



**2022 BUDGET
FOR
GENERAL PROGRAMS**

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



General Programs

2022 Budget & Realities and Priorities

STRATEGIC VISION, MISSION, AND VALUES



VISION

Healthy people
in vibrant
communities.

MISSION

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

VALUES

Evidence
Collaboration
Accountability
Quality
Equity
Forward-thinking

Realities

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

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

Realities (continued)

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

- ✓ extensive catch up of several public health programs put on hold throughout the pandemic (i.e. routine immunizations, oral health screening, etc.)
- ✓ continued development of the new organization, its culture, its program and service delivery framework,
- ✓ increased staffing to support the pandemic leadership response – recognizing that staff recruitment has been challenging due to shortages in the labour market
- ✓ a continued emphasis on transparency, accountability, and reporting resulting in frequent collection of greater amounts of data, performance targets, and communication of such,
- ✓ a continued emphasis on risk management resulting in the need for continued support for the prompt and proactive identification, mitigation, monitoring and reporting of risks,
- ✓ the continued need for even more collaboration and integration with community and health system partners (i.e., primary care, education, etc.)
- ✓ recognition of staff burnout and fatigue with respect to our overall COVID-19 response and the challenges associated with maintaining staff wellness while continuing to offer the same level of COVID response that we have since the beginning,

Future Focused

In order to achieve its vision of Healthy People in Vibrant Communities, SWPH must have its eye on the future both near and far. SWPH considered what is on the horizon when it completed its 2022 planning.

- ✓ Contain the spread of COVID-19
- ✓ Vaccinate those that are eligible for the COVID – 19 vaccine – with a focus on the vaccine hesitant
- ✓ Strive for continued staff wellness
- ✓ Significant economic challenges at the individual, local, provincial, and federal levels
- ✓ Future emergency readiness
- ✓ Physical, emotional, and mental health and mental well-being implications of global pandemic
- ✓ Public health program and service delivery models (i.e., virtual delivery)
- ✓ Individual and Community impact of public health prevention, promotion, and protection
- ✓ Sustained momentum to achieve outcomes
- ✓ Workforce recruitment and retention

Priorities

Southwestern Public Health will:

- ✓ continue to contain COVID -19 through effective case and contact management
- ✓ continue to vaccinate our communities including potential future eligible cohorts with focus on vaccine hesitant and resistant individuals
- ✓ focus on its 1st strategic direction of working with partners and community members to reduce health and social inequities, making measurable improvements in population health
- ✓ focus on our 2nd strategic direction of working with partners and community members to transform systems to improve population health
- ✓ focus on our 3rd strategic direction to build an organizational culture of innovation and leadership that supports excellence in public health programs and services
- ✓ provide leadership that is required and valued in the areas of prevention, promotion, and protection of health
- ✓ continue to be a credible, reliable, and trusted voice for matters in the community
- ✓ continue to identify efficiencies in its program and service delivery to avoid duplication and to enhance effectiveness
- ✓ continue to offer comprehensive programs and services using accessible and relevant delivery methods for the communities it serves
- ✓ continue to value partnerships and collaborative efforts with other agencies,
- ✓ strive for compliance with the Ontario Public Health Standards and Accountability Standards for general programs and related services as established by the Ministry of Health (MOH) and the Ministry of Children, Community and Social Services (MCCSS)
- ✓ strive to meet the performance targets established by the Ministry of Health as outlined in the Accountability Agreement between the Ministry and SWPH
- ✓ continue to monitor population health status and needs in Oxford County, the City of St. Thomas and the County of Elgin, to evaluate public health programs and services and to engage in continuous quality improvement to improve the safety, efficiency, client-centredness, responsiveness, effectiveness and timeliness of SWPH programs and services

Population Health Status Highlights

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

COVID-19 and the impact of pandemic public health measures

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

Health equity and social determinants of health

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

Population Health Status Highlights (continued)

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

Mental health

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

Chronic disease

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

Substance use

- a) From 2017-2018, a higher proportion of Elgin St. Thomas residents reported that they were daily smokers compared to Ontario (15.3% vs. 10.9%).

- b) In 2018, the age-standardized rate of hospitalizations for conditions caused entirely by alcohol use was higher in the SWPH region compared to Ontario (240.8 per 100,000 vs. 200.0 per 100,000 population).

Population Health Status Highlights (continued)

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

Injuries

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

Sexually transmitted infections

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

Population Health Status Highlights (continued)

Food safety

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

Air quality and climate change

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

Vaccine preventable diseases

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

Physical activity

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

Oral health

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

2022 General Program Budgets

FOOD SAFETY

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

Food Safety Highlights:

1) Food Safety – Education, Promotion & Inspection

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

- a) Complete 100% of all high-risk routine food premises' inspections and prioritize the inspection of food premises designated as moderate-risk based on the relative extent of the risk presented by the operation (e.g. compliance history).
- b) 100% disclosure of inspection results and enforcement activities on HealthInspect Southwestern and onsite at food premises' locations.
- c) Implement a locally driven food safety campaign for the public that: i) provides food safety tips via social media; ii) informs the public about the Health Inspect disclosure campaign; and iii) communicates the food safety requirements for preparing food for sale from a home residence.

2022 General Program Budgets

HEALTHY ENVIRONMENTS

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

Healthy Environments Highlights:

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

1) Climate Change Program

- a) Continuation of climate change vulnerability assessment.
- b) Activation of a Heat Alert Response System (HARS).

2) Health Hazard Investigation and Response

- a) A focus on safe housing issues related to mould, safe water and sanitation using a health equity lens. This focus includes developing and maintaining partnerships with stakeholders such as housing corporations.
- b) Completing routine migrant farm housing inspections at or above the required inspection frequency to minimize injury or illness potential impacts. In addition, this year the inspections will include incorporating a COVID-19 defensive culture to ensure farmers and workers are equipped to mitigate the risk associated with COVID-19.

2022 General Program Budgets

HEALTHY GROWTH AND DEVELOPMENT

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

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

Healthy Growth and Development Highlights:

1) Reproductive Health/Healthy Pregnancies

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

2) Breastfeeding

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

2022 General Program Budgets

HEALTHY GROWTH AND DEVELOPMENT

Healthy Growth and Development Highlights (continued):

3) Parenting

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

2022 General Program Budgets

IMMUNIZATION

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

Immunization Highlights:

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

2022 General Program Budgets

IMMUNIZATION

Immunization Highlights (continued):

2) Vaccine Administration

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

3) Community Based Immunization Outreach

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

4) Vaccine Management

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

2022 General Program Budgets

INFECTIOUS AND COMMUNICABLE DISEASES PREVENTION AND CONTROL

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

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

Infectious and Communicable Diseases Prevention and Control Highlights:

1) Infectious & Communicable Disease Prevention & Control

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

2022 General Program Budgets

INFECTIOUS AND COMMUNICABLE DISEASES PREVENTION AND CONTROL

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

2) Tuberculosis Prevention Control

- a) Identification and treatment of latent tuberculosis (TB) infection is a key strategy to prevent the development of cases of active TB - a very contagious disease that can lead to disability and death. SWPH receives notification of positive TB skin test results and follows up with the client and their health care provider to ensure the best outcome is achieved. An average of one case of active TB disease is reported to SWPH per year.

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

3) Rabies Prevention & Control

- a) Although the number of rabies-infected animals in Ontario has decreased substantially over the past twenty years, rabies remains a concern because it is a fatal disease with no cure. Therefore, SWPH must follow up every report of an animal bite involving humans. Animals who bite humans are assessed for rabies either through direct testing or by assessing animal health for 10 days following the bite. If rabies cannot be reliably ruled out, SWPH makes a post-exposure vaccine available to the person(s) who were exposed. The risk of rabies is reduced in vaccinated animals, and SWPH enforces provincial legislation that requires domestic animals to be immunized against rabies. This program requires close working relationships with area health care providers, animal control, police and local veterinarians.

2022 General Program Budgets

INFECTIOUS AND COMMUNICABLE DISEASES PREVENTION AND CONTROL

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

4) Sharps Program

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

5) Infectious Disease Prevention & Control

- a) Public health staff with specialty training in Infection Prevention and Control (IPAC) respond to complaints from the public or internal disease investigations implicating community health care sites in the transmission of blood-borne infections. Sites may include dental offices, surgical and non-surgical cosmetic services and settings that provide personal services such as manicures and pedicures. IPAC is also assessed while investigating outbreaks of infectious diseases at hospitals and long-term care homes, as appropriate use of IPAC practices reduces the incidence of and the length of outbreaks in closed facilities. Where possible, SWPH takes a preventive approach, to ensure that any 'lapses' in infection prevention and control that could lead to disease transmission are identified and addressed before a problem occurs. Ontario health units are mandated to post any confirmed lapses in infection prevention and control on their websites. In addition, SWPH routinely inspects approximately 307 personal service settings' premises that provide esthetics, tattooing and hairdressing services.

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

2022 General Program Budgets

INFECTIOUS AND COMMUNICABLE DISEASES PREVENTION AND CONTROL

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

6) Vector Borne Diseases Education and Surveillance

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

Control and Surveillance

- a) For WNV:
 - ✓ based on a risk assessment, larviciding of public catch basins and trapping of adult mosquitoes for control and prevention, respectively.
 - ✓ follow-up on standing water complaints and larval dipping from complaint-based information.
- b) For Lyme disease:
 - ✓ active tick surveillance
 - ✓ communication to public to inform of online tick identification resource
 - ✓ education to the public and health care providers on the presence of Lyme disease-carrying ticks in SWPH area and surrounding areas.

7) Sexual Health

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

2022 General Program Budgets

SAFE WATER

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

Safe Water Highlights:

1) Water Program

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

a) Drinking water

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

2022 General Program Budgets

SAFE WATER

Safe Water Highlights (continued):

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

2022 General Program Budgets

SCHOOL HEALTH

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

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

School Health Highlights:

1) Oral Health School Screening & Surveillance

- a) Oral health screening is available to all children and youth ages 0 to 17. This includes offering school-based oral health screening and surveillance to all elementary schools. Students identified with need for urgent dental care or preventative dental services are referred for treatment. Provincial funding for oral health treatment for eligible children and youth is through the Healthy Smiles Ontario program for families that cannot afford to pay for oral health treatment needs. In the event public and/or private schools are closed due to COVID – 19 outbreaks, the oral health team have contingency plans in place to offer community-based oral health screenings (to replace school-based oral health screening and surveillance).

2022 General Program Budgets

SCHOOL HEALTH

School Health Highlights (continued):

2) Vision Screening Program

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

3) Immunization for Children in Schools & Licensed Child Care Settings

- a) This program includes the completion of annual record reviews of thousands of immunization records to assess the immunization status of children in licensed childcares and registered schools. The goal is to reduce or eliminate the burden of vaccine-preventable diseases through immunization or targeted exclusion. This is accomplished by ensuring student records are up to date with Ontario's Publicly Funded Immunization Schedule.
- b) Staff offer immunization clinics in all publicly funded and private schools in SWPH's jurisdiction. School-based vaccination clinics ensure students have easier access to the vaccines required by the Immunization of School Pupils Act (ISPA). In the event public and/or private schools are closed due to COVID – 19 outbreaks, vaccine-preventable disease staff have contingency plans in place to offer community-based immunization clinics (to replace school-based immunization clinics).

2022 General Program Budgets

SCHOOL HEALTH

School Health Highlights (continued):

4) Comprehensive School Health

- a) SWPH will provide population health information, including social determinants of health and health inequities, relevant to the school population to school boards and schools to identify public health needs in the school community. This includes program activities on healthy eating behaviours, healthy sexuality, substance use and harm reduction, mental health promotion and physical activity.

5) Healthy Smiles Ontario (HSO)

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

Staff delivers routine preventative dental services for eligible children in various clinical locations and facilitates enrollment to the appropriate Healthy Smiles Ontario (HSO) streams (HSO-Core, HSO-Emergency and Essential Services, and HSO-Preventative).

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

2022 General Program Budgets

SUBSTANCE USE AND INJURY PREVENTION

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

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

Substance Use and Injury Prevention Highlights:

1) Substance Use

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

2) Harm Reduction

- a) SWPH will engage clients of its sharps services to determine their level of satisfaction with overall experience, staff interactions, and access to supplies.

2022 General Program Budgets

SUBSTANCE USE AND INJURY PREVENTION

Substance Use and Injury Prevention Highlights (continued):

- b) The aim of the Ontario Naloxone Distribution program is to work with people with lived experience and to work with community partners to increase access to naloxone across the community. In collaboration with stakeholders and partners, staff will explore strategies for expanding naloxone access based on need. The number of naloxone kits distributed through SWPH has increased significantly over the last year and it is estimated that there is potential for more than 1000 kits to be distributed at sharps programs and through community partners in 2022.
- c) The Harm Reduction Program will continue to share timely information with community partners via the Opioid Monitoring Dashboard which includes information about what staff are hearing “on the ground” as well as statistics on opioid prescribing, naloxone distribution, paramedic calls, opioid overdose and drug-related emergency department visits, hospital admissions and opioid-related deaths.
- d) A local overdose prevention plan will be developed for SWPH.
- e) Staff will be collaborating with municipalities to provide an effective network of sharps disposal initiatives throughout SWPH's region. SWPH will track the number of sharps retrieved, compare quantities of sharps per area, and continually assess potential locations for sharps bins. A health education strategy will also be used to promote information about safe disposal.
- f) Staff will work on enhancing harm reduction efforts in the community through advocacy and strategic planning for the adoption of safe supply, consumption and treatment services, health education, and stigma reduction in the region.

2022 General Program Budgets

SUBSTANCE USE AND INJURY PREVENTION

Substance Use and Injury Prevention Highlights (continued):

3) Smoke Free Ontario

- a) Promoting quit attempts among priority populations and providing tobacco/vaping cessation training and resources for the public and partners including pharmacists, Canadian Mental Health Association, Family Health Teams, Community Health Centres, hospitals, and schools.
- b) Staff will strive for 100% completion of regular vendor education and the required inspections inclusive of a minimum of 1 youth access inspection for each e-cigarette vendor and 1 display and promotion inspection for e-cigarettes.
- c) Work with partners including landlords, property managers, social housing providers, workplaces, school boards, and municipalities to create and or update policies and bylaws to reduce second-hand smoke and vapour exposure. In addition, provide education and awareness of the Smoke-Free Ontario Act and associated fines to partners and the public.
- d) Support for the creation of additional smoke-free Multi Unit Dwellings, smoke-free public places and proactive inspections of workplaces, sports fields etc.
- e) Community engagement activities, events and social media targeting those groups such as young adult males, alternative youth ages 13-18 and LGBTQ2S+ who are more likely to smoke or be a part of social groups with higher rates of smoking.
- f) Application of a compliance strategy that employs a balance of education, inspection and progressive enforcement, including the prosecution of those in non-compliance with the Smoke-Free Ontario Act. “Progressive enforcement” means the use of warnings and graduated charging options to reflect the frequency and severity of the level of non-compliance.

2022 General Program Budgets

SUBSTANCE USE AND INJURY PREVENTION

Substance Use and Injury Prevention Highlights (continued):

4) Road Safety and Falls Prevention

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

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

2022 General Program Budgets

FOUNDATIONAL STANDARDS

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

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

Foundational Standards Highlights:

1) Foundational Standards

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

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

The above-mentioned standards include work in the following:

- a) Performing ongoing population health surveillance.
- b) Continuing to provide detailed information specific to programs and services to better support evidence-based planning and evaluation including analyses from latest Ontario Student Drug Use and Mental Health Survey.
- c) Supporting program and service planning by staff including training, skill-building and guiding staff throughout the process.

2022 General Program Budgets

FOUNDATIONAL STANDARDS

Foundational Standards Highlights (continued):

- d) Supporting staff to incorporate evidence into their programs, services, and practices and to move from knowledge to action through leadership and consultation.
- e) Completing the development and implementation of the Southwestern Public Health program planning database to better support program and service planning across the Health Unit.
- f) Completing an evaluation of Southwestern Public Health's COVID-19 response.
- g) Continuing to build capacity of staff to incorporate health equity principles and practices into programs and services as opportunities present.
- h) Continuing to build SWPH's internal capacity to respond to public health emergencies including training, internal drills and tabletop exercises as appropriate.
- i) Supporting the emergency planning activities and exercises of municipal partners as able.
- j) Supporting the ongoing development of policies, procedures and practices that reflect continuous quality improvement principles.
- k) Continuing to manage SWPH's privacy legislation adherence.
- l) Continuing to build SWPH's capacity to incorporate ethical considerations into public health decision making.

2022 General Program Budgets

CHRONIC DISEASE PREVENTION AND WELL-BEING

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

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

Chronic Disease Prevention and Well-Being Highlights:

1) Healthy Communities

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

2) Healthy Eating Behaviours

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

2022 General Program Budgets

CHRONIC DISEASE PREVENTION AND WELL-BEING

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

- b) The Food for All committee, Ontario Dietitians in Public Health Food System Workgroup and various community partner agencies working towards ending poverty will engage in multisectoral collaboration with community leaders and partners to collaborate on the implementation and delivery of programs/ initiatives/policies to support sustainable food systems and advocate for Health Equity related policies with advocacy related to poverty and income.
- c) Initiatives such as the Good Food Box, Elgin Gleaners and the Food Access Guides increase access to nutritious food within the SWPH region. SWPH will support, evaluate, monitor, and expand existing food access programs within the SWPH region. We will also assess community needs to develop at least one new food access initiative within the SWPH region.

3) Substance Prevention

- a) Working with partners, including school boards, community organizations, and workplaces, to de-normalize legal substances, implement substance policies, and increase awareness of health risks. In addition, highlight protective factors caregivers can apply in their everyday life to prevent or delay substance use in youth.
- b) To participate, collaborate and work on local community initiatives and priorities to delay and prevent substance use by using locally relevant data, strategies, and activities.

4) Suicide Risk and Mental Health Promotion

- a) Mental Health Promotion is a foundational component of public health and the community we serve. Our interventions will reduce the stigma of mental health and increase resident and community stakeholder knowledge of the factors that promote positive mental wellness.
- b) Local data and resources will be collated into one accessible Mental Health Promotion website that can be accessed by all community partners to develop mental health promotion activities that are tailored to the local needs.

- c) Training Active Bystanders workshops will be provided to internal and external partners to teach bystanders to interrupt harm-doing and generate positive actions by others. This will work to address stigma and discrimination within our communities.
 - d) A mental health literacy survey will be developed and administered to SWPH staff. The results of which will be utilized to provide mental health promotion education and support.
 - e) SWPH will develop and run a mental health promotion social media campaign and work to embed mental health promotion in all SWPH social media interactions.
 - f) The Health Equity Priority Populations committee will be reconvened, and staff will continue working with the Low German Community of Practice to reduce stigma and increase mental health promotion activities for these priority populations.
- 5) **Social Determinants of Health Initiative**
- a) Sustaining focused health equity initiatives within a COVID-19 context with a particular focus on housing and the public health impacts of COVID-19 interventions in 2022.
 - b) Continuing to build the internal capacity of front-line staff to incorporate health equity principles and practices into their programs and services.

2022 General Program Budgets

CHRONIC DISEASE PREVENTION AND WELL-BEING

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

6) Healthy Menu Choices Act Enforcement

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

7) Physical Activity and Sedentary Behaviours

- a) Public health will work with its regional and local partners to deliver the Act-i-Pass Program. The Program provides free recreation programs to grade 5 students in the Thames Valley District and London District Catholic School Boards.
- b) SWPH will continue to encourage physical activity and reduce sedentary behaviour among adults by promoting the use of new trails, targeting workplaces, and integrating messages about how to meet the 24-hour movement guidelines easily.

8) Chief Nursing Officer (CNO)

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

- a) Actively participating in Ontario Public Health Nursing Leadership initiatives.
- b) Consulting on nursing practice issues as they arise and contributing to the development of practices found on evidence.
- c) Providing leadership and support for a culture of continuous quality improvement.
- d) Promoting professional development that enhances nursing practice.

2022 General Program Budgets

SUPPORTING COSTS

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

Supporting Costs Highlights:

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

- 2) Requirements include compliance with Accountability Agreements; delivery of all mandated programs and services; quarterly and annual financial reporting; asset inventory maintenance; effective procurement practices; updating of policies and procedures; board of health orientation and development; developing and maintaining strategies in the areas of communications, human resources, risk management, and research and evaluation, and stakeholder engagement. This involves leadership and support in the areas of governance, board and committees, policy development, accountability and target monitoring, finance, information technology, human resources, communications, office management, and staff committees/working groups to support program delivery and compliance. This also includes oversight of building and rental costs of three facilities, office equipment, information technology including hardware/software licenses, training and development, insurance, audit services, legal costs, and Board of Health costs.

2022 General Program Budgets

SUPPORTING COSTS

Supporting Costs Highlights (continued):

- 3) Due to program and services evolution and recent retirements, this area includes a decrease of a 1.0 FTE director, 1.0 FTE administrative assistant and an increase of a 1.0 human resources specialist.
- 4) Commencement and completion of collective agreement negotiations between the Employer and the Ontario Nurses' Association (ONA).
- 5) Completion of the hiring of a new Medical Officer of Health as well as onboarding and introduction to the community.

2022 General Program Budgets

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



100% Provincially Funded Programs

2022

Budget and Highlights

Included:

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

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

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

Ontario Seniors’ Dental Care Program Highlights:

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

- a) The Ontario Seniors’ Dental Care Program’s goal is to support awareness of, access to, and utilization of the program to ensure eligible seniors ages 65 + are out of dental-related pain and increasing their overall quality of life.
- b) SWPH’s program activities include promotion of the program, system navigation, increasing awareness of the program among community partners, providing oral health clinical treatment (preventive and restorative procedures in accordance with the program’s Service Schedule), and the establishment of a dental home.
- c) SWPH Oral Health Team staff also utilize referral networks and pathways in order to assist eligible seniors and their families in securing appropriate healthcare as needed.
- d) Oral health clinics will continue in operation, providing COVID-19 Ministry directives allow.

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

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

Pre and Post Natal Nurse Practitioner Program Highlights:

- 1) **Pre and Post Natal Nurse Practitioner Program**
 - a) Delivered in partnership with East Elgin Family Health Team, the Prenatal and Postnatal Nurse Practitioner Program serves a population that includes Low German-speaking Mennonite families, low-income families living below the poverty line, as well as families with a higher than average number of children. Clients enjoy the full benefit of a multi-disciplinary primary care team for comprehensive medical treatment. Approximately 750 patients are seen annually through this program.

2022 Budget – 100% Provincially Funded Healthy Babies Healthy Children

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

Healthy Babies Healthy Children Highlights:

1) Healthy Babies Healthy Children

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

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

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

Medical Officer of Health Compensation Initiative Highlights:

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

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

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

COVID-19: School Focused Nurses Initiative Highlights:

1) School Focused Nurses

- a) The province provides Boards of Health with 100% dedicated funding for school-focused nurses in public health units to provide rapid-response support to schools and boards in facilitating public health and preventive measures, including screening, testing and mitigation strategies.
- b) SWPH received up to 9 FTE nursing equivalents to support the existing 6.5FTE nurses currently on the school health team offering regular school health initiatives. These additional 9 FTEs are expected to further support the Ministry's expectations with respect to managing COVID-19 in the school community.
- c) SWPH will be working with our school boards and private school partners to address mental health promotion in schools, support parents with some of the pandemic-related stressors and substance use prevention programs.
- d) Funding for this initiative at this time, is for the school year of 2021-2022.

2022 General Program & 100% Provincially Funded Budgets

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



One-Time Funding Request 100% Provincially Funded

2022 Budget and Highlights

Included:

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

One-Time Funding Request

100% Provincially Funded

Project Title:

Public Health Inspector Practicum Program

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

Public Health Inspector Practicum Program Highlights:

- a) To provide a practicum for one student enrolled or who already has a degree in a program of instruction approved by the Canadian Institute of Public Health Inspectors (CIPHI) Board of Certification (BOC).
- b) To be eligible to sit the Examination to obtain the Certificate in Public Health Inspection (Canada), every candidate must satisfactorily complete a twelve (12) week minimum practicum in the basic inspection programs.
- c) This practicum must be coordinated by a qualified person who holds the CPHI(C) at the supervisory level of the agency where the practicum is to take place. Upon successfully completing the practicum, the student will be able to sit the BOC exam. SWPH has staff who can coach and mentor student PHI candidates in preparation for their BOC exam for the duration of the 12-week practicum.

One-Time Funding Request 100% Provincially Funded

Project Title: Needle Management Program Highlights

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

Needle Management Program Highlights:

- a) Due in part to the ongoing opioid crisis, demand for sterile harm reduction equipment is on the rise in SWPH's region. It is important that SWPH continues to meet this growing demand in order to prevent the transmission of HIV, Hepatitis B and Hepatitis C infections.
- b) As part of this strategy, SWPH is collaborating with Regional HIV/AIDS Connection and Addiction Services of Thames Valley to facilitate the distribution and collection of harm reduction supplies via a mobile outreach program.
- c) The 2022 goals of the program include meeting or exceeding sharps return rates in similar Ontario jurisdictions and to ensure that sharps disposal options are available to our clients in areas where they are needed most. These goals align with the recommendations found in the Ontario Public Health Standards, 2018 and the Substance Use Prevention and Harm Reduction Guideline, 2018. Achieving these goals will necessitate the addition of up to four sharps kiosks in known underserved areas and regular maintenance and disposal.

One-Time Funding Request 100% Provincially Funded

Project Title: COVID-19 Specific Costs

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

COVID-19 Specific Costs:

COVID-19 Response

- a) Public Health staff are working collaboratively with local health care providers, municipalities, community partners, and public health officials, including the Ministry of Health, to support COVID-19 response activities. Local efforts are focused on containment of the outbreak and the prevention of further spread within our community, including long-term care homes and other residential facilities which are particularly vulnerable to outbreaks.

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

COVID-19 Response (Cont'd)

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

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

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

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

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

COVID-19 Response (Cont'd)

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

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

COVID-19 Immunization

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

COVID -19 Backlog of Programs

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

COVID -19 Backlog of Programs (Cont'd)

- iii. Change the focus of the work of the school public health nurses from offering more health promotion types of services (i.e.: physical activity, health eating) to working with schools on public health measures and prevention of COVID-19 outbreaks in schools.
 - iv. Reduce all school-based programs such as the Oral Health School-based Screening program, the Vision Screening program and the Immunization of School Pupils Act programs were not running at full capacity in 2020-21.
 - v. Delay the completion of the climate change action plan.
 - vi. Reduce the number of fixed inspections of premises, including food premises, recreational water facilities and personal services settings.
- b) Significantly reduce chronic disease and injury prevention programs that address healthy behaviours (healthy eating, physical activity, avoiding tobacco and other substance use). This is because the successful planning and delivery of these programs are dependent on the collaborations of many at the municipal, community and health system levels. The pandemic has prevented the sustainability of these relationships, thereby impacting the delivery of these programs. The delay and sometimes suspension of these programs and services has created a backlog in work that staff must address in 2022 in order to mitigate the impact on our communities. SWPH will need significant additional staff dedicated to this backlog work in 2022.

COVID-19 Recovery

- a) The COVID-19 pandemic has had a unique impact on population-level mental health in part because of extensive Public Health interventions to stop the spread of the virus. There has been a marked increase in overall stress, anxiety, fear, depression, and suicidal ideation throughout the pandemic. COVID-19 has caused greater health disparities within the population, and as such, a proportionate universalism approach informed by local data will be key in moving forward.
- b) SWPH is required to engage in work that promotes mental well-being. This can be achieved by removing barriers, strengthening individuals and their environments, and enhancing evidence-informed interventions and ways of knowing. According to the Mental Health Promotion Guideline 2018, mental health promotion must be incorporated into several specific programs offered at SWPH: Chronic Disease Prevention and Wellbeing, Healthy Growth and Development, Substance Use and Injury Prevention, and School Health.

COVID-19 Recovery (cont'd)

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

One-Time Funding Request

100% Provincially Funded

Project Title: Infection Prevention and Control HUB

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

Infection Prevention and Control HUB Highlights:

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

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

- c) As the lead for the local IPAC Hub, SWPH is responsible for ensuring accountability for funds transferred from the Ministry of Health to Satellite Hubs, including monitoring of required deliverables.

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

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

One-Time Funding Request

100% Provincially Funded

Project Title: Supervised Consumption Site Exploration

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

Supervised consumption feasibility study highlights:

- a) The opioid crisis has increased during the COVID-19 epidemic from already concerning levels, and thus the demand for a safe space for people who use drugs has increased.
- b) Supervised consumption sites are known to reduce the risk of accidental overdose, connect people who use drugs to other services, reduce public drug use and discarded drug equipment, reduce the spread of infectious diseases, reduce the strain on emergency medical services, and provide a safe space for people to connect.
- c) Within the SWPH region, 90% of unintentional overdoses occurred at home, and 77% of deaths occurred when the person used alone. For the six-month period from January to August, there was a 42% increase in opioid-related deaths from 2019 to 2020. This clearly demonstrates the increase in need within our community.
- d) This funding would allow SWPH to hire a consultant to conduct a feasibility assessment of our local community to understand the desire for and type of supervised consumption site if needed. This is the first step towards understanding what an action plan to build a supervised consumption site in our region would entail. The consultant would conduct a survey including key stakeholders, community members, people with lived/living experience and municipal leaders as well as focus groups with key community members to gain further detailed insight.
- e) This data will be compiled into both internal and community facing reports which will inform our work going forward and ensure transparency within the community.

Supervised consumption feasibility study highlights:

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

One-Time Funding Request

100% Provincially Funded

Project Title: Space Needs Assessment

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

Space Needs Assessment Highlights:

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

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

One-Time Funding Request

100% Provincially Funded

Project Title:

Designing a Stakeholder Management System

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

Designing a Stakeholder Management System highlights:

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

One-Time Funding Request 100% Provincially Funded

Project Title: Improving Our Administrative Data System

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

Improving Our Administrative Data System highlights:

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