



Board of Health Meeting

Woodstock Location: 410 Buller St. Woodstock, Ontario

Buller Basement Large Conference Room

MS Teams Participation

Thursday, October 6, 2022

3:00 p.m.

AGENDA

Item	Agenda Item	Lead	Expected Outcome
1.0 COVENING THE MEETING			
1.1	Call to Order, Recognition of Quorum <ul style="list-style-type: none"> Introduction of Guests, Board of Health Members and Staff 	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 <ul style="list-style-type: none"> September 1, 2022 	Larry Martin	Decision
3.0 APPROVAL OF CONSENT AGENDA ITEMS			
3.1	Support for Local Board of Health - Funding Shortfalls <i>September 7, 2022 – Grey Bruce Health Unit</i> Summary: This letter expresses support for Niagara regions correspondence that identifies public health funding shortfalls. It notes that there is a growing gap between the amount of funding received by Public Health and Emergency Medical Services and the cost to operate programs and services at the same levels, noting that municipalities are the funders that cover the funding gaps.	Larry Martin	Receive and File
3.2	Support for Local Board of Health – Paid Sick Days <i>September 7, 2022 – Grey Bruce Health Unit</i> Summary: This letter expresses support for Niagara regions correspondence related to employer-paid sick days. This letter requests that the Minister consider the extension of the three paid sick days that expired on July 31, 2022.	Larry Martin	Receive and File
4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION			
4.1	Saving Lives through Lifejacket and Personal Flotation Device Legislation <i>September 22, 2022 – Sudbury & Districts Public Health</i> Summary: This letter requests that the Ministry of Health consider implementing public policy that expands the use and wearing of life jackets or PFDs while operating or on a pleasure boat.	Larry Martin	Decision

5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.ACCEPTANCE.DECISION

5.1	Comprehensive School Health Model Presentation	Peter Heywood Erica Arnett	Acceptance
5.2	Governance Standing Committee's Report for October 6, 2022	Larry Martin	Acceptance
5.3	Finance and Facilities Standing Committee's Report for October 6, 2022	Joe Preston	Acceptance
5.4	Chief Executive Officer's Report for October 6, 2022	Cynthia St. John	Acceptance
5.5	Medical Officer of Health's Report for October 6, 2022	Dr. Ninh Tran	Acceptance

6.0 NEW BUSINESS/OTHER**7.0 CLOSED SESSION****8.0 RISING AND REPORTING OF THE CLOSED SESSION****9.0 FUTURE MEETINGS & EVENTS**

9.1	To be determined.	Larry Martin	Decision
-----	-------------------	--------------	----------

10.0 ADJOURNMENT



The meeting of the Board of Health for Oxford Elgin St. Thomas Health Unit was held on Thursday, September 1, 2022, in-person at 1230 Talbot St., St. Thomas, ON, with virtual participation commencing at 3:02 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
Ms. C. St. John	Chief Executive Officer
Dr. N. Tran	Acting Medical Officer of Health
Ms. A. Koning	Executive Assistant

GUESTS:

Mr. P. Heywood	Program Director
Mr. D. McDonald	Director, Corporate Services and Human Resources
Mr. D. Smith	Program Director
Ms. M. Cornwell	Manager, Communications
Ms. A. Pavletic	Program Manager
Ms. M. Alvey	Health Promoter
Mr. R. Perry	Aylmer Express

1.1 CALL TO ORDER, RECOGNITION OF QUORUM

1.2 AGENDA

Resolution # (2022-BOH-0901-1.2)

Moved by D. Warden

Seconded by L. Baldwin-Sands

That the agenda for the Southwestern Public Health Board of Health meeting for September 1, 2022 be approved.

Carried.

T. Comiskey joined virtually at 3:03 p.m.

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 # (2022-BOH-0901-2.1)

Moved by J. Preston

Seconded by G. Jones

That the minutes for the Southwestern Public Health Board of Health meeting for June 2, 2022 be approved.

Carried.

3.0 CONSENT AGENDA

Resolution # (2022-BOH-0901-3.0)

Moved by T. Comiskey

Seconded by D. Mayberry

That the Board of Health for Southwestern Public Health receive and file consent agenda items 3.1 – 3.5.

Carried.

T. Marks joined in-person at 3:10 p.m.

4.0 CORRESPONDENCE RECEIVED REQUIRING ACTION

Resolution # (2022-BOH-0901-4.0)

Moved by L. Baldwin-Sands

Seconded by D. Warden

That the Board of Health for Southwestern Public Health support 4.1 - Sudbury & Districts Public Health, correspondence dated June 21, 2022 addressed to the Ministry of Children, Community and Social Services.

Carried.

5.0 AGENDA ITEMS FOR INFORMATION.DISCUSSION.DECISION

5.1 Climate Change – Health Impacts, Health Equity, and Resilient Communities

C. St. John introduced A. Pavletic, Program Manager, Environmental Health noting this program area is a key priority for SWPH. A. Pavletic introduced M. Alvey, Health Promoter who will be presenting the Climate Change report.

M. Alvey provided an overview of the report and highlighted the role of public health on the subject of climate action.

L. Rowden asked about what SWPH is doing to support vulnerable populations when climate change impacts them, such as when a heat alert is issued. M. Alvey noted that SWPH is evaluating the many initiatives we can implement to support our most vulnerable.

L. Baldwin-Sands highlighted some initiatives that have been implemented locally and nationally. She supported the actions outlined in the report.

Dr. Tran confirmed that he would be supporting the team and working closely with them to continue to develop relationships with external partners that would advance this work.

D. Mayberry noted that he supports the report and encourages SWPH to ensure we are taking action, as a corporation, for climate change.

The Board asked that this report be shared with obligated municipalities, as information.

Resolution # (2022-BOH-0901-5.1)

Moved by L. Baldwin-Sands

Seconded by T. Comiskey

That the Board of Health for Southwestern Public Health receives, for information, an overview of Southwestern Public Health's activities in support of climate action, and further that the information is shared with our obligated municipalities.

Carried.

A. Pavletic and M. Alvey departed at 3:27 p.m.

5.2 Governance Standing Committee Report for September 1, 2022

L. Martin reviewed the report.

The board discussed BOH-HR-060 – Immunization Policy. It was noted that the “Board of Health” includes both elected officials and order in council appointees meaning all voting members. The Board discussed the definition of “fully vaccinated”. The Board agreed that the Acting Medical Officer of Health, for Southwestern Public Health should advise on what he believes to be “fully vaccinated” vs. what perhaps other entities/governments determine what is fully vaccinated. It was noted that the policy (BOH-HR-060) will be amended to clearly state that “fully vaccinated” is two doses of vaccine, as well as any additional booster doses that an individual is eligible to obtain. The term “up-to-date” is what Dr. Tran recommended as this will include any additional doses that the province introduces in the future. This is what SWPH is already recommending both internally and externally and what is being recommended provincially.

Resolution # (2022-BOH-0901-5.2A)

Moved by L. Baldwin-Sands

Seconded by G. Jones

That the Board of Health for Southwestern Public Health approve the following updated policies and procedures as presented and amended:

- BOH-GOV-040, BOH-GOV-060, BOH-GOV-070
- BOH-PM-010
- BOH-FIN-030
- BOH-HR-030, BOH-HR-040, BOH-HR-050, BOH-HR-060
- BOH-MISC-010

Carried.

Resolution # (2022-BOH-0901-5.2B)

Moved by J. Preston

Seconded by T. Marks

That the Board of Health for Southwestern Public Health approve the updated By-law 1.0 for Oxford Elgin St. Thomas Health Unit as presented.

Carried.

Resolution # (2022-BOH-0901-5.2C)

Moved by T. Comiskey
Seconded by L. Rowden

That the Board of Health for Southwestern Public Health approve the updated Board of Health Quarterly Meeting Evaluation tool as presented.

Carried.

Resolution # (2022-BOH-0901-5.2)

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

That the Board of Health for Southwestern Public Health accept the Governance Standing Committee's Report for September 1, 2022.

Carried.

5.3 Chief Executive Officer's Report for September 1, 2022

C. St. John reviewed her report.

C. St. John noted that SWPH has begun work on an after-action review, as it is important for us to conduct this review while the response is fresh in our minds.

J. Preston commended C. St. John on an excellent presentation at the AMO (Association of Municipalities of Ontario) Conference and advised that she represented SWPH very well.

T. Marks and G. Jones noted that they discussed the lack of COVID-19 funding with the Minister of Health. They noted that there was no concern expressed from the Minister regarding public health units not receiving the full funding they requested.

S. Molnar noted that the SWPH Board should consider representation at future conferences, such as AMO to ensure we are represented in a meaningful way.

S. Molnar asked how SWPH determines which schools are considered "higher risk". C. St. John noted that SWPH does use a matrix, which she will ensure is included in the October School Health board report. She noted that the matrix considers several factors. C. St. John also noted that school nurses provide programming and service delivery, such as sexual health services. Programming includes both upstream and downstream work. These nurses provide support to students as well as school administrators, depending on the programming. She noted that SWPH received COVID-19 school nurse funding so that we could provide additional supports to schools, such as infection prevention and control guidance. She noted that the COVID-19 school nurse funding ends at the end of this year as far as we know.

Resolution # (2022-BOH-0901-5.3)

Moved by L. Baldwin-Sands

Seconded by D. Warden

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's report for September 1, 2022.

Carried.

5.4 Medical Officer of Health's Report for September 1, 2022

Dr. Tran reviewed his report.

Dr. Tran advised that he believes there will be another COVID-19 wave in late October, early November. He noted that the Moderna bivalent, for 18+ was approved today by Health Canada. He noted that we continue to digest the updated case and contact management information that was shared by the province today and we will be developing messaging for our community which will be published shortly.

Dr. Tran noted that Monkeypox continues to be a concern in the province, however the rate of cases provincially has slowed down. He is pleased to report that we do not have any cases locally and that our local vaccination efforts have been successful.

Dr. Tran noted that Polio is a concern locally given the number of under-immunized populations we have in our region. He noted that we have reached out to health care partners to support these populations.

It was noted that case and contact management guidance provincially and federally vary. Dr. Tran noted that federal guidance supersedes provincial guidance. He noted that federal guidance would apply specifically to international travel and subsequent guidance.

Dr. Tran and C. St. John noted that we will keep our municipal partners apprised of SWPH's guidance, as previously committed to do.

L. Baldwin-Sands noted that the London Free Press published an article regarding the increase in opioid use within the London region. Dr. Tran noted that SWPH's experience mirrors that of Middlesex London Health Unit's experience. He noted that current trending has shown a decrease for 2022, which is promising, however we continue to work with partners as we know that we are in a crisis.

Resolution # (2022-BOH-0901-5.4)

Moved by L. Baldwin-Sands

Seconded by T. Comiskey

That the Board of Health for Southwestern Public Health accept the Medical Officer of Health's report for September 1, 2022.

Carried.

6.0 NEW BUSINESS/OTHER

S. Molnar departed at 4:20 p.m.

7.0 TO CLOSED SESSION

Resolution # (2022-BOH-0901-C7)

Moved by D. Warden

Seconded by S. Molnar

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 # (2022-BOH-0901-C8)

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

That the Board of Health rise with a report.

Carried.

Resolution # (2022-BOH-0901-C3.1)

Moved by G. Jones
Seconded by T. Marks

That the Board of Health for Southwestern Public Health approve the Chief Executive Officer's Report for September 1, 2022.

Carried.

Resolution # (2022-BOH-0901-C3.2)

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

That the Board of Health for Southwestern Public Health approve the Human Resources report as described.

Carried.

10.0 ADJOURNMENT

Resolution # (2022-BOH-0901-10)

Moved by T. Marks
Seconded by L. Rowden

That the meeting adjourns at 4:32 p.m. to meet again on Thursday, October 6, 2022 at 3:00 p.m.

Carried.

Confirmed: _____

September 7, 2022

The Honourable Sylvia Jones, Minister of Health
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister Jones:

Re: Support for a Local Board of Health

On August 26, 2022 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached letter from the Board of Health for Niagara Region on the matter of addressing public health funding shortfalls in Niagara. The following motion was passed:

Motion No: 2022-65

Moved by: Alan Barfoot

Seconded by: Brian O'Leary

"THAT, the Board of Health endorse the correspondence from the Board of Health for Niagara Region on the Matter of Addressing Public Health Funding Shortfalls in Niagara."

Carried.

Sincerely,



Sue Paterson
Chair, Board of Health
Grey Bruce Health Unit

cc: Dr. Kieran Moore, Ontario Chief Medical Officer of Health
Hon. Merrilee Fullerton, Minister of Children, Youth and Social Services
Hon. Peter Bethlenfalvy, Minister of Finance
Honourable Rick Byers, MPP for Bruce-Grey-Owen Sound
Honourable Brian Saunderson, MPP for Simcoe-Grey
Honourable Lisa Thompson, MPP for Huron-Bruce
Warden for Bruce, Warden Janice Jackson
Warden for Grey, Warden Selwyn Hicks
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health

Encl.
/mh

A healthier future for all.

101 17th Street East, Owen Sound, Ontario N4K 0A5

www.publichealthgreybruce.on.ca



Office of the Regional Chair | Jim Bradley

1815 Sir Isaac Brock Way, PO Box 1042 Thorold, ON L2V 4T7

Telephone: 905-980-6000 Toll-free: 1-800-263-7215 Fax: 905-685-6243

Email: jim.bradley@niagararegion.ca

www.niagararegion.ca

July 29, 2022

Sent by e-mail

Honourable Sylvia Jones, Minister of Health
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister Jones,

Re: ADDRESSING PUBLIC HEALTH FUNDING SHORTFALLS IN NIAGARA

I am writing to you on behalf of Niagara Regional Council who, on July 12, 2022, received and approved the enclosed report concerning the growing gap in current provincial funding for Public Health and Emergency Medical Services.

As you know, the majority of Public Health services provided by local public health agencies to the public are funded jointly by the Province and municipal governments, an arrangement that allows for stable, predictable delivery of critical public health services to residents. However, the recent reduction in the Province's share of funding for cost-shared Public Health services, coupled with the change of several 100% provincially funded programs to cost-shared programs, has placed a new financial burden on municipal governments. Beyond public health, where these changes have led to significant budget challenges in critical areas including supports for newborn infants and their parents, the effects are also being felt in the delivery of mental health programming and Emergency Medical Services (EMS) dispatch.

Niagara's mental health program is 100% funded through provincial funds, allocated via Ontario Health (OH). While OH provides an annual lump sum of \$39,500 to cover indirect allocations, the actual expenses incurred by the Region greatly exceed this. In fact, local taxpayers have had to cover a total deficit of nearly **\$2 million** over the past five fiscal years.

Furthermore, the annual budget submission process to OH has been paused over the past three years due to the COVID-19 pandemic, resulting in no further increase in the Mental

Health budget despite inflation and the pandemic's impact on the cost of health care delivery.

As alluded to in my previous letter in May of 2022, Niagara's EMS service continues to face significant challenges due to the COVID-19 pandemic. In addition to the budget implications of increased offload delays, Niagara EMS's dispatch program is underfunded for its operations, with a deficit of **\$1,241,912** over the past five fiscal years. This reflects a three-fold increase in call volume with no increase in funding to increase capacity, leading to staffing challenges to maintain operations, and increased costs through additional sick time of overburdened emergency responders, WSIB payments, and overtime payment for backfill. The current situation is already concerning, and the ability of the service to respond to calls may be affected unless additional funding is available to increase the staffing complement to match this new call volume.

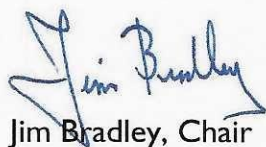
These shortfalls are also affecting the delivery of our Healthy Babies Healthy Children (HBHC) and Infant Child Development Service (ICDS), both funded 100% through the Ministry of Children, Youth and Social Services. ICDS has not had a base budget increase to account for inflation or population growth since 2001, and in 2010 had its base budget decreased. HBHC has not seen a base budget increase since 2008. This has required these programs needing to reduce their staffing levels to reduce costs by **\$201,828** to absorb the impact of inflation over that time. These staffing reductions have resulted in a reduction in service delivery, with the impacts still to be evaluated.

Unfortunately, these challenges are compounded by the lack of increases in base Public Health funding to account for inflation. We very much appreciate the 1% increase in base budget for 2022. However, salaries continue to increase through collective bargaining and the cost of fuel, materials and supplies continue to increase with inflation estimated to be 8.1%. Stable and predictable funding with inflationary increases year-to-year is needed to plan and deliver the stable and predictable services that our residents need.

As I'm sure you can appreciate, these funding shortfalls not only make long-term program planning difficult; they form a risk that our residents will not have access to critical public health services when they need them, especially during this critical juncture for the health of our residents. In addition to the continued impact of COVID-19, there is significant catch-up work to be done (e.g. missed grade 7 vaccinations) to recover from the effects of the pandemic, and to ensure the population continues to receive necessary health services. These funding shortfalls endanger that work.

It is my hope that this letter will open a dialogue between the Niagara Region and your respective offices as we search for remedies to these funding shortfalls and leverage our positive working partnerships to ensure that Niagara's residents continue to receive the high-quality public health services they have come to rely on.

Yours sincerely,



Jim Bradley, Chair
Niagara Region

cc: Hon. Merrilee Fullerton, Minister of Children, Youth and Social Services
Hon. Peter Bethlenfalvy, Minister of Finance
S. Oosterhoff, MPP, Niagara West
W. Gates, MPP, Niagara Falls
J. Burch, MPP, Niagara Centre
J. Stevens, MPP, St. Catharines
Association of Municipalities of Ontario (AMO)
Local Area Municipalities
Ontario Board of Health
Association of Local Public Health Agencies (alpha)
Dr. M. M. Hirji, Acting Medical Officer of Health
R. Ferron, Acting Chief/Director, Emergency Medical Service

Encl: PHD 13-2022 Report – Impacts of Funding Shortfalls by the Provincial Government on Public Health and Emergency Services and Resulting Pressure on the Regional Levy for Adequate Service Delivery

Subject: Impacts of Funding Shortfalls by the Provincial Government on Public Health and Emergency Services and Resulting Pressure on the Regional Levy for Adequate Service Delivery

Report to: Public Health & Social Services Committee

Report date: Tuesday, July 12, 2022

Recommendations

1. That the Regional Chair **BE DIRECTED** to write to the Minister of Health, the Minister of Children, Youth and Social Services, and the Minister of Finance concerning:
 - 1.1. the growing gap in current provincial funding for Public Health and Emergency Medical Services;
 - 1.2. the need for provincial funding to keep pace with costs, including inflation and service changes mandated by the province or in response to changing citizen needs;
 - 1.3. the importance for Public Health and Emergency Medical Services to receive stable, predictable funding to prudently budget and plan services;
 - 1.4. the need for all costs, including necessary indirect allocation expenses, to be eligible for reimbursement for 100% provincially-funded programs; and,
 - 1.5. the necessity for additional opportunities to be made available for Public Health to request additional recovery funding in order to ensure preventive health work unable to be completed during the COVID-19 pandemic can be completed expeditiously before the health of residents suffers further; and
2. That the Regional Chair's Correspondence **BE CIRCULATED** to local Members of Provincial Parliament, the Association of Municipalities of Ontario, and Ontario Board of Health.

Key Facts

- The purpose of this report is to inform Council of the funding challenges currently faced by Niagara Region Public Health and Emergency Services (NRPH&ES).
- Programs that are 100% Provincially funded have not had inflationary adjustments for many years.

- The province makes a number of necessary but “indirect” expenses ineligible for reimbursement. These expenses have forced Council to cover these costs through the Regional Levy.
- Over the past five fiscal years, the following 100% Provincially funded programs have relied on the Regional Levy to cover shortfalls in funding for inflationary costs and indirect allocation expenses:
 - Mental Health: \$1,963,156
 - EMS Dispatch: \$1,392,790
- The Healthy Babies Healthy Children and Infant Child Development Service programs have continued to reduce positions in order mitigate any reliance on the Regional Levy. In 2020, these programs are underfunded by the Province to the order of \$201,828.
- With funding increases from the Province below the rate of inflation, NRPH&ES may increasingly need to reduce service to residents further, or rely on the Regional Levy to ensure 100% Provincially funded programs are able to continue to function.

Financial Considerations

There are no direct costs to Niagara Region associated with the recommendations of this report. Successful communication with the Provincial government may lead to increased provincial funding and reduced reliance on the Regional Levy.

Analysis

On March 21, 2017, PHSSC received MOH 01-2017: *Impacts and Mitigating Efforts Regarding Freezes of Provincial Funding Envelopes on Public Health*. As outlined in MOH 01-2017, the Public Health department administers local public health programs and services under the *Health Protection & Promotion Act, R.S.O. 1990* and the attendant regulations and *Ontario Public Health Standards*. In addition, the department administers the Mental Health program and Emergency Medical Services (EMS) including EMS dispatch services.

In Ontario, Public Health is funded through provincial and municipal contributions. Most public health programs are cost-shared, though a few are 100% funded by the province. In 2019, the Province announced a reduction in the province’s share of funding, necessitating that the contribution of municipal governments would increase from 25% to 30% in 2020. In addition, several 100%-funded programs were turned into cost-shared programs, placing a new financial burden on municipal governments.

This downloading of costs occurred in the context of funding being frozen for Public Health in six of the past eight years. Public Health received a 1% increase in base budget for 2022, a welcome increase. However, salaries continue to increase through collective bargaining and the cost of fuel, materials and supplies continues to increase with inflation estimated to be 6.8%¹.

Stable, predictable funding is imperative for the long term successful functioning of any organization. This is especially true for Public Health and Emergency Services, where the COVID-19 pandemic has added significant pressures through negative impacts on the health of the population. Predictable funding year-to-year is necessary to enable multi-year planning and thoughtful, prudent budgeting. When funding is announced mid-year, after Council has already approved the Levy Operating budget, it creates avoidable costs and complexities to amend budgets and alter services to account for changes in funding. Additionally, moving forward there is catch-up work to be completed (e.g. missed grade 7 vaccinations) to ensure the population continues to receive necessary health services, and multi-year funding plans from the province would allow a careful planning of this work.

This report focuses on funding shortfalls in Public Health, Mental Health, and Emergency Medical Services (EMS) Dispatch programs that receive 100% of their funding from the provincial government. Not all expenses are reimbursed by the province; notably some indirect allocation expenses including corporate services (e.g. human resources, information technology) are not covered by the provincial government, requiring subsidization by Region through the Levy.

The Mental Health program is 100% funded through provincial funds, allocated via Ontario Health (OH). OH provides an annual lump sum of \$39,500 to cover indirect allocations; however, the expenses incurred by the Region greatly exceed this, and the Regional levy has needed to cover costs ranging from \$340,942 to \$462,207 over the past five fiscal years. The annual budget submission process to OH has been paused over the past three years due to the COVID-19 pandemic, resulting in no further increase in the Mental Health budget. This has left the program in deficit. Overall, the Regional levy has covered a deficit of \$1,963,156 over the past five years.

¹ [Consumer price index portal](https://www.statcan.gc.ca/en/subjects-start/prices_and_price_indexes/consumer_price_indexes)
(https://www.statcan.gc.ca/en/subjects-start/prices_and_price_indexes/consumer_price_indexes)

EMS dispatch is funded by the Ministry of Health where indirect allocations related to capital financing expenses are not eligible for funding. Other indirect allocations are funded for this program. Overall, the program is also underfunded for its operations, with a deficit of \$1,241,912 over the past five fiscal years and \$150,878 of that being ineligible expenses for capital financing. Partly, this deficit may reflect a change in service demand as there has been a three-fold increase in call volume with no increase in funding to increase capacity. This has led to staffing challenges relative to call volume and increased costs through additional sick time, WSIB payments, and overtime payment for backfill. The current situation is already concerning, and the ability of the service to respond to calls may be impacted unless additional funding is available to increase the staffing complement in proportion to the call volume.

Healthy Babies Healthy Children (HBHC) and Infant Child Development Service (ICDS) are both Public Health programs funded 100% through the Ministry of Children, Youth and Social Services. ICDS has not had a base budget increase to account for inflation or population growth since 2001, and in 2010 had its base budget decreased. HBHC has not seen a base budget increase since 2008. These two programs have reduced staffing costs by \$201,828, achieved through gapping from staff layoffs in 2020, to mitigate any reliance on the Regional Levy as costs have grown with inflation. The staffing reductions have also resulted in a change in service delivery model, partly necessitated by the COVID-19 pandemic, with the impacts still to be evaluated.

Moving forward, as core Public Health work resumes, efforts to catch-up on missed programming (e.g. school vaccinations, dental screening) will require additional funds to ensure the health needs of the population are met. Requests for additional funding have been made to the Ministry of Health; however, they have not been approved. This may impact the Regional Levy if further funding is not provided by the Ministry of Health, or will require some portion of our residents to lose the benefit of critical health interventions (e.g. grade 7 vaccinations).

Alternatives Reviewed

A decision could be made not to request further funding from the province. Options to ensure a balanced budget without additional provincial funding include:

1. Use the Regional Levy to cover funding shortfalls. This would put a strain on the Levy Operating budget and necessitate an increase in the levy. This is not recommended as the provincial government is responsible for adequately funding

programs it requires the Region to deliver. Such a decision would also be inconsistent with Council's budget guidance.

2. Reduce costs through staff layoffs and reduced service delivery. This is not recommended as Niagara Region Public Health may fail to meet the requirements of the Ontario Public Health Standards if this option is chosen. The health of residents in the Region will also be negatively impacted by this option through the impacts on both Public Health and Emergency Medical Services.

Relationship to Council Strategic Priorities

The recommendations from this report reinforce Council's Strategic Priority to build Healthy and Vibrant communities, and support for the community in times of crisis. Funding advocacy to the provincial government will ensure that NRPH&ES can adequately meet the health needs of the population and continue to provide services of the highest level, especially to the most vulnerable in our community.

Other Pertinent Reports

MOH 01-2017 Impacts and Mitigating Efforts Regarding Freezes of Provincial Funding Envelopes on Public Health

PHD-C 3-2022 Ministry of Health Funding Adjustments

Prepared by:

Dr. Azim Kasmani, MD, FRCPC
Associate Medical Officer of Health
Public Health and Emergency Services

Recommended by:

M.M. Hirji, MD, MPH, FRCPC
Medical Officer of Health &
Commissioner (Acting)
Public Health and Emergency Services

Submitted by:

Ron Tripp, P.Eng.
Chief Administrative Officer

This report was prepared in consultation with Michael Leckey and Amanda Fyfe, Program Financial Specialists.



September 7, 2022

The Honourable Sylvia Jones
Deputy Premier and Minister of Health
Ministry of Health and Long-Term Care
777 Bay Street, 5th Floor
Toronto, ON M7A 2J3

The Honourable Monte McNaughton
Minister of Labour, Immigration, Training
and Skills Development
777 Bay Street, 5th Floor
Toronto, ON M7A 2J3

Dear Ministers Jones and McNaughton:

Re: Support for a Local Board of Health

On August 26, 2022 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached letter from the Board of Health for Niagara Region on the matter of employer-paid sick days in Ontario. The following motion was passed:

Motion No: 2022-65

Moved by: Alan Barfoot

Seconded by: Brian O'Leary

"THAT, the Board of Health endorse the correspondence from the Board of Health for Niagara Region on the Matter of Employer-Paid Sick Days in Ontario."

Carried.

Sincerely,

A handwritten signature in cursive script, appearing to read "Susan Paterson".

Sue Paterson
Chair, Board of Health
Grey Bruce Health Unit

cc: Dr. Kieran Moore, Ontario Chief Medical Officer of Health
Honourable Rick Byers, MPP for Bruce-Grey-Owen Sound
Honourable Brian Saunderson, MPP for Simcoe-Grey
Honourable Lisa Thompson, MPP for Huron-Bruce
Warden for Bruce, Warden Janice Jackson
Warden for Grey, Warden Selwyn Hicks
Loretta Ryan, Association of Local Public Health Agencies
Ontario Boards of Health

Encl.
/mh

A healthier future for all.

101 17th Street East, Owen Sound, Ontario N4K 0A5

www.publichealthgreybruce.on.ca



Office of the Regional Chair | Jim Bradley

1815 Sir Isaac Brock Way, PO Box 1042 Thorold, ON L2V 4T7

Telephone: 905-980-6000 Toll-free: 1-800-263-7215 Fax: 905-685-6243

Email: jim.bradley@niagararegion.ca

www.niagararegion.ca

July 19, 2022

The Honourable Sylvia Jones
Deputy Premier and Minister of Health
Ministry of Health and Long-Term Care
777 Bay Street, 5th Floor
Toronto, Ontario M7A 2J3

The Honourable Monte McNaughton
Minister of Labour, Immigration, Training
and Skills Development
777 Bay Street, 5th Floor
Toronto, ON M7A 2J3

Dear Ministers Jones and McNaughton,

First, let me congratulate you on behalf of Niagara Region Council and all Niagara residents for your reappointments to Cabinet. We look forward to working with you over the next four years and seeing our province benefit from your sage leadership.

On behalf of Niagara Region's Board of Health, I write today to you on the matter of employer-paid sick days in Ontario. Specifically, on June 23, 2022, our Board of Health passed a motion requesting that:

1. The Government of Ontario extend the currently temporary three paid sick days in the Employment Standards Act, 2000 (ESA) set to expire July 31, 2022.
2. The Government of Ontario engage in consultation with local municipalities, employers, and broader communities regarding making permanent the three paid sick days, and increasing the number of paid sick days to be in line with the recommendations for adequate sick leave policies; this consultation should seek to understand the challenges to legislating these sick day policies, and identify the supports necessary to enable increasing the number of sick days and making them permanent.
3. The Government of Ontario review the impacts of the amendments to the Canada Labour Code that provided 10 paid sick days for all federal employees across the country.

A copy of our Public Health Department's report (PHD 11-2022) is enclosed for reference.

Staying home when sick is one of the most effective containment strategies for infectious disease, yet it is a benefit currently more accessible to some workers than others.

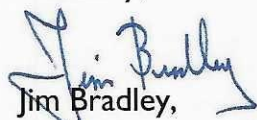
Workers without paid sick days are more likely to go to work sick, putting others at risk. Throughout the pandemic workplaces with precarious jobs and lack of paid sick leave have become hotspots for COVID-19 infection transmission, and suffered temporary closures

during outbreaks. Low-wage racialized workers, who are more likely to be denied paid sick days, have faced higher rates of COVID-19 illnessⁱ as well as business owners in these areas that, therefore, suffered greater disruption and loss when unable to operate due to staff illness.

Paid sick days should form part of a suite of long-term, sustainable changes to our society to create a post-pandemic “new normal” where COVID-19 is controlled, ensuring the safety of residents and protecting the economy from further disruption. As well, paid sick days would reduce lost productivity and absenteeism due to transmission of other infections, which was estimated to be \$16.6 billion dollars nationally by the Conference Board of Canada in 2012; no doubt it has grown since then.ⁱⁱ

Paid sick days is a good policy for us to control this pandemic sustainably, make us more resilient to future pandemics, increase productivity, and enhance health equity. We urge your government to extend the current paid sick days policy, and study enhancing it and making it permanent.

Sincerely,



Jim Bradley,
Chair, Board of Health, Niagara Region
Regional Chair, Niagara Region

Enclosure: PHD 11-2022

cc: Premier Doug Ford
Jeff Burch, MPP, Niagara Centre
Wayne Gates, MPP, Niagara Falls
Sam Oosterhoff, MPP, Niagara West
Jennifer (Jennie) Stevens, MPP, St. Catharines
Dean Allison, MP, Niagara West
Vance Badawey, MP, Niagara Centre
Tony Baldinelli, MP, Niagara Falls
Chris Bittle, MP, St. Catharines
All Boards of Health

ⁱ Decent Work & Health Network. Before it's Too Late: How to close the Paid Sick Day Gap During COVID-19 and Beyond. Published August 2020. (Available from: <https://www.decentworkandhealth.org/beforetoolate>)

ⁱⁱ The Conference Board of Canada. Available from (<https://www.conferenceboard.ca/e-Library/abstract.aspx?did=5780>). Published September 23, 2013.

Subject: A Renewed Call for Paid Sick Leave in Ontario

Report to: Public Health and Social Services Committee

Report date: Tuesday, June 14, 2022

Recommendations

1. That Regional Council **RECOMMEND** that the Government of Ontario extend the currently temporary three paid sick days in the *Employment Standards Act, 2000* (ESA) set to expire July 31, 2022;
2. That Regional Council **RECOMMEND** that the Government of Ontario engage in consultation with local municipalities, employers, and broader communities regarding making permanent the three paid sick days, and increasing the number of paid sick days to be in line with recommendations for adequate sick leave policies; this consultation should seek to understand the challenges to legislating these sick day polices, and identify the supports necessary to enable increasing the number of sick days and making them permanent;
3. That Regional Council **RECOMMEND** that the Government of Ontario review the impacts of the amendments to the Canada Labour Code that provided 10 paid sick days for all federal employees across the country; and
4. That Regional Council **DIRECT** the Regional Chair to communicate the above recommendations to the Premier, relevant Members of provincial Cabinet, Niagara's Members of Provincial Parliament, Niagara's Members of Parliament, and all Ontario Boards of Health.

Key Facts

- The purpose of this report is to seek Council's support for extending beyond July 31, 2022, the currently temporary paid sick days through the *Employment Standards Act*
- Staying home when sick is one of the most effective containment strategies for infectious disease, yet a benefit currently more accessible to some workers than others.¹

¹ Decent Work & Health Network. Before it's Too Late: How to close the Paid Sick Day Gap During COVID-19 and Beyond. Published August 2020. (Available from: <https://www.decentworkandhealth.org/beforetoolate>)

- The gap in access to paid sick days is associated with transmission of infectious illnesses at workplaces² including COVID-19, as many lower paid employees are compelled to work while sick and infectious so as to be able to earn the income they need to live.
- In December 2021, Regional Council endorsed the recommendations in Report PHD 14-2021, expressing support for legislated paid sick days through the *Employment Standards Act*. Similar motions were also passed by Municipalities and Boards of Health across Ontario.
- In December, the Ontario Government extended the temporary three days employer paid sick time to expire on July 31, 2022.

Financial Considerations

As a corporation, Niagara Region has experienced a total cost of \$943,700 (not including Payroll Related costs) for time encoded as Paid Infectious Disease Emergency Leave for the period of April 19, 2021 to April 18, 2022.

Analysis

As stated in Reports PHD 14-2021 and PHD 1-2021, access to employer paid sick leave is an important policy measure for the following reasons¹:

- It is one of the most effective containment strategies for infectious disease;
- Workers without paid sick days are more likely to go to work sick, putting others at risk;
- Parents with paid sick days have been found to be less likely to send sick children to school, preventing outbreaks in schools;
- Workplaces with precarious jobs and lack of paid sick leave have become hotspots for COVID-19 infection transmission, and suffered temporary closures during outbreaks;
- Low-wage and racialized workers, who are more likely to be denied paid sick days, have faced higher rates of COVID-19 illness.

² Drago R, Miller K. Sick at Work: infected employees in the workplace during H1N1 pandemic IWPR.org (2010). (Available from: <https://iwpr.org/iwpr-general/sick-at-work-infected-employees-in-the-workplace-during-the-H1N1-pandemic/>)

The Ontario government's temporary pandemic-specific paid sick days is set to expire July 31, 2022. Since the start of the pandemic there have been many calls on the Ontario government to legislate adequate paid sick days. Calls on the government include, but are not exclusive to

- Bill-7 and Bill-8 introduced to the Ontario legislature in 2021;
- Ontario's Big City Mayors made up of Mayors from 29 cities across Ontario with a population of 100,000 or more;
- The City of St. Catharines as well as other municipalities across Ontario, including both Hamilton and Toronto;
- The Association of Local Public Health Agencies (aLPHa);
- The Decent Work and Health Network.

Canada lags behind other nations globally in guaranteeing workers access to adequate paid sick days for short-term illness. On December 17, 2021, the federal government amended the Canada Labour Code to provide up to 10 days of paid sick leave to all federal employees. It was also announced that the federal government will convene the provinces and territories in early 2022, to develop a national action plan to legislate paid sick leave for all workers across the country. Starting January 1, 2022, British Columbia became the first province to expand permanent, employer-paid sick days, with five paid sick days for all full-time and part-time workers.

Paid sick days would form part of a suite of long-term, sustainable changes to our society to create a post-pandemic "new normal" where COVID-19 is controlled, ensuring the safety of residents and protecting the economy from further disruption from the pandemic, as well as lost productivity and absenteeism due to transmission of other infections. Moreover, paid sick days would improve health equity, supporting a Healthy and Vibrant Community.

Alternatives Reviewed

If the temporary paid sick days benefit expires on July 31, 2022, the burden of responsibility will fall to an individual to decide between staying home if they are sick, or going to work in order to get paid. Evidence indicates this results in spread of infectious disease, most pressingly COVID-19, to both customers and co-workers. However, as the pandemic continues, there will be substantial economic losses and inequitable human impacts due to infectious disease such as influenza, and COVID-19 will continue to afflict workplaces further increasing these losses and impacts.

Relationship to Council Strategic Priorities

Paid sick days will help to reduce transmission of COVID-19 and other infectious illnesses. Additionally, paid sick days will help to lessen the disproportionate impact COVID-19 is having on workers that do not have access to paid sick leave. This healthy public policy is linked to Council's Healthy and Vibrant Community strategic priority, in particular, the desire to improve health equity.

Other Pertinent Reports

[PHD 14-2021 Collaborative Action to Support the Need for Permanent Paid Sick Days](https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=20502)
(<https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=20502>)

[PHD 01-2021 Collaborative Action to Prevent COVID-19 Transmission and Improve Health Equity by Increasing Access to Paid Sick Days](https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=14323)
(<https://pub-niagararegion.escribemeetings.com/filestream.ashx?DocumentId=14323>)

Prepared by:

Lindsay Garofalo
Manager
Chronic Disease and Injury Prevention

Recommended by:

M. Mustafa Hirji, MD, MPH, PCPC
Medical Officer of Health &
Commissioner (Acting)
Public Health and Emergency Services

Submitted by:

Ron Tripp, P.Eng.
Chief Administrative Officer

This report was prepared in consultation with Dan Schonewille, Health Promoter, Chronic Disease and Injury Prevention and Leanne Mannell, Senior HR Business Analyst, Corporate Administration and reviewed by David Lorenzo, Associate Director, Chronic Disease and Injury Prevention.



September 22, 2022

VIA ELECTRONIC MAIL

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

Dear Premier Ford:

Re: Saving Lives Through Lifejacket and Personal Flotation Device Legislation

At its meeting on September 15, 2022, the Board of Health for Public Health Sudbury & Districts carried the following resolution # 25-22:

WHEREAS over the 10-year period 2012 – 2021, 2147 Ontarians had emergency visits that resulted from a drowning or submersion injury related to watercraft and 208 Ontarians died because of a drowning or submersion injury related to watercraft over the last 10 years of complete data (2006-2015); locally during the same periods 65 Sudbury & districts residents had emergency visits that resulted from a drowning or submersion injury related to watercraft and 8 died because of a drowning or submersion injury related to watercraft; and

WHEREAS the Ontario Public Health Standards require boards of health to be aware of and use data to influence and inform the development of local healthy public policy for preventing injuries; and

WHEREAS although there is federal legislation requiring that lifejackets or personal flotation devices (PFD) be on board vessels, there is no legislation requiring that individuals wear a lifejacket or PFD while on a pleasure boat; and

WHEREAS legislation requiring the wearing of lifejackets and PFDs has been demonstrated in other jurisdictions to save lives;

Sudbury

1300 rue Paris Street
Sudbury ON P3E 3A3
t: 705.522.9200
f: 705.522.5182

Elm Place

10 rue Elm Street
Unit / Unité 130
Sudbury ON P3C 5N3
t: 705.522.9200
f: 705.677.9611

Sudbury East / Sudbury-Est

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

Espanola

800 rue Centre Street
Unit / Unité 100 C
Espanola ON P5E 1J3
t: 705.222.9202
f: 705.869.5583

Île Manitoulin Island

6163 Highway / Route 542
Box / Boîte 87
Mindemoya ON P0P 1S0
t: 705.370.9200
f: 705.377.5580

Chapleau

34 rue Birch Street
Box / Boîte 485
Chapleau ON P0M 1K0
t: 705.860.9200
f: 705.864.0820

toll-free / sans frais

1.866.522.9200

phsd.ca



Letter to Premier of Ontario

Re: Saving Lives Through Lifejacket and Personal Flotation Device Legislation

September 22, 2022

THEREFORE BE IT RESOLVED THAT the Board of Health for Public Health Sudbury & Districts strongly advocate for legislation requiring all individuals to wear a personal flotation device (PFD) or lifejacket while on a pleasure boat that is underway, or while being towed behind a pleasure boat using recreational water equipment;

AND FURTHER THAT a copy of this motion be submitted to the Premier of Ontario, the Minister of Health, Minister of Transportation, local members of Provincial Parliament, the Chief Medical Officer of Health, the Association of Local Public Health Agencies (alPHA), and all Ontario Boards of Health.

The Board of Health is pleased to lend its voice to the many others who are calling for this common sense solution to saving lives. We would respectfully request the Government of Ontario to enact legislation requiring all individuals to wear a personal flotation device (PFD) or lifejacket while on a pleasure boat that is underway, or while being towed behind a pleasure boat using recreational water equipment.

Thank you for your attention on this important issue.

Sincerely,



René Lapierre. Chair
Board of Health

cc: All Ontario Boards of Health
Association of Local Public Health Agencies
Honourable C. Mulroney, Minister of Transportation
Honourable S. Jones, Minister of Health
Jamie West, Member of Provincial Parliament, Sudbury
France Gélinas, Member of Provincial Parliament, Nickel Belt
Michael Mantha, Member of Provincial Parliament, Algoma-Manitoulin
Viviane Lapointe, Member of Parliament, Sudbury
Marc Serré, Member of Parliament, Nickel Belt
Carol Hugues, Member of Parliament, Algoma-Manitoulin-Kapuskasing



Governance Standing Committee

Open Session

MEETING DATE: October 6, 2022

SUBMITTED BY: Larry Martin, Governance Standing Committee Chair

SUBMITTED TO: ☒ Board of Health
☐ Finance & Facilities Standing Committee
☐ Governance Standing Committee

PURPOSE: ☒ Decision
☒ Discussion
☐ Receive and File

AGENDA ITEM # 5.2

RESOLUTION # 2022-BOH-1006-5.2

The Committee had a good overview of the newly revised Board Orientation and Education plan for 2023. The initial plan was to roll this out in 2022 but given the municipal election was this fall, it was felt that a fresh start in January 2023 made the most sense. The goal of this work is that Board members will feel supported in their role as governors of the organization by having a more thorough and common understanding of public health.

The Committee also discussed its recommended draft 2023 Committee workplan. It is attached for your review and approval.

MOTION: (2022-BOH-1006-5.2A)

That the Board of Health for Southwestern Public Health approve the Governance Standing Committee's 2023 Committee workplan.

MOTION: (2022-BOH-1006-5.2)

That the Board of Health for Southwestern Public Health accept the Governance Standing Committee Report for October 6, 2022.

Quarter	Period	Meeting Date	Deliverables
1	January 1 – March 31	Date to be determined.	<ul style="list-style-type: none"> Review and recommend to the Board the acceptance of the current year's risk register with suggested mitigation strategies. (2023) Review Committee and Board meeting evaluations Review biennial Board Member Self Evaluation results and recommend Board acceptance of report (2023) Review and recommend Provincial Appointees to the BOH
2	April 1 – June 30	Date to be determined.	<ul style="list-style-type: none"> Review Committee and Board meeting evaluations Review current inventory of Board member knowledge and skills related to Board Functions.
3	July 1 – September 30	Date to be determined. <i>(will have meeting if other items arise only)</i>	<ul style="list-style-type: none"> Review Committee and Board meeting evaluations.
4	October 1 – December 31	Date to be determined.	<ul style="list-style-type: none"> Review the orientation plan for new Board members and continuing education program plan for existing board members which includes a framework for what and how information is shared with the Board. Review Committee and Board meeting evaluations. Review and approval of workplan for the Governance Standing Committee and the Board of Health for 2024. Review the outcomes related to the risk mitigation strategies that were put in place for 2023.

Approved: (insert date of Governance Standing Committee approval)



MEETING DATE: October 6, 2022

SUBMITTED BY: Joe Preston, Chair, Finance and Facilities Standing Committee

SUBMITTED TO: ☒ Board of Health
☐ Finance & Facilities Standing Committee
☐ Governance Standing Committee

PURPOSE: ☒ Decision
☐ Discussion
☒ Receive and File

AGENDA ITEM # 5.3

RESOLUTION # 2022-BOH-1006-5.3

The Finance and Facilities Standing Committee (FFSC) met on September 29, 2022, to consider several items. A brief synopsis of the Committee's various recommendations is below.

Second Quarter Financial Statements – these were presented in detail. The Committee is recommending approval. Overall, we are \$5.9M underspent and this is mainly the result of several components of work charged to the organization's COVID-19 response. SWPH's COVID-19 expenditures are also not as large as we anticipated given vaccination uptake has been slower. From a cashflow perspective, SWPH is projected to be okay to the end of year – not requiring any additional municipal support at this time.

Healthy Babies Healthy Children (HBHC) and Pre and Post Natal Nurse Practitioner (PPNP) Audited Statements – the audited statements prepared by Graham Scott Enns have been reviewed by the Committee and the Committee is recommending approval. Please see statements attached.

Mitigation Funding for 2023 – this was announced during the Association of Municipalities of Ontario (AMO) Conference in August 2022 by Minister Jones. The announcement was that mitigation funding for health units to help offset the provincial cost share changes affecting

municipalities will continue for 2023. This is welcome news. No action, at this time needed by the Board of Health.

MOTION: (2022-BOH-1006-5.3A)

That the Board of Health for Southwestern Public Health approve SWPH's financial statements for mandatory programs and services for the period ending June 30, 2022, as recommended by the Finance & Facilities Standing Committee.

MOTION: (2022-BOH-1006-5.3B)

That the Board of Health for Southwestern Public Health approve the audited financial statements for the Healthy Babies Healthy Children (HBHC) and Pre and Post Natal Nurse Practitioner (PPNP) programs for the period ending March 31, 2022 and ratify the signing of the Annual Reconciliation.

MOTION: (2022-BOH-1006-5.3)

That the Board of Health for Southwestern Public Health accept the Finance & Facilities Standing Committee report for October 6, 2022.

SOUTHWESTERN PUBLIC HEALTH

For the Six Months Ending Thursday, June 30, 2022

STANDARD/ PROGRAM	YEAR TO DATE			FULL YEAR		% VAR
	ACTUAL	BUDGET	VAR	BUDGET	VAR	
Direct Program Costs						
Foundational Standards						
Emergency Management	\$20,618	\$33,093	\$12,475	\$66,187	\$45,568	31. %
Effective Public Health Practise	157,583	229,207	71,624	458,413	300,830	34. %
Health Equity & CNO Nurses	69,896	207,951	138,056	415,903	346,007	17. %
Health Equity Program	78	1,250	1,172	2,500	2,422	3. %
Population Health Assessment	90,554	160,767	70,213	321,534	230,980	28. %
Foundational Standards Total	338,729	632,268	293,539	1,264,537	925,808	27. %
Chronic Disease Prevention & Well-Being						
Built Environment	69,054	128,280	59,226	256,560	187,506	27. %
Healthy Eating Behaviours	35,617	104,760	69,142	209,519	173,901	17. %
Healthy Menu Choices Act Enforcement	2,070	4,084	2,015	8,168	6,099	25. %
Physical Activity and Sedentary Behaviour	7,968	39,964	31,996	79,927	71,959	10. %
Substance Prevention	65,136	109,794	44,658	219,589	154,452	30. %
Suicide Risk & Mental Health Promotion	60,656	26,452	-34,204	52,904	-7,752	115. %
Chronic Disease Prevention & Well-Being Total	240,501	413,334	172,833	826,667	586,166	29. %
Food Safety						
Enhanced Food Safety - Haines Initiative	0	0	0	0	0	0. %
Food Safety (Education, Promotion & Inspection)	113,425	251,041	137,616	502,082	388,657	23. %
Food Safety Total	113,425	251,041	137,616	502,082	388,657	23. %
Healthy Environments						
Climate Change	16,553	63,674	47,121	127,347	110,794	13. %
Health Hazard Investigation and Response	149,355	179,114	29,759	358,228	208,873	42. %
Healthy Environments Total	165,908	242,788	76,880	485,575	319,667	34. %
Healthy Growth & Development						
Breastfeeding	90,830	156,235	65,404	312,469	221,639	29. %
Parenting	116,610	217,837	101,228	435,675	319,065	27. %
Reproductive Health/Healthy Pregnancies	97,247	256,466	159,219	512,931	415,684	19. %
Healthy Growth & Development Total	304,687	630,538	325,851	1,261,075	956,388	24. %
Immunization						
Vaccine Administration	73,357	47,535	-25,822	95,071	21,713	77. %
Vaccine Management	63,651	86,028	22,376	172,056	108,404	37. %
Community Based Immunization Outreach	8,477	38,503	30,026	77,006	68,529	11. %
Immunization Monitoring and Surveillance	13,311	16,543	3,233	33,086	19,775	40. %
Immunization Total	158,796	188,609	29,813	377,219	218,422	42. %
Infectious & Communicable Diseases						
Infection Prevention & Control	512,939	633,583	120,644	1,267,166	754,227	40. %
Infection Prevention and Control Nurses Initiation	0	0	0	0	0	0. %
Infectious Diseases Control Initiative	0	0	0	0	0	0. %
Needle Exchange	37,912	30,450	-7,462	60,900	22,988	62. %
Rabies Prevention and Control and Zoonotics	91,136	106,021	14,885	212,042	120,906	43. %
Sexual Health	405,378	455,498	50,120	910,997	505,618	44. %
Tuberculosis Prevention and Control	10,373	13,823	3,450	27,646	17,273	38. %
Monkeypox	0	0	0	0	0	0. %
Vector-Borne Diseases	41,218	86,993	45,775	173,985	132,768	24. %
COVID-19 Pandemic	2,383,973	963,432	-1,429,956	1,926,863	-466,525	124. %
COVID-19 Mass Immunization	1,739,730	6,086,751	4,347,021	12,173,502	10,433,772	14. %
COVID-19 Backlog	0	470,560	470,560	941,120	941,120	0. %
COVID-19 Recovery	0	172,993	172,993	345,986	345,986	0. %
Infectious & Communicable Diseases Total	5,222,659	9,020,104	3,788,030	18,040,207	12,808,131	29. %
Safe Water						
Enhanced Safe Water Initiative	0	0	0	0	0	0. %
Small Drinking Water Systems	0	0	0	0	0	0. %
Water	124,236	142,166	17,930	284,332	160,096	44. %
Safe Water Total	124,236	142,166	17,930	284,332	160,096	44. %
School Health - Oral Health						
Healthy Smiles Ontario	337,636	429,072	91,436	858,143	520,507	39. %
School Screening and Surveillance	84,355	95,383	11,029	190,767	106,412	44. %
School Health - Oral Health Total	421,991	524,455	102,464	1,048,910	626,919	40. %
School Health - Vision						
Vision Screening	23,466	77,473	54,007	154,946	131,480	15. %
School Health - Immunization						

School Immunization	381,285	516,190	134,906	1,032,380	651,095	37. %
School Health - Other						
Comprehensive School Health	301,422	558,146	256,724	1,116,292	814,870	27. %
Substance Use & Injury Prevention						
Falls Prevention	10,458	60,821	50,363	121,642	111,184	9. %
Harm Reduction Enhancement	74,476	152,232	77,755	304,463	229,987	24. %
Road Safety	6,327	33,524	27,198	67,049	60,722	9. %
Smoke Free Ontario Strategy: Prosecution	54,712	236,651	181,939	473,301	418,589	12. %
Substance Misuse Prevention	30,848	81,851	51,003	163,702	132,853	19. %
Substance Use & Injury Prevention Total	176,821	565,079	388,258	1,130,157	953,336	16. %
TOTAL DIRECT PROGRAM COSTS	7,973,926	13,762,191	5,778,850	27,524,379	19,541,035	29. %
INDIRECT COSTS						
Indirect Administration	1,136,052	1,234,245	107,608	2,468,490	1,341,853	46. %
Corporate	59,091	116,796	57,705	233,592	174,501	25. %
Board	12,553	15,600	3,047	31,200	18,647	40. %
HR - Administration	372,507	430,174	57,667	860,347	487,840	43. %
Premises	796,349	782,246	-14,103	1,564,491	768,142	51. %
TOTAL INDIRECT COSTS	2,376,552	2,579,061	211,924	5,158,120	2,790,982	46. %
TOTAL GENERAL SURPLUS/DEFICIT	10,350,478	16,341,252	5,990,774	32,682,499	22,332,017	32. %
100% MINISTRY FUNDED PROGRAMS						
MOH Funding	91,514	91,514	0	183,027	91,514	50. %
Senior Oral Care	517,857	450,650	-67,207	901,300	383,443	57. %
TOTAL 100% MINISTRY FUNDED	609,371	542,164	-67,207	1,084,327	474,956	56. %
One-Time Funding - April 1, 2022 to March 31, 2023						
OTF NEP	0	9,125	-9,125	36,500	27,375	0. %
OTF Public Health Inspector Practicum	4,783	5,000	-217	20,000	10,217	24. %
OTF IPAC HUB	91,322	171,250	-79,928	685,000	422,428	13. %
OTF Retention Incentive	209,953	0	209,953	0	-209,953	0. %
OTF School Nurses	61,639	168,000	-106,361	672,000	442,361	9. %
OTF Oxford Fixed Dental Suite	0	0	0	0	0	0. %
OTF Capital: Space Needs Assessment	0	0	0	0	0	0. %
Total OTF	428,307	453,375	-25,068	1,813,500	931,818	25. %
Programs Funded by Other Ministries, Agencies						
Healthy Babies Healthy Children	435,376	413,385	21,991	1,653,539	804,778	26. %
Pre and Post Natal Nurse Practitioner	34,470	34,750	-280	139,000	69,780	25. %
School Nutrition Program	76,776	104,635	-27,859	209,270	27,859	37. %
Public Health Agency of Canada	0	0	0	0	0	0. %
Low German Speaking Partnership Study	196	0	196	0	-196	0. %
Total Programs Funded by Other Ministries, Agencies	546,818	552,770	-5,952	2,001,809	902,221	37. %

**SOUTHWESTERN PUBLIC HEALTH
HEALTHY BABIES HEALTHY CHILDREN**

Statement of Revenue and Expenditures

March 31, 2022

**SOUTHWESTERN PUBLIC HEALTH
HEALTHY BABIES HEALTHY CHILDREN**

Statement of Revenue and Expenditures

For The Year Ended March 31, 2022

Table of Contents	PAGE
Independent Auditors' Report	1 - 2
Statement of Revenue and Expenditures	3
Notes to the Statement	4



GRAHAM SCOTT ENNS^{LLP}
CHARTERED PROFESSIONAL ACCOUNTANTS

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

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

www.grahamscottens.com

INDEPENDENT AUDITORS' REPORT

To the Ministry of Children, Community and Social Services:

Opinion

We have audited the financial statements of revenues and expenditures of Southwestern Public Health - Healthy Babies Healthy Children program for the year ended March 31, 2022. This statement has been prepared by management in accordance with the terms and conditions of the service agreement dated March 25, 2021 with the Province of Ontario, represented by the Ministry of Children, Community and Social Services and the Southwestern Public Health.

In our opinion, the statement of revenues and expenditures of the Southwestern Public Health - Healthy Babies Healthy Children program for the year ended March 31, 2022 is prepared, in all material respects, in accordance with the terms and conditions issued by Ministry of Children, Community and Social Services.

Basis for Opinion

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

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

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the terms and conditions issued by the Ministry of Children, Community and Social Services, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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



GRAHAM SCOTT ENNS^{LLP}
CHARTERED PROFESSIONAL ACCOUNTANTS

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

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

www.grahamscottenns.com

INDEPENDENT AUDITORS' REPORT (CONTINUED)

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

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

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

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

June 30, 2022

Graham Scott Enns LLP

CHARTERED PROFESSIONAL ACCOUNTANTS
Licensed Public Accountants

**Southwestern Public Health
Healthy Babies Healthy Children
Statement of Revenue and Expenditures
For The Year Ended March 31, 2022**

	Budget \$	Actual \$
REVENUE		
Grant - Ministry of Children, Community and Social Services	1,653,539	1,653,530
Service recovery fees	<u>-</u>	<u>75</u>
TOTAL REVENUES	<u>1,653,539</u>	<u>1,653,605</u>
EXPENDITURES		
Salaries and benefits		
Public health nurses	801,143	199,197
Lay home visitors	308,122	89,516
Benefits	325,500	84,117
Management co-coordinator	100,170	21,659
Clerical	<u>42,490</u>	<u>12,236</u>
Total salaries and benefits	<u>1,577,425</u>	<u>406,725</u>
Contracted services		
IT Support	<u>2,700</u>	<u>2,025</u>
Operating costs		
Allocated expenses	-	50,004
Program resources	9,900	10,576
Travel	32,727	8,476
Communication	12,112	7,436
Office supplies	2,000	5,938
Public awareness/promotion	6,350	4,585
Audit	2,325	2,325
Professional development and training	<u>8,000</u>	<u>1,238</u>
Total operating costs	<u>73,414</u>	<u>90,578</u>
TOTAL EXPENDITURES	<u>1,653,539</u>	<u>499,328</u>
DUE TO MINISTRY OF CHILDREN, COMMUNITY AND SOCIAL SERVICES	<u>-</u>	<u>1,154,277</u>

**Southwestern Public Health
Healthy Babies Healthy Children
Notes to the Statement of Revenue and Expenditures
March 31, 2022**

1. SIGNIFICANT ACCOUNTING POLICIES

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

Basis of Accounting

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

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

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

2. MINISTRY OF CHILDREN, COMMUNITY AND SOCIAL SERVICES GRANT

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

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

Statement of Revenue and Expenditures

March 31, 2022

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

Statement of Revenue and Expenditures

For The Year Ended March 31, 2022

Table of Contents	PAGE
Independent Auditors' Report	1 - 2
Statement of Revenue and Expenditures	3
Notes to the Statement	4



GRAHAM SCOTT ENNS ^{LLP}
CHARTERED PROFESSIONAL ACCOUNTANTS

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

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

www.grahamscottenns.com

INDEPENDENT AUDITORS' REPORT

To the Ministry of Children, Community and Social Services:

Opinion

We have audited the financial statements of revenues and expenditures of Southwestern Public Health - Pre and Post natal Nurse Practitioner's program for the year ended March 31, 2022. This statement has been prepared by management in accordance with the terms and conditions of the service agreement dated March 25, 2021 with the Province of Ontario, represented by the Ministry of Children, Community and Social Services and the Southwestern Public Health.

In our opinion, the statement of revenues and expenditures of the Southwestern Public Health - Pre and Post natal Nurse Practitioner's program for the year ended March 31, 2022 is prepared, in all material respects, in accordance with the terms and conditions issued by Ministry of Children, Community and Social Services.

Basis for Opinion

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

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

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the terms and conditions issued by the Ministry of Children, Community and Social Services, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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



GRAHAM SCOTT ENNS^{LLP}
CHARTERED PROFESSIONAL ACCOUNTANTS

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

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

www.grahamscottenns.com

INDEPENDENT AUDITORS' REPORT (CONTINUED)

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

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

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

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

June 30, 2022

Graham Scott Enns LLP

CHARTERED PROFESSIONAL ACCOUNTANTS
Licensed Public Accountants

**Southwestern Public Health
Pre and Post Natal Nurse Practitioner's Program
Statement of Revenue and Expenditures
For the Year Ended March 31, 2022**

	Budget <u>\$</u>	Actual <u>\$</u>
REVENUE		
Grant - Ministry of Children, Community and Social Services	<u>139,000</u>	<u>139,008</u>
EXPENDITURES		
Purchased services	<u>139,000</u>	<u>139,000</u>
TOTAL EXPENDITURES	<u>139,000</u>	<u>139,000</u>
DUE TO MINISTRY OF CHILDREN, COMMUNITY AND SOCIAL SERVICES	<u><u>-</u></u>	<u><u>8</u></u>

**Southwestern Public Health
Pre and Post Natal Nurse Practitioner's Program
Notes to the Statement of Revenue and Expenditures
March 31, 2022**

1. SIGNIFICANT ACCOUNTING POLICIES

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

Basis of Accounting

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

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

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

2. MINISTRY OF CHILDREN, COMMUNITY AND SOCIAL SERVICES GRANT

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

**MINISTRY OF CHILDREN, COMMUNITY AND SOCIAL SERVICES
TRANSFER PAYMENT ANNUAL RECONCILIATION**

Service Provider / Delivery Agent: **Southwestern Public Health**
For The Fiscal Year Ended: **March 31, 2022**
Contract Category: **MCCSS Budget Package 2021-22**
Service Contract Number: **1-1645621763**

CERTIFICATION BY TRANSFER PAYMENT RECIPIENT

I hereby certify that, to the best of my knowledge, the financial data in the Transfer Payment Annual Reconciliation to which this certification is attached, is true, correct, agrees with the books and records of the organization and has been prepared in accordance with the Technical Instructions and ministry financial policies provided by the Ministry of Community and Social Services and the Ministry of Children and Youth Services.

See attached audited statements

Signature of Service Provider / Delivery Agent Authority

Graham Scott Enns

Name of Service Provider/Delivery Agent Authority

44742

Date (dd/mm/yy)

CPA

Title of Service Provider/Delivery Agent Authority

VERIFICATION BY THE BOARD OF DIRECTORS

The above certification, together with the Transfer Payment Annual Reconciliation, was received and approved by:

the Board of Directors on the 12th day of July 2022

Chairperson of the Board of Directors:


Signature

Larry Martin

Name of Chairperson or Designate

Board of Health Chair

Title



CEO REPORT

Open Session

MEETING DATE: October 6, 2022

SUBMITTED BY: Cynthia St. John, CEO (written as of September 24, 2022)

SUBMITTED TO: ☒ Board of Health
☐ Finance & Facilities Standing Committee
☐ Governance Standing Committee

PURPOSE: ☒ Decision
☐ Discussion
☒ Receive and File

AGENDA ITEM # 5.4

RESOLUTION # 2022-BOH-1006-5.4

1. SWPH Program Updates (Receive and File):

1.1 Infectious Disease Prevention and Control

a. Covid Outbreaks

Dr. Tran in his report provides a bigger overview of where we are in our Covid-19 pandemic fight. Locally, our staff report that outbreak investigations in LTCH/RH and congregate settings have continued to increase over the last month. Some outbreaks in LTCH/RH are experiencing outbreaks among a larger number of residents than previously. Hospitalizations due to COVID-19 and cases in those eligible for testing are increasing. There have been 45 outbreak investigations in the last month (August 15 – Sept 15) which is an increase from 34 in the previous month. SWPH continues to support staff at long-term care homes, retirement homes and congregate living settings such as group homes with infection prevention and control guidance. LTCH/RH have received guidance to minimize the risk for staff to return to work early due to staffing shortages.

b. Diseases of Public Health Significance (DOPHS)

Investigations of diseases of public health significance (DOPHS) have continued to increase in the last month. The first case of monkeypox in the SWPH region was reported to SWPH on

September 10, 2022. A media release and notification to primary health care providers was completed on Sept 14, 2022. Case and contact follow up was completed. Two travel related cases of typhoid fever were investigated. Three (3) cases of pertussis in the Elgin region were investigated. Health care providers were notified and a radio announcement and flyer targeting specific priority populations within this community were completed. An Infection Prevention and Control (IPAC) complaint in a health care provider office is currently under investigation.

c. Universal Influenza Immunization Program (UIIP)

SWPH plays an integral role in the annual Universal Influenza Immunization Program (UIIP) in our area. While most flu vaccine is now largely provided by local pharmacies and health care providers, SWPH is the centralized location and distribution point for community flu vaccine to local partners. Over the course of September and October, thousands of doses of flu vaccine will be received by SWPH and distributed to partners. SWPH's role includes engaging with all local long-term care homes, hospitals, qualifying health care agencies and qualifying workplaces.

As Dr. Tran notes in his report, influenza is back after what was a brief reprieve. As with other years, the UIIP offers influenza vaccine free of charge to all individuals six months of age and older who live, work, or go to school in Ontario. Protection against the influenza virus through vaccination will be critical this fall to protect individuals, families and communities given the co-circulation of COVID-19 and the potential impacts on our health care system.

Immunization of groups at highest risk of influenza-related complications or who are more likely to require hospitalization will be eligible to receive vaccination late September or early October. The general population will become eligible somewhere after the provincial official launch of the UIIP (that is expected in early November).

While SWPH is currently focusing our immunization efforts on ensuring access to COVID19 vaccine, a small number of influenza clinics will also be offered for infants ages 6 months to 2 years (and their parents / guardians / siblings) who are unable to access influenza vaccine from participating pharmacies. For more information, visit

<https://www.health.gov.on.ca/en/pro/programs/publichealth/flu/uiip/>.

d. Covid Vaccination Clinic

The COVID-19 Mass Immunization Clinics (MIC) have been operating throughout the summer months with SWPH ramping up our efforts for the fall introduction of the Moderna Bivalent vaccine. We have moved to the provincial Vaccine Appointment Booking system for individuals to book appointments at our clinics. The St. Thomas clinic is located at the St. Thomas office Monday through Friday and the Oxford clinic is located at the Oxford Auditorium on Mondays, Wednesdays, and Fridays (and other varying locations on Tuesdays and Thursdays). We continue to work with the Ministry of Health and have the provincial GOVAXX bus to support vaccination efforts in Tillsonburg, Woodstock and Aylmer on a weekly basis, as well as to

support some of our long-term care homes, retirement homes and group home and congregate living facilities that require support to vaccinate their residents. Plans are in place to support any surge needs for the fall months as respiratory illness season begins. We did take the opportunity to reach out to the provincial government to thank them for the continued support of the GOVAXX bus. It helps us considerably, especially with smaller rural communities.

Appointments can be booked by calling 1-833-943-3900 or by visiting covid-19.ontario.ca/book-vaccine/.

1.2 Environmental Health

In addition to routine inspection work, the Environmental Health Team has been responding to increasing requests for inspections of new businesses and special events. The team also completed mosquito surveillance for the West Nile program on the week of September 16th. At this time, we're happy to report no positive pools for West Nile this season. Social media focused on Rabies Vaccination Compliance as part of World Rabies Day to support this year's theme of "One Health, Zero Deaths." Additional upcoming health promotion initiatives include messaging for food safety at Thanksgiving and preparing for radon awareness month, in November.

1.3 Communications

With the return of Southwestern Public Health's programs and services, and the slightly less frenetic pace of non-COVID work the team has had time to support the organization with a wide variety of creative tactics and strategies intended to engage the community in our work. In addition to using traditional media releases, our website, and social media channels, we've added bus tail advertising, video content, successful media pitches, a graphic wrap for the new seniors' dental bus, Google ad words, radio ads and more. We're also making very effective use of strengthened stakeholder relationships (education, low german leadership, gay men's sexual health alliance, etc.) gained throughout the pandemic to customize messaging and delivery channels to meet the unique needs of our various communities.

With more than 15,000 social media followers and 50,000 unique website visitors each quarter, SWPH has a large following that we want to convert to public health champions who regularly check in on our activities and avail themselves and their family members of the opportunities we offer.

1.4 Oral Health Fluoride Varnish Program

Beep Beep! The Fluoride Varnish Bus is back on the road. The intent of the Fluoride Varnish Bus Program is to travel to strategic locations throughout Elgin County, Oxford County and the City of St. Thomas neighbourhoods to provide free topical fluoride varnish to children who meet the eligibility requirements (under the Healthy Smiles Ontario (HSO) Program). The focus of this program is to offer access to preventive dental services (including fluoride varnish) as well as dental screenings for families that would otherwise have barriers in accessing dental services for their children. Fluoride varnish is one of the most cost-effective and evidence-informed

preventive interventions to decrease overall population health dental decay rates in children and youth.

Prior to the COVID-19 pandemic, SWPH staff utilized the Central Community Health Centre's mobile bus (a.k.a. as the "Fluoride Varnish Bus"). This past August, SWPH staff resumed this service travelling on the bus to various locations. The return of the fluoride bus was shared prior on social media through Facebook and flyers were created with locations and times that were shared with community partners. Over the course of the two evenings, a total of 96 children received a fluoride varnish and dental screening. Eleven children were enrolled into the HSO Program that required urgent dental care. SWPH's parent resource workers (PRWs) were also at the event providing parenting supports and had an opportunity to engage with many of their Healthy Babies Healthy Children families.

The following is an excerpt from one of the parent resource workers at the event:

"We want to thank management for giving us the opportunity to resurrect the dental bus this week! People commented numerous times that if we had not come out in the dental bus, they would not have been able to come to public health as they don't drive, did not know we offered the service or that it is just inconvenient. Sometimes it is difficult with all the other stressors in their lives to even think about dental care let alone make a call. A mom told us that "since the bus was discontinued, my son has been getting cavities. The varnish helps." Another mom disclosed that they had recently lost their benefits and they were not aware of this program. It is always sad to see a child on the bus who is and likely has been experiencing significant pain but also rewarding to be able to help."



1.5 Program Planning Continues!

Oh my – what amazing work our staff teams have done laying out program plans for the 2023 year. They are ambitious program and service plans with a healthy dose of realism thrown in. The reality is we have so much catch-up work to do which I know the Board knows too. At the same time, we are reimagining our work in some areas - like the school health program which you will hear about in a Board presentation this month. Program plans inform draft 2023 budget development and 2023 program delivery, so I spend a fair bit of time reviewing the plans. All our plans are rooted in evidence, and we use evaluation to inform whether we

continue with a program the way it was originally designed or whether we change it up. The lessons we have learned from the pandemic are woven into our plans as well.

1.6 2022 Municipal Elections Primer

Southwestern Public Health has created a webpage for community members that provides information on the upcoming municipal elections and priority public health topics for consideration. In 2018, the average voter turnout in municipal elections was 38% ¹.

Supporting community members in understanding public health priorities and possible solutions with a municipal lens can empower voters to make informed decisions. "Active civic engagement, including voting, contributes to local communities' health and economic vitality. People who vote are more likely to connect with neighbours, talk to elected officials, and engage civically in other ways." ³

Southwestern Public Health can promote education and mobilization through our non-partisan voter information webpage. ⁴ In developing and promoting the election page, we aim better to understand municipal processes and decision-making at the community level.

Southwestern Public Health is highlighting six health priorities that our municipalities can positively influence:

- **Poverty and Income:** Income plays the most significant role in living a long and healthy life. As a household's income increases, their risk of poor health outcomes decreases. ⁵
- **Housing and Homelessness:** Housing impacts our health through the physical conditions inside the home, the design of our neighbourhoods, and affordability. ⁶
- **Climate and Planetary Change:** The impacts of climate change are diverse and wide-ranging. They can include increased rates of heart and lung disorders, increased risk of vector-borne diseases, and injury or loss of life from extreme weather events. ⁷ These effects are felt most by people with pre-existing health conditions, children and seniors, low-income people, Indigenous communities, and those experiencing homelessness. ⁸
- **Mental Health and Well-being:** Canada was already experiencing a mental health crisis before the pandemic. The pandemic added to this crisis and highlighted how important it is that we address mental health promotion and care for overall well-being. ⁹ There is no health without mental health.
- **Substance Use and Addictions:** Modifiable risk factors such as substance use significantly contributes to chronic disease deaths in Ontario. ¹⁰
- **Transportation:** Access to affordable transportation is essential to having a job, going to school, accessing health care and social service appointments, participating in social and leisure activities and being connected to the community.

References

1. Association of Municipalities Ontario. 2018 municipal election analysis [internet]. Toronto, ON; Association of municipalities Ontario; [cited 2022 Sept 23]. Available from: <https://www.amo.on.ca/2018-municipal-election-analysis>

2. Brown CL, Raza D, Pinto AD. Voting, health and interventions in healthcare settings: A scoping review. Public Health Rev. 2020 Jul 1;41(16). Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7329475/>
3. NonprofitVOTE. The benefits of voting [internet]. Cambridge, MA; NonprofitVOTE; [cited 2022 Sept 23] Available from: <https://www.nonprofitvote.org/resource/benefits-voting/>
4. Yagoda N. Addressing Health Disparities Through Voter Engagement. Ann Fam Med. 2019 Sep;17(5):459-461. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7032920/>
5. MacLeod M, Hussain H. Measuring opportunities for reducing health inequities. St. Thomas, ON: Southwestern Public Health; 2019 June. Available from: https://www.swpublichealth.ca/en/community-health/resources/Health-Equity-and-Fairness/measuring_opportunities_for_reducing_health_inequities.pdf
6. Southwestern Public Health. Health equity and fairness [Internet]. St. Thomas, ON: Southwestern Public Health; 2020 [cited 2022 September 15]. Available from: <https://www.swpublichealth.ca/en/community-health/health-equity-and-fairness.aspx>
7. Gough W, Anderson V, Herod K. Ontario climate change and health modelling study: report. Ontario Ministry of Health and Long-Term Care, Queen's Printer for Ontario. Toronto, ON, Canada 2016. 30 p. Report number: ISBN. 2016:978-1
8. Berry, P., & Schnitter, R. (Eds.). (2022). Health of Canadians in a Changing Climate: Advancing our Knowledge for Action. Ottawa, ON: Government of Canada
9. Shields, R. Mental health in Canada: Covid-19 and Beyond: CAMH Policy Advice. Toronto, ON: Centre for Addiction and Mental Health; 2021.
10. CCO and Ontario Agency for Health Protection and Promotion (Public Health Ontario). The burden of chronic diseases in Ontario: key estimates to support efforts in prevention. Toronto: Queen's Printer for Ontario; 2019.

2. Other General Updates (Receive and File):

2.1 Medical Officer of Health Appointment

I am pleased to advise that we received notice from the Ministry of Health on September 14, 2022, that the Deputy Premier and Minister of Health, Sylvia Jones approved Dr. Tran's appointment as Medical Officer of Health for SWPH. As you know, all appointments of Medical Officers of Health by Boards of Health are considered "Acting" and subject to official appointment by the Minister of Health. So, we lose the "Acting" term when referring to Dr. Tran, and we gain the confidence of the Ministry of Health in what we already know – Dr. Tran is a welcome addition to SWPH and an asset to our community.

2.2 Association of Ontario Public Health Business Administrators Conference

As President of this Association, I, along with members from SWPH and from health units across Ontario came together for a 1 ½ day conference and annual general meeting in Toronto. The theme was Reenergize and Reconnect and it was co-hosted by Thunder Bay District Health Unit and Toronto Public Health. The face-to-face gathering was well attended and included sessions related to public health system designs, the future of public health in Ontario, workplace culture development, and the always valued presentation and Q & A session with the Ministry of Health.

MOTION: 2022-BOH-1006-5.4

That the Board of Health for Southwestern Public Health accept the Chief Executive Officer's Report for October 6, 2022.



MOH REPORT

Open Session

MEETING DATE: October 6, 2022

SUBMITTED BY: Dr. Ninh Tran, MOH (written as of 12:00 noon, September 23, 2022)

SUBMITTED TO: ☒ Board of Health
☐ Finance & Facilities Standing Committee
☐ Governance Standing Committee

PURPOSE: ☐ Decision
☐ Discussion
☒ Receive and File

AGENDA ITEM # 5.5

RESOLUTION # 2022-BOH-1006-5.5

1) COVID-19 and Diseases of Public Health Significance (Receive and File):

COVID-19 CURRENT STATE:

At the time of this report, Southwestern Public Health (SWPH) has reported a cumulative case count of 15,800 residents as positive for COVID-19, of which 285 cases are active and 183 are deceased. We remain in the 7th wave (Omicron, BA.5) with significant levels of transmission based on cases, percent positivity, outbreaks, and wastewater surveillance indicators. COVID-19 vaccines continue to be provided to our region as we maintain the importance of [staying up-to-date with the primary series and subsequent booster doses](#) as recommended by Health Canada and the National Advisory Committee for Immunizations (NACI). I commend our dedicated SWPH staff in pursuing every opportunity to educate, promote, and ensure the swift delivery and administration of vaccines to our diverse communities and partners.

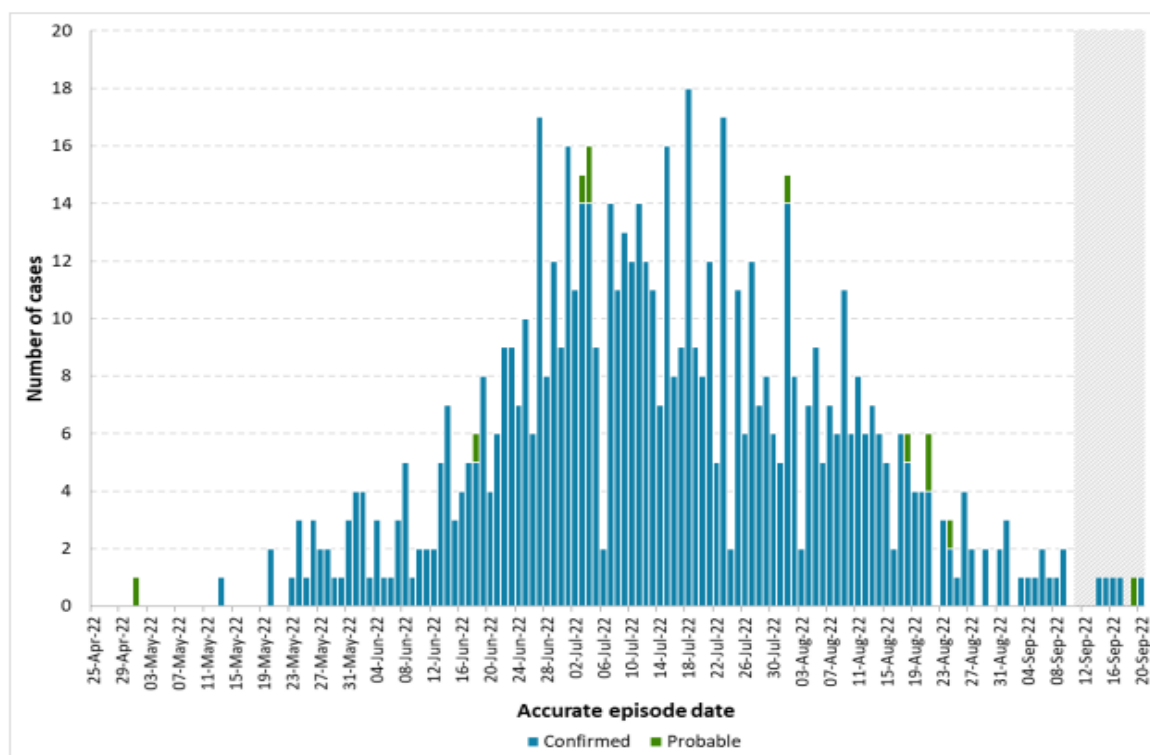
Of note is the timely introduction of the bivalent COVID-19 vaccine which includes not only the existing product (original strain), but also an omicron strain (BA.1) that should offer better protection than the historically available monovalent product (original strain only). The currently available bivalent vaccine (Moderna) is approved as a booster for adults 18 years and older beginning September 26, 2022. Additional bivalent products are expected to become available that would include eligibility for the 12- to 17-year-old age group and/or contain the BA.4 and BA.5 strains which have been the drivers of the most recent COVID-19 resurgences.

MONKEYPOX UPDATE:

Southwestern Public Health has now had its first case of Monkeypox in the region. Overall [in Ontario](#), the case level of activity has been improving since the last report (see graph below). SWPH continues to monitor the situation and to offer pre-exposure prophylaxis vaccine to those at highest-risk in our sexual health clinics. We expect updated guidance in the near future based on NACI's recommendations on the use of Imvamune® for preexposure vaccination and implementation of dose-sparing strategies when supply is limited.

Case Characteristics

Figure 1. Monkeypox cases by accurate episode date and case classification

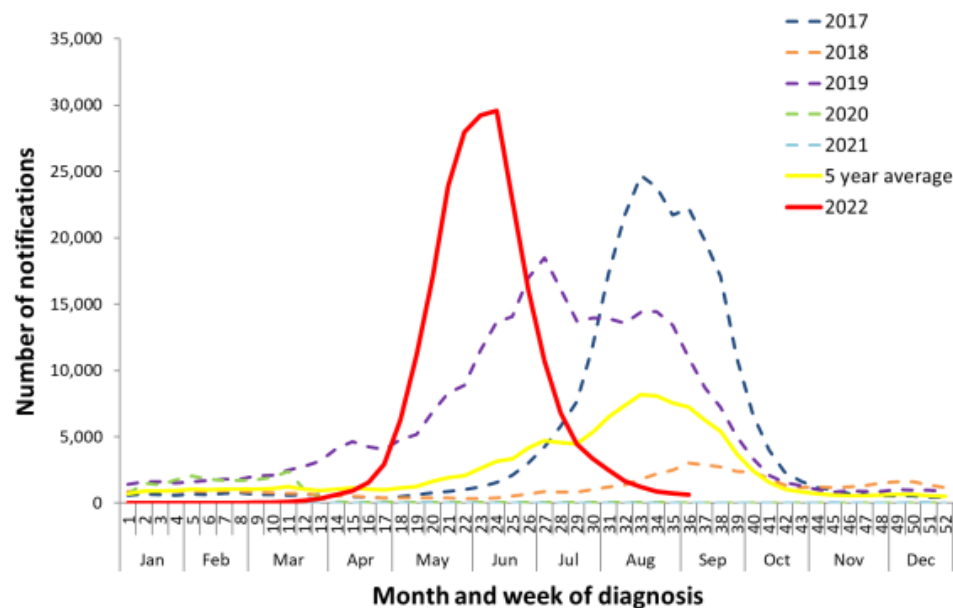


Note: Accurate Episode Date is defined in the [Data Caveats](#). Due to potential delays between symptom onset, reporting of laboratory test results, and data entry into iPHIS, case counts for the last 10 days (gray area) may be incomplete and should be interpreted with caution.

INFLUENZA UPDATE:

Influenza season is approaching. After minimal influenza activity over the past two years (likely due to the significant public health measures introduced to combat COVID-19), we expect to have significantly more flu cases this year given the lifting of nearly all public health measures. Southern hemisphere countries such as Australia, which experience an earlier winter and flu season, can provide a glimpse of what might happen in Canada. In 2022, Australia has faced a significant return to pre-pandemic flu levels (see graph below):

Figure 4. Notifications of laboratory-confirmed influenza, Australia, 01 January 2017 to 11 September 2022, by month and week of diagnosis*



Source: NNDSS

*NNDSS notification data provided for the current and most recent weeks may be incomplete. All data are preliminary and subject to change as updates are received, with most recent weeks considered particularly subject to revisions. Please refer to Data considerations for interpretation of the 5 year average.

Getting the flu shot this year will be important, especially for individuals with a higher risk of complications (e.g., seniors, those with medical conditions, pregnant individuals) as well as those working in high-risk settings (e.g., health care workers). It is best to get the flu shot early in the flu season to benefit from a longer period of protection.

CONCLUSION:

As I noted in my last report, COVID-19, as well as other seasonal, respiratory infections (i.e., flu, whooping cough/pertussis, viral pneumonia, etc), will remain a part of the infectious disease landscape for the foreseeable future with the arrival of cooler months and return to workplaces and in-person schooling. Currently, the [World Health Organization \(WHO\)](#) tracks approximately 200 omicron sublineages, of which omicron BA.2.75, BF.7, and BA.4.6 have shown potential in becoming the next dominant strain. With that in mind, SWPH's ongoing community outreach will recommend that we all continue to make use of the tools we have available – testing for COVID-19 if eligible, being up-to-date on COVID-19 vaccinations, knowing how to access antivirals when needed, and modifying our behaviours and interactions to prevent infecting others when ill.

Moreover, as “flu season” coincides with these other respiratory infections, SWPH will emphasize in its outreach to our communities the importance of being up-to-date on all eligible vaccinations, whether childhood/school vaccinations or other vaccines based on risk (e.g., Pneumovax for seniors and adults with diabetes or COPD; Shingrix for seniors).

I am aware that in lifting provincial public health measures that have been in place the last two years there remains unease and anxiety mixed in with relief over returning to public, social gatherings and activities. It is important, then, that we do not forget the effectiveness of personal public health measures as a way forward both in managing any viral infection and in supporting the revitalization of our communities and businesses. Be kind, be informed, be aware of risks, and be ready to adapt and modify behaviours to maintain the health of ourselves, our family, our friends, and our community.

MOTION: 2022-BOH-1006-5.5

That the Board of Health for Southwestern Public Health accept the Medical Officer of Health's Report for October 6, 2022.