetic services and settings that provide personal services such as manicures and pedicures. IPAC is also assessed while investigating outbreaks of infectious diseases at hospitals, long-term care homes, retirement homes, congregate living settings and licensed childcare centres. IPAC practices reduce the incidence of and the length of outbreaks in closed facilities.

Where possible, SWPH takes a preventive approach, to ensure that any 'lapses' in infection prevention and control that could lead to disease transmission are identified and addressed before a problem occurs. Ontario health units are mandated to post any confirmed lapses in infection prevention and control on their websites. In addition, SWPH routinely inspects approximately 360 personal service settings' premises that provide esthetics, tattooing and hairdressing services.

Annual internal audits of all SWPH clinical services, education of staff and flagging of potential issues are funded and conducted through this program.

All licensed childcare settings will receive an annual IPAC inspection and SWPH staff will follow up on any infractions. Staff in childcare and congregate settings will receive IPAC education, resources, and self-assessment tools to meet the needs of their setting.

2023 General Program Budgets

INFECTIOUS AND COMMUNICABLE DISEASES PREVENTION AND CONTROL

Infectious and Communicable Diseases Prevention and Control Highlights (continued):

All IPAC complaints will be investigated and IPAC lapses will be reported on the SWPH website. SWPH staff will complete a follow-up inspection to ensure the required corrective measures are implemented.

b. Institutional/Facility Outbreak Management:

To prevent outbreaks and to minimize adverse effects of an outbreak, SWPH staff investigate reports of diseases of public health significance and provide direction to long-term care and retirement home staff, staff of congregate settings and childcare providers to minimize the spread of communicable diseases to others. During the COVID-19 Pandemic the number of outbreak investigations increased significantly. In 2023 it is anticipated that the number of COVID-19 outbreak investigations will decrease due to increased immunity from vaccine-induced immunity and natural immunity.

SWPH staff will respond as soon as possible to reports of an outbreak during business hours and after hours and on weekends. An investigation will determine if an outbreak exists, and control measures will be provided to the facility to limit the spread of disease. Community partners will be informed of confirmed outbreaks in Long-term Care Homes, Retirement Homes, and hospitals through posting of the Outbreak Status Report. Resources about how to prevent and control outbreaks will be available on the SWPH website and through education sessions.

c. Infectious Diseases

SWPH will investigate all reports of diseases of public health significance and report confirmed cases to the Ministry of Health by entering required data into the provincial reporting databases. Follow-up will be conducted with cases to inform them of actions to limit the spread of infection. Where indicated the contacts of the case will be investigated and SWPH will facilitate the provision of prophylaxis to limit the spread of disease and inform contacts of steps to facilitate early identification of infection. Health care providers will be informed of local surveillance data and how to respond to suspect and confirmed cases of known and emerging diseases.

2023 General Program Budgets

INFECTIOUS AND COMMUNICABLE DISEASES PREVENTION AND CONTROL

Infectious and Communicable Diseases Prevention and Control Highlights (continued):

2. Tuberculosis Prevention & Control

a. Early Identification

Identification and treatment of latent tuberculosis (LTBI) infection is a key strategy to prevent the development of cases of active TB - a very contagious disease that can lead to disability and death. SWPH receives notification of positive TB skin test results and follows up with the client and their health care provider to ensure the best outcome is achieved. Medication for the treatment of LTBI is publicly funded and distributed through a partnership with local pharmacies. Identification, assessment, and management of contacts of respiratory TB prevents secondary transmission) Management of TB Cases.

An average of one case of active TB disease is reported to SWPH per year. SWPH investigate suspect and confirmed TB cases within 24 business hours. Cases are eligible for publicly funded treatment. For these cases, intensive case follow-up is provided for approximately 6 months per case, including Directly Observed Therapy (DOT). Testing of close contacts of a TB case is conducted by SWPH staff to identify secondary cases.

3. Rabies Prevention & Control

Although the number of rabies-infected animals in the SWPH area is very low, rabies remains a concern because it is a fatal disease with no cure. Animal exposures, including from pets, wildlife, and livestock, are to be reported to SWPH for assessment and follow-up. If rabies cannot be reliably ruled out, SWPH makes a post-exposure vaccine available to the person(s) who were exposed. The risk of rabies is reduced in vaccinated animals, and SWPH enforces provincial legislation that requires domestic animals to be immunized against rabies. This program requires close working relationships with area health care providers, animal control, police and local veterinarians.

2023 General Program Budgets

INFECTIOUS AND COMMUNICABLE DISEASES PREVENTION AND CONTROL

Infectious and Communicable Diseases Prevention and Control Highlights (continued):

4. Sharps Program (Needle Management Program)

The Sharps Program is part of Ontario's harm reduction program and provides sterile, single use drug use equipment to help prevent the spread of HIV, Hepatitis C and Hepatitis B. Prevention is key as the cost of intervention for blood borne infections is significantly high and contributes to economic losses, increased health care costs and demands on social services. Equipment will be distributed through a variety of locations including the main office sites, satellite sites operated by community partners and through mobile outreach. Supporting clients with additional service referrals and connections to other service providers is also part of this program.

5. Vector Borne Diseases Education

- a. Program activities include developing and distributing educational materials that promote public awareness of the need to protect against West Nile virus (WNV) and Lyme disease (LD) (i.e., informational pamphlets on personal protection, distribution of tick keys.)

Control and Surveillance

- b. To test for the risk of West Nile virus (WNV) to the public, SWPH conducts mosquito trapping on a weekly basis during the months of May to September. If mosquitoes test positive for WNV, stand-by larvicide services will be deployed in a targeted approach.

SWPH accepts ticks submitted by the public to support the determination of the risk of Lyme disease in our area. Active surveillance also takes place in order to determine specific areas where Lyme disease carrying ticks may be established as a population.

2023 General Program Budgets

INFECTIOUS AND COMMUNICABLE DISEASES PREVENTION AND CONTROL

Infectious and Communicable Diseases Prevention and Control Highlights (continued):

6. Sexual Health

- a. The main objective of the Sexual Health Program is to reduce the burden of sexually transmitted communicable diseases – including rising case reports of Syphilis, Chlamydia, Gonorrhea, and other infectious diseases of public health importance - through timely testing, evidence-informed treatment, community outreach and client and health care provider education. The sexual health clinics at SWPH provide testing and treatment for sexually transmitted infections and contraception services to high-risk priority populations that experience barriers to accessing/using other health care providers' services.

2023 General Program Budgets

SAFE WATER

Safe Water Highlights:

Water Program

- a. This program's goals are to prevent or reduce the burden of water-borne illnesses related to drinking water and prevent or reduce the burden of water-borne illnesses and injuries related to recreational water use. The goals are achieved through several public health activities, including timely and effective detection of and response to drinking water contaminants and illnesses, public education regarding the potential risk of illnesses and injuries related to the use of recreational water facilities and public beaches, and training and education of owners/operators of public and private drinking water systems and recreational water facilities.

1. Drinking Water

- a. SWPH maintains inspection-related activities associated with regulated drinking water systems. These include enforcement activities, adverse drinking water advisories and monitoring of items that may result in the issuance of health information advisories. perform drinking water system risk assessments and post-drinking water advisories on the SWPH disclosure website.
- b. Pre-opening, routine, and re-inspections of small drinking water system inspections.
- c. Conducting risk assessments of small drinking water systems.

2. Recreational Water

- a. SWPH applies an inspection-based program for recreational water facilities. This includes pools, spas, and splash pads. Annual assessment of area beaches is conducted which involves weekly sampling for bacterial contamination. Disclosure of inspection results on SWPH disclosure website and onsite at applicable recreational water locations.
- b. Recreational water safety campaigns are conducted which target initiatives around the risks associated with swimming. These are focused on the summer months.

2023 General Program Budgets

SCHOOL HEALTH

School Health Highlights:

The School Health program aims to achieve optimal health of school-aged children and youth through partnership and collaboration with school boards and schools. To achieve this goal, several interventions are applied in the following areas, including oral health school screening, vision screening, healthy eating behaviours, healthy sexuality, immunization, infectious disease prevention, mental health promotion, healthy relationships, and substance use.

1. Oral Health School Screening & Surveillance

- a. Oral health screening is available to all children and youth ages 0 to 17. This includes offering school-based oral health screening and surveillance to all elementary schools. Students identified with need for urgent dental care or preventative dental services are referred for treatment. Provincial funding for oral health treatment for eligible children and youth is through the Healthy Smiles Ontario program for families that cannot afford to pay for oral health treatment needs.

2. Immunization for Children in Schools & Licensed Child Care Settings

- a. This program includes the completion of annual record reviews of thousands of immunization records to assess the immunization status of children in licensed childcares and registered schools. Staff work with families, health care providers, licensed childcares and schools to notify, collect and update student records annually. The goal is to reduce or eliminate the burden of vaccine-preventable diseases through immunization or targeted exclusion. This is accomplished by ensuring student records are up to date with Ontario's Publicly Funded Immunization Schedule.
- b. Staff offer immunization clinics in all publicly funded and private schools in SWPH's jurisdiction. School-based vaccination clinics ensure students have easier access to the vaccines required by the Immunization of School Pupils Act (ISPA).

2023 General Program Budgets

SCHOOL HEALTH

School Health Highlights (continued):

3. Comprehensive School Health

- a. SWPH will provide population health information and programming, including social determinants of health and health inequities, relevant to the school population to school boards and schools to identify public health needs in the school community. This includes program activities on healthy eating behaviours, healthy sexuality, substance use and harm reduction, physical activity and mental health promotion, such as Healthy Relationships Plus Program (HRPP). The HRPP is a highly evaluated program offered to grade 7/8 students in our higher-risk schools. This program focuses on relationship-building and conflict-resolution skills.

4. Healthy Smiles Ontario (HSO)

- a. This program provides preventative, routine, and emergency dental services for eligible children and youth 17 years of age and under from low-income households.

Staff deliver routine preventative dental services for eligible children in various clinical locations and facilitates enrollment to the appropriate Healthy Smiles Ontario (HSO) streams (HSO-Core, HSO-Emergency and Essential Services, and HSO-Preventative). Dental clinical services are provided in multiple fixed dental clinics throughout our region including the introduction of a new mobile vehicle offering outreach services.

2023 General Program Budgets

SUBSTANCE USE

Substance Use Highlights:

The Substance Use and Injury Prevention program aims is to reduce the burden of preventable injuries and substance use. To achieve this goal, several interventions are applied in the following areas of focus, comprehensive tobacco control, falls, mental health promotion and suicide risk, alcohol, cannabis, and opioid use.

1. Substance Use

- a. Working with partners, including school boards, community organizations, and workplaces, SWPH will de-normalize legal substances, implement substance policies, and increase awareness of health risks.
- b. SWPH will work with various stakeholders, including municipalities, to build the capacity to implement a proven community-based substance use prevention model called Planet Youth. In addition, staff will support the development of local action tables and highlight protective factors caregivers can apply in their everyday life to prevent or delay substance use in youth.
- c. SWPH will continue working with community partners on implementing activities set out in the local drug and alcohol strategies of the Oxford Mental Health and Addiction Action Coalition and Elgin Community Drug and Alcohol Strategy.
- d. SWPH will collaborate with provincial partners and researchers to counter the effects of alcohol advertising and Alcohol Industry tactics by encouraging policies and legislation that implement warning labels on alcohol containers, which will support the public's right to know about the harms of alcohol.
- e. Staff will use various communication strategies to promote the newly released Canadian Guidance on Alcohol and Health document and raise awareness of the harms related to alcohol use.

2023 General Program Budgets

SUBSTANCE USE

Substance Use (continued):

2. Harm Reduction

- a. SWPH will engage clients of its sharps services to determine their level of satisfaction with overall experience, staff interactions, and access to supplies.
- b. The aim of the Ontario Naloxone Distribution program is to work with people with lived experience and to work with community partners to increase access to naloxone across the community. In collaboration with stakeholders and partners, staff will explore strategies for expanding naloxone access based on need. The number of naloxone kits distributed through SWPH has increased significantly over the last year and it is estimated that there is potential for more than 1000 kits to be distributed at sharps programs and through community partners in 2023.
- c. The Harm Reduction Program will continue to share timely information with community partners via the Opioid Monitoring Dashboard which includes information about what staff are hearing “on the ground” as well as statistics on opioid prescribing, naloxone distribution, paramedic calls, opioid overdose and drug-related emergency department visits, hospital admissions and opioid-related deaths.
- d. The SWPH *Thresholds for a Community Opioid Overdose Response Plan* will be updated to inform the response to the worsening opioid crisis and provide suitable thresholds for early warnings and surveillance.
- e. Staff will collaborate with municipalities to provide an effective network of sharps disposal initiatives throughout SWPH’s region. SWPH will track the number of sharps retrieved, compare quantities of sharps per area, implement a reporting mechanism for community members to report sharps found, and continually assess potential locations for sharps bins and kiosks.

2023 General Program Budgets

SUBSTANCE USE

Substance Use (continued):

- f. SWPH will complete a feasibility study and situational assessment for consumption and treatment services. The study will gather information from community members, partner organizations and people with lived/living experience to better understand perceptions and assess the need in the communities of Oxford, Elgin, and St. Thomas. The final report will be used to inform next steps.
- g. Staff will develop and promote educational materials to address the stigma experienced by individuals who use drugs and help remove the stereotypes associated with drug use. Tailored messages and resources will be developed for a variety of groups including the general public, healthcare providers, first responders, and other relevant stakeholders.

3. Smoke-Free Ontario

- a. Promoting quit attempts among priority populations and providing tobacco/vaping cessation training and resources to the public and partners, including pharmacists, the Canadian Mental Health Association, Family Health Teams, Community Health Centres, health care professionals, and schools.
- b. Staff will strive for 100% completion of regular vendor education and the required inspections, including a minimum of 1 youth access inspection for each e-cigarette vendor and 1 display and promotion inspection for e-cigarettes.
- c. Work with partners, including landlords, property managers, social housing providers, workplaces, school boards, and municipalities, to create and/or update policies and bylaws to reduce second-hand smoke and vapour exposure. In addition, provide education and awareness of the Smoke-Free Ontario Act and associated fines to partners and the public.
- d. Support for the creation of additional smoke-free Multi-Unit Dwellings and smoke-free public places, such as sports fields.
- e. Staff will use social media platforms to target groups such as young adult males, alternative youth ages 13-18 and LGBTQ2S+ who are more likely to smoke or be a part of social groups with higher rates of smoking.

2023 General Program Budgets

SUBSTANCE USE

Substance Use Highlights (continued):

- f. Application of a compliance strategy that employs a balance of education, inspection, and progressive enforcement, including prosecuting those in non-compliance with the Smoke-Free Ontario Act. “Progressive enforcement” means the use of warnings and graduated charging options to reflect the frequency and severity of the level of non-compliance.

2023 General Program Budgets

FOUNDATIONAL STANDARDS

Foundational Standards Highlights:

1. Foundational Standards

Foundational Standards supports programs and services to meet overarching requirements of the Ontario Public Health Standards as they pertain to:

- ✓ population health assessment and surveillance
- ✓ health equity
- ✓ effective public health practice, which includes program planning, evaluation, evidence-informed decision-making, research, knowledge exchange, quality and transparency.
- ✓ emergency management

The above-mentioned standards include work in the following areas:

- a. Performing ongoing population health assessment by producing updated health status reports that includes topics such as mental health and substance use.
- b. Surveillance, which is most visible via our Opioid monitoring dashboard and the COVID-19 Dashboard.
- c. Continuing to provide data and information to many audiences. In particular to programs and services to support evidence-based planning and evaluation including analyses from the latest Canadian Community Health Survey and the 2021 Census.
- d. Supporting our annual program planning process by providing support, skill-building, and guidance for staff throughout the process.
- e. Exploring what are the indirect impacts of COVID-19 on our population through data analysis to support program and service delivery.

2023 General Program Budgets

FOUNDATIONAL STANDARDS

Foundational Standards Highlights (continued):

- f. Supporting staff to strengthen the evidence for their programs, services, and practices through research, evaluation, and situational assessments. For example, a situational assessment is a systematic process that helps make evidence informed program decisions. Our program planners support program staff through the process of identifying and prioritizing community need, based on the latest epidemiological data, understanding the risk and protective factors affecting their chosen topic and by conducting a literature review to understand the best interventions to address the factors they wish to focus on in their work moving forward.
- g. Completing the development and implementation of the Southwestern Public Health program planning database to better support program planning as well as budget development across the Health Unit.
- h. COVID-19 Continuing to build SWPH's internal capacity to respond to public health emergencies including training, internal drills, and tabletop exercises as appropriate.
- i. Supporting the emergency planning activities and exercises of municipal partners as able.
- j. Supporting the ongoing development of policies, procedures and practices that reflect continuous quality improvement principles.
- k. Continuing to manage SWPH's privacy legislation adherence.
- l. Continuing to build SWPH's capacity to incorporate ethical considerations into public health decision-making.

2023 General Program Budgets

CHRONIC DISEASE PREVENTION AND WELL-BEING

Chronic Disease Prevention and Well-Being Highlights:

The Chronic Disease Prevention and Well-Being program aims to reduce the burden of chronic diseases of public health importance and improve well-being. To achieve this goal, several interventions are applied in the following areas of focus, the built environment, healthy eating behaviours, mental health promotion, substance use, and physical activity.

1. Built Environment

- a. Staff will provide population health data and evidence-informed recommendations for municipalities to consider in reviewing their official and master plans. Additionally, staff will partner with planning departments to support the inclusion of health considerations into community design processes.
- b. Well-designed communities can contribute to better health and well-being. The neighbourhoods that people live in can influence things such as access to healthy food, physical activity levels, safety, and mental health, to name a few.
- c. SWPH will develop a strategy to incorporate and consider improvements to the built environment across topic areas. For example, the built environment can support positive mental health in our communities through access to greenspace, recreation facilities, and places to gather and socialize. Promotion of active transportation through access to trails, sidewalks, and safe cycling infrastructure is also a contributor to residents' mental health and wellbeing and sense of belonging in their community.

2023 General Program Budgets

CHRONIC DISEASE PREVENTION AND WELL-BEING

Chronic Disease Prevention and Well-Being Highlights (continued):

2. Healthy Eating Behaviours

- a. The Nutritious Food Basket (NFB) survey tool monitors the cost and affordability of healthy eating within the SWPH region. Through a partnership with the Ontario Dietitians in Public Health Food Insecurity Work Group, staff will develop dissemination materials of local NFB data and food insecurity research. This will support local and provincial work in educating partners and the population on the impacts of food insecurity in the SWPH region. SWPH will also support local poverty coalitions and other community partner agencies working towards ending poverty through poverty reduction and income inequality advocacy.

SWPH will collaborate with the Ontario Dietitians in Public Health Work Group, Southwest Food Systems Network, and community food committees to conduct literature searches for evidence-informed best practices regarding implementing and delivering programs, initiatives, and policies to support sustainable food systems. Environmental scans in Oxford County, Elgin County, and the City of St. Thomas will identify gaps and opportunities to improve all aspects of our food system, including production, access, consumption, and waste. Staff will engage in multisectoral collaboration to address food-related challenges to improve community food security and promote a healthy, equitable, and ecologically responsible food system.

- b. Initiatives such as the Good Food Box, Elgin Gleaners, community gardens, and the Food Access Guides increase access to nutritious food within the SWPH region. SWPH will support community partners with the expansion of existing food access programs within the SWPH region.

3. Mental Health Promotion

- a. Mental Health Promotion is a foundational component of public health and the community we serve. Our interventions will reduce mental health stigma and increase resident and community stakeholder knowledge of the factors that promote positive mental wellness.

2023 General Program Budgets

CHRONIC DISEASE PREVENTION AND WELL-BEING

Chronic Disease Prevention and Well-Being Highlights (continued):

- b. A needs assessment will be conducted to better understand staff knowledge and skills in mental health literacy, trauma-informed practice and cultural humility and safety. The results will be used to develop staff training, tools and resources, and internal policies to support the integration of mental health promotion principles into staff's work.
- c. SWPH will increase mental health awareness by disseminating local data and developing and running a mental health promotion educational campaign will target population subgroups reporting the greatest decline in mental health throughout the pandemic.

4. Injury Prevention

- a. A situational assessment on falls prevention will be completed to gather information from various sources, including partner organizations, existing data, and literature. The information will be analyzed, synthesized, and shared. The findings will be used to inform program planning decisions.
- b. SWPH will reconnect with the Elgin St Thomas Age Friendly Network to exchange knowledge and collaborate on key age friendly community indicators such as improved accessibility and availability of affordable housing and transportation options for seniors.

5. Health Equity

- a. SWPH's Health Equity initiative aims to decrease health inequities such that everyone has equal opportunities for optimal health and can attain their full health potential without disadvantage due to social position or other socially determined circumstances. To achieve this goal, staff will collaborate with priority populations, municipalities, and other relevant stakeholders to create or modify interventions that will address the social determinants of health and reduce health inequities.

2023 General Program Budgets

CHRONIC DISEASE PREVENTION AND WELL-BEING

Chronic Disease Prevention and Well-Being Highlights (continued):

- b. SWPH will continue to build front-line staff's internal capacity to incorporate health equity principles and practices into their programs and services.
- c. Training Active Bystanders workshops will be provided to internal and external partners to teach bystanders to interrupt harm-doing and generate positive actions by others. This will work to address stigma and discrimination within our communities.
- d. Staff will create a priority populations engagement strategy to identify the priority populations in our catchment area as well as methods and strategies to meaningfully engage those populations. The plan will identify the guiding principles, goals and objectives, and the spectrum of community engagement.
- e. A historically and culturally appropriate Land Acknowledgement guidance document will be developed for use by SWPH staff. The resource will further staff's knowledge and understanding of the Truth and Reconciliation report and the 94 Calls to Action.

6. Healthy Menu Choices Act Enforcement

- a. SWPH will inspect all new premises within one year of opening. All premises that are non-compliant on initial inspection will be re-inspected until compliance is achieved. All complaints will be followed up within one (1) business day.

7. Physical Activity and Sedentary Behaviours

- a. Public health will work with its regional and local partners to deliver the Act-i-Pass Program. The Program provides recreation programs with no user fee to grade 5 students in the SWPH region.
- b. SWPH will continue to encourage physical activity and reduce sedentary behaviour among adults by promoting active transportation and working with partners to increase access to recreational opportunities.

2023 General Program Budgets

SUPPORTING COSTS

Supporting Costs Highlights:

Public health is expected to achieve compliance with the standards outlined in the Accountability Framework in the areas of program and service delivery, fiduciary requirements, good governance and management practices, and public health practice.

There are several areas of program and service supports that enable programs and services to meet the needs of our communities. In addition, SWPH is required to comply with its accountability agreements between SWPH and the applicable Ministry. Some requirements include:

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

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

- ✓ board governance including standing committees and ad hoc committees
 - ✓ policy and procedure development, implementation, and adherence
 - ✓ accountability and target monitoring
 - ✓ financial management
 - ✓ privacy of health information and personal information
 - ✓ professional practice and continuous quality improvement
 - ✓ communications internally and communications externally
 - ✓ human resources
 - ✓ communications, office management
 - ✓ staff committees/working groups to support program delivery and compliance
 - ✓ oversight of building and rental costs of three facilities as well as maintenance
 - ✓ office equipment
 - ✓ information technology management including hardware/software licenses
 - ✓ training and development
 - ✓ insurance
 - ✓ audit services
 - ✓ legal matters
-



100% Provincially Funded Programs

2023

Budget and Highlights

Included:

Ontario Seniors Dental Care Program (Senior Oral Care)

Medical Officer of Health Compensation Initiative

COVID-19: School Focused Nurses Initiative

2023 Budget – 100% Provincially Funded Ontario Seniors Dental Care Program

Ontario Seniors Dental Care Program Highlights:

The goal of the Ontario Seniors Dental Care Program (OSDCP) is to reduce the burden of oral diseases for eligible low-income seniors ages 65 and over. To meet this goal, several interventions are applied including the delivery of oral health services for enrolled OSDCP clients, oral health navigation, which includes supporting awareness of access to and the utilization of the OSDCP program, along with the required data collection and analysis.

- a. Seniors SWPH dental staff provide or ensure the provision of oral health services for enrolled OSDCP clients in accordance with the current OSDCP Schedule of Dental Services and Fees (2020). Dental clinical services are provided in multiple fixed dental clinics throughout our region including the introduction of a new mobile vehicle offering outreach services.
- b. Supporting awareness, access, and utilization of the OSDCP program, by supporting seniors through health promotion and targeted outreach to priority populations in our local community. Assisting seniors 65 and over to enroll in the OSDCP program along with finding a dental home in one of dental clinics. Increasing awareness of the available OSDCP services among our community partners and providers along with utilizing referral networks to assist seniors in accessing OSDCP services in our community.
- c. Collecting and recording treatment data as specified by the Ministry for OSDCP enrolled seniors who receive dental services in our multiple dental clinics. Analyze and interpret OSDCP treatment data to inform future program planning.

2023 Budget – 100% Provincially Funded Medical Officer of Health (MOH) Compensation Initiative

Medical Officer of Health Compensation Initiative Highlights:

All public health units are required to have a minimum of one (1) medical officer of health as set out in the Health Protection and Promotion Act.

1. Medical Officer of Health (MOH)

- a. The Ministry of Health provides Boards of Health with an opportunity to apply for a portion of funding towards the salary cost of eligible medical officers of health, in part because the minimum salary for these positions is not determined by SWPH but rather the Ontario Medical Association (OMA). Each year, the health unit applies for this grant.

2023 Budget – 100% Provincially Funded COVID-19: School Focused Nurses Initiative

COVID-19: School Focused Nurses Initiative Highlights:

This program was initially mandated for public health units during the height of the COVID-19 pandemic response. The mandate was strictly for health units to hire additional nurses to support schools with COVID-19 pandemic support in the areas of COVID-19 prevention and mitigation, including safely reopening schools. Since then, the Ministry of Health has indicated that this time-limited funding can also be utilized for other important school focused programming.

- a. Staff will provide rapid-response support to schools and boards in facilitating public health and preventive measures, including screening, testing and mitigation strategies.
- b. Staff will deliver comprehensive school health programs including mental health promotion and substance use; mandatory school health programs and supporting school-based immunizations and sexual health services. Activities related to COVID-19 and other respiratory and gastrointestinal illnesses will be completed as needed.
- c. SWPH will work with our school boards and private school partners to address mental health promotion in schools, and support parents with some of the pandemic-related stressors and substance use prevention programs.
- d. Funding for this initiative, is currently for the school year of 2022-2023.



One-Time Funding Request 100% Provincially Funded

2023 Budget and Highlights

Included:

*Public Health Inspector Practicum Program
Sharps Program
COVID-19 Specific Costs
Infection Prevention and Control (IPAC) Hub
Stigma Education Initiative
Collaborative Planning School Board Work*

One-Time Funding Request 100% Provincially Funded

Project Title: Public Health Inspector Practicum

Public Health Inspector Practicum Program Highlights:

- a. To provide a practicum for two students enrolled or who already have a degree in a program of instruction approved by the Canadian Institute of Public Health Inspectors (CIPHI) Board of Certification (BOC).
- b. To be eligible to sit the Examination to obtain the Certificate in Public Health Inspection (Canada), every candidate must satisfactorily complete a twelve (12) week minimum practicum in the basic inspection programs.
- c. This practicum must be coordinated by a qualified person who holds the CPHI(C) at the supervisory level of the agency where the practicum is to take place. SWPH staff coach and mentor student PHI candidates in preparation for their BOC exam for the duration of the 12-week practicum.
- d. SWPH benefits from the public health inspector practicum program as the students support the completion of lower risk inspection activity under the mentorship of certified public health inspectors. Additionally, students contribute by sharing innovation and health promotion / education ideas to program delivery. As well, student preceptors gain leadership and staff development opportunities.

One-Time Funding Request 100% Provincially Funded

Project Title: Sharps Program

The program aims to reduce the burden of preventable injuries and substance use through the distribution of clean needles/syringes and other drug use supplies in the community. This intervention has proven to be an evidence-informed effective method in reducing blood-borne infections associated with injection drug use, such as HIV and hepatitis C.

Sharps Program Highlights:

The goal of a comprehensive needle syringe and inhalation equipment program (formerly known as a needle exchange program) is to distribute needles/syringes and other drug use supplies as an effective method in reducing bloodborne infections (such as HIV, Hepatitis B and C, syphilis) associated with injection or inhalation drug use. Therapeutic nurse-client relationships are developed providing a point of access into health and social services for clients who may not otherwise have access to services or have opportunities for education on safer drug use practices.

- a. Due in part to the ongoing opioid crisis, demand for sterile harm reduction equipment is on the rise in SWPH's region. It is essential that SWPH continues to meet this growing demand to prevent the transmission of HIV, Hepatitis B and Hepatitis C infections. The treatment of these infections further burdens the healthcare system and, even more importantly, may impact the health and well-being of community members and their ability to thrive. Both HIV and HCV can spread in the blood, and a major risk factor for both HIV and HCV infection is injection drug use. Sharing needles or other drug injection equipment increases the risk of contact with HIV- or HCV-infected blood.
- b. As part of this strategy, SWPH is collaborating with Regional HIV/AIDS Connection and Canadian Mental Health Association Thames Valley Addiction and Mental Health Services to facilitate the distribution and collection of harm reduction supplies via a mobile outreach program.

One-Time Funding Request 100% Provincially Funded

Sharps Program

Sharps Program Highlights (continued):

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

One-Time Funding Request 100% Provincially Funded

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

COVID-19 Specific Costs:

1. COVID-19 General Response

Public Health staff are working collaboratively with local health care providers, municipalities, community partners, and public health officials, including the Ministry of Health, to support COVID-19 response activities. Local efforts are focused on minimizing the risk in high-risk settings, by supporting immunization, and outbreak management to reduce and prevent the spread of COVID 19. This includes long-term care homes, congregate living settings, and other residential facilities which are particularly vulnerable to outbreaks.

a. CCM (Case and Contact Management)

Case, contact, and outbreak management is pivotal in reducing the transmission of COVID-19 in our region, especially for those at risk for severe illness and outcomes. Public Health Investigators work collaboratively with partners and high-risk settings to manage and control the spread of infection. This process is labour intensive and is compounded by the emerging pathogenicity of this novel virus. They may also provide guidance about returning to work, outbreak management, public health measures related to enhanced environmental cleaning, self-monitoring, and general infection prevention and control measures. It is anticipated that severe illness and the number of COVID-19 outbreaks will decrease in 2023 as COVID-19 booster rates increase. COVID-19 case, and outbreak management will continue as a measure to control and prevent the spread.

COVID testing in partnership with our local hospitals and community partners to support the operation of the COVID-19 assessment centres and other methods of testing in our region for those at risk of severe illness and outcomes. The purpose of testing is also to understand the transmission of the virus and thereby prevent others from acquiring the disease.

One-Time Funding Request 100% Provincially Funded

COVID-19 General Response/Vaccination

COVID-19 Specific Highlights (continued):

Communications with members of the public, municipalities, and community partners on a broad range of topics to support the community's well-being, safety, and resilience. This includes education on infection prevention and control practices such as face coverings, physical distancing, hand hygiene, screening information to address vaccine hesitancy. SWPH also advises what the current rules and restrictions are for specific settings-based changes in provincial direction or significant announcements, the number of active cases or local transmission in our region, and the continued COVID-19 vaccine eligible individuals are factors that will impact the work of our team. partnerships to raise awareness of social supports available.

Management of the Case and Contact Management (CCM) database for COVID-19 data entry and outbreak management, including expansion of the CCM database to all diseases of public health significance (DOPHS).

2. COVID-19 Vaccination

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

One-Time Funding Request 100% Provincially Funded

Project Title: Infection Prevention and Control HUB

Infection Prevention and Control (IPAC) HUB Highlights:

- a. As part of the province's comprehensive plan *Keeping Ontarians Safe: Preparing for Future Waves of COVID-19*, local networks of IPAC expertise (IPAC Hubs) were developed across the health system, that work to enhance IPAC practices in community based, congregate living organizations (CLOs). These organizations include long-term care homes, retirement homes, residential settings funded by the Ministry of Health (MOH), residential settings for adults and children funded by Ministry of Children, Community and Social Services (MCCSS), shelters, and supportive housing. Through these new province-wide networks, CLOs are able to access IPAC expertise, collaborative assistance and just-in-time advice, guidance, and direct support on IPAC practices.
- b. In collaboration with the Ministry of Health and other Ministries involved in this initiative, Ontario Health identified hospitals and public health units from across the province to lead local IPAC Hubs. Southwestern Public Health is the local IPAC Hub lead in this area, that works to coordinate and collaborate with Satellite hubs and health system partners in Oxford, Elgin, St. Thomas, Huron Perth, and London Middlesex to ensure that this specialized guidance and support is available to our congregate living organizations throughout the southwest region.
- c. As the lead for the local IPAC Hub, SWPH is responsible for ensuring accountability for funds transferred from the Ministry of Health to Satellite Hubs, including monitoring of required deliverables.

St. Thomas, Elgin, and Oxford IPAC services for congregate living organizations are administered by staff funded by the IPAC Hub. Services include support for IPAC training, policies and procedures, outbreak preparedness and assistance with on-site IPAC assessments.

One-Time Funding Request 100% Provincially Funded

Project Title: Stigma Education Initiative

Stigma Education Initiative Highlights:

- a. SWPH is seeking \$24,500 in one-time funding to develop a strategy to reduce the stigma experienced by people who use substances. The strategy will include awareness raising activities, training opportunities, and community engagement initiatives.
- b. Stigma is negative attitudes, beliefs, or behaviours about or towards a group of people because of their situation in life. It includes discrimination, prejudice, judgement, and stereotypes. It can take different forms, including structural, interpersonal, and self-stigma.
- c. People with lived experience with substance use^[1] (PWLE) are a vulnerable population with unmet treatment needs regarding their health. These unmet needs have been attributed to several barriers they face to accessing and using supportive services; noted among these barriers is stigma. Stigma is a multi-layered barrier in that it can reduce the chances of people seeking social support and erode the public and political will to provide this support.
- d. Effectively addressing barriers to services due to the stigma against PWLE will require a multifaceted approach. In addition to the local population, healthcare providers and law enforcement will also be key target audiences for anti-stigma education and skill building opportunities.
- e. This funding will allow SWPH to develop a suite of communication materials, launch a transit ad campaign (\$11,000), subsidize, and promote registration among healthcare providers for an anti-stigma online workshop (\$10,000), and host community-based events (\$ 3,500).

^[1] Note: People with Lived Experience of substance use (PWLE) is the term that will be used in this funding request, however other terms referring to this vulnerable population in literature may include terms such as 'People who use substances' or 'people who use drugs.'

One-Time Funding Request 100% Provincially Funded

Project Title: Collaborative Planning School Board Work

Collaborative Planning Initiative Highlights:

- a. SWPH is seeking \$10,000 in one-time funding to embark on collaborative planning with all publicly funded school boards in the region and our neighbouring public health unit (Middlesex London Health Unit), with whom we share boards.

SWPH has a long history of offering services to area schools and working with the area school boards to offer the best service possible in partnership with MLHU. This funding request will enhance the depth of our work together. In addition, it will result in a shared approach to address the following agreed-upon priorities:

- i. Mental Health Promotion
 - ii. Substance Use Prevention
 - iii. Equity and Inclusivity
 - iv. Family Engagement
- b. This funding will allow SWPH to hire an external facilitator and convene planning meeting(s) with the school boards and public health partners. These meeting(s) will establish data-sharing agreements, identify indicators to measure our work on the four identified shared priorities and identify the actions that each party will take to improve the wellness of our students over time. The external facilitator is required to allow all parties to participate in the process. There is a considerable amount of data and information available, and the facilitator will assist the group with selecting the best indicators and actions possible. Through this process, SWPH will have increased access to local children and youth data, which has been a longstanding gap. More importantly, this planning will allow the partners to monitor the effectiveness of our shared work supporting local children and families.



100% Provincially Funded Programs (by other Ministries)

2023 Budget and Highlights

*Included:
Pre and Post Natal Nurse Practitioner Program
Healthy Babies Healthy Children*

2023 Budget – 100% Provincially Funded Pre and Post Natal Nurse Practitioner Program

Pre and Post Natal Nurse Practitioner Program Highlights:

1. Pre and Post Natal Nurse Practitioner Program

The objective of the Pre and Post Natal Nurse Practitioner Program is to increase access to early, regular prenatal and postnatal primary health care for pregnant women, new mothers, and their children until the child's transition to school.

To meet this objective:

- a. Delivered in partnership with East Elgin Family Health Team, the Prenatal and Postnatal Nurse Practitioner Program serves a population that includes Low German-speaking Mennonite families, low-income families living below the poverty line, as well as families with a higher-than-average number of children. Clients enjoy the full benefit of a multi-disciplinary primary care team for comprehensive medical treatment. Approximately 1300 patients are seen annually through this program.

2023 Budget – 100% Provincially Funded Healthy Babies Healthy Children

Healthy Babies Healthy Children Highlights:

1. Healthy Babies Healthy Children

The goal of the Healthy Babies Healthy Children program is to provide services during the prenatal period and to families with children from birth up to their transition to school, using targeted program approaches with a universal screening opportunity at time of birth with the intent to optimize newborn and child healthy growth and development and reduce health inequities for families receiving service.

To meet this goal:

- ✓ Early identification and intervention screening.
- ✓ Blended home visiting services (Public Health Nurse & Parent Resource Worker).
- ✓ Service and system integration.
- ✓ Service co-ordination.
- ✓ Access to information and resources.
- ✓ Referral to/from community services.
- ✓ Promotion of Healthy Babies Healthy Children program services via print, website, and social media channels.

For 2023, it is estimated that staff will complete over 1700 screens and conduct approximately 2300 home visits. In 2023, the implementation of a Public Health Nurse led 9-week post-partum mood disorder support group to support clients within the community they reside to obtain service.



BOARD OF HEALTH OATH OF CONDUCT AND CONFIDENTIALITY

I acknowledge that, in the course of fulfilling my duties on the Board of Health for Oxford Elgin St. Thomas Public Health (“OESTHU”), I may receive or have access to information that is confidential to OESTHU or is identifiable to an employee’s, client’s or fellow board member’s personal or personal health information – if not directly in my capacity as a member of the Board of Health, indirectly as a result of my proximity to an OESTHU employee, board member or member of the public, government representative or agency, media or law enforcement agency.

I further acknowledge that as a member of the OESTHU Board of Health and in the interest of upholding OESTHU’s privacy policies and procedures with respect to the handling of client and other confidential, personal and personal health information, I have a professional and ethical obligation to take all necessary steps to ensure such information is safeguarded from disclosure to anyone other than those with legal or statutory authority. Because a breach of this obligation may have severe consequences to the client, individual and/or OESTHU, I understand that a breach of my obligation of confidentiality may result in requiring my resignation from the Board of Health.

Having read the foregoing and understanding my obligations as a member of the Board of Health of OESTHU, I do swear or affirm that during the tenure of my appointment to the OESTHU Board of Health, I will:

- 1) Exercise the powers of my office and fulfill my responsibilities in good faith and in the best interests of OESTHU.
- 2) Exercise these responsibilities, at all times, with due diligence, care and skill in a reasonable and prudent manner.
- 3) Adhere to all OESTHU’s by-laws, policies and decisions of the Board.
- 4) Represent the best interests of public and community health and the respective programs and services of the health unit.
- 5) Comply with conflict of interest guidelines and declare conflicts either perceived or actual on agenda matters as appropriate.
- 6) Preserve a state of neutrality by referring via email all questions or requests related to OESTHU programs and services whether of a personal nature or on behalf of

others, to the CEO who will be responsible for initiating a course of action appropriate to the circumstances including advising the Chair of the request via email and advising the Board member and the Chair of the outcome.

- 7) Conduct myself in a spirit of collegiality and respect for the collective decisions of the Board and subordinate my personal interests to the best interests of OESTHU.
- 8) Keep confidential all information and comply with OESTHU privacy policies and procedures (where applicable) respecting OESTHU clients, personnel, collective bargaining, and other matters specifically determined by board motion to matters of confidence including matters dealt with during in-camera meetings of the Board.
- 9) Review board package materials in advance of the meeting and participate productively in the meeting.
- 10) Recognize that only the Board of Health Chair speaks for the Board on public disclosures unless the Chair delegates that responsibility on a specific topic.
- 11) Support one another, the CEO and MOH. If a Board member has a performance concern regarding the CEO, MOH or other Board member that concern shall be brought to the Board through the Chair.
- 12) Immediately [notify my appointing body of my desire to](#) resign or accept [my appointing body's](#), exercise of its right to require the resignation of my position as a member of the Board of Health in the event that I, or my colleagues on the Board, have concluded that I have breached this Oath of Confidentiality.
- 13) Where a situation arises where I am not fully aware of the correct information handling practices, I shall immediately seek guidance from the Board Secretary and/or Board Chair.

Deleted: OESTHU's

Sworn or Affirmed By: _____

Date: _____
DD/MM/YYYY

Name of Board Member: _____
(please print)