



**2020 BUDGET
FOR
GENERAL PROGRAMS**

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

*APPROVED BY BOARD OF HEALTH
NOVEMBER 13, 2019*



General Programs

2020 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 2020 Budget takes into account several considerations related to the current reality of its enhanced provincial mandate, its development as a new organization, its uncertain future at the local level, and the current and future needs of its communities. These considerations are:

- ✓ mandated implementation of enhanced Ontario Public Health Standards and Accountability Requirements,
- ✓ consideration of 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),
- ✓ creation of a new Strategic Plan for Southwestern Public Health (SWPH),
- ✓ provincial, municipal, and public demands of public health services, including for example, work towards opioid crisis prevention; assistance with addressing local social determinant of health issues such as poverty, education, housing and community belongingness, and continued access to home visiting support, immunization, sexual health services and smoking cessation supports,
- ✓ continued development of a new organization, its culture, its program and service delivery framework, and its advocacy voice,
- ✓ at minimum, a provincially mandated change in the cost-share formula between the Ministry of Health and obligated Municipalities,

Realities (continued)

- ✓ a continued emphasis on transparency, accountability, and reporting resulting in frequent collection of greater amounts of data, enhanced performance targets, and communication of such,
- ✓ an emphasis on risk management resulting in the need for continued support for the prompt and proactive identification, mitigation, monitoring and reporting of risks,
- ✓ the speed with which a public health response is expected to meet Ministry protocols and to mitigate risk, and
- ✓ the need for even more collaboration and integration with community and health system partners (i.e. primary care, education, etc.).

Priorities

Southwestern Public Health will:

- ✓ focus on our 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 both required and valued in the areas of prevention, promotion, and protection of health,
- ✓ continue to be a trusted voice for health-related 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 and groups,
- ✓ 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, and
- ✓ continue to monitor population health status and needs in Oxford County, the City of St. Thomas and the County of Elgin, to evaluate public health programs and services and to engage in continuous quality improvement to improve the safety, efficiency, client-centredness, responsiveness, effectiveness and timing 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 2020 SWPH budget.

Health equity and social determinants of health

- We could 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 secondary school education.
- 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.
- 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's (17.5%).

Mental health

- A higher proportion of women in the SWPH region reported concerns about depression during pregnancy (13.6%) and a history of postpartum depression during pregnancy (5.4%) than in Ontario (7.5% and 2.1%, respectively).

Chronic disease

- The leading cause of death in the SWPH region between 2008 and 2012 was ischemic heart disease.
- The rate of hospitalizations due to cardiovascular diseases was higher in the SWPH region than in Ontario between 2013 and 2017.

Substance use

- From 2015 to 2016, there were higher proportions of adults who were current smokers (daily and occasional; 23.0% versus 18.0%), daily smokers (16.8% versus 12.9%) and former smokers (29.4% versus 24.0%) in the SWPH region compared to Ontario.
- The proportion of smoke-free homes was lower in the SWPH region compared to Ontario (85.7% versus 89.6%).
- Rates of impaired driving charges from alcohol and/or drugs were higher than Ontario in parts of Oxford County (South-West Oxford and Zorra Townships) and the City of St. Thomas from 2013 to 2017.

Population Health Status Highlights

Injuries

- Compared to Ontario, people living in the SWPH region had over 2 times the rate of unintentional injuries and 1.5 times the rate of motor vehicle collisions attributable to alcohol.
- The rates of emergency department visits for neurotrauma (including traumatic brain injuries, concussions and spinal cord injuries) were higher in the SWPH region compared to Ontario over the last five years (2013 to 2017).
- The rates of emergency department visits and hospitalizations for falls, transportation accidents and being struck by or against an object were higher in the SWPH region compared to Ontario over the last five years (2013 to 2017).

Sexually transmitted infections

- Although the incidence rates in our region for the most common sexually transmitted infections, chlamydia and gonorrhea, have remained relatively stable over time, the rates are increasing in those 20-24 years of age more specifically. The crude incidence rate of gonorrhea in 20-24 years of age is 44.8 cases per 100,000 population.

Food safety

- Campylobacteriosis remains the most common food-borne illness in our region, with 280 cases in the last 5 years.

Air quality

- In the SWPH region, 88% of days in 2017 had an Air Quality Health Index rating of Low Risk.

Vaccine preventable diseases

- The incidence rate of pertussis (whooping cough) in the SWPH region (8.3 cases per 100,000 population) was higher than Ontario (2.5 cases per 100,000 population) from 2013 to 2016 combined.

Population Health Status Highlights

Physical activity

- Only 54.1% of adults (18 years and older) met or exceeded the Canadian Physical Activity guidelines of 150 minutes of moderate- to vigorous-intensity aerobic physical activity per week.
- A lower proportion of adults in the SWPH region (63.7%) were considered active or moderately active compared to Ontario (69.3%) and a higher proportion of adults in the SWPH region (36.4%) were considered somewhat active or sedentary compared to Ontario (30.7%).

Oral health

- From 2013 to 2014, about 60% of seniors living in the SWPH region reported that they visited a dentist in the past year. A similar proportion reported that they usually visit a dentist at least once a year for a checkup.
- Over one-third (36%) of seniors reported that they do not have insurance for dental expenses.
- From 2013 to 2017, the rate of day surgeries for cavities decreased as age increased. The rate was highest among children aged 0 to 6 years compared to the older age groups and the rate among children aged 7 to 13 years was higher than children aged 14 to 17 years.

2020 General Program Budgets

FOOD SAFETY

FOOD SAFETY		
Program Name	2019 Budget	2020 Budget
Food Safety-Education, Promotion & Inspection	505,600	487,151
Enhanced Food Safety	50,000	50,000
Total	555,600	537,151

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 through a number of interventions including inspection of public facilities that prepare and serve food; training of food handlers; education of the public about safe food-handling practices and principles; timely and effective detection of food-borne pathogens and response to community outbreaks.

- a) Offer food handler training to owners and operators of food premises.
- b) Complete 100% of all routine food premises inspections.
- c) 100% disclosure of inspection results and enforcement activities on HealthInspect Southwestern and onsite at food premises' locations.
- d) Implement a locally driven food safety campaign for the public that: i) provides food safety tips via social media; and, ii) informs the public about the Health Inspect disclosure campaign.

2) Enhanced Food Safety

The goal of the enhanced food safety program is to prevent or reduce the burden of food-borne illnesses.

- a) Support continued compliance with food inspection mandates i.e. provision of Food Handler education and 100% completion of food premises inspections.

2020 General Program Budgets

HEALTHY ENVIRONMENTS

HEALTHY ENVIRONMENTS		
Program Name	2019 Budget	2020 Budget
Climate Change Program	110,354	105,684
Health Hazard Investigation & Response	315,771	332,501
Total	426,125	438,185

Healthy Environments Highlights:

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

1) Climate Change Program

- a) Continuation of climate change vulnerability assessment.
- b) Activation of a Heat Alert Response System (HARS).
- c) Addressing the impact of food waste on climate change and health.

2) Health Hazard Investigation and Response

- a) A focus on safe housing issues related to mould, safe water and sanitation using a built environment lens. This focus includes developing and maintaining partnerships with stakeholders such as housing corporations.
- b) Increased outdoor air quality activities by SWPH including working with stakeholders to develop policies on outdoor wood burning.
- c) Continuing to monitor the air quality in Beachville as part of the Beachville Area Air Quality Assessment.

2020 General Program Budgets

HEALTHY GROWTH AND DEVELOPMENT

HEALTHY GROWTH AND DEVELOPMENT		
Program Name	2019 Budget	2020 Budget
Reproductive Health/Healthy Pregnancies	351,258	355,564
Breastfeeding	290,578	291,109
Parenting	413,039	524,856
Total	1,054,874	1,171,529

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 2020. 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.

2020 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.

2020 General Program Budgets

IMMUNIZATION

IMMUNIZATION		
Program Name	2019 Budget	2020 Budget
Immunization Monitoring & Surveillance	63,794	42,195
Vaccine Administration	91,929	90,913
Community Based Immunization Outreach	39,131	33,750
Vaccine Management	102,907	106,291
Total	297,760	273,149

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.

- 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.

2020 General Program Budgets

IMMUNIZATION

Immunization Highlights (continued):

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 5 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.

4) Vaccine Management

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

2020 General Program Budgets

INFECTIOUS AND COMMUNICABLE DISEASES PREVENTION AND CONTROL

INFECTIOUS AND COMMUNICABLE DISEASES PREVENTION AND CONTROL		
Program Name	2019 Budget	2020 Budget
Infectious & Communicable Disease Prevention & Control	518,225	557,401
Tuberculosis Prevention & Control	58,246	55,022
Rabies Prevention & Control	181,313	187,023
Needle Exchange Program	60,900	60,900
Infectious Diseases Control Initiative(IPAC)	389,000	382,541
Infection Prevention and Control Nurses Initiative	180,200	180,200
Vector-Borne Diseases Program	159,467	154,683
Sexual Health	921,147	798,691
Total	2,468,498	2,376,461

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 to minimize the spread of these diseases to others. SWPH investigates approximately 38 outbreaks in long-term care and retirement homes yearly and more than a dozen outbreaks in child-care centres and the community.

2020 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 which can lead to disability and death. SWPH receives notification of TB skin test results that are positive and follows up with the patient 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). This is a required standard of public health care where a SWPH staff member witnesses the patient taking their medication on a daily basis for a defined time period.

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. SWPH follows 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 a 10-day period following the bite. If rabies cannot be reliably ruled out, SWPH makes post-exposure vaccine available to the person(s) who were exposed. The risk of rabies is reduced in animals who are properly vaccinated 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.

4) Needle Exchange Program

- a) The Needle Exchange 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. Over 500,000 needles alone will be distributed in 2020 through a variety of locations including the main office sites, satellite sites operated by community partners and through mobile outreach.

2020 General Program Budgets

INFECTIOUS AND COMMUNICABLE DISEASES PREVENTION AND CONTROL

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

5) Infectious Diseases 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. SWPH routinely inspects 307 personal service settings premises which provide esthetics, tattooing and hairdressing services.

6) Infection Prevention & Control

- a) As a service provider, SWPH is expected to have evidence-informed IPAC practices in place in relevant programs and services. Annual internal audits of all clinical services, education of staff and flagging of potential issues are funded and conducted through this program.

7) Vector Borne Diseases

Education and Surveillance

- a) Program activities include development and distribution of 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.

2020 General Program Budgets

INFECTIOUS AND COMMUNICABLE DISEASES PREVENTION AND CONTROL

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

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:
 - ✓ passive tick surveillance.
 - ✓ onsite identification of tick species.
 - ✓ submission of deer ticks to the National Microbiology Lab for testing.

8) 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. We anticipate more than 2600 client visits in our Sexual Health Clinics this year.

2020 General Program Budgets

SAFE WATER

SAFE WATER		
Program Name	2019 Budget	2020 Budget
Water Program	275,251	259,682
Enhanced Safe Water	31,000	31,000
Total	306,251	290,682

Safe Water Highlights:

1) Water Program

The goals of this program are to prevent or reduce the burden of water-borne illnesses related to drinking water and to prevent or reduce the burden of water-borne illnesses and injuries related to recreational water use. The goals are achieved through a number of 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 use of recreational water facilities and/or public beaches, and the 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 issuance of health information advisories.
- ✓ perform drinking water system risk assessments and post drinking water advisories on the SWPH disclosure website.
- ✓ continue pre-opening, routine and re-inspections of small drinking water system inspections.
- ✓ continue conducting risk assessments of small drinking water systems.

2020 General Program Budgets

SAFE WATER

Safe Water Highlights (continued):

- b) Recreational water
 - ✓ enhance the knowledge of operators of recreational water facilities.
 - ✓ complete 100% 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.

2020 General Program Budgets

SCHOOL HEALTH

SCHOOL HEALTH		
Program Name	2019 Budget	2020 Budget
Oral Health Assessment & Surveillance	240,430	216,157
Vision Screening Program	140,018	206,089
Immunization for Children in Schools & Licensed Child Care Settings	1,002,718	976,931
Comprehensive School Health	963,200	903,884
Healthy Smiles Ontario	1,008,100	1,008,100
Total	3,354,466	3,311,160

School Health Highlights:

1) Oral Health School Screening & Surveillance

- a) Oral health screening is available to all children and youth ages 0 to 17. SWPH's Oral Health Services staff offer school-based oral health screening and surveillance to all elementary schools in Oxford County, Elgin County and the City of St. Thomas. Students identified with need for urgent dental care or preventative dental services are referred for treatment. Provincial funding for oral health treatment for eligible children and youth is through the Healthy Smiles Ontario program for families that cannot afford to pay for oral health treatment needs.

2) 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.

2020 General Program Budgets

SCHOOL HEALTH

School Health Highlights (continued):

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.

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

- a) In accordance with various legislative requirements, the school-based Immunization Team, consisting of nurses and administrative staff, completes annual record reviews of thousands of immunization records to assess the immunization status of children in licensed child cares 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) Nurses 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).

4) Comprehensive School Health

- a) In partnership and collaboration with local school boards and private schools, nurses and administrative staff work to achieve the optimal health of school-aged children and youth. The staff team supports the implementation of many different programs including, but not limited to mental health and wellness promoting initiatives like the Healthy Relationships Plus Program, in partnership with Western University's Centre, and Active and Safe Routes to School in partnership with Western University's Human Environments Analysis Laboratory (HEAL).

2020 General Program Budgets

SCHOOL HEALTH

School Health Highlights (continued):

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.

SWPH's Oral Health Team delivers routine preventative dental services for eligible children in various clinical locations (Woodstock, St. Thomas, Aylmer, and Tillsonburg) and facilitates enrollment to the appropriate HSO streams (HSO-Core, HSO-Emergency and Essential Services, and HSO-Preventative).

- b) SWPH's Oral Health Team delivers oral health outreach services at many venues throughout Oxford County, Elgin County and the City of St. Thomas. 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 geography.

2020 General Program Budgets

SUBSTANCE USE AND INJURY PREVENTION

SUBSTANCE USE AND INJURY PREVENTION		
Program Name	2019 Budget	2020 Budget
Substance Use	133,864	130,467
Harm Reduction Program Enhancement	300,000	300,000
Smoke Free Ontario	684,000	684,000
Road Safety	94,041	69,552
Falls Prevention	121,706	119,568
Total	1,333,612	1,303,587

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 Strategy, including a public forum and a sharps management community engagement strategy. SWPH is also a member of the Elgin Community Drug and Alcohol Strategy and is supporting its ongoing development.
- b) Recently released SWPH health status reports indicate that 50.8% of the region's residents exceed Canada's low risk drinking guidelines. SWPH is working in partnership with other public health units across the province and will be connecting with area municipalities to identify local strategies that will help decrease the harmful effects of alcohol consumption.

2) Harm Reduction

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

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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, SWPH 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 needle exchange programs and through community partners in 2020.
- 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 response plan will be developed for SWPH.

3) Smoke Free Ontario

- a) This program will create more opportunities for smokers to access cessation services through a comprehensive strategy that includes coordination of a local Community of Practice with community agencies offering cessation; physician referrals to STOP Workshops; hospital-based cessation interventions and public health staff who are trained in Brief Contact Intervention.
- b) Staff will strive for 100% completion of regular vendor education and the required inspections inclusive of a minimum of 2 youth access inspections for tobacco and 1 display and promotion inspection for tobacco.
- c) 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.

2020 General Program Budgets

SUBSTANCE USE AND INJURY PREVENTION

Substance Use and Injury Prevention Highlights (continued):

- 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 LGBT+ 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.

4) Road Safety

- a) Public Health Ontario data shows that, for over 10 years, emergency department visits for injuries related to motor vehicle collisions are significantly higher in Oxford County compared to the Ontario average. Vision Zero is a road safety strategy that includes the 3 Es of injury prevention (education, enforcement, and engineering). Work is currently underway inclusive of SWPH staff to determine local support and readiness to create a comprehensive response to the local road safety issues.

5) Falls Prevention

- a) Continue to collaborate with Oxford County partners to provide falls prevention education and falls risk assessment for older adults and offer best practice strategies and resources to decrease the risks. We will partner with staff working in the older adult dental program to provide assessment and referral resources to clients.
- b) Continue to convene the Elgin St Thomas Age Friendly Advisory Group to exchange knowledge, track progress and collaborate to create system change. Explore the expansion of the Social Prescribing Program in Elgin and Oxford Counties to reduce loneliness and isolation in seniors.

2020 General Program Budgets

FOUNDATIONAL STANDARDS

FOUNDATIONAL STANDARDS		
Program Name	2019 Budget	2020 Budget
Emergency Management	60,263	50,300
Effective Public Health Practice	331,501	302,182
Health Equity (CNO, SDOH)	604,000	603,800
Population Health Assessment	334,761	270,849
Total	1,330,525	1,227,131

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 population health surveillance.
- b) Furthering the development of the Health Status Report by including detailed information specific to programs and services to better support evidence-based planning and evaluation.

2020 General Program Budgets

FOUNDATIONAL STANDARDS

Foundational Standards Highlights (continued):

- c) Supporting program and service planning by front-line staff including training, skill-building and guiding staff throughout the process.
- d) Supporting staff to incorporate evidence into their programs, services, and practices through program planning and by leading the Knowledge Broker Working Group.
- e) Leading complex organizational level evaluations and supporting all staff to conduct evaluations of their work to ensure client/stakeholder value.
- f) Leading externally focused health equity initiatives including ones focused on poverty, housing, educational attainment, cultural safety (with emphasis on Indigenous Cultural Safety training) and mental health.
- g) Building capacity of front-line staff to incorporate health equity principles and practices into programs and services.
- h) Continuing to build SWPH's internal capacity to respond to public health emergencies including ongoing Incident Management System training, internal drills and tabletop exercises.
- i) Supporting the emergency planning activities and exercises of municipal partners.
- j) Supporting the evolution of continuous quality improvement by leading the Quality Committee, Nursing Practice Council, and Documentation Working Group.
- k) Supporting the ongoing development of policies, procedures and practices that reflect continuous quality improvement principles.

2020 General Program Budgets

FOUNDATIONAL STANDARDS

Foundational Standards Highlights (continued):

2) Chief Nursing Officer (CNO)

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

- a) Chairing the Nursing Practice Council with its focus on knowledge development, student orientation and preceptorship, and best practices.
- b) Coordinating student placements in partnership with human resources.
- c) Actively participating in Ontario Public Health Nursing Leadership initiatives including co-chairing the Working Group on RN Prescribing.
- d) Supervising continuous quality improvement program development.

3) Social Determinants of Health Initiative

- a) Continuing externally focused health equity initiatives including ones focused on poverty, housing, transportation, built environment, cultural safety, and mental health.
- b) Continuing to build internal capacity of front-line staff regarding incorporation of health equity principles and practices into programs and services.

2020 General Program Budgets

CHRONIC DISEASE PREVENTION AND WELL-BEING

CHRONIC DISEASE PREVENTION AND WELL-BEING		
Program Name	2019 Budget	2020 Budget
Built Environment	327,688	315,115
Healthy Eating Behaviours	196,676	198,295
Physical Activity & Sedentary Behaviour	158,030	108,629
Substance Prevention	125,725	108,827
Suicide Risk & Mental Health Promotion	49,077	53,168
Healthy Menu Choices Act Enforcement	26,889	24,100
Total	884,084	808,134

Chronic Disease Prevention and Well-Being Highlights:

1) Healthy Communities

- a) In 2020, staff will attend public open houses and 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) Dietitians from SWPH will train community members to offer food skills training to children/youth and high-risk adults under the auspices of “You’re the Chef” which is a structured food literacy program utilizing a train-the-trainer model.

2020 General Program Budgets

CHRONIC DISEASE PREVENTION AND WELL-BEING

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

- b) Community food access programs supported by SWPH, such as gleaning programs and good food box programs, represent an opportunity to improve physical and economic access to nutritious food and therefore increase fruit and vegetable consumption in our region.
- c) Due to the complex and interrelated nature of food systems, a systems-wide approach is necessary to create a healthy and sustainable food environment. Through the work of the Food For All Committee, of which SWPH is a member, a Food Systems Snapshot and corresponding strategy will be created, to support a healthier, more sustainable food system for our region.

3) Physical Activity and Sedentary Behaviours

- a) Public health will work with its regional and local partners to offer 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. Currently the program is only being offered in London. Public health will work with local recreation partners to offer unused or available spaces for free to any students registered for this program.
- b) SWPH will continue to encourage physical activity and reduce sedentary behaviour among adults by promoting the use of new trails, by targeting workplaces and by integrating messages about how to easily meet the new 24-hour movement guidelines. We will launch a new free and low-cost activity guide for both Oxford and Elgin St. Thomas and will develop a distribution plan for its release.

2020 General Program Budgets

CHRONIC DISEASE PREVENTION AND WELL-BEING

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

4) Substance Prevention

- a) The Strengthening Families Program is considered best practice and is evidence informed. It focuses on improving parenting skills, communication and family cohesiveness for families with children ages 6-12. SWPH will be partnering with many community agencies to offer the program for the first time in Oxford, Elgin, and St. Thomas.
- b) Building Us is a long-term initiative to engage the community and build on the strengths of youth and the community at large. The initiative will enhance protective factors that mitigate substance use and support mental well-being for youth. SWPH staff are working with academic partners and local school boards to undertake local data analysis of key indicators that align with the theory/research on protective factors for substance use. Upon analysis of local data, public health will engage the community in strategies to address risk factors and strengthen protective factors.

5) Suicide Risk and Mental Health Promotion

- b) Weight-based stigmatization, the most common form of bullying reported by students aged 13 to 19, is associated with depression, anxiety, low self-esteem, body dissatisfaction, suicidal ideation, poor academic performance, lower physical activity, maladaptive eating behaviors, and avoidance of health care (Ministry of Health and Long-Term Care, 2018). Weight stigma is pervasive and exists in healthcare settings, education, employment, interpersonal relationships and the media. This year SWPH will work on a comprehensive strategy to address this stigma internally across program and service teams and externally with partners.

6) Healthy Menu Choices Act Enforcement

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.

2020 General Program Budgets

SUPPORTING COSTS

SUPPORTING COSTS		
Program Name	2019 Budget	2020 Budget
Salaries	1,284,553	1,471,086
Benefits	410,239	529,823
Facilities	1,336,703	1,361,455
Office Management	176,342	202,587
Corporate Services	972,624	893,136
Board of Health	38,700	35,700
Total①	4,219,161	4,493,788
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, 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.

2020 General Program Budgets

SUPPORTING COSTS

Supporting Costs Highlights (continued):

- 3) SWPH continues to be engaged in collective agreement negotiations with the Ontario Nurses Associations which commenced mid way through 2019. Negotiation of a resulting collective agreement between the parties could extend into 2020 with potential settlement and retroactivity of monetary proposals. Negotiations between SWPH and Canadian Union of Public Employees (CUPE) have yet to commence but are anticipated to start late in 2019.

2020 General Program Budgets

	2019 Budget	2020 Budget
Total General Programs	16,230,957	16,230,957



100% Provincially Funded Programs

2020

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

2020 Budget – 100% Provincially Funded Ontario Seniors’ Dental Care Program

ONTARIO SENIORS' DENTAL CARE PROGRAM		
Program Name	2019 Budget	2020 Budget
Ontario Seniors' Dental Care Program	-	901,300
Total	-	901,300

Ontario Seniors’ Dental Care Program Highlights:

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

- ✓ 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.
- ✓ 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.
- ✓ 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.

2020 Budget – 100% Provincially Funded Pre and Post Natal Nurse Practitioner Program

Pre and Post Natal Nurse Practitioner Program		
Program Name	2019 Budget	2020 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 a local 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.

2020 Budget – 100% Provincially Funded Healthy Babies Healthy Children

HEALTHY BABIES HEALTHY CHILDREN		
Program Name	2019 Budget	2020 Budget
Healthy Babies Healthy Children	1,653,539	1,653,539
Total	1,653,539	1,653,539

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 trained lay home visitor 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.

2020 Budget – 100% Provincially Funded Medical Officer of Health Compensation Initiative

MEDICAL OFFICER OF HEALTH (MOH)		
Program Name	2019 Budget	2020 Budget
Medical Officer of Health	137,832	157,617
Total	137,832	157,617

Medical Officer of Health Compensation Initiative Highlights:

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

2020 General Program Budgets

TOTAL COST OF ALL BUDGETS		
Program Name	2019 Budget	2020 Budget
Total cost of all budgets	18,161,328	19,082,413
Total	18,161,328	19,082,413



One-Time Funding Request 100% Provincially Funded

2020 Budget and Highlights

*Included:
Public Health Inspector Practicum Program
Vaccine Fridges
Needle Exchange Program*

One-Time Funding Request

100% Provincially Funded

Project Title:

Public Health Inspector Practicum Program

PUBLIC HEALTH INSPECTOR PRACTICUM PROGRAM		
Program Name	2019 Budget	2020 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 who is 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) In order 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: Vaccine Refrigerators - Replacement

VACCINE REFRIGERATORS		
Program Name	2019 Budget	2020 Budget
Vaccine Refrigerators	-	30,000
Total	-	30,000

Vaccine Refrigerator Highlights:

- a) Maintaining the storage capacity for publicly funded vaccines that are used in the delivery of the School Immunization Program, the Universal Influenza Immunization Program and the Rabies Program.
- b) One existing fridge was purchased April 19, 2005 which makes it 14 years old. During 2019, it has been noted on several occasions that the fridge temperature 'slips' more quickly than the newer fridges when the inventory clerk is putting away vaccine orders. Two existing fridges are now 10 years old. By replacing the three aged fridges at this time, it is expected that any age-related issues can be avoided, and the vaccine supply protected.
- c) This request is consistent with current Ministry priorities to support the delivery of public health standards, promote program effectiveness and accountability, and ensure cost effectiveness and efficiency. It is critical that publicly funded vaccines be available for local stakeholders and public health staff. These vaccines must be monitored and kept at an optimal temperature range from the time they are manufactured until they are delivered into the arms/legs of individuals.
- d) All vaccine fridges at SWPH receive routine maintenance as per the Vaccine Storage and Handling Protocol, 2018 to ensure minimal disruption of proper storage and to ensure that the fridge works well until the manufacturer's proposed lifespan is reached.

One-Time Funding Request 100% Provincially Funded

Project Title: Needle Exchange Program Highlights

NEEDLE EXCHANGE PROGRAM		
Program Name	2019 Budget	2020 Budget
Needle Exchange Program	24,900	19,100
Total	24,900	19,100

Needle Exchange Program Highlights:

- a) Due in part to the ongoing opioid crisis, demand for sterile harm reduction equipment is on the rise in Oxford County, Elgin County and the City of St. Thomas. 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. Additionally, a community sharps disposal strategy is planned for 2020, with the goal of increasing the rate of syringe returns. To support this, several new community disposal kiosks will be installed in 2020.