Board of Health Meeting

MS Teams Electronic Participation
Friday, December 10, 2021
9:00 a.m.

AGENDA			
Item	**Agenda Item**	**Lead**	**Expected Outcome**
1.0 COVENING THE MEETING			
1.1	Call to Order, Recognition of Quorum • Introduction of Guests, Board of Health Members and Staff	Larry Martin	
1.2	Approval of Agenda	Larry Martin	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.	Larry Martin	
1.4	Reminder that Meetings are Recorded for minute taking purposes	Larry Martin	
2.0 APPROVAL OF MINUTES			
2.1	Approval of Minutes • October 10, 2021	Larry Martin	Decision
3.0 APPROVAL OF CONSENT AGENDA ITEMS			
3.1	**Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care** October 26, 2021 – Ontario Medial Association *Summary: This report advocates for a strong public health system that will preserve our community's health and prevention of illness.*	Larry Martin	Receive and File
3.2	**Cash Flow Concerns for Southwestern Public Health (SWPH)** MPP Yurek & County of Oxford *Summary: These letters advocate for timely funding to SWPH given cash flow concerns.*	Larry Martin	Receive and File
3.3	**Provision of French Language Services by Board of Health** October 28, 2021 – Ministry of Health *Summary: This letter reminds public health unit boards of health that services in French should be made available to French-speaking Ontarians.*	Larry Martin	Receive and File
3.4	**Ongoing COVID-19 Expenses and Increase to Base Budget** November 4, 2021 – Windsor-Essex County Health Unit *Summary: This letter advocates for the continuation of COVID-19 related funding, funding related to recovery efforts due to the pandemic, and an increase to base budget to ensure operational costs are met.*	Larry Martin	Receive and File
3.5	**IPAC Hub Funding and Increase to Provincial Base Funding** November 16, 2021 – Algoma Public Health *Summary: This letter advocates for annualized IPAC Hub Funding and an increase to base budget funding from province.*	Larry Martin	Receive and File
3.6	**Mandatory Vaccinations in Schools** October 21, 2021 – Lindsay Pratt *Summary: This letter advocates for mandatory vaccinations in our local schools.*	Larry Martin	Receive and File

4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION			
4.1	**Addition of COVID-19 to the Immunization of School Pupils Act (ISPA)** November 23, 2021 – Windsor-Essex County Health Unit *Summary: This letter advocates for COVID-19 to be included as a "designated disease" within the Immunization of School Pupils Act (ISPA).*	Susan MacIsaac	Requiring Direction
4.2	**Advocacy for Increase to Base Funding for Public Health Units and Timely receipt of funding** October 21, 2021 – Simcoe Muskoka District Health Unit *Summary: This letter expresses concerns regarding the receipt of funding associated with COVID-19 Extraordinary Expenses and the need for increase to base budget funding for all public health units.*	Cynthia St. John	Requiring Direction
5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.ACCEPTANCE.DECISION			
5.1	Finance and Facilities Standing Committee Report for December 10, 2021	Joe Preston	Acceptance
5.2	Chief Executive Officer's Report for December 10, 2021	Cynthia St. John	Acceptance
5.3	Medical Officer of Health's Report for December 10, 2021	Dr. Joyce Lock	Acceptance
6.0 NEW BUSINESS/OTHER			
7.0 CLOSED SESSION			
8.0 RISING AND REPORTING OF THE CLOSED SESSION			
9.0 FUTURE MEETINGS & EVENTS			
9.1	To Be Determined	Larry Martin	Decision
10.0 ADJOURNMENT			

October 7, 2021

Board of Health Meeting

Minutes

A meeting of the Board of Health for Oxford Elgin St. Thomas Health Unit was held on Thursday, October 7, 2021 virtually through MS Teams commencing at 3:03 p.m.

PRESENT:

Ms. L. Baldwin-Sands	Board Member
Mr. T. Comiskey	Board Member
Mr. G. Jones	Board Member
Mr. T. Marks	Board Member
Mr. L. Martin	Board Member (Chair)
Mr. D. Mayberry	Board Member
Mr. S. Molnar	Board Member
Mr. J. Preston	Board Member (Vice Chair)
Mr. L. Rowden	Board Member
Mr. D. Warden	Board Member
Dr. J. Lock	Medical Officer of Health
Ms. C. St. John	Chief Executive Officer
Ms. A. Koning	Executive Assistant

GUESTS:

Mr. P. Heywood	Program Director
Ms. S. MacIsaac	Program Director
Mr. D. McDonald	Director, Corporate Services and Human Resources
Ms. M Nusink	Director, Finance
Mr. D. Smith	Program Director
Ms. M. Cornwell	Manager, Communications
Ms. C. Richards	Program Manager
Ms. W. Lee	Administrative Assistant
Mr. R. Perry	Aylmer Express

1.1 CALL TO ORDER, RECOGNITION OF QUORUM

1.2 AGENDA

Resolution # (2021-BOH-1007-1.2)

Moved by D. Mayberry
Seconded by S. Molnar

That the agenda for the Southwestern Public Health Board of Health meeting for October 7, 2021 be approved.

Carried.

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

1.4 Reminder that Meetings are Recorded for minute taking purposes.

2.0 APPROVAL OF MINUTES

Resolution # (2021-BOH-1007-2.1)
Moved by J. Preston
Seconded by T. Comiskey

That the minutes for the Southwestern Public Health Board of Health meeting for September 9, 2021 be approved.

Carried.

3.0 CONSENT AGENDA

S. Molnar asked if there is an appetite for SWPH to advocate to the Ministry for a local public health presence, as he is aware that modernization of public health is still on the minds of many. C. St. John advised that she believes these conversations at the Ministry are on pause at this time. She noted that reiterating to the Ministry, the importance of local public health presence will be important at a future date.

L. Rowden noted that there is frustration within the community that local public health units are not aligned regarding vaccination policies for their staff and why they are not communicating. C. St. John noted that 34 health units are well connected and in regular contact with each other. She noted that in the case of vaccination policies, it would be appreciated if the Ministry applied a policy to all health units. At the same time, she noted there is great value in health units having the authority to make their own decisions based on local needs and data.

Resolution # (2021-BOH-1007-3.0)
Moved by T. Marks

Seconded by T. Comiskey

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

Carried.

4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION

Resolution # (2021-BOH-1007-4.0)

Moved by L. Baldwin-Sands
Seconded by L. Rowden

That the Board of Health for Southwestern Public Health direct staff to write a letter of support related to correspondence 4.1 from Haliburton, Kawartha, Pine Ridge District Health Unit's, reiterating the need for a commitment to fund 100% of the costs related to the COVID-19 response and COVID-19 recovery, as well as the continuation of mitigation funding for the year 2022 and beyond.

Carried.

5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.ACCEPTANCE.DECISION

5.1 Finance Standing Committee Report for September 9, 2021

J. Preston reviewed the report.

Resolution # (2021-BOH-1007-5.1A)
Moved by D. Warden
Seconded by D. Mayberry

That the Board of Health for Southwestern Public Health accept the Finance & Facilities Standing Committee's recommendation to approve the second quarter financial statements for the period ending June 30, 2021.

Carried.

S. Molnar noted that the Committee discussed the need for the review of policies by the Committee be timely based on upcoming municipal elections, as it will be in the best interest of future board members.

Resolution # (2021-BOH-1007-5.1B)
Moved by D. Warden
Seconded by S. Molnar

That the Board of Health accept the Finance and Facilities Standing Committee's recommendation to revise policy BOH-FIN-020 Board Members' Renumeration as presented.

Carried.

Resolution # (2021-BOH-1007-5.1C)
Moved by D. Warden
Seconded by T. Marks

That Board of Health accept the Finance and Facilities Standing Committee's recommendation to receive and file the Amending Agreement between the Ministry of Health and Southwestern Public Health.

Carried.

Resolution # (2021-BOH-1007-5.1D)
Moved by D. Warden
Seconded by T. Marks

That the Board of Health accept the Finance and Facilities Standing Committee's recommendation to send an additional levy letter to each obligated municipality requesting their proportionate share of a total of $4,000,000 to ensure Southwestern Public Health's financial obligations are met until such time as the Province of Ontario reimburses Southwestern Public Health for its COVID-19 expenditures.

Carried.

It was noted that no communication has been sent to the obligated municipalities as the levy has not yet been approved by the Board.

D. Mayberry asked if there are any updates or further communication from the Ministry since the Finance and Facilities Standing Committee. C. St. John noted that the Ministry has indicated they are awaiting the second quarter financial reports from some public health units and the Ministry staff will move as quickly as possible, as they are very much aware of the cash flow concerns of health units.

T. Marks and J. Preston noted that they will reiterate to their Councils that these funds are needed urgently and that the funds will be reimbursed once SWPH has received them.

S. Molnar suggested that SWPH and obligated municipalities send correspondence to the Ministry that expresses their concern regarding the delay in receiving funds. The Board directed the staff to draft a letter, with the three obligated municipalities, to the Ministry that expressed the need for expeditious receipt of funding to manage SWPH cash flow concerns.

Resolution # (2021-BOH-1007-5.1)

Moved by L. Baldwin-Sands
Seconded by D. Mayberry

That the Board of Health for Southwestern Public Health accept the Finance and Facilities Standing Committee's Report for October 7, 2021.

Carried.

5.2 Chief Executive Officer's Report for September 9, 2021

C. St. John reviewed her report.

C. St. John noted that Dr. Ahmed has been appointed as the new Associate Chief Medical Officer of Health for the Southwest Region and she and Dr. Lock have worked with him previously, in his past role as MOH for Windsor-Essex region and we look forward to working with him in his new role.

C. St. John noted that the teams are very busy responding to community inquiries via email and through our call centre.

C. St. John noted that program planning is a key driver for developing the budget and that this work is currently underway. She noted that program planning is vital to ensuring that SWPH is doing the right work, at the right time, in the right way.

L. Rowden asked about the reference to the Ontario Human Rights code and how that impacts the vaccination policy application. D. McDonald noted that SWPH addresses the application of the Ontario Human Rights code on an individual basis and works with affected employees to see how this would be applied based on their position at SWPH. He noted that we continue to work with our legal council to ensure the Human Rights code is applied appropriately.

Dr. Lock noted that the Ontario Human Rights Tribunal did publish a statement regarding COVID-19 vaccination policies and the fact that it is acceptable to have a policy of this nature. She noted that the policy would need to consider a variety of matters.

S. Molnar thanked SWPH for endorsing the Open Letter to the Community in Oxford County.

L. Baldwin-Sands noted that another hospital in the region has terminated staff due to non-compliance of their COVID-19 vaccination policy.

Resolution # (2021-BOH-1007-5.2A)
Moved by D. Warden
Seconded by L. Baldwin-Sands

> That the Board of Health for Southwestern Public Health approve Board Policy – BOH-HR-060 – COVID-19 Immunization Policy as presented.
>
> Carried.

D. Mayberry asked if there is follow-up when individuals attend pop-up clinics, to ensure they obtain their second dose. S. MacIsaac noted that all individuals who attend pop-ups are followed up by SWPH to ensure they are given an opportunity to obtain their second dose. S. MacIsaac noted that when individuals have become eligible for a third dose, SWPH will contact them to ensure we provide the opportunity for them to obtain a third dose.

C. St. John noted that there is a significant difference in efficacy of the vaccine between one dose and a second dose which is why the second dose is so important. Dr. Lock advised that the efficacy of the second dose is significant and provides sufficient coverage for the Delta Variant. She noted that the Delta Variant is now the dominant variant and therefore, it is extremely important to obtain the second dose.

Resolution # (2021-BOH-1007-5.2)
Moved by L. Baldwin-Sands
Seconded by S. Molnar

> That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's report for October 7, 2021.
>
> Carried.

5.3 Medical Officer of Health's Report for September 9, 2021

Dr. Lock reviewed her report.

Dr. Lock noted that she is optimistic that the SWPH region can obtain 90% vaccination rate for both first and doses.

Dr. Lock noted that the recently issued Letter of Instruction bridged a gap between vaccination policies in sports and recreation facilities. She noted that the hope is to keep these sports and recreation facilities open, with high vaccination rates for those who attend these facilities.

L. Rowden asked if there is a policy recommendation for return to work, if you obtain vaccine and are symptomatic. Dr. Lock noted that if symptoms are milder and are within the first 48

hours of vaccination administration, testing is not suggested. However, if you have more severe symptoms and/or the time-period is greater than 48 hours after vaccination administration, then you should obtain testing. She noted that there may be different guidance based on workplace settings, therefore individuals should consult their workplace policies.

L. Martin noted that he was contacted regarding the Letter of Instruction that was issued this week by Dr. Lock. He noted that he was asked what the death rate between 12–19-year-olds, who have contracted COVID-19, that are not vaccinated. Dr. Lock noted that she would obtain this information and share the rate with L. Martin. Dr. Lock noted that many outbreaks last fall/winter did originate in sports settings and there is evidence that there needs to be additional protection.

Resolution # (2021-BOH-1007-5.3)
Moved by D. Warden
Seconded by D. Mayberry

That the Board of Health for Southwestern Public Health accept the Medical Officer of Health's report for October 7, 2021.

Carried.

7.0 TO CLOSED SESSION

Resolution # (2021-BOH-1007-C7)
Moved by D. Warden
Seconded by D. Mayberry

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 # (2021-BOH-1007-C8)

Moved by D. Mayberry
Seconded by S. Molnar

That the Board of Health rise with a report.

Carried.

Resolution # (2021-BOH-1007-C3.1A)
Moved by S. Molnar
Seconded by D. Warden

That the Board of Health for Southwestern Public Health notify Oxford County of SWPH's desire to extend SWPH's current lease for office space in Woodstock for an additional two (2) years.

Carried.

Resolution # (2021-BOH-1007-C3.1B)
Moved by D. Warden
Seconded by G. Jones

That the Board of Health for Southwestern Public Health direct staff to restart the search for a new facility for Southwestern Public Health's Woodstock site and report back to the Finance and Facilities Standing Committee.

Carried.

Resolution # (2021-BOH-1007-C3.1)
Moved by L. Baldwin-Sands
Seconded by T. Comiskey

That the Board of Health for Southwestern Public Health accept the Finance and Facilities Standing Committee's report for October 7, 2021.

Carried.

Resolution # (2021-BOH-1007-C3.2)
Moved by S. Molnar
Seconded by J. Preston

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's report for October 7, 2021.

Carried.

Resolution # (2021-BOH-1007-C3.3)
Moved by D. Mayberry
Seconded by L. Baldwin-Sands

That the Board of Health for Southwestern Public Health accept the Board Chair's report for October 7, 2021.

Carried.

While not the subject of the Chair's report to the Board, the Board did briefly discuss the Harm Reduction program at SWPH and the Board directed staff to bring forward a presentation with respect to Harm Reduction to a future meeting as an education session. J. Preston noted that he would work with C. St. John, P. Heywood, and other interested Mayors within the SWPH catchment to further these conversations along. It was noted that an education session would be appreciated first, prior to conversations occurring with SWPH and others.

10.0 ADJOURNMENT

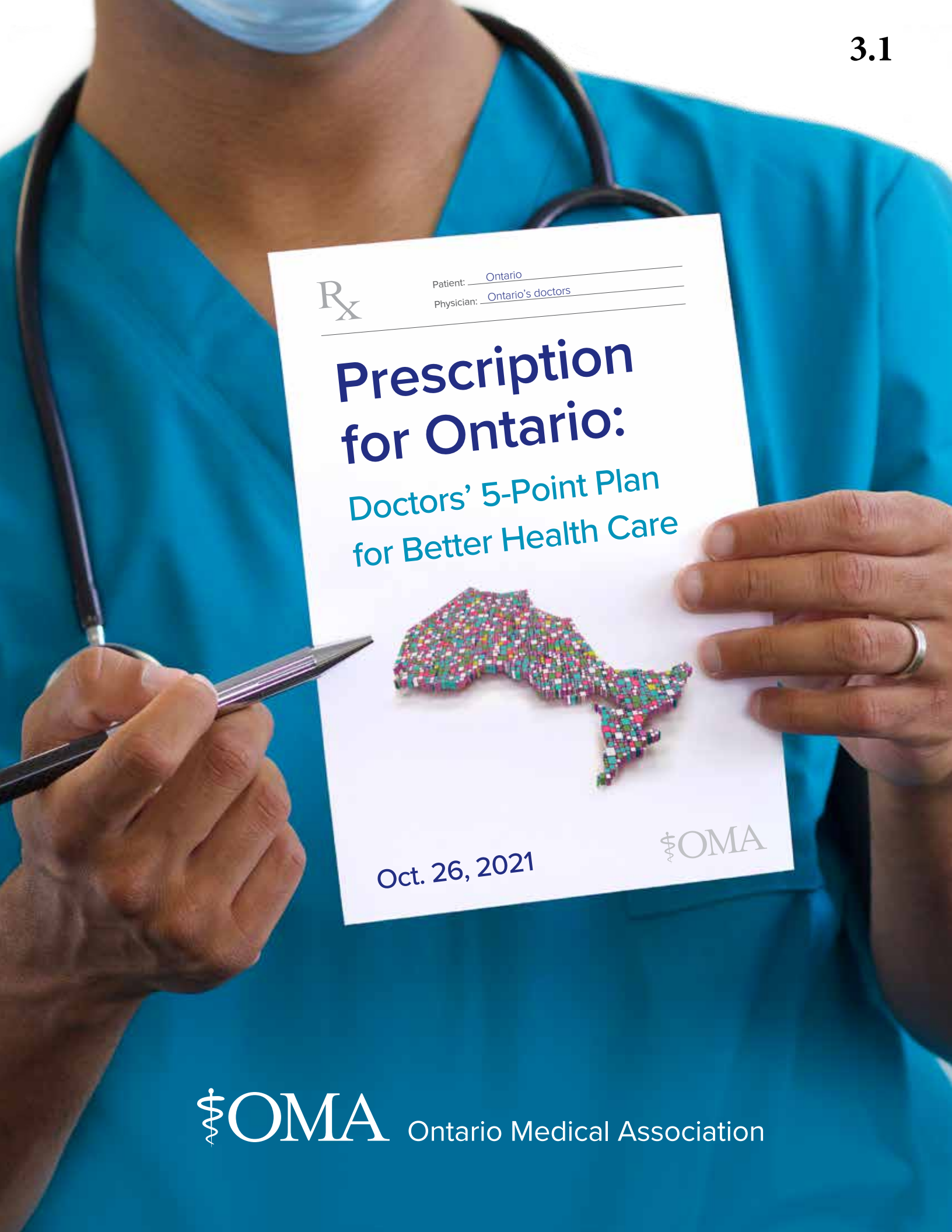
Resolution # (2021-BOH-1007-10)

Moved by S. Molnar
Seconded by J. Preston

That the meeting adjourns at 5:13 p.m. to meet again virtually on November 4, 2021.

Carried.

Confirmed: _____



OMA Ontario Medical Association

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ONTARIO'S HEALTH-CARE SYSTEM MUST BE FIXED NOW

The people of Ontario want – and deserve – the very best integrated health-care system possible.

We need a more collective way of thinking about health care, one that focuses on solutions, strengthens the alignment between patient priorities and system capacity, and directs provincial financial and human resources toward the best possible health outcomes.

We must address Ontario's physician shortage – both specialists and primary care doctors – and enable them to work in a team-based way. This is particularly true outside the Greater Toronto Area and in rural and remote communities. We need to focus on a multi-stakeholder solution to the regional and northern disparities in health care. The Ontario Medical Association is calling on the federal government to increase the Canada Health Transfer payment to enable better health care for all Ontarians.

The pandemic has highlighted that a disconnected system is a barrier to achieving the most effective, integrated and equitable care that Ontarians expect. It has also highlighted that the social determinants of health matter.

Representing Ontario's 43,000 doctors, the OMA held the largest consultation in our 140-year history to develop *Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care*.

More than 1,600 physicians and physician leaders provided their expert advice. Doctors navigate the health-care system every day to get the best and fastest care possible for their patients. They bring a unique view of the roadblocks to achieving access, equity and integration, and they understand the best possible health outcomes.

More than 110 health-care stakeholders, social service agencies and community leaders provided solutions from their unique perspectives. Almost 8,000 Ontarians representing 600 communities shared their health-care priorities through an online survey.

Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care is the result of this extensive consultation: a roadmap of realistic and achievable recommendations to fix the gaps in our health-care system. The COVID-19 pandemic has made these gaps more visible, but Ontario's doctors, nurses, pharmacists, hospital administrators and other health professionals have been speaking out about most of them for years.

Ontarians also recognize that the system should work better. Fifty-eight per cent of respondents to an OMA online survey said the pandemic had worsened their views on the way health care is delivered in their communities.

To improve the delivery of health care in Ontario, it all comes down to these five priorities:

- ***Reduce wait times and the backlog of services*** for patients needing a test or treatment, waiting for any type of surgery or procedure, or living with a chronic disease
- ***Expand mental health and addiction services in the community*** so professional help is there for anyone who needs it
- ***Improve and expand home care and other community care*** so hospital and long-term care admissions might be avoided, and stable patients can leave hospital sooner with more choice about where they receive followup care
- ***Strengthen public health and pandemic preparedness*** so our communities are protected every day and especially in public health emergencies
- ***Give every patient a team of health-care providers and link them digitally*** so patients can receive the different types of care they need faster, and care providers – doctors' offices, emergency departments, pharmacies, hospitals and home and long-term care – can share information more quickly and efficiently

Health care also must be built around the principles of access, equity, efficiency and integration. All Ontarians deserve the best care possible – no matter who they are, what they do or where they live. Care providers and caregivers should be supported and appreciated. We must make the best use of the resources we have.

These imperatives echo the principles of the Quadruple Aim, an internationally recognized framework to deliver an effective health-care system. These aims should be universal in Ontario:

- ***Better patient and population health outcomes***
- ***Better patient, family and caregiver experience***
- ***Better provider experience***
- ***Better value***

And there has never been greater urgency than now as our health-care system grapples with the devastation of COVID-19.

The pandemic has also proved that Ontario cannot have a strong and sustained economy without a robust, resilient and reliable health-care system that reduces the need for lockdowns and other measures in a public health emergency. We need to keep small businesses alive, restaurants full, schools open and people spending – our economy stays open when our health-care system stays strong. We must future-proof health care – and by

extension our economy – so we don't repeat the same mistakes and make the same sacrifices as we have during the COVID pandemic.

Ontarians recognize the connection between health care and the economy. When asked what priority should be given to addressing issues in the health-care system, 36 per cent of Ontarians responding to the OMA's online survey at betterhealthcare.ca said health care should be the highest priority above all others, and 49 per cent said it should be the same priority as the economy.

The next provincial election is scheduled for June 2, 2022. Soon all political parties will be releasing their pledges and plans to share with Ontario voters. The OMA believes the recommendations contained in *Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care* should be included in every party platform so that regardless of who wins the election, all Ontarians will win better health care.

Now is our best chance to work together and rebuild Ontario's health-care system for the long term. Together, we will have better outcomes for everyone and be prepared for when – not if – the next major health crisis hits.

Allan O'Dette
OMA CEO

Dr. Adam Kassam
OMA President

PRESCRIPTION FOR ONTARIO: DOCTORS' 5-POINT PLAN FOR BETTER HEALTH CARE

A publicly funded and universally accessible health-care system is a cornerstone of Canadian values.

Ontario is fortunate to have some of the most talented physicians and health-care providers in the world. As a province, we have the financial means to properly fund a health-care system that should be more than adequate. It can be excellent.

We need enough doctors, nurses, personal support workers and other front-line health professionals where and when we require them. The most vulnerable need a place to get better. We need a strong public health system in the community. There must be more supports for home care, long-term care and palliative care to free up the hundreds of thousands of hospital beds occupied each year by patients stable enough to leave the hospital. More focus is needed on community-based care to reduce pressure on our hospitals.

And, of course, all health-care planning must use an equity lens throughout.

Even before the pandemic, there were long wait times to see specialists and access critical diagnostic tests, treatment and surgeries in the province. At least one million Ontarians don't have a family doctor and can't get the treatment or preventive care they need. Doctors and other health-care providers can't connect digitally to quickly share patient information, wasting precious time and resources.

Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care provides 75 recommendations for implementation over the next four years in five priority areas:

- *Reduce wait times and the backlog of services*
- *Expand mental health and addiction services in the community*
- *Improve and expand home care and other community care*
- *Strengthen public health and pandemic preparedness*
- *Give every patient a team of health-care providers and link them digitally*

This plan also provides 12 recommendations to address the unique health-care challenges in northern Ontario.

The OMA's consultation on the future of the health-care system took place over the spring and summer of 2021 and was the largest in our 140-year history. We listened to associations and individuals representing hospitals, nurses and many other health-care professionals; health charities and patient advocacy groups; health sciences and technology companies; municipal and business sectors; labour unions; and social service agencies and non-profit organizations serving clients of all demographics and in every part of the province.

We also heard from almost 8,000 Ontarians in 600 communities through our public survey at betterhealthcare.ca. Forty-eight per cent of respondents gave a C grade to the health-care system in their communities, while another 22 per cent gave local health care a failing F grade.

The voices are unanimous. We have to act now.

Fixing Ontario's health-care system will not be quick or easy. It will require collaboration among health providers, support from the public and political will.

EQUITY AND CLIMATE CHANGE

Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care focuses on the changes required to improve our health-care system. However, health care doesn't exist in a vacuum. Equity and access, and climate change are major factors underpinning health and health outcomes. Ontario's doctors believe these must be addressed in parallel with improvements to the health-care system.

Addressing the social determinants of health will improve equity and access

Ontario's doctors believe everyone is entitled to dignity, respect and equity – no matter who they are, what they do or where they live.

The social determinants of health are factors that can influence health equity in positive and negative ways. The World Health Organization defines the social determinants of health as "the non-medical factors that influence health outcomes… the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life." Examples of the social determinants of health include income, education, food insecurity, housing, social inclusion, early childhood development and access to affordable health-care services. Numerous studies suggest these factors account for between 30 and 55 per cent of health outcomes.[1]

This connection has been obvious during the pandemic. The highest rates of COVID-19 in Ontario continue to be in communities with low incomes, that are racialized, with poor housing, where people must work outside the home to meet their needs. These same communities also had the greatest challenges accessing appropriate medical care before COVID. Ontarians living in rural and remote communities also face barriers to accessing health care.

If we want to protect and serve the community, we must protect and serve the whole community:

- Health-care planning should always be done through an equity lens, and in a culturally sensitive way that breaks down barriers for

marginalized people, particularly racialized, Indigenous and LGBTQIA2S+ communities, and those whose first language is not English

- Investing in the social determinants of health should be considered as important as investing in the health-care system itself as both improve the overall health and well-being of all Ontarians
- Everyone should have access to a family doctor and a team of health-care providers regardless of their location, language or socioeconomic status

84%

of Ontario doctors surveyed said they see the impacts of social determinants of health on the health of their patients.

Source: 2021 OMA member survey

[1]World Health Organization website: https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

[2]Government of Ontario website: https://www.ontario.ca/page/forest-fires#section-5

Climate change is science

Doctors are trained to evaluate science, and science proves that human-made climate change is a reality. We have seen the heightened effects of climate change across the planet through extreme weather, crop failure and the burning of forests.

Ontario is not immune. As of the end of September 2021, Ontario had experienced just under 1,200 forest fires this year, double the number in 2020 and almost 50 per cent over the 10-year average of 816.[2]

- A healthy population requires a healthy planet, and Ontario's doctors are calling for positive action to be taken immediately on climate change to mitigate its severe consequences on human health and well-being.

"Our centre prioritizes under-resourced populations like refugees, newcomers, LGBTQ1A2S+ folks, and folks experiencing mental health issues, substance use issues, poverty and homelessness. It's systems of oppression that lead these folks to where they are."

Dr. Cindy Ochieng, family physician, Parkdale Queen West Community Health Centre, Toronto

01

Reduce wait times and the backlog of services

REDUCE WAIT TIMES AND THE BACKLOG OF SERVICES

Tackling the pandemic backlog and future-proofing against wait times

The COVID-19 pandemic has created a backlog of almost 20 million patient services[3] – more than one patient service for every Ontarian, from the youngest to the oldest.

These delayed services include preventive care, cancer screening, surgeries and procedures, routine immunizations and diagnostic tests such as MRIs and CT scans, mammograms and colonoscopies. Doctors are seeing patients sicker than they ought to be because of serious conditions left undetected or untreated during the pandemic.

Sick patients don't have time to wait. However, focusing on the pandemic backlog alone ignores the bigger problem. We can't solve Ontario's long-term problem of wait times and hallway medicine if the health-care system remains inefficient and disconnected.

Ontarians agree. Other than the pandemic, wait times is the issue most frequently selected – by 29 per cent of respondents – as the top priority for health care in the OMA's online public survey. Additionally, 21 per cent of Ontarians who responded to the survey selected "Wait times at our hospitals are too long and need to be reduced" as the statement that best represents their view on health-care delivery in their community.

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[3] OHIP Claims Database, from fiscal years 2014-15 to 2020-21. Analysis by OMA Economics, Policy and Research department

76%

of Ontario doctors say some of their patients have experienced worse health outcomes because of the pandemic backlog of medical services.

Source: 2021 OMA member survey

To reduce the pandemic backlog
and shorten wait times,

Ontario's doctors recommend:

01

Providing adequate funding

to address the backlog of services in hospitals and community clinics

02

Evolving the model

of surgical care delivery to include a greater portion of services delivered in community-based specialty settings outside of hospitals

03

Ensuring there are enough

nurses and technologists to expand MRI and CT machine hours, and for ultrasound and mammography

04

Greater efforts to educate

young people about healthy lifestyles and disease prevention, including an adequately funded anti-tobacco strategy, which will lead to better long-term health and reduce future stress on the system

05

Expanding the use

of home remote monitoring programs to streamline pre- and post-surgical delivery

06

Ensuring sufficient health

human resources to meet Ontario's needs

07

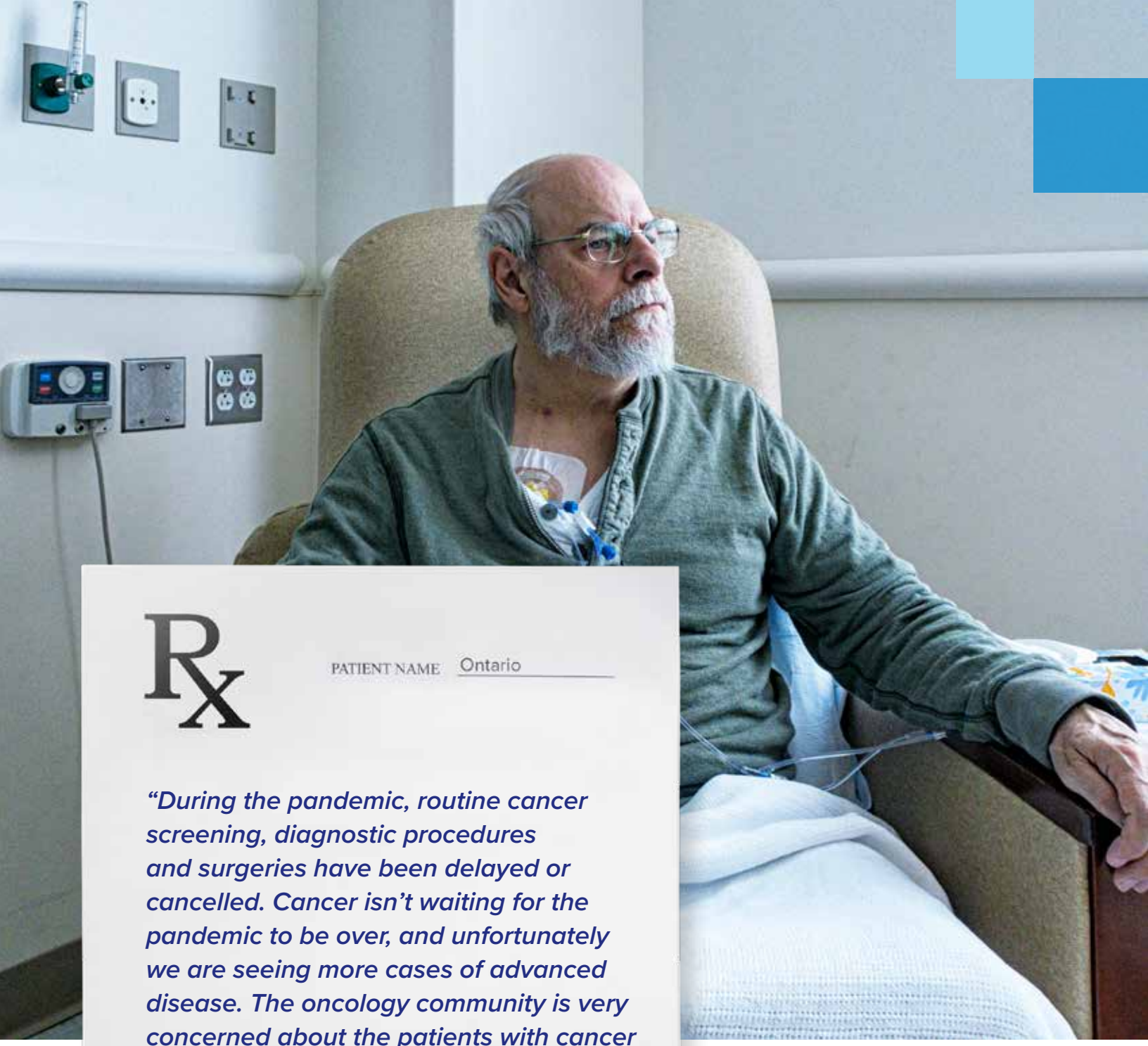
Enhancing data collection

and timely data sharing to support planning, measurement and evaluation

08

Better integration

of health-care service provision with public health and other services, including but not limited to palliative care, long-term care, home care and community care



Rx

PATIENT NAME Ontario

“During the pandemic, routine cancer screening, diagnostic procedures and surgeries have been delayed or cancelled. Cancer isn’t waiting for the pandemic to be over, and unfortunately we are seeing more cases of advanced disease. The oncology community is very concerned about the patients with cancer in Ontario that remain undiagnosed and untreated due to the disruption the pandemic has caused.”

Dr. Timothy Asmis, chair, OMA Section on Hematology and Medical Oncology, Ottawa

Fixing doctor shortages

Ontario continues to experience doctor shortages in many regions – especially in the north and remote and rural communities — and in certain specialties such as family medicine, emergency medicine and anesthesia. This is being felt by Ontarians. Twenty-six per cent of respondents to the OMA's online public survey chose "We don't have enough doctors" as the statement that best represents their view on health-care delivery in their community.

Ontario's doctors know that prevention is key to long-term health and positive outcomes. The public also recognizes this, with 32 per cent of survey respondents choosing "We need to do more to keep people healthy and out of hospitals and doctors' offices" as the statement that best represents their view on health care delivery in their community. Respondents in Toronto and the Greater Toronto Area particularly hold this view.

Primary care is the foundation of Ontario's health-care system. But at least one million Ontarians don't have a family doctor. Family doctors help patients stay healthy, prevent disease by identifying risk factors, manage chronic disease and get their patients access to specialists and other health-care services when needed.

Without access to doctors, many patients needlessly worry and suffer. We need robust data about our physician workforce and we need to use that data wisely to plan for our future population needs. We also need to support doctors so that all patients can get equitable and timely access to the care they need.

40%

of Ontario doctors surveyed said the pandemic has caused them to consider retiring earlier.

Source: 2021 OMA member survey

To address the unequal supply and distribution of doctors,

Ontario's doctors recommend:

01

Creating a detailed analysis

based on high-quality data that accounts for the types and distribution of doctors to meet population needs

02

Establishing a set

of best practices around physician supports to help ensure Ontario has the right doctors in the right places at the right times

03

Using best evidence

regarding forecasted population need, increasing the number of medical student and residency positions

04

Supporting students

from remote, rural and racialized communities to go to medical school, aligned with populations in need

05

“Letting doctors be doctors”

whereby they spend more time with patients doing the things that only doctors can do and less time on paperwork or other tasks

06

Helping doctors

trained in other jurisdictions become qualified to practise in Ontario

07

Investing

in more training and educational supports for practising doctors

02

Expand mental health and addiction services in the community

EXPAND MENTAL HEALTH AND ADDICTION SERVICES IN THE COMMUNITY

In any given year, one in five people in Canada experiences a mental health problem or illness.[4] But that was before the pandemic:

- A survey by the Conference Board of Canada and the Mental Health Commission of Canada found that 84 per cent of respondents reported their mental health concerns worsening since the start of the pandemic, with their major concerns being family well-being, their future, isolation/loneliness and anxiousness/fear.[5]
- More than one-third of those with a COVID-19 diagnosis may develop a lasting neurological or mental health condition.[6]
- A study by Deloitte using modelling from past disasters suggests Canada will see "a two-fold increase in visits to mental health professionals and possibly a 20 per cent increase in prescriptions for antidepressants relative to pre-COVID-19 levels."[7]

Psychiatrists, primary care doctors, pediatricians and addiction medicine specialists continue to provide excellent care for these patients. But they do not have enough hours in the day to accommodate the tsunami of new patients asking for help. There must be greater accessibility to affordable and publicly funded services in the community so everyone can get the treatment they need.

Doctors and other front-line health-care professionals were experiencing high levels of burnout before the COVID pandemic. According to surveys conducted by the OMA's Burnout Task Force, just prior to the pandemic in March 2020, 29 per cent of Ontario doctors had high levels of burnout with two-thirds experiencing some level of burnout. By March 2021, these rates had increased, with 34.6 per cent reporting high levels of burnout and almost three-quarters reporting some level of burnout.

Burnout is primarily caused by issues in the health-care system, so system-level solutions are needed to address it. And if doctors, nurses and others providing care burn out, this impedes access to care for patients.

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[4] Canadian Mental Health Association website: https://cmha.ca/brochure/fast-facts-about-mental-illness/

[5] Conference Board of Canada, July 17, 2020: *Pandemic Pulse Check: COVID-19's Impact on Canadians' Mental Health*

[6] The Lancet, April 6, 2021. *6-month neurological and psychiatric outcomes in 236,379 survivors of COVID-19: a retrospective cohort study using electronic health records*

[7] Deloitte, August 2020: *Uncovering the Hidden Iceberg – Why the human impact of COVID-19 could be a third crisis*

More than

70%

of school-aged children surveyed reported deterioration in their mental health during the first wave of the pandemic.

Source: Hospital for Sick Children

Opioid-related deaths in Ontario in 2020 rose by

40%

Source: Canadian Institutes of Health Research

To improve access to mental health and addiction care,

Ontario's doctors recommend:

01

Provincewide standards

for equitable, connected, timely and high-quality mental health and addiction services to improve the consistency of care

02

Expanding access

to mental health and addiction resources in primary care

03

Specific mental health supports

for front-line health-care providers

04

Ensuring that appropriate

resources are in place to provide virtual mental health services where clinically appropriate

05

Increasing funding for

community-based mental health and addiction teams where psychiatrists, addiction medicine specialists, family doctors, nurses, psychologists, psychotherapists and social workers work together

06

More mental health

and substance awareness initiatives in schools and in communities

07

Making access to care easier

by defining pathways to care, navigation and smoother transitions with the system

08

Building service capacity

for young patients moving into the adult system

09

Reducing the stigma

around mental health and addiction through public education

10

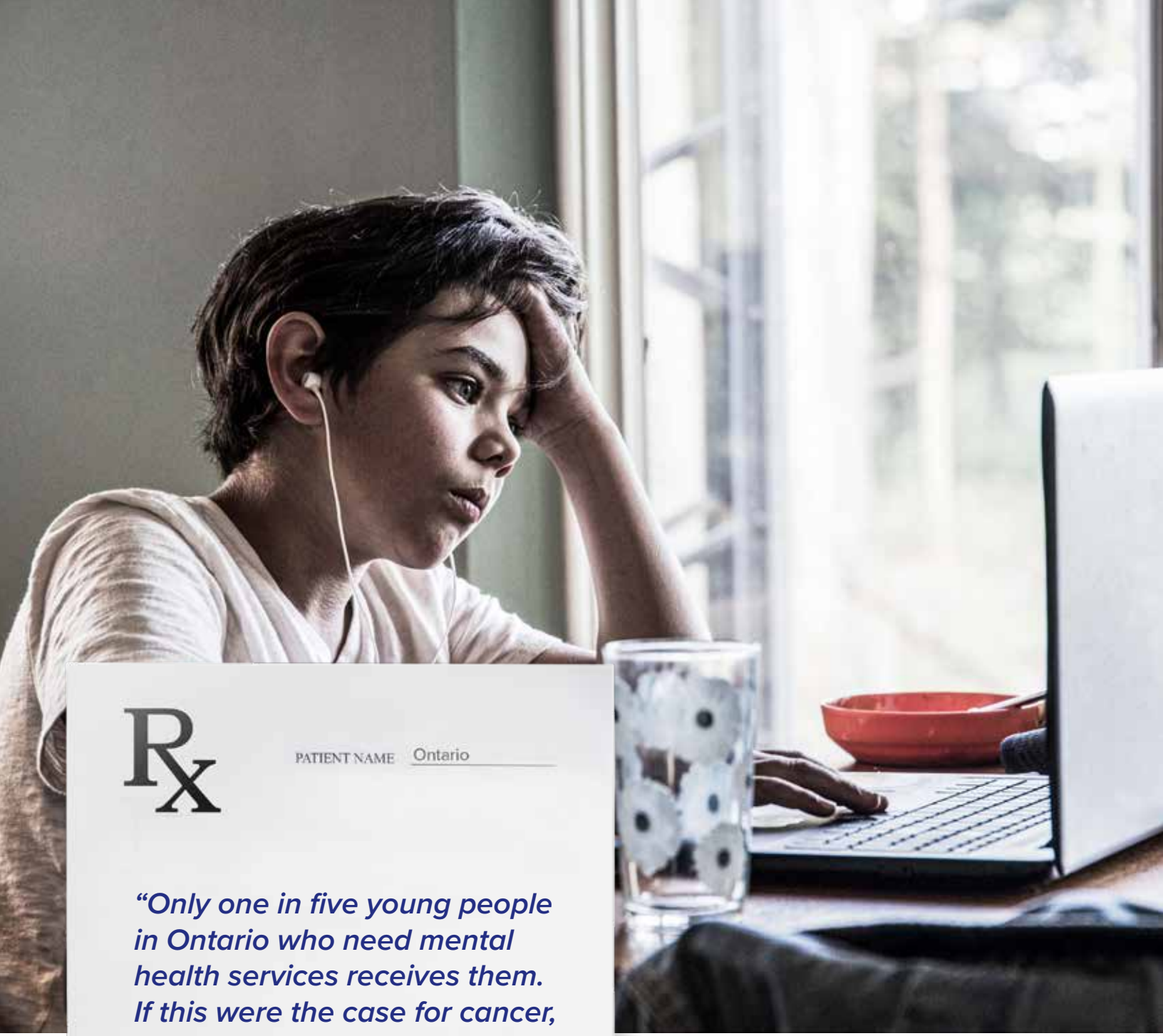
More resources

to fight the opioid crisis, particularly in northern Ontario where the crisis is having a significant impact and resources are limited

11

Increasing

the number of supervised consumption sites



"Only one in five young people in Ontario who need mental health services receives them. If this were the case for cancer, heart disease, asthma, stroke or diabetes, I don't think that this is something our society would tolerate."

Dr. Sharon Burey, behavioural pediatrician and president of the Pediatricians Alliance of Ontario, Tecumseh

"A frantic mother brought her teen daughter to Emergency on a busy Saturday. In a desperate cry for help, the girl had cut herself and needed stitches. Mom and daughter waited six long hours to see me. It was clear the girl's mental health needs far outweighed her repairable wound. But all I could offer them was a piece of paper with a referral phone number to call on Monday. It was obvious, our health-care system was failing her. I felt helpless."

Dr. Rose Zacharias, emergency medicine physician and OMA president-elect, Orillia

03

Improve home care and other community care

IMPROVE HOME CARE AND OTHER COMMUNITY CARE

In 2019-20, there were 1.3 million hospital bed days used by alternate level of care patients.[8] An alternate level of care patient is defined as a patient in hospital who is stable enough to leave but there isn't a long-term care bed, hospice bed or rehabilitation bed for them to transfer to, or not enough home-care services available for them to return home safely.

When hospital beds are used by patients who don't need to remain in hospital, this creates a major bottleneck that increases surgical wait times and leads to hallway medicine. And it doesn't make financial sense.

According to the Ontario Hospital Association, "it costs approximately $500 per day to provide care for a patient in hospital, $150 in long-term care and even less for home and community care. More importantly, hospitals have less room to treat people who really need to be there, or to accommodate a sudden increase in patients during the winter flu season. Unfortunately, this means too many patients receive care in hallways and other unconventional spaces. It is impossible to end hallway medicine without addressing these rising [alternate level of care] rates."[9]

Providing patients with more appropriate types of care outside of hospital will not only help reduce wait times, but could avoid hundreds of millions of dollars in costs to the health-care system every year.

[8]Canadian Institute for Health Information. Hospitalization, Surgery and Newborn Statistics, 2019-2020

[9]Ontario Hospital Association. A Balanced Approach: The Path to Ending Hallway Medicine For Ontario Patients and Families, Pre-Budget Submission / 2019 Ontario Budget

85%

of Ontario doctors surveyed said that increased access to home care would improve health outcomes for their patients or allow them to remain in their homes longer.

Source: 2021 OMA member survey

Home care

Home is where many patients want to be and can be.

High-quality home care provided by a team of doctors, nurses, therapists and personal support workers allows people of all ages to recover from surgery, injury or illness at home. It also reduces the number of emergency department visits and admissions to hospital, helps patients better manage chronic illness, lets seniors live safely and comfortably at home longer, and allows people to be supported if they choose to die at home.

A stronger, more connected and more responsive home-care system would also relieve family members and caregivers, who are too often underequipped and overwhelmed.

To ensure equitable and timely access to high-quality home care,

Ontario's doctors recommend:

01

Developing provincewide

standards for timely, adequate and high-quality home-care services

02

Increasing funding

for home care and recruiting and retaining enough skilled staff to provide this care

03

Embedding home care

and care co-ordinators in primary care so patients have a single access point through their family doctor

04

Ensuring

people without a family doctor can still access home care seamlessly

05

Enabling electronic sharing

of information between doctors, care co-ordinators and home-care providers

06

Expanding

a direct funding model so patients can customize their home care according to need

07

Reducing needless

administrative paperwork so more time can be spent on actual patient care

08

Providing tax relief

for families who employ a full-time caregiver for a family member

Long-term care

COVID-19 has taken the lives of more than 3,800 long-term care residents in Ontario, or approximately 40 per cent of all pandemic-related deaths. Our most vulnerable seniors deserve the best care possible in a safe and professional environment.

Ontarians agree. Twenty-one per cent of respondents to the OMA's public survey said that improving delivery of long-term care is the single most important thing that can be done to improve health-care services in their community.

"I had the honour of caring for a lovely gentleman whose dementia worsened and his wife could no longer care for him. An application for long-term care was made but they heard nothing. His case was escalated to crisis, but again they heard nothing. Eventually his behaviours escalated and he attacked his wife. He was transferred to hospital almost a year ago and is still languishing in the system, waiting for a long-term care bed. This is in the heart of Toronto, not an under-resourced community. When will there be more accountability?"

Dr. Pamela Liao, family doctor specializing in geriatric and palliative care, Toronto

To improve long-term care,

Ontario's doctors recommend:

01

Strengthening the role

of medical directors, with doctors working with government and stakeholders to develop a clear role description and expectations

02

Appointing

a chief medical officer of health for long-term care for each Ontario Health region to co-ordinate efforts among sectors, liaise with public health and improve physician coverage over multiple long-term care sites during outbreaks

03

Recruiting and retaining

more staff to care for long-term care residents, ensuring the proper staffing ratio of physicians, nurses, personal support workers, therapists and others is always maintained

04

Building internal capacity

for medical care within long-term care homes, while also improving links between long-term care and hospitals

05

Continuing and expanding

the use of virtual care in long-term care homes, and increasing virtual care linkages between long-term care homes and hospitals

06

Cutting red tape

preventing doctors from moving quickly into long-term care homes during emergencies

07

Ensuring

family caregivers are actively engaged and appreciated

08

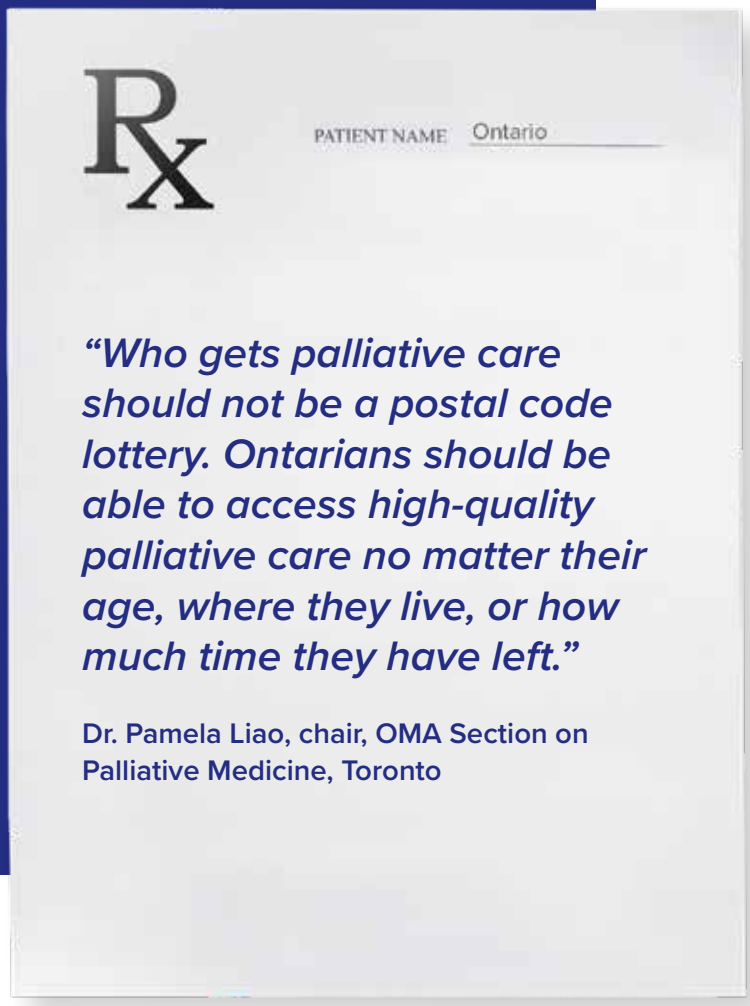
Aggressively shifting

societal attitudes so that caring for our frail, older adults is considered one of the most important jobs in the world

Palliative and hospice care

Palliative care is an approach that improves the quality of life of individuals and their families facing life-limiting illness, through the prevention and relief of suffering. This is by means of early identification and assessment and treatment of pain and other problems including physical, psychosocial and spiritual.

Hospices provide palliative care and offer a comfortable, home-like environment for patients nearing the end of their lives. Hospice is an alternative for those who can't remain at home or don't want to die in hospital. Without hospice care, homeless people and other marginalized groups often have no other option than to die in hospital.



"Who gets palliative care should not be a postal code lottery. Ontarians should be able to access high-quality palliative care no matter their age, where they live, or how much time they have left."

Dr. Pamela Liao, chair, OMA Section on Palliative Medicine, Toronto

To enhance palliative and hospice care,

Ontario's doctors recommend:

01

Ensuring support

and capacity exists to allow individuals to receive palliative care where they need it, including at home

02

Supporting a robust

provincial hospice strategy by increasing the number of beds based on geographic areas of need, and providing consistent operational funding to hospices so they can focus on care and not fundraising

03

Greater investment

in palliative infrastructure, based on geographic need

04

Ensuring

there are separate plans to address pediatric and adult palliative care patients to reflect the necessary distinctions in services and needs for these patient demographics

05

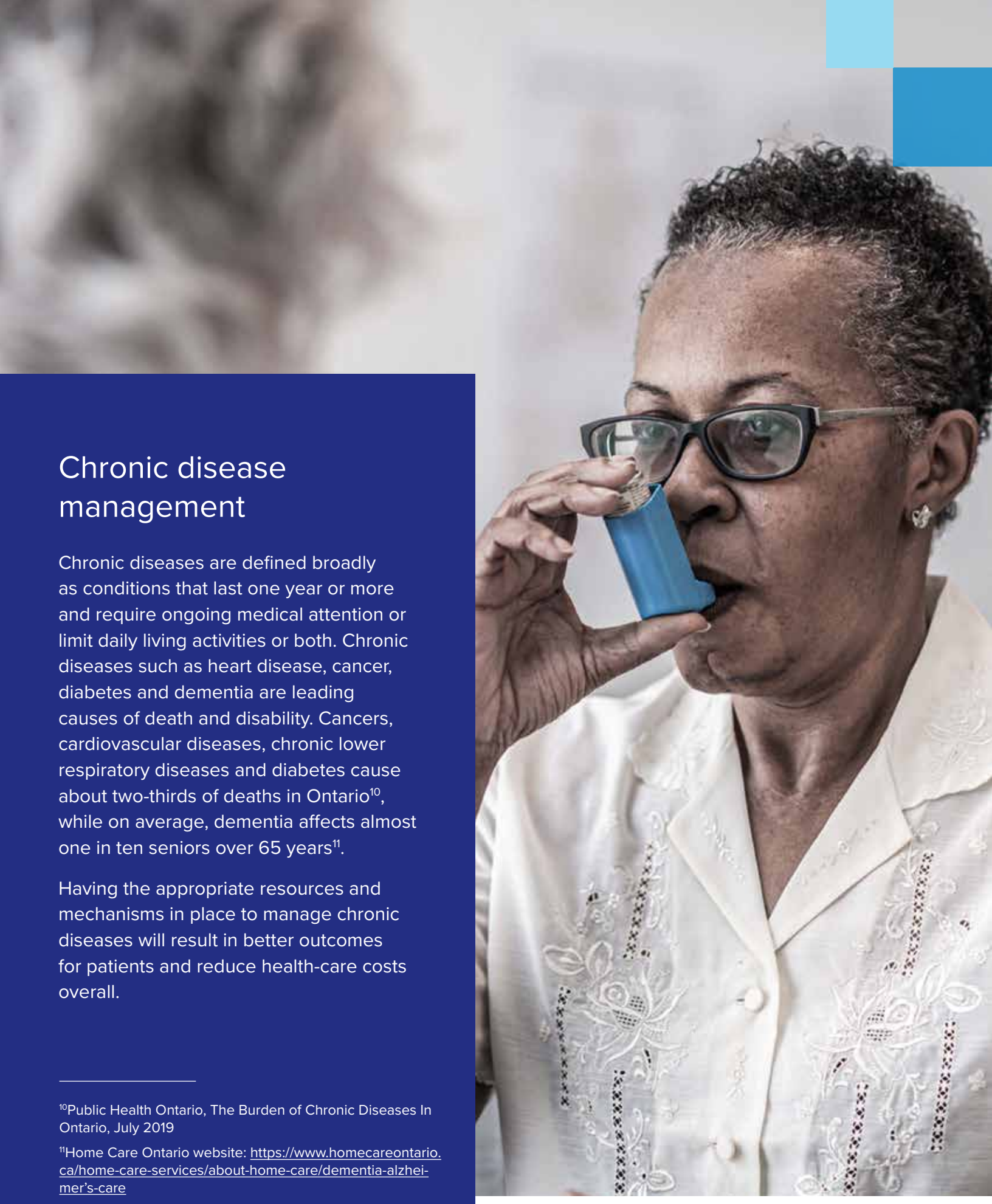
Increasing the number

of skilled palliative care providers, including physicians, nurses and allied providers by increasing opportunities for training

06

Making palliative care accessible

24/7, including virtually, in all regions and for diverse populations including Indigenous, homeless and others



Chronic disease management

Chronic diseases are defined broadly as conditions that last one year or more and require ongoing medical attention or limit daily living activities or both. Chronic diseases such as heart disease, cancer, diabetes and dementia are leading causes of death and disability. Cancers, cardiovascular diseases, chronic lower respiratory diseases and diabetes cause about two-thirds of deaths in Ontario[10], while on average, dementia affects almost one in ten seniors over 65 years[11].

Having the appropriate resources and mechanisms in place to manage chronic diseases will result in better outcomes for patients and reduce health-care costs overall.

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[10]Public Health Ontario, The Burden of Chronic Diseases In Ontario, July 2019

[11]Home Care Ontario website: https://www.homecareontario.ca/home-care-services/about-home-care/dementia-alzheimer's-care

To better serve those living with chronic disease,

Ontario's doctors recommend:

01

Increasing investment

in chronic disease management to enable a larger workforce, technologies to manage these diseases, and home services

04

Strengthen public health and pandemic preparedness

STRENGTHEN PUBLIC HEALTH AND PANDEMIC PREPAREDNESS

Public health preserves and defends the health of the entire community. In addition to combatting pandemics and other public health emergencies, a strong public health system led by specially trained public health doctors preserves health and prevents illness every day.

Local public health units track cases of more than 60 communicable diseases; inspect restaurants for health hazards; ensure the safety of private wells in rural areas; promote health in disadvantaged communities; lead routine vaccinations; operate supervised consumption sites; and respond to complaints of retailers selling tobacco or cannabis to children.

We also need to plan and prepare for the next pandemic now. Ontario must have a robust public health system with the resources it needs to protect the entire population's health, with clearly defined roles across local public health units, Public Health Ontario, Ontario Health and the Ontario Ministry of Health.

To build on the current strengths of our public health system,

Ontario's doctors recommend:

01

Enhancing local public health

to ensure it can be a strong local presence for health promotion and protection

02

Providing a clear, adequate

and predictable funding formula for local public health units that returns to 75 per cent paid by the province and 25 per cent paid by municipalities

03

Ensuring

Ontario's public health system has highly qualified public health doctors with the appropriate credentials and resources

04

Increasing the investment

in public health information systems so we can better collect, analyze, share and use information in more thorough and timely ways to improve decision-making, and asking the federal government to increase its investment in public health to provide the infrastructure to support standardized data collection and analysis across jurisdictions

"To respond to a pandemic of this magnitude in the digital age, it is vital for the Ontario public health system to have access to current, effective and interconnected digital tools and resources to help us manage what we are measuring in real-time. This allows public health professionals to do the work that they are trained to do: investigate, collaborate and mitigate the risk to the public's health."

Dr. Michael Finkelstein, chair, OMA Section of Public Health Physicians, Toronto

05

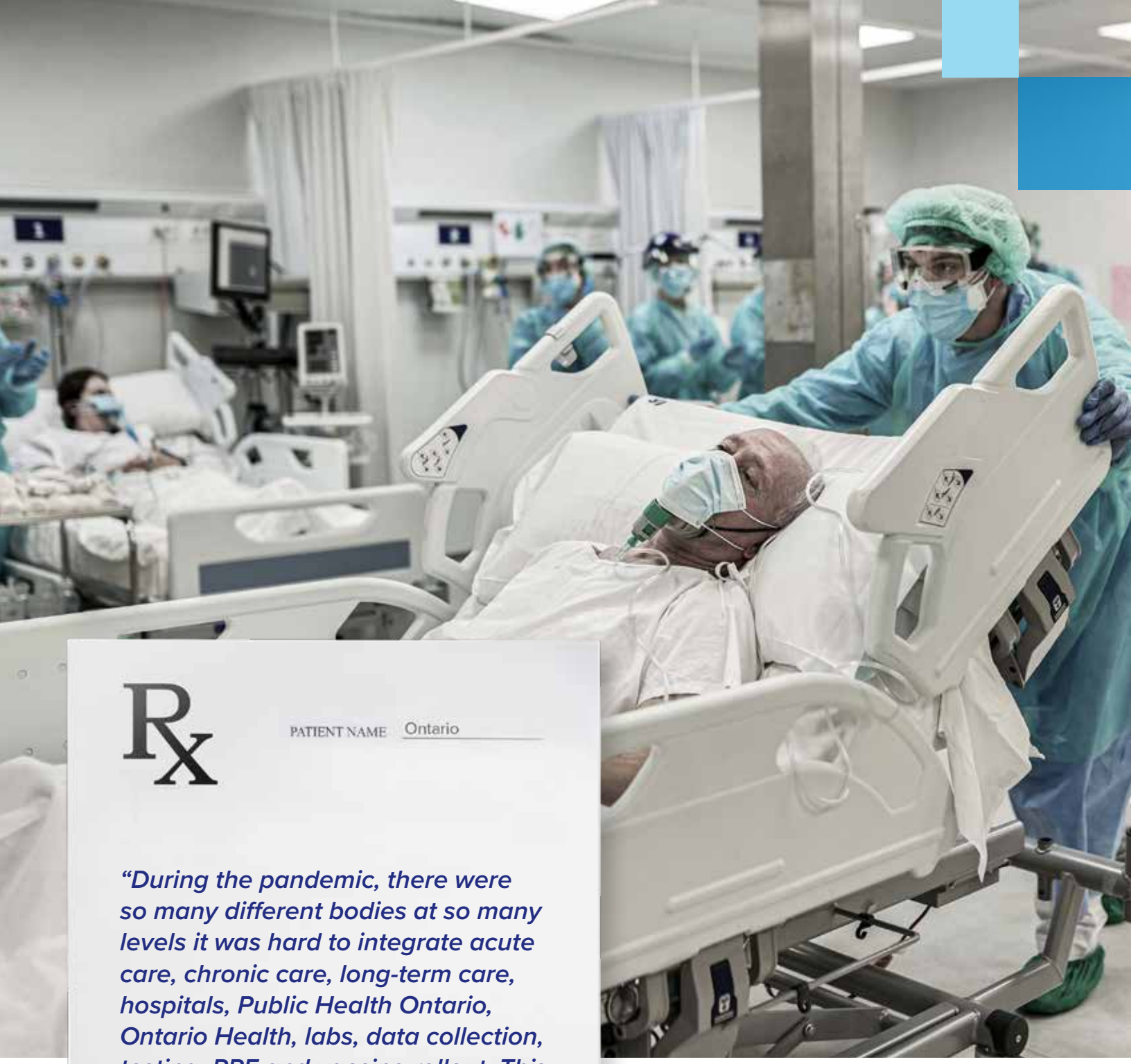
Carrying out

an independent and unbiased review of Ontario's response to the pandemic including the public health system, its strengths and weaknesses during pandemic and non-pandemic times, along with its roles and responsibilities, before considering any changes

06

Enhancing

the ability of Public Health Ontario to carry out its mission/mandate which includes robust public health science and laboratory support, including providing increased funding for hiring of additional public health trained physicians



Rx

PATIENT NAME Ontario

"During the pandemic, there were so many different bodies at so many levels it was hard to integrate acute care, chronic care, long-term care, hospitals, Public Health Ontario, Ontario Health, labs, data collection, testing, PPE and vaccine rollout. This was to be addressed after SARS, but it wasn't."

Dr. Zain Chagla, chair, OMA Section on Infectious Diseases, Hamilton

To prepare for the next pandemic,

Ontario's doctors recommend:

01

Requiring by legislation

a provincial pandemic plan, including a mandatory review and update every five years to reflect changes in local public health practice, medical science and technology

02

Implementing

a standardized pandemic plan across public health units that is sufficiently flexible to account for differences and inequities across this diverse province

03

Sufficiently resourcing

Public Health Ontario to be the central scientific and laboratory resource during a pandemic or public health emergency, including ensuring it has the complement of public health specialist physicians needed to meet its mandate during a public health emergency

04

Strategic investments

for pandemic planning for public health units so their resources aren't drained from the other important work they do every day during a crisis

05

Ensuring adequate

funding to recognize additional workloads during pandemics

05

Give every patient a team of health-care providers and link them digitally

GIVE EVERY PATIENT A TEAM OF HEALTH-CARE PROVIDERS AND LINK THEM DIGITALLY

Team-based and collaborative care

Patients do better when they have a team of care providers, including not only family doctors and specialists but also nurses, dietitians, physiotherapists and others. Where these teams exist, patients have faster and easier access to specific care they need so are healthier, have fewer hospital admissions and are more satisfied. System costs are also reduced.

Most family doctors across Ontario work in different types of practice models that each provide unique benefits to their patients, such as comprehensive care, preventive care and chronic disease management. However, not all practice models allow for the inclusion of other health-care professionals. Most doctors are not able to choose the model of care that is best for their patients and their community.

To provide patients with access to the family care model of practice that works best for them, including team-based care, interdisciplinary collaboration and increased access with fewer unnecessary visits,

Ontario's doctors recommend:

01

Increasing funding and support

for effective team-based and integrated care in all primary care models

02

Letting family doctors choose

the type of practice model that works best for their patients and their community

03

Opening up

the Family Health Organization capitation model of care to all doctors who wish to practice that way

04

Increasing the number

of care co-ordinators to help patients access care more quickly and easily, and have these co-ordinators work directly in primary care settings

05

Enabling

team-based and integrated care settings not only around primary care, but around diseases or specialties

06

Optimizing the currently

legislated Ontario Health Teams, including ensuring physician leadership in the process, as a way to integrate health-care services for the benefit of patients across the province

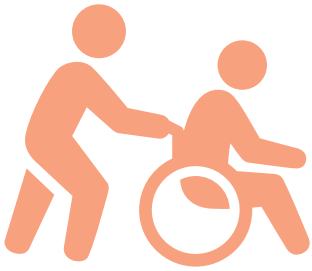
Virtual care

Virtual care is another way for patients to receive excellent care from their doctor using a phone or computer to communicate.

Doctors pushed hard at the beginning of the pandemic to enable more access to virtual care for their patients. Without virtual care, the pandemic backlog of almost 20 million delayed patient services would be much greater. Virtual care has literally saved lives and is especially valuable for those who are elderly or ill, those who have trouble getting to the doctor's office, or those who live in rural and remote communities.

The temporary OHIP codes being used by doctors to provide virtual care during the pandemic expire in September 2022. These virtual care codes must be made permanent and more flexible for doctors to be able to provide their patients with the best care possible.

How we think about the future of virtual care is also important because it works best where it fosters a continuous relationship between a patient and their regular health-care provider. Research shows that patient outcomes are better when there is a trusted and familiar relationship.



61%

of doctors have patients with mobility, health or transportation issues that make it difficult for them to attend in-person visits.

Source: 2021 OMA member survey

To ensure all patients continue to benefit from virtual care,

Ontario's doctors recommend:

01

Implementing permanent

OHIP fee codes for virtual care services provided by phone, video, text and email, ensuring that patients can access virtual care for any insured health-care service that can be appropriately delivered through electronic means

02

That the government partner

with internet providers so that Ontarians who cannot afford internet services (for example, those living in public or supportive housing, relying on Ontario Works or the Ontario Disability Support Program, and seniors receiving the Guaranteed Income Supplement) can get internet services at a greatly reduced rate, to ensure all patients benefit from virtual care

"Being able to offer virtual psychotherapy during the pandemic has expanded psychiatrists' ability to better meet the needs of marginalized populations by offering consistent treatment, without some of the barriers that would have previously prevented people from accessing care."

Dr. Renata Villela, psychiatrist and vice-chair, OMA Section on Psychiatry

Linking existing digital health records systems

Most people have experienced the frustration of repeating the same information to different health-care providers, or at the hospital or before a test. They've likely also been told by their pharmacist that a fax to renew a prescription will be sent to their doctor.

In Ontario, doctors, hospitals, labs and pharmacists use different digital medical records systems, and these systems aren't all linked. That means nine out of 10 Ontario doctors still must use fax technology to share patient information with other professionals on a patient's care team.

Connecting these different systems would reduce the administrative burden and free up time better spent on direct patient care. For example, if each of Ontario's doctors could save one hour a day and see two additional patients, more than 60,000 additional patients would receive care each day, or one million more patients a month.

88%

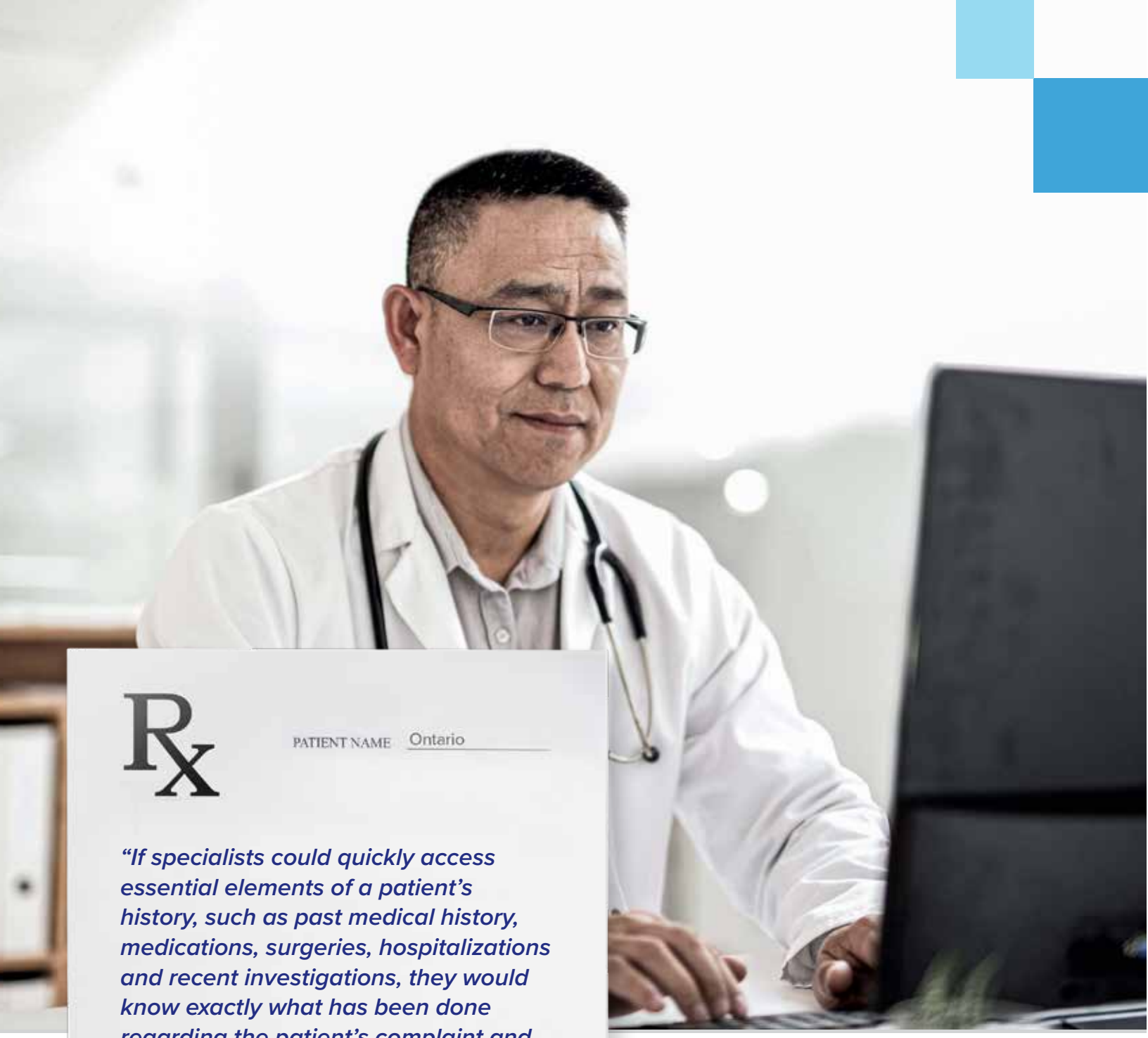
of doctors say they must use fax technology to share patient information with other physicians, pharmacists and health-care providers. Of these:

30%
said one to five hours a week could be saved if they communicated through linked health records systems

23%
said it could save six to 10 hours a week

22%
said it could save more than 10 hours a week

Source: 2021 OMA member survey



"If specialists could quickly access essential elements of a patient's history, such as past medical history, medications, surgeries, hospitalizations and recent investigations, they would know exactly what has been done regarding the patient's complaint and be able to quickly narrow down what else should be considered. This will save patients and physicians time and resources and ultimately provide better care for our patients."

Dr. Mariam Hanna, chair, OMA Section on Allergy and Clinical Immunology, Burlington

To improve sharing of a patient's medical information among their health-care providers,

Ontario's doctors recommend:

01

Linking doctors'

electronic medical records systems, hospital information systems, and laboratory and pharmacist systems so they can all talk to each other

02

Streamlining

the approval, development, and implementation of new digital health technologies, including remote patient monitoring

To accelerate innovation in health care,

Ontario's doctors recommend:

01

Better connecting

Ontario's existing innovation, incubator and accelerator investments with physicians and public health-care leaders

02

Making government funding

programs for health and life sciences a priority, including economic development and research and development

03

Leveraging

public and private sector financing, research, development and health-care expertise to spur the development and use of Ontario-made health-care innovations

04

Investigating

greater use of remote patient management technologies, which can be especially helpful in managing chronic disease

05

Prioritizing funding

for data-sharing tools already in place such as Health Report Manager, Insights4Care Dashboard and provincial viewers such as ConnectingOntario ClinicalViewer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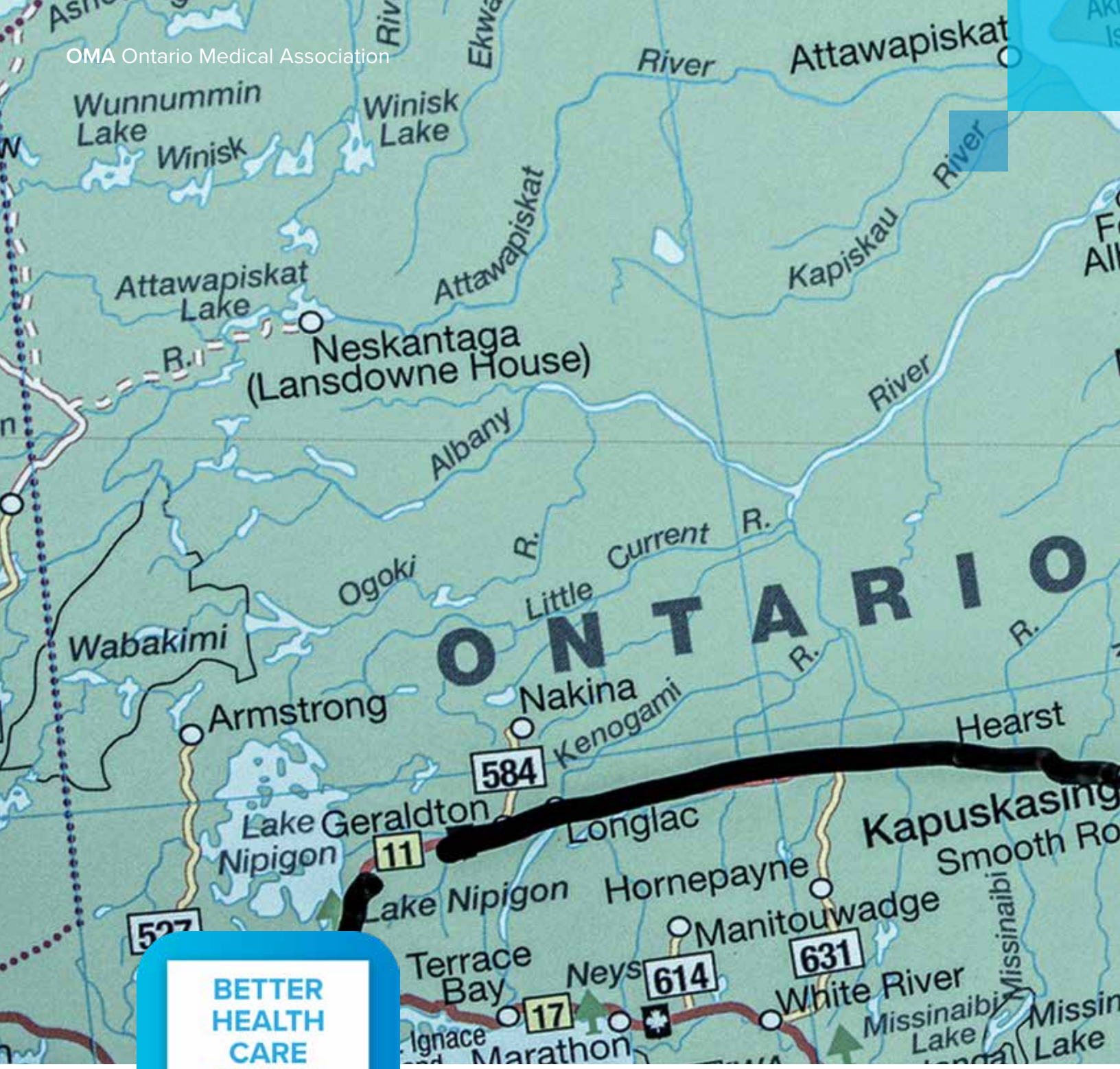


Improving access to care in northern Ontario

IMPROVING ACCESS TO CARE IN NORTHERN ONTARIO

Northern Ontario makes up almost 90 per cent of Ontario's landmass but contains only six per cent of its population. Equitable access to health care in northern Ontario is a unique challenge, requiring unique solutions.

There is a shortage of doctors and health-care professionals in many northern communities, and physical access to care and services is often hampered by weather, transportation infrastructure and sheer distance. However, access to health care ensures healthy populations, which is crucial to the economic health and vibrancy of rural and remote communities.

Virtual care is limited by lack of high-speed internet and unreliable connectivity. It's also hard to stay healthy when access to transportation, affordable food and secure housing are so limited. The social determinants of health must be addressed.

"Social isolation of Indigenous communities in the North, and the inequities experienced by Indigenous Peoples have been exacerbated by the pandemic. Our inequity bathtub in northern Ontario was nine-tenths full before COVID, and now it is overflowing."

Dr. Sarita Verma, president of the Northern Ontario School of Medicine, Thunder Bay

To improve health care in northern Ontario,

Ontario's doctors recommend:

01

That patients have

equitable access to care in their own communities

02

Reviewing and updating

incentives and supports for physicians and allied health-care workers to practise in northern Ontario and other communities that are chronically underserviced

03

Focusing on

education, training, innovation and opportunities for collaborative care to address doctor/health-provider shortages in remote communities

04

Creating

resourced opportunities for specialist and subspecialist trainees to undertake electives and core rotations in the north

05

Giving medical students

and residents the skills and opportunities they need to be confident in choosing rural and remote practices

06

Focusing on innovative

culturally sensitive education and training opportunities addressing physician and other health-provider shortages in rural and remote communities

07

Focusing on

the profound and disproportionate impact of the opioid crisis and mental health issues in northern Ontario

08

More social workers,

mental health and addiction care providers and resources for children's mental health

09

Enhancing internet connectivity

in remote areas to support virtual care, keeping in mind that virtual care will not solve health human resources problems in northern Ontario and should not replace in-person care

10

A recognition of

the specific need for local access to culturally safe and linguistically appropriate health care for northern Ontario's francophone population and Indigenous Peoples

11

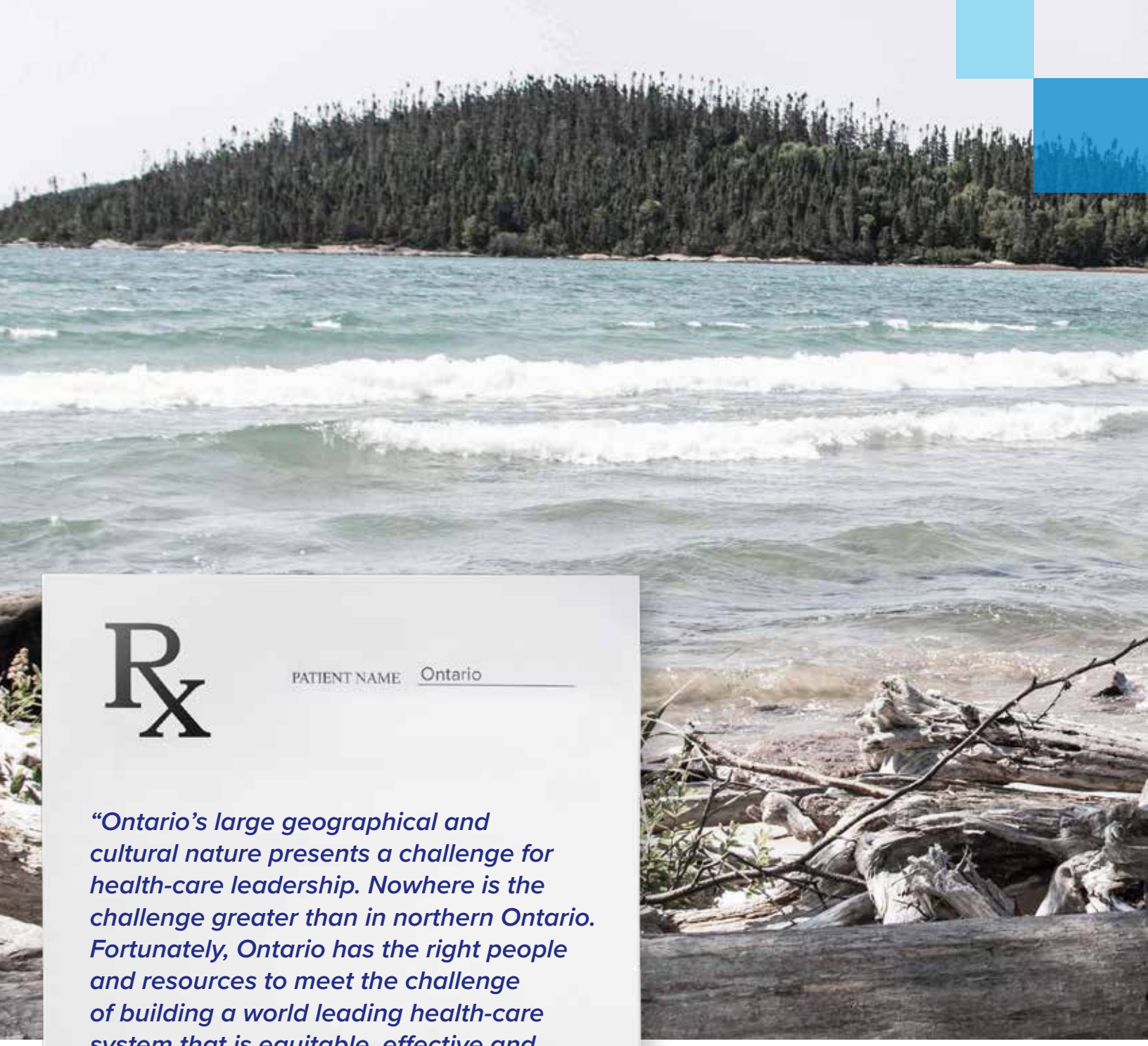
A collaborative partnership

with Indigenous Services Canada and Health Canada to address issues of safe drinking water and adequacy of health-care facilities and resources in Indigenous communities

12

Using a harm-reduction

anti-oppressive lens, addressing the education gaps in Indigenous communities and non-Indigenous communities, as health is directly affected by education



Rx

PATIENT NAME Ontario

"Ontario's large geographical and cultural nature presents a challenge for health-care leadership. Nowhere is the challenge greater than in northern Ontario. Fortunately, Ontario has the right people and resources to meet the challenge of building a world leading health-care system that is equitable, effective and accessible. Though progress has been made, Ontario still has much left to do, especially in northern Ontario."

Dr. Stephen Cooper, family physician, Manitoulin Island

INVESTING IN ONTARIO'S HEALTH-CARE SYSTEM

Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care is a key document that identifies priorities for investment in our health-care system over the next four years. Many recommendations in this plan are interrelated and have investment and saving aspects that are difficult to estimate over the next four years.

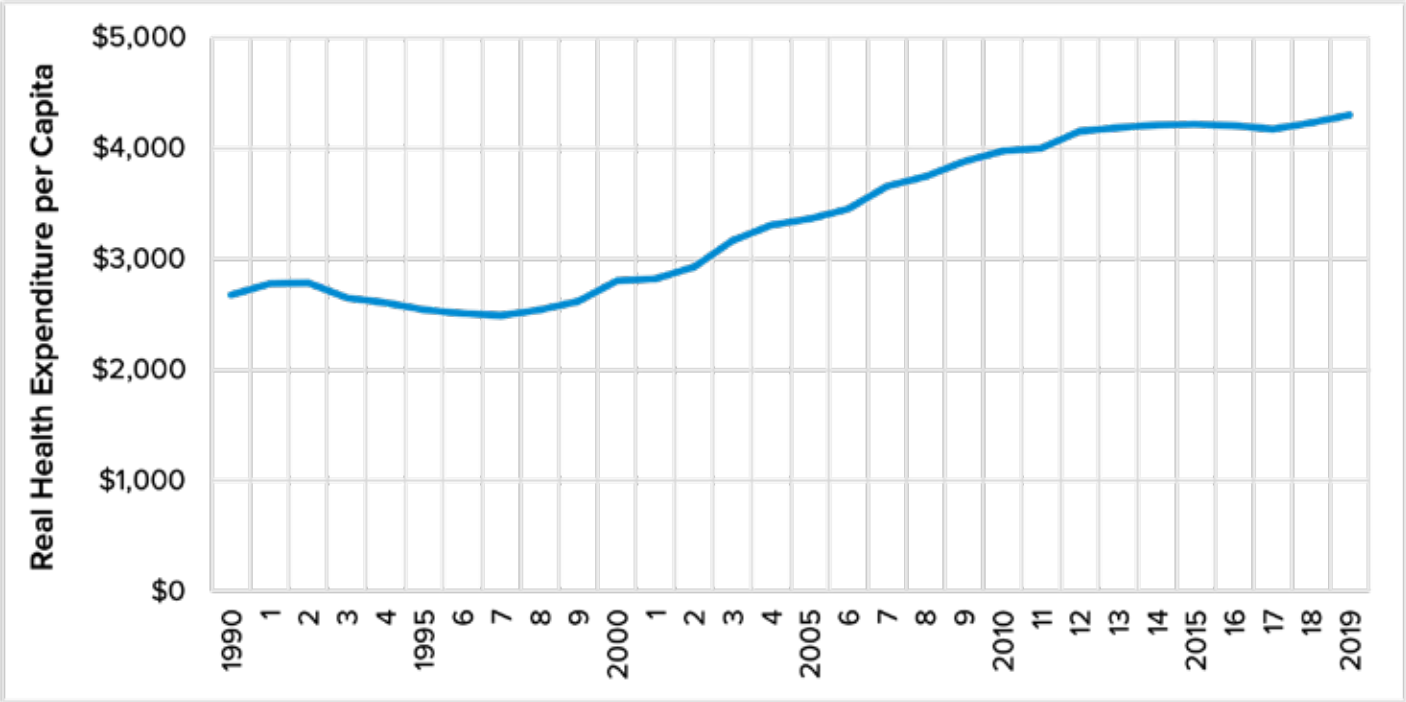
The biggest unknowns are the duration of the pandemic and its ultimate effect on the health-care system. This includes the level of care that affected patients will require to improve their physical and mental health. It also includes the associated demands on the system to resolve the pandemic backlog of almost 20 million delayed patient services and to treat sicker patients. We also do not know what impact the pandemic will have on human resources in the health system, including early retirements of burned-out doctors, nurses and other front-line health-care professionals. Costing each recommendation is therefore not possible with any degree of confidence.

What Ontario's doctors do know is that the current piecemeal model of health-care planning was outdated and inefficient even before the pandemic. It didn't work to improve health care then, and certainly won't work now in the shadow of a pandemic – where everything is changing by the minute.

Decision-making about our health-care system needs and structure must be looked at as a whole, not in unconnected silos. And what is good for patients must be the most important consideration. It will take political will to admit that Ontario's health-care system has fallen behind and to convene all key health-care stakeholders – physicians, nurses, hospital administrators and other care providers – to get their expert perspective on what is needed. Only then will we know the full extent of the problem and how to allocate resources to fix it in the long term.

Ontario Government Per Capita Health Expenditures

(2019 Dollars)



However, what doctors can say right now is:

$5 billion is needed to reach the average of provincial per capita spending

Ontario's annual health-care spending has not kept up with year-over-year demand for the past 30 years. Spending per capita decreased in the 1990s, while between 2012 and 2016 it was flat. In other years, spending was below the minimum required to keep pace with demand.[12]

The result is that in 2019, Ontario ranked ninth out of 10 provinces in annual health-care spending at $4,342 per person.[13]

To reach a health-care investment equal to the average of other Canadian provinces will require an injection of $5 billion to the current level of spending. Additional investment should be greater than $5 billion if the aim is to be higher than the provincial average. This figure does not include the investments to fix the shortfalls in Ontario's current system described in *Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care*, the additional health-care dollars already spent due to COVID-19 or future funding required to address the backlog of care caused by the pandemic.

[12]2020 CIHI National Health Expenditure Trends - Table D.4.6.3; CPI Figures from 2020 CIHI National Expenditure Trends - Appendix B

[13]2020 Canadian Institute for Health Information (CIHI) National Health Expenditure Trends, Series D4

Provincial Government Per Capita Health Expenditures by Province
(current dollars)

Province	2019
Newfoundland and Labrador	$6,413
Alberta	$5,164
Saskatchewan	$4,875
Prince Edward Island	$4,962
Nova Scotia	$5,026
Manitoba	$4,783
New Brunswick	$4,549
Quebec	$4,564
Ontario	**$4,342**
British Columbia	$4,273

Significant savings are available in the system

Prescription for Ontario: Doctors' 5-Point Plan for Better Health Care recommends many efficiencies that, if adopted, would avoid costs or realize savings.

One example where hundreds of millions of dollars in annual costs could be avoided is through the reduction of alternate level of care patients in hospital.

As described on page 27, in 2019-20 there were 1.3 million hospital bed days used by alternate level of care patients.[14] An alternate level of care patient is defined as a patient in hospital who is stable enough to leave but there isn't a long-term care bed, hospice bed or rehabilitation bed for them to transfer to, or not enough home-care services available for them to return home safely.

According to the Ontario Hospital Association, "it costs approximately $500 per day to provide care for a patient in hospital, $150 in long-term care and even less for home and community care. More importantly, hospitals have less room to treat people who really need to be there, or to accommodate a sudden increase in patients during the winter flu season. Unfortunately, this means too many patients receive care in hallways and other unconventional spaces. It is impossible to end hallway medicine without addressing these rising [alternate level of care] rates."[15]

The current estimated cost of keeping these patients in hospital is $650 million dollars a year. The math is clear: providing care in other more appropriate settings would avoid hundreds of millions of dollars a year in health-care spending.

[14]Canadian Institute for Health Information. Hospitalization, Surgery and Newborn Statistics, 2019-2020

[15]Ontario Hospital Association. A Balanced Approach: The Path to Ending Hallway Medicine For Ontario Patients and Families, Pre-Budget Submission / 2019 Ontario Budget

The provinces cannot do it alone

The OMA strongly supports the call by Canada's premiers for the federal government to increase the Canada Health Transfer to 35 per cent of provincial-territorial health-care spending.

While it was originally envisioned that health-care spending be shared equally by the federal government and the provinces and territories, the federal government's share has decreased over time. Today, the Canada Health Transfer funds only an average of 22 per cent of total provincial health-care costs.[16]

Ontario has lost billions of dollars that could be used to provide better health care for all of us.

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[16]Ontario speech from the throne, Oct 4 2021

LEADERS AGREE IT'S TIME TO FIX HEALTH CARE

> **COVID-19 has exposed and amplified challenges for those who call Ontario home and we believe that prioritizing public health is our best long-term economic strategy. A strong health-care system attracts new business and investment to Ontario which creates jobs that can support our economic recovery. The Ontario Chamber's Health Policy Council appreciates the opportunity to provide input to OMA's election platform.**
>
> Rocco Rossi, President and CEO, Ontario Chamber of Commerce

> **Ontario's pharmacists have long called for a more integrated and connected health-care system to ensure all providers have the information they need at their fingertips to serve their patients. Ontario's health system needs to replace fax machines with technology that enables seamless communication between pharmacists, doctors and other health providers to get better, safer and faster results for patients.**
>
> Justin Bates, CEO, Ontario Pharmacists Association

> Home-care workers look after a million people in Ontario every year. That's massive. More than 90 per cent of people want to live in their homes and receive care in their homes as they age. But there has been very little attention paid to the home care system by successive governments.
>
> Sue VanderBent, CEO, Home Care Ontario

> The quality of health-care services in Ontario communities has a direct impact on programs and services offered by local governments. It is vital that health-care providers work with their municipal partners to understand how we can collectively improve the health and well-being of the people we serve.
>
> David Arbuckle, Executive Director, Association of Municipal Managers, Clerks and Treasurers of Ontario

> Northern Ontario is growing and it is also aging. We are in crisis mode without the complement of physicians required. And, I believe that communities need to be able to engage medical students, residents and locums to show them that there is so much more to a community than what they see at the clinic/hospital where they are working. It takes a community to engage our visiting med students, residents and physicians so they will come back and possibly stay.
>
> Mayor Sally Hagman, Blind River

> Nothing can halt the growing demand for hospice palliative care. The population is aging and the number of people nearing end of life is rapidly increasing. Now, more than ever, people are understanding what quality of life, until the end of life, truly means. COVID-19 has revealed for many the critical importance of comfort, care and spending quality time with loved ones in the remaining days of life. Hospice palliative care is holistic care for patients and families, allowing for the necessary connections, meaning and comfort that are so essential to a quality end of life experience.

Rick Firth, President and CEO, Hospice Palliative Care Ontario

> In an increasingly over-stretched health system, all parts of the sector need to work together to effectively provide care to people where and when they need it. Seniors' care needs to be dramatically reformed in Ontario, and we are pleased that the OMA has highlighted a number of areas that would help with this transformation, in particular the need for more staffing, more funding for home and community care, and for building up capacity for care internally within long-term care homes. We're ready to work together with all our system partners to deliver the kind of care seniors expect and deserve."

Lisa Levin, CEO, AdvantAge Ontario

> **Children's Aid Societies work with many children who have high health-care needs every day. It has been frustrating to work within a fragmented system that is hard to navigate. When we speak of different parts of the system working together, Children's Aid Societies need to be included too. That's why we appreciate being consulted on the development of the OMA's health-care recommendations, which we hope will lead to better health care for children.**
>
> Marisa Cicero, Interim Director, Shared Services + Strategic Operations,
> Ontario Association of Children's Aid Societies

> **We need the resources to deal with the opioid crisis including social workers and crisis workers. Timmins has the highest fatality rates per 100,000 in Canada and we need more resources to help us get ahead of this.**
>
> Mayor George Pirie, Timmins

“

In an increasingly over-stretched health system, the home and community sector remains the most cost-effective place to treat people, which is where Ontarians want to receive care. A robust and well-resourced home and community care sector can alleviate pressure off of the system and would enable the most appropriate use of acute care hospitals and long-term care facilities, as well as generate significant cost savings across the system.

Deborah Simon, CEO, Ontario Community Support Association

”

“

Families expect mental health care for their children the same way they would physical health care. Child and youth mental health centres have developed responsive and innovative models to provide more families with timely access to service, including the expansion of inter-professional care teams. Over the past five years, significant improvements have been made, for example with the opening of more than 80 walk-in clinics. However, demand for services simply outstrips flat-lined funding, and investments are urgently needed to expand front-line services.

Kimberly Moran, CEO, Children’s Mental Health Ontario

”

OMA

Ontario Medical Association

oma.org

@Ontariosdoctors

Ontario
LEGISLATIVE
ASSEMBLY

Jeff Yurek, MPP

Elgin-Middlesex-London

Constituency Office

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St. Thomas, Ontario N5P 1E2

Tel. (519) 631-0666
Toll Free 1-800-265-7638
Fax: (519) 631-9478
E-mail: jeff.yurekco@pc.ola.org

Hon. Christine Elliott
Minister of Health
College Park 5th Flr
777 Bay St, Toronto, ON M7A 2J3

November 15, 2021

Dear Minister Elliott,

I am writing to highlight recent correspondence from Southwestern Public Health (SWPH) and its funding municipalities regarding ministry reimbursement for costs incurred as a result of COVID-19 response efforts.

As you will find in the attached, SWPH urges timely reimbursement of pandemic response and vaccination efforts in addition to COVID-19 one-time extraordinary expenses. It also requests allocations to support the resumption and revitalization of programs and services and increased base funding to reflect demands on health unit resources that have emerged during the COVID-19 period.

Minister, your consideration of the above and attached is greatly appreciated. I know that you and the entire ministry share my deep gratitude for the work public health units are doing to keep our communities safe.

Sincerely,

Jeff Yurek, MPP
Elgin-Middlesex-London

October 20, 2021

Honourable Christine Elliott,
Deputy Premier Minister of Health
Ministry of Health
Hepburn Block 10th Floor 80
Grosvenor Street
Toronto, ON M7A 1E9
Via email: Christine.elliott@ontario.ca

Dr. Kieran Moore,
Chief Medical Officer
Public Health, Ministry of Health
BOX 12
Toronto, ON M7A 1N3
Via email: Kieran.moore1@ontario.ca

Dear Minister Elliott and Dr. Moore,

On behalf of Southwestern Public Health, County of Oxford, County of Elgin and the City of St. Thomas, please accept this letter as a formal and immediate request for reimbursement by the Ministry of Health for SWPH's Covid-19 response and vaccination expenses in order to address current cashflow issues associated with awaiting the province's timely reimbursement of COVID-19 one-time extraordinary expenses.

At its October Board of Health meeting, the Board approved issuing an additional levy of $4,000,000 to its obligated funding municipalities to manage the ongoing needs of its public health unit in responding to the Covid-19 pandemic emergency. This additional levy was needed to ensure SWPH would be able to continue to respond to the Covid-19 pandemic emergency including meeting its payroll obligations and paying its bills. Issuing additional levies to municipalities who all have their own funding pressures, in order to cover the delay in timely provincial reimbursement is disconcerting and regrettable. As you know, the demands of public health units related to managing this emergency response have been unprecedented. As such, SWPH has incurred significant costs and it has not yet received reimbursement for the total of those costs.

While the Ministry of Health has been straightforward in its commitment to fund Covid-19 expenses incurred by health units, SWPH and its obligated municipalities cannot stress enough the importance of **timely** Ministry of Health COVID-19 reimbursement to ensure interrupted emergency response work. Timely access to funding is a basic principle of emergency preparedness and emergency response.

Thank you kindly for your time and consideration.

Sincerely,

Larry Martin
Board Chair, Southwestern Public Health
Warden, Oxford County

Tom Marks
Warden, County of Elgin

Joe Preston
Mayor, City of St. Thomas

c: J. Yurek, MPP Elgin Middlesex London
E. Hardeman, MPP Oxford
C. St. John, CEO, Southwestern Public Health
M. Duben, CAO, Oxford County
J. Gonyou, CAO, County of Elgin
W. Graves, CAO, City of St. Thomas

SOUTHWESTERN Public Health
Oxford • Elgin • St.Thomas

St. Thomas Site
Administrative Office
1230 Talbot Street
St. Thomas, ON
N5P 1G9

Woodstock Site
410 Buller Street
Woodstock, ON
N4S 4N2

November 2, 2021

Honourable Christine Elliott,
Deputy Premier Minister of Health, Ontario
Hepburn Block 10th Floor
80 Grosvenor Street
Toronto, ON M7A 1E9
Sent via email: christine.elliott@ontario.ca

Dear Minister Elliott,

Re: Ongoing Government Financial Support

On behalf of the Board of Health for Southwestern Public Health (SWPH), we commend the continued commitment shown by you and your government for the financial support of local public health units in their ongoing COVID-19 pandemic response and for the continuation of mitigation funding for the year 2022.

I am, however, specifically writing today to request the ongoing financial support by the government for the following items that have not been captured by previous funding announcements:

1. Allocations to support the resumption, catch-up, and recuperation of programs and services.
2. Increased base funding to reflect the following demands on health unit resources:
    a) Endemic nature of COVID-19; inclusion of COVID-19 response activities in regular program planning.
    b) Increased wage, benefit, and operational costs due to inflation.
    c) Increased demand for health unit services to support population recovery from COVID-19 (e.g., mental health wellness, harm reduction).

Since the beginning of the COVID-19 pandemic, SWPH has worked vigorously to contain the spread of COVID-19 in our region, effectively redeploying a significant number of staff to vaccine roll-out and administration, case and contact management, outbreak management, infection prevention and control, surveillance, enforcement activities, communication, and a COVID-19 Task Force that includes a call centre to support our community, municipal partners, regional organizations, businesses, and other external stakeholders.

With the redeployment of SWPH staff, however, many difficult decisions have been made related to the reduction or even cancellation of programs and services due to resource limitations. This has impacted key populations and resulted in a backlog of services that include the following examples (which are by no means reflective of the breadth of affected programs):

- Thousands of students who have missed the school-based immunization program for 2020-2021 and hundreds more who have not been offered second doses to complete their full immunization series through the school program.

- Dozens of small drinking water systems that require inspection this current year in addition to the routine annual cohort for 2022.
- Thousands of children who require Oral Health Screening
- Thousands of children who require Vision Screening.

As SWPH gathers and reviews local data, it is clear that the funding for and revival of these programs and services must be provided quickly in order to reduce the long-term impact and negative outcomes upon the health and well-being of our communities. Additionally, SWPH urgently needs to restart and reinstitute these vital programs and services to ensure the backlog does not overwhelm and exceed the capacity of our dedicated staff to manage and fulfill these requirements mandated by the Health Protection and Promotion Act and the Ontario Public Health Standards.

As I have noted before and will continue to emphasize, *the recovery of post-pandemic public health programs and services cannot rest upon the support of local funders alone*. These past 20 months have clearly indicated that COVID-19 will remain a significant public health threat that will strain the financial and human resources of all health units for the foreseeable future. Our work in and support of our diverse communities will be significantly compromised if we are unable to expand our workforce and offer permanent roles in public health.

Thus far, local public health units have received only one increase to their base funding in the past five years. Unfortunately, this singular increase neglects to recognize the new programs that have been added to the Ontario Public Health Standards, and does not address the realities of ever-increasing inflation, wages, benefits, and operating costs. Much work lies ahead for every health unit as they engage in rebuilding programs and services, addressing community needs, reviving regional connections and supports, and assessing the aftereffect of public health's focused pandemic work on local populations – but that work is even more daunting and problematic when viewed through the lens of fiscal insecurity.

For the above reasons, the Board of Health for SWPH urges the provincial government to commit dedicated funding to support the catch-up and recovery of public health activities as well as the ongoing demands for a nimble and vigilant health unit response to COVID-19. As we look to the future, it is imperative that the recovery of public health programs and services are supported in a comprehensive and sustainable manner in order to positively impact our communities for generations to come.

Sincerely,

Larry D Martin

Mr. Larry Martin
Chair, Board of Health
Southwestern Public Health

copy: Honourable Jeff Yurek, MPP, Elgin-Middlesex-London
Honourable Ernie Hardeman, MPP, Oxford
C. St. John, CEO, Southwestern Public Health
J. Lock, Medical Officer of Health, Southwestern Public Health
Association of Ontario Public Health Business Administrators
Association of Local Public Health Agencies

Oxford County
Growing stronger together

21 Reeve Street, PO Box 1614
Woodstock, ON N4S 7Y3
519.539.9800 I 1.800.755.0394
oxfordcounty.ca

October 28, 2021

The Honourable Steve Clark, Minister of Municipal Affairs and Housing
The Honourable Christine Elliott, Minister of Health

VIA EMAIL

Please be advised that at its meeting of October 27, 2021, Oxford County Council adopted the following resolution in response to the attached correspondence from Southwestern Public Health (SWPH) regarding an interim 2021 levy due to cash flow pressures related to COVID-19:

Moved By: Marcus Ryan
Seconded By: Mark Peterson

Resolved that the correspondence from Southwestern Public Health dated October 13, 2021 informing of an interim additional 2021 levy being imposed to fund cashflow pressures related to COVID-19 response expenditures until the costs are reimbursed by the Ministry of Health be received;

And further, that County Council authorizes the County's portion of the interim additional levy in the amount of $2,219,015 be funded by the General Reserve;

And further, that Southwestern Public Health be requested to refund the interim additional levy to the County immediately upon receipt of the Ministry of Health's reimbursement of Southwestern Public Health's COVID-19 response related expenditures.

And further, that the County write to the Minister of Municipal Affairs and Housing and the Minister of Health to express our concern at this cash flow situation and its effect of applying pressure to SWPH cash flow during this time when their focus needs to be on vaccination work.

Respectfully yours,

Warden Larry Martin
Oxford County

Encl.
Cc: Southwestern Public Health

SOUTHWESTERN Public Health
Oxford • Elgin • St.Thomas

Elgin St. Thomas Site
Administrative Office
1230 Talbot Street
St. Thomas, ON
N5P 1G9

Woodstock Site
410 Buller Street
Woodstock, ON
N4S 4N2

October 13, 2021

Mr. Michael Duben, Chief Administrative Officer
Ms. Lynn Buchner, Director of Corporate Services
County of Oxford
21 Reeve Street
Woodstock, ON N4S 7Y3

Dear Michael and Lynn,

SWPH has encountered significant cash flow concerns due to the delay in reimbursement by the Ministry of Health for our Covid-19 expenditures related to our Covid-19 response and vaccination work. To manage this concern, staff have continued to monitor cash flow and update projections. As well, SWPH has utilized additional cash on hand from the 2019-year end surplus per Board direction and SWPH has increased its line of credit from $800,000 to the maximum of $3,000,000.

Due to the ongoing cashflow situation, the Board of Health has determined it necessary to levy each of the obligated municipalities proportionately of a total of $4,000,000. This will lessen the pressure between the maximum amount of SWPH's line of credit and SWPH's actual expenditures to December 31st, given SWPH's continued need for a Covid-19 response including the vaccination work. This will ensure that SWPH's financial obligations are met, and this will bridge the gap between now and the date the Ministry of Health reimburses SWPH for its Covid-19 expenditures.

The County of Oxford's portion of this levy is $2,219,015. The Board determined that these funds will be returned to the County upon receipt of the Ministry of Health funding. The Board and staff recognize an additional levy is the last resort. The Board hopes that the reserve monies that were returned to you in 2019 earmarked for public health work, will assist in managing the burden.

Please forward payment to Southwestern Public Health by November 1st, 2021.

If you have any questions, please don't hesitate to contact us.

Sincerely,

Mr. Larry Martin
Chair, Board of Health
Southwestern Public Health

Cynthia St. John
Chief Executive Officer
Southwestern Public Health

copy: Monica Nusink, Director of Finance, SWPH

Ontario

Ministry of Health

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

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

Ministère de la Santé

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

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

October 28, 2021

MEMORANDUM

TO: Board of Health Chairs, Medical Officers of Health, and Chief Executive Officers

RE: Provision of French Language Services by Board of Health

Dear Colleagues,

The public health sector continues to play an integral role in protecting the health and safety of Ontarians during the pandemic. I recognize and commend the sector for its continued work and leadership during this unprecedented time.

As Ontario is in the fourth wave and recognizing the school year and the academic year for post-secondary institutions are underway, the sector's capacity to meet ongoing pandemic planning and response needs will no doubt continue to be tested.

I am writing to you today to draw attention to the ongoing importance of the provision of French-language public health services and information. The Ministry of Health has been made aware of concerns and challenges faced by health care professionals and the public in accessing public health information and services in French, particularly during the pandemic.

As you are aware, the Ontario Public Health Standards: Requirements for Programs, Services and Accountability, 2021 (OPHS) state that "boards of health should bear in mind that in keeping with the FLSA, services in French should be made available to French-speaking Ontarians located in designated areas". The OPHS also state that Francophone communities may be, in some instances, priority populations for public health interventions.

In addition to the availability of Ministry of Health and Public Health Ontario information in both languages, there are other resources and supports available. We encourage you to access resources from other public health units including the Public Health *en français* Community of Practice, an online community managed by Ottawa Public Health and the Eastern Ontario Health Unit. Their website includes COVID-19 resources. You may also wish to contact the French language leads of Ontario Health regions for resources and supports and their contact information are provided below.

Ontario Health Regions		Contact Information
East Region		**Farrah Hirji** Farrah.Hirji@ontariohealth.ca (905) 430-3308 ext. 3268
Toronto Region		**Tharcisse Ntakibirora** (416) 561-9158 t.ntakibirora@ontariohealth.ca
Central Region		**Kim Sontag** Kim.sontag@ontariohealth.ca (705) 721-8010 ext. 2215 **Tina Christman** (705) 326-7750 x3240 Tina.Christman@ontariohealth.ca
North Region	North East	**Johanne Labonte** Johanne.Labonte@ontariohealth.ca (705) 267-2334 ext. 5552
	North West	**Diane Breton** diane.breton@ontariohealth.ca (807) 684-9425 ext. 2022
West Region	Waterloo-Wellington & Hamilton Niagara Haldimand Brant	**Bianca Bempong** bianca.bempong@ontariohealth.ca (519) 748 2222 ext. 5442
	South West	**Suzy Doucet-Simard** suzy.doucet-simard@ontariohealth.ca (519) 672-0445 ext. 2612
	Erie St. Clair	**Marthe Dumont** Marthe.Dumont@lhins.on.ca 1-888-310-8881 ext. 7130

Again, I thank you for the continued efforts of you and your staff in the response to COVID-19.

If you have any questions, please do not hesitate to contact Colleen Kiel at (416) 317-7058, or myself.

Sincerely,

Kieran Michael Moore, MD, CCFP(EM), FCFP, MPH, DTM&H, FRCPC, FCAHS
Chief Medical Officer of Health

c: The Honourable Caroline Mulroney, Minister of Francophone Affairs and Transportation
The Honourable Christine Elliott, Deputy Premier and Minister of Health
Sean Court, Assistant Deputy Minister, Strategic Policy, Planning & French Language Services

WINDSOR-ESSEX COUNTY HEALTH UNIT
Bureau de santé de Windsor-comté d'Essex

519-258-2146 | wechu.org |

1005 Ouellette Avenue, Windsor, ON N9A 4J8 | 33 Princess Street, Leamington, ON N8H 5C5

November 4, 2021

The Hon. Christine Elliott
Ministry of Health, Deputy Premier
Ministry of Health
College Park 5th Floor
777 Bay St. Toronto, ON M7A 2J3

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

Dear Minister Elliott,

The Board of Health for the Windsor-Essex County Health Unit (WECHU) would like to express its gratitude for the funding received over the course of the COVID-19 pandemic. Additionally, the WECHU would like to take this opportunity to acknowledge the recent approval of mitigation funding for 2022. The extension of the mitigation funding is a recognition of the impact of the COVID-19 pandemic in our community.

Windsor and Essex County (WEC) has been disproportionally impacted by the COVID-19 pandemic. To date, total confirmed cases of COVID-19 were 20,350, and 462 residents of Windsor-Essex have died. While the WECHU continues to be heavily focused on the COVID-19 response in the community of WEC, preliminary work has commenced on recovery and catch-up efforts including:

- Planning of a community needs assessment and review of surveillance data to identify priorities in our community, informing priorities for program restart and program development.
- Continued focus on such initiatives as the establishment of a consumption and treatment site in the community of WEC. Throughout the COVID-19 pandemic, there has been an escalation in opioid related incidents.
- On-going COVID-19 response efforts including case and contact management, vaccinations and enforcement of regulations.
- Conducting an internal review of human and other resources to inform internal capacity during recovery. This includes an assessment of the internal readiness for a shift from COVID-19 pandemic-related activities to COVID-19 endemic-related activities.

- Catching up on the back log of services including but not limited to:
  - School-based catch-up clinics, 5,863 doses of Men C, 8,127 HPV, 8,287 HB are outstanding. With regards to new grade 7 cohorts, 4,329 doses of Men C, 4,437 HPV, 3,909 HB are outstanding.
  - More than 15,000 students have not received oral health screening.
  - Approximately 4,000 students in senior kindergarten have not received vision screening.

Public health has been instrumental in the response to the COVID-19 pandemic. The WECHU like other public health units have redeployed staff, hired additional staff and have stopped important programing to the communities' health in response to pandemic pressures. To facilitate recovery efforts in a comprehensive and sustainable manner the WECHU Board of Health asks the Government of Ontario to provide an increase in base funding for mandatory programs specifically to support:

- Ongoing COVID-19 related expenses and sustainability
- Increases in wages, benefits and operational costs
- Recovery efforts and increased demand and need for programming including but not limited to substance use, mental health, healthy growth and development.

Additionally, the WECHU implores the Government of Ontario to provide one-time funding to support recovery and catch-up efforts over a multi-year period (2022 to 2024), recognizing that certain communities were more negatively impacted by the COVID-19 pandemic than others.

Sincerely,

Gary McNamara
Board of Health

c: Premier Doug Ford
Association of Local Public Health Agencies (alPHa)

Algoma PUBLIC HEALTH
Santé publique Algoma
www.algomapublichealth.com

November 16, 2021

The Honorable Christine Elliott,
Deputy Premier and Minister of Health
christine.elliott@ontario.ca

Dear Minister Elliott:

RE: Request for Annualized IPAC Hub Funding and Increase in Provincial Base Funding for Local Public Health

On October 27, 2021, at a regular meeting of the Board of Health for the Algoma Health Unit, the board approved a resolution requesting that the:

> Board of Health for the District of Algoma Public Health write to the Ontario Minister of Health to request that the provincial government **commit to increased base funding to local public health units, with particular attention to addressing longstanding public health human resource challenges in the north**, such that public health units are able to both continue a robust pandemic response, and restore the delivery of mandated public health services to Ontario citizens.

Motion No.: 2021-92 Moved by: L. Mason Seconded by: E. Pearce

On behalf of the Board of Health for the District of Algoma Health unit, we thank you and your government for your leadership and financial support during the COVID-19 pandemic. We have appreciated the province's announcements to date for 2022, which have included one-time reimbursement to local public health units for extraordinary COVID-19 expenses and one-time mitigation funding to offset the impacts of the cost-sharing formula change to municipalities. We also express gratitude for the recent approval of 2021-2022 one-time funding for the Infection Prevention and Control (IPAC) Hub Program at Algoma Public Health.

I am writing today to request provincial government commitment to **(a) annualize IPAC funding for northern PHUs to sustainably support IPAC hubs and (b) increase base funding to local public health units, with particular attention to addressing longstanding public health human resource challenges in the north**, to reflect the rising pressures on local public health unit resources. These pressures include:

- The need to routinize COVID-19 response activities, recognizing that COVID-19 will likely become a disease of public health significance and increase baseline public health work going forward;
- Increased wage, benefit, and operational costs due to inflation; and
- Increased demand for health units to restore mandatory programs to pre-pandemic capacity, address the backlog of services, and support population recovery from the COVID-19 pandemic.

Since the start of the COVID-19 pandemic, Algoma Public Health (APH) has provided a robust pandemic response to prevent and mitigate the spread of COVID-19. To date, APH has (a) managed 613 confirmed cases of COVID-19

in Algoma residents and non-Algoma residents temporarily in Algoma, 2506 high-risk close contacts of cases, and 30 COVID-19 related outbreaks, (b) fielded numerous community concerns regarding infection prevention and control and enforcement for COVID-19 measures, and (c) responded to over 42,000 COVID-related inquires through our dedicated COVID-19 phone lines. Moreover, APH has coordinated COVID-19 mass immunization across the district, with **86.0% of eligible residents (12+) in Algoma now fully vaccinated** (as of November 8, 2021). Local public health knowledge, responsiveness, and partnerships have allowed for a flexible, equitable, and tailored pandemic response in Algoma that has strengthened our ability to achieve pandemic goals as a community.

However, to resource urgent pandemic response and immunization program needs, APH has diverted resources from moderate to low risk public health services to ensure a timely response to COVID-19 and maintenance of high-risk programming. Similar to other areas of the health sector, this has resulted in significant service **backlogs that unless addressed in the short-term and resourced appropriately, will continue to grow and result in negative community health impacts**. For perspective, the backlog of services includes, but is not limited to:

- 105 individuals on the waitlist for smoking cessation, which is equivalent to a 1-year waiting period.
- 14, 200 doses of vaccine to complete grade 7 catch-up along with 3370 doses required among newly eligible grade seven students.
- A 45 % reduction in food safety inspections completed in 2021, as compared to 2019 (pre-pandemic).
- An 18-month backlog in school dental screening and oral health preventative clinics for children.

As a local public health unit, if we do not start to catchup on the backlog of services and restore programming, the backlog will become too large to overcome.

Limitation of One-Time IPAC Hub Program Funding

As of October 19, 2021, APH received the 2021-2022 updated funding letter with one-time funding to continue the IPAC Hub program. One-time funding provided by the provincial government has been invaluable in supporting immediate IPAC needs in community based congregate living settings in Algoma. However, to date, these needs have been addressed by the existing staff complement, as the one-time nature of the IPAC funding has limited our ability to hire skilled, qualified professionals to support this work in the north. Therefore, as further detailed below, to ensure **sustainable resourcing and commitment to IPAC Hub support**, we are asking that the province commit to annual IPAC Hub Program funding for northern PHUs.

Need to Strengthen and Stabilize Public Health Human Resources

Ontario health systems continue to face many complexities, **with health human resources (HHR) being the biggest challenge.** Layered on the provincial HHR struggle includes the significant and longstanding challenges with recruitment and retention of skilled public health professionals in northern Ontario, similar to the unique HHR challenges of the health care sector in the north.

SARS demonstrated that our **most valuable resource in public health is our HHR** and the high level of expertise that exists at the central and local levels of public health.[1] In addition, as per recommendations from the post-SARS commission, there is need for attention and resourcing of a **public HHR and capacity building strategy**, alongside funding.[1]

Prior to COVID-19, local public health agencies had received only one increase to base funding in the past five years. Despite this, several new programs were introduced to the *Ontario Public Health Standards*. In addition,

[1]The SARS Commission. (2004). SARS and public health in Ontario.Retrieved from http://www.archives.gov.on.ca/en/e_records/sars/report/v4.html

inflation, wage, benefit, and operating costs continued to increase. This means that we were **under-resourced to respond to an infectious disease emergency and implement routine public health priorities prior to the pandemic**, and will remain under-resourced to sustain response, program restoration, and recovery on the go forward unless base funding increases to match public health pressures.

To date, one-time funding has been geared towards curtailing the pandemic, as opposed to annual funding for the hiring of permanent staff to build long-term public health capacity to manage the emergency of today, and prepare for the public health emergencies of tomorrow. This comes at a detriment to northern Ontario, as when one-time funding is available, retention and recruitment continue to pose barriers to fulsome service delivery by public health (i.e., highly skilled professionals unlikely to move to the north for, or with the uncertainty of, a 4-month IPAC position contract).

One-time funding is inadequate to sustainably recruit, hire, and retain skilled, qualified public health professionals in northern Ontario to provide a robust pandemic response, and simultaneously fulfil a provincial mandate of providing core public health programs and services.

Without sustainable increases to provincial base funding, alongside municipal funding support to stabilize and strengthen the local public health workforce for the long-term, with strategies for recruitment and retention that align to northern Ontario, **local public health will be unable to sustain the COVID-19 response and immunization program while restoring mandated public health programming** to meet the needs of our communities and prepare for future health crises without further risk of exhausting existing human resources.

The COVID-19 pandemic has demonstrated the instrumental role that local public health agencies play in preventing and mitigating the spread of infectious diseases. Now, more than ever, communities need a robust public health system to not only respond to the threat of newly emerging infectious diseases, but also help the population recover from the many collateral harms that have resulted throughout the pandemic response (e.g., increase in opioid overdose deaths, children's mental health).

For the above reasons, the Board of Health of Algoma Health Unit urges the provincial government to **commit to (a) annualized IPAC Hub funding and (b) increase base funding to local health units, with particular attention to addressing longstanding public health human resource challenges in the north**, such that public health units are able to both continue pandemic response and restore mandatory public health services to Ontario citizens.

Thank you for considering this urgent matter.
Sincerely,

Mayor Sally Hagman
Chair, Board of Health

Cc: The Hon. Doug Ford, Premier
The Hon. Ross Romano, MPP Sault Ste. Marie
Michael Mantha, MPP Algoma-Manitoulin
Terry Sheehan, MP, Sault Ste. Marie
Carol Hughes, MP Algoma-Manitoulin-Kapuskasing
Dr. Kieran Moore, Ontario Chief Medical Officer of Health
Dr. Charles Gardner, Chair, Council of Medical Officers of Health
Association of Municipalities of Ontario
Ontario Boards of Health
Loretta Ryan, Association of Local Public Health Agencies

From: Lindsay and Mark
To: Cynthia St. John
Cc: Joyce Lock
Subject: Re: agenda item for Oct 7 Board of Health Meeting
Date: October 21, 2021 2:23:25 PM

Hi Cynthia. Hope all is well! I haven't yet heard back re my letter to the Board of Health and am growing increasingly concerned and frustrated. I am worried that our 'summary' vaccination rates for this region may be inaccurate (hard to understand how our considerably lower rates for the 0-29 and 80+ age groups when compared to Ontario rates, could still put us within one percentage of the overall Ontario rates). This could signal to provincial decision-makers that we are in a better position than we really are, prompting them to move ahead with plans that may not be in our best interests from a public health perspective and creating a false sense of security within the community.

It may also be falsely depicting the situation to school boards and government who, despite evidence to the contrary in regions such as SWPH, continue NOT to mandate vaccinations because they believe that vaccination rates within the high school demographic across Ontario are high and will continue to increase as a result of other community and provincial measures being put in place. **We have to be realistic and, at this point, without mandatory vaccination in our local schools, unless we can miraculously start winning over the significant numbers of vaccine-hesitant in this region, it is very unlikely that we will increase our rates for the high school population above what they already are since, despite impending extracurricular and other community vaccination deadlines both in effect now and coming into effect in less than 10 days, we are only sitting at partial vaccination rates of 75.3% for the 12-17 age group (this hasn't moved by more than 1% in weeks, despite the additional vaccination mandates within the community). As a point of reference, the London & Middlesex region has 90.8% partially vaccinated for these demographics. Given that schools within the SWPH region, due to lower vaccination rates, are more at risk and will very likely continue to be, the only truly effective way to achieve herd immunity and safety in our schools, is to make vaccinations mandatory and those who still wish to remain unvaccinated can move to remote learning.** Please add your voice to the other Health Units, experts and parents who support mandatory vaccinations, like what is currently in place in our schools for various other diseases, so that our schools, homes and communities can be safe and students can enjoy uninterrupted learning.

However, if the government continues not to mandate school vaccinations but we know that SWPH vaccination rates for eligible students have clearly plateaued at rates that are considerably lower than what is needed for herd immunity, we need to find other ways to try to keep our high schools as safe as possible, now and through the winter (making high schools safer will also make elementary schools safer, as many high school students have younger siblings). In theory, students with symptoms will be screened and stay home/get tested but what about the significant number of asymptomatic cases (estimated at roughly 50% in youth

and also more prevalent in the vaccinated) and pre-symptomatic cases where students are contagious, with much higher viral loads than in the past, at least a couple of days prior to showing any symptoms? We have to try to find better ways to identify these cases before they lead to outbreaks in our schools.

It is my belief that we need to be looking at MANDATORY regular rapid antigen testing for unvaccinated high school students (2-3 times/week). This should be a **requirement of attending in-person school and proof should have to be provided**, just like what is currently required for students who are not fully vaccinated but wish to take part in extracurricular activities (it is unrealistic to assume that parents of those students who have chosen not to vaccinate their children will voluntarily choose to have them regularly tested). We have implemented this policy for unvaccinated staff but it's time to also do so for students. **Rapid antigen testing is non-invasive and, as such, should not qualify for medical or religious exemptions**. It is my understanding that the Ontario government is providing access to rapid antigen screening to public health units where risk of transmission is high (I would contend that regions like ours with comparatively low high school vaccination rates should definitely qualify). Please start implementing this mandatory testing in our high schools before cases escalate due to the winter and the movement of activities inside.

I would also argue that vaccinated students/staff should periodically be tested, as current evidence clearly indicates that they can get the virus (roughly 30% of new cases are typically vaccinated) and pass it on to others, although it is believed to be at lower rates. There is also growing evidence that those who are vaccinated are more likely to be asymptomatic or have mild symptoms, which might lead them to not get tested.

We know that there are more cases in the community than the numbers suggest, as case counts are almost fully driven by testing results for those who have symptoms, not the significant number of people who are infected with the virus but have no or untested symptoms. Hopefully, rapid testing by students and staff could help fill the gap left by the absence of mandatory COVID-19 vaccinations and lower-than-needed vaccination rates in our high schools.

Many of the decisions now seem to be made at the provincial level but we need to make sure that local Health Units still have a voice and use it, making choices that are best for their own communities, despite what other regions are doing.

Please have someone who can address my concerns get back to me as soon as possible. Thanks and have a great day!

Sincerely,

Lindsay

WINDSOR-ESSEX COUNTY HEALTH UNIT
Bureau de santé de Windsor-comté d'Essex

519-258-2146 | www.wechu.org

Windsor 1005 Ouellette Avenue, Windsor, ON N9A 4J8
Essex 360 Fairview Avenue West, Suite 215, Essex, ON N8M 3G4
Leamington 33 Princess Street, Leamington, ON N8H 5C5

November 23, 2020

Delivered via email: christine.elliott@ontario.ca

Hon. Christine Elliott, Deputy Premier
Minister of Health
Ministry of Health
College Park 5th Flr,
777 Bay St, Toronto, ON M7A 2J3

Dear Minister Elliott:

On November 18, 2021, the Windsor-Essex County Board of Health passed the following Resolution regarding the ***COVID-19 Vaccine and the Immunization of School Pupils Act (ISPA).*** **WECHU's resolution is outlined below where the Windsor-Essex County Board of Health recommends that the Province of Ontario amend the Immunization of School Pupils Act to include COVID-19 as a "designated disease:**

Windsor-Essex County Board of Health

RECOMMENDATION/RESOLUTION REPORT

COVID-19 Vaccine and the Immunization of School Pupils Act (ISPA)

November, 2021

ISSUE

On Thursday October 28, 2021**,** Chief Medical Officer of Health Dr. Kieran Moore indicated during a news briefing that the Province of Ontario would not be adding COVID-19 to the list of nine diseases that public school students must be immunized against.

Currently, there is no requirement for eligible students to provide proof of vaccination against COVID-19 for school attendance. Schools are a high-risk setting for COVID-19 and other communicable diseases as they bring together large numbers of individuals for long and extended periods of time increasing the likelihood transmission of certain diseases. As of November 15th, there have been more than 450 cohorts of students dismissed through schools and daycares due to COVID-19 exposure. The Immunization of School Pupils Act (Ministry of Health, 2021)requires that children and youth attending school be immunized against designated diseases, unless they have a valid exemption. The addition of COVID-19 as a "designated disease" within the Immunization of School Pupils Act would support a number of important public health priorities including:

- Increased uptake of the vaccine, providing protection for those who are too young or medically unable to be vaccinated in school communities and beyond. This will result in a safer learning environment for students, staff, their families and the broader community.
- A systematic framework for parental vaccine education.

BACKGROUND

Vaccines are the safest and most efficient way to guard against communicable diseases and prevent outbreaks. The Immunization of School Pupils Act (ISPA) R.S.O. 1990 (Ministry of Health, 2021) requires that specified vaccines to be given for a child to attend school in Ontario making sure that all school aged children are protected from vaccine

preventable diseases. Currently under the ISPA, students must be immunized against measles, mumps, rubella, diphtheria, tetanus, meningococcal, varicella and polio, or have a valid Medical, or Conscience or Religious Belief exemption on file at the Health Unit. There is no cost for vaccines covered by the publicly funded immunization program in Ontario.

MOTION

Whereas available COVID-19 vaccines have been approved by Health Canada to be safe and effective for students born in 2009 or earlier; and

Whereas additional approval by Health Canada to vaccinate individuals born after 2009 with COVID-19 vaccine is anticipated by the end of 2021; and

Whereas the COVID-19 pandemic is a global pandemic;

Whereas the Windsor-Essex region has been disproportionately affected by the COVID-19 pandemic; and

Whereas the Windsor-Essex region has lower rates of vaccination against COVID-19 particularly among eligible children and youth; and

Whereas the purpose of the Immunization of School Pupils Act is to increase the protection of the health of children against the diseases that are designated diseases; and

Whereas the IPSA requires that students be immunized for "designated diseases": diphtheria, measles, mumps, poliomyelitis, rubella, and tetanus, unless a specific exemption is sought through the act.

Now therefore be it resolved that the Windsor-Essex County Board of Health recommends that the Province of Ontario amend the Immunization of School Pupils Act to include COVID-19 as a "designated disease".

References:

Ministry of Health. (2021, April 19). *Immunization of School Pupils Act, R.S.O. 1990, c. | .1.* Retrieved from Government of Ontario Laws: ontario.ca/laws/statute/90i01

We would be pleased to discuss this resolution with you and thank you for your consideration.

Sincerely,

Gary McNamara
Chair, Board of Health

Nicole Dupuis
Chief Executive Officer

c: Hon. Stephen Lecce, Minister of Education
Dr. Kieran Moore, Chief Medical Officer of Health
Association of Local Public Health Agencies – Loretta Ryan
Greater Essex County District School Board – Erin Kelly
Windsor Essex Catholic District School Board – Emelda Byrne
CSC Providence (French Catholic) – Joseph Picard
Conseil Scolaire Viamonde (French Public) – Martin Bertrand
WECHU Board of Health
Windsor City Council and Essex County Council

simcoe muskoka
DISTRICT HEALTH UNIT

October 21, 2021

Honourable Christine Elliott
Ministry of Health
777 Bay Street, 5th Floor
Toronto, ON M7A 2J3

Dear Minister Elliott:

On behalf of the Board of Health for the Simcoe Muskoka District Health Unit (SMDHU), I commend the strong progress being made in bringing COVID-19 under control through the public health measures and the vaccination campaign directed by the provincial government of Ontario. We continue to work collectively to complete the "final mile" of vaccination of the population while simultaneously continuing all activities of COVID-19 surveillance and case management/contact tracing.

The COVID-19 work has required an unprecedented quantity of resources, particularly human resources. Accordingly, boards of health have had to significantly augment their staffing specifically for the Mass Immunization Clinics. Salaries and related expenses of this greatly enhanced workforce (including transportation, supplies and equipment) have only been partially managed by the funding received from the province on July 22, 2021. SMDHU only received 42% of its COVID-19 funding request and costs to date have far exceeded that funding. To add to 2021 cash flow pressures, SMDHU would require the hiring of nursing and administrative staff to implement the provincially mandated vaccine clinics for 5–11-year-olds in Simcoe County and the District of Muskoka as well as implement the "booster" clinics for specific populations. With no immediate COVID-19 funding, these pressures for the end of 2021 compound finance issues for SMDHU and will potentially impede our ability to finance the human resources required.

The SMDHU Board of Health via management staff have been in active communication with Ministry of Health staff specifically related to the one-time funding COVID-19 requests. Unfortunately, the Board of Health experienced cash flow issues in July due to the lack of COVID-19 funding from the Ministry of Health to the point, that the Board was forced to seek approval from its four obligated municipalities to borrow from a bank up to $5M to cover salaries and expenses for COVID-19 activities. SMDHU also sought and received from the Ministry of Health an advance in funding for the Ministry portion of the cost-shared budget to ensure that payroll commitments and the payment of vaccination expenses could be met. On October 20, 2021, the Board of Health approved a motion requesting that boards of health immediately receive the *COVID-19 Extraordinary Costs* and COVID-19 Vaccine Extraordinary Costs funding as articulated in SMDHU's Q2 financial statement and that the Ministry of Health commit in writing to:

(1) extend COVID-19 funding in 2022;
(2) establish funding in 2022 for public health recovery activities; and,

(3) increase provincial funding for public health base budgets proportional to the municipal levy increase needed in 2022 to maintain capacity for public health program delivery.

The financial pressure from not having access to the required amount of COVID-19 funding from the province, with the simultaneous requirement to respond to the pandemic through surveillance, case and contact management, outbreak response, education and enforcement of the changing requirements of the *Reopening Ontario (A Flexible Response to COVID-19) Act*, and the vaccination of the population has placed the Board in a precarious financial situation. If there is not sufficient funding from the province, there is also a sizeable risk that SMDHU will have a large year-end deficit moving into 2022 based on 2021 COVID-19 expenses that may require a large municipal levy increase to eliminate the deficit and to address the response needs in 2022.

For these reasons the SMDHU Board of Health urges the provincial government to approve and immediately flow the amount required by each health unit of one-time *COVID-19 Extraordinary Costs* and *COVID-19 Vaccine Program Extraordinary Costs.*

Thank you for considering this urgent matter.

Sincerely,

ORIGINAL Signed By:

Anita Dubeau
Chair, Board of Health

AD:CG:cm

cc: Ontario Boards of Health
MPPs of Simcoe Muskoka
City of Barrie Mayor and Council
City of Orillia Mayor and Council
The District Municipality of Muskoka District Chair and Council
County of Simcoe Warden and Council
Dr. Kieran Moore, Ontario Chief Medical Officer of Health
Loretta Ryan, Executive Director, Association of Local Public Health Agencies
Graydon Smith, President, Association of Municipalities of Ontario

Finance & Facilities Standing Committee

REPORT

Open Session

MEETING DATE:	December 10, 2021
SUBMITTED BY:	Joe Preston, Chair, Finance and Facilities Standing Committee
SUBMITTED TO:	☒ Board of Health ☐ Finance & Facilities Standing Committee ☐ Governance Standing Committee ☐ Transition Governance Committee
PURPOSE:	☒ Decision ☐ Discussion ☒ Receive and File
AGENDA ITEM #	5.1
RESOLUTION #	2021-BOH-1210-5.1

The Finance and Facilities Standing Committee (FFSC) met on November 29, 2021, to consider several timely items. A brief synopsis and various recommendations are below.

1. Third Quarter Financial Statements (Decision):

At the end of Q3, September 30, 2021, Southwestern Public Health is currently overspent by approximately $4.7M or 33% of the overall budget, see attached. As discussed in previous meetings, the variance to budget is the result of COVID-19 expenditures associated with SWPH's response, in particular operating several mass immunization clinics, mobile work, and pop-up clinics.

MOTION: (2021-BOH-1210-5.1A)
That the Board of Health approve the third quarter financial statements for Southwestern Public Health as presented.

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 2021 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.

MOTION: (2021-BOH-1210-5.1B)
That the Board of Health approve the Board Chair signing the engagement letter and audit planning letter received from Graham Scott Enns as presented, in preparation for the upcoming 2021 financial audit.

3. **Procurement Policy Quarterly Review** (Receive and File):

The committee discussed the procurement policy and the most recent internal quarterly review of adherence to Policy. The Committee discussed the findings noting that almost all purchases were made in accordance with Policy. The Committee appreciated being informed of the one exception related to accumulated costs associated with having security at the mass immunization clinics. The costs of security exceeded the normal threshold. The Committee agreed that this exception was reported in a timely manner, that it was managed appropriately, and that it has no concerns.

4. **Revised Funding Letter** (Receive and File):

On November 3, SWPH received a revised funding letter to include one-time funding for the Infection Prevention and Control Hub Program for the period April 1, 2021, to March 31, 2022, in the amount of $685,000 and one-time funding for Covid-19 in the amount of $8,364,100. Both of these amounts are in line with what SWPH anticipated.

Secondly, on November 22, 2021, SWPH received a deposit of $6,443,588 with the balance to be paid equally over the remaining three payments in 2022 which will help considerably with SWPH's current cashflow issue. As such, it is recommended that SWPH return the additional municipal levy money in the amount of $4,000,000 to the respective municipalities on December 15th.

MOTION: (2021-BOH-1210-5.1C)
That the Board of Health receive and file the revised Amending Agreement between the Ministry of Health and Southwestern Public Health.

MOTION: (2021-BOH-1210-5.1D)
That the Board of Health return the monies to the obligated municipalities that were received as per the additional levy letters and Board motion 2021-BOH-1007-5.1D.

5. 2022 General Cost-Shared & 100% Provincially Funded Budgets (Decision):

The Committee discussed 2022 Program and Service budgets for SWPH. Three different budget scenarios were reviewed in detail. The budget that the Committee is recommending is attached and it represents a 1% base budget increase which the Committee felt was the most fiscally responsible including that it is below the cost of inflation. The package includes budgets for all provincially mandated programs and services, including cost-shared, 100% provincially funded, and 100% provincially funded one-time budgets. Of note, the 100% provincially funded one-time initiatives such as the Covid-19 budgets are fluid in nature because the Ministry direction related to Covid-19 can change at any time (i.e. vaccination program could be enhanced). As such, staff will submit Covid-19 budgets that are reflective of the most current direction which could result in Covid-19 100% provincially funded budgets that are different from what is presented here.

MOTION: (2021-BOH-1210-5.1E)
That the Board of Health approve the 2022 Budgets for General Cost-Shared programs, for 100% Provincially funded ongoing initiatives, and for 100% Provincially funded one-time initiatives as presented.

6. Facilities Report (Receive and File):

The Committee received an update on facilities repairs.

MOTION: (2021-BOH-1210-5.1)
That the Board of Health for Southwestern Public Health accept the Finance & Facilities Standing Committee report for December 10, 2021.

SOUTHWESTERN PUBLIC HEALTH

For the Nine Months Ending Thursday, September 30, 2021

STANDARD/ PROGRAM	YEAR TO DATE ACTUAL	YEAR TO DATE BUDGET	YEAR TO DATE VAR	FULL YEAR BUDGET	FULL YEAR VAR	% VAR
Direct Program Costs						
Foundational Standards						
Emergency Management	$4,781	$47,386	$42,605	$63,181	$58,401	8.%
Effective Public Health Practise	27,944	237,997	210,053	317,329	289,386	9.%
Health Equity & Chief Nursing Office Nurses	0	453,000	453,000	604,000	604,000	0.%
Health Equity Program	5,625	10,262	4,638	13,683	8,058	41.%
Population Health Assessment	16,892	201,675	184,783	268,900	252,008	6.%
Foundational Standards Total	**55,242**	**950,320**	**895,080**	**1,267,093**	**1,211,853**	**4.%**
Chronic Disease Prevention & Well-Being						
Built Environment	62	245,919	245,857	327,892	327,830	0.%
Healthy Eating Behaviours	5,477	149,745	144,268	199,660	194,183	3.%
Healthy Menu Choices Act Enforcement	1	5,793	5,793	7,725	7,724	0.%
Physical Activity and Sedentary Behaviour	10,003	72,478	62,475	96,637	86,634	10.%
Substance Prevention	28	88,934	88,906	118,578	118,550	0.%
Suicide Risk & Mental Health Promotion	801	17,933	17,132	23,910	23,109	3.%
Chronic Disease Prevention & Well-Being Total	**16,372**	**580,802**	**564,430**	**774,402**	**758,030**	**2.%**
Food Safety						
Enhanced Food Safety - Haines Initiative	0	37,500	37,500	50,000	50,000	0.%
Food Safety (Education, Promotion & Inspection)	82,103	323,535	241,431	431,379	349,276	19.%
Food Safety Total	**82,103**	**361,035**	**278,931**	**481,379**	**399,276**	**17.%**
Healthy Environments						
Climate Change	468	78,405	77,937	104,540	104,072	0.%
Health Hazard Investigation and Response	24,360	243,203	218,844	324,271	299,911	8.%
Healthy Environments Total	**24,828**	**321,608**	**296,781**	**428,811**	**403,983**	**6.%**
Healthy Growth & Development						
Breastfeeding	93,992	220,550	126,558	294,067	200,075	32.%
Parenting	17,634	322,150	304,516	429,533	411,899	4.%
Reproductive Health/Healthy Pregnancies	11,372	267,971	256,599	357,295	345,923	3.%
Healthy Growth & Development Total	**122,998**	**810,671**	**687,673**	**1,080,895**	**957,897**	**11.%**
Immunization						
Vaccine Administration	52,607	63,692	11,085	84,923	32,315	62.%
Vaccine Management	49,972	84,694	34,722	112,926	62,953	44.%
Community Based Immunization Outreach	20,598	25,639	5,041	34,185	13,587	60.%
Immunization Monitoring and Surveillance	23,384	35,988	12,603	47,984	24,599	49.%
Immunization Total	**146,561**	**210,013**	**63,451**	**280,018**	**133,455**	**52.%**
Infectious & Communicable Diseases						
Infection Prevention & Control	284,330	418,157	133,827	557,542	273,212	51.%
Infection Prevention and Control Nurses Initiation	8,028	135,150	127,122	180,200	172,172	4.%
Infectious Diseases Control Initiative	25,037	292,847	267,810	390,463	365,426	6.%
Needle Exchange	51,192	45,675	-5,517	60,900	9,708	84.%
Rabies Prevention and Control and Zoonotics	131,246	136,686	5,440	182,247	51,002	72.%
Sexual Health	401,169	700,430	299,261	933,906	532,738	43.%
Tuberculosis Prevention and Control	36,349	43,067	6,718	57,423	21,073	63.%
Vector-Borne Diseases	50,767	115,149	64,383	153,533	102,766	33.%
COVID-19 Pandemic	8,090,468	896,858	-7,193,611	1,195,810	-6,894,658	677.%
COVID-19 Mass Immunization	5,554,746	750,000	-4,804,746	1,000,000	-4,554,746	555.%
COVID-19 Infection Prevention and Control - Defensive Culture	0	0	0	0	0	0.%
Infectious & Communicable Diseases Total	**14,633,332**	**3,534,019**	**-11,099,313**	**4,712,024**	**-9,921,307**	**311.%**
Safe Water						
Enhanced Safe Water Initiative	0	23,250	23,250	31,000	31,000	0.%
Small Drinking Water Systems	0	30,701	30,701	40,934	40,934	0.%
Water	17,209	154,850	137,641	206,466	189,257	8.%
Safe Water Total	**17,209**	**208,801**	**191,591**	**278,400**	**261,191**	**6.%**
School Health - Oral Health						
Healthy Smiles Ontario	560,736	756,075	195,339	1,008,100	447,364	56.%
School Screening and Surveillance	29,435	163,024	133,589	217,366	187,931	14.%
School Health - Oral Health Total	**590,171**	**919,099**	**328,928**	**1,225,466**	**635,294**	**48.%**
School Health - Vision						
Vision Screening	28	156,385	156,357	208,513	208,486	0.%
School Health - Immunization						
School Immunization	199,920	664,624	464,703	886,165	686,245	23.%
School Health - Other						
Comprehensive School Health	7,083	669,702	662,619	892,935	885,852	1.%
Substance Use & Injury Prevention						
Falls Prevention	254	91,207	90,953	121,610	121,356	0.%
Harm Reduction Enhancement	149,285	245,249	95,964	326,999	177,713	46.%
Road Safety	3	51,932	51,929	69,243	69,240	0.%
Smoke Free Ontario Strategy: Prosecution	65,965	517,113	451,148	689,484	623,519	10.%
Substance Misuse Prevention	16,106	94,014	77,908	125,352	109,246	13.%
Substance Use & Injury Prevention Total	**231,613**	**999,515**	**767,902**	**1,332,688**	**1,101,074**	**17.%**
TOTAL DIRECT PROGRAM COSTS	**16,127,460**	**10,386,594**	**-5,772,397**	**13,848,789**	**-2,310,200**	**117.%**
INDIRECT COSTS						
Indirect Administration	961,008	1,942,837	981,830	2,590,449	1,629,442	37.%
Corporate	87,786	130,455	42,669	173,940	86,154	50.%
Board	11,440	23,400	11,960	31,200	19,760	37.%
Human Resource - Administration	660,972	583,112	-77,861	777,482	116,510	85.%
Premises	1,119,929	1,210,481	90,552	1,613,975	494,046	69.%
TOTAL INDIRECT COSTS	**2,841,135**	**3,890,285**	**1,049,150**	**5,187,046**	**2,345,912**	**55.%**
TOTAL GENERAL SURPLUS/DEFICIT	**18,968,595**	**14,276,879**	**-4,691,717**	**19,035,835**	**67,242**	**100.%**
100% MINISTRY FUNDED PROGRAMS						
Medical Officer of Health Funding	127,182	127,182	0	169,576	42,394	75.%
Senior Oral Care	578,585	675,975	97,390	901,300	322,715	64.%
TOTAL 100% MINISTRY FUNDED	**705,767**	**803,157**	**97,390**	**1,070,876**	**365,109**	**66.%**
One-Time Funding - April 1, 2021 to March 31, 2022						
One-Time Funding NEP	4,867	19,100	14,233	19,100	14,233	25.%
One-Time Funding Public Health Inspector Practicum	10,000	10,000	0	0	-10,000	100.%
One-Time Funding Elgin-Oxford Merger Costs	263,200	400,000	136,800	400,000	136,800	66.%
One-Time Funding Infection Prevention and Control HUB	29,836	0	-29,836	0	-29,836	0.%
One-Time Funding School Nurses	457,546	450,000	-7,546	900,000	442,454	51.%
Total One-Time Funding	**765,449**	**879,100**	**113,651**	**1,319,100**	**553,651**	**74.%**
Programs Funded by Other Ministries, Agencies						
Healthy Babies Healthy Children	218,881	826,769	607,888	1,653,539	1,434,658	31.%
Pre and Post Natal Nurse Practitioner	68,940	69,500	560	139,000	70,060	50.%
School Nutrition Program	219,716	91,481	-128,235	121,975	-97,741	180.%
Public Health Agency of Canada	0	0	0	0	0	0.%
Low German Speaking Partnership Study	0	0	0	0	0	0.%
Total Programs Funded by Other Ministries, Agencies	**507,537**	**987,750**	**798,762**	**1,914,514**	**1,278,941**	**33.%**

GRAHAM SCOTT ENNS LLP
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September 22, 2021

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

Dear Mr. Larry Martin and 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, 2021, 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, 2021, and the statement of operations and surplus, statement of changes in net debt and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the organization's financial statements present fairly, in all material respects, the financial position of the organization as at December 31, 2021, 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:

_____

Larry Martin, Board Chair

Southwestern Public Health

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September 22, 2021

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

Dear Larry Martin and 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, 2021.

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 significant 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.

PS 3450 - Financial instruments

The organization will be required to adopt the new standard PS 3450 - Financial Instruments. This new standard will improve reporting and disclosures of financial instruments and financial risks that the organization is exposed too. This standard may require the organization to report certain financial instruments either at fair market value or amortized cost and to disclose certain risks such as liquidity, credit, and market. These disclosures are not required under the current PSA framework, but are consistent with other reporting frameworks within the handbook. This standard has been delayed to fiscal years beginning on or after April 1, 2022, which would be the year end December 31, 2023. Section PS 1201 - Financial Statement Presentation and PS 2601 - Foreign Currency Translations have also been amended to incorporate the changes associated with PS 3450 - Financial Instruments and would need to be adopted in the same period.

PS 3280 – Asset Retirement Obligations
This standard will apply for fiscal years beginning on or after April 1, 2022, which would be the year end December 31, 2023. This standard may impact the liabilities associated with decommissioning of certain assets of the organization. Examination and audit of the potential exposure to asset retirement obligations will determine the impact of this standard.

PS 3400 – Revenue
This standard will apply for fiscal years beginning on or after April 1, 2023, which would be the year end December 31, 2024. This standard will impact the timing of the revenue reported by the organization. Examination and audit of the types of revenue will determine the impact of this standard.

We as auditors are not responsible for ensuring that the organization is prepared for the introduction of these standard and these standards will only be considered in so far as it affects our audit responsibilities under Canadian Auditing Standards. Management and Council are responsible for anlayzing the impact on the organization, developing plans to mitigate the effects, and the preparation of the financial statements under these new or updated Public Sector Accounting handbook standards.

Auditor Responsibilities

As stated in the engagement letter dated September 22, 2021, 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 accounting standards for public sector entities.

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, 2021
Start of interim audit field work	November 1, 2021
Start of year end audit field work	March 1, 2022
End of audit field work and discussions with management	March 21, 2022
Draft financial statement discussions with board of directors for approval of financial statements, audit findings, and audit opinion	March 31, 2022

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, such as abandoned gas stations), events, decisions, non-compliance with laws and regulations, potential litigation, specific transactions (such as with related parties or outside of the normal course of business) and any additional sources of audit evidence that might be available.

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

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

Sincerely,

GRAHAM SCOTT ENNS LLP
Chartered Professional Accountants

Jennifer Buchanan, CPA, CA

Partner

Per: Southwestern Public Health

Signed: _____ Date: _____

Print Name: Larry Martin, Board Chair

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, 5e étage
Toronto ON M7A 1N3
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Ontario

eApprove-72-2021-272

October 19, 2021

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 $685,000 in one-time funding for the 2021-22 funding year to support continued implementation and operations of the Infection Prevention and Control Hub Program.

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,

Christine Elliott

Christine Elliott
Deputy Premier and Minister of Health

c: Cynthia St. John, Chief Executive Officer, Oxford Elgin St. Thomas Health Unit
Dr. Joyce Lock, Medical Officer of Health, Oxford Elgin St. Thomas Health Unit
Alison Blair, Associate Deputy Minister, Pandemic Response and Recovery
Dr. Kieran Moore, Chief Medical Officer of Health

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 2021

Issued November 2021

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 1, 2021 TO DECEMBER 31, 2021, UNLESS OTHERWISE NOTED)	
Programs/Sources of Funding	**2021 Approved Allocation ($)**
Mandatory Programs (70%)	10,976,000
Medical Officer of Health (MOH) / Associate Medical Officer of Health (AMOH) Compensation Initiative (100%)[1]	178,700
Ontario Seniors Dental Care Program (100%)	901,300
Total Maximum Base Funds[2]	**12,056,000**

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 ($)**
Mitigation (100%)[3]			1,498,900
Mandatory Programs: Needle Exchange Program (100%)			19,000
Mandatory Programs: Public Health Inspector Practicum Program (100%)			10,000
COVID-19: General Program (100%)[3]			5,242,300
COVID-19: Vaccine Program (100%)[3]			3,121,800
Infection Prevention and Control Hub Program (100%)			685,000
Ontario Seniors Dental Care Program Capital: Mobile Dental Clinic (100%)			550,000
School-Focused Nurses Initiative (100%)	# of FTEs	9.0	900,000
Total Maximum One-Time Funds[2]			**12,027,000**

MAXIMUM TOTAL FUNDS	**2021-22 Approved Allocation ($)**
Base and One-Time Funding	**24,083,000**

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 ($)**
School-Focused Nurses Initiative (100%)[4]	# of FTEs	9.0	297,000
Total Maximum One-Time Funds[2]			**297,000**

NOTES:

(1) Cash flow will be adjusted to reflect the actual status of current MOH and AMOH positions.

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

(3) Approved one-time funding is for the period of January 1, 2021 to December 31, 2021.

(4) Approved one-time funding is for the period of April 1, 2022 to July 31, 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. This should include First Nations, Métis and Inuit communities 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.

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

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***BASE FUNDING***

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

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

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

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

Type of Funding	***BASE FUNDING***

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

Opioid Overdose Early Warning and Surveillance

Base funding must be used to support the Board of Health in taking a leadership role in establishing systems to identify and track the risks posed by illicit synthetic 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. They should also include reporting to the Province through a mechanism currently under development.

Mandatory Programs: Healthy Smiles Ontario Program

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

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

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

Type of Funding	***BASE FUNDING***

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

Mandatory Programs: Nursing Positions

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

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

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

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

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***BASE FUNDING***

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

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

Mandatory Programs: Smoke-Free Ontario

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

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

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

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

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

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

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

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.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***BASE FUNDING***

The government announced the launch and staged implementation of the OSDCP on November 20, 2019. During the first stage of implementation, dental services were available for eligible seniors through Boards of Health, participating Community Health Centres and Aboriginal Health Access Centres. Through Stage 1, dental care was initiated and provided to eligible low-income seniors through Boards of Health, participating Community Health Centres, and Aboriginal Health Access Centres based on increasing Board of Health operational funding and leveraging existing infrastructure.

The second stage of the program, which began in winter 2020, expanded the program by investing in new dental clinics to provide care to more seniors in need. This included new dental services in underserviced areas, including through mobile dental buses and an increased number of dental suites in Boards of Health, participating Community Health Centres, and Aboriginal Health Access Centres. The second stage of the program will continue throughout 2021, 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.

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 can allocate base funding for this Program across the program expense categories, with every effort made to maximize clinical service delivery and minimize administrative costs.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***BASE FUNDING***

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

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

- *Clinical service delivery costs*, which are comprised of:
  - Salaries, wages, and benefits of full-time, part-time, or contracted staff of the Board of Health or local service delivery partner which provide clinical dental services for the Program.
  - Salaries, wages, and benefits of full-time, part-time, or contracted staff of the Board of Health or local service delivery partner which undertake ancillary/support activities for the Program, including: management of the clinic(s); financial and programmatic data collection and reporting for the clinic(s); and, general administration (e.g., reception services) at the clinic(s).
  - Overhead costs associated with the Program's clinical service delivery such as: clinical materials and supplies; building occupancy costs; maintenance of clinic infrastructure; staff travel associated with clinical service delivery (e.g., portable clinics, mobile clinics, long-term care homes, if applicable); staff training and professional development associated with clinical staff and ancillary/support staff, if applicable; office equipment, communication, and information and information technology.

- *Oral health navigation costs*, which are comprised of:
  - Salaries, wages, and benefits of full-time, part-time, or contracted staff engaged in: client enrolment assistance for the Program's clients (i.e., assisting clients with enrolment forms); program outreach (i.e., local-level efforts for identifying potential clients); and, oral health education and promotion to the Program's clients.
  - Salaries, wages, and benefits of full-time, part-time, or contracted staff that undertake the following ancillary/support activities related to oral health navigation: management, financial and programmatic reporting, and general administration (if applicable).
  - Overhead costs associated with oral health navigation such as: materials and supplies; building occupancy costs incurred for components of oral health navigation; staff travel associated with oral health navigation, where applicable; staff training and professional development associated with oral health navigation and ancillary/support staff, if applicable; office equipment, communication, and information and information technology costs associated with oral health navigation.
  - Client transportation costs in order to address accessibility issues and support effective program delivery based on local need, such as where the enrolled OSDCP client would otherwise not be able to access dental services. Boards of Health will be asked to provide information on client transportation expenditures through in-year reporting and should track these expenditures and the number of clients accessing these services accordingly.

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

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

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***BASE FUNDING***

Other Requirements

Marketing

- When promoting the OSDCP locally, the Board of Health is requested 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

- 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 funding and reporting requirements between the Board of Health and the local partner, and ensure accountability for public funds.
- The Board of Health must ensure that base funding is used to meet the objectives of the Program, with a priority to deliver clinical dental services to clients, while staying within the base funding allocation.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

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

Mitigation (100%)

One-time 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 and associated disposal costs.

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

One-time funding must be used to hire the approved 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.

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, HR, 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 ministry, and information and information technology upgrades related to tracking COVID-19 not already approved by the ministry.
- 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

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

entry or information technology services for reporting COVID-19 data to the ministry (from centres in the community that are not operated by the Board of Health) or increased services required to meet pandemic reporting demands, outside legal services, and additional premises rented by the Board of Health.
- Communications – language interpretation/translation services, media announcements, public and provider awareness, signage, and education materials regarding COVID-19.
- Other Operating – recruitment activities, staff training.

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

The following are examples of non-admissible expenditures:
- Costs associated with delivering other public health programs and services.
- Lost revenues for public health programs and services not considered a direct COVID-19 cost.
- 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

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

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, HR, 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.
- 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 ministry.
- 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.
- 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.

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 for costs associated with developing local networks (using a Hub model) of Infection Prevention and Control (IPAC) to enhance IPAC practices in community based, congregate living settings/ sites in the Board of Health's catchment area. Congregate living settings/ sites 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. Where additional organizations request service that could be considered a congregate setting (e.g., shared eating areas), the Board of Health should review the service request with its Ontario Health program lead.

The Board of Health (Hub) will be required to provide IPAC 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 acuity of need(s) identified. This assessment will determine the allocation and priority of services. These services include provision of the following IPAC services 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;
- Development of IPAC programs, policy and procedures within sites;
- Assessments and audits of IPAC programs and practice;
- Recommendations to strengthen IPAC programs and practices;
- Mentoring of IPAC service delivery within homes;
- Support the development and implementation of outbreak management plans (in conjunction with public health partners and congregate living settings; and,

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

- Support to congregate living setting 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 implementing 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, Ontario Health Region West, and 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 or primary care providers.

In addition, Boards of Health (Hub) will be required to:
- Provide status reports, per the requirements in Schedule C.
- Receive direction from Ontario Health in the oversight and implementation of the program.

Ontario Seniors Dental Care Program Capital: Mobile Dental Clinic (100%)

As part of the Ontario Seniors Dental Care Program, one-time funding is being provided to support capital investments in public health units, 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 for the purchase of a small mobile dental clinic bus to provide preventive and denturist services for seniors. The bus will include one operatory capable of supporting oral hygiene preventative care and prosthodontic/ denture adjustments. Eligible costs include the bus, a dental chair, accessibility lift and preventative/prosthodontic equipment.

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.
- Funding for this mobile dental clinic bus is conditional on the Board of Health making best efforts to enter into Service Level Agreements with adjacent Boards of Health to provide dental services to enrolled clients in the adjacent public health units to address access issues, as needed.
- The Board of Health must ensure that this project is compliant with associated legislated standards (i.e., Building code/associated Canadian Standards Association requirements) and infection prevention and control practices as appropriate to the programs and services being delivered within the facility.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

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

School-Focused Nurses Initiative (100%)

The School-Focused Nurses Initiative was created for the 2020-21 school year to support additional nursing FTE capacity in every board of health to provide rapid-response support to school boards and schools in facilitating public health and preventative measures related to the COVID-19 pandemic. One-time funding for this initiative is being renewed for the 2021-22 school year.

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

- Providing support in the development and implementation of COVID-19 health and safety plans;
- Providing sector specific support for infection prevention; surveillance, screening and testing; outbreak management; case and contact management; and COVID-19 vaccinations; 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.

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.

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***OTHER***

Infectious Diseases Programs Reimbursement

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

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

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

Leprosy

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

Tuberculosis

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

Vaccine Programs Reimbursement

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

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

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

Influenza

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

SCHEDULE "B"

RELATED PROGRAM POLICIES AND GUIDELINES

Type of Funding	***OTHER***

Meningococcal

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

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

Human Papillomavirus (HPV)

- The Province will continue to pay $8.50/dose for the administration of the HPV vaccine.
- Routine immunization program: Doses administered as part of the grade 7 school-based or catch-up program for eligible students up to grade 12, with an extension for students aging out up to August 31, 2022 as a result of missed doses due to COVID-19 pandemic response.
- 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	April 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, 2021 to March 31, 2022	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. 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 October1st 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.
- Specific to Temporary Pandemic Pay Initiative, the Board of Health shall provide the following as part of the Annual Reconciliation Report:
  - Accounting for the reporting of both the revenue and expenditures for the Temporary Pandemic Pay Initiative should appear as separate and distinct items within the Annual Reconciliation Report.
  - The Audited Financial Statement must include appropriate disclosure regarding the Board of Health's revenue and expenditures related to the Temporary Pandemic Pay Initiative.

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;
  - Degree of coordination and communication activities among Hub partners and service user organizations;
  - Types and amount of services provided or identified as part of the IPAC Hub to congregate living settings/ sites; and,
  - Identify concerns and emerging issues.

Medical Officer of Health (MOH) / Associate Medical Officer of Health (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.
- Application form templates and eligibility criteria/guidelines shall be provided by the Province.

SCHEDULE "D"

BOARD OF HEALTH FINANCIAL CONTROLS

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

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

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

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

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

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

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

   Examples of potential controls to support this objective include, but are not limited to:
   - Independent review of an aging accounts receivable report to ensure timely clearance of accounts receivable balances.
   - Separate accounts receivable function from the cash receipts function.
   - Accounts receivable sub-ledger is reconciled to the general ledger control account on a regular and timely basis.
   - Original source documents are maintained and secured to support all receipts and expenditures.

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

   Examples of potential controls to support this objective include, but are not limited to:
   - Policies are implemented to govern procurement of goods and services and expense reimbursement for employees and board members.
   - Use appropriate procurement method to acquire goods and services in accordance with applicable policies and directives.
   - Segregation of duties is used to apply the three (3) way matching process (i.e., matching 1) purchase orders, with 2) packing slips, and with 3) invoices).
   - Separate roles for setting up a vendor, approving payment, and receiving goods.
   - Separate roles for approving purchases and approving payment for purchases.
   - Processes in place to take advantage of offered discounts.
   - Monitoring of breaking down large dollar purchases into smaller invoices in an attempt to bypass approval limits.
   - Accounts payable sub-ledger is reconciled to the general ledger control account on a regular and timely basis.
   - Employee and Board member expenses are approved by appropriate individuals for reimbursement and are supported by itemized receipts.
   - Original source documents are maintained and secured to support all receipts and expenditures.
   - Regular monitoring to ensure compliance with applicable directives.
   - Establish controls to prevent and detect duplicate payments.
   - Policies are in place to govern the issue and use of credit cards, such as corporate, purchasing or travel cards, to employees and board members.
   - All credit card expenses are supported by original receipts, reviewed and approved by appropriate individuals in a timely manner.
   - Separate payroll preparation, disbursement and distribution functions.

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

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

Ministry of Health

Office of the Deputy Premier
and Minister of Health

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Ministère de la Santé

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Ontario

eApprove-72-2021-312

November 2, 2021

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 $7,364,100 in additional one-time funding for the 2021-22 funding year to support extraordinary costs associated with preventing, monitoring, detecting, and containing COVID-19 in the province.

Ontario recognizes the considerable time and resources necessary for public health units to continue to effectively respond to COVID-19, including leading the roll-out of the COVID-19 Vaccine Program at the local level. In recognition of these unique circumstances, public health units will have continued opportunities to request reimbursement of COVID-19 extraordinary costs, including vaccine related expenses, for the 2021 and 2022 funding years.

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,

Christine Elliott

Christine Elliott
Deputy Premier and Minister of Health

.../2

Mr. Larry Martin

c: Cynthia St. John, Chief Executive Officer, Oxford Elgin St. Thomas Health Unit
Dr. Joyce Lock, 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

2022 BUDGET

FOR

GENERAL PROGRAMS

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

DRAFT
November 29, 2021

General Programs

2022 Budget

&

Realities and Priorities

STRATEGIC VISION, MISSION, AND VALUES

Realities

Southwestern Public Health's 2022 Budget takes into account several considerations related to the current reality of its provincial mandate, its continued development as a relatively new organization, the ongoing COVID-19 pandemic response/recovery/ catchup, and the current and future needs of its communities. These considerations include:

- ✓ a leadership role in the response to the COVID-19 pandemic, with a focus on case identification and management, contact tracing, infection prevention and control, primary vaccination management and delivery responsibility, and providing evidence-based information to agencies as they implement changing public health guidance

- ✓ the need to deliver public health programs and services in varying ways 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 Strategic Plan for Southwestern Public Health (SWPH) recognizing the need for flexibility given current 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, etc.

- ✓ extensive catch up of several public health programs put on hold throughout the pandemic (i.e. routine immunizations, oral health screening, etc.)
- ✓ continued development of the new organization, its culture, its program and service delivery framework,
- ✓ increased staffing to support the pandemic leadership 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 resulting in the need for continued support for the prompt and proactive identification, mitigation, monitoring and reporting of risks,
- ✓ the continued need for even more collaboration and integration with community and health system partners (i.e., primary care, education, etc.)
- ✓ recognition of staff burnout and fatigue with respect to our overall COVID-19 response and the challenges associated with maintaining staff wellness while continuing to offer the same level of COVID response that we have since the beginning,

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 2022 planning.

- ✓ Contain the spread of COVID-19
- ✓ Vaccinate those that are eligible for the COVID – 19 vaccine – with a focus on the vaccine hesitant
- ✓ Strive for continued staff wellness
- ✓ Significant economic challenges at the individual, local, provincial, and federal levels
- ✓ Future emergency readiness
- ✓ Physical, emotional, and mental health and mental well-being implications of global pandemic
- ✓ Public health program and service delivery models (i.e., virtual delivery)
- ✓ 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 through effective case and contact management
- ✓ 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
- ✓ provide leadership that is required and valued in the areas of prevention, promotion, and protection of health
- ✓ continue to be a credible, reliable, and trusted voice for matters in the community
- ✓ continue to identify efficiencies in its program and service delivery to avoid duplication and to enhance effectiveness
- ✓ 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,
- ✓ 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 the performance targets established by the Ministry of Health as outlined in the Accountability Agreement between the Ministry and SWPH
- ✓ 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

Population Health Status Highlights

This summary highlights key health issues in the Southwestern Public Health region. The following areas of focus were considered when formulating the 2022 SWPH budget.

COVID-19 and the impact of pandemic public health measures

a) As of October 8, 2021, there have been a total of 4,382 confirmed cases of COVID-19 across the Southwestern Public Health region.
b) Cases of COVID-19 have been coming in surges for this region throughout the pandemic. Since March 2020, there have been periods of high case activity, typically lasting about 2 months, followed by a month or so of lower-case activity before cases started to surge again. The largest surge occurred between mid-November 2020 to end of January 2021.
c) The Response Center has received an average of 2,150 calls a month since August 2020. Common topics include questions and requests for support around COVID-19 vaccines, COVID-19 testing, test results and changes to public health measures, restrictions, and guidelines.
d) As of October 7, 2021, Southwestern Public Health's Mass Immunization Clinics have administered 284,985 doses of the COVID-19 vaccine. 85.9% of SWPH residents aged 12+ have received at least one dose of the COVID-19 vaccine and 81.3% have received two doses.

Health equity and social determinants of health

a) We could potentially prevent 122 deaths in Elgin County and the City of St. Thomas and 73 deaths in Oxford County over a 2-year period if everyone were able to meet their basic material needs like enough income, safe and affordable housing and at least a secondary school education.
b) 12.4% of people in our region – or almost 25,000 residents – live in low income, but many more people struggle to make ends meet.
c) Almost one-quarter (24.2%) of people living in the SWPH region had less than a high school education, and this rate is higher than Ontario (17.5%).
d) In 2020, 5.2% of SWPH families with newborns had concerns about money compared to 3.3% of Ontario families with newborns.
e) Among the first 218 COVID-19 cases reported between March 20-September 15, 2020: 7% of cases identified as a visible minority compared to 3% of the general Southwestern Public Health population (according to the 2016 Census). In addition, 3.5x as many COVID-19 cases were living with a low income compared to the SWPH general population (43% of cases were living with a low income compared to 12% of the SWPH population based on the 2016 Census).

Population Health Status Highlights (continued)

f) Before COVID-19, the local unemployment rate was approximately 6%. The unemployment rate in the SWPH region increased to 9% in 2020. In particular, the months of April to June 2020 had particularly high unemployment rates (12-17%). This marked the beginning of lockdowns across the region. Since that time, the monthly unemployment rates have decreased gradually but remain slightly higher than pre-pandemic levels.

Mental health

a) In 2019, a higher proportion of women in the SWPH region reported concerns about anxiety during pregnancy (21.7%), depression during pregnancy (15.7%) and a history of postpartum depression during pregnancy (9.9%) than in Ontario (14.9%, 9.7% and 4.5%, respectively).
b) In 2020, 33.6% of SWPH families with newborns reported that a parent or partner has a mental illness compared to 18.4% of Ontario families with newborns.
c) The 2019 age-standardized rate of emergency department visits for intentional self-harm was higher among Southwestern Public Health residents compared to Ontario (188.3 per 100,000 vs. 149.9 per 100,000 population).
d) From 2017-2018, a higher proportion of Oxford County residents perceived most days quite a bit or extremely stressful compared to Ontario (28.0% vs. 21.6%).
e) The number of police calls for mental health-related reasons doubled in the first year of the pandemic in St. Thomas (from around 1,300 calls for mental health each year to 2,160 in 2020).

Chronic disease

a) In 2019, the age-standardized rate of hospitalizations was higher in the SWPH region compared to Ontario for several chronic diseases:
    i. cardiovascular diseases (1,111.9 per 100,000 vs. 879.5 per 100,000)
    ii. respiratory diseases (814.3 per 100,000 vs. 594.2 per 100,000)
    iii. diabetes (146.3 per 100,000 vs. 104.0 per 100,000)
b) From 2017-2018, a higher proportion of Elgin St. Thomas residents reported high blood pressure compared to Ontario (23.0% vs. 17.9%).

Substance use

a) From 2017-2018, a higher proportion of Elgin St. Thomas residents reported that they were daily smokers compared to Ontario (15.3% vs. 10.9%).
b) In 2018, the age-standardized rate of hospitalizations for conditions caused entirely by alcohol use was higher in the SWPH region compared to Ontario (240.8 per 100,000 vs. 200.0 per 100,000 population).

Population Health Status Highlights (continued)

c) In 2018, the age-standardized rate of emergency department visits for cannabis-related harms was higher in the SWPH region compared to Ontario (102.0 per 100,000 vs. 87.4 per 100,000 population).
d) In 2019, the rate of emergency department visits for opioid poisoning increased to around 90 visits per 100,000 population compared to around 70 visits per 100,000 population in previous years. The rate of emergency department visits for opioid poisoning increased even more in 2020, the first year of the pandemic, to 99.5 per 100,000 population.

Injuries

a) In 2019, the age-standardized rate of hospitalizations for neurotrauma (including traumatic brain injuries, concussions, and spinal cord injuries) was higher in the SWPH region compared to Ontario (55.9 per 100,000 vs. 44.5 per 100,000 population).
b) In 2019, the age-standardized rate of emergency department visits for all injuries was higher in the SWPH region compared to Ontario (16,201.6 per 100,000 vs. 10,025.2 per 100,000), which was impacted by the following injuries where SWPH had higher rates than Ontario:
    i. falls (5,092.4 per 100,000 vs. 3,270.4 per 100,000)
    ii. being cut or pierced by an object (1,538.8 per 100,000 vs 821.3 per 100,000)
    iii. motor vehicle collisions (937.3 per 100,000 vs. 597.5 per 100,000)
    iv. being caught or crushed between objects (416.9 per 100,000 vs. 219.2 per 100,000)
    v. dog or other animal bites (415.2 per 100,000 vs. 202.0 per 100,000)
    vi. assault (285.5 per 100,000 vs. 235.7 per 100,000)
    vii. collisions involving all-terrain vehicles or snowmobiles (119.8 per 100,000 vs. 48.7 per 100,000)
    viii. due to exposure to smoke or fire (54.8 per 100,000 vs. 27.0 per 100,000)

Sexually transmitted infections

a) The incidence rate has increased over time in the SWPH region from 2015 to 2020 for the following sexually transmitted infections:
    i. gonorrhea (15.8 per 100,000 to 24.9 per 100,000)
    ii. syphilis (2.5 per 100,000 to 10.0 per 100,000)

Population Health Status Highlights (continued)

Food safety

a) Campylobacteriosis remains the most common food-borne illness in our region. The rate of campylobacteriosis in 2020 was 18.7 per 100,000 in the SWPH region.

Air quality and climate change

a) In the SWPH region, 88% of days in 2017 had an Air Quality Health Index rating of Low Risk.
b) Based on four common scenarios used by climate scientists, it is predicted that the average temperature in the SWPH region will increase by at least 1.5°C to upwards of almost 5°C by the year 2100 depending on the scenario. It is also expected that the number of heat waves, duration of the longest heat wave and the strength of heat waves will increase under all scenarios. The total annual amount of precipitation is expected to increase under all scenarios while the number of extreme cold events is expected to stay the same or decrease slightly.

Vaccine preventable diseases

a) In the 2018-2019 school year, 8.7% of 7-year-olds and 9.2% of 17-year-olds had non-medical exemptions for at least one disease designated under the Immunization of School Pupils Act (ISPA) which was higher than Ontario (2.1% and 2.5%, respectively).
b) In the 2018-2019 school year, the immunization coverage rate for HPV was lower in the SWPH region compared to Ontario for 17-year-olds (53.0% vs. 61.6%).

Physical activity

a) From 2017-2018, only 58.0% of adults (18 years and older) in Elgin St. Thomas and 51.3% in Oxford County met or exceeded the Canadian Physical Activity guidelines of 150 minutes of moderate- to vigorous-intensity aerobic physical activity per week. In comparison, 63.7% of youth (12-17 years) in Elgin St. Thomas and 64.7% of youth in Oxford were physically active on average for 60 minutes per day.

Oral health

a) In 2019, the age-standardized rate of emergency department visits for oral health conditions was higher in the SWPH region compared to Ontario (1,290.3 per 100,000 vs. 628.7 per 100,000 population).

2022 General Program Budgets

FOOD SAFETY

FOOD SAFETY		
Program Name	**2021 Budget**	**2022 Budget**
Food Safety-Education, Promotion & Inspection	481,380	502,080
Total	**481,380**	**502,080**

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).

b) 100% disclosure of inspection results and enforcement activities on HealthInspect 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.

2022 General Program Budgets

HEALTHY ENVIRONMENTS

HEALTHY ENVIRONMENTS		
Program Name	**2021 Budget**	**2022 Budget**
Climate Change Program	104,540	127,350
Health Hazard Investigation & Response	324,270	358,230
Total	**428,810**	**485,580**

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).

2) Health Hazard Investigation and Response

a) A focus on safe housing issues related to mould, safe water and sanitation using a health equity lens. This focus includes developing and maintaining partnerships with stakeholders such as housing corporations.

b) Completing routine migrant farm housing inspections at or above the required inspection frequency to minimize injury or illness potential impacts. In addition, this year the inspections will include incorporating a COVID-19 defensive culture to ensure farmers and workers are equipped to mitigate the risk associated with COVID-19.

2022 General Program Budgets

HEALTHY GROWTH AND DEVELOPMENT

HEALTHY GROWTH AND DEVELOPMENT		
Program Name	**2021 Budget**	**2022 Budget**
Reproductive Health/Healthy Pregnancies *	357,290	512,930
Breastfeeding	294,070	312,470
Parenting	429,530	435,670
Total	**1,080,890**	**1,261,070**

* Note: dollar differences between 2021 and 2022 do not necessarily reflect a decrease in programming or staffing. Sometimes it is a reallocation and sometimes it is a different person with a different salary than who was charged to that program last year.

Healthy Growth and Development Highlights:

1) Reproductive Health/Healthy Pregnancies
   a) The goal of this program is to achieve optimal preconception, pregnancy, newborn and family health. SWPH aims to achieve this through several coordinated approaches, including prenatal education, resource sharing and early identification of risk factors. It is anticipated that over 750 individuals will take part, and benefit from, prenatal education in 2022. All expectant families have the opportunity to access free on-line prenatal education from SWPH.

2) Breastfeeding
   a) Approximately 2,100 babies are born annually in the SWPH region. All new parents can request services from a Public Health Nurse, including an infant feeding assessment and support: on site, by telephone or in the home. SWPH anticipates serving over 800 parents and their children and we will interact with over 1000 parents via the Health Unit's website and social media channels.

2022 General Program Budgets

HEALTHY GROWTH AND DEVELOPMENT

Healthy Growth and Development Highlights (continued):

3) Parenting
   a) Information regarding a variety of parenting topics is provided to parents at the time of birth. Many parents choose to receive age-paced information electronically to support them in their caregiving roles. SWPH parenting and food literacy programs are implemented in collaboration with community partners and target families with young children experiencing parenting challenges. These programs are effective in supporting the adoption of developmentally appropriate parenting practices, including food skills, leading to improved life-long health outcomes. SWPH is prepared to enroll up to 100 caregivers in its parenting programs, which are 4 to 6 weeks in duration. Nurses provide group or one-on-one support to parents experiencing mental health challenges during pregnancy and parenting to help them find the support they need.

2022 General Program Budgets

IMMUNIZATION

IMMUNIZATION		
Program Name	**2021 Budget**	**2022 Budget**
Immunization Monitoring & Surveillance	47,980	33,090
Vaccine Administration	84,920	95,070
Community Based Immunization Outreach	34,190	77,010
Vaccine Management	112,930	172,060
Total	**280,020**	**377,230**

Immunization Highlights:

1) Immunization Monitoring & Surveillance
   a) Monitoring and communicating about vaccine safety are priorities for all Ontario public health units. In Ontario, health care professionals are required to report adverse events following immunizations (AEFIs) to their local health unit. An AEFI is an unwanted or unexpected health effect that happens after someone receives a vaccine, which may or may not be caused by the vaccine. Staff investigate AEFIs and provide support in the form of recommendations to immunizers, individuals and their families. All AEFIs and other vaccine safety concerns are reported to the Ministry of Health through a provincial surveillance database.

2022 General Program Budgets

IMMUNIZATION

Immunization Highlights (continued):

2) Vaccine Administration

a) Nurses visit schools throughout Oxford County, Elgin County and the City of St. Thomas providing vaccines to eligible Grade 7 students to protect against serious diseases including Hepatitis B, Human Papillomavirus (HPV) and Meningococcal Disease. The goal of the program is to reduce or eliminate the burden of vaccine preventable diseases through immunization. High school clinics are offered each year to allow students to "catch up" on immunizations. 2022 will provide an opportunity for SWPH to capitalize on the current pandemic by promoting the importance of immunizations in eliminating vaccine preventable diseases. In the event public and private schools are closed due to COVID – 19 outbreaks, vaccine preventable disease staff have contingency plans in place to offer community-based immunization clinics (to replace school-based immunization clinics).

3) Community Based Immunization Outreach

a) A community influenza clinic is held at each SWPH site to ensure access for clients who are not eligible to receive the flu vaccine at a pharmacy (those under 2 years of age) and/or clients who may not have a primary care provider. Smaller, more targeted clinics are held for clients who may be vulnerable to the complications of influenza and lack regular access to primary care. This would include the underhoused and clients struggling with mental illness and drug addiction. Influenza clinics are also offered to specific communities who may not normally immunize such as the Low German-speaking community and the Amish community. SWPH has planned for increased uptake of the influenza vaccine due to COVID – 19.

4) Vaccine Management

a) Wastage of vaccine due to mishandling is an expensive and unnecessary loss of assets. A robust program of cold chain preventative maintenance, including inspections and investigations of cold chain breaks of both refrigerated systems at SWPH and in community partners' locations, helps to lessen vaccine wastage. SWPH is responsible for monitoring over 150 fridges located in pharmacies, health care provider offices and institutions which hold publicly funded vaccines. Routine compliance and education inspections are completed annually by public health.

2022 General Program Budgets

INFECTIOUS AND COMMUNICABLE DISEASES PREVENTION AND CONTROL

INFECTIOUS AND COMMUNICABLE DISEASES PREVENTION AND CONTROL		
Program Name	**2021 Budget**	**2022 Budget**
Infectious & Communicable Disease Prevention & Control	1,128,210	1,267,170
Tuberculosis Prevention & Control *	57,420	27,650
Rabies Prevention & Control*	182,250	212,040
Needle Exchange Program	60,900	60,900
Vector-Borne Diseases Program	153,530	173,990
Sexual Health	933,910	911,000
Total	**2,516,220**	**2,652,750**

* Note: dollar differences between 2021 and 2022 do not necessarily reflect a decrease in programming or staffing. Sometimes it is a reallocation and sometimes it is a different person with a different salary than who was charged to that program last year.

Infectious and Communicable Diseases Prevention and Control Highlights:

1) Infectious & Communicable Disease Prevention & Control
   a) To prevent outbreaks and to minimize adverse effects of an outbreak, SWPH staff respond to reports of diseases of public health significance and provide direction to health care providers and patients, long-term care and retirement home staff, staff of congregate settings and childcare providers to minimize the spread of communicable diseases to others. SWPH investigates approximately 38 outbreaks in long-term care and retirement homes yearly and more than a dozen outbreaks in childcare centres and the community.

2022 General Program Budgets

INFECTIOUS AND COMMUNICABLE DISEASES PREVENTION AND CONTROL

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

2) Tuberculosis Prevention Control

a) Identification and treatment of latent tuberculosis (TB) 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. An average of one case of active TB disease is reported to SWPH per year.

For these cases, intensive case follow-up is provided for approximately 6 months per case, including Direct-Observed-Therapy (DOT).

3) Rabies Prevention & Control

a) Although the number of rabies-infected animals in Ontario has decreased substantially over the past twenty years, rabies remains a concern because it is a fatal disease with no cure. Therefore, SWPH must follow up every report of an animal bite involving humans. Animals who bite humans are assessed for rabies either through direct testing or by assessing animal health for 10 days following the bite. 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.

2022 General Program Budgets

INFECTIOUS AND COMMUNICABLE DISEASES PREVENTION AND CONTROL

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

4) Sharps Program
   a) 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) Infectious Disease Prevention & Control
   a) Public health staff with specialty training in Infection Prevention and Control (IPAC) respond to complaints from the public or internal disease investigations implicating community health care sites in the transmission of blood-borne infections. Sites may include 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 and long-term care homes, as appropriate use of IPAC practices reduces 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 307 personal service settings' premises that provide esthetics, tattooing and hairdressing services.

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

2022 General Program Budgets

INFECTIOUS AND COMMUNICABLE DISEASES PREVENTION AND CONTROL

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

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

Control and Surveillance

a) For WNV:
   - ✓ based on a risk assessment, larviciding of public catch basins and trapping of adult mosquitoes for control and prevention, respectively.
   - ✓ follow-up on standing water complaints and larval dipping from complaint-based information.

b) For Lyme disease:
   - ✓ active tick surveillance
   - ✓ communication to public to inform of online tick identification resource
   - ✓ education to the public and health care providers on the presence of Lyme disease-carrying ticks in SWPH area and surrounding areas.

7) Sexual Health
   a) The main objective of the Sexual Health Program is to reduce the burden of sexually transmitted communicable diseases – including 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 for sexually transmitted infections and contraception services to high-risk priority populations that experience barriers to accessing/using other health care providers' services.

2022 General Program Budgets

SAFE WATER

SAFE WATER		
Program Name	**2021 Budget**	**2022 Budget**
Water Program	278,400	284,330
Total	**278,400**	**284,330**

Safe Water Highlights:

1) Water Program

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.

a) Drinking water

- ✓ maintain 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.
- ✓ pre-opening, routine and re-inspections of small drinking water system inspections.
- ✓ conducting risk assessments of small drinking water systems.

2022 General Program Budgets

SAFE WATER

Safe Water Highlights (continued):

b) Recreational water
- ✓ enhance the knowledge of operators of recreational water facilities.
- ✓ Complete a minimum of 75% of all routine recreational water facility inspections.
- ✓ assessment of beach water quality.
- ✓ disclosure of inspection results on SWPH disclosure website and onsite at applicable recreational water locations.

2022 General Program Budgets

SCHOOL HEALTH

SCHOOL HEALTH		
Program Name	**2021 Budget**	**2022 Budget**
Oral Health Assessment & Surveillance	217,370	190,770
Vision Screening Program *	208,510	154,950
Immunization for Children in Schools & Licensed Child Care Settings *	886,170	1,032,380
Comprehensive School Health	892,940	1,116,290
Healthy Smiles Ontario *	1,008,100	858,140
Total	**3,213,090**	**3,352,530**

* Note: dollar differences between 2021 and 2022 do not necessarily reflect a decrease in programming or staffing. Sometimes it is a reallocation and sometimes it is a different person with a different salary than who was charged to that program last year.

School Health Highlights:

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. In the event public and/or private schools are closed due to COVID – 19 outbreaks, the oral health team have contingency plans in place to offer community-based oral health screenings (to replace school-based oral health screening and surveillance).

2022 General Program Budgets

SCHOOL HEALTH

School Health Highlights (continued):

2) Vision Screening Program

a) The vision program protocol requires local public health units to ensure all children in Senior Kindergarten in all schools (including private and public) have been offered vision screening using three tests: an autorefractor test, a stereoacuity test and a visual acuity test. Staff, working with the school boards and private schools, provide vision screening for eligible and consenting children. SWPH has approximately 2400 Senior Kindergarten students living in its geography every school year. The goal of this program is to identify potential visual abnormalities and refer students for appropriate follow up, thus providing the best opportunity for them to learn in school. In the event public and/or private schools are closed due to COVID – 19 outbreaks, vision screening staff have contingency plans in place to offer community-based visual health screenings (to replace school-based vision screening and surveillance).

3) 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. 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). In the event public and/or private schools are closed due to COVID – 19 outbreaks, vaccine-preventable disease staff have contingency plans in place to offer community-based immunization clinics (to replace school-based immunization clinics).

2022 General Program Budgets

SCHOOL HEALTH

School Health Highlights (continued):

4) Comprehensive School Health

a) SWPH will provide population health information, 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, mental health promotion and physical activity.

5) 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 delivers 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).

b) Staff delivers oral health outreach services at many locations. These services include provision of preventative fluoride varnish services through a mobile bus to various locations including supportive housing complexes to reduce access barriers for families in need. Fluoride varnish programs are also offered in many licensed childcare settings throughout SWPH's region.

2022 General Program Budgets

SUBSTANCE USE AND INJURY PREVENTION

SUBSTANCE USE AND INJURY PREVENTION		
Program Name	**2021 Budget**	**2022 Budget**
Substance Use *	125,350	163,700
Harm Reduction Program Enhancement	327,000	304,460
Smoke Free Ontario *	689,480	466,000
Road Safety	69,240	67,050
Falls Prevention	121,610	121,640
Total	**1,332,680**	**1,122,850**

* Note: dollar differences between 2021 and 2022 do not necessarily reflect a decrease in programming or staffing. Sometimes it is a reallocation and sometimes it is a different person with a different salary than who was charged to that program last year.

Substance Use and Injury Prevention Highlights:

1) Substance Use
   a) SWPH will be working with its community partners on the activities set out in the Oxford County Community Drug and Alcohol and Elgin Community Drug and Alcohol Strategies, including the continued implementation of the community sharps strategy.

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.

2022 General Program Budgets

SUBSTANCE USE AND INJURY PREVENTION

Substance Use and Injury Prevention Highlights (continued):

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 2022.

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) A local overdose prevention plan will be developed for SWPH.

e) Staff will be collaborating 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, and continually assess potential locations for sharps bins. A health education strategy will also be used to promote information about safe disposal.

f) Staff will work on enhancing harm reduction efforts in the community through advocacy and strategic planning for the adoption of safe supply, consumption and treatment services, health education, and stigma reduction in the region.

2022 General Program Budgets

SUBSTANCE USE AND INJURY PREVENTION

Substance Use and Injury Prevention Highlights (continued):

3) Smoke Free Ontario

a) Promoting quit attempts among priority populations and providing tobacco/vaping cessation training and resources for the public and partners including pharmacists, Canadian Mental Health Association, Family Health Teams, Community Health Centres, hospitals, and schools.

b) Staff will strive for 100% completion of regular vendor education and the required inspections inclusive of 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, smoke-free public places and proactive inspections of workplaces, sports fields etc.

e) Community engagement activities, events and social media targeting those groups such as young adult males, alternative youth ages13-18 and LGBTQ2S+ who are more likely to smoke or be a part of social groups with higher rates of smoking.

f) Application of a compliance strategy that employs a balance of education, inspection and progressive enforcement, including the prosecution of 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.

SUBSTANCE USE AND INJURY PREVENTION

Substance Use and Injury Prevention Highlights (continued):

4) Road Safety and Falls Prevention

a) SWPH will conduct a situational assessment to understand the status of falls prevention work within our community. Staff will then create a plan to provide best practice knowledge, education, and support as needed.

b) Regarding road safety, work is scheduled in 2022 to determine local support and readiness to create a comprehensive response to the local road safety issues. SWPH will reconnect with the Elgin St Thomas Age Friendly Advisory Group to exchange knowledge, track progress and collaborate to create system change and SWPH will explore the expansion of the Social Prescribing Program in Elgin and Oxford Counties to reduce loneliness and isolation in seniors.

2022 General Program Budgets

FOUNDATIONAL STANDARDS

FOUNDATIONAL STANDARDS		
Program Name	**2021 Budget**	**2022 Budget**
Emergency Management	63,180	66,190
Effective Public Health Practice *	317,330	458,410
Population Health Assessment *	268,900	321,530
Total	**649,410**	**846,130**

*Note: dollar differences between 2021 and 2022 do not necessarily reflect a decrease in programming or staffing. Sometimes it is a reallocation and sometimes it is a different person with a different salary than who was charged to that program last year.

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, and evidence-informed decision making, research and knowledge exchange and quality and transparency
- ✓ emergency management

The above-mentioned standards include work in the following:

a) Performing ongoing population health surveillance.

b) Continuing to provide detailed information specific to programs and services to better support evidence-based planning and evaluation including analyses from latest Ontario Student Drug Use and Mental Health Survey.

c) Supporting program and service planning by staff including training, skill-building and guiding staff throughout the process.

2022 General Program Budgets

FOUNDATIONAL STANDARDS

Foundational Standards Highlights (continued):

d) Supporting staff to incorporate evidence into their programs, services, and practices and to move from knowledge to action through leadership and consultation.

e) Completing the development and implementation of the Southwestern Public Health program planning database to better support program and service planning across the Health Unit.

f) Completing an evaluation of Southwestern Public Health's COVID-19 response.

g) Continuing to build capacity of staff to incorporate health equity principles and practices into programs and services as opportunities present.

h) 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.

2022 General Program Budgets

CHRONIC DISEASE PREVENTION AND WELL-BEING

CHRONIC DISEASE PREVENTION AND WELL-BEING		
Program Name	**2021 Budget**	**2022 Budget**
Built Environment	327,890	256,560
Healthy Eating Behaviours	199,660	209,520
Physical Activity & Sedentary Behaviour	96,640	79,930
Substance Prevention	118,580	219,590
Suicide Risk & Mental Health Promotion	23,910	52,900
Health Equity (SDOH, CNO) *	617,680	418,400
Healthy Menu Choices Act Enforcement	7,720	8,170
Total	**1,392,080**	**1,245,070**

* Note: dollar differences between 2021 and 2022 do not necessarily reflect a decrease in programming or staffing. Sometimes it is a reallocation and sometimes it is a different person with a different salary than who was charged to that program last year.

Chronic Disease Prevention and Well-Being Highlights:

1) Healthy Communities
   a) Staff will provide population health data and evidence informed suggestions for municipalities to consider in the review of their official plans. We will convene the Healthy Communities Partnership to facilitate knowledge translation, to provide letters of support and to seek out potential funding opportunities to advance healthier public policies.

2) Healthy Eating Behaviours
   a) This program uses the Nutritious Food Basket (NFB) survey tool to monitor the cost and affordability of healthy eating within the SWPH region. Local NFB data will support local and provincial work in educating stakeholders and the population on the impacts of food insecurity in the SWPH region, including advocacy for poverty reduction and income inequality.

2022 General Program Budgets

CHRONIC DISEASE PREVENTION AND WELL-BEING

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

b) The Food for All committee, Ontario Dietitians in Public Health Food System Workgroup and various community partner agencies working towards ending poverty will engage in multisectoral collaboration with community leaders and partners to collaborate on the implementation and delivery of programs/ initiatives/policies to support sustainable food systems and advocate for Health Equity related policies with advocacy related to poverty and income.

c) Initiatives such as the Good Food Box, Elgin Gleaners and the Food Access Guides increase access to nutritious food within the SWPH region. SWPH will support, evaluate, monitor, and expand existing food access programs within the SWPH region. We will also assess community needs to develop at least one new food access initiative within the SWPH region.

3) Substance Prevention

a) Working with partners, including school boards, community organizations, and workplaces, to de-normalize legal substances, implement substance policies, and increase awareness of health risks. In addition, highlight protective factors caregivers can apply in their everyday life to prevent or delay substance use in youth.

b) To participate, collaborate and work on local community initiatives and priorities to delay and prevent substance use by using locally relevant data, strategies, and activities.

4) Suicide Risk and Mental Health Promotion

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

b) Local data and resources will be collated into one accessible Mental Health Promotion website that can be accessed by all community partners to develop mental health promotion activities that are tailored to the local needs.

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) A mental health literacy survey will be developed and administered to SWPH staff. The results of which will be utilized to provide mental health promotion education and support.

e) SWPH will develop and run a mental health promotion social media campaign and work to embed mental health promotion in all SWPH social media interactions.

f) The Health Equity Priority Populations committee will be reconvened, and staff will continue working with the Low German Community of Practice to reduce stigma and increase mental health promotion activities for these priority populations.

5) Social Determinants of Health Initiative

a) Sustaining focused health equity initiatives within a COVID-19 context with a particular focus on housing and the public health impacts of COVID-19 interventions in 2022.

b) Continuing to build the internal capacity of front-line staff to incorporate health equity principles and practices into their programs and services.

2022 General Program Budgets

CHRONIC DISEASE PREVENTION AND WELL-BEING

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

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.

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 free recreation programs to grade 5 students in the Thames Valley District and London District Catholic School Boards.

   b) SWPH will continue to encourage physical activity and reduce sedentary behaviour among adults by promoting the use of new trails, targeting workplaces, and integrating messages about how to meet the 24-hour movement guidelines easily.

8) Chief Nursing Officer (CNO)
   The CNO reports directly to the Chief Executive Officer and is responsible for high-level oversight of nursing activities at SWPH. In this capacity, the CNO is responsible for the following:

   a) Actively participating in Ontario Public Health Nursing Leadership initiatives.

   b) Consulting on nursing practice issues as they arise and contributing to the development of practices found on evidence.

   c) Providing leadership and support for a culture of continuous quality improvement.

   d) Promoting professional development that enhances nursing practice.

2022 General Program Budgets

SUPPORTING COSTS

SUPPORTING COSTS		
Program Name	**2021 Budget**	**2022 Budget**
Salaries	1,834,890	1,937,780
Benefits	755,560	530,700
Facilities	1,384,050	1,330,735
Office Management	229,925	233,750
Corporate Services	951,420	1,101,240
Board of Health	31,200	31,200
Total①	**5,187,045**	**5,165,405**
①Costs include costs for general and 100% provincially funded budgets		

Supporting Costs Highlights:

1) 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.

2) Requirements include compliance with Accountability Agreements; 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, and research and evaluation, and stakeholder engagement. This involves leadership and support in the areas of governance, board and committees, policy development, accountability and target monitoring, finance, information technology, human resources, communications, office management, and staff committees/working groups to support program delivery and compliance. This also includes oversight of building and rental costs of three facilities, office equipment, information technology including hardware/software licenses, training and development, insurance, audit services, legal costs, and Board of Health costs.

SUPPORTING COSTS

Supporting Costs Highlights (continued):

3) Due to program and services evolution and recent retirements, this area includes a decrease of a 1.0 FTE director, 1.0 FTE administrative assistant and an increase of a 1.0 human resources specialist.

4) Commencement and completion of collective agreement negotiations between the Employer and the Ontario Nurses' Association (ONA).

5) Completion of the hiring of a new Medical Officer of Health as well as onboarding and introduction to the community.

2022 General Program Budgets

	2021 Budget	2022 Budget
Total General Programs	16,840,025	17,295,025

100% Provincially Funded Programs

2022
Budget and Highlights

Included:
Ontario Seniors' Dental Care Program
Pre and Post Natal Nurse Practitioner Program
Healthy Babies Healthy Children
Medical Officer of Health Compensation Initiative
Covid-19: School Focused Nurses Initiative

2022 Budget – 100% Provincially Funded
Ontario Seniors' Dental Care Program

ONTARIO SENIORS' DENTAL CARE PROGRAM		
Program Name	**2021 Budget**	**2022 Budget**
Ontario Seniors' Dental Care Program	901,300	901,300
Total	**901,300**	**901,300**

Ontario Seniors' Dental Care Program Highlights:

The revised Oral Health Protocol, 2019 includes the new Ontario Seniors' Dental Care Program (OSDCP) as a core element of the revised Protocol.

a) The Ontario Seniors' Dental Care Program's goal is to support awareness of, access to, and utilization of the program to ensure eligible seniors ages 65 + are out of dental-related pain and increasing their overall quality of life.

b) SWPH's program activities include promotion of the program, system navigation, increasing awareness of the program among community partners, providing oral health clinical treatment (preventive and restorative procedures in accordance with the program's Service Schedule), and the establishment of a dental home.

c) SWPH Oral Health Team staff also utilize referral networks and pathways in order to assist eligible seniors and their families in securing appropriate healthcare as needed.

d) Oral health clinics will continue in operation, providing COVID-19 Ministry directives allow.

2022 Budget – 100% Provincially Funded
Pre and Post Natal Nurse Practitioner Program

PRE AND POST NATAL NURSE PRACTITIONER PROGRAM		
Program Name	**2021 Budget**	**2022 Budget**
Pre and Post Natal Nurse Practitioner Program	139,000	139,000
Total	**139,000**	**139,000**

Pre and Post Natal Nurse Practitioner Program Highlights:

1) Pre and Post Natal Nurse Practitioner Program
   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 750 patients are seen annually through this program.

2022 Budget – 100% Provincially Funded
Healthy Babies Healthy Children

HEALTHY BABIES HEALTHY CHILDREN		
Program Name	**2021 Budget**	**2022 Budget**
Healthy Babies Healthy Children	1,653,540	1,653,540
Total	**1,653,540**	**1,653,540**

Healthy Babies Healthy Children Highlights:

1) Healthy Babies Healthy Children
   a) The Healthy Babies Healthy Children Program helps families with children up to age six get a healthy start in life. This is accomplished through screening and assessments, to help identify any risks that could affect a child's healthy development, through referrals to community programs and services, and by providing information and supports for parents. The range of available supports includes home visiting by a Public Health Nurse and a Parent Resource Worker for families with a child at risk. Approximately 4,800 home visits are completed annually to support families in achieving their goals for healthy child growth and development in the SWPH region.

2022 Budget – 100% Provincially Funded
Medical Officer of Health Compensation Initiative

MEDICAL OFFICER OF HEALTH (MOH)		
Program Name	**2021 Budget**	**2022 Budget**
Medical Officer of Health	157,620	183,030
Total	**157,620**	**183,030**

Medical Officer of Health Compensation Initiative Highlights:

1) Medical Officer of Health (MOH)
   a) The Ministry of Health provides Boards of Health with a portion of funding towards the salary cost of eligible medical officer of health positions.

2022 Budget – 100% Provincially Funded
Covid-19: School Focused Nurses Initiative

COVID-19: SCHOOL FOCUSED NURSES INITIATIVE		
Program Name	**2021 Budget**	**2022 Budget**
School Focused Nurses Initiatve	904,500	519,750
Total	**904,500**	**519,750**

COVID-19: School Focused Nurses Initiative Highlights:

1) School Focused Nurses
   a) The province provides Boards of Health with 100% dedicated funding for school-focused nurses in public health units to provide rapid-response support to schools and boards in facilitating public health and preventive measures, including screening, testing and mitigation strategies.

   b) SWPH received up to 9 FTE nursing equivalents to support the existing 6.5FTE nurses currently on the school health team offering regular school health initiatives. These additional 9 FTEs are expected to further support the Ministry's expectations with respect to managing COVID-19 in the school community.

   c) SWPH will be working with our school boards and private school partners to address mental health promotion in schools, support parents with some of the pandemic-related stressors and substance use prevention programs.

   d) Funding for this initiative at this time, is for the school year of 2021-2022.

2022 General Program & 100% Provincially Funded Budgets

TOTAL COST OF ALL BUDGETS		
Program Name	**2021 Budget**	**2022 Budget**
Total cost of all budgets	20,607,940	20,691,640
Total	**20,607,940**	**20,691,640**

One-Time Funding Request
100% Provincially Funded

2022
Budget and Highlights

Included:
Public Health Inspector Practicum Program
Needle Management Program
Covid-19 Specific Costs
IPAC Hub
Supervised Consumption Site Exploration
Space Needs Assessment
Designing a Stakeholder Management System
Improving Our Administrative Data System

One-Time Funding Request
100% Provincially Funded

Project Title:
Public Health Inspector Practicum Program

PUBLIC HEALTH INSPECTOR PRACTICUM PROGRAM		
Program Name	**2021 Budget**	**2022 Budget**
Public Health Inspector Practicum Program	10,000	10,000
Total	**10,000**	**10,000**

Public Health Inspector Practicum Program Highlights:

a) To provide a practicum for one student enrolled or who already has 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. Upon successfully completing the practicum, the student will be able to sit the BOC exam. SWPH has staff who can coach and mentor student PHI candidates in preparation for their BOC exam for the duration of the 12-week practicum.

One-Time Funding Request
100% Provincially Funded

Project Title:
Needle Management Program Highlights

NEEDLE MANAGEMENT PROGRAM		
Program Name	**2021 Budget**	**2022 Budget**
Needle Management Program	19,100	60,100
Total	**19,100**	**60,100**

Needle Management Program Highlights:

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 important that SWPH continues to meet this growing demand in order to prevent the transmission of HIV, Hepatitis B and Hepatitis C infections.

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

c) The 2022 goals of the program include meeting or exceeding sharps return rates in similar Ontario jurisdictions and to ensure that sharps disposal options are available to our 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 the addition of up to four sharps kiosks in known underserviced areas and regular maintenance and disposal.

One-Time Funding Request
100% Provincially Funded

Project Title:
COVID-19 Specific Costs

COVID-19 SPECIFIC COSTS		
Program Name	**2021 Budget**	**2022 Budget**
COVID-19 Response	2,195,900	1,926,860
COVID-19 Immunization	-	12,173,500
COVID-19 Recovery	-	345,990
COVID-19 Backlog	-	941,120
Total	**2,195,900**	**15,387,470**

COVID-19 Specific Costs:

COVID-19 Response

a) 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 containment of the outbreak and the prevention of further spread within our community, including long-term care homes and other residential facilities which are particularly vulnerable to outbreaks.

b) The primary activity of the Infectious Disease team, which includes a team of public health investigators, is case management and contact tracing. Responsive case and contact management are pivotal in reducing the transmission of COVID-19 in our region. Each case is contacted by a public health investigator who reviews their symptoms, contacts and possible exposures and settings where they may have acquired the disease. This process is labour intensive and is compounded by the emerging pathogenicity of this novel virus.

COVID-19 Response (Cont'd)

c) Public health investigators provide active daily monitoring of cases for symptom resolution or to assess for illness progression and are monitored until their symptoms are fully resolved. In addition, cases and their household contacts receive information on public health measures related to enhanced environmental cleaning, self-monitoring (for household contacts) and general infection prevention and control measures.

d) Public health investigators conduct outbreak management at congregate settings, including Long-term Care Homes, Retirement Homes, and Childcare Centres. It is projected that SWPH will conduct a total of approximately 115 outbreak investigations in all settings in 2021 with over 72% related to COVID-19. It is anticipated that the number of COVID-19 outbreaks will decrease in 2022 as COVID-19 vaccination rates increase.

   COVID 19 case and contact follow-up will continue as a measure to control and prevent the spread of disease.

e) Testing of individuals and health care providers is an essential function of our response. Public Health works with our local hospitals to support the operation of the COVID-19 assessment centres in our region. The purpose of testing is to understand the transmission of the virus and thereby prevent others from acquiring the disease.

f) SWPH's internal Community Support Task Force shares information 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 and screening, information to address vaccine hesitancy among parents of school-aged children (age 5-11) who are eligible for the COVID-19 vaccine and guidance for those who have symptoms of COVID-19 or have been exposed to someone with COVID-19. SWPH also advises what the current rules and restrictions are for specific settings based on the Reopening Ontario plan, ROA and the associated regulations. Changes in provincial direction or significant announcements, the number of active cases or local transmission in our region, and the continued COVID-19 vaccine rollout for children under 12 as well as third doses for all eligible individuals are factors that will impact the work of our team. The Task Force leverages existing community partnerships to raise awareness of social supports available and lead changes to address health-related stigmas and stigmas associated with social identities related to COVID-19.

COVID-19 Response (Cont'd)

g) While members of the Call Centre answer most questions, the Content Table responds to items that require further consideration and research. Often the outputs of this research include the development of guidance documents, facts sheets and positions statements. These documents are posted on our website for our partners' and the public's information and are revised frequently to reflect new rules and practices.

h) In order to maintain existing or slightly elevated needs with respect to COVID-19 response, case and contact management, additional resources including public health nurses, health promoters, public health inspectors, managerial support, and administrative support are needed.

COVID-19 Immunization

a) To reduce the incidence rate of COVID 19, Southwestern Public Health will require significant additional staffing to run mass immunization clinics and mobile community clinics to immunize eligible people in vulnerable populations with COVID-19 vaccine. This includes the addition of new eligible cohorts (5–11-year old's), the administration of 3rd doses for the eligible general population and for health care workers. Public health will work in collaboration with community partners to coordinate distribution and to administer COVID-19 vaccine, but public health will be the main distribution channel. The number of clinics, venues, and COVID 19 vaccine parameters will determine how this immunization program will be implemented. 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. Part of the 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.

COVID -19 Backlog of Programs

a) Since the declaration of the pandemic (in March, 2020), Southwestern Public Health's main focus has been the containment of COVID–19 through effective case and contact management and leading the planning and rollout of the COVID-19 vaccine. Unfortunately, the extraordinary staffing efforts it has taken thus far to curb COVID-19 and vaccinate our community has critically affected the level of programs and services being offered in 2020 and 2021. All regular but important programs and services were scaled-back. For example, throughout our pandemic response, SWPH has had to:
    i. Reduce operations in clinical services (oral health and sexual health).
    ii. Reduce and sometimes eliminate home visits from public health nurses and parent resource workers in the Health Babies Healthy Children Program.

COVID -19 Backlog of Programs (Cont'd)

iii. Change the focus of the work of the school public health nurses from offering more health promotion types of services (i.e.: physical activity, health eating) to working with schools on public health measures and prevention of COVID-19 outbreaks in schools.

iv. Reduce all school-based programs such as the Oral Health School-based Screening program, the Vision Screening program and the Immunization of School Pupils Act programs were not running at full capacity in 2020-21.

v. Delay the completion of the climate change action plan.

vi. Reduce the number of fixed inspections of premises, including food premises, recreational water facilities and personal services settings.

b) Significantly reduce chronic disease and injury prevention programs that address healthy behaviours (healthy eating, physical activity, avoiding tobacco and other substance use). This is because the successful planning and delivery of these programs are dependent on the collaborations of many at the municipal, community and health system levels. The pandemic has prevented the sustainability of these relationships, thereby impacting the delivery of these programs. The delay and sometimes suspension of these programs and services has created a backlog in work that staff must address in 2022 in order to mitigate the impact on our communities. SWPH will need significant additional staff dedicated to this backlog work in 2022.

COVID-19 Recovery

a) The COVID-19 pandemic has had a unique impact on population-level mental health in part because of extensive Public Health interventions to stop the spread of the virus. There has been a marked increase in overall stress, anxiety, fear, depression, and suicidal ideation throughout the pandemic. COVID-19 has caused greater health disparities within the population, and as such, a proportionate universalism approach informed by local data will be key in moving forward.

b) SWPH is required to engage in work that promotes mental well-being. This can be achieved by removing barriers, strengthening individuals and their environments, and enhancing evidence-informed interventions and ways of knowing. According to the Mental Health Promotion Guideline 2018, mental health promotion must be incorporated into several specific programs offered at SWPH: Chronic Disease Prevention and Wellbeing, Healthy Growth and Development, Substance Use and Injury Prevention, and School Health.

COVID-19 Recovery (cont'd)

c) The Guideline also stipulates that provincial health units must engage in, at minimum: situational assessments of local populations that incorporate proportionate universalism, strategies that address the social determinants of health, whole population and community-based interventions, and programming across the lifespan. As our communities recover from COVID-19, SWPH has the opportunity to play a pivotal role in mitigating the harms caused by public health interventions aimed at reducing the spread of COVID-19. This can be accomplished by developing robust mental health programming and building mental health capacity and resilience within our region of Oxford County, Elgin County, and the City of St. Thomas.

One-Time Funding Request
100% Provincially Funded
Project Title:
Infection Prevention and Control HUB

INFECTION PREVENTION AND CONTROL HUB		
Program Name	**2021 Budget**	**2022 Budget**
Infection Prevention and Control HUB	685,000	805,000
Total	**685,000**	**805,000**

Infection Prevention and Control 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 will be 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 lead local IPAC Hub, 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.

Infection Prevention and Control HUB Highlights: (Cont'd)

d) St. Thomas, Elgin and Oxford IPAC services for congregate living organizations are administered by a team of 2 IPAC Specialists and a Health Promoter from the IPAC Hub. Services include support for IPAC training, policies and procedures, outbreak preparedness and assistance with on-site IPAC assessments. This team also supports IPAC issues and questions that arise from other settings such as primary care and medical offices, workplaces and childcare centres.

One-Time Funding Request
100% Provincially Funded
Project Title:
Supervised Consumption Site Exploration

SUPERVISED CONSUMPTION SITE EXPLORATION		
Program Name	**2021 Budget**	**2022 Budget**
Supervised Consumption Site Exploration		30,000
Total	**-**	**30,000**

Supervised consumption feasibility study highlights:

a) The opioid crisis has increased during the COVID-19 epidemic from already concerning levels, and thus the demand for a safe space for people who use drugs has increased.

b) Supervised consumption sites are known to reduce the risk of accidental overdose, connect people who use drugs to other services, reduce public drug use and discarded drug equipment, reduce the spread of infectious diseases, reduce the strain on emergency medical services, and provide a safe space for people to connect.

c) Within the SWPH region, 90% of unintentional overdoses occurred at home, and 77% of deaths occurred when the person used alone. For the six-month period from January to August, there was a 42% increase in opioid-related deaths from 2019 to 2020. This clearly demonstrates the increase in need within our community.

d) This funding would allow SWPH to hire a consultant to conduct a feasibility assessment of our local community to understand the desire for and type of supervised consumption site if needed. This is the first step towards understanding what an action plan to build a supervised consumption site in our region would entail. The consultant would conduct a survey including key stakeholders, community members, people with lived/living experience and municipal leaders as well as focus groups with key community members to gain further detailed insight.

e) This data will be compiled into both internal and community facing reports which will inform our work going forward and ensure transparency within the community.

Supervised consumption feasibility study highlights:

f) This follows along with the same feasibility assessments other communities within Ontario have conducted. We will also be reaching out to those communities to gather lessons learned and create working partnerships.

One-Time Funding Request
100% Provincially Funded
Project Title:
Space Needs Assessment

SPACE NEEDS ASSESSMENT		
Program Name	**2021 Budget**	**2022 Budget**
Space Needs Assessment	-	20,000
Total	**-**	**20,000**

Space Needs Assessment Highlights:

a) SWPH is seeking one time funding request of $20,000 to complete a space needs assessment for our multiple locations. Through the County of Oxford, SWPH leases two offices adjacent to one another, one located at 410 Buller Street and another at 93 Graham Street in Woodstock, Ontario. In addition, our Oral Health Program leases a unit at 35 Metcalf Street in Woodstock and another unit in Aylmer, Ontario which both operate as dental clinics. We also we own and operate a facility at 1230 Talbot Street in St. Thomas. Operating multiple locations can create operational inefficiencies, is challenging from a resource perspective and causes confusion for visitors and those accessing public health programs and services. In addition, concerns regarding accessibility, visibility, infection control, security and safety need to be addressed. Each location faces challenges with a lack of appropriate workspaces for a growing workforce and SWPH needs to consider different approaches about traditional models of how we work such as hotelling as we consider a hybrid model of work.

b) The space needs assessment will address some of the day-to-day challenges staff may face in providing public health programs and services, identify what needs improvement and will address the long term needs of the organization including the continued drive to operate the most efficiently.

One-Time Funding Request
100% Provincially Funded
Project Title:
Designing a Stakeholder Management System

DESIGNING A STAKEHOLDER MANAGEMENT SYSTEM		
Program Name	**2021 Budget**	**2022 Budget**
Designing a Stakeholder Management System	-	20,000
Total	**-**	**20,000**

Designing a Stakeholder Management System highlights:

a) SWPH is seeking $20,000 in one-time funding to support the initial work of designing a stakeholder management system.
b) The COVID-19 pandemic response and migration from ERMS to Rave Alert illuminated significant challenges with managing external stakeholder information and engaging in effective, coordinated and timely communication with these stakeholders.
c) The implementation of Rave Alert also identified challenges with obtaining consent to communicate with stakeholders through multiple and different channels (e.g., Rave, MailChimp), the process for managing stakeholder contact information across different platforms and program areas, and sharing non-urgent information to specific stakeholder groups.
d) Currently, there is no central system for managing and updating stakeholder information, nor is there a way to identify if a specific stakeholder or stakeholder group (e.g., physicians) has been contacted recently. As a result, communication between SWPH and external stakeholders can be repetitive, uncoordinated, fragmented and delayed.
e) Using design thinking and implementation science, we aim to create an effective internal system of managing stakeholder relationships, contact information, and interventions. We envision the system to include both practical tools (e.g., database, software, templates, and forms) and defined processes and strategies to effectively communicate and engage key stakeholders in the work of public health.
f) The money from this one-time funding request will support the initial development of the tools and processes identified as critical to the functioning of an effective stakeholder management system.

One-Time Funding Request
100% Provincially Funded
Project Title:
Improving Our Administrative Data System

IMPROVING OUR ADMINISTRATIVE DATA SYSTEM		
Program Name	**2021 Budget**	**2022 Budget**
Improving Our Administrative Data System	-	15,500
Total	**-**	**15,500**

Improving Our Administrative Data System highlights:

a) SWPH is seeking $15,500 in one-time funding to support the initial work of improving our administrative data system.
b) Administrative data includes information about our staff, assets, finances, facilities, and non-programmatic operations (e.g., payroll).
c) Although significant work has been done to create individual tools and processes to support some specific administrative portfolios (e.g., budget, central supply, asset management, etc.) these initiatives have not yet been connected to other administrative portfolios to create effective interactions between the pieces.
d) The COVID-19 pandemic response and migration from ERMS to Rave Alert illuminated significant challenges with using administrative data to support organizational decision-making and program activities.
e) Using design thinking and implementation science, we aim to create an effective internal system of collecting, storing, maintaining, and using administrative data. We envision the system to include both practical tools (e.g., database, software, templates, and forms) and defined processes and strategies to make data-driven decisions about the operation of SWPH.
f) The money from this one-time funding request will support the initial development of the tools and processes identified as critical to the effective functioning of our administrative data system.

CEO REPORT

Open Session

MEETING DATE:	December 10, 2021
SUBMITTED BY:	Cynthia St. John, CEO (written as of November 22, 2021)
SUBMITTED TO:	☒ Board of Health ☐ Finance & Facilities Standing Committee ☐ Governance Standing Committee ☐ Transition Governance Committee
PURPOSE:	☒ Decision ☐ Discussion ☒ Receive and File
AGENDA ITEM #	5.2
RESOLUTION #	2021-BOH-1210-5.2

1. Provincial Updates (Receive and File):

1.1 Provincial Appointment to the Board of Health

On November 18, 2021, SWPH received notice that David Warden has been reappointed by Order in Council as a provincial appointee to the Board of Health for a period of two years, effective January 1, 2022.

1.2 Healthy Babies Healthy Children/Prenatal and Postnatal Nurse Practitioner 2021/2022 Ontario Transfer Payment Agreement

On November 30th SWPH received the transfer payment agreement for the Healthy Babies Healthy Children (HBHC) and Prenatal and Postnatal Nurse Practitioner programs (PPNP) for the period of April 1, 2021 to March 31, 2022. The agreement is attached. There were no significant changes to the terms and conditions of the programs and the funding amount was as we anticipated, $1,653,529 for HBHC and $139,000 for PPNP.

MOTION: 2021-BOH-1210-5.2A
That the Board of Health for Southwestern Public Health approve the Healthy Babies Healthy Children and Prenatal and Postnatal Nurse Practitioner programs transfer payment agreement as presented.

2. SWPH Program Updates (Receive and File):

2.1 Infectious Diseases Prevention and Control Program

COVID Case and Contact Management

COVID Case and Contact Management team continues to be busy investigating an increasing number of confirmed cases and hospitalizations in our region. Due to the increase in cases, SWPH has secured additional Provincial Workforce team case investigators and contact tracers who will work seven days a week to address the surge in cases and contacts. The Provincial Workforce team are employees of the Ministry of Health and they are available to health units across Ontario to support surge capacity in their respective areas.

Although most cases are unvaccinated, we are also receiving increasing reports of breakthrough cases. Fortunately, there has been little spread of COVID-19 in congregate settings, including long-term care homes, retirement homes, and other congregate settings. However, we are receiving increasing reports of COVID-19 in workplaces and childcare centres. These outbreaks are being investigated promptly to mitigate further spread in these facilities.

Investigation of Diseases of Public Health Significance

Twenty-six COVID-19 outbreak investigations were completed since my last report. Six investigations in LTCH or RH, 9 in workplaces, 4 in childcare settings, 3 in faith groups, 4 in congregate living settings. Six of these outbreaks have been confirmed with evidence of transmission in the setting.

Thirty-five investigations of diseases of public health significance were investigated since my last report. The number of confirmed cases of diseases in November was similar to the preceding 2 months.

Information and Community Support

This fall, the Community Support Task Force has been extremely busy handling various calls related to our active case count while booking appointments for those who now qualify for a third dose of the COVID-19 vaccine. In addition, due to increasing demand, we are redirecting people to our website for self-serve options.

Between November 4-10, 2021, the COVID-19 Response Centre staff returned a total of 911 calls/emails. Most of our calls have been related to booking appointments for a third/booster dose of the COVID vaccine, providing general vaccine information (including vaccine receipt inquiries) and guidance for someone exposed to someone with COVID-19. With well over one hundred incoming calls per day, we continue to see public demand to speak to a public health professional for credible information, guidance and support during this fourth wave of the pandemic.

2.2 School Health

A school outbreak is declared when there are two or more epi-linked cases associated with the school environment. As of November 12, 2021, there have been significantly more COVID-19 outbreaks in schools compared to the same time last year.

The school team meets with all school administrators to review the Public Health Ontario School Infection Prevention and Control Checklists and the team reviews how information is communicated with students, staff and parents. As of November 10, 2021, 86% of schools have completed an IPAC checklist with their school nurse.

2.3 Vaccine Preventable Disease (VPD) Program

Grade 7/8 Immunization Program

Southwestern Public Health is proud of our hardworking vaccine preventable diseases team who, together with support from our school team nurses, recently completed a full first round of in-school vaccinations for Grade 7 students as well as a full catch-up round of vaccinations for Grade 8 students who were unable to be vaccinated due to SWPH's focus on the COVID-19 response. Over 3000 vaccinations were provided to protect these eligible students from meningococcal disease, Hepatitis B and Human Papilloma Virus. SWPH is one of only a few Public Health Units in Ontario right now who are now able to say that our Grade 7 and 8 students are all back on track related to the school-based vaccination program. A series of catch-up clinics will be offered in early 2022 for any student who was remotely learning or unable to be vaccinated when our team visited their schools.

Universal Influenza Immunization Program (UIIP)

In October, long-term care homes (LTCH) and eligible retirement homes (RH) received flu vaccine for administration to staff and residents. LTCHs are required to report coverage rates to the Ministry of Health by January. The general population became eligible for influenza immunization in November, and SWPH has distributed all doses of high-dose vaccine. Orders for flu vaccine from primary care providers has been great thus far. Pharmacies are at capacity for administering flu and Covid vaccines and cannot go to workplaces to administer the flu vaccine. Pharmacists have administered flu vaccines at retirement homes that cannot prequalify to administer flu vaccines because the retirement homes do not have the appropriate staff or a vaccine fridge.

Southwestern Public Health offers flu immunization to children under two years of age who cannot access immunization from their primary care provider. Unfortunately, there has not been much uptake to date.

COVID – 19 Vaccination Clinic Schedule and Locations

Now that SWPH is offering vaccinations for 5-11 year olds, the Woodstock and St. Thomas Mass Immunization Clinics (tentatively starting November 29) will run Tuesday to Saturday (Tuesday – Thursday 0830 - 1730 and Friday - Saturday 0830 to 1630). The morning clinics through the week will be dedicated to adults (first, second and third doses), and the afternoons for 5–11-year-olds. Saturday clinics will be dedicated to children only. Our weekly Tillsonburg clinic continues to operate with dedicated appointments for children only.

The week of December 20 – both MICs in St. Thomas and Woodstock will run Monday to Thursday from 0830 to 1630 (as children are off from school that week). The MICs will be closed on Friday December 24.
The week of December 27 – The Woodstock MIC will run Tuesday December 28, a Tillsonburg clinic on Wednesday December 29, and a St. Thomas clinic on Thursday December 30.

Vaccinating children aged 5-11 is much different than vaccinating 12+. A big shout out to Ruth Innes, a local artist, who so graciously volunteered her time to create images to transform the Woodstock MIC into a winter wonderland to make the space more appealing to children (see below).

2.4 Chronic Disease, Injury Prevention and Substance Use

The harm reduction portfolio has been busy with increasing conversations within our community around substance use, stigma, sharps management and homelessness. SWPH supports both the Elgin Community Drug and Alcohol Strategy (ECDAS) and the Oxford County Community Drug and Alcohol Strategy (OCCDAS) and continues our work on a comprehensive Sharps Management Strategy covering both areas.

The St. Thomas Central Community Health Centre is leading the development of the ECDAS, with members that form the Steering Committee and Collective Results, a consulting firm hired to complete the Strategy. The Strategy is expected to be completed by Q1 in 2022.

Recently the OCCDAS Steering Committee engaged with the University of Waterloo to work on an evaluation framework. The framework will be applied to measure the success of the Steering Committee and Working Groups implementing the recommendations (first presented in the November 2018 Strategy). It will also be applied to assess the effectiveness of the governance system, which consists of a Steering Committee, people with lived/living experience Advisory Committee, four Working Groups and a Coordinator. The evaluation framework will help hold the Steering Committee accountable and track the progress of the Strategy.

2.5 Electronic Health Record (EHR) Implementation Update

At the end of June 2021, our current clinical services scheduling, and billing software (Eaglesoft) discontinued security updates for this platform across Canada. This accelerated our plans to address the need for a more efficient system and solution. We turned this into an opportunity for Southwestern Public Health to overcome the limitations of Eaglesoft and deploy a cost-effective EHR solution that will support organizational strategy and operational needs for the near future.

eHealth Ontario defines an EHR as a secure lifetime record of a client's health history. An enhanced electronic health record (EHR) will provide staff, including nurses and physicians, real-time access to our clients' relevant medical information, so they can provide the best possible care. The current paper-based documentation processes in our programs such as Sexual Health and Healthy Growth and Development is duplicative, time consuming, prone to errors, and unsupportive of team-based communication.

Accuro, an EHR is a product of QHR Technologies, Inc. and is used by over 35,000 users, including Northwestern Health Unit. It includes modules for client charts and documentation, billing, appointment scheduling, lab requisitions and reports, electronic prescription creation and more. Additionally, Accuro is an OntarioMD certified platform, which provides assurance that the product has met and continues to meet the minimum set of requirements for Ontario. Implementing the Accuro electronic health record and moving away from paper-based documentation will provide an opportunity to evolve our models of care, to report our data accurately, and to make optimal care decisions.

The project will occur in two phases. The goal of Phase 1 of the project is to achieve functional implementation (i.e., "Go-Live" status) in the Sexual Health program by March 31, 2022. To reach this goal, the specific objectives that need to be accomplished in this phase include optimizing workflows for Sexual Health client interactions and documentation, configuring the EHR software and training staff and physicians to use Accuro effectively and efficiently. Phase 2 of the project will include the Healthy Growth and Development program (which will follow shortly after the Sexual Health implementation).

MOTION: 2021-BOH-1210-5.2
That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Report for December 10, 2021.

Ontario

Executive Council of Ontario
Order in Council

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

Conseil exécutif de l'Ontario
Décret

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

PURSUANT TO subsections 49(3) and 51(1) of the *Health Protection and Promotion Act*, **David Warden** of St. Thomas be reappointed as a part-time member of the Board of Health for the Oxford Elgin St. Thomas Health Unit to serve at the pleasure of the Lieutenant Governor in Council for a period not exceeding two years, effective January 1, 2022 or the date this Order in Council is made, whichever is later.

EN VERTU DES paragraphes 49 (3) et 51 (1) de la *Loi sur la protection et la promotion de la santé*, **David Warden** de St. Thomas est reconduit au poste de membre à temps partiel du conseil de santé de la circonscription sanitaire d'Oxford-Elgin-St. Thomas pour exercer son mandat à titre amovible à la discrétion du lieutenant-gouverneur en conseil, pour une période maximale de deux ans, à compter du dernier en date du 1er janvier 2022 et du jour de la prise du présent décret.

Christine Elliott

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

Concurred: Chair of Cabinet
Appuyé par : Le président | la présidente du Conseil des ministres

Approved and Ordered:
Approuvé et décrété le : NOV 18 2021

Administrator of the Government
L'administrateur du gouvernement

O.C. | Décret : 1547 / 2021

ONTARIO TRANSFER PAYMENT AGREEMENT

The Agreement is effective as of the 1 day of April, 2021

B E T W E E N

Her Majesty the Queen in right of Ontario

as represented by the Minister of Children, Community and Social Services

(the **"Province")**

- and –

BOARD OF HEALTH FOR OXFORD ELGIN ST. THOMAS HEALTH UNIT
(the **"Recipient")**

CONSIDERATION

In consideration of the mutual covenants and agreements contained in this Agreement and for other good and valuable consideration, the receipt and sufficiency of which are expressly acknowledged, the Province and the Recipient agree as follows:

1.0 ENTIRE AGREEMENT

1.1 The agreement, together with:

Schedule "A" - General Terms and Conditions
Schedule "B" - Program Specific Information and Additional Provisions
Schedule "C" - Service Description
Schedule "D" - Budget
Schedule "E" - Reports
Schedule "F" - Service Data

any amendment to the Agreement made pursuant to Article 4.0 and any document incorporated by reference into the Agreement, including the Service Objectives Document,

constitutes the entire agreement between the Parties with respect to the subject matter contained in the Agreement and supersedes all prior oral or written representations and agreements.

2.0 CONFLICT OR INCONSISTENCY

2.1 **Conflict or Inconsistency.** In the event of a conflict or inconsistency between the Additional Provisions and the provisions in Schedule "A", the following rules will apply:

(a) the Parties will interpret any Additional Provisions in so far as possible, in a way that preserves the intention of the Parties as expressed in Schedule "A"; and

(b) where it is not possible to interpret the Additional Provisions in a way that is consistent with the provisions in Schedule "A", the Additional Provisions will prevail over the provisions in Schedule "A" to the extent of the inconsistency.

3.0 COUNTERPARTS

3.1 The Agreement may be executed in any number of counterparts, each of which will be deemed an original, but all of which together will constitute one and the same instrument.

4.0 AMENDING THE AGREEMENT

4.1 The Agreement may only be amended by a written agreement duly executed by the Parties.

4.2 Notwithstanding the foregoing, the Province may, at any time, upon consultation with the Recipient, add a new Schedule or replace any or all of the following:

(a) Schedule "B" (Service Specific Information and Additional Provisions);
(b) Schedule "C" (Service Description);
(c) Schedule "D" (Budget);
(d) Schedule "E" (Reports); and
(e) Schedule "F" (Service Data).

4..3 If the Province adds or replaces a schedule in accordance with section 4.2, such schedule shall be deemed to be added to the Agreement or to replace the particular Schedule for the period of time to which it relates, provided that if the Recipient does not agree with any or all of the Schedules, the Recipient may terminate the Agreement pursuant to section A12.1.

5.0 ACKNOWLEDGEMENT

5.1 The Recipient acknowledges that:

(a) by receiving Funds, it may become subject to legislation applicable to organizations that receive funding from the Government of Ontario, including *the Broader Public Sector Accountability Act, 2010* (Ontario)*, the Public Sector Salary Disclosure Act, 1996* (Ontario)*, and the Auditor General Act* (Ontario);

(b) Her Majesty the Queen in right of Ontario has issued expenses, perquisites, and procurement directives and guidelines pursuant to the *Broader Public Sector Accountability Act, 2010* (Ontario)*;*

(c) it has reviewed copies of all documents incorporated by reference, including the Service Objectives Document, and that it will review amendments to those documents as communicated by the Province;

(d) the Funds are:

(i) to assist the Recipient to carry out each Service and not to provide goods or services to the Province;

(ii) funding for the purposes of the *Public Sector Salary Disclosure Act, 1996* (Ontario)*;*

(e) the Province is not responsible for carrying out the Services; and

(f) the Province is bound by the *Freedom of Information and Protection of Privacy Act* (Ontario) and that any information provided to the Province in connection with each Service or otherwise in connection with the Agreement may be subject to disclosure in accordance with that Act.

SCHEDULE "A"

GENERAL TERMS AND CONDITIONS

A1.0 INTERPRETATION AND DEFINITIONS

A1.1 **Interpretation.** For the purposes of interpretation:

(a) words in the singular include the plural and vice-versa;

(b) words in one gender include all genders;

(c) the headings do not form part of the Agreement; they are for reference only and will not affect the interpretation of the Agreement;

(d) any reference to dollars or currency will be in Canadian dollars and currency; and

(e) "include", "includes" and "including" denote that the subsequent list is not exhaustive.

A1.2 **Definitions.** In the Agreement, the following terms will have the following meanings:

"Additional Provisions" means, in respect of a Program, the terms and conditions set out in Schedule "B".

"Agreement" means this agreement entered into between the Province and the Recipient, all of the schedules listed in section 1.1, any amendments made pursuant to Article 4.0, and any document incorporated by reference into the Agreement, including the Service Objectives Document.

"Budget" means, a Component budget attached to the Agreement in Schedule "D".

"Business Day" means any working day, Monday to Friday inclusive, excluding statutory and other holidays, namely: New Year's Day; Family Day; Good Friday; Easter Monday; Victoria Day; Canada Day; Civic Holiday; Labour Day; Thanksgiving Day; Remembrance Day; Christmas Day; Boxing Day and any other day on which the Province has elected to be closed for business.

"Effective Date" means the date set out at the top of the Agreement.

"Event of Default" has the meaning ascribed to it in section A13.1.

"Funding Year" means:

(a) in the case of the first Funding Year, the period commencing on the Effective Date and ending on the following March 31; and

(b) in the case of Funding Years subsequent to the first Funding Year, the period commencing on April 1 following the end of the previous Funding Year and ending on the

following March 31.

"Funds" means the money the Province provides to the Recipient pursuant to the Agreement.

"Indemnified Parties" means Her Majesty the Queen in right of Ontario, Her ministers, agents, appointees, and employees.

"Maximum Funds" means, in respect of a Program, the maximum Funds set out in Schedule "B".

"Notice" means any communication given or required to be given pursuant to the Agreement.

"Notice Period" means the period of time within which the Recipient is required to remedy an Event of Default pursuant to section A13.3(b), and includes any such period or periods of time by which the Province extends that time in accordance with section A13.4.

"Parties" means the Province and the Recipient.

"Party" means either the Province or the Recipient.

"**Program End Date**" means, in respect of a Service, the date on which the Service will terminate as set out in Schedule "C".

"Reports" means the reports described in Schedule "E".

"Service Objectives Document" means the service objectives document located at http://www.forms.ssb.gov.on.ca/mbs/ssb/forms/ssbforms.nsf/FormDetail?OpenForm&ACT=RDR&TAB=PROFILE&ENV=WWE&NO=ON00121E

"Services" means, collectively, the undertakings listed in Schedule "C" and further described in the Service Objectives Document as "Services Delivered". **"Service"** means any one of them.

A2.0 REPRESENTATIONS, WARRANTIES, AND COVENANTS

A2.1 General. **The Recipient represents, warrants, and covenants that:**

(a) it is, and will continue to be, a validly existing legal entity with full power to fulfill its obligations under the Agreement;

(b) it has, and will continue to have, the experience and expertise necessary to carry out the Programs;

(c) it is in compliance with, and will continue to comply with, all federal and provincial laws and regulations, all municipal by-laws, and any other orders, rules, and by-laws related to any aspect of the Programs, the Funds, or both; and

(d) unless otherwise provided for in the Agreement, any information the Recipient provided to the Province in support of its request for funds (including information relating to any eligibility requirements) was true and complete at the time the Recipient provided it and will continue to be true and complete

A2.2 **Execution of Agreement.** The Recipient represents and warrants that it has:

(a) the full power and authority to enter into the Agreement; and

(b) taken all necessary actions to authorize the execution of the Agreement.

A2.3 **Governance.** The Recipient represents, warrants, and covenants that it has, will maintain in writing, and will follow:

(a) a code of conduct and ethical responsibilities for all persons at all levels of the Recipient's organization;

(b) procedures to enable the Recipient's ongoing effective functioning;

(c) decision-making mechanisms for the Recipient;

(d) procedures to enable the Recipient to manage Funds prudently and effectively;

(e) procedures to enable the Recipient to complete each Program successfully;

(f) procedures to enable the Recipient to identify risks to the delivery of each Service and strategies to address the identified risks, all in a timely manner;

(g) procedures to enable the preparation and submission of all Reports required pursuant to Article A7.0; and

(h) procedures to enable the Recipient to address such other matters as the Recipient considers necessary to enable the Recipient to carry out its obligations under the Agreement.

A2.4 **Supporting Proof.** Upon the request of the Province, the Recipient will provide the Province with proof of the matters referred to in Article A2.0.

A2.5 **Risk Assessment Process.** The Recipient will:

(a) comply with the Province's risk assessment business process;

(b) submit to the Province any information required by the Province on all areas of risk set out in the risk assessment in accordance with the timelines and content requirements specified by the Province; and

(c) submit to the Province an action plan and any supplementary information required by the Province, in accordance with the timelines specified by the Province, that specifies how it will mitigate the risks identified during the risk assessment process according to specific timelines.

A3.0 TERM OF THE AGREEMENT

A3.1 **Term.** The term of the Agreement will commence on the Effective Date and continue unless superseded or replaced by a subsequent agreement or until it is terminated earlier pursuant to Article A12.0 or Article A13.0.

A4.0 FUNDS AND CARRYING OUT THE PROGRAM

A4.1 **Funds Provided.** The Province will:

(a) provide the Recipient up to the Maximum Funds for the purpose of carrying out each Component;

(b) provide the Funds to the Recipient in such amounts and at such times as the Province determines; and

(c) deposit the Funds into an account designated by the Recipient provided that the account:

(i) resides at a Canadian financial institution; and
(ii) is in the name of the Recipient.

A4.2 **Limitation on Payment of Funds.** Despite section A4.1:

(a) the Province is not obligated to provide any Funds to the Recipient until the Recipient provides the certificates of insurance or other proof as the Province may request pursuant to section A11.2;

(b) the Province is not obligated to provide instalments of Funds until it is satisfied with the delivery of a Service;

(c) the Province may adjust the amount of Funds it provides to the Recipient in any Funding Year based upon the Province's assessment of the information the Recipient provides to the Province pursuant to section A7.1;

A4.3 **Use of Funds and Carry Out the Program.** The Recipient will do all the following:

(a) carry out each Service in accordance with:
(i) the Agreement;
(ii) the Service Objectives Document;
(iii) the policies, guidelines and requirements of the Province as communicated to it; and
(iv) best practices for the delivery of a Service.

(b) use the Funds only for the purposes of carrying out the Service;

(c) spend the Funds only in accordance with the Budget;

(d) not use the Funds to cover any cost that has or will be funded or reimbursed by one or more of any third party, ministry, agency, or organization of the Government of Ontario;

(e) comply with the Province’s policies on the recovery of Funds and the treatment of revenues and expenditures and policies with respect to financial reporting which will be issued from time to time.

A4.4 **Interest Bearing Account.** If the Province provides Funds before the Recipient's immediate need for the Funds, the Recipient will place the Funds in an interest-bearing account in the name of the Recipient at a Canadian financial institution.

A4.5 **Interest.** If the Recipient earns any interest on the Funds, the Province may do either or both of the following

(a) deduct an amount equal to the interest from any further instalments of Funds;

(b) demand from the Recipient the payment of an amount equal to the interest.

A4.6 **Rebates, Credits, and Refunds.** The Province will calculate Funds based on the actual costs to the Recipient to carry out the Services, less any costs (including taxes) for which the Recipient has received, will receive, or is eligible to receive, a rebate, credit, or refund.

A4.7 **Financial Flexibility.** Despite subsection A4.3(c), the Recipient may transfer Funds between Budget lines according to the parameters set out in the Province's "Financial Flexibility" Policy for Transfer Payment Recipients.

A4.8 **Approved Budget**. The Parties agree that the approved Budget will be negotiated on or before the start of the applicable Funding Year while this Agreement is in force. In the event the Budget is not re-negotiated by that time, payments will continue to be made in accordance with the funding stipulated in the approved Budget for the immediately preceding Funding Year until such time as the Budget is re-negotiated or this Agreement is terminated.

A5.0 RECIPIENT'S ACQUISITION OF GOODS OR SERVICES, AND DISPOSAL OF ASSETS

A5.1 **Acquisition**. If the Recipient acquires goods, services, or both with the Funds, It will:

(a) do so through a process that promotes the best value for money; and

(b) comply with the *Broader Public Sector Accountability Act, 2010* (Ontario), including any procurement directive issued thereunder, to the extent applicable.

A5.2 **Disposal.** The Recipient will not sell, change the use, or otherwise dispose**,** of any asset**,** item, furnishing or equipment purchased with the Funds without the prior written consent of the Province, unless such asset, item, furnishing or equipment is a moveable asset with negligible residual value of less than as provided for in Schedule "B"

A6.0 CONFLICT OF INTEREST

A6.1 **No Conflict of Interest.** The Recipient will carry out each Service and use the Funds without an actual, potential, or perceived conflict of interest.

A6.2 **Conflict of Interest Includes**. For the purposes of Article A6.0, a conflict of interest includes any circumstances where:

(a) the Recipient; or

(b) any person who has the capacity to influence the Recipient's decisions,

has outside commitments, relationships, or financial interests that could, or could be seen to, interfere with the Recipient's objective, unbiased, and impartial judgment relating to each Service, the use of the Funds, or both.

A6.3 **Disclosure to Province.** The Recipient will:

(a) disclose to the Province, without delay, any situation that a reasonable person would interpret as an actual, potential, or perceived conflict of interest; and

(b) comply with any terms and conditions that the Province may prescribe as a result of the disclosure.

A7.0 REPORTS, ACCOUNTING, AND REVIEW

A7.1 **Preparation and Submission.** The Recipient will:

(a) submit to the Province, according to the submission instructions provided by the Province, all Reports in accordance with the timelines and content requirements as provided for in Schedule "E", or in a form as specified by the Province from time to time;

(b) submit to the Province any other reports as may be requested by the Province in accordance with the timelines and content requirements specified by the Province;

(c) ensure that all Reports and other reports are completed to the satisfaction of the Province; and

(d) ensure that all Reports and other reports are signed on behalf of the Recipient by an authorized signing officer.

A7.2 **Record Maintenance.** The Recipient will keep and maintain:

(a) all financial records (including invoices) relating to the Funds or otherwise to each Service in a manner consistent with generally accepted accounting principles; and

(b) all non-financial documents and records relating to the Funds or otherwise to each Service.

A7.3 **Inspection.** The Province, any authorized representative, or any independent auditor identified by the Province may, at the Province's expense, upon twenty-four hours' Notice to the Recipient and during normal business hours, enter upon the Recipient's premises to review the progress of each Service and the Recipient's allocation and expenditure of the Funds and, for these purposes, the Province, any authorized representative, or any independent auditor identified by the Province may take one or more of the following actions:

(a) inspect and copy the records and documents referred to in section A7.2;

(b) remove any copies made pursuant to section A7.3(a) from the Recipient's premises; and

(c) conduct an audit or investigation of the Recipient in respect of the expenditure of the Funds, any Services, or both.

A7.4 **Disclosure.** To assist in respect of the rights provided for in section A7.3, the Recipient will disclose any information requested by the Province, any authorized representatives, or any independent auditor identified by the Province, and will do so in the form requested by the

Province, any authorized representative, or any independent auditor identified by the Province, as the case may be.

A7.5 **No Control of Records**. No provision of the Agreement will be construed so as to give the Province any control whatsoever over the Recipient's records.

A7.6 **Auditor General**. The Province's rights under Article A7.0 are in addition to any **rights** provided to the Auditor General pursuant to section 9.1 of the *Auditor General Act* (Ontario).

A8.0 COMMUNICATIONS REQUIREMENTS

A8.1 **Acknowledge Support.** Unless otherwise directed by the Province, the Recipient will:

(a) acknowledge the support of the Province for the Services; and

(b) ensure that the acknowledgement referred to in section A8.1(a) is in a form and manner as directed by the Province.

A8.2 **Publication.** The Recipient will indicate, in any of its Service-related publications, whether written, oral, or visual, that the views expressed in the publication are the views of the Recipient and do not necessarily reflect those of the Province.

A9.0 PROVISION OF FRENCH LANGUAGE SERVICES

A9.1 **Non-Designated Recipient.** If the Recipient is not a designated entity required to offer Services in French in areas designated under the French Language Services Act (Ontario) ("FLSA"), in addition to any requirements under the FLSA the Recipient is required to:

a) demonstrate capacity to deliver Services in French;

b) submit a completed Quality Improvement Plan in the form provided by the Province at the time of budget submission; and

c) participate in the validation process with respect to the Quality Improvement Plan with the Province.

A9.2 **FLSA Designated Public Service Agency.** If the Recipient is an entity designated under the FLSA, it will, at the time of budget submission, submit a compliance attestation in the form provided by the Province affirming that it meets the following criteria:

a) permanency and quality of service;

b) adequacy of access to service and principle of active offer;

c) effective representation of Francophones on its Board of Directors/Governing Body and its committees;

d) effective representation of Francophones at management levels within the Recipient's organization; and

e) accountability stated in the by-laws and administrative policies of the Recipient, of the Board of Directors/Governing Body and senior management for French language services.

A10.0 INDEMNITY

A10.1 **Indemnification.** The Recipient will indemnify and hold harmless the Indemnified Parties from and against any and all liability, loss, costs, damages, and expenses (including legal, expert and

consultant fees), causes of action, actions, claims, demands, lawsuits, or other proceedings, by whomever made, sustained, incurred, brought, or prosecuted, in any way arising out of or in connection with any Service or otherwise in connection with the Agreement, unless solely caused by the negligence or wilful misconduct of the Indemnified Parties.

A11.0 INSURANCE

A11.1 **Recipient's Insurance.** The Recipient represents, warrants, and covenants that it has, and will maintain, at its own cost and expense, with insurers having a secure A.M. Best rating of B+ or greater, or the equivalent, all the necessary and appropriate insurance that a prudent person carrying out a service similar to the Services would maintain, including commercial general liability insurance on an occurrence basis for third party bodily injury, personal injury, and property damage, to an inclusive limit of not less than the amount provided for in Schedule "B" per occurrence. The insurance policy will include the following:

(a) the Indemnified Parties as additional insureds with respect to liability arising in the course of performance of the Recipient's obligations under, or otherwise in connection with, the Agreement;

(b) a cross-liability clause;

(c) contractual liability coverage; and

(d) a 30-day written notice of cancellation.

A11.2 **Proof of Insurance.** The Recipient will:

(a) provide to the Province, either:

(i) certificates of insurance that confirm the insurance coverage as provided for in section A11.1; or

(ii) other proof that confirms the insurance coverage as provided for in section A11.1; and

(b) upon the request of the Province, provide to the Province a copy of any insurance policy.

A12.0 TERMINATION ON NOTICE

A12.1 **Termination on Notice**. Either Party may terminate the Agreement at any time upon giving at least sixty (60) days' Notice to the other.

A12.2 **Consequences of Termination on Notice by the Province**. If the Province terminates the Agreement pursuant to section A12.1, the Province may take one or more of the following actions:

(a) cancel further instalments of Funds;

(b) demand from the Recipient the payment of any Funds remaining in the possession or

under the control of the Recipient; and

(c) determine the reasonable costs for the Recipient to wind down the Services, and do either or both of the following:

(i) permit the Recipient to offset such costs against the amount the Recipient owes pursuant to section A12.2(b); and

(ii) subject to section A4.1(a), provide Funds to the Recipient to cover such costs.

A12.3 **Consequences of Termination on Notice by the Recipient**. If the Recipient terminates the Agreement pursuant to section A12.1, the Province may take one or more of the following actions:

(a) cancel further instalments of Funds;

(b) demand from the Recipient the payment of any or all of the following amounts:

(i) an amount equal to any Funds remaining in the possession or under the control of the Recipient;

(ii) any amount equal to any Funds provided to the Recipient not used in accordance with the Agreement; and

(iii) any amount equal to any Funds the Province provided to the Recipient.

A13.0 EVENT OF DEFAULT, CORRECTIVE ACTION, AND TERMINATION FOR DEFAULT

A13.1 **Events of Default.** Each of the following events will constitute an Event of Default:

(a) in the opinion of the Province, the Recipient breaches any representation, warranty, covenant, or other material term of the Agreement, including failing to do any of the following in accordance with the terms and conditions of the Agreement:

(i) carry out any Service;

(ii) achieve values to the level indicated in Schedule “F”;

(iii) use or spend Funds; or

(iv) provide, in accordance with section A7.1, Reports or such other reports as may have been requested pursuant to section A7.1(b);

(b) the Recipient's operations, its financial condition, or its organizational structure, changes such that it no longer meets one or more of the eligibility requirements under which the Province provides the Funds;

(c) the Recipient makes an assignment, proposal, compromise, or arrangement for the benefit of creditors, or a creditor makes an application for an order adjudging the Recipient bankrupt, or applies for the appointment of a receiver; or

(d) the Recipient ceases to operate.

A13.2 **Consequences of Events of Default and Corrective Action.** If an Event of Default occurs,

the Province may, at any time, take one or more of the following actions:

(a) initiate any action the Province considers necessary in order to facilitate the successful continuation or completion of any Service;

(b) provide the Recipient with an opportunity to remedy the Event of Default;

(c) suspend the payment of Funds for such period as the Province determines appropriate;

(d) reduce the amount of the Funds;

(e) cancel further instalments of Funds;

(f) demand from the Recipient the payment of any Funds remaining in the possession or under the control of the Recipient;

(g) demand from the Recipient the payment of an amount equal to any Funds the Recipient used, but did not use in accordance with the Agreement;

(h) demand from the Recipient the payment of an amount equal to any Funds the Province provided to the Recipient; and

(i) terminate the Agreement at any time, including immediately, without liability, penalty or costs to the Province upon giving Notice to the Recipient.

A13.3 **Opportunity to Remedy**. If, in accordance with section A13.2(b), the Province provides the Recipient with an opportunity to remedy the Event of Default, the Province will give Notice to the Recipient of:

(a) the particulars of the Event of Default; and

(b) the Notice Period.

A13.4 **Recipient not Remedying**. If the Province provided the Recipient with an opportunity to remedy the Event of Default pursuant to section A13.2(b), and:

(a) the Recipient does not remedy the Event of Default within the Notice Period;

(b) it becomes apparent to the Province that the Recipient cannot completely remedy the Event of Default within the Notice Period; or

(c) the Recipient is not proceeding to remedy the Event of Default in a way that is satisfactory to the Province,

the Province may extend the Notice Period, or initiate any one or more of the actions provided for in sections A13.2(a), (c), (d), (e), (f), (g), (h), and (i).

A13.5 **When Termination Effective.** Termination under Article A13.0 will take effect as provided for

in the Notice.

A14.0 FUNDS AT THE END OF A FUNDING YEAR

A14.1 **Funds at the End of a Funding Year**. Without limiting any rights of the Province under Article A13.0, if the Recipient has not spent all of the Funds allocated for the Funding Year as provided for in the Budget, the Province may take one or both of the following actions:

(a) demand from the Recipient payment of the unspent Funds; and

(b) adjust the amount of any further instalments of Funds accordingly.

A15.0 FUNDS UPON PROGRAM END DATE

A15.1 **Funds Upon Program End Date.** In respect of each Service, the Recipient will, upon the Program End Date, return to the Province any Funds remaining in its possession or under its control.

A16.0 DEBT DUE AND PAYMENT

A16.1 **Payment of Overpayment**. If at any time the Province provides Funds in excess of the amount to which the Recipient is entitled under the Agreement, the Province may:

(a) deduct an amount equal to the excess Funds from any further instalments of Funds; or

(b) demand that the Recipient pay an amount equal to the excess Funds to the Province

A16.2 **Debt Due**. If, pursuant to the Agreement:

(a) the Province demands from the Recipient the payment of any Funds or an amount equal to any Funds; or

(b) the Recipient owes any Funds or an amount equal to any Funds to the Province, whether or not the Province has demanded their payment,

such Funds or other amount will be deemed to be a debt due and owing to the Province by the Recipient, and the Recipient will pay the amount to the Province immediately, unless the Province directs otherwise.

A16.3 **Interest Rate.** The Province may charge the Recipient interest on any money owing by the Recipient at the then current interest rate charged by the Province of Ontario on accounts receivable.

A16.4 **Payment of Money to Province.** The Recipient will pay any money owing to the Province by cheque payable to the "Ontario Minister of Finance" and delivered to the Province as provided for in Schedule "B".

A16.5 **Fails to Pay.** Without limiting the application of section 43 of the *Financial Administration Act* (Ontario), if the Recipient fails to pay any amount owing under the Agreement, Her Majesty the Queen in right of Ontario may deduct any unpaid amount from any money payable to the Recipient by Her Majesty the Queen in right of Ontario.

A17.0 NOTICE

A17.1 **Notice in Writing and Addressed.** Notice will be in writing and will be delivered by email, or personal delivery, and will be addressed to the Province and the Recipient respectively as provided for Schedule "B", or as either Party later designates to the other by Notice.

A17.2 **Notice Given**. Notice will be deemed to have been given one Business Day after the Notice is delivered.

A18.0 CONSENT BY PROVINCE AND COMPLIANCE BY RECIPIENT

A18.1 **Consent**. When the Province provides its consent pursuant to the Agreement it may impose any terms and conditions on such consent and the Recipient will comply with such terms and conditions.

A19.0 SEVERABILITY OF PROVISIONS

A19.1 **Invalidity or Unenforceability of Any Provision.** The invalidity or unenforceability of any provision of the Agreement will not affect the validity or enforceability of any other provision of the Agreement. Any invalid or unenforceable provision will be deemed to be severed.

A20.0 WAIVER

A20.1 **Waiver Request.** Either Party may, in accordance with the Notice provision set out in Article A17.0, ask the other Party to waive an obligation under the Agreement.

A20.2 **Waiver Applies.** Any waiver a Party grants in response to a request made pursuant to section A20.1 will:

(a) be valid only if the Party granting the waiver provides it in writing; and

(b) apply only to the specific obligation referred to in the waiver.

A21.0 INDEPENDENT PARTIES

A21.1 **Parties Independent.** The Recipient is not an agent, joint venturer, partner, or employee of the Province, and the Recipient will not represent itself in any way that might be taken by a reasonable person to suggest that it is, or take any actions that could establish or imply such a relationship..

A22.0 ASSIGNMENT OF AGREEMENT OR FUNDS

A22.1 **No Assignment.** The Recipient will not, without the prior written consent of the Province, assign any of its rights or obligations under the Agreement.

A22.2 **Agreement Binding.** All rights and obligations contained in the Agreement will extend to and be binding on the Parties' respective heirs, executors, administrators, successors, and permitted assigns.

A23.0 GOVERNING LAW

A23.1 **Governing Law.** The Agreement and the rights, obligations, and relations of the Parties will be governed by and construed in accordance with the laws of the Province of Ontario and the

applicable federal laws of Canada. Any actions or proceedings arising in connection with the Agreement will be conducted in the courts of Ontario, which will have exclusive jurisdiction over such proceedings.

A24.0 FURTHER ASSURANCES

A24.1 **Agreement into Effect.** The Recipient will provide such further assurances as the Province may request from time to time with respect to any matter to which the Agreement pertains and will otherwise do or cause to be done all acts or things necessary to implement and carry into effect the terms and conditions of the Agreement to their full extent.

A25.0 JOINT AND SEVERAL LIABILITY

A25.1 **Joint and Several Liability**. Where the Recipient is comprised of more than one entity, all such entities will be jointly and severally liable to the Province for the fulfillment of the obligations of the Recipient under the Agreement.

A26.0 RIGHTS AND REMEDIES CUMULATIVE

A26.1 **Rights and Remedies Cumulative.** The rights and remedies of the Province under the Agreement are cumulative and are in addition to, and not in substitution for, any of its rights and remedies provided by law or in equity.

A27.0 FAILURE TO COMPLY WITH OTHER AGREEMENTS

A27.1 **Other Agreements.** If the Recipient:

(a) has failed to comply with any term, condition, or obligation under any other agreement with Her Majesty the Queen in right of Ontario or one of Her agencies (a "**Failure**");

(b) has been provided with notice of such Failure in accordance with the requirements of such other agreement;

(c) has, if applicable, failed to rectify such Failure in accordance with the requirements of such other agreement; and

(d) such Failure is continuing,

the Province may suspend the payment of Funds for such period as the Province determines appropriate.

A28.0 OPEN DATA

A28.1 **Open Data.** The Province reserves the right to publish Agreement information as open data. This includes Recipient contact information, financial terms, key dates, and outcomes or outputs.

A29.0 SURVIVAL

A29.1 **Survival.** The following Articles and sections, and all applicable cross- referenced sections and schedules, will continue in full force and effect for a period of seven years from the date of termination of the Agreement or a Program End Date: Article 1.0, Article 2.0, Article A1.0 and any other applicable definitions, section A2.1(a), sections A4.3(e), A4.4, A4.5, A4.6 section

A5.2, section A7.1, sections A9.1 and A9.2 (to the extent that the Recipient has not provided the Reports or other reports as may have been requested to the satisfaction of the Province), sections A7.2, A7.3, A7.4, A7.5, A7.6, Article A8.0, Article 10.0, section A12.2, section 12.3, sections A13.1, A13.2(d), (e), (f), (g) and (h), Article A14.0 Article A15.0, Article A16.0, Article A17.0, Article A19.0, section A22.2, Article A23.0, Article A25.0, Article A26.0, Article A28.0, and Article 29.0.

- END OF GENERAL TERMS AND CONDITIONS –

SCHEDULE "B"
PROGRAM SPECIFIC INFORMATION AND ADDITIONAL PROVISIONS

Program: MCCSS Budget Package 2021-22

Component Name	Region / Branch	Maximum Funds
Healthy Child Development	Integration and Program Effectiveness Branch (IPEB)	$1,792,539

Amount for the purposes of section 5.2 of Schedule "A"	$5,000.00	
Insurance	$2,000,000 per occurrence	
Ministry address for purposes of insurance pursuant to A.11.0	The Ministry of Children, Community and Social Services 7th Flr, 438 University Ave. Toronto, ON M5G 2K8	
Contact information for the purposes of Notice to the Province	**Name:**	Tracy McMurray
	Phone Number:	416-616-5597
	Email:	tracy.mcmurray@ontario.ca
Contact information for the purposes of Notice to the Recipient	**Name:**	Monica Nusink
	Phone Number:	519-631-9900
	Email:	mnusink@swpublichealth.ca
Contact information for the senior financial person in the Recipient organization (e.g. CFO, CAO) – to respond as required to requests from the Province related to the Agreement	**Name:**	Jenn McDonald
	Phone Number:	519-631-9900
	Email:	jmcdonald@swpublichealth.ca

SCHEDULE "C"
SERVICE DESCRIPTION

Component: Healthy Child Development (Integration and Program Effectiveness Branch (IPEB))

Service Name	Definition	Start Date	End Date
Healthy Babies Healthy Children	Program services provided during the prenatal period & 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. The Program intends to optimize newborn/child healthy growth & development, reducing health inequities for families receiving services	April 1, 2021	March 31, 2022
Prenatal and Postnatal Nurse Practitioner	Prenatal and Postnatal Nurse Practitioner increases access to health care for pregnant women, their infants and children who experience barriers to accessing primary care.	April 1, 2021	March 31, 2022

SCHEDULE "D"
BUDGET

Component: Healthy Child Development (Integration and Program Effectiveness Branch (IPEB))

Item	Description	Amount
Budget		
Service Delivery Budget	Total service delivery budget by component.	$1,792,539
Expenditure		$1,792,539
Staffing	Total staffing expenditure for all services/program.	$1,727,549
Salary	Total gross salary, wage and employee benefit payments of all service/program staff (full-time, part-time, temporary, etc.).	$1,725,549
Staff Training	Total expenditure of training activities for all service/program staff.	$2,000
# of FTE(s)	Number of full-time service/program staff.	18
Building Occupancy	Total Building occupancy expenditures (e.g. rent, property tax, insurance, etc.) for all services/programs.	$0
Travel & Communication	Total travel and communication expenses incurred conducting activities for all services/programs.	$43,870
Allocated Central Administration	General operating costs associated with governing and operating an organization. Do not include cost for service/program administrative expenses that directly supports clients.	$0
Allocated Central Administration Percentage	Allocated Central Administration expressed as a percentage.	0%
Supplies and Equipment	Expenditures directly related to supplies and equipment for all service/program delivery.	$10,970
Other Program/ Service Expenditure	Other service/program expenditures for direct program/service provision that is not capture above.	$10,150
Revenue		$0
Federal Government Funding	Revenue received from the Government of Canada for all services/programs.	$0
Other Provincial Government Funding	Revenue received from the Government of Ontario (other than MCCSS) for all services/programs.	$0
Client Contribution Payments	Revenue received from clients for all services/programs.	$0
Interest Earned	Interest earned from MCCSS funding.	$0
Other Revenue	Other revenue received, from sources not captured above, for all programs/services.	$0
Adjustments (+/-)	Transactions (+/-) against ministry allocation amount for program/services (e.g. one-time funds [+], or reductions [-]). Ministry approval required prior to adjustments between components.	$0

SCHEDULE "E"
REPORTS

Reports

Report Type	Report Period Start	Report Period End	Due
Interim	April 1, 2021	December 31, 2021	January 21, 2022
Final	April 1, 2021	March 31, 2022	June 15, 2022
Annual Reconciliation	April 1, 2021	March 31, 2022	July 31, 2022

Other Reports

Report Type	Report Period Start	Report Period End	Due
N/A	N/A	N/A	N/A

SCHEDULE "F"
SERVICE DATA

The Recipient will achieve the outputs at the values listed below:

Component: Healthy Child Development (Integration and Program Effectiveness Branch (IPEB)

Program outcomes are monitored through the Healthy Child Development Integrated Services for Children Information System (HCD-ISCIS) Reporting Sub-system (IRSS).

Service Name	Metric	Description	Target
Healthy Babies Healthy Children	Ministry-funded Agency Expenditures: Healthy Babies Healthy Children	Total Ministry-funded expenses for the service agency to administer and/or deliver this service in the reporting year (cumulative)	$1,653,539.00
Prenatal and Postnatal Nurse Practitioner	Ministry-funded Agency Expenditures: Prenatal and Postnatal Nurse Practitioner	Total Ministry-funded expenses for the service agency to administer and/or deliver this service in the reporting year (cumulative)	$139,000.00
Prenatal and Postnatal Nurse Practitioner	# of client visits per year: PPNP	The total number of client visits for both existing and new clients, inclusive of prenatal and postnatal, counted from the beginning of the fiscal year.	428
Prenatal and Postnatal Nurse Practitioner	# of new clients per year: PPNP	The total number of new clients, inclusive of prenatal and postnatal, that have received program services within the fiscal year. A client is reported in the initial quarter in which they received services and is counted once during the fiscal year.	0
Prenatal and Postnatal Nurse Practitioner	# of visits for clients without physician and/or other source of primary care: PPNP	The total number of client visits, both prenatal and postnatal, whose only access to primary care is from the PPNP (clients that have not accessed a physician and/or other source of primary care).	0

Prenatal and Postnatal Nurse Practitioner	# of visits for children 0 to 6 years: PPNP	The total number of visits for children 0 to 6 where the focus of the visit is on the child.	278
Prenatal and Postnatal Nurse Practitioner	# of total visits for 18 Month Enhanced Well-Baby Visit: PPNP	The total number of visits where the purpose of the visit is an 18-Month Enhanced Well-Baby Visit.	12
Prenatal and Postnatal Nurse Practitioner	# of visits for reproductive and preconception health clients: PPNP	The total number of visits by clients where the focus of the visit is on reproductive and pre-conception health issues.	4

MOH REPORT

Open Session

MEETING DATE:	December 10, 2021
SUBMITTED BY:	Dr. Joyce Lock, MOH (**written as of 12:00 Noon, November 29, 2021**)
SUBMITTED TO:	☒ Board of Health ☐ Finance & Facilities Standing Committee ☐ Governance Standing Committee ☐ Transition Governance Committee
PURPOSE:	☐ Decision ☐ Discussion ☒ Receive and File
AGENDA ITEM #	5.3
RESOLUTION #	2021-BOH-1210-5.3

1) Coronavirus COVID-19 (Receive and File):

Current State

The case counts at Southwestern Public Health (SWPH) continue to rise with noteworthy differences in case rates by municipalities. This has impacted our local hospitals with rising hospitalized COVID cases, some requiring transfer of patients to facilities outside of our region. Provincial case counts also continue to rise. Other heath units such as Sudbury, Algoma, and Simcoe Muskoka have also seen a marked increases in case numbers. With provincial vaccination coverage rates for two doses moving towards 90%, public health units have been encouraged to institute local public health measures to contain rising case rates. To that end, I issued a Letter of Instruction (LOI) to organizations and businesses to limit indoor capacity until January 10th, 2022. Affected municipalities have a vaccine coverage rate of less than 80% for those 12 and older or a COVID-19 case rate of greater than 80 per 100,000 population (in Ontario's former colour-coded framework, a region moved into the red zone at a rate of 40 per 100,000). In effect, vaccination rates are closely associated with COVID-19 case rates as a recent technical report from Public Health Ontario underlines this point in noting that "across neighbourhoods, for every 10% increase in vaccination coverage, there was an 18% decrease in the neighbourhood risk of SARS-CoV-2 incidence."

Prior to issuing the Letter of Instruction, SWPH consulted broadly with Ministry of Health officials, members of parliament, and local hospital, municipal, chamber of commerce, and enforcement leads. Ethical consultation was also sought to consider appropriate application of key public health ethical principles of respect for autonomy, proportionality, health maximization, and transparency. The Letter of Instruction also received support from Dr. Kieran Moore, the Chief Medical Officer of Health. SWPH will continue to monitor our region's varying case rates and I may consider instituting additional measures if those rates do not decline with the limit restrictions on indoor capacity.

Variant of Concern: Omicron

At the time of writing, there is international concern about the new variant of concern, Omicron. More time will be required to understand Omicron's transmissibility, virulence, and vaccine escape. In the interim, Ontario has heightened its surveillance, instituted travel limitations, and enhanced quarantine for travellers. SWPH has included new Ministry guidance to our case and contact management with heightened efforts to ensure local compliance. In addition, Long-term Care homes have received further direction regarding visitor screening, while regional Assessment Centres have expanded eligibility for the testing of asymptomatic travellers with possible Omicron exposure.

Schools

School cases have also increased, with significantly more cases compared to the same time last year. The benefit of vaccination is evident in the fewer number of cases occurring in secondary school-aged youth. This bodes well for the spring term of the school year with vaccine now available for those 5 years and older. Currently, the Southwest Region Medical Officers of Health meet weekly with the Associate Chief Medical Officer of Health to discuss the school situation. In addition, I participate in weekly meetings of the Council of Medical Officers of Health (COMOH) School Working Group, a subgroup of Medical Officers of Health, to discuss additional public health measures in schools. Locally, SWPH and MLHU recommended vaccine coverage as a requirement for participation in extracurricular activities, which was accepted by the local school boards. To address noncompliance by some private schools, SWPH circulated a letter clearly outlining legal requirements by schools under the Health Protection and Promotion Act (HPPA). This was further supported by a letter from the Ministry of Education. To date, these actions have resulted in increased compliance and we continue to provide support to the private and public schools in our region.

School Testing

COVID-19 testing options have increased with polymerase chain reaction (PCR) self-collection kits tests now available for take home from schools, pharmacies, and Assessment Centres. Regional testing programs are led by Ontario Health West with input from a variety of stakeholders including education, public health, the local laboratory systems, and assessment centres. To this end, I participate in weekly meetings of the Regional Testing Advisory Committee providing the public health perspective on enhancements to the provincial testing strategy. In the coming month, much work will be required to ensure the public has a clear

understanding of the best practices of school take-home PCR tests and rapid antigen tests. In general, PCR tests are used for testing symptomatic individuals and their contacts. Rapid antigen tests (RAT) are best used for asymptomatic screening and may not be reliable for the diagnosis of a symptomatic individual. RAT may be used in select situations to keep a school open when there are cases; however, it requires a large proportion of the children to be tested every few days, making this option logistically challenging. I will note that SWPH has previously utilized Ontario's mobile testing service for whole school testing with good student turnout, wherein the high level of participation was instrumental in an earlier return to class for excluded students.

External Partnerships

The Office of the Chief Medical Officer of Health assigned an associate to subregions of the province aligned with the 4 subregions of Ontario Health and linkages. SWPH, as part of the southwest region, is served by Associate Chief Medical Officer of Health (ACMOH), Dr. W. Ahmed. To enhance collaboration, SWPH's CEO and MOH meet with Dr. Ahmed on a monthly and ad hoc basis as issues arise. In addition, the western Medical Officers of Health meet monthly to provide local updates and streamline approaches across the region. I also continue to meet bimonthly with the Ontario Health Southwest region (former LHIN 2) COVID Response committee, which includes leads from hospitals, primary care, Long-term Care, and Home and Community Care from the 4 subregions (Gray Bruce, Middlesex London, Huron Perth, and Southwestern) to ensure alignment of public health work with that of the health system. Across all sectors, including public health units, there is a marked shortage of human resources. Human resource demands have depleted the available workforce and staff have been taxed by the necessity of fulfilling vaccine mandates. Staff burnout from the many months of managing the pandemic is an ongoing and critical concern.

COMOH Vaccine Advisory Group

On the vaccine front, I participate in the COMOH Vaccine Advisory Group, a small group of Medical Officers of Health who meet weekly with provincial leads of Ontario's Vaccine COVID-19 program. This forum provides an opportunity to provide strategic, solution-oriented input into the province's vaccine rollout. SWPH was pleased to see our 3As (Ask, Advice, Assist, at all healthcare encounters) vaccine promotion approach become imbedded in the provincial 5–11-year-old vaccine campaign. Our Ontario Health team partners in Elgin and Oxford have also considered the 3As approach for use within their clinical settings.

COVID-19 Vaccine AEFIs

To ensure vaccine safety, particularly with the relatively new COVID-19 vaccines, Ontario participates in an international surveillance system for adverse outcomes associated with vaccine use. A fundamental part of this system is the submission of Adverse Events Following Immunization (AEFI) Reports to Public Health Ontario (PHO). We encourage individuals to report any adverse symptoms after receiving any vaccine to public health, their pharmacist, or primary care provider. I review every AEFI report, providing individual guidance on the appropriateness of next doses if needed, and AEFIs are then submitted to PHO for further

evaluation and then shared with Public Health Agency of Canada (PHAC) through the Canadian Adverse Events Following Immunization Surveillance System (CAEFISS). It was through this system and its international counterpart that the viral vector associated Vaccine Induced Thrombotic Thrombocytopenia (VITT) and the mRNA-associated myocarditis and pericarditis adverse events were detected. This safety signal then led to the modification of the vaccine recommendations to ensure the ongoing safety of the vaccine program.

Conclusion

As the Medical Officer of Health for Southwestern Public Health, I continually pursue initiatives and policies that encourage Covid testing and vaccine uptake. However, as vaccine rates vary across our region and corresponding case rates rise in areas with less optimal uptake, the greater obligation of my role is in protecting our communities and the health of the individuals in them from Covid-19. With that in mind, I continue to encourage everyone to show each other respect, kindness, and patience. I also continue to press the need to follow public health measures that have proven to be effective deterrents against COVID-19 and its variants:

- Get the Covid-19 vaccination shot via a local public health immunization clinic, pop-up or mobile clinic, local pharmacy, or primary care provider.
- Practice physical distancing when away from home (2m distance).
- Wear a face covering to protect others (face coverings ***do not*** replace physical distancing).
- Limit numbers for in-door gatherings
- Wash hands often or use hand sanitizer (+60% alcohol) when soap and water are unavailable.
- Stay home if you experience signs of any illness.
- Get tested if you think you have even one symptom.
- Share credible information about the safety of Covid-19 vaccines; share local updates and resources on COVID-19.
- Download the COVID-19 Alert App: https://www.ontario.ca/covidalert

MOTION: 2021-BOH-1210-5.3
That the Board of Health for Southwestern Public Health accept the Medical Officer of Health's Report for December 10, 2021.