

2024 BUDGET
FOR
GENERAL PROGRAMS

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

General Programs

2024 Budget

&

Road Ahead

&

Priorities

STRATEGIC VISION, MISSION, AND VALUES

SOUTHWESTERN Public Health
Oxford · Elgin · St.Thomas

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

THE ROAD AHEAD…

The 2024 budget for Southwestern Public Health (SWPH) aims to ensure better health outcomes through evidence-based planning, addressing various public health priorities, opportunities, issues, and challenges in the upcoming fiscal year recognizing what we do in 2024 has impact well beyond one year.

Key Considerations, Opportunities, Challenges, and Pressures

1. Strengthening Public Health recommendations from the Ministry of Health: There has **not** been any further information (since the October 2023 board meeting) shared about the Ministry of Health's Strategy that would inform the 2024 budget at the time of this report, however, SWPH remains ready to review and adapt as needed. Specifically, the three-pronged strategy includes:
    - Potential changes in public health roles and responsibilities by re-scoping the Ontario Public Health Standards in 2024 for implementation in 2025. This may include changing what public health is responsible for locally and what may be developed more regionally or provincially. We will not have confirmation of any changes until Fall 2024.
    - Potential mergers between local public health agencies that are of a size less than 500,000 population with implementation January 2025.
    - Restoring some provincial funding of the provincial cost-share changes made in 2020, confirming a 1% base budget increase in 2024, and reviewing public health funding methodology for implementation in 2026.
2. Strategic Planning in 2024-2025: Recent data collection efforts have provided a trove of relevant information that emphasizes the importance of local, evidence-informed, data-driven strategies and will inform the planning done by staff for the 2025 year.
3. Diseases of Public Health Significance (DOPHs): Adapting operations to absorb the management of clinical and outbreak support of recently added diseases such as Covid-19.
4. Emergency Readiness: Prioritizing preparedness for unforeseen community and health challenges and supporting community partners and leaders to do the same.
5. Short to Mid-Term Outcomes: Much of public health's impact is measured over decades. Important to include opportunities that achieve short to mid-term health improvements within a 3-5 year horizon.
6. Collaboration with Partners: Continuing collaboration with municipalities and community partners, recognizing and respecting each organization's different priorities and also recognizing so much of public health's work is not done alone.
7. Health Human Resources: This area continues to be challenging for so many sectors and public health is no exception. It is paramount that SWPH apply innovative approaches to attracting future talent and retaining the existing talent.
8. Expenditure Challenges including:
    - An approximate 27.5% increase in our employee group benefit plans across all employee groups driven by experience, utilization, and rising service costs. Of note, SWPH is not alone in facing this challenge. Health units across the province are also expecting increases in the range of 6% to 56.6% for 2024.

- Collective Agreement bargaining may continue in 2024 with one of our union partners whose current agreement expires December 31, 2023.
- Average inflation rate of 3.62% in 2023

The 2024 budget for Southwestern Public Health is more than just numbers; it is a commitment to the well-being of our communities and a commitment by the Board and staff to be wise stewards of our resources. The choices we make regarding our program and service delivery has a lasting impact on the health and safety of those we serve. This budget was built with the intention of remaining committed to the direction set by the Board of Health at the February 2023 and June 2023 meetings, and with the intention of being ready for what may lie ahead for public health in Ontario in 2024 and beyond.

SNAPSHOT OF SOME SWPH PRIORITIES

Priority Area	Population Health Objective
Harm Reduction	Major organizational project and focus to help reduce the rate of death attributed to opioid use.
Substance Use Prevention in Youth	Reduce the proportion of students in grades 9-12 reporting past year e-cigarette use by 10% by 2030.
Mental Health Promotion	Maintain the percentage of the Southwestern Public Health Population that reports excellent or very good Mental Health pre-pandemic levels of 25% or higher.
Emergency Preparedness	Major organizational project and focus to assist our own public health unit and other community partners with identifying key practices, policies, and procedures that would support effective emergency preparedness, response and recovery.
Climate Change & Extreme Weather	To reduce the number of emergency department visits due to heat-related and/or cold-related illness by 5% by 2025.
Infection Prevention & Control	To reduce or maintain the incidence rate of diseases of public health significance at or below the provincial average by 2030.
Child Immunization	Reduce the rate of Hep B and meningococcal by 1% by 2030.
Nurse Family Partnership	To decrease or maintain the percentage of Southwestern Public Health (SWPH) children scoring as vulnerable on the Early Development Indicator (EDI) to align with the provincial average in all domains by 2028.

Please note that the above is a snapshot of priorities and by no means the entire list of program and service work. This 2024 budget continues our ongoing delivery of supports in schools, in new parents' homes, in our sexual health clinics, and in food and personal service settings just to name a few.

POPULATION HEALTH HIGHLIGHTS

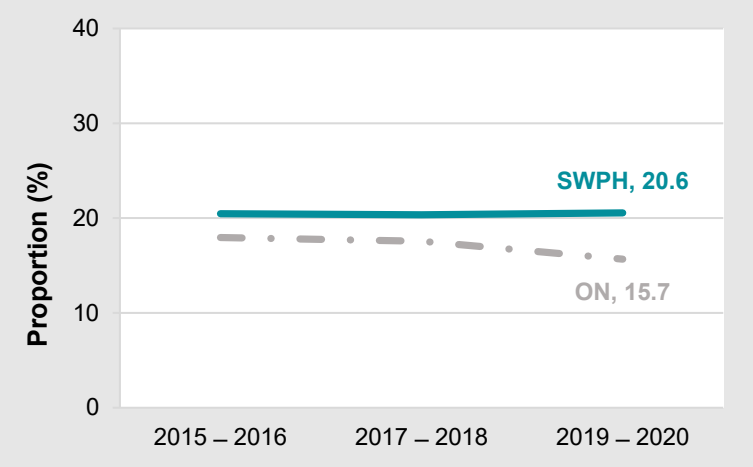
Based on local needs and recent concerns, the following are statistical highlights of some of the major priorities across the organization in 2024.

Adult Substances & Harm Reduction

The proportion of SWPH residents who reported drinking heavily at least once in the past month has remained relatively unchanged over time, remaining at about 20% since the 2015/2016 cycle of the Canadian Community Health Survey (CCHS) (**Figure 1**). This is in contrast to the provincial proportion, which decreased over each cycle of the CCHS, reaching 15.7% in the 2019/2020 cycle.

This rate indicates stagnation in reducing the amount of "risky" drinking in the SWPH region and the potential to implement additional health promotion and planning activities in our community.

Figure 1. Proportion of heavy drinking (men who have had 5+ drinks, women who have had 4+ drinks on one occasion in the past month), SWPH, Ontario, 2015-2020



As a likely consequence of heavy or risky drinking behaviours, the local rates of various alcohol-related harms, including mortality and hospitalizations, increased substantially between 2018 and 2021. This is concerning, given that the provincial rates of both of these outcomes did not change significantly over the same period.

The local rate of hospitalizations per 100,000 population due to conditions entirely attributable to alcohol (such as liver disease, accidental/intentional alcohol poisoning, etc.), reached an all-time high in 2021 of 305.7 hospitalizations per 100,0000 (**Figure 2**). This was 1.4 times higher than the provincial rate of 210.9 hospitalizations per 100,000, which was relatively unchanged over time.

Between 2018 and 2021, the mortality rate per 100,000 population due to alcohol toxicity (with and without other drug involvement) more than tripled to 3.3 deaths per 100,000 (**Figure 3**). This surpassed the provincial rate of 1.6 deaths per 100,000 in 2021. Similar to the rate of hospitalizations, this was an all-time high for SWPH.

Figure 2. Hospitalization rate (per 100,000 population) due to conditions entirely caused by alcohol, SWPH, Ontario, 2018-2021

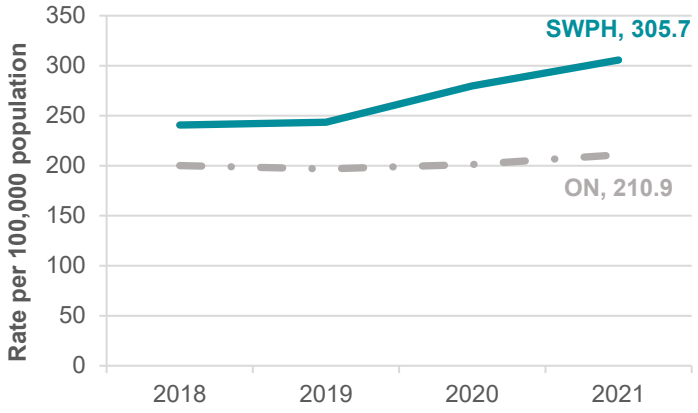
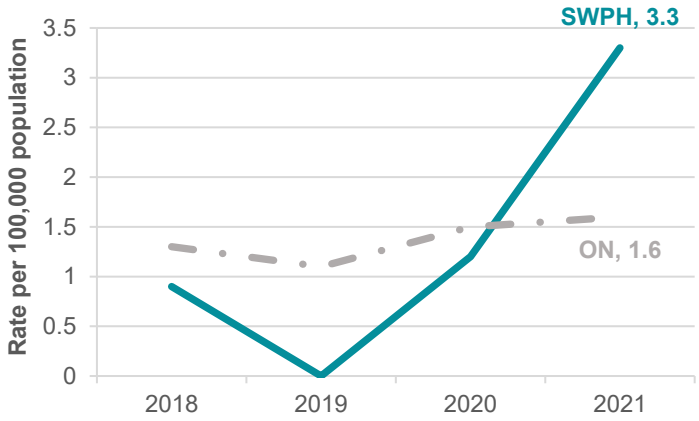


Figure 3. Mortality rate (per 100,000 population) due to alcohol-toxicity*, SWPH, Ontario, 2018-2021



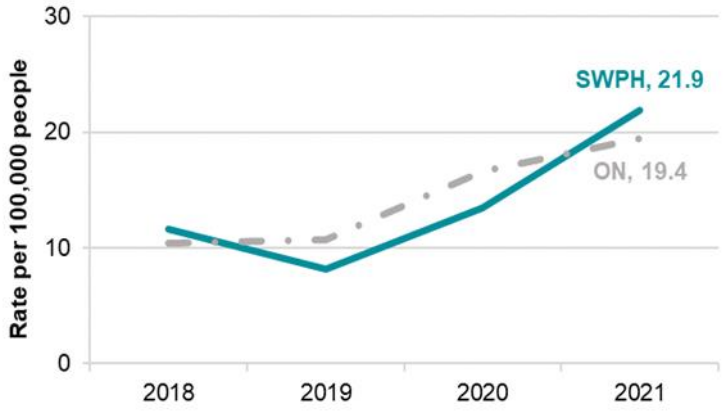
*Deaths due to alcohol toxicity BOTH with and without other drug involvement

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

The rate of opioid-related hospitalizations in the SWPH region is significantly higher than the provincial rate. In 2021, the local rate of 31.9 hospitalizations per 100,000 was nearly double the provincial rate of 16.3 hospitalizations per 100,000 population. The rate of opioid-related deaths also increased steeply during the pandemic, increasing from 13.4 deaths per 100,000 population in 2020 to 21.9 deaths per 100,000 population in 2021 (**Figure 4**).

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

Figure 4. Opioid-related mortality rate (per 100,000), SWPH, Ontario, 2018-2021

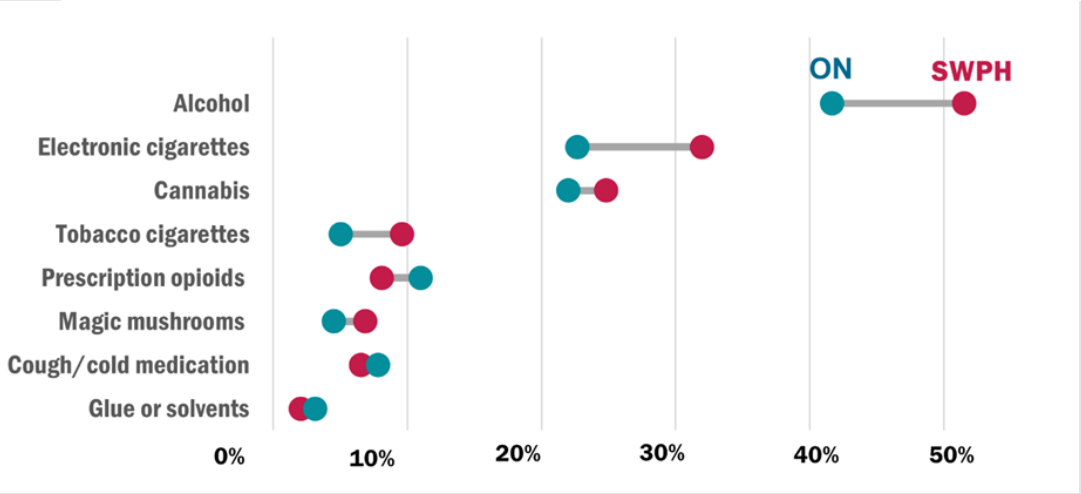


In terms of harm reduction activities, the total number of naloxone kits distributed by pharmacies and SWPH has also increased year over year, more than doubling between 2018 and 2021, highlighting the growing need given the increased opioid-related harms.
The higher burden of opioid-related harms also increases the need for a refined local opioid overdose response plan, which will be implemented in 2024.

Youth Substance Use

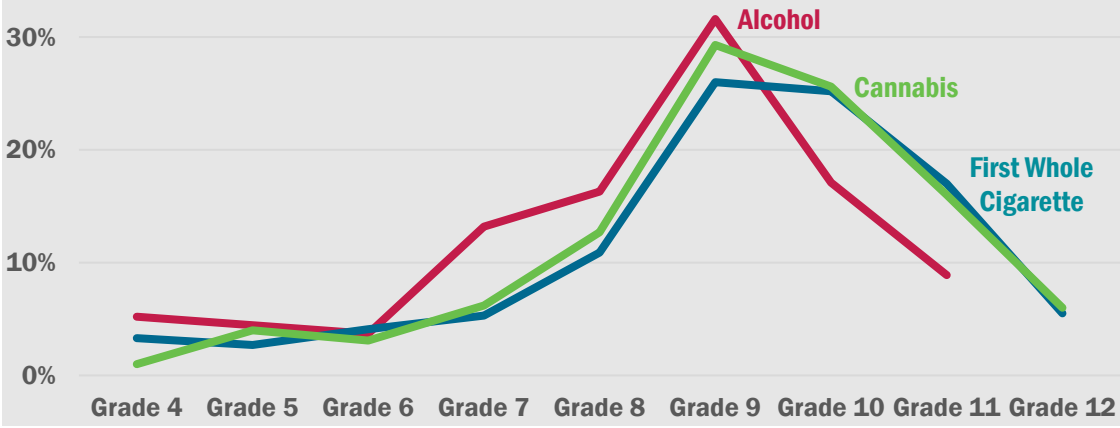
Reducing substance use among youth continues to be a priority for SWPH in 2024. Based on responses to the 2019 Ontario Drug Use and Student Health Survey (OSDUHS), 51.5% of youth in grades 7-12 in the SWPH region reported that they had more than a sip of alcohol in the past 12 months; 9.8% more than the provincial average of 41.7%. Greater proportions of youth from the SWPH region also reported using an electronic cigarette, otherwise known as vaping, and cannabis in the past 12 months compared to Ontario (vaping: 32.0% SWPH vs. 22.7% Ontario; cannabis: 25.6% SWPH vs. 22.0% Ontario). (**Figure 5**)

Figure 5. **More than 50% of SWPH youth reported drinking alcohol in the past 12 months.**



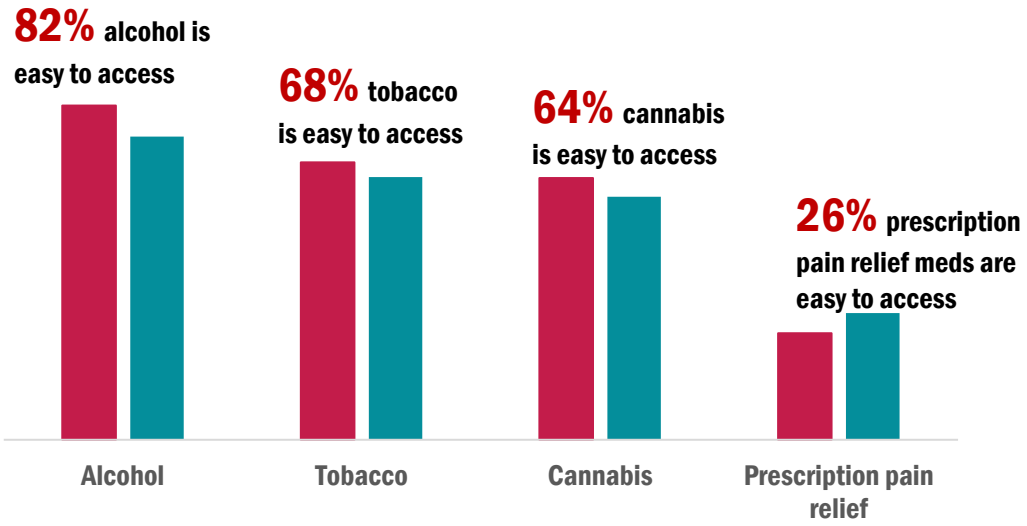
Of the youth that reported drinking alcohol and/or smoking cannabis or tobacco cigarettes, most reported that they first tried these substances in grade 9, when they were 14 or 15 years old. Based on this data, it appears that substance use prevention programs should attempt to reach youth before they enter high school. (**Figure 6**)

Figure 6. Locally, most youth start trying substances in grade 9.



Youth, locally and across the province, also reported in the 2019 OSDUHS that they found it easy to access substances. In the SWPH region, 82% of youth reported that alcohol was easy to access. Additionally, 68% and 64% reported that tobacco and cannabis, respectively, were easy to access. Except for prescription pain relief medication, youth from the SWPH region reported that substances were easy to access more frequently than youth from the rest of the province. (**Figure 7**)

Figure 7. SWPH youth find it easier to access most substances than Ontario youth.

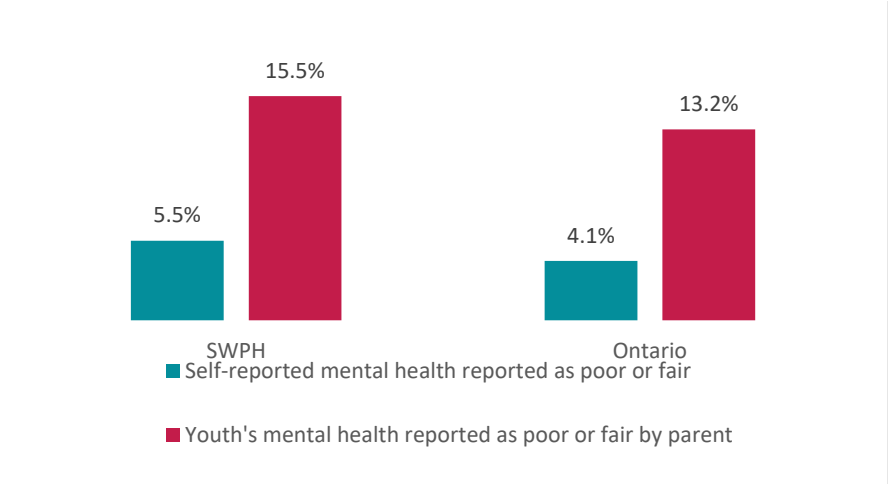


Children's Mental Health

Improving the mental health of children and youth continues to be a priority for SWPH in 2024. Based on responses to the 2019 Canadian Health Study on Children and Youth (CHSCY), more youth aged 12 to 17 years in the SWPH region perceived their mental health to be poor or fair compared to the rest of Ontario. Specifically, 15.5% of youth from the SWPH region reported their mental health to be poor or fair compared to 13.2% in Ontario. (Figure 8)

Interestingly, parents and/or guardians across the SWPH region and Ontario perceived their child or youth's mental health to be better than the youth themselves did. In the SWPH region, 5.5% of parents and/or guardians reported that they perceived their child/youth's mental health to be poor or fair, compared to 15.5% of youth in the region. The discrepancy between perceived mental health between parents and/or guardians and youth themselves was also observed at the Provincial level. (Figure 8)

Figure 8. Self-reported mental health among youth (12 to 17 years), SWPH, Ontario, 2019



Climate Change

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

Locally, the rate of emergency department (ED) visits due to heat-related illnesses has increased over time until beginning to decrease in 2019. However, it remained high in comparison to Ontario throughout the pandemic (**Figure 9**). The rate of ED visits due to cold-related illnesses has fluctuated over time but also continued to increase into 2022 when it reached an all-time high of 27.8 visits per 100,000 population (**Figure 10**).

Figure 9. Emergency department rate for heat-related illnesses (per 100,000), SWPH, Ontario, 2018-2022

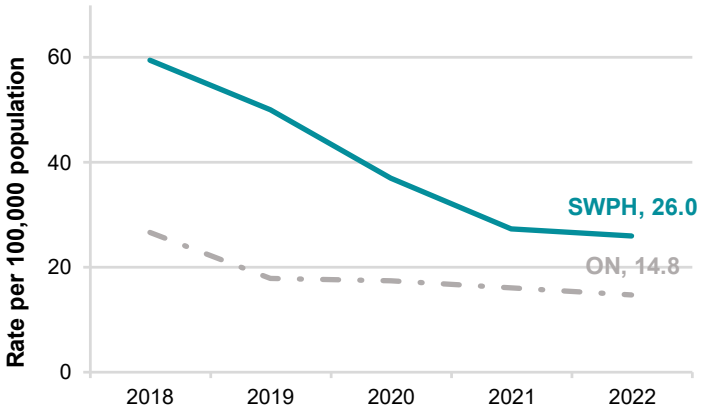
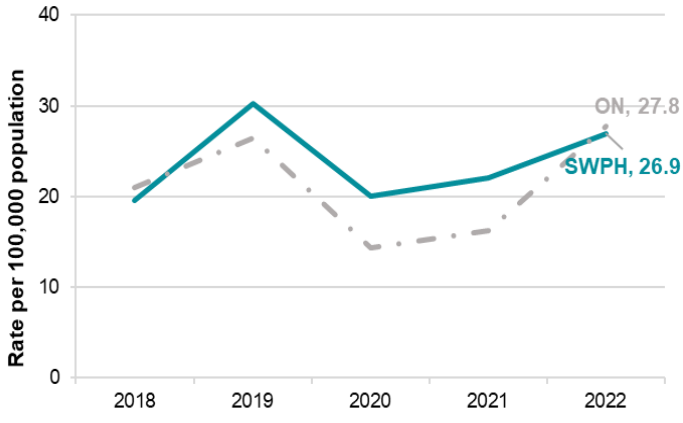


Figure 10. Emergency department rate for cold-related illnesses (per 100,000), SWPH, Ontario, 2018-2022



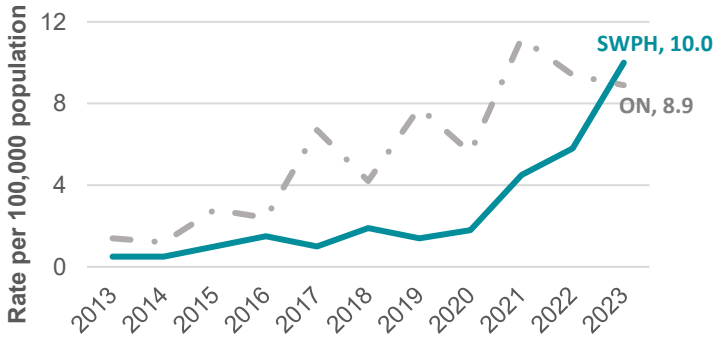
It is important to note that the COVID-19 pandemic had an impact on the volume of emergency department visits in 2020 and 2021 meaning these trends may actually be an underestimate of the impact of climate change over the last few years.

The general trend in the rate per 100,000 population of both hot and cold-related hospitalizations has been unstable over time, with numerous increases and decreases between 2018 and 2022. However, the local rate of heat-related hospitalizations remains marginally higher than the provincial rate as of 2022.

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

The rising temperature also increases the risk of vector-borne illnesses, such as West Nile and Lyme disease, as the warmer weather creates an ideal environment for mosquitos and ticks to thrive. The local rate of Lyme disease has increased rapidly over the past few years, as risk areas have expanded into Oxford and Elgin counties (**Figure 11**).

Figure 11. Rate of Lyme Disease (per 100,000), SWPH and ON, 2013 - 2023



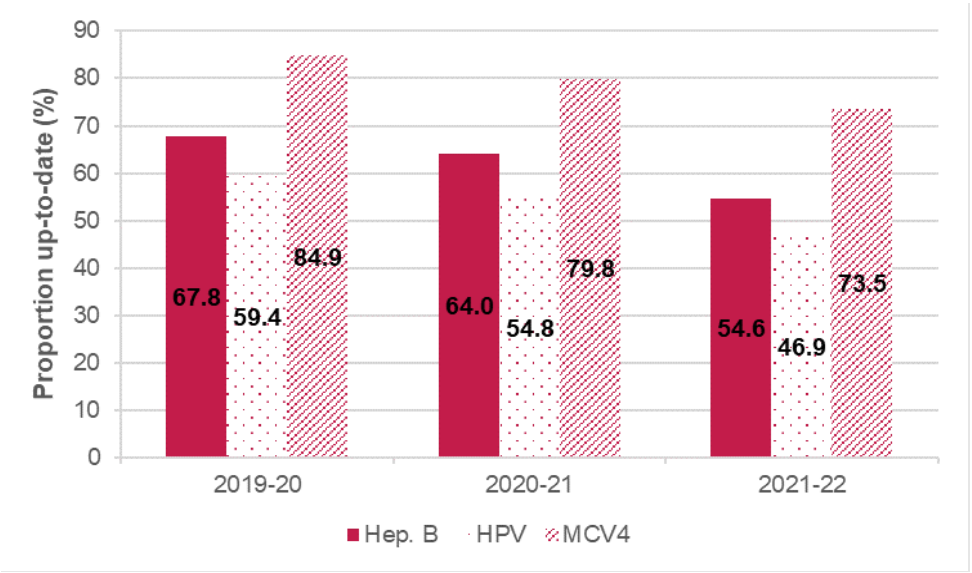
*2023 is an incomplete year of data and includes cases from Jan- Sept 2023

School-based Immunizations

The COVID-19 pandemic had an impact on the up-to-date (UTD) immunization coverage rates for school-aged children across the province for several school years and SWPH was no exception. The pandemic continues to impact coverage rates as catch-up programs continue to get students caught up on missed doses, with the 2021/22 school year still showing coverage rates that are lower than expected. Additionally, fewer 12-year-old students initiated their Hep.B and HPV series in the 2020/21 and 2021/22 school years.

Over the 3 school years examined (**Figure 12**), the coverage rates for the hepatitis B (Hep B), human papillomavirus (HPV) and meningococcal (MCV4) vaccinations have all decreased over time. The most pronounced decrease in coverage was for the Hep B vaccine, decreasing by 13.2% between the 2019/2020 and 2021/2022 school years, however, the HPV and MCV4 vaccination coverage decreases were close behind at 12.5% and 11.4%, respectively. (**Figure 12**).

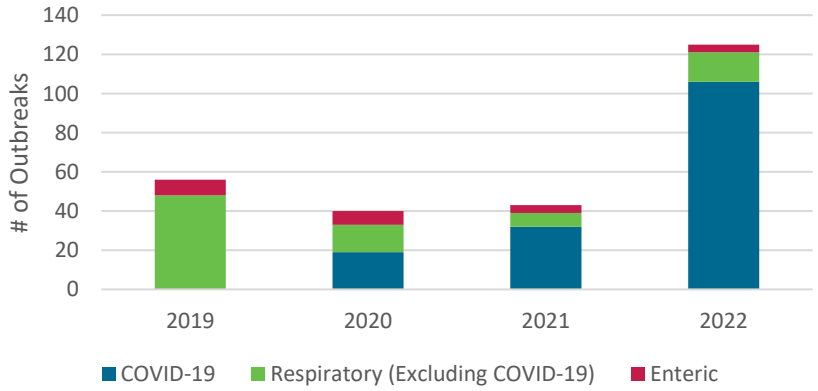
Figure 12. Proportion of up-to-date coverage for school-based immunization programs (12-year-olds), SWPH, 2018/19-2021/22 school years



Outbreaks

Over twice as many institutional outbreaks occurred in the SWPH region in 2022, compared to pre-pandemic, in 2019. Institutional outbreaks include those occurring in hospitals, retirement homes and long-term care homes. The pathogen responsible for the vast majority of outbreaks in 2022 was COVID-19 (84.8%), while enteric and other respiratory illnesses accounted for far fewer (3.2% and 12.0%, respectively). (**Figure 13**).

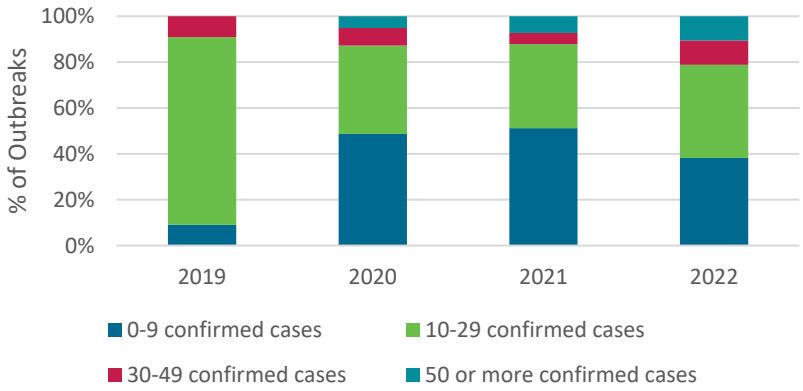
Figure 13. Institutional Outbreaks by Type in the SWPH Region



A change in the size of institutional outbreaks began in 2020, as the first COVID-19 outbreaks started to occur locally. In 2019, the majority of outbreaks (81.8%) had between 10-29 confirmed cases each. In more recent years, small outbreaks with 9 cases or less, as well as

very large outbreaks with 50 or more cases became more common. In 2022, 38.2% of outbreaks had 9 or fewer confirmed cases, compared to 9.1% in 2019. There were no outbreaks in 2019 with 50 or more cases, compared to 10.6% of outbreaks in 2022. (**Figure 14**)

Figure 14. Institutional Outbreaks by Size in the SWPH Region



2024 GENERAL PROGRAM BUDGETS

STRATEGIC ALIGNMENTS

Strategic Alignments Highlights:

Southwestern Public Health has a mandate to protect and promote the health of our communities, and this includes collaborating with municipalities on the development of healthy public policies that support community priorities through various means. Public Health collects and analyzes local data, which is used to help create healthier policies and to inform the development of critical documents used by municipalities, including Official Plans, Master Plans, Municipal Alcohol Policies and, more recently, Community Safety and Well-being plans.

Historically, Southwestern Public Health has collaborated with municipalities on the development of policies and bylaws that address important public health priorities, including smoking bylaws and active transportation, has conducted health impact assessments on large infrastructure projects (e.g., proposed landfill sites) and monitored outdoor air quality, and more recently, mental health and addictions and affordable housing.

After implementing a policy or bylaw, Southwestern Public Health also plays a key role in monitoring its impact on the community's health and well-being and whether the intervention generates positive health outcomes. Based on these findings, in consultation with municipalities, the information may be used to support policy revisions or improvements.

Collaboration with the municipalities ensures the integration of public health considerations into the programs and services and creates safer and healthier communities for all.

2024 GENERAL PROGRAM BUDGETS

SUPPORTING COSTS

Supporting Costs Highlights:

Public health is expected to achieve compliance with the standards outlined in the Ontario Public Health Standards Accountability Framework in the areas of grants and budget, delivery of programs and services, fiduciary requirements, good governance and management practices, and public health practice.

SWPH is required to comply with its accountability agreements between SWPH and the applicable Ministry. Some requirements include:

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

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

- ✓ board governance including standing committees and ad hoc committees where applicable
- ✓ accountability and target monitoring
- ✓ fiscal due diligence and financial management
- ✓ privacy of health information and personal information
- ✓ professional practice and continuous quality improvement
- ✓ strategies to support internal and external communications to applicable audiences
- ✓ staff committees/working groups to support program delivery and compliance
- ✓ oversight of building and rental costs of three facilities as well as maintenance
- ✓ information technology management including hardware/software licenses
- ✓ emergency management and business continuity planning
- ✓ insurance
- ✓ legislative compliance, risk management, and legal matters

One-Time Funding Request
100% Provincially Funded

2024
Budget and Highlights

Included:
Public Health Inspector Practicum Program
Sharps Program
COVID-19 Specific Costs
Infection Prevention and Control (IPAC) Hub
SWPH Website and Intranet Revamp
Strengthening Public Health Strategy Support

One-Time Funding Request
100% Provincially Funded

Project Title:
Public Health Inspector Practicum Program

Public Health Inspector Practicum Program Highlights:

a. To provide a practicum for two students enrolled or who already have a degree in a program of instruction approved by the Canadian Institute of Public Health Inspectors (CIPHI) Board of Certification (BOC).

b. To be eligible to sit the Examination to obtain the Certificate in Public Health Inspection (Canada), every candidate must satisfactorily complete a twelve (12) week minimum practicum in the basic inspection programs.

c. This practicum must be coordinated by a qualified person who holds the CPHI(C) at the supervisory level of the agency where the practicum is to take place. SWPH staff coach and mentor student PHI candidates in preparation for their BOC exam for the duration of the 12-week practicum.

d. SWPH benefits from the public health inspector practicum program as the students support the completion of lower risk inspection activity under the mentorship of certified public health inspectors. Additionally, students contribute by sharing innovation and health promotion / education ideas to program delivery. As well, student preceptors gain leadership and staff development opportunities.

One-Time Funding Request
100% Provincially Funded

Project Title:
Sharps Program

Sharps Program Highlights:

The goal of a comprehensive needle syringe and inhalation equipment program is to distribute needles/syringes and other drug use supplies as an effective method in reducing bloodborne infections (such as HIV, Hepatitis B and C, syphilis) associated with injection or inhalation drug use.

a. Due in part to the ongoing opioid crisis, demand for sterile harm reduction equipment is on the rise in SWPH's region. It is essential that SWPH continues to meet this growing demand to prevent the transmission of HIV, Hepatitis B and Hepatitis C infections. Both HIV and HCV can spread in the blood, and a major risk factor for both HIV and HCV infection is injection drug use.

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

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

One-Time Funding Request
100% Provincially Funded

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

COVID-19 Specific Costs:

1. COVID-19 General Response

Public Health staff are focused on minimizing the risk of COVID-19 in high-risk settings, by supporting immunization, and outbreak management to reduce and prevent the spread of COVID 19. This includes long-term care homes, retirement homes, congregate living settings, and other residential facilities which are particularly vulnerable to outbreaks.

a. CCM (Case and Contact Management)

Case, contact, and outbreak management is pivotal in reducing the transmission of COVID-19 in our region, especially for those at risk for severe illness and outcomes in congregate living settings and health care institutions. Public Health Investigators work collaboratively with partners and high-risk settings to manage and control the spread of infection and manage outbreaks. This process is labour intensive and is compounded by the emerging pathogenicity of this novel virus. Staff may also provide guidance about returning to work, outbreak management, public health measures related to enhanced environmental cleaning, self-monitoring, and general infection prevention and control measures. It is anticipated that severe illness and the number of COVID-19 outbreaks may decline in 2024. COVID-19 case, and outbreak management will continue as a measure to control and prevent the spread.

One-Time Funding Request
100% Provincially Funded

COVID-19 General Response/Vaccination

COVID-19 Specific Highlights (continued):

SWPH will provide education on infection prevention and control practices such as face coverings, physical distancing, hand hygiene, screening to reduce the transmission of disease. SWPH is also reponsible for the management of the Case and Contact Management (CCM) database for COVID-19 data entry and outbreak management.

2. COVID-19 Vaccination

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

One-Time Funding Request
100% Provincially Funded

Project Title:
Infection Prevention and Control HUB

Infection Prevention and Control (IPAC) HUB Highlights:

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

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

c. As the lead for the local IPAC Hub, SWPH is responsible for ensuring accountability for funds transferred from the Ministry of Health to Satellite Hubs, including monitoring of required deliverables. St. Thomas, Elgin, and Oxford IPAC services for congregate living organizations are administered by staff funded by the IPAC Hub. Services include support for IPAC training, policies and procedures, outbreak preparedness and assistance with on-site IPAC assessments.

One-Time Funding Request
100% Provincially Funded

Project Title:
SWPH Website and Intranet Revamp

SWPH Website and Intranet Revamp Highlights:

Southwestern Public Health (SWPH) has two primary online resources – a public facing website (visited by 200,000 unique visitors each year) and an employee intranet, which is the digital homebase for staff access to news, policies, tools, and other resources. As an agency, SWPH needs to ensure that our digital web presence is modern, up to date, secure, and aligned with best practices and legislative standards.

The nature of this project is to ensure that SWPH maintains a website and intranet that will support the organization into the future and meet the needs of our community and audiences.

SWPH's current websiteand intranet content management system (CMS), were both built in 2019 and will no longer be updated and supported by the web developer in 2024. As a result, SWPH will need to transition the CMS platform to a new updated version by 2025. To ensure that SWPH can continue to share information about programs and services to the community for the foreseeable future, SWPH will explore either building an entirely new website and intranet or 'renovate' the existing website and intranet into a new platform. This work will be completed by December 31, 2024.

One-Time Funding Request
100% Provincially Funded

Project Title:
Strengthening Public Health Strategy Support

Strategy Support for Strengthening Public Health Highlights:

Background:
The Board of Health has struck an Ad hoc Board Committee to support the Ministry of Health's Strengthening Public Health strategy. This ad hoc committee has been established to assess whether SWPH will voluntarily engage in a merger with one or more public health units. This provincial strategy is aimed at improving public health service delivery in our region by exploring opportunities for enhanced program and service capacity and maximizing resources.

Rationale for Consultant Engagement:
The nature of this project necessitates specialized knowledge and expertise in public health system amalgamations. Engaging external expertise is crucial for the following reasons:

- **Specialized Knowledge**: A consultant with experience in public health system mergers can provide insight into best practices, potential challenges, and opportunities.
- **Objective Perspective**: An external consultant can offer an impartial viewpoint and facilitate objective decision-making for the Adhoc Committee's consideration.
- **Efficiency and Effectiveness**: A consultant can expedite the merger evaluation process, preventing common pitfalls and streamlining the effort.
- **Risk Mitigation**: The consultant can identify and address potential regulatory and operational risks, ensuring a smoother transition if merging is approved.
- **Stakeholder Engagement**: A consultant can help engage various stakeholders, ensuring transparency and inclusivity in the process.

2024 BUDGET

Standard - Section / Program	2023 BUDGET Jan 1 - Dec 31	2024 BUDGET Jan 1 - Dec 31	Difference
Direct Program and Services Costs			
Foundational Standards			
Emergency Management	112,082	126,407	
Effective Public Health Practice	337,839	322,986	
Population Health Assessment	387,478	374,023	
Foundational Standards Total	**837,399**	**823,416**	**(13,983)**
Chronic Disease and Injury Prevention			
Built Environment	257,651	269,678	
Healthy Eating Behaviours	118,799	109,777	
Healthy Menu Choices Act Enforcement	-	-	
Physical Activity and Sedentary Behaviours	107,468	122,727	
Injury Prevention	180,350	205,404	
Mental Health Promotion	129,293	266,213	
Health Equity	332,780	301,265	
Chronic Disease and Injury Prevention	**1,126,341**	**1,275,063**	**148,722**
Food Safety			
Food Safety (Education, Promotion & Inspection)	489,426	507,457	
Food Safety Total	**489,426**	**507,457**	**18,031**
Healthy Environments			
Climate Change	122,160	345,272	
Healthy Environments (Health Hazard Investigation and Response)	407,806	540,121	
Healthy Environments Total	**529,966**	**885,393**	**355,427**
Healthy Growth and Development			
Breastfeeding	379,182	396,082	
Parenting	500,400	389,868	
Reproductive Health/Healthy Pregnancies	381,234	626,910	
Healthy Growth and Development Total	**1,260,816**	**1,412,860**	**152,044**

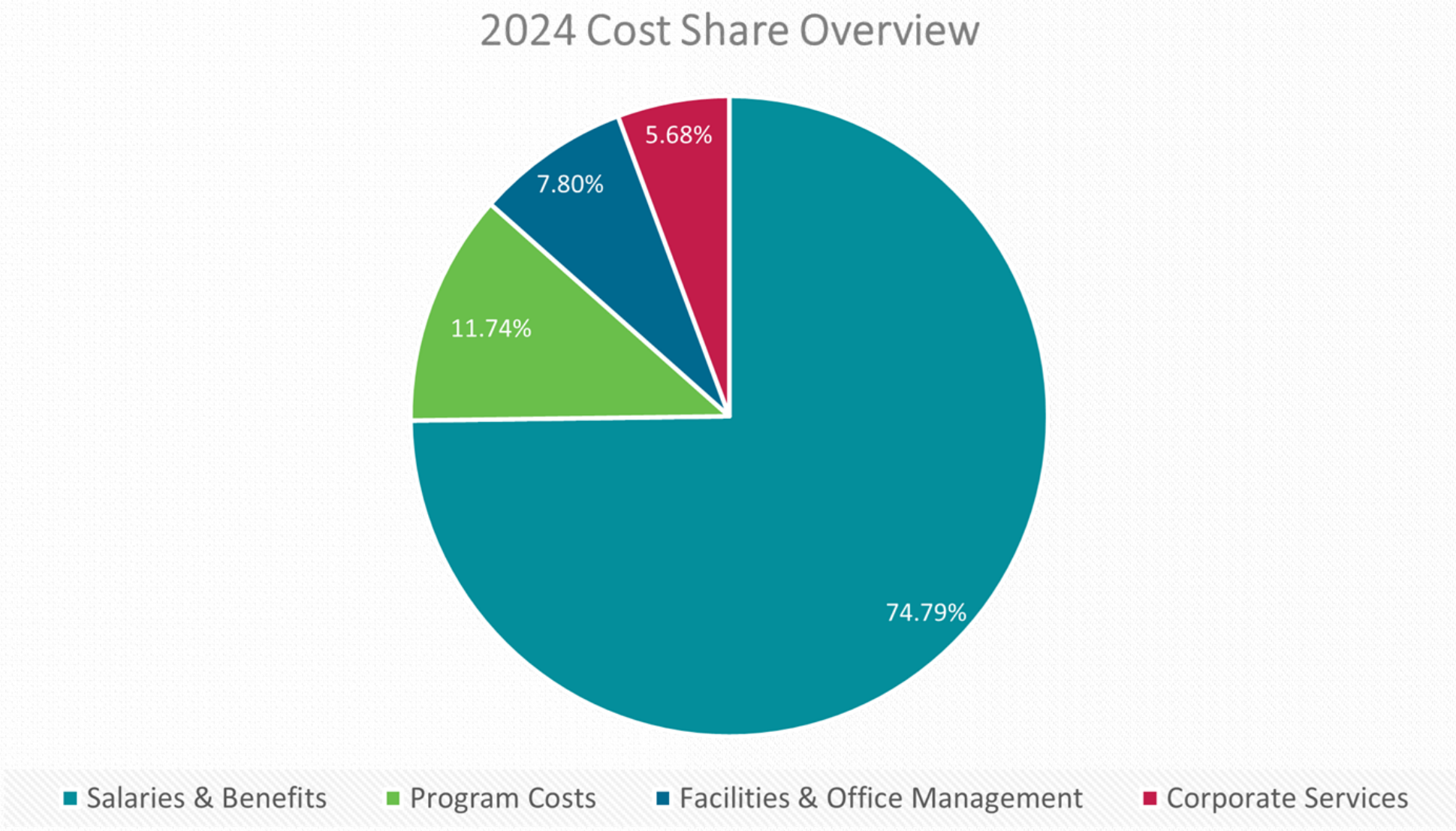
Standard - Section / Program	2023 BUDGET Jan 1 - Dec 31	2024 BUDGET Jan 1 - Dec 31	Difference
Immunization			
Vaccine Administration	148,437	157,544	
Vaccine Management	199,695	133,382	
Community Based Immunization Outreach	-	-	
Immunization Monitoring and Surveillance	145,305	120,574	
Immunization Total	**493,437**	**411,500**	**(81,937)**
Infectious and Communicable Diseases Prevention and Control			
Infection Prevention & Control	1,857,964	2,080,112	
Rabies Prevention and Control and Zoonotics	222,592	176,285	
Sexual Health	1,034,329	1,117,887	
Tuberculosis Prevention and Control	27,860	90,497	
Sharps program	70,900	51,200	
Vector-Borne Diseases	216,694	225,362	
Infectious and Communicable Diseases Prevention and Control Total	**3,430,339**	**3,741,343**	**311,005**
Safe Water			
Safe Water	164,147	163,789	
Safe Water Total	**164,147**	**163,789**	**(358)**
School Health - Oral Health			
Healthy Smiles Ontario	855,744	859,958	
School Screening and Surveillance	344,358	364,347	
School Health - Oral Health Total	**1,200,102**	**1,224,305**	**24,203**
School Health - Immunization			
School Immunization	1,019,831	1,274,875	
School Health - Immunization Total	**1,019,831**	**1,274,875**	**255,044**
School Health - Other			
Comprehensive School Health	1,114,009	1,639,533	
School Health - Other Total	**1,114,009**	**1,639,533**	**525,524**

Standard - Section / Program	2023 BUDGET Jan 1 - Dec 31	2024 BUDGET Jan 1 - Dec 31	Difference
Substance Use and Injury Prevention			
Harm Reduction	208,242	181,520	
Smoke Free Ontario Strategy	218,679	246,352	
Substance Use	502,864	429,807	
Substance Use and Injury Prevention Total	**929,785**	**857,678**	**(72,107)**
Direct Program and Services Costs Total	**12,595,597**	**14,217,213**	**1,621,616**
Program and Services Support Costs	5,658,419	6,332,827	
Program and Services Support Costs Total	**5,658,419**	**6,332,827**	**674,408**
Total Cost Shared	**18,254,016**	**20,550,040**	**2,296,024**
100% Provincially Funded Programs			
Medical Officer of Health Compensation Initiative	156,043	79,814	**(76,229)**
School Focused Nurses Initiative (Covid-19)	450,000	-	**(450,000)**
Senior Oral Care	1,061,100	1,577,205	**516,105**
Total 100% Provincially Funding	**1,667,143**	**1,657,019**	**(10,124)**
Total General Cost-Shared Funding and 100% Provincially Funded	19,921,159	22,207,059	2,285,900
One-Time 100% Provincial Funding Requests (April 1, 2023 to March 31, 2024)			
Covid-19	2,487,762	868,869	
Public Health Inspector Practicum	20,000	20,000	
Sharps Program	60,000	51,200	
Infection Prevention and Control Hub	805,000	582,500	
Stigma Education Initiative	24,500	-	
Collaborative Planning School Board Work	10,000	-	
Website and Intranet Revamp	-	50,000	
Strengthening Public Health Strategy Support	-	50,000	
Total	3,407,262	1,622,569	-
Programs Funded by Other Ministries			
Healthy Babies Healthy Children	1,653,539	1,653,539	-
Pre and Post Natal Nurse Practitioner	139,000	139,000	-
			-
Total Programs Funded by Other Ministries	**1,792,539**	**1,792,539**	**-**

2024 Cost Shared Budget Amounts

Current Budget Amount **$ 20,550,040**

2024 Budget - reflects a Ministry increase of 1%					
Population based on 2021 Census		**42,840**	**51,912**	**121,781**	**216,533**
30%		**19.785%**	**23.97%**	**56.24%**	**100%**
	Ministry	***City of St. Thomas***	***Elgin County***	***Oxford County***	***Total***
Ministry funding	$ 12,822,556	$ 1,087,234	$ 1,317,472	$ 3,090,674	$ 18,317,937
Total Funding	**$ 12,822,556**	**$ 1,087,234**	**$ 1,317,472**	**$ 3,090,674**	**$ 18,317,937**
Additional Board priorities levy		**$ 151,648**	**$ 183,762**	**$ 431,090**	**$ 766,500**
Total minimum	**$ 12,822,556**	**$ 1,238,883**	**$ 1,501,234**	**$ 3,521,764**	**$ 19,084,437**
2023 actual levy (base established by BOH)	**$ 12,667,875**	**$ 1,216,162**	**$ 1,473,702**	**$ 3,457,176**	**$ 18,814,915**
1% annualized increase		**$ 12,162**	**$ 14,737**	**$ 34,572**	**$ 61,470**
Amount required to maintain existing services		**$ 300,522**	**$ 364,161**	**$ 854,291**	**$ 1,518,973**
Actual Levy payment	**$ 12,822,556**	**$ 1,528,845**	**$ 1,852,600**	**$ 4,346,038**	**$ 20,550,040**



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