AGENDA
BOARD MEETING
WEDNESDAY, DECEMBER 20, 2017 - 3:00 PM

1. Call to Order;

2. Introduction of Guests, Board of Health Members and Staff;

3. Agenda - reading of, amendments or corrections to, adoption of;

4. Reading of the minutes of previous meetings, confirmation, corrections, adoption of: October 11, 2017, November 9, 2017, December 5, 2017;

5. Reminder to disclose Pecuniary Interest and the General Nature Thereof when item arises;

6. Reminder that Board of Health meetings are recorded;

7. **Presentation:**
   
   None.

8. **Finance/Audit Standing Committee Reports**
   
   a) Third Quarter Financial Statements for the Period Ending September 30, 2017;

   b) Accountability Agreement – Amending Agreement No.5 between the Province of Ontario and the Board of Health

   c) 2018 Annual Budget for Mandatory Programs and Services

9. **Staff Reports:**
10. **Correspondence received requiring action:**

   a) October 25, 2017 – Letter from Simcoe Muskoka District Health Unit re: Support of Smoke-Free Modernization;

   b) October 12, 2017 – Letter from The Regional Municipality of Durham re: Vaccine Recommendations for Child Care Workers;

11. **Correspondence to be received and filed:**

   a) December 5, 2017 – Letter from Sudbury & District Health Unit re: Food Insecurity/Nutritious Food Basket Costing;


   c) October 31, 2017 – Letter from Peterborough Public Health re: Restriction of Marketing and Sale of Caffeinated Energy Drinks to Children and Youth;

   d) October 31, 2017 – Letter from Northwestern Health Unit re: Urgent Provincial Action Needed to Address the Potential Health Harms from the Modernization of Alcohol Retail sales in Ontario;

   e) October 30, 2017 – Letter from Algoma Public Health re: Urgent Provincial Action Needed to Address the Potential Health Harms from the Modernization of Alcohol Retail sales in Ontario;

   f) October 25, 2017 – Letter from Grey Bruce Health Unit re: Assessment of the Healthy Menu Choices Act;

   g) October 25, 2017 – Letter from Grey Bruce Health Unit re: Health Promotion Resource Centres;

   h) October 19, 2017 – Letter from Windsor-Essex County Health Unit re: Resolution Recommendation for Promoting a Local Public Health Approach to Legal Cannabis Regulation;

   i) October 18, 2017 – Letter from Thunder Bay District Health Unit re: Urgent Provincial Action Needed to Address the Potential Health Harms from the Modernization of Alcohol retail Sales in Ontario;


   k) September 1, 2017 – Letter from Northwestern Health Unit re: The Fair
12. **Business Arising:**
   None.

13. **New Business:**
   None.

14. To Closed Session;

15. Rising and Reporting of the Closed Session;

16. Announcements/Date of Next Meeting;

17. Adjournment.
A meeting of the Board of Health for the Elgin St. Thomas Public Health was held Wednesday, October 11, 2017 commencing at 3:00 p.m.

PRESENT:

Mayor B. Wiehle, Chair
Mayor H. Jackson, Vice-Chair
Mayor D. Marr
Mayor G. Currie
Councillor S. Wookey
Ms. C. St. John, Executive Director
Dr. J. Lock, Medical Officer of Health (via telephone)
Ms. C. Walker, Director, Health Protection Department
Ms. E. Arnett, Manager, Strategic Initiatives
Ms. C. Richards, Epidemiologist
Ms. T. Terpstra, Administrative Assistant
Ms. C. Preete, Public Health Inspector
Ms. K. Chambers, Public Health Dietitian

REGRETS:

Councillor L. Stevenson
Ms. C. Kuntz, Director, Health Promotion Department

MEDIA:

Mr. R. Perry, Aylmer Express
Mr. L. Pin, St. Thomas Times Journal

AGENDA

Resolution #1
Moved by G. Currie
Seconded by D. Marr

That the October 11, 2017 agenda be approved.

Carried.

MINUTES:

Resolution #2
Moved by G. Currie
Seconded by D. Marr
That the minutes of the Board of Health meeting held September 13, 2017 be approved as amended with the following correction:

- Page 3 – Resolution #8
  - Change seconded by L. Stevenson to seconded by D. Marr

Carried.

REMINDER OF DISCLOSURE OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF WHEN ITEM ARISES:

PRESENTATION:

Catherine Preete, Public Health Inspector gave a presentation on Radon.

- The Board of Health discussed supporting the kit distribution at municipal offices for those residents randomly selected for the awareness campaign.
- The Board of Health also agreed to spreading the word before and during the awareness campaign.

Kendall Chambers, Public Health Dietitian gave a presentation on the Food System Report.

- Steve suggested priorities be determined to help align initiatives and strategies across municipalities.

Resolution #3
Moved by D. Marr
Seconded by G. Currie

That the Board of Health endorse the Elgin St. Thomas Food Charter as presented at the October 11, 2017 Board of Health meeting.

Carried.

STAFF REPORTS:

Resolution #4
Moved by D. Marr
Seconded by G. Currie

That the report for the Health Promotion Department for October 2017 be accepted.

Carried.
Resolution #5  
Moved by G. Currie  
Seconded by D. Marr  

That the report for the Health Protection Department for October 2017 be accepted.  
Carried.

Resolution #6  
Moved by G. Currie  
Seconded by D. Marr  

That the Medical Officer of Health's report for October 2017 be accepted.  
Carried.

Resolution #7  
Moved by D. Marr  
Seconded by G. Currie  

That the Executive Director's report for October 2017 be accepted.  
Carried.

Resolution #8  
Moved by D. Marr  
Seconded by H. Jackson  

That the Board of Health approves amended Board of Health Policy 4.1 Orientation for New Board of Health Members.  
Carried.

Resolution #9  
Moved by D. Marr  
Seconded by H. Jackson  

That the Board of Health approves the response letter to the Minister of Health related to the Expert Panel's report entitled Public Health within an integrated Health System.  
Carried.
CORRESPONDENCE RECEIVED REQUIRING ACTION:


The Board recommended that they support this correspondence and that letters of endorsement be forwarded to the appropriate parties.

Resolution #10
Moved by D. Marr
Seconded by H. Jackson

That correspondence item 9a of the meeting held October 11, 2017 be received with appropriate actions to be taken as noted.

Carried.

CORRESPONDENCE TO BE RECEIVED AND FILED:

a) September 26, 2017 – Letter from Middlesex London Health Unit re: Fluoride Varnish Programs for Children at Risk for Dental Caries.

Resolution #11
Moved by H. Jackson
Seconded by D. Marr

That correspondence item 10a received and filed.

Carried.

NEW BUSINESS:

None.

TO CLOSED SESSION:

Resolution #12
Moved by H. Jackson
Seconded by D. Marr

That the Board moves to closed session in order to consider the following:
  • Security of the property of the Board;
Personal matters about an identifiable individual, but not limited to, Board employees;
A proposed or pending acquisition or disposition of land by the Board;
Labour relations or employee negotiations;
Litigation or potential litigation, including matters before administrative tribunals affecting the Board;
Advice that is subject to solicitor-client privilege, including communications necessary for that purpose;
The consideration of a request under the Municipal Freedom of Information and Protection of Privacy Act;
The Meeting is held for the purpose of educating or training the Board members and, at the meeting, no one discusses or otherwise deals with any matter in a way that materially advances the business or decision-making of the Board; and
A matter in respect of which a Board has authorized a meeting to be closed under another act.

Carried.

Resolution #13
Moved by H. Jackson
Seconded by D. Marr

That the Board of Health rise with a report.

Carried.

Resolution #14
Moved by D. Marr
Seconded by H. Jackson

That the Board of Health approves the following recommendations as reported in the closed session:

• That the Executive Director’s report for October 2017 be accepted.

Carried.

Resolution #15
Moved by H. Jackson
Seconded by D. Marr

That the Board of Health approves the following recommendations as reported in the closed session:

• The resignation of a Dental Assistant effective September 6, 2017;

Carried.

Resolution #16
Moved by H. Jackson
Seconded by D. Marr

That the meeting adjourns at 5:30 p.m. to meet again on Wednesday, December 20, 2017 at 3:00 p.m.

Carried.

Confirmed ____________________________
A meeting of the Board of Health for the Elgin St. Thomas Public Health was held Thursday, November 9, 2017 commencing at 3:00 p.m.

PRESENT:

Mayor B. Wiehle, Chair
Mayor H. Jackson, Vice-Chair
Mayor D. Marr
Mayor G. Currie
Councillor S. Wookey
Ms. C. St. John, Executive Director
Dr. J. Lock, Medical Officer of Health
Ms. A. Dale, Lawyer, Gunn & Associates
Ms. T. Terpstra, Administrative Assistant

REGRETS: Councillor L. Stevenson

AGENDA

Resolution #1
Moved by D. Marr
Seconded by G. Currie

That the November 9, 2017 agenda be approved.

Carried.

REMININDER OF DISCLOSURE OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF WHEN ITEM ARISES:

PRESENTATION:

None.

STAFF REPORTS:

None.

CORRESPONDENCE RECEIVED REQUIRING ACTION:
None.

CORRESPONDENCE TO BE RECEIVED AND FILED:

None.

NEW BUSINESS:

None.

TO CLOSED SESSION:

Resolution #12
Moved by D. Marr
Seconded by G. Currie

That the Board moves to closed session in order to consider the following:

- Security of the property of the Board;
- Personal matters about an identifiable individual, but not limited to, Board employees;
- A proposed or pending acquisition or disposition of land by the Board;
- Labour relations or employee negotiations;
- Litigation or potential litigation, including matters before administrative tribunals affecting the Board;
- Advice that is subject to solicitor-client privilege, including communications necessary for that purpose;
- The consideration of a request under the Municipal Freedom of Information and Protection of Privacy Act;
- The Meeting is held for the purpose of educating or training the Board members and, at the meeting, no one discusses or otherwise deals with any matter in a way that materially advances the business or decision-making of the Board; and
- A matter in respect of which a Board has authorized a meeting to be closed under another act.

Carried.

Resolution #13
Moved by G. Currie
Seconded by D. Marr

That the Board of Health rise with a report.
Resolution #14
Moved by G. Currie
Seconded by D. Marr

That the Board of Health approves the following recommendations as reported in the closed session:
  • That the Executive Director's report for November 2017 be accepted.

  Carried.

Resolution #16
Moved by D. Marr
Seconded by G. Currie

That the meeting adjourns at 4:15 p.m. to meet again on Wednesday, December 20, 2017 at 3:00 p.m.

  Carried.

Confirmed ____________________________
A meeting of the Board of Health for the Elgin St. Thomas Public Health was held Tuesday, December 5, 2017 commencing at 3:30 p.m.

PRESENT:

Mayor B. Wiehle, Chair
Mayor H. Jackson, Vice-Chair
Mayor D. Marr
Mayor G. Currie
Councillor S. Wookey
Ms. C. St. John, Executive Director
Dr. J. Lock, Medical Officer of Health
Ms. T. Terpstra, Administrative Assistant

INVITED GUESTS:

Ms. J. Gonyou, Chief Administrative Officer, County of Elgin
Mr. W. Graves, City Manager, City of St. Thomas
Councillor D. Mennill, County of Elgin
Councillor J. Jenkins, County of Elgin
Councillor J. Rymal, City of St. Thomas
Councillor M Tinlin, City of St. Thomas
Councillor G. Clarke, City of St. Thomas

REGRETS:

Councillor L. Stevenson

INVITED GUESTS REGRETS:

Councillor S. Martyn
Councillor C. McWilliam
Councillor G. Jones, Warden, County of Elgin
Councillor P. Ens, County of Elgin
Councillor J. Kohler, City of St. Thomas
Councillor M. Burgess, City of St. Thomas

MEDIA:

Mr. L. Pin, St. Thomas Times Journal
AGENDA

Resolution #1
Moved by H. Jackson
Seconded by S. Wookey

That the December 5, 2017 agenda be approved.

Carried.

REMININDER OF DISCLOSURE OF PECUNIARY INTEREST AND THE GENERAL NATURE THEREOF WHEN ITEM ARISES:

PRESENTATION:

None.

STAFF REPORTS:

Resolution #2
Moved by H. Jackson
Seconded by S. Wookey

That the Update for Municipal Partners for December 2017 be accepted.

Carried.

CORRESPONDENCE RECEIVED REQUIRING ACTION:

None.

CORRESPONDENCE TO BE RECEIVED AND FILED:

None.

NEW BUSINESS:

None.
TO CLOSED SESSION:

Resolution #3
Moved by H. Jackson
Seconded by S. Wookey

That the Board moves to closed session in order to consider the following:

- Security of the property of the Board;
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- A matter in respect of which a Board has authorized a meeting to be closed under another act.

Carried.

Resolution #4
Moved by G. Currie
Seconded by D. Marr

That the Board of Health rise with a report.

Carried.

Resolution #5
Moved by G. Currie
Seconded by D. Marr

That the meeting adjourns at 5:50 p.m. to meet again on Wednesday, December 13, 2017 at 3:30 p.m.

Carried.

Confirmed _________________________________
## ELGIN ST. THOMAS PUBLIC HEALTH
### CONSOLIDATED COSTS
#### 9 PERIODS ENDING SEPTEMBER 30, 2017
#### UNAUDITED

<table>
<thead>
<tr>
<th>EXPENDITURES</th>
<th>ACTUAL</th>
<th>YTD BUDGET</th>
<th>YTD VARIANCE</th>
<th>FULL YEAR BUDGET</th>
<th>BUDGET REMAINING</th>
<th>BUDGET SPENT %</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL SALARIES</td>
<td>2,283,705</td>
<td>2,516,419</td>
<td>232,713</td>
<td>3,355,225</td>
<td>1,071,520</td>
<td>68%</td>
</tr>
<tr>
<td>TOTAL EMPLOYEE BENEFITS</td>
<td>632,218</td>
<td>724,350</td>
<td>92,132</td>
<td>966,800</td>
<td>333,582</td>
<td>65%</td>
</tr>
<tr>
<td>TOTAL PREMISES</td>
<td>607,816</td>
<td>599,175</td>
<td>(8,641)</td>
<td>798,900</td>
<td>191,084</td>
<td>76%</td>
</tr>
<tr>
<td>TOTAL HEALTH PROMOTION</td>
<td>58,566</td>
<td>92,587</td>
<td>34,022</td>
<td>123,450</td>
<td>64,884</td>
<td>47%</td>
</tr>
<tr>
<td>TOTAL HEALTH PROTECTION</td>
<td>5,068</td>
<td>51,019</td>
<td>45,951</td>
<td>68,025</td>
<td>62,957</td>
<td>7%</td>
</tr>
<tr>
<td>TOTAL CORPORATE</td>
<td>316,013</td>
<td>502,500</td>
<td>186,487</td>
<td>670,000</td>
<td>350,739</td>
<td>47%</td>
</tr>
<tr>
<td>TOTAL ADMINISTRATION</td>
<td>21,813</td>
<td>28,875</td>
<td>7,062</td>
<td>38,500</td>
<td>16,687</td>
<td>57%</td>
</tr>
<tr>
<td>TOTAL BOARD OF HEALTH</td>
<td>432</td>
<td>12,375</td>
<td>11,942</td>
<td>16,500</td>
<td>16,068</td>
<td>3%</td>
</tr>
<tr>
<td>TOTAL MANDATORY COSTS</td>
<td>3,925,632.11</td>
<td>4,527,300</td>
<td>601,668</td>
<td>6,036,400</td>
<td>2,107,520</td>
<td>65%</td>
</tr>
</tbody>
</table>

### FUNDING

<table>
<thead>
<tr>
<th>FUNDING</th>
<th>ACTUAL</th>
<th>YTD BUDGET</th>
<th>YTD VARIANCE</th>
<th>FULL YEAR BUDGET</th>
<th>BUDGET REMAINING</th>
<th>BUDGET SPENT %</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY OF ST. THOMAS</td>
<td>(544,533)</td>
<td>(490,080)</td>
<td>54,453</td>
<td>(653,440)</td>
<td>(108,907)</td>
<td>83%</td>
</tr>
<tr>
<td>COUNTY OF ELGIN</td>
<td>(641,745)</td>
<td>(641,745)</td>
<td>-</td>
<td>(855,660)</td>
<td>(213,915)</td>
<td>75%</td>
</tr>
<tr>
<td>MOH LTC</td>
<td>(3,395,481)</td>
<td>(3,395,475)</td>
<td>6</td>
<td>(4,527,300)</td>
<td>(1,131,819)</td>
<td>75%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>(4,581,759)</td>
<td>(4,527,300)</td>
<td>54,459</td>
<td>(6,036,400)</td>
<td>(1,454,641)</td>
<td>76%</td>
</tr>
</tbody>
</table>

### DIFFERENCE

| DIFFERENCE                   | (656,127)    | (0)        | 656,127      | -                | 652,879          |
## ELGIN ST. THOMAS PUBLIC HEALTH
## SALARIES
### 9 PERIODS ENDING SEPTEMBER 30, 2017
### UNAUDITED

<table>
<thead>
<tr>
<th>EXPENDITURES</th>
<th>ACTUAL</th>
<th>YTD BUDGET</th>
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<tbody>
<tr>
<td>RECOVERIES</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>MANAGEMENT</td>
<td>714,292</td>
<td>775,500</td>
<td>61,208</td>
<td>1,034,000</td>
<td>319,708</td>
<td>69.1%</td>
</tr>
<tr>
<td>NURSING</td>
<td>865,919</td>
<td>979,875</td>
<td>113,956</td>
<td>1,306,500</td>
<td>440,581</td>
<td>66.3%</td>
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<tr>
<td>INSPECTORS</td>
<td>280,054</td>
<td>292,500</td>
<td>12,446</td>
<td>390,000</td>
<td>109,946</td>
<td>71.8%</td>
</tr>
<tr>
<td>NUTRITION/HEALTH PROMOTION/OTHER</td>
<td>198,477</td>
<td>184,500</td>
<td>(13,977)</td>
<td>246,000</td>
<td>47,523</td>
<td>80.7%</td>
</tr>
<tr>
<td>SUPPORT</td>
<td>216,010</td>
<td>262,125</td>
<td>46,115</td>
<td>349,500</td>
<td>133,490</td>
<td>61.8%</td>
</tr>
<tr>
<td>SURGE CAPACITY SUPPORT</td>
<td>8,953</td>
<td>21,919</td>
<td>12,966</td>
<td>29,225</td>
<td>20,272</td>
<td>30.6%</td>
</tr>
<tr>
<td><strong>TOTAL SALARIES</strong></td>
<td>2,283,705</td>
<td>2,516,419</td>
<td>232,713</td>
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<tr>
<td>----------------------------------</td>
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<td>------------</td>
<td>--------------</td>
<td>------------------</td>
<td>------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>VISION CARE</td>
<td>16,505</td>
<td>18,750</td>
<td>2,245</td>
<td>25,000</td>
<td>8,495</td>
<td>66.0%</td>
</tr>
<tr>
<td>EMPLOYER HEALTH TAX</td>
<td>72,096</td>
<td>75,525</td>
<td>3,429</td>
<td>100,700</td>
<td>28,604</td>
<td>71.6%</td>
</tr>
<tr>
<td>EXTENDED HEALTH CARE</td>
<td>145,914</td>
<td>165,000</td>
<td>19,086</td>
<td>220,000</td>
<td>74,086</td>
<td>66.3%</td>
</tr>
<tr>
<td>DENTAL PLAN</td>
<td>50,058</td>
<td>69,000</td>
<td>18,942</td>
<td>92,000</td>
<td>41,942</td>
<td>54.4%</td>
</tr>
<tr>
<td>CPP</td>
<td>148,717</td>
<td>131,625</td>
<td>(17,092)</td>
<td>175,500</td>
<td>26,783</td>
<td>84.7%</td>
</tr>
<tr>
<td>OMERS</td>
<td>333,679</td>
<td>381,375</td>
<td>47,696</td>
<td>508,500</td>
<td>174,821</td>
<td>65.6%</td>
</tr>
<tr>
<td>LTD</td>
<td>47,725</td>
<td>58,500</td>
<td>10,775</td>
<td>78,000</td>
<td>30,275</td>
<td>61.2%</td>
</tr>
<tr>
<td>WSIB</td>
<td>38,175</td>
<td>40,500</td>
<td>2,325</td>
<td>54,000</td>
<td>15,825</td>
<td>70.7%</td>
</tr>
<tr>
<td>EI</td>
<td>65,236</td>
<td>56,625</td>
<td>(8,611)</td>
<td>75,500</td>
<td>10,264</td>
<td>86.4%</td>
</tr>
<tr>
<td>LIFE INSURANCE</td>
<td>11,916</td>
<td>13,575</td>
<td>1,659</td>
<td>18,100</td>
<td>6,184</td>
<td>65.8%</td>
</tr>
<tr>
<td>PREGNANCY PARENTAL LEAVE (PPL)</td>
<td>18,749</td>
<td>15,000</td>
<td>(3,749)</td>
<td>20,000</td>
<td>1,251</td>
<td>93.7%</td>
</tr>
<tr>
<td>EMPLOYEE ASSISTANCE PROGRAM</td>
<td>2,885</td>
<td>3,375</td>
<td>490</td>
<td>4,500</td>
<td>1,615</td>
<td>64.1%</td>
</tr>
<tr>
<td>MEAL ALLOWANCE</td>
<td>46</td>
<td>1,500</td>
<td>1,454</td>
<td>2,000</td>
<td>1,954</td>
<td>2.3%</td>
</tr>
<tr>
<td>PART-TIME BENEFITS</td>
<td>11,288</td>
<td>13,500</td>
<td>2,212</td>
<td>18,000</td>
<td>6,712</td>
<td>62.7%</td>
</tr>
<tr>
<td>CHARGED TO OTHER PROGRAMS</td>
<td>(330,770)</td>
<td>(319,500)</td>
<td>(11,270)</td>
<td>(426,000)</td>
<td>(95,230)</td>
<td>77.6%</td>
</tr>
<tr>
<td>TOTAL EMPLOYEE BENEFITS</td>
<td>632,218</td>
<td>724,350</td>
<td>92,132</td>
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## ELGIN ST. THOMAS PUBLIC HEALTH
### PREMISES
#### 9 PERIODS ENDING SEPTEMBER 30, 2017
##### UNAUDITED

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<tr>
<th>EXPENDITURES</th>
<th>ACTUAL</th>
<th>YTD BUDGET</th>
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<th>BUDGET REMAINING</th>
<th>BUDGET SPENT %</th>
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</thead>
<tbody>
<tr>
<td>MORTGAGE/RENT</td>
<td>349,596</td>
<td>353,250</td>
<td>3,654</td>
<td>471,000</td>
<td>121,404</td>
<td>74.2%</td>
</tr>
<tr>
<td>HOUSEKEEPING SUPPLIES</td>
<td>5,803</td>
<td>7,500</td>
<td>1,697</td>
<td>10,000</td>
<td>4,197</td>
<td>58.0%</td>
</tr>
<tr>
<td>GROUNDS MAINTENANCE</td>
<td>11,603</td>
<td>11,775</td>
<td>172</td>
<td>15,700</td>
<td>4,097</td>
<td>73.9%</td>
</tr>
<tr>
<td>SERVICE, REPAIRS &amp; MAINTENANCE WAGES</td>
<td>110,837</td>
<td>87,900</td>
<td>(22,937)</td>
<td>117,200</td>
<td>6,363</td>
<td>94.6%</td>
</tr>
<tr>
<td>GARBAGE</td>
<td>3,978</td>
<td>4,500</td>
<td>522</td>
<td>6,000</td>
<td>2,022</td>
<td>66.3%</td>
</tr>
<tr>
<td>HYDRO/WATER</td>
<td>66,973</td>
<td>72,000</td>
<td>5,027</td>
<td>96,000</td>
<td>29,027</td>
<td>69.8%</td>
</tr>
<tr>
<td>UNION GAS - HEAT</td>
<td>1,089</td>
<td>1,875</td>
<td>786</td>
<td>2,500</td>
<td>1,411</td>
<td>43.5%</td>
</tr>
<tr>
<td>INSURANCE - PREMISES</td>
<td>7,773</td>
<td>7,875</td>
<td>102</td>
<td>10,500</td>
<td>2,727</td>
<td>74.0%</td>
</tr>
<tr>
<td>JANITORIAL/SECURITY</td>
<td>50,164</td>
<td>52,500</td>
<td>2,335</td>
<td>70,000</td>
<td>19,836</td>
<td>71.7%</td>
</tr>
<tr>
<td><strong>TOTAL PREMISES</strong></td>
<td><strong>607,816</strong></td>
<td><strong>599,175</strong></td>
<td><strong>(8,641)</strong></td>
<td><strong>798,900</strong></td>
<td><strong>191,084</strong></td>
<td><strong>76.1%</strong></td>
</tr>
<tr>
<td>EXPENDITURES</td>
<td>ACTUAL</td>
<td>YTD VARIANCE</td>
<td>FULL YEAR BUDGET</td>
<td>BUDGET REMAINING</td>
<td>BUDGET SPENT %</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>--------</td>
<td>--------------</td>
<td>------------------</td>
<td>------------------</td>
<td>----------------</td>
<td></td>
</tr>
<tr>
<td>PRENATAL COURSE FEES</td>
<td>(885)</td>
<td>510</td>
<td>(500)</td>
<td>385</td>
<td>177%</td>
<td></td>
</tr>
<tr>
<td>PRENATAL COURSE EXPENDITURES</td>
<td>-</td>
<td>375</td>
<td>500</td>
<td>500</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>NRT REVENUE</td>
<td>(128)</td>
<td>(172)</td>
<td>(400)</td>
<td>(272)</td>
<td>32%</td>
<td></td>
</tr>
<tr>
<td>NRT MATERIALS &amp; SUPPLIES</td>
<td>-</td>
<td>7,800</td>
<td>10,400</td>
<td>10,400</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>MATERIALS AND SUPPLIES</td>
<td>27,405</td>
<td>14,895</td>
<td>56,400</td>
<td>28,995</td>
<td>49%</td>
<td></td>
</tr>
<tr>
<td>TRAVEL/MEETING EXPENSES</td>
<td>16,411</td>
<td>7,589</td>
<td>32,000</td>
<td>15,589</td>
<td>51%</td>
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<tr>
<td>ADVERTISING</td>
<td>6,153</td>
<td>822</td>
<td>9,300</td>
<td>3,147</td>
<td>66%</td>
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<tr>
<td>SUBSCR./MEMBERSHIPS/LIBRARY</td>
<td>3,535</td>
<td>215</td>
<td>5,000</td>
<td>1,465</td>
<td>71%</td>
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<tr>
<td>PROFESSIONAL DEVELOPMENT</td>
<td>5,368</td>
<td>2,132</td>
<td>10,000</td>
<td>4,632</td>
<td>54%</td>
<td></td>
</tr>
<tr>
<td>VOLUNTEER RECOGNITION/TRAINING</td>
<td>707</td>
<td>(144)</td>
<td>750</td>
<td>43</td>
<td>94%</td>
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<tr>
<td>TOTAL HEALTH PROMOTION</td>
<td>58,566</td>
<td>34,022</td>
<td>123,450</td>
<td>64,884</td>
<td>47%</td>
<td></td>
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</tbody>
</table>
### ELGIN ST. THOMAS PUBLIC HEALTH
### HEALTH PROTECTION
### 9 PERIODS ENDING SEPTEMBER 30, 2017
### UNAUDITED

<table>
<thead>
<tr>
<th>EXPENDITURES</th>
<th>ACTUAL</th>
<th>YTD BUDGET</th>
<th>YTD VARIANCE</th>
<th>FULL YEAR BUDGET</th>
<th>BUDGET REMAINING</th>
<th>BUDGET SPENT %</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOOD SAFE COURSE FEES</td>
<td>(2,049)</td>
<td>(2,625)</td>
<td>(576)</td>
<td>(3,500)</td>
<td>(1,451)</td>
<td>59%</td>
</tr>
<tr>
<td>FOOD SAFE COURSE EXPENSES</td>
<td>-</td>
<td>525</td>
<td>525</td>
<td>700</td>
<td>700</td>
<td>0%</td>
</tr>
<tr>
<td>MIGRANT HOUSING INSPECTION FEES</td>
<td>(3,975)</td>
<td>(3,150)</td>
<td>825</td>
<td>(4,200)</td>
<td>(225)</td>
<td>95%</td>
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<tr>
<td>FIXED PREMISES PROPERTY SEARCHES</td>
<td>(500)</td>
<td>(94)</td>
<td>406</td>
<td>(125)</td>
<td>375</td>
<td>400%</td>
</tr>
<tr>
<td>SCHOOL VPD PROGRAM REVENUE</td>
<td>(14,748)</td>
<td>(9,881)</td>
<td>4,866</td>
<td>(13,175)</td>
<td>1,573</td>
<td>112%</td>
</tr>
<tr>
<td>INFLUENZA PROGRAM REVENUE</td>
<td>(90)</td>
<td>(750)</td>
<td>(660)</td>
<td>(1,000)</td>
<td>(910)</td>
<td>9%</td>
</tr>
<tr>
<td>TB TESTING REVENUE</td>
<td>(5,660)</td>
<td>(14,625)</td>
<td>(8,965)</td>
<td>(19,500)</td>
<td>(13,840)</td>
<td>29%</td>
</tr>
<tr>
<td>TB TESTING PROGRAM EXPENDITURES</td>
<td>-</td>
<td>11,494</td>
<td>11,494</td>
<td>15,325</td>
<td>15,325</td>
<td>0%</td>
</tr>
<tr>
<td>PRIVATE PAY VACCINE REVENUE</td>
<td>(8,845)</td>
<td>(1,875)</td>
<td>6,970</td>
<td>(2,500)</td>
<td>6,345</td>
<td>354%</td>
</tr>
<tr>
<td>PRIVATE PAY VACCINE EXPENDITURE</td>
<td>6,478</td>
<td>1,106</td>
<td>(5,372)</td>
<td>1,475</td>
<td>(5,003)</td>
<td>439%</td>
</tr>
<tr>
<td>MATERIALS &amp; SUPPLIES</td>
<td>32,136</td>
<td>45,769</td>
<td>13,633</td>
<td>61,025</td>
<td>28,889</td>
<td>53%</td>
</tr>
<tr>
<td>TRAVEL/MEETING EXPENSES</td>
<td>16,746</td>
<td>28,500</td>
<td>11,754</td>
<td>38,000</td>
<td>21,254</td>
<td>44%</td>
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<tr>
<td>ADVERTISING (PUBLIC AWARENESS)</td>
<td>-</td>
<td>750</td>
<td>750</td>
<td>1,000</td>
<td>1,000</td>
<td>0%</td>
</tr>
<tr>
<td>SUBSCRIPTIONS/MEMBERSHIPS/LIBRARY</td>
<td>493</td>
<td>750</td>
<td>257</td>
<td>1,000</td>
<td>507</td>
<td>49%</td>
</tr>
<tr>
<td>PROFESSIONAL DEVELOPMENT</td>
<td>5,656</td>
<td>6,750</td>
<td>1,094</td>
<td>9,000</td>
<td>3,344</td>
<td>63%</td>
</tr>
<tr>
<td>SEXUAL HEALTH REVENUE</td>
<td>(20,938)</td>
<td>(18,750)</td>
<td>2,188</td>
<td>(25,000)</td>
<td>(4,062)</td>
<td>84%</td>
</tr>
<tr>
<td>CLINICAL SERVICES</td>
<td>3,373</td>
<td>6,000</td>
<td>2,627</td>
<td>8,000</td>
<td>4,627</td>
<td>42%</td>
</tr>
<tr>
<td>SALE OF ORAL CONTRACEPTIVES REVENUE</td>
<td>(12,725)</td>
<td>(12,375)</td>
<td>350</td>
<td>(16,500)</td>
<td>(3,775)</td>
<td>77%</td>
</tr>
<tr>
<td>ORAL CONTRACEPTIVES</td>
<td>9,716</td>
<td>13,500</td>
<td>3,784</td>
<td>18,000</td>
<td>8,284</td>
<td>54%</td>
</tr>
<tr>
<td>TOTAL HEALTH PROTECTION</td>
<td>5,068</td>
<td>51,019</td>
<td>45,951</td>
<td>68,025</td>
<td>62,957</td>
<td>7%</td>
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</table>
# ELGIN ST. THOMAS PUBLIC HEALTH
## CORPORATE
### 9 PERIODS ENDING SEPTEMBER 30, 2017
#### UNAUDITED

```
<table>
<thead>
<tr>
<th>EXPENDITURES</th>
<th>YTD ACTUAL</th>
<th>YTD BUDGET</th>
<th>BUDGET VARIANCE</th>
<th>FULL YEAR BUDGET</th>
<th>BUDGET REMAINING</th>
<th>BUDGET SPENT %</th>
</tr>
</thead>
<tbody>
<tr>
<td>BANK INTEREST</td>
<td>(3,248)</td>
<td>-</td>
<td>3,248</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>OFFICE SUPPLIES</td>
<td>3,230</td>
<td>11,250</td>
<td>8,020</td>
<td>15,000</td>
<td>11,770</td>
<td>21.5%</td>
</tr>
<tr>
<td>PRINTING</td>
<td>11,786</td>
<td>13,500</td>
<td>1,714</td>
<td>18,000</td>
<td>6,214</td>
<td>65.5%</td>
</tr>
<tr>
<td>TELEPHONE</td>
<td>28,872</td>
<td>30,750</td>
<td>1,878</td>
<td>41,000</td>
<td>12,128</td>
<td>70.4%</td>
</tr>
<tr>
<td>POSTAGE</td>
<td>4,614</td>
<td>3,750</td>
<td>(864)</td>
<td>5,000</td>
<td>386</td>
<td>92.3%</td>
</tr>
<tr>
<td>COURIER</td>
<td>601</td>
<td>750</td>
<td>149</td>
<td>1,000</td>
<td>399</td>
<td>60.1%</td>
</tr>
<tr>
<td>OFFICE EQUIPMENT MAINTENANCE</td>
<td>(277)</td>
<td>3,000</td>
<td>3,277</td>
<td>4,000</td>
<td>4,277</td>
<td>-6.9%</td>
</tr>
<tr>
<td>OFFICE EQUIPMENT RENTAL</td>
<td>8,081</td>
<td>9,000</td>
<td>919</td>
<td>12,000</td>
<td>3,919</td>
<td>67.3%</td>
</tr>
<tr>
<td>ADVERTISING RECRUITMENT</td>
<td>750</td>
<td>2,250</td>
<td>1,500</td>
<td>3,000</td>
<td>2,250</td>
<td>25.0%</td>
</tr>
<tr>
<td>MEETING EXPENSE</td>
<td>3,944</td>
<td>4,500</td>
<td>556</td>
<td>6,000</td>
<td>2,056</td>
<td>65.7%</td>
</tr>
<tr>
<td>ADVERTISING/PROMOTION/COMMUNICATIONS</td>
<td>181</td>
<td>52,500</td>
<td>52,319</td>
<td>70,000</td>
<td>69,819</td>
<td>0%</td>
</tr>
<tr>
<td>ENGAGEMENT STRATEGIES</td>
<td>20,391</td>
<td>22,500</td>
<td>2,109</td>
<td>30,000</td>
<td>9,609</td>
<td>68%</td>
</tr>
<tr>
<td>RECRUITMENT EXPENSES</td>
<td>3,663</td>
<td>2,625</td>
<td>(1,038)</td>
<td>3,500</td>
<td>(163)</td>
<td>105%</td>
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<tr>
<td>LEGAL</td>
<td>16,239</td>
<td>52,500</td>
<td>36,261</td>
<td>70,000</td>
<td>53,761</td>
<td>23%</td>
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<tr>
<td>AUDIT</td>
<td>11,873</td>
<td>10,875</td>
<td>(998)</td>
<td>14,500</td>
<td>2,627</td>
<td>82%</td>
</tr>
<tr>
<td>SERVICE FEES</td>
<td>6,177</td>
<td>7,500</td>
<td>1,323</td>
<td>10,000</td>
<td>3,823</td>
<td>62%</td>
</tr>
<tr>
<td>INSURANCE EXCLUDING PREMISES</td>
<td>18,142</td>
<td>22,500</td>
<td>4,358</td>
<td>30,000</td>
<td>11,858</td>
<td>60%</td>
</tr>
<tr>
<td>STAFF TRAINING, WELLNESS</td>
<td>3,647</td>
<td>12,000</td>
<td>8,353</td>
<td>16,000</td>
<td>12,354</td>
<td>23%</td>
</tr>
<tr>
<td>LABOUR RELATIONS/RECRUITMENT</td>
<td>5,211</td>
<td>18,750</td>
<td>13,539</td>
<td>25,000</td>
<td>19,789</td>
<td>21%</td>
</tr>
<tr>
<td>IT SUPPORT &amp; SOFTWARE</td>
<td>153,716</td>
<td>150,000</td>
<td>(3,716)</td>
<td>200,000</td>
<td>46,284</td>
<td>77%</td>
</tr>
<tr>
<td>FURNITURE &amp; EQUIPMENT</td>
<td>1,780</td>
<td>15,000</td>
<td>13,220</td>
<td>20,000</td>
<td>18,220</td>
<td>8.9%</td>
</tr>
<tr>
<td>COMPUTER/TECHNOLOGY EQUIPMENT</td>
<td>16,639</td>
<td>57,000</td>
<td>40,361</td>
<td>76,000</td>
<td>59,361</td>
<td>21.9%</td>
</tr>
<tr>
<td><strong>TOTAL CORPORATE</strong></td>
<td><strong>316,013</strong></td>
<td><strong>502,500</strong></td>
<td><strong>186,487</strong></td>
<td><strong>670,000</strong></td>
<td><strong>350,739</strong></td>
<td><strong>47%</strong></td>
</tr>
</tbody>
</table>
```
## ELGIN ST. THOMAS PUBLIC HEALTH
### ADMINISTRATION COSTS
#### 9 PERIODS ENDING SEPTEMBER 30, 2017
---
#### UNAUDITED
---

<table>
<thead>
<tr>
<th>EXPENDITURES</th>
<th>ACTUAL</th>
<th>YTD BUDGET</th>
<th>YTD VARIANCE</th>
<th>FULL YEAR BUDGET</th>
<th>BUDGET REMAINING</th>
<th>BUDGET SPENT %</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRAVEL</td>
<td>2,267</td>
<td>3,750</td>
<td>1,483</td>
<td>5,000</td>
<td>2,733</td>
<td>45%</td>
</tr>
<tr>
<td>MEMBERSHIPS/SUBSCRIPTIONS</td>
<td>10,158</td>
<td>10,500</td>
<td>342</td>
<td>14,000</td>
<td>3,842</td>
<td>73%</td>
</tr>
<tr>
<td>OCCUPATIONAL HEALTH &amp; SAFETY</td>
<td>2,432</td>
<td>4,875</td>
<td>2,443</td>
<td>6,500</td>
<td>4,068</td>
<td>37%</td>
</tr>
<tr>
<td>PROFESSIONAL DEVELOPMENT</td>
<td>6,956</td>
<td>9,750</td>
<td>2,794</td>
<td>13,000</td>
<td>6,044</td>
<td>54%</td>
</tr>
<tr>
<td><strong>TOTAL ADMINISTRATION</strong></td>
<td>21,813</td>
<td>28,875</td>
<td>7,062</td>
<td>38,500</td>
<td>16,687</td>
<td>57%</td>
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</table>
## ELGIN ST. THOMAS PUBLIC HEALTH
### BOARD OF HEALTH COSTS
#### 9 PERIODS ENDING SEPTEMBER 30, 2017
##### UNAUDITED

<table>
<thead>
<tr>
<th>EXPENDITURES</th>
<th>ACTUAL</th>
<th>YTD BUDGET</th>
<th>YTD VARIANCE</th>
<th>FULL YEAR BUDGET</th>
<th>BUDGET REMAINING</th>
<th>BUDGET SPENT %</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRAVEL</td>
<td>-</td>
<td>1,125</td>
<td>1,125</td>
<td>1,500</td>
<td>1,500</td>
<td>0%</td>
</tr>
<tr>
<td>MEETING EXPENSE</td>
<td>432</td>
<td>1,125</td>
<td>693</td>
<td>1,500</td>
<td>1,068</td>
<td>29%</td>
</tr>
<tr>
<td>MISCELLANEOUS</td>
<td>-</td>
<td>375</td>
<td>375</td>
<td>500</td>
<td>500</td>
<td>0%</td>
</tr>
<tr>
<td>HONORARIA</td>
<td>-</td>
<td>7,500</td>
<td>7,500</td>
<td>10,000</td>
<td>10,000</td>
<td>0%</td>
</tr>
<tr>
<td>CONFERENCES/CONVENTIONS</td>
<td>-</td>
<td>2,250</td>
<td>2,250</td>
<td>3,000</td>
<td>3,000</td>
<td>0%</td>
</tr>
<tr>
<td><strong>TOTAL BOARD OF HEALTH</strong></td>
<td>432</td>
<td>12,375</td>
<td>11,942</td>
<td>16,500</td>
<td>16,068</td>
<td>3%</td>
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</table>
ELGIN ST. THOMAS PUBLIC HEALTH
HEALTHY BABIES HEALTHY CHILDREN
9 PERIODS ENDING SEPTEMBER 30, 2017
UNAUDITED

<table>
<thead>
<tr>
<th>EXPENDITURES</th>
<th>ACTUAL</th>
<th>YTD BUDGET</th>
<th>YTD VARIANCE</th>
<th>FULL YEAR BUDGET</th>
<th>BUDGET REMAINING</th>
<th>BUDGET SPENT %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SALARIES, WAGES, BENEFITS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SALARIES</td>
<td>342,545</td>
<td>345,054</td>
<td>2,509</td>
<td>460,072</td>
<td>117,527</td>
<td>74%</td>
</tr>
<tr>
<td>LAY HOME VISITORS</td>
<td>102,007</td>
<td>99,498</td>
<td>(2,509)</td>
<td>132,664</td>
<td>30,657</td>
<td>77%</td>
</tr>
<tr>
<td>SALARIES</td>
<td>444,552</td>
<td>444,552</td>
<td>0</td>
<td>592,736</td>
<td>148,184</td>
<td>75%</td>
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<tr>
<td>EMPLOYEE BENEFITS</td>
<td>111,782</td>
<td>111,782</td>
<td>-</td>
<td>149,042</td>
<td>37,261</td>
<td>75%</td>
</tr>
<tr>
<td>TOTAL SALARIES, WAGES &amp; BENEFITS</td>
<td>556,333</td>
<td>556,333</td>
<td>0</td>
<td>741,778</td>
<td>185,445</td>
<td>75%</td>
</tr>
<tr>
<td><strong>CONTRACT SERVICES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADMINISTRATION: ISCIS RELEASE 2.0 SUPPORT</td>
<td>2,250</td>
<td>2,250</td>
<td>-</td>
<td>3,000</td>
<td>750</td>
<td>75%</td>
</tr>
<tr>
<td>TOTAL CONTRACT SERVICES</td>
<td>2,250</td>
<td>2,250</td>
<td>-</td>
<td>3,000</td>
<td>750</td>
<td>75%</td>
</tr>
<tr>
<td><strong>OPERATING COSTS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OFFICE SUPPLIES</td>
<td>1,512</td>
<td>3,900</td>
<td>2,388</td>
<td>5,200</td>
<td>3,688</td>
<td>29%</td>
</tr>
<tr>
<td>OFFICE EQUIPMENT</td>
<td>-</td>
<td>3,000</td>
<td>3,000</td>
<td>4,000</td>
<td>4,000</td>
<td>0%</td>
</tr>
<tr>
<td>PROFESSIONAL DEVELOPMENT &amp; TRAINING</td>
<td>2,174</td>
<td>3,000</td>
<td>826</td>
<td>4,000</td>
<td>1,826</td>
<td>54%</td>
</tr>
<tr>
<td>TRAVEL</td>
<td>12,202</td>
<td>12,202</td>
<td>-</td>
<td>16,270</td>
<td>4,068</td>
<td>75%</td>
</tr>
<tr>
<td>PROGRAM RESOURCES</td>
<td>4,819</td>
<td>6,752</td>
<td>1,934</td>
<td>9,003</td>
<td>4,184</td>
<td>54%</td>
</tr>
<tr>
<td>AUDIT</td>
<td>-</td>
<td>1,650</td>
<td>1,650</td>
<td>2,200</td>
<td>2,200</td>
<td>0%</td>
</tr>
<tr>
<td>TOTAL OPERATING COSTS</td>
<td>20,707</td>
<td>30,505</td>
<td>9,797</td>
<td>40,673</td>
<td>19,966</td>
<td>51%</td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURES</strong></td>
<td>579,291</td>
<td>589,088</td>
<td>9,797</td>
<td>785,451</td>
<td>206,160</td>
<td>74%</td>
</tr>
</tbody>
</table>

**FUNDING**

<table>
<thead>
<tr>
<th>FUNDING</th>
<th></th>
<th></th>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MINISTRY OF CHILDREN &amp; YOUTH</td>
<td>(589,089)</td>
<td>(589,088)</td>
<td>1</td>
<td>(785,451)</td>
<td>(196,362)</td>
<td>75%</td>
</tr>
<tr>
<td>TOTAL FUNDING</td>
<td>(589,089)</td>
<td>(589,088)</td>
<td>1</td>
<td>(785,451)</td>
<td>(196,362)</td>
<td>75%</td>
</tr>
</tbody>
</table>

**OVER(UNDER) BUDGET**

<table>
<thead>
<tr>
<th>OVER(UNDER) BUDGET</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(9,798)</td>
<td>(0)</td>
<td>9,798</td>
<td>(0)</td>
<td>9,798</td>
<td></td>
</tr>
</tbody>
</table>
### ELGIN ST. THOMAS PUBLIC HEALTH
### NURSE PRACTITIONER
### 9 PERIODS ENDING SEPTEMBER 30, 2017
### UNAUDITED

<table>
<thead>
<tr>
<th>EXPENDITURES</th>
<th>ACTUAL</th>
<th>YTD BUDGET</th>
<th>YTD VARIANCE</th>
<th>FULL YEAR BUDGET</th>
<th>BUDGET REMAINING</th>
<th>BUDGET SPENT %</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPNP PAYMENTS</td>
<td>103,500</td>
<td>104,250</td>
<td>750</td>
<td>139,000</td>
<td>35,500</td>
<td>74%</td>
</tr>
<tr>
<td>TOTAL NURSE PRACTITIONER</td>
<td>103,500</td>
<td>104,250</td>
<td>750</td>
<td>139,000</td>
<td>35,500</td>
<td></td>
</tr>
</tbody>
</table>

### FUNDING

| MINISTRY OF CHILDREN & YOUTH | (104,254) | (104,250) | 4            | (139,000) | (34,746) | 75%        |
| TOTAL FUNDING                | (104,254) | (104,250) | 4            | (139,000) | (34,746) |

### OVER(UNDER) BUDGET

| OVER(UNDER) BUDGET | (754) | - | 754 | - | 754 |
### EXPENDITURES

<table>
<thead>
<tr>
<th>Category</th>
<th>YTD ACTUAL</th>
<th>YTD BUDGET</th>
<th>VARIANCE</th>
<th>FULL YEAR BUDGET</th>
<th>BUDGET REMAINING</th>
<th>BUDGET SPENT %</th>
</tr>
</thead>
<tbody>
<tr>
<td>SALARIES &amp; BENEFITS</td>
<td>174,404</td>
<td>181,366</td>
<td>6,962</td>
<td>241,822</td>
<td>67,418</td>
<td>72%</td>
</tr>
<tr>
<td>STAFF TRAINING</td>
<td>5,632</td>
<td>3,750</td>
<td>(1,882)</td>
<td>5,000</td>
<td>(632)</td>
<td>113%</td>
</tr>
<tr>
<td>TRAVEL</td>
<td>2,353</td>
<td>3,750</td>
<td>1,397</td>
<td>5,000</td>
<td>2,647</td>
<td>47%</td>
</tr>
<tr>
<td>BUILDING OCCUPANCY</td>
<td>20,768</td>
<td>20,768</td>
<td>0</td>
<td>27,691</td>
<td>6,923</td>
<td>75%</td>
</tr>
<tr>
<td>OFFICE EXPENSES</td>
<td>3,125</td>
<td>2,636</td>
<td>(489)</td>
<td>3,514</td>
<td>389</td>
<td>113%</td>
</tr>
<tr>
<td>MATERIALS &amp; SUPPLIES</td>
<td>29,673</td>
<td>21,629</td>
<td>(8,043)</td>
<td>28,839</td>
<td>(834)</td>
<td>103%</td>
</tr>
<tr>
<td>OFFICE EQUIPMENT</td>
<td>3,208</td>
<td>5,250</td>
<td>2,042</td>
<td>7,000</td>
<td>3,792</td>
<td>46%</td>
</tr>
<tr>
<td>PURCHASED SERVICES</td>
<td>22,656</td>
<td>40,294</td>
<td>17,638</td>
<td>53,725</td>
<td>31,069</td>
<td>42%</td>
</tr>
<tr>
<td>COMMUNICATION COSTS</td>
<td>5,423</td>
<td>4,357</td>
<td>(1,066)</td>
<td>5,809</td>
<td>386</td>
<td>93%</td>
</tr>
<tr>
<td>INFORMATION TECHNOLOGY EQUIPMENT</td>
<td>1,145</td>
<td>900</td>
<td>(245)</td>
<td>1,200</td>
<td>55</td>
<td>95%</td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURES</strong></td>
<td><strong>268,386</strong></td>
<td><strong>284,700</strong></td>
<td><strong>16,313</strong></td>
<td><strong>379,600</strong></td>
<td><strong>111,214</strong></td>
<td><strong>71%</strong></td>
</tr>
</tbody>
</table>

### FUNDING

<table>
<thead>
<tr>
<th>Category</th>
<th>YTD ACTUAL</th>
<th>YTD BUDGET</th>
<th>VARIANCE</th>
<th>FULL YEAR BUDGET</th>
<th>BUDGET REMAINING</th>
<th>BUDGET SPENT %</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROVINCE</td>
<td>(284,704)</td>
<td>(284,700)</td>
<td>4</td>
<td>(379,600)</td>
<td>(94,896)</td>
<td>75%</td>
</tr>
<tr>
<td><strong>TOTAL FUNDING</strong></td>
<td><strong>(284,704)</strong></td>
<td><strong>(284,700)</strong></td>
<td><strong>4</strong></td>
<td><strong>(379,600)</strong></td>
<td><strong>(94,896)</strong></td>
<td><strong>75%</strong></td>
</tr>
</tbody>
</table>

| OVER / (UNDER) BUDGET                | (16,318)   | (0)        | 16,317   | -                | 16,318           |                |
## ELGIN ST. THOMAS PUBLIC HEALTH
### INFECTIOUS DISEASES CONTROL
#### 9 PERIODS ENDING SEPTEMBER 30, 2017
##### UNAUDITED

<table>
<thead>
<tr>
<th>EXPENDITURES</th>
<th>ACTUAL</th>
<th>YTD BUDGET</th>
<th>YTD VARIANCE</th>
<th>FULL YEAR BUDGET</th>
<th>BUDGET REMAINING</th>
<th>BUDGET SPENT %</th>
</tr>
</thead>
<tbody>
<tr>
<td>SALARIES &amp; BENEFITS</td>
<td>155,625</td>
<td>155,625</td>
<td>(0)</td>
<td>207,500</td>
<td>51,875</td>
<td>75%</td>
</tr>
<tr>
<td>TRAVEL</td>
<td>1,111</td>
<td>1,500</td>
<td>389</td>
<td>2,000</td>
<td>889</td>
<td>56%</td>
</tr>
<tr>
<td>STAFF TRAINING</td>
<td>799</td>
<td>1,125</td>
<td>326</td>
<td>1,500</td>
<td>701</td>
<td>53%</td>
</tr>
<tr>
<td>OFFICE EXPENSES</td>
<td>1,875</td>
<td>1,890</td>
<td>15</td>
<td>2,520</td>
<td>645</td>
<td>74%</td>
</tr>
<tr>
<td>MATERIALS &amp; SUPPLIES</td>
<td>2,734</td>
<td>5,025</td>
<td>2,291</td>
<td>6,700</td>
<td>3,966</td>
<td>41%</td>
</tr>
<tr>
<td>COMMUNICATION COSTS</td>
<td>686</td>
<td>1,560</td>
<td>874</td>
<td>2,080</td>
<td>1,394</td>
<td>33%</td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURES</strong></td>
<td>162,829</td>
<td>166,725</td>
<td>3,896</td>
<td>222,300</td>
<td>59,471</td>
<td>73%</td>
</tr>
</tbody>
</table>

### FUNDING

<table>
<thead>
<tr>
<th>FUNDING</th>
<th>ACTUAL</th>
<th>BUDGET</th>
<th>VARIANCE</th>
<th>FULL YEAR BUDGET</th>
<th>REMAINING</th>
<th>SPENT %</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROVINCE</td>
<td>(166,731)</td>
<td>(166,725)</td>
<td>6</td>
<td>(222,300)</td>
<td>(55,569)</td>
<td>75%</td>
</tr>
<tr>
<td><strong>TOTAL FUNDING</strong></td>
<td>(166,731)</td>
<td>(166,725)</td>
<td>6</td>
<td>(222,300)</td>
<td>(55,569)</td>
<td></td>
</tr>
<tr>
<td><strong>OVER / (UNDER) BUDGET</strong></td>
<td>(3,902)</td>
<td>-</td>
<td>3,902</td>
<td>-</td>
<td>3,902</td>
<td></td>
</tr>
<tr>
<td>EXPENDITURES</td>
<td>ACTUAL</td>
<td>YTD BUDGET</td>
<td>YTD VARIANCE</td>
<td>FULL YEAR BUDGET</td>
<td>BUDGET REMAINING</td>
<td>BUDGET SPENT %</td>
</tr>
<tr>
<td>---------------------</td>
<td>--------</td>
<td>------------</td>
<td>--------------</td>
<td>------------------</td>
<td>------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>SALARIES &amp; BENEFITS</td>
<td>13,100</td>
<td>13,100</td>
<td>0</td>
<td>17,467</td>
<td>4,367</td>
<td>75%</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES</td>
<td>13,100</td>
<td>13,100</td>
<td>0</td>
<td>17,467</td>
<td>4,367</td>
<td>75%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FUNDING</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY OF ST. THOMAS</td>
<td>(1,576)</td>
<td>(1,418)</td>
<td>158</td>
<td>(1,891)</td>
<td>(315)</td>
<td>83%</td>
</tr>
<tr>
<td>COUNTY OF ELGIN</td>
<td>(1,857)</td>
<td>(1,857)</td>
<td>0</td>
<td>(2,476)</td>
<td>(619)</td>
<td>75%</td>
</tr>
<tr>
<td>PROVINCE</td>
<td>(9,827)</td>
<td>(9,825)</td>
<td>2</td>
<td>(13,100)</td>
<td>(3,273)</td>
<td>75%</td>
</tr>
<tr>
<td>TOTAL FUNDING</td>
<td>(13,260)</td>
<td>(13,100)</td>
<td>160</td>
<td>(17,467)</td>
<td>(4,207)</td>
<td>25%</td>
</tr>
</tbody>
</table>

<p>| OVER / (UNDER) BUDGET | (160) | 0 | 160 | - | 160 |</p>
<table>
<thead>
<tr>
<th>EXPENDITURES</th>
<th>ACTUAL</th>
<th>YTD BUDGET</th>
<th>YTD VARIANCE</th>
<th>FULL YEAR BUDGET</th>
<th>BUDGET REMAINING</th>
<th>BUDGET SPENT %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BASIC ENFORCEMENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SALARIES &amp; BENEFITS</td>
<td>74,193</td>
<td>89,614</td>
<td>15,422</td>
<td>119,486</td>
<td>45,293</td>
<td>62%</td>
</tr>
<tr>
<td>STAFF TRAINING</td>
<td>-</td>
<td>1,125</td>
<td>1,125</td>
<td>1,500</td>
<td>1,500</td>
<td>0%</td>
</tr>
<tr>
<td>TRAVEL</td>
<td>984</td>
<td>1,500</td>
<td>516</td>
<td>2,000</td>
<td>1,016</td>
<td>49%</td>
</tr>
<tr>
<td>OFFICE EXPENSES</td>
<td>-</td>
<td>375</td>
<td>375</td>
<td>500</td>
<td>500</td>
<td>0%</td>
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<tr>
<td>PROGRAM MATERIALS/SUPPLIES</td>
<td>822</td>
<td>1,498</td>
<td>676</td>
<td>1,997</td>
<td>1,175</td>
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<td>ALLOCATED ADMINISTRATION COSTS</td>
<td>7,813</td>
<td>7,813</td>
<td>0</td>
<td>10,417</td>
<td>2,604</td>
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<tr>
<td>COMMUNICATIONS COSTS</td>
<td>218</td>
<td>450</td>
<td>232</td>
<td>600</td>
<td>382</td>
<td>36%</td>
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<td>PURCHASED SERVICES</td>
<td>41</td>
<td>750</td>
<td>709</td>
<td>1,000</td>
<td>959</td>
<td>4%</td>
</tr>
<tr>
<td><strong>TOTAL BASIC ENFORCEMENT</strong></td>
<td>84,070</td>
<td>103,125</td>
<td>19,055</td>
<td>137,500.00</td>
<td>53,430</td>
<td>61%</td>
</tr>
<tr>
<td><strong>COORDINATION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SALARIES &amp; BENEFITS</td>
<td>58,884</td>
<td>62,732</td>
<td>3,848</td>
<td>83,642</td>
<td>24,758</td>
<td>70%</td>
</tr>
<tr>
<td>STAFF TRAINING</td>
<td>-</td>
<td>1,500</td>
<td>1,500</td>
<td>2,000</td>
<td>2,000</td>
<td>0%</td>
</tr>
<tr>
<td>TRAVEL</td>
<td>368</td>
<td>825</td>
<td>457</td>
<td>1,100</td>
<td>733</td>
<td>33%</td>
</tr>
<tr>
<td>OFFICE EXPENSES</td>
<td>198</td>
<td>150</td>
<td>(48)</td>
<td>200</td>
<td>2</td>
<td>99%</td>
</tr>
<tr>
<td>PROGRAM MATERIALS/SUPPLIES</td>
<td>3,794</td>
<td>4,138</td>
<td>343</td>
<td>5,517</td>
<td>1,723</td>
<td>69%</td>
</tr>
<tr>
<td>ALLOCATED ADMINISTRATION COSTS</td>
<td>4,306</td>
<td>4,306</td>
<td>(0)</td>
<td>5,741</td>
<td>1,435</td>
<td>75%</td>
</tr>
<tr>
<td>COMMUNICATIONS COSTS</td>
<td>114</td>
<td>600</td>
<td>486</td>
<td>800</td>
<td>686</td>
<td>14%</td>
</tr>
<tr>
<td>PURCHASED SERVICES</td>
<td>196</td>
<td>750</td>
<td>554</td>
<td>1,000</td>
<td>804</td>
<td>20%</td>
</tr>
<tr>
<td><strong>TOTAL COORDINATION</strong></td>
<td>67,859</td>
<td>75,000</td>
<td>7,141</td>
<td>100,000.00</td>
<td>32,141</td>
<td>68%</td>
</tr>
<tr>
<td><strong>YOUTH ENGAGEMENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SALARIES &amp; BENEFITS</td>
<td>51,862</td>
<td>54,979</td>
<td>3,116</td>
<td>73,305</td>
<td>21,443</td>
<td>71%</td>
</tr>
<tr>
<td>STAFF TRAINING</td>
<td>-</td>
<td>1,125</td>
<td>1,125</td>
<td>1,500</td>
<td>1,500</td>
<td>0%</td>
</tr>
<tr>
<td>TRAVEL</td>
<td>501</td>
<td>900</td>
<td>399</td>
<td>1,200</td>
<td>699</td>
<td>42%</td>
</tr>
<tr>
<td>PROGRAM MATERIALS/SUPPLIES</td>
<td>2,491</td>
<td>2,396</td>
<td>(95)</td>
<td>3,195</td>
<td>704</td>
<td>78%</td>
</tr>
<tr>
<td>COMMUNICATIONS COSTS</td>
<td>468</td>
<td>600</td>
<td>132</td>
<td>800</td>
<td>332</td>
<td>58%</td>
</tr>
<tr>
<td><strong>TOTAL YOUTH ENGAGEMENT</strong></td>
<td>55,322</td>
<td>60,000</td>
<td>4,678</td>
<td>80,000.00</td>
<td>24,678</td>
<td>69%</td>
</tr>
</tbody>
</table>
### PROSECUTION

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SALARIES</strong></td>
<td>4,093</td>
<td>5,913</td>
<td>1,820</td>
<td>7,884</td>
<td>3,791</td>
<td>52%</td>
</tr>
<tr>
<td><strong>TRAVEL</strong></td>
<td>245</td>
<td>375</td>
<td>130</td>
<td>500</td>
<td>255</td>
<td>49%</td>
</tr>
<tr>
<td><strong>M&amp;S</strong></td>
<td>-</td>
<td>237</td>
<td>237</td>
<td>316</td>
<td>316</td>
<td>0%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>4,339</td>
<td>6,525</td>
<td>2,186</td>
<td>8,700.00</td>
<td>4,361</td>
<td>50%</td>
</tr>
</tbody>
</table>

### E-CIGARETTES

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SALARIES &amp; BENEFITS</strong></td>
<td>7,426</td>
<td>7,142</td>
<td>(284)</td>
<td>9,523</td>
<td>2,097</td>
<td>78%</td>
</tr>
<tr>
<td><strong>TRAVEL</strong></td>
<td>246</td>
<td>375</td>
<td>129</td>
<td>500</td>
<td>254</td>
<td>49%</td>
</tr>
<tr>
<td><strong>OFFICE EXPENSES</strong></td>
<td>-</td>
<td>225</td>
<td>225</td>
<td>300</td>
<td>300</td>
<td>0%</td>
</tr>
<tr>
<td><strong>M&amp;S</strong></td>
<td>2,112</td>
<td>1,933</td>
<td>(179)</td>
<td>2,577</td>
<td>465</td>
<td>82%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>9,784</td>
<td>9,675</td>
<td>(109)</td>
<td>12,900.00</td>
<td>3,116</td>
<td>76%</td>
</tr>
</tbody>
</table>

### TOTAL SFOS EXPENDITURES

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROSECUTION</strong></td>
<td>4,339</td>
<td>6,525</td>
<td>2,186</td>
<td>8,700.00</td>
<td>4,361</td>
<td>50%</td>
</tr>
<tr>
<td><strong>E-CIGARETTES</strong></td>
<td>9,784</td>
<td>9,675</td>
<td>(109)</td>
<td>12,900.00</td>
<td>3,116</td>
<td>76%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>14,123</td>
<td>16,195</td>
<td>1,087</td>
<td>21,600.00</td>
<td>7,477</td>
<td>76%</td>
</tr>
</tbody>
</table>

### FUNDING

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROVINCE</strong></td>
<td>(244,654)</td>
<td>(244,650)</td>
<td>4</td>
<td>(326,200)</td>
<td>(81,546)</td>
</tr>
<tr>
<td><strong>PROVINCE ECA</strong></td>
<td>(9,681)</td>
<td>(9,675)</td>
<td>6</td>
<td>(12,900)</td>
<td>(3,219)</td>
</tr>
<tr>
<td><strong>TOTAL FUNDING</strong></td>
<td>(254,335)</td>
<td>(254,325)</td>
<td>10</td>
<td>(339,100)</td>
<td>(84,765)</td>
</tr>
</tbody>
</table>

### OVER / (UNDER) BUDGET

<table>
<thead>
<tr>
<th></th>
<th>(32,961.31)</th>
<th>0.09</th>
<th>32,961.40</th>
<th>-</th>
<th>32,961.31</th>
</tr>
</thead>
</table>
ELGIN ST. THOMAS PUBLIC HEALTH
VECTOR BORNE DISEASES/LARVICIDING
9 PERIODS ENDING SEPTEMBER 30, 2017
UNAUDITED

<table>
<thead>
<tr>
<th>EXPENDITURES</th>
<th>YEAR TO DATE</th>
<th>FULL YEAR</th>
<th>VARIANCE</th>
<th>BUDGET</th>
<th>REMAINING</th>
<th>SPENT %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ACTUAL</td>
<td>YTD</td>
<td></td>
<td></td>
<td>FULL YEAR</td>
<td>BUDGET</td>
</tr>
<tr>
<td>SALARY AND BENEFITS</td>
<td>36,596</td>
<td>36,596</td>
<td>(0)</td>
<td>48,795</td>
<td>12,199</td>
<td>75%</td>
</tr>
<tr>
<td>VBD SURVEILLANCE - TRAPPING, IDENTIFICATION</td>
<td>2,950</td>
<td>3,041</td>
<td>90</td>
<td>4,054</td>
<td>1,104</td>
<td>73%</td>
</tr>
<tr>
<td>PLANNING &amp; OTHER ACTIVITIES</td>
<td>1,075</td>
<td>1,035</td>
<td>(40)</td>
<td>1,380</td>
<td>305</td>
<td>78%</td>
</tr>
<tr>
<td>SUB-TOTAL</td>
<td>40,621</td>
<td>40,672</td>
<td>50</td>
<td>54,229</td>
<td>13,608</td>
<td>75%</td>
</tr>
<tr>
<td>CONTROL AND PREVENTION - LARVICIDING</td>
<td>1,526</td>
<td>7,128</td>
<td>5,602</td>
<td>9,504</td>
<td>7,978</td>
<td>16%</td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURES</strong></td>
<td>42,148</td>
<td>47,800</td>
<td>5,652</td>
<td>63,733</td>
<td>21,585</td>
<td>66%</td>
</tr>
</tbody>
</table>

FUNDING

<table>
<thead>
<tr>
<th></th>
<th>TOWN OF AYLMER</th>
<th>CITY OF ST. THOMAS</th>
<th>COUNTY OF ELGIN</th>
<th>PROVINCE</th>
<th>TOTAL FUNDING</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OVER / (UNDER) BUDGET</strong></td>
<td>(5,947)</td>
<td>0</td>
<td>5,947</td>
<td>-</td>
<td>5,947</td>
</tr>
</tbody>
</table>
## ELGIN ST. THOMAS PUBLIC HEALTH
### ENHANCED FOOD SAFETY (HAINES)
#### 9 PERIODS ENDING SEPTEMBER 30, 2017
##### UNAUDITED

<table>
<thead>
<tr>
<th>EXPENDITURES</th>
<th>ACTUAL</th>
<th>YTD BUDGET</th>
<th>YTD VARIANCE</th>
<th>FULL YEAR BUDGET</th>
<th>BUDGET REMAINING</th>
<th>BUDGET SPENT %</th>
</tr>
</thead>
<tbody>
<tr>
<td>SALARIES &amp; BENEFITS</td>
<td>18,750</td>
<td>18,750</td>
<td>(0)</td>
<td>25,000</td>
<td>6,250</td>
<td>75%</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES</td>
<td>18,750</td>
<td>18,750</td>
<td>(0)</td>
<td>25,000</td>
<td>6,250</td>
<td>75%</td>
</tr>
</tbody>
</table>

### FUNDING

<table>
<thead>
<tr>
<th>FUNDING</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PROVINCE</td>
<td>(18,754)</td>
<td>(18,750)</td>
<td>4</td>
<td>(25,000)</td>
<td>(6,246)</td>
<td>75%</td>
</tr>
<tr>
<td>TOTAL FUNDING</td>
<td>(18,754)</td>
<td>(18,750)</td>
<td>4</td>
<td>(25,000)</td>
<td>(6,246)</td>
<td>75%</td>
</tr>
</tbody>
</table>

### OVER / (UNDER) BUDGET

<table>
<thead>
<tr>
<th>OVER / (UNDER) BUDGET</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>EXPENDITURES</td>
<td>ACTUAL</td>
<td>YTD BUDGET</td>
<td>YTD VARIANCE</td>
<td>FULL YEAR BUDGET</td>
<td>BUDGET REMAINING</td>
<td>BUDGET SPENT %</td>
</tr>
<tr>
<td>----------------------------</td>
<td>--------</td>
<td>------------</td>
<td>--------------</td>
<td>------------------</td>
<td>------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>SALARIES &amp; BENEFITS</td>
<td>11,625</td>
<td>11,625</td>
<td>0</td>
<td>15,500</td>
<td>3,875</td>
<td>75%</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES</td>
<td>11,625</td>
<td>11,625</td>
<td>0</td>
<td>15,500</td>
<td>3,875</td>
<td>75%</td>
</tr>
</tbody>
</table>

| FUNDING                    |        |            |              |                  |                  |                |
|----------------------------|        |            |              |                  |                  |                |
| PROVINCE                   | (11,627)| (11,625)  | 2            | (15,500)         | (3,873)          | 75%            |
| TOTAL FUNDING              | (11,627)| (11,625)  | 2            | (15,500)         | (3,873)          | 75%            |

| OVER / (UNDER) BUDGET      | (2)    | 0          | 2            | -                | 2                |                |
ELGIN ST. THOMAS PUBLIC HEALTH
HARM REDUCTION
9 PERIODS ENDING SEPTEMBER 30, 2017
UNAUDITED

<table>
<thead>
<tr>
<th>EXPENDITURES</th>
<th>ACTUAL</th>
<th>YTD BUDGET</th>
<th>YTD VARIANCE</th>
<th>FULL YEAR BUDGET</th>
<th>BUDGET REMAINING</th>
<th>BUDGET SPENT %</th>
</tr>
</thead>
<tbody>
<tr>
<td>SALARIES &amp; BENEFITS</td>
<td>77,089</td>
<td>87,000</td>
<td>9,911</td>
<td>116,000</td>
<td>38,911</td>
<td>66%</td>
</tr>
<tr>
<td>TRAVEL</td>
<td>-</td>
<td>1,500</td>
<td>1,500</td>
<td>2,000</td>
<td>2,000</td>
<td>0%</td>
</tr>
<tr>
<td>STAFF TRAINING</td>
<td>-</td>
<td>3,750</td>
<td>3,750</td>
<td>5,000</td>
<td>5,000</td>
<td>0%</td>
</tr>
<tr>
<td>MATERIALS &amp; SUPPLIES</td>
<td>-</td>
<td>20,250</td>
<td>20,250</td>
<td>27,000</td>
<td>27,000</td>
<td>0%</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES</td>
<td>77,089</td>
<td>112,500</td>
<td>35,411</td>
<td>150,000</td>
<td>72,911</td>
<td>51%</td>
</tr>
</tbody>
</table>

| FUNDING                |        |            |              |                  |                  |                |
| PROVINCE               | (75,000) | (112,500) | (37,500)     | (150,000)        | (75,000)         | 50%            |
| TOTAL FUNDING          | (75,000) | (112,500) | (37,500)     | (150,000)        | (75,000)         |                |
| OVER / (UNDER) BUDGET  | 2,089   | -         | (2,089)      | -                | (2,089)          |                |
## ELGIN ST. THOMAS PUBLIC HEALTH
### PUBLIC HEALTH AGENCY OF CANADA
**6 PERIODS ENDING SEPTEMBER 30, 2017**
**Funding Fiscal Year**
**UNAUDITED**

April 1, 2016
September 30, 2017

<table>
<thead>
<tr>
<th>EXPENDITURES</th>
<th>ACTUAL</th>
<th>YTD BUDGET</th>
<th>YTD VARIANCE</th>
<th>FULL YEAR BUDGET</th>
<th>BUDGET REMAINING</th>
<th>BUDGET SPENT %</th>
</tr>
</thead>
<tbody>
<tr>
<td>SALARIES &amp; BENEFITS</td>
<td>0</td>
<td>13,600</td>
<td>13,600</td>
<td>27,200</td>
<td>27,200</td>
<td>0%</td>
</tr>
<tr>
<td>PURCHASED SERVICES</td>
<td>14,029</td>
<td>64,839</td>
<td>50,809</td>
<td>129,677</td>
<td>115,648</td>
<td>11%</td>
</tr>
<tr>
<td>TOTAL EXPENDITURES</td>
<td>14,030</td>
<td>78,439</td>
<td>64,409</td>
<td>156,877</td>
<td>142,848</td>
<td>9%</td>
</tr>
</tbody>
</table>

### FUNDING

<table>
<thead>
<tr>
<th>FUNDING</th>
<th>ACTUAL</th>
<th>YTD BUDGET</th>
<th>YTD VARIANCE</th>
<th>FULL YEAR BUDGET</th>
<th>BUDGET REMAINING</th>
<th>BUDGET SPENT %</th>
</tr>
</thead>
<tbody>
<tr>
<td>PUBLIC HEALTH AGENCY OF CANADA</td>
<td>63,648</td>
<td>(78,439)</td>
<td>(142,087)</td>
<td>(156,877)</td>
<td>(220,525)</td>
<td>41%</td>
</tr>
<tr>
<td>TOTAL FUNDING</td>
<td>63,648</td>
<td>(78,439)</td>
<td>(142,087)</td>
<td>(156,877)</td>
<td>(220,525)</td>
<td>41%</td>
</tr>
</tbody>
</table>

**OVER / (UNDER) BUDGET**

| OVER / (UNDER) BUDGET | 77,678 | (0)      | (77,678)    | (0)              | (77,678)         |

I-PHAC
## ELGIN ST. THOMAS PUBLIC HEALTH
### HEALTHY KIDS COMMUNITY CHALLENGE
#### 6 PERIODS ENDING SEPTEMBER 30, 2017

**Funding Fiscal Year**

**UNAUDITED**

<table>
<thead>
<tr>
<th>EXPENDITURES</th>
<th>ACTUAL</th>
<th>YTD BUDGET</th>
<th>YTD VARIANCE</th>
<th>FULL YEAR BUDGET</th>
<th>BUDGET REMAINING</th>
<th>BUDGET SPENT %</th>
</tr>
</thead>
<tbody>
<tr>
<td>SALARIES &amp; BENEFITS</td>
<td>(0)</td>
<td>25,000</td>
<td>25,000</td>
<td>50,000</td>
<td>50,000</td>
<td>0%</td>
</tr>
<tr>
<td>PROGRAM MATERIAL &amp; SUPPLIES</td>
<td>29,604</td>
<td>50,725</td>
<td>21,121</td>
<td>101,450</td>
<td>71,846</td>
<td>29%</td>
</tr>
<tr>
<td>TRANSPORTATION &amp; COMMUNICATION</td>
<td>-</td>
<td>550</td>
<td>550</td>
<td>1,100</td>
<td>1,100</td>
<td>0%</td>
</tr>
<tr>
<td>FEE FOR SERVICES (PROFESSIONAL SERVICES)</td>
<td>-</td>
<td>400</td>
<td>400</td>
<td>800</td>
<td>800</td>
<td>0%</td>
</tr>
<tr>
<td>SERVICES (PURCHASED SERVICES)</td>
<td>-</td>
<td>10,825</td>
<td>10,825</td>
<td>21,650</td>
<td>21,650</td>
<td>0%</td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURES</strong></td>
<td>29,604</td>
<td>87,500</td>
<td>57,896</td>
<td>175,000</td>
<td>145,396</td>
<td></td>
</tr>
</tbody>
</table>

### FUNDING

<table>
<thead>
<tr>
<th>HEALTHLY KIDS COMMUNITY CHALLENGE</th>
<th>(87,504)</th>
<th>(87,500)</th>
<th>4</th>
<th>(175,000)</th>
<th>(87,496)</th>
<th>50%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL FUNDING</strong></td>
<td>(87,504.00)</td>
<td>(87,500)</td>
<td>4</td>
<td>(175,000)</td>
<td>(87,496)</td>
<td>50%</td>
</tr>
</tbody>
</table>

### OVER / (UNDER) BUDGET

(57,900) - 57,900 - 57,900
Amending Agreement No. 5

This Amending Agreement No. 5, effective as of January 1, 2017.

Between:

Her Majesty the Queen
in right of Ontario
as represented by
the Minister of Health and Long-Term Care

(the “Province”)

- and -

Board of Health for the Elgin-St. Thomas Health Unit

(the “Board of Health”)

WHEREAS the Province and the Board of Health entered into a Public Health Funding and Accountability Agreement effective as of the first day of January, 2014 (the “Accountability Agreement”); and,

AND WHEREAS the Parties wish to amend the Accountability Agreement;

NOW THEREFORE IN CONSIDERATION of the mutual covenants and agreements contained in this Amending Agreement No. 5, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereto agree as follows:

1. This amending agreement (“Amending Agreement No. 5”) shall be effective as of the first date written above.

2. Except for the amendments provided for in this Amending Agreement No. 5, all provisions in the Accountability Agreement shall remain in full force and effect.

3. Capitalized terms used but not defined in this Amending Agreement No. 5 have the meanings ascribed to them in the Accountability Agreement.

4. The Accountability Agreement is amended by:

   (a) Deleting Schedule A-5 (Program-Based Grants) and substituting Schedule A-6 (Program-Based Grants), attached to this Amending Agreement No. 5.

   (b) Deleting Schedule B-4 (Related Program Policies and Guidelines) and substituting Schedule B-5 (Related Program Policies and Guidelines), attached to this Amending Agreement No. 5.

Board of Health for the Elgin-St. Thomas Health Unit
(c) Deleting Schedule C-4 (Reporting Requirements) and substituting Schedule C-5 (Reporting Requirements), attached to this Amending Agreement No. 5.

(d) Deleting Schedule D-3 (Performance Obligations) and substituting Schedule D-4 (Performance Obligations), attached to this Amending Agreement No. 5.

The Parties have executed the Amending Agreement No. 5 as of the date last written below.

Her Majesty the Queen in the right of Ontario as represented by the Minister of Health and Long-Term Care

Name: Roselle Martino
Title: Assistant Deputy Minister, Population and Public Health Division

Date

Board of Health for the Elgin-St. Thomas Health Unit

I/we have authority to bind the Board of Health.

Name: Cynthia St. John
Title: Executive Director

Date

Name:
Title:

Date

Board of Health for the Elgin-St. Thomas Health Unit
**SCHEDULE A-6**
**PROGRAM-BASED GRANTS**

Board of Health for the Elgin-St. Thomas Health Unit

<table>
<thead>
<tr>
<th>Program/Initiative Name</th>
<th>2016 Approved Allocation ($)</th>
<th>Increase / Decrease ($)</th>
<th>2017 Approved Allocation ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Base Funding</strong> (January 1, 2017 to December 31, 2017, unless otherwise noted)**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mandatory Programs (75%)</td>
<td>4,527,300</td>
<td></td>
<td>4,527,300</td>
</tr>
<tr>
<td>Chief Nursing Officer Initiative (100%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of FTEs 1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electronic Cigarettes Act: Protection and Enforcement (100%)</td>
<td>121,500</td>
<td>121,500</td>
<td>121,500</td>
</tr>
<tr>
<td>Enhanced Food Safety - Haines Initiative (100%)</td>
<td>25,000</td>
<td>25,000</td>
<td>25,000</td>
</tr>
<tr>
<td>Enhanced Safe Water Initiative (100%)</td>
<td>15,500</td>
<td></td>
<td>15,500</td>
</tr>
<tr>
<td>Harm Reduction Program Enhancement (100%)</td>
<td></td>
<td>150,000</td>
<td>150,000</td>
</tr>
<tr>
<td>Healthy Smiles Ontario Program (100%)</td>
<td>379,600</td>
<td></td>
<td>379,600</td>
</tr>
<tr>
<td>Infection Prevention and Control Nurses Initiative (100%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of FTEs 1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infectious Diseases Control Initiative (100%)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of FTEs 2.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOH / AMOH Compensation Initiative (100%) (1)</td>
<td>107,000</td>
<td></td>
<td>107,000</td>
</tr>
<tr>
<td>Needle Exchange Program Initiative (100%)</td>
<td>20,000</td>
<td></td>
<td>20,000</td>
</tr>
<tr>
<td>Small Drinking Water Systems Program (75%)</td>
<td>13,100</td>
<td></td>
<td>13,100</td>
</tr>
<tr>
<td>Smoke-Free Ontario Strategy: Prosecution (100%)</td>
<td>8,700</td>
<td></td>
<td>8,700</td>
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<tr>
<td>Smoke-Free Ontario Strategy: Protection and Enforcement (100%)</td>
<td>137,500</td>
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<td>137,500</td>
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<tr>
<td>Smoke-Free Ontario Strategy: Tobacco Control Coordination (100%)</td>
<td>100,000</td>
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<tr>
<td>Smoke-Free Ontario Strategy: Youth Tobacco Use Prevention (100%)</td>
<td>80,000</td>
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<td>80,000</td>
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<tr>
<td>Social Determinants of Health Nurses Initiative (100%)</td>
<td></td>
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<td></td>
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<tr>
<td># of FTEs 2.00</td>
<td></td>
<td></td>
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<tr>
<td>Vector-Borne Diseases Program (75%)</td>
<td>47,800</td>
<td></td>
<td>47,800</td>
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<tr>
<td><strong>Sub-Total Base Funding</strong></td>
<td>6,088,800</td>
<td>150,000</td>
<td>6,238,800</td>
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</table>
SCHEDULE A-6
PROGRAM-BASED GRANTS
Board of Health for the Elgin-St. Thomas Health Unit

<table>
<thead>
<tr>
<th>Program/Initiative Name</th>
<th>2017 Approved Allocation ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>One-Time Funding (April 1, 2017 to March 31, 2018, unless otherwise noted)</td>
<td></td>
</tr>
<tr>
<td>Mandatory Programs: Records Information Management Software Purchase and Installation (100%)</td>
<td>70,000</td>
</tr>
<tr>
<td>Panorama - Immunization Solution (100%)</td>
<td>67,000</td>
</tr>
<tr>
<td>Public Health Inspector Practicum Program (100%)</td>
<td>10,000</td>
</tr>
<tr>
<td>Smoke-Free Ontario Expanded Smoking Cessation Programming for Priority Populations (100%)</td>
<td>30,000</td>
</tr>
<tr>
<td>Sub-Total One-Time Funding</td>
<td>177,000</td>
</tr>
<tr>
<td>Total</td>
<td>6,415,800</td>
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(1) Cash flow will be adjusted to reflect the actual status of current MOH and AMOH positions.
(2) One-time funding is jointly funded by the Population and Public Health Division and the Health Services I&IT Cluster.

Payment Schedule
Base and one-time funding is flowed on a mid and end of month basis. Cash flow will be adjusted when both Parties have signed the Agreement.
Chief Nursing Officer Initiative (100%)
Under the Organizational Standards, the Board of Health is required to designate a Chief Nursing Officer. The Chief Nursing Officer role must be implemented at a management level within the Board of Health reporting directly to the Medical Officer of Health (MOH) or Chief Executive Officer, preferably at a senior management level, and in that context will contribute to organizational effectiveness. Should the role not be implemented at the senior management level as per the recommendations of the ‘Public Health Chief Nursing Officer Report (2011)’, the Chief Nursing Officer should nonetheless participate in senior management meetings in the Chief Nursing Officer role as per the intent of the recommendation.

The presence of a Chief Nursing Officer in the Board of Health will enhance the health outcomes of the community at individual, group, and population levels:

- Through contributions to organizational strategic planning and decision making;
- By facilitating recruitment and retention of qualified, competent public health nursing staff; and,
- By enabling quality public health nursing practice.

Furthermore, the Chief Nursing Officer articulates, models, and promotes a vision of excellence in public health nursing practice, which facilitates evidence-based services and quality health outcomes in the public health context.

The following qualifications are required for designation as a Chief Nursing Officer:

- Registered Nurse in good standing with the College of Nurses of Ontario;
- Baccalaureate degree in nursing;
- Graduate degree in nursing, community health, public health, health promotion, health administration or other relevant equivalent OR be committed to obtaining such qualification within three (3) years of designation;
- Minimum of 10 years nursing experience with progressive leadership responsibilities, including a significant level of experience in public health; and,
- Member of appropriate professional organizations (e.g., Registered Nurses’ Association of Ontario, Association of Nursing Directors and Supervisors in Official Health Agencies in Ontario-Public Health Nursing Management, etc.).

Base funding for this initiative must be used for Chief Nursing Officer related activities (described above) of up to or greater than 1.0 Full-Time Equivalent (FTE). These activities
## SCHEDULE B-5

### RELATED PROGRAM POLICIES AND GUIDELINES

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<th>Type of Funding</th>
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may be undertaken by the designated Chief Nursing Officer and/or a nursing practice lead. Base funding is for nursing salaries and benefits only and cannot be used to support operating or education costs.

The Board of Health may be required to submit an annual activity report related to the initiative confirming the FTE level attained and highlighting Chief Nursing Officer activities for the previous funding period. Other reports, as specified from time to time, may also be requested by the Province upon prior written notice.

### Electronic Cigarettes Act – Protection and Enforcement (100%)

The government has a plan, Patients First: Ontario’s Action Plan for Health Care (February 2015), for Ontario that supports people and patients – providing the education, information and transparency they need to make the right decisions about their health. The plan encourages the people of Ontario to take charge and improve their health by making healthier choices, and living a healthy lifestyle by preventing chronic diseases and reducing tobacco use. Part of this plan includes taking a precautionary approach to protect children and youth by regulating electronic cigarettes (e-cigarettes) through the *Electronic Cigarettes Act, 2015*.

Base funding for this initiative must be used for implementation of the *Electronic Cigarettes Act, 2015* and enforcement activities, including prosecution. Any prosecution costs must be identified through the reporting templates provided by the ministry.

The Board of Health must comply and adhere to the *Electronic Cigarettes Act*: Public Health Unit Guidelines and Directives: Enforcement of the *Electronic Cigarettes Act*.

The Board of Health is also required to submit an annual work plan and interim and final activity reports on dates specified in Schedule C of the Agreement.

### Communications and Issues Management Protocol

1. The Board of Health shall:
   a. Act as the media focus for the Project;
   b. Respond to public inquiries, complaints and concerns with respect to the Project;
   c. Report any potential or foreseeable issues to the CMD of the Ministry of Health and Long-Term Care;
   d. Prior to issuing any news release or other planned communications, notify the CMD as follows:
SCHEDULE B-5

RELATED PROGRAM POLICIES AND GUIDELINES

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i. News Releases – identify 5 business days prior to release and provide materials 2 business days prior to release;
ii. Web Designs – 10 business days prior to launch;
iii. New Marketing Communications Materials (including, but not limited to, print materials such as pamphlets and posters) – 10 business days prior to production and 20 business days prior to release;
iv. Public Relations Plan for Project – 15 business days prior to launch;
v. Digital Marketing Strategy – 10 business days prior to launch;
vi. Final advertising creative – 10 business days to final production; and,
vii. Recommended media buying plan – 15 business days prior to launch and any media expenditures have been undertaken.
e. Advise the CMD prior to embarking on planned public communication strategies, major provider outreach activities and the release of any publications related to the Project;
f. Ensure that any new products, and where possible, existing products related to the Project use the Ontario Logo or other Ontario identifier in compliance with the Visual Identity Directive, September 2006; and,
g. Despite the time frames set out above for specific types of communications, all public announcements and media communications related to urgent and/or emerging Project issues shall require the Board of Health to provide the CMD with notice of such announcement or communication as soon as possible prior to release.

2. Despite the Notice provision in Article 16 of the Agreement, the Board of Health shall provide any Notice required to be given under this Schedule to the following address:

Ministry of Health & Long-Term Care
Communications & Marketing Division
Strategic Planning and Integrated Marketing Branch
10th Floor, Hepburn Block, Toronto, ON M7A 1R3
Email: healthcommunications@ontario.ca

Enhanced Food Safety – Haines Initiative (100%)  
The Enhanced Food Safety – Haines Initiative was established to augment the Board of Health’s capacity to deliver the Food Safety Program as a result of the provincial government’s response to Justice Haines’ recommendations in his report “Farm to Fork: A Strategy for Meat Safety in Ontario”.

Board of Health for the Elgin-St. Thomas Health Unit
Base funding for this initiative must be used for the sole purpose of implementing the Food Safety Program Standard under the Ontario Public Health Standards (OPHS). Eligible expenses include such activities as: hiring staff, delivering additional food-handler training courses, providing public education materials, and program evaluation.

Funded projects/activities must be over and above the level of activities underway or planned based on existing mandatory programs base funding.

As part of the annual Program-Based Grants budget submission process, the Board of Health is required to provide an implementation plan which should detail the objectives of the activities proposed, how the funding will be applied to meet requirements of the Food Safety Program, and how the success of the activities will be evaluated.

The Board of Health’s also required to submit an annual activity report, detailing the results achieved and the allocation of the funding based on the implementation plan, on the date specified in Schedule C of the Agreement.

**Enhanced Safe Water Initiative (100%)**
Base funding for this initiative must be used for the sole purpose of increasing the Board of Health’s capacity to meet the requirements of the Safe Water Program Standard under the OPHS.

Funded projects/activities must be over and above the level of activities underway or planned based on existing mandatory programs base funding.

As part of the annual Program-Based Grants budget submission process, the Board of Health is required to provide an implementation plan which should detail the objectives of the activities proposed, how the funding will be applied to meet requirements of the Safe Water Program, and how the success of the activities will be evaluated.

The Board of Health is also required to submit an annual activity report, detailing the results achieved and the allocation of the funding based on the implementation plan, on the date specified in Schedule C of the Agreement.

**Harm Reduction Program Enhancement (100%)**
The scope of work for the Harm Reduction Program Enhancement is divided into three components:

1. Local Opioid Response;
SCHEDULE B-5

RELATED PROGRAM POLICIES AND GUIDELINES

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2. Naloxone Distribution and Training; and,
3. Opioid Overdose Early Warning and Surveillance.

**Local Opioid Response:**

Base funding for this program is intended to support the Board of Health in building sustainable community outreach and response capacity to address drug and opioid-related challenges in their communities. This includes working with a broad base of partners to ensure any local opioid response is coordinated, integrated, and that systems and structures are in place to adapt/enhance service models to meet evolving needs.

Local response plans, which can include harm reduction and education/prevention, initiatives, should contribute to increased access to programs and services, and improved health outcomes (i.e. decrease overdose and overdose deaths, emergency room visits, hospitalizations). With these goals in mind, the Board of Health is expected to:

- Conduct a population health/situational assessment
  - Identification of opioid-related community challenges and issues, which are informed by local data, community engagement, early warning systems, etc.
- Lead/support the development, implementation, and evaluation of a local overdose response plan (or drug strategy)
  - Any plan or initiative should be based on the needs identified (and/or gaps) in your local assessment.
  - This may include building community outreach and response capacity, enhanced harm reduction services and/or education/prevention programs and services.
- Engage stakeholders
  - Identify and leverage community partners to support the population health/situational assessment and implementation of local overdose response plans or initiatives. This should include First Nations, Métis and Inuit communities where appropriate.
- Adopt and ensure timely data entry into the Ontario Harm Reduction Database
  - Transition to the Ontario Harm Reduction Database and ensure timely collection and entry of minimum data set as per ministry direction (to be provided).

**Naloxone Kit Distribution and Training:**

Base funding for this program will establish the Board of Health (or their Designate) as a naloxone distribution lead/hub for eligible community organizations which will increase dissemination of kits to those most at risk of opioid overdose. These organizations include:
SCHEDULE B-5
RELATED PROGRAM POLICIES AND GUIDELINES

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- Community Health Centres (including Aboriginal Health Access Centres);
- AIDS Service Organizations;
- Outreach organizations;
- Shelters; and,
- Withdrawal management programs.

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

- Order naloxone
  - Ordering of naloxone kits as outlined by the ministry; this includes naloxone required by eligible community organizations distributing naloxone.

- Coordinate and supervise naloxone inventory
  - Includes managing supply, storage, maintaining inventory records, and distribution of naloxone to eligible community organizations.
  - Ensure community organizations distribute naloxone in accordance with eligibility criteria established by the ministry.

- Train community organization staff on naloxone administration
  - Includes the provision of training on how to administer naloxone in cases of opioid overdose, recognizing the signs of overdose and ways to reduce the risk of overdose. Board of Health staff would also instruct agency staff on how to provide training to end-users (people who use drugs, their friends and family).

- Train community organization staff on naloxone eligibility criteria
  - Includes providing advice to agency staff on who is eligible to receive naloxone and the recommended quantity to dispense.

- Support policy development at community organizations
  - Provide consultation on naloxone-related policy and procedures that are being developed or amended within the eligible community organizations.

- Promote naloxone availability and engage in community organization outreach
  - Encourage eligible community organizations to acquire naloxone kits for distribution to their clients.

Use of NARCAN® Nasalspray

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

- Your use of the Narcan is entirely at your own risk. There is no representation, warranty, condition or other promise of any kind, express, implied, statutory or otherwise, given by
SCHEDULE B-5

RELATED PROGRAM POLICIES AND GUIDELINES

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her Majesty the Queen in Right of Ontario as represented by the Ministry of Health and Long-Term Care, including Ontario Government Pharmaceutical and Medical Supply Service (OGPMSS) in connection with the Narcan.

- The ministry takes no responsibility for any unauthorized use of the Narcan by you or by your clients.
- You agree to not assign or subcontract the distribution, supply or obligation to comply with any of these terms and conditions to any other person or organization without the prior written consent of the ministry.
- You agree to comply with the terms and conditions as it relates to the use and administration of Narcan as specified in all applicable federal and provincial laws.
- You agree to provide training to persons who will be administering Narcan. The training shall consist of the following:
  - Opioid overdose prevention;
  - Signs and symptoms of an opioid overdose; and
  - The necessary steps to respond to an opioid overdose, including the proper and effective administration of Narcan.
- You agree to follow all ministry written instructions relating to the proper use, administration, training and/or distribution of Narcan.
- You agree to immediately return any Narcan in your custody or control at the written request of the ministry at your own cost or expense.
- You agree that the ministry does not guarantee supply of Narcan, nor that Narcan will be provided to you in a timely manner.

Opioid Overdose Early Warning and Surveillance:

Base funding for this program will support Boards of Health to take a leadership role in establishing systems to identify and track the risks posed by illicit synthetic opioids in their jurisdictions, including the sudden availability of illicit synthetic opioids and resulting opioid overdoses. Risk based information about illicit synthetic opioids should be shared in an ongoing manner with community partners to inform their situational awareness and service planning. This includes:

- Surveillance systems should include a set of “real-time” qualitative and quantitative indicators and complementary information on local illicit synthetic opioid risk. Partners should include, but are not limited to: emergency departments, first responders (police, fire and ambulance) and harm reduction services.
SCHEDULE B-5
RELATED PROGRAM POLICIES AND GUIDELINES

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<th>Type of Funding</th>
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- Early warning systems should include the communication mechanisms and structures required to share information in a timely manner among health system and community partners, including people who use drugs, about changes in the acute, local risk level, to inform action. They should also include reporting to the province through a mechanism currently under development.

The Board of Health is required to submit an annual activity report and quarterly program reports on dates specified in Schedule C of the Agreement.

**Healthy Smiles Ontario Program (100%)**

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

HSO builds upon and links with existing public health dental infrastructure to provide access to dental services for eligible children and youth.

The core objectives of the HSO Program are to:

- Improve program awareness for clients, providers, and community partners;
- Improve access to oral health services for eligible clients;
- Streamline administration, adjudication, and enrolment processes for clients and providers;
- Improve the oral health outcomes of eligible clients;
- Improve oral health awareness in the eligible client population;
- Ensure effective and efficient use of resources by providers; and,
- Improve the client and provider experience.

The HSO Program has the following three (3) streams (age of ≤ 17 years of age and Ontario residency are common eligibility requirements for all streams):

1. **Preventive Services Only Stream (HSO-PSO):**
   - Eligibility comprised of clinical need and attestation of financial hardship.
   - Eligibility assessment and enrolment undertaken by boards of health.
   - Clinical preventive service delivery in publicly-funded dental clinics and through fee-for-service providers in areas where publicly-funded dental clinics do not exist.

2. **Core Stream (HSO-Core):**
SCHEDULE B-5
RELATED PROGRAM POLICIES AND GUIDELINES

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- Eligibility correlates to the level at which a family/youth’s Adjusted Net Family Income (AFNI) is at, or below, the level at which they are/would be eligible for 90% of the Ontario Child Benefit (OCB), OR family/youth is in receipt of benefits through Ontario Works, Ontario Disability Support Program, or Assistance for Children with Severe Disabilities Program.
- Eligibility assessment undertaken by the Ministry of Finance and Ministry of Community and Social Services; enrolment undertaken by the program administrator, with client support provided by boards of health as needed.
- Clinical service delivery takes place in publicly-funded dental clinics and through fee-for-service providers.

3. Emergency and Essential Services Stream (HSO-EESS):
- Eligibility comprised of clinical need and attestation of financial hardship.
- Eligibility assessment undertaken by boards of health and fee-for-service providers, with enrolment undertaken by the program administrator.
- Clinical service delivery takes place in publicly-funded dental clinics and through fee-for-service providers.

Base funding for this program must be used for the ongoing, day-to-day requirements associated with delivering services under the HSO Program to eligible children and youth in low-income families. It is within the purview of the Board of Health to allocate funding from the overall base funding amount across the program expense categories.

HSO Program expense categories include:

- Clinical service delivery costs, which are comprised of:
  - Salaries, wages, and benefits of full-time, part-time, or contracted staff that provide clinical dental services for HSO;
  - Salaries, wages, and benefits of full-time, part-time, or contracted staff that undertake the following ancillary/support activities for HSO: management of the clinic(s); financial and programmatic reporting for the clinic(s); and, general administration (i.e., receptionist) at the clinic(s); and,
  - Overhead costs associated with HSO clinical service delivery services such as: clinical materials and supplies; building occupancy costs; maintenance of clinic infrastructure; staff travel associated with portable and mobile clinics; staff training and professional development associated with clinical staff and ancillary/support staff, if applicable; office equipment, communication, and I & IT.

Board of Health for the Elgin-St. Thomas Health Unit
SCHEDULE B-5
RELATED PROGRAM POLICIES AND GUIDELINES

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- Oral health navigation costs, which are comprised of:
  - Salaries, wages, and benefits of full-time, part-time, or contracted staff that are engaged in:
    - Client enrolment for HSO-PSO and HSO-EESS clients (i.e., helping clients during the enrolment process for those two (2) streams);
    - Promotion of the HSO Program (i.e., local level efforts at promoting and advertising the HSO Program to the target population);
    - Referral to services (i.e., referring HSO clients to fee-for-service providers for service delivery where needed);
    - Case management of HSO clients; and,
    - Oral health promotion and education for HSO clients.
  - Salaries, wages, and benefits of full-time, part-time, or contracted staff that undertake the following ancillary/support activities related to oral health navigation: management, financial and programmatic reporting, and general administration (if applicable).
  - Overhead costs associated with oral health navigation such as: materials and supplies; building occupancy costs incurred for components of oral health navigation; staff travel associated with oral health navigation, where applicable; staff training and professional development associated with oral health navigation staff and ancillary/support staff, if applicable; office equipment, communication, and I & IT costs associated with oral health navigation.

The Board of Health is responsible for ensuring promotional/marketing activities have a direct and positive impact on meeting the objectives of the HSO Program.

The Board of Health is reminded that HSO promotional/marketing materials approved by the Province and developed provincially are available for use by the Board of Health in promoting the HSO Program.

The overarching HSO brand and provincial marketing materials were developed by the Province to promote consistency of messaging, and "look and feel" across the province. When promoting the HSO Program locally, the Board of Health is requested to align local promotional products with the provincial HSO brand. When the Board of Health uses the HSO brand, it is required to liaise with the ministry's Communications and Marketing Division (CMD) to ensure use of the brand aligns with provincial standards.

Operational expenses not covered within this program include: staff recruitment incentives, billing incentives, and client transportation. Other expenses not included within this program...
include other oral health activities required under the OPHS including the *Oral Health Assessment and Surveillance Protocol*.

Other requirements of the HSO Program include:

- The Board of Health is required to bill back relevant programs for services provided to non-HSO clients using HSO resources. All revenues collected under the HSO Program, including revenues collected for the provision of services to non-HSO clients such as Ontario Works adults, Ontario Disability Support Program adults, municipal clients, etc., with HSO resources must be reported as income in the quarterly financial reports, annual reconciliation reports, and Program-Based Grants budget submissions. Revenues must be used to offset expenditures of the HSO Program.

- For the purposes of reporting and monitoring for the HSO Program, the Board of Health must use provincial approved systems or mechanisms.
  - Aggregate screening, enrolment, and utilization data for any given month must be submitted by the 15th of the following month to the ministry in the ministry-issued template titled Dental Clinic Services Monthly Reporting Template.
  - Client-specific clinical data must be recorded in either dental management software (e.g., ClearDent, AbelDent, etc.) or in the template titled HSO Clinic Treatment Workbook that has been issued by the ministry for the purposes of recording such data.

- The Board of Health must enter into Service Level Agreements with any partner organization (e.g., Community Health Centre, Aboriginal Health Access Centre, etc.) delivering services as part of the HSO Program. The Service Level Agreement must set out clear performance expectations, clearly state funding and reporting requirements between the Board of Health and local partner, and ensure accountability for public funds.

- Any significant change to previously approved HSO business models, including changes to plans, partnerships, or processes, must be approved by the Province before being implemented.

- Any contract or subcontract entered into by the Board of Health for the purposes of implementing the HSO Program must be conducted according to relevant municipal procurement guidelines.

- The Board of Health is responsible for ensuring value-for-money and accountability for public funds.

- The Board of Health must ensure that funds are used to meet the objectives of the HSO Program with a priority to deliver clinical dental services to HSO clients.
The Board of Health is also required to submit an annual activity report, detailing the operationalization of the HSO Program, on the date specified in Schedule C of the Agreement.

**Infection Prevention and Control Nurses Initiative (100%)**

The Infection Prevention and Control Nurses Initiative was established to support additional FTE infection prevention and control nursing services for every board of health in the province.

Base funding for this initiative must be used for nursing activities of up to or greater than one (1) FTE related to infection prevention and control activities. Base funding is for nursing salaries and benefits only and cannot be used to support operating or education costs.

Qualifications required for these positions are:

1. A nursing designation (Registered Nurse, Registered Practical Nurse, or Registered Nurse in the Extended Class); and,
2. Certification in Infection Control (CIC), or a commitment to obtaining CIC within three (3) years of beginning of employment.

The Board of Health may be required to submit an annual activity report related to the initiative confirming the FTE level attained and highlighting infection prevention and control nursing activities for the previous funding period. Other reports, as specified from time to time, may also be requested by the Province upon prior written notice.

**Infectious Diseases Control Initiative (180 FTEs) (100%)**

Base funding for this initiative must be used solely for the purpose of hiring infectious diseases control positions and supporting these staff (e.g., recruitment, salaries/benefits, accommodations, program management, supplies and equipment, other directly related costs) to monitor and control infectious diseases, and enhance the Board of Health's ability to handle and coordinate increased activities related to outbreak management, including providing support to other boards of health during infectious disease outbreaks. Positions eligible for base funding under this initiative include physicians, inspectors, nurses, epidemiologists, and support staff.

The Board of Health is required to remain within both the funding levels and the number of FTE positions approved by the Province.
SCHEDULE B-5
RELATED PROGRAM POLICIES AND GUIDELINES

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Staff funded through this initiative are required to be available for redeployment when requested by the Province, to assist other boards of health with managing outbreaks and to increase the system’s surge capacity.

The Board of Health may be required to submit an annual activity report related to the initiative confirming the FTE level attained and highlighting infectious diseases control related activities for the previous funding period. Other reports, as specified from time to time, may also be requested by the Province upon prior written notice.

**MOH / AMOH Compensation Initiative (100%)**

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

Base funding must be used for costs associated with top-up for salaries and benefits, and for applicable stipends to eligible MOH and AMOH positions at the Board of Health and cannot be used to support other physicians or staffing costs. Base funding for this initiative continues to be separate from cost-shared base salaries and benefits. Please refer to Appendix C of the 2017 Program-Based Grants User Guide for additional criteria, policies and processes for this initiative.

To improve the timeliness of future adjustments to cash flow resulting from potential changes to MOH and AMOH positions (e.g., new hires, leave periods, movement on the salary grid, changes in base salary and benefits, and/or FTE), a maximum base allocation has been approved for the Board of Health. This maximum base allocation includes criteria such as: additional salary and benefits for 1.0 FTE MOH position and 1.0 FTE or more AMOH positions where applicable, potential placement at the top of the MOH/AMOH Salary Grid, and inclusion of stipends. Some exceptions will apply to these criteria.

The maximum base allocation in Schedule A of the Agreement does not necessarily reflect the cash flow that the Board of Health will receive. Cash flow will continue to be adjusted regularly by the Province based on up-to-date application data and information provided by the Board of Health during a funding year. The Board of Health is required to notify the Province if there is any change in the eligible MOH and/or AMOH(s) base salary, benefits, FTE and/or position status as this may impact the eligibility amount for top-up.
SCHEDULE B-5
RELATED PROGRAM POLICIES AND GUIDELINES

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There have been no changes to the MOH/AMOH Salary Grid under this initiative since June 1, 2015. Any future changes to the Salary Grid will be communicated to boards of health pending the status of negotiations related to a new Physician Services Agreement.

In an effort to streamline the funding, reporting and approval processes, the Board of Health is required to submit an annual application for this initiative as part of the Program-Based Grants budget submission process on the date specified in Schedule C of the Agreement. Participating MOHs and AMOHs are also required to sign and submit a Physician Authorization and Consent Form as part of the Program-Based Grants budget submission process.

**Needle Exchange Program Initiative (100%)**
Base funding for this initiative must be used for the purchase of needles and syringes, and their associated disposal costs, for the Board of Health’s Needle Exchange Program.

The Board of Health is required to submit an annual activity report on the date specified in Schedule C of the Agreement.

**Small Drinking Water Systems Program (75%)**
Base funding for this program must be used for salaries, wages and benefits, accommodation costs, transportation and communication costs, and supplies and equipment to support the ongoing assessments and monitoring of small drinking water systems.

Under this program, public health inspectors are required to conduct new and ongoing site-specific risk assessments of all small drinking water systems within the oversight of the Board of Health; ensure system compliance with the regulation governing the small drinking water systems; and, ensure the provision of education and outreach to the owners/operators of the small drinking water systems.

**Smoke-Free Ontario Strategy (100%)**
The government released a plan for Ontario in February 2015 that supports people and patients – providing the education, information and transparency they need to make the right decisions about their health. The plan encourages people of Ontario to take charge and improve their health by making healthier choices, and living a healthy lifestyle by preventing chronic diseases and reducing tobacco use.

The plan identifies the Smoke-Free Ontario Strategy as a priority for keeping Ontario healthy. It articulates Ontario’s goal to have the lowest smoking rates in Canada.
The Smoke-Free Ontario Strategy is a multi-level comprehensive tobacco control strategy aiming to eliminate tobacco-related illness and death by: preventing experimentation and escalation of tobacco use among children, youth and young adults; increasing and supporting cessation by motivating and assisting people to quit tobacco use; and, protecting the health of Ontarians by eliminating involuntary exposure to second-hand smoke. These objectives are supported by crosscutting health promotion approaches, capacity building, collaboration, systemic monitoring and evaluation.

The Province provides funding to the Board of Health to implement tobacco control activities that are based in evidence and best practices, contributing to reductions in tobacco use rates.

Base funding for the Smoke-Free Ontario Strategy must be used in the planning and implementation of comprehensive tobacco control activities across prevention, cessation, prosecution, and protection and enforcement at the local and regional levels.

The Board of Health must comply and adhere to the Smoke-Free Ontario Strategy: Public Health Unit Tobacco Control Program Guidelines and the Directives: Enforcement of the Smoke-Free Ontario Act. Operational expenses not covered within this program include information and information technology equipment.

The Board of Health is required to submit a Smoke-Free Ontario annual work plan and interim and final program activity reports on dates specified in Schedule C of the Agreement.

Communications and Issues Management Protocol

1. The Board of Health shall:
   a. Act as the media focus for the Project;
   b. Respond to public inquiries, complaints and concerns with respect to the Project;
   c. Report any potential or foreseeable issues to CMD of the Ministry of Health and Long-Term Care;
   d. Prior to issuing any news release or other planned communications, notify the CMD as follows:
      i. News Releases – identify 5 business days prior to release and provide materials 2 business days prior to release;
      ii. Web Designs – 10 business days prior to launch;
      iii. New Marketing Communications Materials (including, but not limited to, print materials such as pamphlets and posters) – 10 business days prior to production and 20 business days prior to release;
iv. Public Relations Plan for Project – 15 business days prior to launch;
v. Digital Marketing Strategy – 10 business days prior to launch;
vi. Final advertising creative – 10 business days to final production; and,
vii. Recommended media buying plan – 15 business days prior to launch and any media expenditures have been undertaken.
e. Advise the CMD prior to embarking on planned public communication strategies, major provider outreach activities and the release of any publications related to the Project;
f. Ensure that any new products, and where possible, existing products related to the Project use the Ontario Logo or other Ontario identifier in compliance with the Visual Identity Directive, September 2006; and,
g. Despite the time frames set out above for specific types of communications, all public announcements and media communications related to urgent and/or emerging Project issues shall require the Board of Health to provide the CMD with notice of such announcement or communication as soon as possible prior to release.

2. Despite the Notice provision in Article 16 of the Agreement, the Board of Health shall provide any Notice required to be given under this Schedule to the following address:

Ministry of Health & Long-Term Care
Communications & Marketing Division
Strategic Planning and Integrated Marketing Branch
10th Floor, Hepburn Block, Toronto, ON M7A 1R3
Email: healthcommunications@ontario.ca

**Social Determinants of Health Nurses Initiative (100%)**

Base funding for this initiative must be used solely for the purpose of nursing activities of up to or greater than two (2) FTE public health nurses with specific knowledge and expertise in social determinants of health and health inequities issues, and to provide enhanced supports internally and externally to the Board of Health to address the needs of priority populations impacted most negatively by the social determinants of health.

Base funding for this initiative is for public health nursing salaries and benefits only and cannot be used to support operating or education costs.

As these are public health nursing positions, required qualifications for these positions are:

1. To be a registered nurse; and,
2. To have or be committed to obtaining the qualifications of a public health nurse as specified in section 71(3) of the Health Protection and Promotion Act (HPPA) and section 6 of Ontario Regulation 566 under the HPPA.

The Board of Health may be required to submit an annual activity report related to the initiative confirming the FTE level attained and highlight social determinants of health nursing activities for the previous funding period. Other reports, as specified from time to time, may also be requested by the Province upon prior written notice.

**Vector-Borne Diseases Program (75%)**

Base funding for this program must be used for the ongoing surveillance, public education, prevention and control of all reportable and communicable vector-borne diseases and outbreaks of vector-borne diseases, which include, but are not limited to, West Nile virus and Lyme Disease.

The Board of Health is required to submit an annual activity report on the date specified in Schedule C of the Agreement.
Mandatory Programs: Records Information Management Software Purchase and Installation (100%)
One-time funding must be used for the purchase and basic installation of a secure Records Information Management Software System. Eligible costs include initial project management costs (IT support, information migration and basic installation of software framework onto the network) and extraordinary staffing costs.

Panorama – Immunization Solution (100%)
The Immunization Solution includes:

- Panorama’s Immunization and Inventory Modules;
- Student Information Exchange tool (STIX);
- Public Health Information Exchange (PHIX);
- m-IMMS (Mobile Immunization Clinic Tool);
- Immunization Reconciliation Tool (IRT);
- Immunization Connect Ontario (ICON) solution – registration management and web portal for secure immunization submission and look-up;
- Panorama’s Operational Reports;
- Panorama Enhanced Analytical Reporting (PEAR); and,
- Other applications or tools developed to support the Immunization Solution, interoperability with the Immunization Solution and Analytics.

One-time funding for this initiative must be used for costs incurred for the ongoing operations and upgrades of the components of the Immunization Solution already implemented, as well as, to deploy and adopt components of the Immunization Solution scheduled for implementation and the associated readiness activities and business process transformation.

Conduct Ongoing Operations and Implementation of Upgrades (releases and enhancements) for the implemented components of the Immunization Solution:

- Engage in continuous review of business processes to seek improvements, efficiencies, and best practices;
- Implement and support identified improvements and best practices;
- Participate in the development of use-case scenarios for enhancements and releases, as required;
- Provide Subject Matter Expert (SME) Functional Testing resources for selected enhancements or releases, as required;

Board of Health for the Elgin-St. Thomas Health Unit
## SCHEDULE B-5
### RELATED PROGRAM POLICIES AND GUIDELINES

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>One-Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source</td>
<td>Public Health</td>
</tr>
</tbody>
</table>

- Participate in the development of operational and enhanced surveillance reports, as required;
- Implement any defined workarounds;
- Conduct duplicate record resolution;
- Prepare and implement plans to address the data collection, transformation, entry and validation from all immunization reporting sources and methods to the Immunization Solution;
- Conduct upload of all school lists using STIX;
- Support PHIX related activities and administration;
- Maintain local training materials and programs;
- Maintain internal Board of Health support model including the Problem Resolution Coordinator (PRC) role and ensuring integration with the Ministry's service model;
- Implement internal Board of Health incident model including the Incident Coordinator (IC) role for privacy incident and auditing practices and ensuring integration with the Ministry’s and eHealth Ontario’s incident model;
- Review and adjust existing system accounts, roles and responsibilities to ensure correct authorization and access levels are being provided to account holders;
- Support user identification and authentication activities including assistance ICON;
- Assign required roles, responsibilities, and accounts to staff members and complete all necessary registration processes;
- Implement and adhere to data standards, security, audit, and privacy policies and guidelines;
- Maintain the security and technical infrastructure required for the operation of the Immunization Solution including the approved level(s) of the supported browser(s) and the use of encrypted drives and files;
- Ensure required security and privacy measures are followed including using ICON, PHIX and/or Secure File Transmission mechanisms for transferring data, applying password protection, and encrypting devices where personal and personal health information is involved;
- Confirm appropriate privacy, security, and information management related analyses, activities, and training have been executed in accordance with the Board of Health’s obligations as a Health Information Custodian under the Personal Health Information Protection Act (PHIPA) and other applicable laws and local business practices and processes;
SCHEDULE B-5
RELATED PROGRAM POLICIES AND GUIDELINES

<table>
<thead>
<tr>
<th>Type of Funding</th>
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<tbody>
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</table>

- Sign required agreements with the Ministry and eHealth Ontario prior to production use of the Immunization Solution;
- Participate in surveys, questionnaires, and ad-hoc reviews, as required;
- Participate in structured reviews and feedback sessions including; work groups, committees, forums, and benefit analysis sessions as required;
- Maintain communications with both internal staff and external stakeholders; and,
- Provision of human resources to provide support within at least one (1) of the following categories, as required:
  - Business Practices and Change Management,
  - Release Planning and Deployment,
  - Information Governance,
  - Audit Policies and Guidelines,
  - Data Standards and Reporting,
  - Data Analytics and Artificial Intelligence, Cognitive Computing,
  - Benefits Evaluation,
  - Innovations and Integration,
  - User Experience, and,
  - Technical (IT) Experience.

Conduct Deployment and Adoption Activities for components of the Immunization Solution scheduled for implementation:

- Review of business processes and workflows and implement changes required to support adoption of new components as per specific Board of Health requirements and best practices;
- Participate in the development of use-case scenarios for new components, as required;
- Provide SME Functional Testing resources for new components, as required;
- Develop local training plans, materials, and programs and complete and execute training plans for new components, as required;
- Complete data mapping and dry runs of data migration/data integration, validate data migration/data integration results, and address duplicate record resolution and data transformation and cleansing, as required;
- Assign required roles, responsibilities, and accounts to staff members and complete all necessary registration processes, as required;
- Support onboarding activities for the Immunization Solution and components including ICON and PHIX;
RELATION PROGRAM POLICIES AND GUIDELINES

<table>
<thead>
<tr>
<th>Type of Funding</th>
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<tbody>
<tr>
<td>Public Health</td>
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</tbody>
</table>

- Complete deployment checklists as per required activities;
- Establish and implement internal Board of Health support model including providing the PRC and ensuring integration with the Ministry's service model;
- Establish and implement internal Board of Health incident model including providing the IC and ensuring integration with the Ministry's and eHealth Ontario's incident model;
- Implement the security and technical infrastructure required for the operation of the Immunization Solution including the approved level(s) of the supported browser(s) as communicated by the Ministry and the use of encrypted drives, devices and files;
- Confirm appropriate privacy, security, and information management related analyses, activities, and training have been executed in accordance with the Board of Health's obligations as a Health Information Custodian under PHIPA and other applicable laws and local business practices and processes;
- Implement required security and privacy measures including using ICON, PHIX and/or Secure File Transmission mechanisms for transferring data, applying password protection, and encrypting devices where personal health information is involved;
- Maintain and execute a communication/information plan for both internal staff and external stakeholders;
- Sign required agreements with the Ministry and eHealth Ontario Hosting prior to production use of Immunization Solution; and,
- Provision of human resources to provide support within at least one (1) of the following categories, as required:
  - Business Practices and Change Management,
  - Release Planning and Deployment,
  - Benefits Evaluation,
  - Innovations and Integration,
  - User Experience, and,
  - Technical (IT) Experience.

Conduct benefits evaluation for the implemented components of the Immunization Solution: (If responding with NO please provide an explanation. Where applicable, please provide some "Good News" examples):
- Does the Immunization Solution improve the user experience with the following immunization workflows and business functions at a health unit?
  - Resolution of duplicate client and immunization records?
  - Collection of demographic information from School Boards?
SCHEDULE B-5
RELATED PROGRAM POLICIES AND GUIDELINES

<table>
<thead>
<tr>
<th>Type of Funding</th>
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<tbody>
<tr>
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<td>Public Health</td>
</tr>
</tbody>
</table>

- Recording of immunization history (i.e. historical or administered vaccines, medical exemptions, contraindications)?
- Clinical assessment of an individual's immunization status as per the Ontario-recommended Immunization schedule?
- Management of information for an immunization clinic?
- Targeted communication or counselling to individuals regarding their recommended immunizations?
- Assessment of a school population as per the *Immunization School Pupils Act (ISPA)*?
- Implementation of the Suspension process?

- Does the Immunization Solution improve the assessment of immunization coverage rates?
- Does the Immunization Solution improve the assessment of the effectiveness of publicly-funded immunization programs?
- Does the Immunization Solution improve an individual's access to their complete immunization record?
- Does the Immunization Solution reduce the number of suspension letters and orders issued to parents?
- Does the Immunization Solution better support the health unit's ability to respond to outbreaks of vaccine preventable diseases?

If the Board of Health has agreed to be a Builder and Early Adopter it must also use the one-time funding toward the following activities for the Panorama – Immunization Solution as noted below:

- Provide special field support services to the Ministry for the Panorama System to: assist with resolution of field specific issues; assess and test releases, enhancements and innovations; identify business process improvements and change management strategies; and, conduct pilots, prototyping and proof of concept activity;
- Chair/Co-Chair Working Group(s), as required;
- Provision of human resources to provide support within at least three (3) of the following categories, as required:
  - Release Planning and Deployment,
  - Information Governance,
  - Business Practices and Change Management,
  - Audit Policies and Guidelines,
  - Data Standards and Reporting,
  - Data Analytics and Artificial Intelligence, Cognitive Computing
SCHEDULE B-5

RELATED PROGRAM POLICIES AND GUIDELINES

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Source</td>
<td>Public Health</td>
</tr>
</tbody>
</table>

- Innovations and Integration,
- Benefits Evaluation,
- User Experience, and,
- IT Experience.

The Board of Health is also required to submit an annual activity report on the date specified in Schedule C outlining the results of the activities noted above. Information regarding the report requirements and a template will be provided for the Board of Health at a later date.

**Public Health Inspector Practicum Program (100%)**

One-time funding must be used to hire the approved Public Health Inspector Practicum position(s). Eligible costs include student salaries, wages and benefits, transportation expenses associated with the practicum position, equipment, and educational expenses.

The Board of Health must comply with the requirements of the Canadian Institute of Public Health Inspectors (CIPHI) Board of Certification (BOC) for field training for a 12 week period; and, ensure the availability of a qualified supervisor/mentor to oversee the practicum student's term.

Upon completion of the practicum placement, the Board of Health will be required to submit an approved financial report detailing the budgeted expenses and the actual expenses incurred; a completed CIPHI BOC form; and, a report back by the date specified in Schedule C of the Agreement.

**Smoke-Free Ontario Expanded Smoking Cessation Programming for Priority Populations (100%)**

One-time funding must be used for the purchase and provision of nicotine replacement therapy (NRT) to complement smoking cessation interventions (counseling and follow-up support) for priority populations.

The one-time funding will expand cessation services offered to priority populations identified at a higher risk of tobacco-use and help reach more Ontario smokers in quitting. One-time funding is for the purchase and provision of NRT and cannot be used to support staffing costs such as salaries and benefits.

The Board of Health is required to submit interim and final program activity reports for this project on dates specified in Schedule C of the Agreement.
Vaccine Programs
Funding on a per dose basis will be provided to the Board of Health for the administration of influenza, meningococcal, and human papillomavirus (HPV) vaccines.

In order to claim the vaccine administration fees, the Board of Health is required to submit, as part of the quarterly financial reports, the number of doses administered. Reimbursement by the Province will be made on a quarterly basis based on the information. The Board of Health is required to ensure that the vaccine information submitted on the quarterly financial reports accurately reflects the vaccines administered and reported on the Vaccine Utilization database.

**Influenza**
The Province will continue to pay $5.00/dose for the administration of the influenza vaccine.

**Meningococcal**
The Province will continue to pay $8.50/dose for the administration of the meningococcal vaccine.

**Human Papillomavirus (HPV)**
The Province will continue to pay $8.50/dose for the administration of the HPV vaccine.
### SCHEDULE C-5

**REPORTING REQUIREMENTS**

The Board of Health is required to provide the following reports/information in accordance with direction provided in writing by the Province:

<table>
<thead>
<tr>
<th>Financial and Program Reporting Requirements</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3. 2017 Program-Based Grants (PBG) Budget Request and Supporting Documentation</strong></td>
<td>March 1, 2017</td>
</tr>
<tr>
<td><strong>4. 2017 MOH / AMOH Compensation Initiative Application</strong></td>
<td>March 1, 2017</td>
</tr>
<tr>
<td><strong>5. 2017 PBG 1\textsuperscript{st} Quarter Financial Report</strong> <em>(for the period of January 1, 2017 to March 31, 2017)</em></td>
<td>April 28, 2017</td>
</tr>
<tr>
<td><strong>6. 2017 Ontario Naloxone 1\textsuperscript{st} Quarter Project Activity Report</strong> <em>(for the period of April 1, 2017 to June 30, 2017)</em></td>
<td>July 15, 2017</td>
</tr>
<tr>
<td><strong>7. 2017 PBG 2\textsuperscript{nd} Quarter Financial Report</strong> <em>(for the period of January 1, 2017 to June 30, 2017)</em></td>
<td>July 31, 2017</td>
</tr>
<tr>
<td><strong>8. 2017 Electronic Cigarettes Act – 2\textsuperscript{nd} Quarter Program Activity Report</strong> <em>(for the period of January 1, 2017 to June 30, 2017)</em></td>
<td>July 31, 2017</td>
</tr>
<tr>
<td><strong>9. 2017 Smoke-Free Ontario Strategy 2\textsuperscript{nd} Quarter Program Activity Report</strong> <em>(for the period of January 1, 2017 to June 30, 2017)</em></td>
<td>July 31, 2017</td>
</tr>
<tr>
<td><strong>10. 2017 Ontario Naloxone Program 2\textsuperscript{nd} Quarter Project Activity Report</strong> <em>(for the period of July 1, 2017 to September 30, 2017)</em></td>
<td>October 15, 2017</td>
</tr>
<tr>
<td><strong>12. 2017-18 Smoke Free Ontario Strategy: Expanded Smoking Cessation Programming for Priority Populations 2\textsuperscript{nd} Quarter Program Activity Report</strong> <em>(for the period of April 1, 2017 to September 30, 2017)</em></td>
<td>October 31, 2017</td>
</tr>
<tr>
<td><strong>13. 2017 Ontario Naloxone Program 3\textsuperscript{rd} Quarter Project Activity Report</strong> <em>(for the period of October 1, 2017 to December 31, 2017)</em></td>
<td>January 15, 2018</td>
</tr>
<tr>
<td>Name of Report</td>
<td>Due Date</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>15. 2017 Board of Health Financial Controls Checklist (for the period of January 1, 2017 to December 31, 2017)</td>
<td>January 31, 2018</td>
</tr>
<tr>
<td>24. 2017-18 Panorama Annual Activity Report (for the period of April 1, 2017 to March 31, 2018)</td>
<td>April 27, 2018</td>
</tr>
<tr>
<td>25. 2017-18 Public Health Inspector Practicum Program Annual Activity Report (for the period of April 1, 2017 to March 31, 2018)</td>
<td>April 27, 2018</td>
</tr>
<tr>
<td>27. 2017 PBG Annual Reconciliation Report 3,4,5,6</td>
<td>April 30, 2018</td>
</tr>
<tr>
<td>28. Other Base and One-Time Funding Activity Reports</td>
<td>As Requested</td>
</tr>
<tr>
<td>Name of Report</td>
<td>Due Date</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------</td>
<td>------------------------------------</td>
</tr>
<tr>
<td>1. 2016-17 Vaccine Coverage and ISPA Monitoring(^7) Indicators (as of June 30, 2017) for Indicators: #4.4, 4.5, 4.6, 4.8 and 4.9</td>
<td>July 14, 2017 or As Required</td>
</tr>
<tr>
<td>2. 2016-17 Vaccine Wastage Monitoring(^7) Indicators (for the period of September 1, 2016 to August 31, 2017) for Indicators #4.1 and 4.10</td>
<td>September 30, 2017 or As Required</td>
</tr>
<tr>
<td>3. Year-end Reporting for the remaining Monitoring(^7) Indicators (for the period of January 1, 2017 to December 31, 2017)</td>
<td>January 31, 2018 or As Required</td>
</tr>
<tr>
<td>4. Compliance Reporting (as per a Compliance Variance in section 5.4)</td>
<td>As Required</td>
</tr>
<tr>
<td>5. Performance Reporting (as per an Performance Variance in section 5.5)</td>
<td>As Requested</td>
</tr>
</tbody>
</table>

Notes:

1. Please refer to the PBG User Guide for further details on the supporting documentation required.

2. Based on the Province’s fiscal year (April 1\(^{st}\) to March 31\(^{st}\)).

3. The re-evaluation of annual reconciliations by the Province is limited to one (1) year after the annual reconciliations have been provided to the Board of Health.

4. The Annual Reconciliation Report must contain: Audited Financial Statements; Auditor’s Attestation report in the Province’s prescribed format; Annual Reconciliation (Certificate of Settlement) Report Forms; and, other supporting documentation. Detailed instruction and templates will be provided by the Province.

5. The Audited Financial Statements must include a separate account of the revenues and expenditures of mandatory programs, as a whole, and each “related” program. This must be presented in separate schedules by program or initiative category or by separate disclosure in the notes to the Audited Financial Statements. It is not necessary to identify the revenues and expenditures of the individual programs within mandatory programs, but each of the “related” programs must be identified separately.

6. For a one-time project(s) approved for the period up to March 31, 2018, the Board of Health is required to confirm and report expenditures related to the project(s) as part of the: 2017 PBG Annual Reconciliation Package, for the period up to December 31, 2017; 2018 PBG 1st Quarter Financial Report for the period up to December 31, 2017 and the period of January 1, 2018 to March 31, 2018; and, 2018 PBG Annual Reconciliation Package for the period of January 1, 2018 to March 31, 2018. In addition to the 2018 PBG Annual Reconciliation requirements, the Province requires
a certification from a licensed auditor that the expenses were incurred no later than March 31, 2018 through a disclosure in the notes to the 2018 Audited Financial Statements.

7. Monitoring Indicator means a measure of performance used to: (a) ensure that high levels of achievement are sustained; or (b) monitor risks related to program delivery.
SCHEDULE D-4
PERFORMANCE OBLIGATIONS

PART A

PURPOSE OF SCHEDULE

To set out Monitoring Indicators to monitor Board of Health performance and establish performance obligations.

PART B

FUNDING YEAR 2017

1. The Province will provide the Board of Health technical documentation on the Monitoring Indicators set out in Table A.

2. The Board of Health will use best efforts to sustain or improve results for the Monitoring Indicators set out in Table A.

Table A: Monitoring Indicators

<table>
<thead>
<tr>
<th>#</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.4</td>
<td>% of tobacco vendors in compliance with youth access legislation at the time of last inspection</td>
</tr>
<tr>
<td>1.7</td>
<td>% of tobacco retailers inspected once per year for compliance with display, handling and promotion sections of the Smoke-Free Ontario Act (SFOA)</td>
</tr>
<tr>
<td>2.1</td>
<td>% of high-risk food premises inspected once every 4 months while in operation</td>
</tr>
<tr>
<td>2.3</td>
<td>% of Class A pools inspected while in operation</td>
</tr>
<tr>
<td>3.1</td>
<td>% of personal services settings inspected annually</td>
</tr>
<tr>
<td>3.6</td>
<td>% of confirmed gonorrhea cases treated according to Ontario treatment guidelines</td>
</tr>
<tr>
<td>4.1</td>
<td>% of HPV vaccine wasted that is stored/administered by the public health unit</td>
</tr>
<tr>
<td>4.3</td>
<td>% of refrigerators storing publicly funded vaccines that have received a completed routine annual cold chain inspection</td>
</tr>
<tr>
<td>4.4</td>
<td>% of school-aged children who have completed immunizations for hepatitis B</td>
</tr>
<tr>
<td>4.5</td>
<td>% of school-aged children who have completed immunizations for HPV</td>
</tr>
<tr>
<td>4.6</td>
<td>% of school-aged children who have completed immunizations for meningococcus</td>
</tr>
<tr>
<td>4.7</td>
<td>% of MMR vaccine wasted</td>
</tr>
<tr>
<td>4.8</td>
<td>% of 7 or 8 year old students in compliance with the ISPA</td>
</tr>
<tr>
<td>4.9</td>
<td>% of 16 or 17 year old students in compliance with the ISPA</td>
</tr>
<tr>
<td>4.10</td>
<td>% of influenza vaccine wasted</td>
</tr>
</tbody>
</table>

Board of Health for the Elgin-St. Thomas Health Unit
MANDATORY PROGRAMS
AND
RELATED SERVICES

SUPPORTED BY THE
ONTARIO PUBLIC HEALTH STANDARDS,
PROTOCOLS, AND ONTARIO PUBLIC HEALTH
ORGANIZATIONAL STANDARDS

2018 COST-SHARED BUDGETS

FOR

ELGIN ST. THOMAS PUBLIC HEALTH

Included:
Mandatory Programs
Small Drinking Water Systems
Vector Borne Diseases (education and surveillance and control and prevention)

Draft for the Board of Health
December 20, 2017
Mandatory Programs

2018 Budget and Priorities and Assumptions
Elgin St. Thomas Public Health’s 2018 Budget must include several considerations related to the current reality of its provincial mandate and community need. Those considerations are:

- a “frozen” level of Ministry funding based on a new provincial funding formula (therefore a public health funding cut),
- a greater emphasis on transparency, requiring a continued investment in communication platforms,
- a greater emphasis on accountability which means more frequent collection of greater amounts of data and associated reporting,
- a greater emphasis on risk management and hence the need for continued support for the identification, mitigation, monitoring and reporting of risks,
- continued implementation of the 2016-2020 strategic plan for Elgin St. Thomas Public Health,
- the speed with which a public health response is expected to meet Ministry protocols and mitigate risk,
- the desire and Ministry requirement for more collaboration and integration with community partners, including the Local Health Integration Network,
- provincial, municipal, and public demands of public health services, including for example, work on the opioid crisis prevention, assistance with addressing local social determinant of health issues such as poverty, transportation, housing and healthy communities and continued public access to home visiting support, immunization, sexual health services and smoking cessation supports,
- health status data in St. Thomas and Elgin County, including higher local rates of some injuries and chronic diseases, and
- revised Standards and Agreements such as the Ontario Public Health Standards: Requirements for Programs, Services and Accountability (effective Jan 1, 2018) and the Accountability Agreement between the Ministry of Health and Long Term Care and ESTPH.
Priorities

In general, Elgin St. Thomas Public Health will:

✓ provide leadership that is both required and valued in the areas of prevention (promotion of health) and protection (eliminating or responding to threats to the health of the community),

✓ continue to be a voice of confidence for health related matters in the community,

✓ continue to offer comprehensive programs and services using accessible and relevant delivery methods for those that live, work, and/or play in St. Thomas and Elgin County,

✓ continue to value partnerships and collaborative efforts with other agencies and groups in St. Thomas and Elgin County,

✓ continue to be compliant with the new Ontario Public Health Standards regarding mandatory programs and related services as established by the Ministry of Health and Long Term Care (MOHLTC) and the Ministry of Children and Youth Services (MCYS),

✓ achieve compliance with the Ontario Public Health Accountability Framework established by the MOHLTC,

✓ strive to meet the performance targets established by the MOHLTC as outlined in the Accountability Agreement between MOHLTC and ESTPH,

✓ continue to identify efficiencies in its operations to limit duplication and enhance effectiveness,

✓ strive to meet its 2016 to 2020 strategic plan deliverables,

✓ continue to develop its balanced scorecard, professional practice and continuous quality improvement initiatives for planning and accountability,

✓ continue to monitor health needs in St. Thomas and Elgin County, evaluating public health programs and services and implementing continuous quality improvement to better design future programs and services,

✓ strive to meet its communication strategy deliverables,

✓ continue to value the staff of Elgin St. Thomas Public Health, and

✓ continue to live the organization’s adopted Value Statements.
Specifically related to Health Promotion work, Elgin St. Thomas Public Health will focus on the new Ontario Public Health Standards and Protocols with emphasis in a number of areas including:

✓ about 16% of the residents in St. Thomas and Elgin County are living on a low income. Twenty-two percent of children under the age of 6 are living in a low income home. These residents are likely not to have access to enough affordable healthy food, affordable safe housing, and transportation. We will work with community partners to:
  o sustain the Elgin St. Thomas Coalition to End Poverty, develop a local poverty awareness,
  o campaign around elections and achieve consensus on local indicators to monitor poverty and the effectiveness of the coalition,
  o increase access to healthy foods through school nutrition programs, continued support for Elgin Gleaner programs, support for a Good Food Box expansion in East Elgin and increased awareness about our local food system and needs via a Food for All committee,
  o continue facilitation of collaborative action on increasing access to affordable transportation particularly in rural areas of Elgin County,
  o engage the Low German speaking Mennonites and off-reserve Indigenous populations in Elgin County,
  o promote use of the poverty screening tool internally, and
  o support the living wage initiative.

✓ 19.5% of residents in St. Thomas and Elgin County are daily smokers. This is higher than the province of Ontario (14%) and peer health units (16%). Seven percent are exposed to second hand smoke in homes and 13% in public places. We will aim to reduce the percent of smokers by:
  o working with partners to provide and/or promote smoking cessation opportunities, including access to free Nicotine Replacement Therapy (NRT) for priority populations (low income, mental health, LGBTQ),
  o encouraging local bylaw and policy changes, particularly around smoking restrictions in multi-use housing and in public outdoor spaces such as parks, and
  o preventing youth and young adults from starting to smoke through Challenges, Beliefs, and Changes programming in schools, and targeting programs and services to higher risk teens including the LGBT+ and young adult males.

✓ about 25% of new moms in St. Thomas and Elgin County report maternal mental health concerns. We will continue to work with our partners to provide support for these moms and others in high risk families by:
  o collaborating with partners to increase awareness and developing local postpartum mood disorder programs and supports,
  o supporting the coordination of respite services in St. Thomas and Elgin County, and
  o offering parenting programs for high risk families.

Specifically related to Health Protection work, Elgin St. Thomas Public Health will focus on the Ontario Public Health Standards and Protocols with emphasis in a number of areas including:

✓ performance related to the assigned provincial Accountability Agreement targets including vaccination coverage rates for Immunization of School Pupils Act antigens, hepatitis B and
human papillomavirus, percentage of inspections completed for high and moderate food premise inspections, small drinking water systems and personal services settings,

✓ continued capacity to respond to requirements of the Healthy Choices Act that will increase the number of food premises inspections and/or the time to complete them at chain restaurants,

✓ responding to emergent trends pertaining to climate change, recreational water safety, environmental health determinants (built environment), and safe housing,

✓ responding to community complaints of infection prevention and control lapses in health care practitioners’ offices and other settings,

✓ increasing capacity to participate in joint enforcement initiatives with community partners to meet requirements of the Smoke free Ontario Act, and

✓ building capacity to respond in the event of a community or public health emergency.
# Elgin St. Thomas Public Health
## Mandatory Programs
### 2018 Cost-Shared Budget

### SALARIES

<table>
<thead>
<tr>
<th>ACCOUNT NAME</th>
<th>2017 BUDGET</th>
<th>2018 BUDGET</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management</td>
<td>1,034,000</td>
<td>1,048,500</td>
<td>14,500</td>
</tr>
<tr>
<td>Nursing</td>
<td>1,306,500</td>
<td>1,278,060</td>
<td>(28,440)</td>
</tr>
<tr>
<td>Inspectors</td>
<td>390,000</td>
<td>392,500</td>
<td>2,500</td>
</tr>
<tr>
<td>Nutrition/Health Promo/Hygienist/Other</td>
<td>246,000</td>
<td>262,000</td>
<td>16,000</td>
</tr>
<tr>
<td>Support</td>
<td>349,500</td>
<td>360,100</td>
<td>10,600</td>
</tr>
<tr>
<td>Surge capacity support</td>
<td>29,225</td>
<td>20,000</td>
<td>(9,225)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>3,355,225</strong></td>
<td><strong>3,361,160</strong></td>
<td><strong>5,935</strong></td>
</tr>
</tbody>
</table>

**Percentage (%) of entire 2018 budget**: 55.68%

**Salaries Assumptions:**

1) That a new collective agreement will be negotiated and ratified with OPSEU in 2018, and

2) That the Health Unit will mitigate funding challenges through attrition where possible.
## Elgin St. Thomas Public Health
### Mandatory Programs
#### 2018 Cost-Shared Budget

<table>
<thead>
<tr>
<th>FRINGE BENEFITS</th>
<th>ACCOUNT NAME</th>
<th>2017 BUDGET</th>
<th>2018 BUDGET</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision</td>
<td>25,000</td>
<td>27,500</td>
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<tr>
<td>Employer Health Tax</td>
<td>100,700</td>
<td>104,500</td>
<td>3,800</td>
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</tr>
<tr>
<td>Extended Health Care</td>
<td>220,000</td>
<td>238,000</td>
<td>18,000</td>
<td></td>
</tr>
<tr>
<td>Dental Plan</td>
<td>92,000</td>
<td>75,500</td>
<td>(16,500)</td>
<td></td>
</tr>
<tr>
<td>CPP</td>
<td>175,500</td>
<td>181,500</td>
<td>6,000</td>
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<tr>
<td>OMERS</td>
<td>508,500</td>
<td>543,000</td>
<td>34,500</td>
<td></td>
</tr>
<tr>
<td>LTD</td>
<td>78,000</td>
<td>71,000</td>
<td>(7,000)</td>
<td></td>
</tr>
<tr>
<td>WSIB</td>
<td>54,000</td>
<td>53,000</td>
<td>(1,000)</td>
<td></td>
</tr>
<tr>
<td>EI</td>
<td>75,500</td>
<td>79,000</td>
<td>3,500</td>
<td></td>
</tr>
<tr>
<td>Life Insurance</td>
<td>18,100</td>
<td>22,500</td>
<td>4,400</td>
<td></td>
</tr>
<tr>
<td>Baby Benefit</td>
<td>20,000</td>
<td>17,100</td>
<td>(2,900)</td>
<td></td>
</tr>
<tr>
<td>Employee Assistance Program</td>
<td>4,500</td>
<td>4,500</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Meal Allowance</td>
<td>2,000</td>
<td>2,000</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Part-Time Benefits</td>
<td>18,000</td>
<td>15,000</td>
<td>(3,000)</td>
<td></td>
</tr>
<tr>
<td>Charged to Other Programs</td>
<td>(426,000)</td>
<td>(460,000)</td>
<td>(34,000)</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>965,800</strong></td>
<td><strong>974,100</strong></td>
<td><strong>8,300</strong></td>
<td></td>
</tr>
</tbody>
</table>

Percentage (%) of entire 2018 budget: 16.14%
Fringe Benefits Assumptions:

1) That the Health Unit can anticipate an increase in the benefit premium for vision, extended health care and life insurance rates based on the Health Unit’s current year’s claims experience, and

2) That dental rates will decrease based on the Health Unit’s current year’s claims experience.
Elgin St. Thomas Public Health
Mandatory Programs
2018 Cost-Shared Budget

<table>
<thead>
<tr>
<th>ACCOUNT NAME</th>
<th>2017 BUDGET</th>
<th>2018 BUDGET</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortgage/Rent</td>
<td>471,000</td>
<td>471,000</td>
<td>-</td>
</tr>
<tr>
<td>Housekeeping Supplies</td>
<td>10,000</td>
<td>10,000</td>
<td>-</td>
</tr>
<tr>
<td>Property Taxes</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Grounds Maintenance</td>
<td>15,700</td>
<td>18,260</td>
<td>2,560</td>
</tr>
<tr>
<td>Service, Repairs &amp; Maintenance Wages</td>
<td>117,200</td>
<td>136,630</td>
<td>19,430</td>
</tr>
<tr>
<td>Garbage/Waste Removal</td>
<td>6,000</td>
<td>6,000</td>
<td>-</td>
</tr>
<tr>
<td>Hydro/Water</td>
<td>96,000</td>
<td>96,000</td>
<td>-</td>
</tr>
<tr>
<td>Union Gas - Heat</td>
<td>2,500</td>
<td>2,500</td>
<td>-</td>
</tr>
<tr>
<td>Insurance for Premises</td>
<td>10,500</td>
<td>10,600</td>
<td>100</td>
</tr>
<tr>
<td>Cleaning/Security</td>
<td>70,000</td>
<td>71,000</td>
<td>1,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>798,900</strong></td>
<td><strong>821,990</strong></td>
<td><strong>23,090</strong></td>
</tr>
</tbody>
</table>

Percentage (%) of entire 2018 budget: **13.62%**

Premise Assumptions:

1) That grounds maintenance has increased related to items identified in the approved Capital Funding Plan Budget,

2) That service and repairs has increased due to the increased requirement for predictive and preventative maintenance, and

3) That ESTPH is exempt from paying property taxes.
HEALTH PROMOTION

<table>
<thead>
<tr>
<th>ACCOUNT NAME</th>
<th>2017 BUDGET</th>
<th>2018 BUDGET</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prenatal Fees</td>
<td>(500)</td>
<td>-</td>
<td>500</td>
</tr>
<tr>
<td>Prenatal Materials and Supplies</td>
<td>500</td>
<td>-</td>
<td>(500)</td>
</tr>
<tr>
<td>NRT Revenue</td>
<td>(400)</td>
<td>-</td>
<td>400</td>
</tr>
<tr>
<td>NRT Materials and Supplies</td>
<td>10,400</td>
<td>15,000</td>
<td>4,600</td>
</tr>
<tr>
<td>Materials and Supplies</td>
<td>56,400</td>
<td>56,225</td>
<td>(175)</td>
</tr>
<tr>
<td>Travel/Meeting Expenses</td>
<td>32,000</td>
<td>25,000</td>
<td>(7,000)</td>
</tr>
<tr>
<td>Advertising (Public Awareness/Promotion)</td>
<td>9,300</td>
<td>9,950</td>
<td>650</td>
</tr>
<tr>
<td>Memberships/Subscriptions</td>
<td>5,000</td>
<td>5,000</td>
<td>-</td>
</tr>
<tr>
<td>Professional Development</td>
<td>10,000</td>
<td>11,000</td>
<td>1,000</td>
</tr>
<tr>
<td>Youth Leader Recognition/Training</td>
<td>750</td>
<td>1,500</td>
<td>750</td>
</tr>
<tr>
<td>TOTAL</td>
<td>123,450</td>
<td>123,675</td>
<td>225</td>
</tr>
</tbody>
</table>

Percentage (%) of entire 2018 budget 2.05%

Health Promotion Department Assumptions:

1) That local partners will support collaborative efforts on a number of initiatives, such as delivery of school health programs and services, fluoride varnish program outreach through the Central Community Health Centre (CCHC) mobile bus, You’re the Chef (food literacy training), active communities, and parenting programs for Dads,

2) That despite some divestments, the budget for materials and supplies will remain almost the same due to new provincial standards and local needs requiring investments in mental health programming in schools, parenting supports at the new Ontario Early Years Child and
Family Centres, childhood injury prevention and supports for age friendly work around recreational opportunity awareness,

3) That advertising costs will be higher due to the need to promote low risk cannabis use guidelines with the legalization of cannabis in 2018 and promote awareness of social determinants of health during provincial and municipal elections,

4) That we will continue to waive the cost for online prenatal classes, breastfeeding supplies, and we will continue to provide transportation subsidies for ESTPH programs based on financial hardship self-declarations,

5) That the Ministry of Health and Long Term Care (MOHLTC) will not provide one-time funding for Nicotine Replacement Therapy to health units but will continue to fund the STOP program which supplies some NRT to registrants, and that community providers such as Canadian Mental Health Association will continue providing smoking cessation supplies to their clients,

6) That the Ministry of Health and Long Term Care won’t include an accountability agreement indicator related to achieving the former Baby Friendly Initiative (BFI) designation,

7) That there will be a greater need for professional development and training based on the likelihood of new assignment changes for staff based on the new provincial standards and re-organization of teams,

8) That the MOHLTC will not expect public health units to deliver the new vision screening program outlined in the new standards in this budget year, along with yet to be released protocols, and

9) That Healthy Kids Community Challenge funding will last until September 2018 which results in programs and services costs being absorbed by ESTPH (e.g. costs for Good Food Box, Elgin Gleaners, Unplug and Play etc.).
## HEALTH PROTECTION

<table>
<thead>
<tr>
<th>ACCOUNT NAME</th>
<th>2017 BUDGET</th>
<th>2018 BUDGET</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Safe Course Fees</td>
<td>(3,500)</td>
<td>(3,500)</td>
<td>-</td>
</tr>
<tr>
<td>Food Safe Course Expenditures</td>
<td>700</td>
<td>-</td>
<td>(700)</td>
</tr>
<tr>
<td>Migrant Housing Inspection Fees</td>
<td>(4,200)</td>
<td>(4,000)</td>
<td>200</td>
</tr>
<tr>
<td>Fixed Premise Property Searches</td>
<td>(125)</td>
<td>(125)</td>
<td>-</td>
</tr>
<tr>
<td>School VPD Program Revenue</td>
<td>(13,175)</td>
<td>(17,500)</td>
<td>(4,325)</td>
</tr>
<tr>
<td>Influenza Program Revenue</td>
<td>(1,000)</td>
<td>(1,000)</td>
<td>-</td>
</tr>
<tr>
<td>TB Skin Testing Revenue</td>
<td>(19,500)</td>
<td>(7,200)</td>
<td>12,300</td>
</tr>
<tr>
<td>TB Skin Testing Expenses</td>
<td>15,325</td>
<td>2,600</td>
<td>(12,725)</td>
</tr>
<tr>
<td>Private Pay Vaccine Revenue</td>
<td>(2,500)</td>
<td>(10,000)</td>
<td>(7,500)</td>
</tr>
<tr>
<td>Private Pay Vaccine Expenditures</td>
<td>1,475</td>
<td>9,000</td>
<td>7,525</td>
</tr>
<tr>
<td>Sexual Health Revenue</td>
<td>(25,000)</td>
<td>(25,000)</td>
<td>-</td>
</tr>
<tr>
<td>Clinical Services</td>
<td>8,000</td>
<td>7,000</td>
<td>(1,000)</td>
</tr>
<tr>
<td>Sales of Oral Contraceptives</td>
<td>(16,500)</td>
<td>(5,000)</td>
<td>11,500</td>
</tr>
<tr>
<td>Oral Contraceptives</td>
<td>18,000</td>
<td>5,500</td>
<td>(12,500)</td>
</tr>
<tr>
<td>Materials &amp; Supplies</td>
<td>61,025</td>
<td>65,375</td>
<td>4,350</td>
</tr>
<tr>
<td>Travel/Meeting Expenses</td>
<td>38,000</td>
<td>38,000</td>
<td>-</td>
</tr>
<tr>
<td>Advertising (Public Awareness/Promotion)</td>
<td>1,000</td>
<td>3,500</td>
<td>2,500</td>
</tr>
<tr>
<td>Memberships/Subscriptions/Library</td>
<td>1,000</td>
<td>1,000</td>
<td>-</td>
</tr>
<tr>
<td>ACCOUNT NAME</td>
<td>2017 BUDGET</td>
<td>2018 BUDGET</td>
<td>Difference</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-------------</td>
<td>-------------</td>
<td>------------</td>
</tr>
<tr>
<td>Professional Development</td>
<td>9,000</td>
<td>9,000</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>68,025</strong></td>
<td><strong>67,650</strong></td>
<td><strong>(375)</strong></td>
</tr>
</tbody>
</table>

**Percentage (%) of entire 2018 budget**  
1.12%

**Health Protection Department Assumptions:**

1) That ESTPH will continue to provide access to publicly funded vaccines by offering regular clinics at its Aylmer location using scheduled appointments to minimize staff downtime. Regular Vaccine Preventable Disease (VPD) service at the St. Thomas location will be phased out in 2018 to meet budgetary constraints,

2) That ESTPH will offer tuberculosis skin testing on a weekly basis by booked appointment to support continued access to this service. Despite changes in Ministry eligibility for publicly funded Tubersol, some health care providers in Elgin County continue to refer clients to the Health Unit for this intervention,

3) That ESTPH will continue to provide private pay vaccinations on a cost recovery basis to support travelers to countries where hepatitis A and B are endemic,

4) That the role of ESTPH in delivering influenza vaccination will continue to be focused on young families with children less than 6 years of age, decreasing the number of public clinics required to deliver service except in the case of a pandemic,

5) That materials and supplies will increase to reflect program needs based on new program standards,

6) That the majority of staff will be due for mask fit testing in 2018 and this service will be purchased from an outside contractor,

7) That the majority of communication with the public about issues of public health importance will happen through social media and the Health Unit website. Purchased media will, for the most part, be limited to communication with the Low German speaking Mennonite community,

8) That ESTPH will continue to be seen as a point of access for low cost birth control for women. Those under age 25 will be able to access free birth control through the Ontario Health Insurance Plan, and those over 25 will have access to purchase contraceptives from ESTPH.
9) That ESTPH will continue to be seen as a preferred cervical screening provider for women unattached to primary care providers in St. Thomas and Elgin County,

10) That increased emphasis will need to be placed on the following initiatives in line with stated Ministry of Health and Long Term Care priorities as well as the modernized Ontario Public Health Standards: Built environment, Climate change and Response to provincial increase in opioid related deaths, and

11) That ESTPH will work with Canada Health Infoway, the MOHLTC and local health care providers to support the uptake and integration of two new reporting modules, ICON and PHIX into the provincial Panorama system.
## CORPORATE COSTS

<table>
<thead>
<tr>
<th>ACCOUNT NAME</th>
<th>2017 BUDGET</th>
<th>2018 BUDGET</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Revenues</td>
<td>-</td>
<td>(10,500)</td>
<td>(10,500)</td>
</tr>
<tr>
<td>Office Supplies</td>
<td>15,000</td>
<td>8,000</td>
<td>(7,000)</td>
</tr>
<tr>
<td>Printing</td>
<td>18,000</td>
<td>18,000</td>
<td>-</td>
</tr>
<tr>
<td>Telephone</td>
<td>41,000</td>
<td>42,000</td>
<td>1,000</td>
</tr>
<tr>
<td>Postage</td>
<td>5,000</td>
<td>5,000</td>
<td>-</td>
</tr>
<tr>
<td>Courier</td>
<td>1,000</td>
<td>1,000</td>
<td>-</td>
</tr>
<tr>
<td>Office Equipment Maintenance</td>
<td>4,000</td>
<td>2,000</td>
<td>(2,000)</td>
</tr>
<tr>
<td>Office Equipment Rental</td>
<td>12,000</td>
<td>12,000</td>
<td>-</td>
</tr>
<tr>
<td>Advertising - Staff Recruitment</td>
<td>3,000</td>
<td>3,000</td>
<td>-</td>
</tr>
<tr>
<td>Meeting Expense</td>
<td>6,000</td>
<td>6,300</td>
<td>300</td>
</tr>
<tr>
<td>Advertising/Promotion/Communications</td>
<td>70,000</td>
<td>70,000</td>
<td>-</td>
</tr>
<tr>
<td>Engagement Strategies</td>
<td>30,000</td>
<td>30,000</td>
<td>-</td>
</tr>
<tr>
<td>Recruitment Expenses</td>
<td>3,500</td>
<td>3,500</td>
<td>-</td>
</tr>
<tr>
<td>Legal</td>
<td>70,000</td>
<td>70,000</td>
<td>-</td>
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<tr>
<td>Audit</td>
<td>14,500</td>
<td>19,225</td>
<td>4,725</td>
</tr>
<tr>
<td>Service Fees</td>
<td>10,000</td>
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<td>300</td>
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<tr>
<td>Insurance Excluding Premises</td>
<td>30,000</td>
<td>30,000</td>
<td>-</td>
</tr>
<tr>
<td>Staff Training, Wellness and Recognition</td>
<td>16,000</td>
<td>14,000</td>
<td>(2,000)</td>
</tr>
<tr>
<td>Labour Relations/Recruitment</td>
<td>25,000</td>
<td>35,000</td>
<td>10,000</td>
</tr>
</tbody>
</table>
## CORPORATE COSTS

<table>
<thead>
<tr>
<th>ACCOUNT NAME</th>
<th>2017 BUDGET</th>
<th>2018 BUDGET</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>IT Support and Software</td>
<td>200,000</td>
<td>200,000</td>
<td>-</td>
</tr>
<tr>
<td>Furniture and Equipment</td>
<td>20,000</td>
<td>10,000</td>
<td>(10,000)</td>
</tr>
<tr>
<td>Computer/Technology/Equipment</td>
<td>76,000</td>
<td>60,000</td>
<td>(16,000)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>670,000</strong></td>
<td><strong>638,825</strong></td>
<td><strong>(31,175)</strong></td>
</tr>
</tbody>
</table>

Percentage (%) of entire 2018 budget 10.58%

### Corporate Cost Assumptions:

1) That other revenues represent bank interest earned on all bank accounts held with RBC,

2) That office supplies will decrease due to the inventory system controls that have been implemented as well as additional bulk purchasing throughout the organization,

3) That audit costs have been budgeted higher based on actual billings as well as allocations to other programs,

4) That staff training, wellness & recognition has decreased based on actual usage,

5) That labour relations costs will increase due to a change in labour relations consultants,

6) That furniture and equipment has been reduced based on review of purchases required in 2018, and

7) That computer information technology and equipment has been reduced based on asset replacement needs for 2018.
Elgin St. Thomas Public Health
Mandatory Programs
2018 Cost-Shared Budget

### ADMINISTRATION COSTS

<table>
<thead>
<tr>
<th>ACCOUNT NAME</th>
<th>2017 BUDGET</th>
<th>2018 BUDGET</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel</td>
<td>5,000</td>
<td>4,000</td>
<td>(1,000)</td>
</tr>
<tr>
<td>Memberships/Subscriptions</td>
<td>14,000</td>
<td>12,000</td>
<td>(2,000)</td>
</tr>
<tr>
<td>Occupational Health and Safety</td>
<td>6,500</td>
<td>6,500</td>
<td>-</td>
</tr>
<tr>
<td>Professional Development</td>
<td>13,000</td>
<td>13,000</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>38,500</strong></td>
<td><strong>35,500</strong></td>
<td><strong>(3,000)</strong></td>
</tr>
</tbody>
</table>

Percentage (%) of entire 2018 budget: .59%

**Administration Cost Assumptions:**

1) That travel and memberships costs have been decreased based on historical data.
Elgin St. Thomas Public Health
Mandatory Programs
2018 Cost-Shared Budget

<table>
<thead>
<tr>
<th>ACCOUNT NAME</th>
<th>2017 BUDGET</th>
<th>2018 BUDGET</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel</td>
<td>1,500</td>
<td>1,000</td>
<td>(500)</td>
</tr>
<tr>
<td>Meeting Expense</td>
<td>1,500</td>
<td>1,000</td>
<td>(500)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>500</td>
<td>500</td>
<td>-</td>
</tr>
<tr>
<td>Honoraria</td>
<td>10,000</td>
<td>8,000</td>
<td>(2,000)</td>
</tr>
<tr>
<td>Conferences/Conventions</td>
<td>3,000</td>
<td>3,000</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>16,500</strong></td>
<td><strong>13,500</strong></td>
<td><strong>(3,000)</strong></td>
</tr>
</tbody>
</table>

Percentage (%) of entire 2018 budget: .22%

**Board of Health Cost Assumptions:**

1) That the City of St. Thomas, the County of Elgin, and provincial appointees are reimbursed for board of health meeting time expenses as per policy, and

2) That some Board of Health members will attend at least one conference/training session in 2018.
## Elgin St. Thomas Public Health
### Mandatory Programs
#### 2018 Cost-Shared Budget

<table>
<thead>
<tr>
<th></th>
<th>2017 BUDGET</th>
<th>2018 BUDGET</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL MANDATORY</td>
<td>6,036,400</td>
<td>6,036,400</td>
<td>-</td>
</tr>
</tbody>
</table>

Percentage (%) variance to 2017 budget approval: **0.00%**
Related Services

2018 Budgets

Included:
Small Drinking Water Systems
Vector Borne Diseases (education and surveillance and control and prevention)
### Elgin St. Thomas Public Health
### Small Drinking Water Systems
### 2018 Cost-Shared Budget

<table>
<thead>
<tr>
<th></th>
<th>2017 BUDGET</th>
<th>2018 BUDGET</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and Benefits</td>
<td>17,467</td>
<td>17,467</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>17,467</strong></td>
<td><strong>17,467</strong></td>
<td><strong>-</strong></td>
</tr>
</tbody>
</table>
## Vector Borne Diseases

### (Education and Surveillance)

<table>
<thead>
<tr>
<th>ACCOUNT NAME</th>
<th>2017 BUDGET</th>
<th>2018 BUDGET</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and Benefits</td>
<td>48,795</td>
<td>54,795</td>
<td>6,000</td>
</tr>
<tr>
<td>Adult Identification and Viral Testing</td>
<td>2,554</td>
<td>2,558</td>
<td>4</td>
</tr>
<tr>
<td>Trap Costing</td>
<td>1,500</td>
<td>1,500</td>
<td>-</td>
</tr>
<tr>
<td>Advertising</td>
<td>1,000</td>
<td>1,000</td>
<td>-</td>
</tr>
<tr>
<td>Telecommunications</td>
<td>380</td>
<td>380</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>54,229</strong></td>
<td><strong>60,233</strong></td>
<td><strong>6,004</strong></td>
</tr>
</tbody>
</table>

### (Control and Prevention)

<table>
<thead>
<tr>
<th>ACCOUNT NAME</th>
<th>2017 BUDGET</th>
<th>2018 BUDGET</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mosquito Control and Prevention</td>
<td>9,504</td>
<td>3,500</td>
<td>(6,004)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9,504</strong></td>
<td><strong>3,500</strong></td>
<td><strong>(6,004)</strong></td>
</tr>
</tbody>
</table>

## Vector Borne Diseases

### 2018 Cost-Shared Summary

<table>
<thead>
<tr>
<th></th>
<th>MOHLTC</th>
<th>St. Thomas</th>
<th>Aylmer</th>
<th>County of Elgin</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education and Surveillance</strong></td>
<td>45,175</td>
<td>6,023</td>
<td>-</td>
<td>9,035</td>
<td>60,233</td>
</tr>
<tr>
<td><strong>Control and Prevention</strong></td>
<td>2,625</td>
<td>700</td>
<td>175</td>
<td>-</td>
<td>3,500</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>47,800</td>
<td>6,723</td>
<td>175</td>
<td>9,035</td>
<td>63,733</td>
</tr>
</tbody>
</table>
Summary of Mandatory Programs and Related Services Budgets

2018
## MANDATORY PROGRAMS AND SERVICES

<table>
<thead>
<tr>
<th></th>
<th>2017 BUDGET</th>
<th>2018 BUDGET</th>
<th>DIFFERENCE</th>
<th>LEVY INCREASE/ (DECREASE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of St. Thomas</td>
<td>653,440</td>
<td>659,477</td>
<td>6,037</td>
<td>.92%</td>
</tr>
<tr>
<td>County of Elgin</td>
<td>855,660</td>
<td>849,623</td>
<td>(6,037)</td>
<td>(.71)%</td>
</tr>
<tr>
<td>Province of Ontario</td>
<td>4,527,300</td>
<td>4,527,300</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6,036,400</strong></td>
<td><strong>6,036,400</strong></td>
<td><strong>-</strong></td>
<td><strong>-</strong></td>
</tr>
</tbody>
</table>

## SMALL DRINKING WATER SYSTEMS

<table>
<thead>
<tr>
<th></th>
<th>2017 BUDGET</th>
<th>2018 BUDGET</th>
<th>DIFFERENCE</th>
<th>LEVY INCREASE/ (DECREASE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of St. Thomas</td>
<td>1,891</td>
<td>1,908</td>
<td>17</td>
<td>.92%</td>
</tr>
<tr>
<td>County of Elgin</td>
<td>2,476</td>
<td>2,459</td>
<td>(17)</td>
<td>(.71)%</td>
</tr>
<tr>
<td>Province of Ontario</td>
<td>13,100</td>
<td>13,100</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>17,467</strong></td>
<td><strong>17,467</strong></td>
<td><strong>-</strong></td>
<td><strong>-</strong></td>
</tr>
</tbody>
</table>

## VECTOR BORNE DISEASES (Education and Surveillance)

<table>
<thead>
<tr>
<th></th>
<th>2017 BUDGET</th>
<th>2018 BUDGET</th>
<th>DIFFERENCE</th>
<th>LEVY INCREASE/ (DECREASE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of St. Thomas</td>
<td>5,870</td>
<td>6,580</td>
<td>710</td>
<td>12.10%</td>
</tr>
<tr>
<td>County of Elgin</td>
<td>7,687</td>
<td>8,478</td>
<td>791</td>
<td>10.29%</td>
</tr>
<tr>
<td>Province of Ontario</td>
<td>40,672</td>
<td>45,175</td>
<td>4,503</td>
<td>11.07%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>54,229</strong></td>
<td><strong>60,233</strong></td>
<td><strong>6,004</strong></td>
<td><strong>-</strong></td>
</tr>
</tbody>
</table>
### Vector Borne Diseases (Control and Prevention)

<table>
<thead>
<tr>
<th>Location</th>
<th>2017 Budget</th>
<th>2018 Budget</th>
<th>Difference</th>
<th>Levy Increase/ (Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of St. Thomas</td>
<td>1,901</td>
<td>700</td>
<td>(1,201)</td>
<td>(63.18)%</td>
</tr>
<tr>
<td>County of Elgin</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Town of Aylmer (Larviciding only)</td>
<td>475</td>
<td>175</td>
<td>(300)</td>
<td>(63.18)%</td>
</tr>
<tr>
<td>Province of Ontario</td>
<td>7,128</td>
<td>2,625</td>
<td>(4,503)</td>
<td>(63.18)%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9,504</strong></td>
<td><strong>3,500</strong></td>
<td><strong>(6,004)</strong></td>
<td>-</td>
</tr>
</tbody>
</table>

### One-Time Business Cases

<table>
<thead>
<tr>
<th>Location</th>
<th>2017 Budget</th>
<th>2018 Budget</th>
<th>Difference</th>
<th>Levy Increase/ (Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of St. Thomas</td>
<td>21,109</td>
<td>-</td>
<td>(21,109)</td>
<td>(100)%</td>
</tr>
<tr>
<td>County of Elgin</td>
<td>27,641</td>
<td>-</td>
<td>(27,641)</td>
<td>(100)%</td>
</tr>
<tr>
<td>Province of Ontario</td>
<td>146,250</td>
<td>-</td>
<td>(146,250)</td>
<td>(100)%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>195,000</strong></td>
<td>-</td>
<td><strong>(195,000)</strong></td>
<td>(100)%</td>
</tr>
</tbody>
</table>

### Total Cost-Shared

<table>
<thead>
<tr>
<th>Location</th>
<th>2017 Budget</th>
<th>2018 Budget</th>
<th>Difference</th>
<th>Levy Increase/ (Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of St. Thomas</td>
<td>684,211</td>
<td>668,665</td>
<td>(15,546)</td>
<td>(2.27)%</td>
</tr>
<tr>
<td>County of Elgin</td>
<td>893,464</td>
<td>860,560</td>
<td>(32,904)</td>
<td>(3.68)%</td>
</tr>
<tr>
<td>Town of Aylmer</td>
<td>475</td>
<td>175</td>
<td>(300)</td>
<td>(63.16)%</td>
</tr>
<tr>
<td>Province of Ontario</td>
<td>4,734,450</td>
<td>4,588,200</td>
<td>(146,250)</td>
<td>(3.09)%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6,312,600</strong></td>
<td><strong>6,117,600</strong></td>
<td><strong>(195,000)</strong></td>
<td>(3.09)%</td>
</tr>
</tbody>
</table>
### Board of Health Funding:

Beginning in 2018, the funding allocations from the City of St. Thomas and the County of Elgin will be revised based on the most recent census data. The County of Elgin will be contributing 56.3% (2017-56.7%) and the City of St. Thomas will be contributing 43.7% (2017-43.3%).

<table>
<thead>
<tr>
<th>ONE-TIME BUSINESS CASES</th>
<th>2017 BUDGET</th>
<th>2018 BUDGET</th>
<th>DIFFERENCE</th>
<th>LEVY INCREASE/ (DECREASE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of St. Thomas</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>County of Elgin</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Province of Ontario</td>
<td>40,000</td>
<td>109,000</td>
<td>69,000</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>40,000</td>
<td>109,000</td>
<td>69,000</td>
<td>-</td>
</tr>
</tbody>
</table>
100% Provincially Funded Programs

2018
Budget and Assumptions

Included:
Smoke Free Ontario
Healthy Smiles Ontario
Pre and Post Natal Nurse Practitioner Program
Healthy Babies Healthy Children
Harm Reduction
Infectious Diseases Control
Infection Prevention and Control Nurse
Enhanced Food Safety - Haines
Enhanced Safe Water
Needle Exchange Program
Social Determinants of Health Nurse Initiative
Chief Nursing Officer
Medical Officer of Health Compensation Initiative
### SMOKE FREE ONTARIO PROTECTION AND ENFORCEMENT

<table>
<thead>
<tr>
<th></th>
<th>2017 BUDGET</th>
<th>2018 BUDGET</th>
<th>DIFFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and Benefits</td>
<td>119,486</td>
<td>119,323</td>
<td>(163)</td>
</tr>
<tr>
<td>Staff Training</td>
<td>1,500</td>
<td>1,500</td>
<td>-</td>
</tr>
<tr>
<td>Travel</td>
<td>2,000</td>
<td>2,000</td>
<td>-</td>
</tr>
<tr>
<td>Office Expenses</td>
<td>500</td>
<td>500</td>
<td>-</td>
</tr>
<tr>
<td>Purchased Services</td>
<td>1,000</td>
<td>1,675</td>
<td>675</td>
</tr>
<tr>
<td>Program Materials/Supplies</td>
<td>1,997</td>
<td>2,605</td>
<td>608</td>
</tr>
<tr>
<td>Allocated Admin</td>
<td>10,417</td>
<td>9,297</td>
<td>(1,120)</td>
</tr>
<tr>
<td>Communication Costs</td>
<td>600</td>
<td>600</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>137,500</strong></td>
<td><strong>137,500</strong></td>
<td>-</td>
</tr>
</tbody>
</table>

### SMOKE FREE ONTARIO CONTROL COORDINATION

<table>
<thead>
<tr>
<th></th>
<th>2017 BUDGET</th>
<th>2018 BUDGET</th>
<th>DIFFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and Benefits</td>
<td>83,642</td>
<td>82,654</td>
<td>(988)</td>
</tr>
<tr>
<td>Staff Training</td>
<td>2,000</td>
<td>2,000</td>
<td>-</td>
</tr>
<tr>
<td>Travel</td>
<td>1,100</td>
<td>900</td>
<td>(200)</td>
</tr>
<tr>
<td>Office Expenses</td>
<td>200</td>
<td>200</td>
<td>-</td>
</tr>
<tr>
<td>Program Materials/Supplies</td>
<td>5,517</td>
<td>6,182</td>
<td>665</td>
</tr>
<tr>
<td>Allocated Administration Cost</td>
<td>5,741</td>
<td>5,719</td>
<td>(23)</td>
</tr>
<tr>
<td>Communication Costs</td>
<td>800</td>
<td>700</td>
<td>(100)</td>
</tr>
<tr>
<td>Purchased Services</td>
<td>1,000</td>
<td>1,645</td>
<td>645</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>100,000</strong></td>
<td><strong>100,000</strong></td>
<td>-</td>
</tr>
</tbody>
</table>

### SMOKE FREE ONTARIO YOUTH ENGAGEMENT

<table>
<thead>
<tr>
<th></th>
<th>2017 BUDGET</th>
<th>2018 BUDGET</th>
<th>DIFFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and Benefits</td>
<td>75,363</td>
<td>73,620</td>
<td>(1,743)</td>
</tr>
<tr>
<td>Staff Training</td>
<td>1,500</td>
<td>1,500</td>
<td>-</td>
</tr>
</tbody>
</table>
## SMOKE FREE ONTARIO YOUTH ENGAGEMENT

<table>
<thead>
<tr>
<th></th>
<th>2017 BUDGET</th>
<th>2018 BUDGET</th>
<th>DIFFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel</td>
<td>1,200</td>
<td>1,000</td>
<td>(200)</td>
</tr>
<tr>
<td>Program Materials/Supplies</td>
<td>1,137</td>
<td>3,080</td>
<td>1,943</td>
</tr>
<tr>
<td>Communication Costs</td>
<td>800</td>
<td>800</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>80,000</strong></td>
<td><strong>80,000</strong></td>
<td><strong>-</strong></td>
</tr>
</tbody>
</table>

## SMOKE FREE ONTARIO ENFORCEMENT - PROSECUTION

<table>
<thead>
<tr>
<th></th>
<th>2017 BUDGET</th>
<th>2018 BUDGET</th>
<th>DIFFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and Benefits</td>
<td>7,884</td>
<td>7,868</td>
<td>(16)</td>
</tr>
<tr>
<td>Travel</td>
<td>500</td>
<td>500</td>
<td>-</td>
</tr>
<tr>
<td>Program Materials/Supplies</td>
<td>316</td>
<td>332</td>
<td>16</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>8,700</strong></td>
<td><strong>8,700</strong></td>
<td><strong>-</strong></td>
</tr>
</tbody>
</table>

## ENFORCEMENT - E-CIGARETTE BASE FUNDING

<table>
<thead>
<tr>
<th></th>
<th>2017 BUDGET</th>
<th>2018 BUDGET</th>
<th>DIFFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and Benefits</td>
<td>9,523</td>
<td>9,482</td>
<td>(41)</td>
</tr>
<tr>
<td>Travel</td>
<td>500</td>
<td>500</td>
<td>-</td>
</tr>
<tr>
<td>Office Expenses</td>
<td>300</td>
<td>300</td>
<td>-</td>
</tr>
<tr>
<td>Program Materials/Supplies</td>
<td>2,577</td>
<td>2,618</td>
<td>41</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>12,900</strong></td>
<td><strong>12,900</strong></td>
<td><strong>-</strong></td>
</tr>
</tbody>
</table>

**TOTAL** | **339,100**  | **339,100**  | **-**      |

### Smoke Free Ontario Assumptions:

1) That funding for the Smoke Free Ontario Strategy (SFOS) is maintained at the 2017 level, including prosecution and e-cigarette funding, for the same programs and services, including available regional funding for some of the planned initiatives,

2) That the SFOS modernization report (2017) does not result in major program changes that require more staffing and/or other operational resources,

3) That complaint, compliance checks and inspections due to the implementation of the amended Smoke Free Ontario Act in 2018 will not require additional Tobacco Enforcement Officer staff time, and
4) That the Ontario provincial government does not assign additional enforcement responsibilities to this program for cannabis, without providing additional dollars.
<table>
<thead>
<tr>
<th>HEALTHY SMILES ONTARIO</th>
<th>2017 BUDGET</th>
<th>2018 BUDGET</th>
<th>DIFFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries &amp; Benefits</td>
<td>241,822</td>
<td>279,069</td>
<td>37,247</td>
</tr>
<tr>
<td>Staff Training</td>
<td>5,000</td>
<td>5,000</td>
<td>-</td>
</tr>
<tr>
<td>Travel</td>
<td>5,000</td>
<td>3,000</td>
<td>(2,000)</td>
</tr>
<tr>
<td>Building Occupancy</td>
<td>27,691</td>
<td>28,430</td>
<td>739</td>
</tr>
<tr>
<td>Office Expenses</td>
<td>3,514</td>
<td>3,536</td>
<td>22</td>
</tr>
<tr>
<td>Materials &amp; Supplies</td>
<td>28,839</td>
<td>26,187</td>
<td>(2,652)</td>
</tr>
<tr>
<td>Office Equipment</td>
<td>7,000</td>
<td>5,783</td>
<td>(1,217)</td>
</tr>
<tr>
<td>Purchased Services</td>
<td>45,000</td>
<td>12,000</td>
<td>(33,000)</td>
</tr>
<tr>
<td>Communication Costs</td>
<td>5,809</td>
<td>5,140</td>
<td>(669)</td>
</tr>
<tr>
<td>Information Technology Equipment</td>
<td>9,925</td>
<td>11,455</td>
<td>1,530</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>379,600</strong></td>
<td><strong>379,600</strong></td>
<td><strong>-</strong></td>
</tr>
</tbody>
</table>

**Healthy Smiles Ontario Assumptions:**

1) That funding for the Healthy Smiles Ontario program will continue to be 100% covered by the MOHLTC at 2017 funding levels,

2) That the services of a dental consultant on a regular basis will no longer be required to meet the new standards and new protocols,

3) That existing dental equipment will only require maintenance not replacement,

4) That clinical eligibility for preventive services in the new Oral Health Protocol, 2018 will remain the same as in the Healthy Smiles Ontario, 2016 Protocol,

5) That all children and youth ages 17 and under, are clinically eligible for preventive services, meet the financial eligibility threshold identified in the Healthy Smiles Ontario Protocol, and identify paying for them would create a financial hardship, and

6) That public health continues to have a system navigation role for the Healthy Smiles Ontario program.
## Pre and Post Natal Nurse Practitioner Program

**2018 Budget – 100% Provincially Funded**

<table>
<thead>
<tr>
<th>PRE AND POST NATAL NURSE PRACTITIONER PROGRAM</th>
<th>2017 BUDGET</th>
<th>2018 BUDGET</th>
<th>DIFFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and Benefits</td>
<td>115,528</td>
<td>118,128</td>
<td>2,600</td>
</tr>
<tr>
<td>Administration</td>
<td>16,472</td>
<td>14,872</td>
<td>(1,600)</td>
</tr>
<tr>
<td>Travel</td>
<td>1,000</td>
<td>1,000</td>
<td>-</td>
</tr>
<tr>
<td>Supplies and Equipment</td>
<td>5,000</td>
<td>3,875</td>
<td>(1,125)</td>
</tr>
<tr>
<td>Training</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Audit</td>
<td>1,000</td>
<td>1,125</td>
<td>125</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>139,000</strong></td>
<td><strong>139,000</strong></td>
<td>-</td>
</tr>
</tbody>
</table>
Healthy Babies Healthy Children Assumptions:

1) That provincial funding for the Healthy Babies Healthy Children (HBHC) remains frozen for over 10 years,

2) That the HBHC program delivery model will not significantly change based on the provincial external program review conducted in 2016 and the planned provincial review of the HBHC program protocol,

3) That mileage for HBHC staff will continue to be lower in 2018, with some services being offered through new Ontario Early Years Child and Family Centres (OEYCFC),

4) That additional costs associated with phone data required to support electronic documentation in the field using ISCIS can be absorbed within the current budget due to discontinuation of mailing Let’s Grow, and

5) That new parents will utilize other community supports with the reduction of Baby and Me clinics and discontinuation of weekend on-call support.
### Elgin St. Thomas Public Health
#### Harm Reduction
2018 Budget – 100% Provincially Funded

<table>
<thead>
<tr>
<th></th>
<th>2017 BUDGET</th>
<th>2018 BUDGET</th>
<th>DIFFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and Benefits</td>
<td>-</td>
<td>143,059</td>
<td>143,059</td>
</tr>
<tr>
<td>Travel</td>
<td>-</td>
<td>2,000</td>
<td>2,000</td>
</tr>
<tr>
<td>Materials and Supplies</td>
<td>-</td>
<td>4,941</td>
<td>4,941</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>-</td>
<td><strong>150,000</strong></td>
<td><strong>150,000</strong></td>
</tr>
</tbody>
</table>

### Elgin St. Thomas Public Health
#### Infectious Diseases Control
2018 Budget – 100% Provincially Funded

<table>
<thead>
<tr>
<th></th>
<th>2017 BUDGET</th>
<th>2018 BUDGET</th>
<th>DIFFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and Benefits</td>
<td>207,500</td>
<td>214,700</td>
<td>7,200</td>
</tr>
<tr>
<td>Staff Training</td>
<td>1,500</td>
<td>-</td>
<td>(1,500)</td>
</tr>
<tr>
<td>Travel</td>
<td>2,000</td>
<td>1,000</td>
<td>(1,000)</td>
</tr>
<tr>
<td>Office Expenses</td>
<td>2,520</td>
<td>2,500</td>
<td>(20)</td>
</tr>
<tr>
<td>Materials and Supplies</td>
<td>6,700</td>
<td>3,200</td>
<td>(3,500)</td>
</tr>
<tr>
<td>Purchased Services</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Communication Costs</td>
<td>2,080</td>
<td>900</td>
<td>(1,180)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>222,300</strong></td>
<td><strong>222,300</strong></td>
<td>-</td>
</tr>
</tbody>
</table>

### Elgin St. Thomas Public Health
#### Infection Prevention & Control Nurse
2018 Budget – 100% Provincially Funded

<table>
<thead>
<tr>
<th>INFECTION PREVENTION &amp; CONTROL NURSE</th>
<th>2017 BUDGET</th>
<th>2018 BUDGET</th>
<th>DIFFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and Benefits</td>
<td>90,100</td>
<td>90,100</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>90,100</strong></td>
<td><strong>90,100</strong></td>
<td>-</td>
</tr>
</tbody>
</table>
Elgin St. Thomas Public Health
Enhanced Food Safety - Haines
2018 Budget – 100% Provincially Funded

<table>
<thead>
<tr>
<th></th>
<th>2017 BUDGET</th>
<th>2018 BUDGET</th>
<th>DIFFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and Benefits</td>
<td>25,000</td>
<td>25,000</td>
<td>-</td>
</tr>
<tr>
<td>TOTAL</td>
<td>25,000</td>
<td>25,000</td>
<td>-</td>
</tr>
</tbody>
</table>

Elgin St. Thomas Public Health
Enhanced Safe Water
2018 Budget – 100% Provincially Funded

<table>
<thead>
<tr>
<th></th>
<th>2017 BUDGET</th>
<th>2018 BUDGET</th>
<th>DIFFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and Benefits</td>
<td>15,500</td>
<td>15,500</td>
<td>-</td>
</tr>
<tr>
<td>TOTAL</td>
<td>15,500</td>
<td>15,500</td>
<td>-</td>
</tr>
</tbody>
</table>

Elgin St. Thomas Public Health
Needle Exchange Program
2018 Budget – 100% Provincially Funded

<table>
<thead>
<tr>
<th></th>
<th>2017 BUDGET</th>
<th>2018 BUDGET</th>
<th>DIFFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Materials and Supplies</td>
<td>20,000</td>
<td>25,000</td>
<td>5,000</td>
</tr>
<tr>
<td>TOTAL</td>
<td>20,000</td>
<td>25,000</td>
<td>5,000</td>
</tr>
</tbody>
</table>

Needle Exchange Assumptions:

1) Elgin St. Thomas Public Health has experienced increased distribution of harm reduction supplies not provided through the Ontario Harm Reduction Distribution Program. This increase in funding will allow for continued expansion of needle exchange program (NEP) services to community agencies who are seeing increased numbers of clients accessing ESTPH NEP services at existing and potential future satellite locations.
### PUBLIC HEALTH NURSE INITIATIVE (SOCIAL DETERMINANTS OF HEALTH)

<table>
<thead>
<tr>
<th></th>
<th>2017 BUDGET</th>
<th>2018 BUDGET</th>
<th>DIFFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and Benefits</td>
<td>180,500</td>
<td>180,500</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>180,500</td>
<td>180,500</td>
<td>-</td>
</tr>
</tbody>
</table>

### CHIEF NURSING OFFICER

<table>
<thead>
<tr>
<th></th>
<th>2017 BUDGET</th>
<th>2018 BUDGET</th>
<th>DIFFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and Benefits</td>
<td>121,500</td>
<td>121,500</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>121,500</td>
<td>121,500</td>
<td>-</td>
</tr>
</tbody>
</table>

### Medical Officer of Health Compensation

<table>
<thead>
<tr>
<th></th>
<th>2017 BUDGET</th>
<th>2018 BUDGET</th>
<th>DIFFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and Benefits</td>
<td>107,000</td>
<td>107,000</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>107,000</td>
<td>107,000</td>
<td>-</td>
</tr>
</tbody>
</table>
One Time Business Case – 100% Provincially Funded

2018
Budget and Assumptions

Included:
- Smoke-Free Ontario Expanded Smoking Cessation Programming for Priority Populations
- Public Health Inspector Practicum Program
- Panorama – Immunization Solution
Project Description (including programs to be included / involved).

Through this community outreach initiative in St. Thomas and Elgin County, Elgin St. Thomas Public Health (ESTPH) will distribute nicotine replacement therapy (NRT) to priority groups of smokers including:

- Residents of Elgin St. Thomas living with diagnosed mental illness and addiction issues, and
- Residents of Elgin St. Thomas of low income who are receiving either Ontario Works, Ontario Disability Support Program or another form of social assistance.

ESTPH will review and renew Memorandums of Understanding or Partnership Agreements with community partners that work directly with people who smoke within the above mentioned identified priority populations regarding NRT distribution. ESTPH will provide ongoing support by e-mail, telephone, and educational Community of Practice meetings to these community partners.

Based on the successful pilot program with a local pharmacy in 2017, ESTPH will expand a program with local pharmacists that will include the client meeting with the pharmacist for behaviour change counselling and use of NRT.

ESTPH will work with the internal Early Years Public Health Nurses regarding the 5A’s. These Public Health Nurses will offer NRT vouchers to Healthy Babies Healthy Children clients that are smokers as part of their home visits. This will also help to address second-hand smoke in the homes and vehicles for these children.

Using this format ESTPH will increase community capacity, overall reach within Elgin St. Thomas and address transportation barriers faced by many of our clients. In order to distribute NRT to identified priority groups noted above, ESTPH will continue to work with one of the Public Health Nurses assigned to social determinants of health to assist with systems navigation.

For evaluation purposes, community partners will be asked to submit monthly metrics regarding priority populations reached and NRT distribution. ESTPH will compile and monitor these to ensure they are meeting the terms of the Memorandums of Understanding or
Partnership Agreements thus addressing the needs of those that are smokers within these priority populations.

Why is this project necessary? What is the impact of the project on service delivery and programming by the board of health? Describe the risk associated with not receiving any or all of the requested funding (attach supporting documentation / report as appropriate).

Evidence & Need

Smoking Rates
Data from the Canadian Community Health Survey, indicates that in 2013-2014, 19.5% of individuals over age 12 in Elgin St. Thomas were daily smokers and an additional 6.7% were occasional smokers. More people are smoking in Elgin St. Thomas compared to the province and the peer health units.

Low Income and Smoking
According to our Community Health Status Report (2015), Elgin St. Thomas had the highest proportion of daily smokers for each income group, compared to Ontario and our peer health units, including a prevalence rate of 32% smokers in the low income category. For Ontario and the peer health units, the proportion of daily smokers was significantly different for all income groups. People with a lower income were more likely to smoke than people in the middle or upper income groups. The largest proportion of households in Elgin St. Thomas earned a total income of between $20,000 and $49,000 a year (28.6%) followed by households who earned between $50,000 and $79,000 (25.1%) a year. Incomes of all household types in Elgin St. Thomas were between 7.5% and 23.5% lower than for households in the rest of the province.

Education Level and Smoking
Furthermore, research shows a strong correlation between levels of education and levels of socioeconomic status in Ontario (OTRU Evaluation News, Sept 2009). In Elgin St. Thomas, 17% of the population aged 25-64 years of age had less than a high school diploma and 31% had only a high school diploma. This is higher than the proportion of the population in Ontario where 11% had not completed high school and 29% had only a high school diploma. In comparison to provincial averages, Elgin St. Thomas reports overall lower household income and lower levels of education combined with higher smoking rates. This evidence reinforces the need to reach out to smokers in our community who have less income, are more likely to smoke and are less able to afford NRT to help them quit smoking. In 2018, we anticipate reaching at least 140 or more low income smokers.

Mental Health and Smoking Rates
Research tells us that tobacco use among clients with a concurrent mental illness and/or substance use disorder is 2-4 times greater than the general population (Kalman, Morissette, & George, 2005). The statistics state that up to 85% of clients with severe mental illness continue to use tobacco products (Harris, Parle, & Gagne, 2007) and 40% of these clients smoke more than 40 cigarettes per day (Horsfall, Cleary, Hunt & Walter, 2009).
Community Collaboration & Referral Mechanisms

ESTPH has been leading a Community of Practice for Smoking Cessation in Elgin for the past six years. This group consists of both health care and social service providers including one representative from the St. Thomas Elgin Ontario Works program. This group has witnessed and validated the high rate of smoking among individuals with low income and mental illness and addiction issues. Yet a lack of funding to provide NRT to these smokers, including those with intentions to quit, remains a barrier to service delivery. ESTPH does not have the capacity to serve all of the clients in our community with mental illness and addiction issues and low income who want to quit, nor do we have the medical expertise to provide the close monitoring that may be necessary for some clients with specific medical or mental health and addiction issues. The Canadian Mental Health Association, Elgin Branch has partnered with ESTPH to support their clients that want to quit smoking with behaviour counselling and NRT. They have medical support that can monitor client medications and conditions as the client moves through the process of quitting smoking. In 2018, ESTPH in partnership with community organizations anticipates reaching 80 or more smokers with a diagnosed mental health and addictions issue.

In addition, high risk clients identified through our internal Early Years programs will be reached either in their home or in the community, and offered free NRT via vouchers when they are ready to quit. Our Early Years Public Health Nurses have been trained in the 5 A’s and are familiar with all the community resources to support smoking cessation. They will also be able to provide clients that are smoking with NRT vouchers. In 2018, ESTPH anticipates reaching 20 or more smokers through the Early Years Public Health Nurses.

This additional funding for 2018 will assist ESTPH and our community partners with addressing the deadly and chronic relapsing disorder that smoking truly is. Without this additional funding, ESTPH will not be able to overcome the barriers to be able to provide assistance to the high number of smokers in our community who are struggling with mental illness and addictions issues, surviving on low income and in many cases coping with other chronic diseases and conditions that exacerbate their health status. Additional funding allows staff to distribute an adequate duration of nicotine replacement therapy that has been shown to prevent relapse.

Please describe how the project fits the long and short term goals of your board of health (i.e., strategic plan, operating plan etc.).

This project is in line with the 2016-2020 Elgin St. Thomas Public Health Strategic Plan that includes a vision towards achieving healthy males, empowering those that are living in poverty and public health communication. This project also supports our chronic disease mandate (and associated program plan) that seeks to address priority populations through a social determinants of health lens by engaging smokers who face barriers of access to treatment for smoking cessation.

Indicate any implications this project will have on other organizations or services within your district / region and identify persons you have consulted in support of this request.

The following organizations will work with ESTPH to refer and/or provide smoking cessation support to smokers in the most efficient and effective manner possible, while attempting to reduce any barriers to treatment that have been identified in our social determinants of health equity assessment.
1. Canadian Mental Health Association, Elgin Branch
2. St. Thomas Elgin Ontario Works
3. Local Pharmacies

- Costs

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicotine replacement therapy (assorted items including the patch,</td>
<td>$ 30,000</td>
<td>Nicotine replacement therapy for priority groups identified above will be</td>
</tr>
<tr>
<td>lozenge, gum inhaler and mouth spray)</td>
<td></td>
<td>divided based on interest and participation amongst the priority groups</td>
</tr>
<tr>
<td></td>
<td></td>
<td>and distributed accordingly.</td>
</tr>
</tbody>
</table>

Estimated Total Cost $ 30,000

- How much of your costs pertain to program areas that are not eligible for funding by the Ministry of Health and Long Term Care through the PBG process (e.g., Healthy Babies Healthy Children, etc.)?

None

- Total share requested from MOHLTC

<table>
<thead>
<tr>
<th>Total share requested from MOHLTC</th>
<th>Total municipal</th>
<th>Non-shareable costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 30,000</td>
<td>$ -</td>
<td>$ -</td>
</tr>
</tbody>
</table>

- Project will impact operating costs  

<table>
<thead>
<tr>
<th>Additional FTEs</th>
<th>Number</th>
<th>Cost (including benefits)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>$</td>
</tr>
<tr>
<td>Accommodations</td>
<td>$</td>
<td>%</td>
</tr>
<tr>
<td>Other operating costs</td>
<td>$</td>
<td>%</td>
</tr>
</tbody>
</table>

- Indicate how additional operating costs resulting from this project will be managed.

The Smoke-Free Ontario Coordinator will include this project in their daily work and no additional operating costs are foreseen.

- Will funds be spent by December 31, 2018?

☑ Yes  ☐ No
2018 One-Time Funding Request over $10,000 Business Case

Board of Health: Board of Health for the Elgin-St. Thomas Health Unit

<table>
<thead>
<tr>
<th>Project Title:</th>
<th>Public Health Inspector Practicum Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name / Position Title:</td>
<td>Catherine Walker, Director, Health Protection Department</td>
</tr>
<tr>
<td>Address:</td>
<td>1230 Talbot Street</td>
</tr>
<tr>
<td>Location:</td>
<td>St. Thomas, ON N5P 1G9</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>519-631-9900 ext. 1223</td>
</tr>
</tbody>
</table>

- **Project Description (including programs to be included / involved).**
  - The 2018 PHI Practicum position program involves the supervision and preceptorship of a student public health inspector, to support learning of needed competencies as outlined by the Canadian Institute of Public Health Inspectors. The purpose of the practicum is to provide the student with access to praxis and thereby encourage practical application of theoretical and conceptual learnings. Under the supervision of an experienced public health inspector preceptor, the student is introduced to the realities of day to day work as well as scenario-based learning in both communicable diseases and healthy environments. An interdisciplinary team of public health inspectors, public health nurses and tobacco enforcement officers support the designated preceptor by sharing teachable moments and experiences. With an emphasis on service excellence and evidence-informed practice, the preceptor utilizes a strength-based approach to develop the student’s competencies in the different domains of public health and public health inspection.
  - The practicum experience allows public health inspectors to practice teaching methodologies, utilize and identify teachable moments that can be transferred over to public education as well as training of operators, and discuss content not typically encountered in day-to-day work. The process provides them with experience and opportunities to become reacquainted with the profession’s curriculum as it evolves to reflect the changing context of public health. Thirdly, the practicum experience supports public health inspectors at Elgin St. Thomas Public Health to enact their leadership skills in concert with the organization's leadership philosophy.

- **Why is this project necessary? What is the impact of the project on service delivery and programming by the board of health? Describe the risk associated with not receiving any or all of the requested funding (attach supporting documentation / report as appropriate).**
  - Public health inspector practicum students support the Healthy Environment Team’s workload capacity during a high volume/high demand part of the year. Once sufficiently trained and determined to be competent, they help conduct routine inspections of low and medium risk food premises and personal services settings and follow up common reportable diseases. This allows certified inspectors to focus on high risk food safety inspections, safe water demands, rabies investigations, and outbreak responses. Without the assistance of a
Please describe how the project fits the long and short term goals of your board of health (i.e., strategic plan, operating plan etc.).

- The purpose of a practicum is to provide the student Public Health Inspector with a grasp of the practical application of his/her academic program. Under the supervision of experienced personnel, the student is familiarized with the day to day work of a PHI and with those intangibles, which form an essential part of inspection procedure. Through this process, ESTPH PHIs provide public health leadership through advocacy, dedication, and expertise in their field. Emphasizing on service excellence, preceptors utilize a strength based approach in the development of the student while modelling evidence informed practice.
- Public Health Inspectors demonstrate leadership through the provision, facilitation, and promotion of professional values and beliefs, consistent with the ESTPH Strategic Plan and Leadership philosophy. Allowing PHIs to act as a role model and mentor developing students provides opportunities to share knowledge and experience while conforming to the standard of practices requirements of the Continual Professional Competencies associated with their professional designation as a PHI.

Indicate any implications this project will have on other organizations or services within your district / region and identify persons you have consulted in support of this request.

N/A

Costs

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHI Practicum Student</td>
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<td>Costs associated</td>
</tr>
<tr>
<td><strong>Estimated Total Cost</strong></td>
<td><strong>$12,000</strong></td>
<td></td>
</tr>
</tbody>
</table>

How much of your costs pertain to program areas that are not eligible for funding by the Ministry of Health and Long Term Care through the PBG process (e.g., Healthy Babies Healthy Children, etc.)?

None

<table>
<thead>
<tr>
<th>Total share requested from MOHLTC</th>
<th>Total municipal</th>
<th>Non-shareable costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>$12,000</td>
<td>$-</td>
<td>$-</td>
</tr>
</tbody>
</table>

Project will impact operating costs  ☑ No  ☐ Yes  (if yes, provide detail below)

<table>
<thead>
<tr>
<th>Additional FTEs</th>
<th>Number</th>
<th>Cost (including benefits)</th>
<th>Increase (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other operating costs</td>
<td>Cost</td>
<td>Increase (%)</td>
<td></td>
</tr>
<tr>
<td>-----------------------</td>
<td>------</td>
<td>--------------</td>
<td></td>
</tr>
<tr>
<td>$</td>
<td>$</td>
<td>%</td>
<td></td>
</tr>
</tbody>
</table>

➢ Indicate how additional operating costs resulting from this project will be managed.
N/A

➢ Will funds be spent by December 31, 2018? ☑ Yes   ☐ No
2018 One-Time Funding Request over $10,000 Business Case

Board of Health: Board of Health for the Elgin-St. Thomas Health Unit

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Panorama – Immunization Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name / Position Title:</td>
<td>Catherine Walker, Director, Health Protection Department</td>
</tr>
<tr>
<td>Address:</td>
<td>1230 Talbot Street</td>
</tr>
<tr>
<td>Location:</td>
<td>St. Thomas, ON N5P 1G9</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>519-631-9900 ext. 1223</td>
</tr>
</tbody>
</table>

---

**Project Description (including programs to be included / involved).**

Under Ontario’s Health Protection and Promotion Act, 36 public health units across the province are responsible for administering the Ministry’s publicly funded immunization programs in their respective areas. The Ministry has established protocols with which public health units are required to comply. According to the 2014 Annual Report of the Office of the Auditor General of Ontario, $6.6 million of provincially funded vaccine was wasted in the 2013/14 fiscal year (up from $4.7 million in 2012/13, primarily due to an increase in influenza vaccine wastage). In the Report, vaccine wastage was attributed to two main causes: over-ordering and cold chain failure. This project would involve committing one Program Assistant to Panorama vaccine inventory and handling to continue to assess evolving processes for efficiencies and accuracy and to monitor and respond to health care provider ordering patterns. Moving to a more streamlined system in 2016 improved liaison with Ontario Government Pharmacy; however, more work is needed to change processes to ensure reduced wastage and loss. Funding for one additional staff member is being requested to support this change.

---

**Why is this project necessary? What is the impact of the project on service delivery and programming by the board of health? Describe the risk associated with not receiving any or all of the requested funding (attach supporting documentation / report as appropriate).**

Continuing with the present model will perpetuate the system problems identified by the Auditor General.

---

**Please describe how the project fits the long and short term goals of your board of health (i.e., strategic plan, operating plan etc.).**

This projects helps to further Elgin St. Thomas Public Health’s strategic focus on working collaboratively with health care providers to ensure public access to effective vaccination services.
- Indicate any implications this project will have on other organizations or services within your district / region and identify persons you have consulted in support of this request. 
  N/A

- Costs

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 FTE Program Assistant for one year</td>
<td>$67,000</td>
<td>Including salary and benefits</td>
</tr>
<tr>
<td>Estimated Total Cost</td>
<td>$67,000</td>
<td></td>
</tr>
</tbody>
</table>

- How much of your costs pertain to program areas that are not eligible for funding by the Ministry of Health and Long Term Care through the PBG process (e.g., Healthy Babies Healthy Children, etc.)? 
  None

<table>
<thead>
<tr>
<th>Total share requested from MOHLTC</th>
<th>Total municipal</th>
<th>Non-shareable costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

- Project will impact operating costs ☑No ☐Yes (if yes, provide detail below)

<table>
<thead>
<tr>
<th>Additional FTEs</th>
<th>Number</th>
<th>Cost (including benefits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional FTEs</td>
<td>#</td>
<td></td>
</tr>
<tr>
<td>Accommodations</td>
<td>Cost</td>
<td>Increase (%)</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>%</td>
</tr>
<tr>
<td>Other operating costs</td>
<td>Cost</td>
<td>Increase (%)</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>%</td>
</tr>
</tbody>
</table>

- Indicate how additional operating costs resulting from this project will be managed. 
  N/A

- Will funds be spent by December 31, 2018? ☑Yes ☐No
Board of Health
Health Promotion Department Report
December 20, 2017

Director’s Summary

Highlights for December include:

- One STOP smoking workshop was offered. Sixteen clients attended despite the poor weather.
- A tobacco policy workshop was held for about 20 municipal and agency partners. Interest in creating or amending existing policies was expressed by some.
- Along with other southwestern Ontario health units, ESTPH participated in a perinatal conference, as a means to encourage health care providers to assess, advise and refer clients for smoking cessation.
- A local physician has agreed to do a brief video about her health concerns around the consumption of sugar sweetened beverages by children. The taping is scheduled for this month.
- Tower garden training was provided to forty-four teachers from twenty-five schools who received tower gardens.
- In follow-up to a primary care rounds session on assessing seniors for driving risk, ESTPH posted a number of links on our website.
- Input into the provincial legislation amendments for the Smoke Free Ontario Act and the new Cannabis Act was provided to the provincial government through a submission to the Bill 174 Committee.
- An application for a provincial “Seniors Community Grant” was developed and submitted in collaboration with VON and the Alzheimer’s Society.

Highlights from Department

1. **Highlight Title:** Low German Speaking Mennonite Needs Assessment
   BSC Domain: Client & Community
   Accountability Area: OPHS – Priority Populations
   - Several community agencies have been discussing a community needs assessment for the Low German Speaking Mennonite population. ESTPH took this opportunity to bring the partners together to develop a process so that there is one coordinated, comprehensive assessment done with the community’s buy-in and support.
   - Several community agencies will be contributing funding and we will be partnering with Oxford County Public Health to do this work.
2. **Highlight Title: HBHC Program Evaluation**

**BSC Domain:** Governance & Accountability  
**Accountability Area:** OPHS - HBHC Protocol

- The Healthy Babies Healthy Children (HBHC) program was recently reviewed by a third party consultant. The consultation review included stakeholder engagement, review of the current state service delivery and funding models and data collection. Public health unit consultation included health unit surveys and site visits, client focus groups and a survey and interviews with Medical Officers of Health. ESTPH participated in this evaluation process.

- Based on a cost analysis, the consultant estimated a $7.8 million provincial funding gap for HBHC. To address this funding gap, the Ministry of Children and Youth Services has proposed potential cost saving measures for discussion and consideration:
  - Change the HBHC screen to align more closely with the indicators of risk in determining the need for home visiting,
  - Stop conducting a postpartum contact for those screened not at risk,
  - Modify who conducts the screens,
  - Document remotely to avoid duplication and reduce the need to travel back to the health unit for documentation, and
  - Streamline the intake of prenatal and early childhood clients by processing them directly to an in-depth assessment.

- Regardless whether any changes to funding models are considered, the consultants urged the Ministry to focus on the following four areas:
  - Align those at risk with the desired population for home visiting (for example some items on the screen such as biological risk factors may not align with the target population),
  - Streamline the process for consent and use of technology (remote documentation in ISCIS),
  - Strengthen the programs ability to support complex needs of families, and
  - Streamline data requirements and targeted efforts towards outcome measures.

- The Ministry cautioned this was a program review and report. More information will be forthcoming related to a response to the external program review.

3. **Highlight Title: Family Fun Night in Rodney**

**BSC Domain:** Client & Community  
**Accountability Area:** OPHS - Healthy Smiles Ontario Protocol

- ESTPH attended the Fall Family Fun Night in Rodney in October. This activity based event generally has a high turnout, featuring a dinner, crafts and games. Dental screenings were offered and all children received oral hygiene aids and educational materials.

- Over 100 children visited the ESTPH table and several parents provided positive feedback about their experiences with dental services provided in our clinics. Several parents also expressed their satisfaction with the Healthy Smiles Ontario program.
### Early Years Team – Quarter 3 Statistics

**BSC Domain:** Governance & Accountability  
**Accountability Area:** OPHS - HBHC Protocol

<table>
<thead>
<tr>
<th>Type of Service/Program</th>
<th>Total Number Q3 2017</th>
<th>Notes of Interest</th>
</tr>
</thead>
</table>
| HBHC PHN waitlist         | 1.5 weeks (average)  | - Compared to 3.1 in Q3 2016  
- Lower this year due to less BFI work and hence more available nursing time for home visiting. |
| HBHC PRW waitlist         | 3.6 weeks (average)  | - Compared to 2.6 in Q3 2016  
- Lower in 2016 as a result of having three Parent Resource Workers taking clients off the wait list. In the same quarter of 2017, there was a transition period of a returning PRW from leave resulting in a longer wait time. |
| Prenatal Screens          | 31                   | - Compared to 75 in Q3 2016  
- Due to changes in the pre-admit appointments at LHSC and STEGH, we noticed a decline in prenatal screen completion. ESTPH has followed up with both organizations to determine the cause and strategies for increasing the screening rate going forward. |
| Postpartum Screens        | 176                  | - Compared to 200 in Q3 2016  
- Based on ISCIS data, there has been a decrease in live births (17%) for residents living in Elgin County in Q3 2017 versus Q3 2016. |
| In-depth Assessments Completed | 95                  | - Compared to 101 in Q3 2016 |
| Number of Home Visits     | 479                  | - Compared to 523 in Q3 2016  
- During Q3 in 2017 the Early Years Team had a Parent Resource Worker on maternity leave rejoin the team. Due to reorientation to the program, and resuming home visiting, this transition resulted in a slight decrease in the overall number of home visits made during Q3 2017. |
5. **Highlight Title: Oral Health Stats Q3**  
**BSC Domain:** Governance & Accountability  
**Accountability Area:** OPHS - Healthy Smiles Ontario Protocol  
- With a higher number of screens in Q3 of 2017, more preventive treatments such as sealants and scalings result as shown below.

<table>
<thead>
<tr>
<th>Type of Service/Program</th>
<th>Total Number Q3 2016</th>
<th>Total Number Q3 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of selective polishes</td>
<td>58</td>
<td>58</td>
</tr>
<tr>
<td>Number of fluoride treatments</td>
<td>176</td>
<td>174</td>
</tr>
<tr>
<td>Number of screenings</td>
<td>103</td>
<td>149</td>
</tr>
<tr>
<td>Number of Urgent Dental Conditions</td>
<td>52</td>
<td>77</td>
</tr>
<tr>
<td>Number of scaling</td>
<td>57</td>
<td>91</td>
</tr>
<tr>
<td>Number of Pit and Fissure Sealants</td>
<td>26</td>
<td>44</td>
</tr>
<tr>
<td>Number of Oral Hygiene Education sessions</td>
<td>229</td>
<td>222</td>
</tr>
</tbody>
</table>

6. **Highlight Title: Low Risk Alcohol Drinking Guideline (LRADG) Awareness**  
**BSC Domain:** Client & Community  
**Accountability Area:** OPHS – reduce the risky use of alcohol  
- ESTPH is sharing the “Community Alcohol Report” with area partners and stakeholders through presentations at events such as the following:  
  - the Southwold Community Policing Association event - Nov. 7/2017  
  - The Community Leaders Cabinet - Dec. 6/2017  
  - Steelway Building Systems – Dec/2017 and Jan/2018  
- The goal of the presentations is to educate and increase awareness about how we can help change our language around drinking and promote the LRADG, with the broader goal of decreasing the health harms of alcohol in our community and starting a discussion about how we can support the movement towards a culture of lower-risk drinking.
The Ministry announced that there will be a fourth theme for the Healthy Kids Community Challenge (HKCC). This theme will run from January 2018-Sept 2018. The following chart is a summary of the initiatives that were submitted for funding. We are still awaiting a new legal agreement but anticipate that this will be forthcoming.

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Proposed Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fun on the Water</strong> –  The St. Thomas area currently does not have an easily accessible access point for fishing, kayaking and canoeing. Through a partnership with the Kettle Creek Conservation Authority (KCCA), the Fun on the Water initiative will provide residents in the Elgin-St. Thomas area a publicly accessible fishing platform to facilitate community members fishing, canoeing and kayaking in the Dalewood Reservoir. The initiative will also source canoes, kayaks and fishing gear and promote the availability of the new resources to the broader community.</td>
<td>$18,000</td>
</tr>
<tr>
<td><strong>Get Out into Nature</strong> - KCAA and their partners will engage children attending local summer camps to step into nature through staff led outdoor education programs and activities. KCCA staff will provide 5 programs throughout the summer of 2018 to the Early Learning Centre day camp run out of the Dalewood Conservation Area. Each program will be different in theme and include outdoor activities such as birdwatching, hiking and exploring the local nature at the Dalewood Conservation Area. In addition, KCCA staff will lead 2 wetland explorer programs with other area day camps at Dan Patterson Conservation Area. At the end of the program, participants will have expanded their understanding of the local environment and trails and will be provided with a free day pass, trail map and local resources to get out and recreate the experience with their family.</td>
<td>$5,500</td>
</tr>
<tr>
<td><strong>Natural Playgrounds</strong> – This initiative will provide an opportunity to build off the success of London District School Board and Thames Valley District School Board’s existing school yard greening initiatives which include curriculum supports, policy and teacher resources. The funding will be utilized to support the establishment of new naturalized playgrounds, which was one of the suggested actions of the Access to Affordable Recreation report issued by Elgin St. Thomas Public Health this year. The funding will be utilized to improve the playground environment and to promote the new playgrounds to families in the surrounding area.</td>
<td>$49,550</td>
</tr>
<tr>
<td><strong>Power off and Play!</strong> - This initiative will feature physical literacy training, policy development and an opportunity for participating child care centres to obtain new natural outdoor play equipment. This comprehensive plan will foster the development of physical literacy through active play to reduce sedentary time spent during the day.</td>
<td>$15,600</td>
</tr>
<tr>
<td><strong>Access to Recreation</strong> - Elgin St. Thomas Public Health will work with the Healthy Communities Partnership to coordinate and offer free opportunities for families to participate in free skating through the establishment of several volunteer run outdoor ice rinks. School nurses</td>
<td>$2,000</td>
</tr>
</tbody>
</table>
will distribute resources through student mail bags to increase parent awareness of what is available in St. Thomas and Elgin County, thereby encouraging physical activity instead of screen use. The Free and Low Cost Active Elgin Guide will also be distributed to all families in Elgin County.  

Total | $90,650

8. **Highlight Title:** Cannabis Inclusion in Thames Valley District School Board Smoke Free Policy  
**BSC Domain:** Integration & Responsiveness  
**Accountability Area:** OPHS – address substance misuse  
- Following an invitation to provide input into a policy review, ESTPH with Middlesex London and Oxford Health Units collaborated and proposed wording for school handbooks/code of conduct, and provided proposed policy recommendations for a Tobacco, Cannabis and Smoke Free Environment.  
- The proposed wording and draft policy has been provided to the appropriate Learning Supervisor and Superintendent for consideration for the 2018/19 school year.

9. **Highlight Title:** ATV Education  
**BSC Domain:** Client & Community  
**Accountability Area:** OPHS- increase public awareness of the prevention of injury in road and off-road safety.  
- ESTPH, in partnership with the Southwold Community Policing Association, supported the OPP in providing education and information to community members at their Nov.7/2017 event.  
- ESTPH provided a display and resources: Smart Ride Safe Ride, insert on local data related to hospitalization/injuries, keychains with reminders to always drive sober, and a focus on ATV injury prevention messaging - always wear a helmet, ride on the proper terrain, ride the right size machine, supervise anyone under 16, only one rider on a machine at a time.

10. **Highlight Title:** Fire Prevention Week  
**BSC Domain:** Client & Community  
**Accountability Area:** Strategic Plan & OPHS - work with municipalities to support healthy public policies and the creation or enhancement of supportive environments  
- ESTPH participated in Fire Prevention Week from October 9th-14th to promote the development of smoke-free policies in multi-unit housing. The promotion was part of a provincial initiative where all 36 health units used the same images and messaging. The provincial campaign was a great success resulting in over 5,000 new users visiting the smoke-free housing Ontario website.  
- Locally, Fire Prevention Week activities included resources at the Fire Department open house, a media release, social media posts and newspaper ads in Fire Prevention Week features. ESTPH also partnered with Canadian Mental Health Association Elgin to share their smoke-free housing success story.  
- Local results of Fire Prevention Week were positive and resulted in 111,290 impressions and a number of calls related to smoke-free policies.
11. Highlight Title: ESTPH Partnership with Crimestoppers

BSC Domain: Client & Community

Accountability Area: MOHLTC, Public Health Units will lead and coordinate activities to ensure compliance with and enforcement of the SFOA

- ESTPH had a very productive meeting with the St. Thomas and Aylmer Crimestoppers lead in September.
- ESTPH and Crimestoppers will be partnering on a number of initiatives related to the Smoke-Free Ontario Act (SFOA) and Electronic Cigarettes Act (ECA). The primary initiative will be ensuring that any ‘tips’ received by Crimestoppers related to the SFOA or ECA will be directed to a Tobacco Enforcement Officer at ESTPH to follow-up on.
- Crimestoppers and ESTPH will also be partnering on getting messages about the SFOA and ECA out to the public in ways such as: joint social media posts, radio spots (e.g., “Crime of the Week” by Crimestoppers), and partnering at events (e.g., ride programs for smoking in vehicles).

12. Highlight Title: Good Food Box program

BSC Domain: Client & Community

Accountability Area: OPHS – increase the capacity of community partners to coordinate and develop local healthy eating programs

- The Good Food Box is a bulk buying program that increases access to healthy, affordable food for those in need. Participating households pay $15 per month per box, which contains a variety of fresh vegetables & fruit, yogurt, and cheese, as well as a newsletter with healthy eating tips and simple, nutritious recipes. In addition, participating families pay a one-time fee of $10 to cover supply costs.
- The program began in the spring of 2015 through the St. Thomas Food Works collaboration (a partnership between the YWCA St. Thomas Elgin, Destination Church, and Central Community Health Centre) with 1 pick up site and approximately 12 members.
- Since then, the program has expanded to 5 pick up sites (3 in St. Thomas, 1 in Rodney/West Lorne, and 1 in Aylmer) and over 135 participating households. The partnership has expanded to include the West Elgin Community Health Centre, the Northside Neighbourhood Hub, Elgin St. Thomas Public Health, Aylmer Family Central Apartments, and the United Way Elgin-St. Thomas.
- In the spring of 2017, ESTPH received $16,239.00 through the Healthy Kids Community Challenge. This funding has supported continued program growth through obtaining necessary program materials, services, and transportation, as needed. These funds have allowed existing sites to support new members as well as support the expansion of the Good Food Box to the newest site in Aylmer. These funds flow directly through ESTPH to the program coordinators at the YWCA St. Thomas Elgin.
13. Highlight Title: Walk with Me Event
   BSC Domain: Learning & Growth
   Accountability Area: OPHS - Partnership and Collaboration: Fostering partnerships within the health sector and other sectors. Assisting in promoting community capacity building by fostering partnerships and collaborating with community partners.

- On September 26, 2017, Elgin St. Thomas Public Health partnered with St. Thomas Local Immigration Partnership to host the 6th annual Walk with Me event. Walk with Me is an event that aims to bring agencies who serve marginalized members of the community together to network and to learn together. This year’s theme focused on unconscious bias.

- The event had 88 attendees representing 40 different agencies across Elgin-St. Thomas. Twelve of these agencies had not previously attended.

- The event included:
  - Networking activities, which challenged individuals from a variety of sectors to interact with one another, and consider their own unconscious bias,
  - A presentation by guest speaker Dharshi Lacey, Director of Diversity & Governance for Pillar Non-Profit,
  - A trade show, with agency displays and representatives sharing and exchanging information and contact details with colleagues, and
  - Case studies, which encouraged participants to consider how their own unconscious bias can affect the care of the marginalized individuals that they serve, and highlighting the discussions of the event.

- Participants completed a survey following the event which demonstrated an overall increase in knowledge:
  - 55% of participants reported being informed or well informed regarding unconscious bias prior to the event, and 100% reported being informed or well informed regarding unconscious bias after the event.
  - 56% of participants reported being informed or well informed regarding community resources prior to the event, and 98% reported being informed or well informed regarding community resources after the event.

- Participants will be contacted in December to follow up as to whether their organizations have an increased number of referrals since the Walk with Me event.

14. Highlight Title: New Elgin St. Thomas Age Friendly Community Plan
   BSC Domain: Client & Community
   Accountability Area: OPHS – work with municipalities to support healthy public policies and support environmental changes

- The Age Friendly Steering Committee for Elgin St. Thomas is pleased to announce that the Age Friendly Community Plan is now complete. With over 600 responses received from seniors, family members, service providers, administrators, and the general public, the plan reflects the current diverse needs of our aging population.

- The plan will act as a living document to guide collective action and implementation of thirty goals and objectives over the next several years. Key priority areas include housing, transportation, health care, recreation and community life.
• The results of the study and the new plan was presented to City of St. Thomas and Elgin County Council on November 14.
• A Seniors Community Grant Application has been submitted to the Ministry of Seniors Affairs on behalf of the VON, Alzheimer’s Society and the libraries to address some of the objectives of this plan.
• The steering committee will meet again in December to discuss next steps including the formation of a new Seniors Advisory Committee and subcommittees. Municipal staff and/or community members interested in sitting on this new committee are encouraged to contact Jessica Lang at jlang@elginhealth.on.ca or 519-631-9900 ext. 1304.

15. Highlight Title: Into Kids Health! 10•5•2•1•0 Campaign

BSC Domain: Client & Community
Accountability Area: OPHS

• The ‘Into Kids’ Health! 10•5•2•1•0 Campaign’ summarizes the overarching messaging of the local St. Thomas Elgin ‘Healthy Kids’ Community Challenge’.
• To keep children healthy, the resource encourages caregivers to remember these numbers:
  o 10 or more hours of sleep,
  o 5 or more vegetables and fruit,
  o 2 hours or less of screen time,
  o 1 hour or more of moderate to vigorous physical activity, and
  o 0 sugar-sweetened drinks.

• Components of the campaign to date have included:
  o An ‘Into Kids’ Health 10•5•2•1•0 Jingle Contest’ where Elgin elementary schools were welcomed to create and record a 30 second audio jingle (recorded in English or in Low German) that promotes the ‘Into Kids’ Health 10•5•2•1•0’ campaign messages. There were 19 submissions in total, with prizes going to the two language categories ($1,000 first prize; $500 second prize; and $250 for third prize). The winning jingles were also professionally recorded and the first prize audio jingle in English (Sparta Public School) is being featured on the local MyFM radio station and the first prize audio jingle in Low German (Straffordville Public School) is being featured on the local DeBrigj radio station in Nov/Dec. 2017.
  o To promote 5 or more veggies and fruit through school gardens, 32 ‘Good Food Machine’ Tower Garden Award packages were made available to local elementary and secondary schools to apply for (value of $1,179 each). There were 39 tower gardens requested from 25 different Elgin schools (5 secondary schools and 20 elementary schools), so the interest was brisk. Along with the hydroponic vertical tower gardens, comprehensive training was provided to 48 school and health unit staff over 2 days in early November. The two school boards partnered on this initiative, providing teacher release time for their staff. The tower garden schools are now required under the terms of the tower garden application to promote eating veggies/fruit for good health in a minimum of 3 ways between November 2017 and June 2018.
  o The development of a campaign banner to be used within schools and other public venues to promote the theme.
  o The printing of close to 7,000 campaign brochures distributed to every caregiver of elementary school aged children in Elgin County and made
available at pertinent community events that caregivers of young children may frequent.

- The development of an adapted pamphlet version for our Low German speaking residents for distribution through the Mennonite Community Services in Aylmer.
- The provision of school newsletter inserts and campaign material for local school websites.
- A homepage feature on our ESTPH website.
- 35 health walls for elementary schools across the county.
- Information for encouraging students to write and deliver announcements, plan and perform skits or make door posters that promote the theme.

Respectfully submitted by,

Carolyn Kuntz,
Director of Health Promotion
Board of Health
Health Protection Department Report
December 20, 2017

Director’s Summary

- Highlights for December include:
  - Performing Healthy Choices Menu Act inspections;
  - Continuing inspections of food premises (all risk levels), small drinking water systems, and personal services settings;
  - Collaborative Public Information session about the Fentanyl realities;
  - Scheduling education for parents choosing vaccine exemptions;
  - Delivering Secondary School immunization notices to students requiring updates to records;
  - Updates on Panorama expansion work launched in Fall 2017
  - Providing influenza immunizations at the Health Unit’s family and child friendly clinic
  - Preparing for respiratory and enteric outbreak season;
  - Following up increased numbers of pertussis cases and their contacts

Highlights from Healthy Environments, Communicable Diseases, and Tobacco Enforcement

1. Sharing Surveillance and Inspection Findings
   BSC Domain: Governance and Accountability
   Accountability Area: Ontario Public Health Standards – Requirements for Programs, Services, and Accountability

According to the Ministry of Health and Long Term Care (‘the Ministry’) document “Protecting and Promoting the Health of Ontarians”, boards of health are required to ensure public access to pertinent information through disclosure. Disclosure of information is consistent with the Ministry’s emphasis on enhanced transparency and promotes public understanding of and confidence in the public health system. The purposes of public disclosure are as follows:

- Helps people make informed choices to protect their health
- Shares information about the work of health units and the associated level of investment in public health
At present, Elgin St. Thomas Public Health posts a number of inspection and surveillance findings on its website. Such findings include results of routine and complaint-based food premise inspections which are uploaded automatically to the website when public health inspectors “dock” their tablets after returning from the field. Beach sampling results and infection prevention and control lapse inspections are also manually posted on the Health Unit’s website.

Effective January 1, 2018, the following inspection results will be added to the Elgin St. Thomas Public Health’s disclosure list:

- Results of routine and complaint based inspections of:
  - Public pools and spas
  - Recreational water facilities
  - Personal services settings
  - Tanning beds
  - Recreational camps
  - Licensed child care settings
  - Small drinking water systems
- Convictions of tobacco and e-cigarette retailers
- Drinking water advisories for small drinking water systems (these are currently posted at the system location)

In order to meet this new requirement, work will be undertaken by administration and program staff, Information Technology staff and our website provider to determine structures and processes for displaying inspection results. Many of the required data elements for water, recreational camp, personal services settings, and child care inspections can be found in our Hedgehog database. Programming similar to that used for food inspections is required to transition the information from the database to the website. However, existing spreadsheets for convictions of tobacco and e-cigarette retailers and drinking water advisories will have to be modified to support the public disclosure requirement and reporting will likely be manual.

Elgin St. Thomas Public Health applauds the Ministry for its commitment to protecting public health by ensuring ready access to inspection findings.

*Highlights from Sexual Health Team*

2. Facts on Fentanyl Collaborative Presentation

**BSC Domain:** Client and Community  
**Accountability Area:** Ontario Public Health Standards, Substance Misuse Prevention and Opioid Overdose Response

Elgin St. Thomas Public Health, together with St. Thomas Police Services and Yurek’s Pharmacy, presented an information session on November 23, 2017 aimed at increasing public awareness about current drug trends, treatment and harm reduction in our area. ESTPH provided an overview of the opioid situation in Ontario, the terms of reference for the Elgin Opioid Task Force and the Health Unit’s harm reduction program. St. Thomas Police Service talked about the local street crime reality and general drug awareness. Yurek’s Pharmacy outlined Suboxone and Methadone treatment options in our community and the pharmaceutical profile of Naloxone.
Following the presentations, an expert panel was convened to answer questions from over 65 people in the audience. Members of the panel included Dr. Joyce Lock (MOH), Dr. Brooke Noftle (Clinic 217), Dr. Melissa Tenbergen (local ER and family health care physician), Steve Bond (Pharmacist) and Jaime Fletcher (ESTPH Harm Reduction Program Manager).

Future public education sessions are being planned for 2018 to keep the community informed about this issue and ESTPH’s expanding Harm Reduction Program.

Highlights from Vaccine Preventable Disease Team

3. Amendments to the Immunization of School Pupils Act (ISPA)
   **BSC Domain:** Client & Community
   **Accountability Area:** Ontario Public Health Standards – Vaccine Preventable Diseases

As mentioned in the September 13, 2017 Health Protection Department report, significant changes were recently announced to the Immunization of School Pupils Act (ISPA) that significantly impact the process for obtaining exemptions. ISPA is the law in Ontario which says parents of children attending school must provide their local health unit with proof of the vaccines their children have received. This law gives the Medical Officer of Health the authority to order suspension of a student from public or private school for non-compliance.

Parents may seek exemptions from ISPA for one of two reasons:
- A Medical Exemption
  - A statement of medical exemption must be completed and signed by a physician or nurse practitioner and submitted to the health unit
- A Non-Medical Exemption
  - Based on conscience or religious belief

As of September 1st, 2017, all parents now seeking a non-medical exemption must:
- Complete a Statement of Conscience or Religious Belief Affidavit by swearing or affirming in front of a Commissioner for Taking Affidavits **AND (new)**
- Complete an in-person, video education module at the health unit to obtain a Vaccine Education Certificate.

In response to the changes in legislation, Elgin St. Thomas Public Health has begun to offer a series of drop in education sessions at the 1230 Talbot Street location. Each session is scheduled at a different time to ensure access for families with different needs. Ten individual education workstations equipped with headphones and a laptop are set up so multiple people can participate simultaneously. Each participant can take the time they need to complete the module as it is self-guided. Rough estimates point to the session taking approximately 35 minutes to complete.
An outreach session is planned for December 5th to support the needs of people who speak Low German as their primary language. ESTPH will consider offering outreach sessions to other priority populations as needed.

According to the Ministry of Health and Long Term Care, the intent of the module is to provide credibly sourced health information to parents considering exemption from vaccination. Elgin St. Thomas Public Health ensures a Public Health Nurse is available at each education session to answer any questions that parents have as a result of completing the education module.

As of the date of the writing of this report, two families have participated in the vaccine education training and have obtained Vaccine Education certificates.

4. Universal Influenza Immunization Program – Family and Child Friendly Flu Clinic
   **BSC Domain:** Client & Community
   **Accountability Area:** Ontario Public Health Standards – Vaccine Preventable Diseases – Universal Influenza Immunization Program

   The annual launch of the Universal Influenza Immunization Program (UIIP) brings surety to provincial health units that fall has arrived. The 2017/2018 year looks very similar to last season with recommendations that all eligible individuals aged 6 months or older who live, work or attend school in Ontario be vaccinated against influenza provided they have no contraindications to the vaccine.

   **Individuals at high risk of influenza-related complications or who are more likely to require hospitalization include:**
   - All pregnant women
   - People who are residents of nursing homes or other chronic care facilities
   - People ≥65 years of age
   - All children 6-59 months of age
   - Indigenous peoples
   - Adults or children with chronic health conditions as follows:
     - cardiac or pulmonary disorders
     - diabetes mellitus or other metabolic disease
     - cancer
     - conditions which compromise the immune system
     - renal disease
     - anemia or hemoglobinopathy
     - neurologic or neurodevelopmental conditions
     - morbid obesity (body mass index of ≥40
     - children and adolescents (6 months to 18 years) undergoing treatment with acetylsalicylic acid for long periods
Individuals capable of transmitting influenza to those at high risk:
- Health care workers and other care providers in facilities and community settings
- Household contacts (adults and children) of individuals at high risk of influenza related complications
- Persons who provide care to children \( \leq 59 \) months of age.
- Those who provide services within a closed or relatively closed setting to persons at high risk (e.g., crew on a ship)
- In addition, the Ministry strongly recommends that swine and poultry industry workers receive influenza immunization as early as possible.

On November 7, 2017, ESTPH provided a Family and Child Friendly Flu Clinic for members of the public. Over 100 individuals, many of them young children, received their “flu shot” from our team of Public Health Nurses. Child friendly activities were available including colouring, movies and face painting.

The focus on young children is deliberate because they are more vulnerable to influenza complications, especially those under 5 years, who have a higher risk of serious illness and even death. Children aged 6 months to 4 years of age are not able to access influenza vaccine from local pharmacies because of restrictions under the UIIP. ESTPH remains committed to providing families with these young children with optional access in an after-hours, welcoming environment.

100% of those surveyed at clinic reported they were satisfied or very satisfied with their experience.

5. Secondary School Suspensions

**BSC Domain:** Client & Community

**Accountability Area:** Ontario Public Health Standards – Vaccine Preventable Diseases – Immunization of School Pupils Act (ISPA) and the Immunization Management Protocol (2016)

In Ontario, health units are mandated to assess the immunization records of students attending primary or secondary school for compliance with the Immunization of School Pupils Act (ISPA) and in accordance with the Immunization Management Protocol (2016).

In November 2017, ESTPH sent out 993 secondary school immunization notices to families of students in secondary schools who did not have up-to-date vaccination records according to records in the Panorama database. Many students receiving these notices are fully vaccinated and can avoid facing school suspensions by reporting their vaccinations to ESTPH.

In an attempt to support students to update their vaccinations prior to a December 13th suspension date, ESTPH provided open, drop-in immunization clinics at each high school in the Elgin St. Thomas area between the weeks of November 20th and November 27th. Several hundred students obtained vaccinations at these clinics resulting in greater immunization coverage rates for our community.
Suspension of students is a last resort and it is the goal of ESTPH to provide ample opportunities to avoid this outcome. However, any student who has not updated their records, who has not updated their vaccinations or whose parent has not completed the non-medical exemption process will face suspension from school on December 13th for a minimum of 20 days or until requirements have been met.

6. Update on Panorama Expansion Programs – Modernization of Immunization Records for all Ontarians

BSC Domain: Client & Community
Accountability Area: Ontario Public Health Standards – Vaccine Preventable Diseases – Panorama Expansion Programs

First launched in 2014, Panorama is an online vaccine record repository that provides staff of the Vaccine Preventable Diseases Team with a comprehensive, secure, web-based information system to more efficiently manage immunization information and vaccine inventory. Since the initial launch, Panorama has gone through various iterations to modernize and streamline its use and to improve its functionality.

In fall 2017, the Vaccine Preventable Diseases (VPD) team introduced two new and exciting expansions of the Panorama system.

- mIMMs (or the Mobile Immunization Entry Management tool) is a mobile “app” that now communicates with the online Panorama system via iPads.
  - This technology has simplified and improved the user interface for nurses who are vaccinating in schools or in mass immunization clinics.
  - It has resulted in less variance in data collection because the number of fields requiring completion has been minimized for this use.
  - Staff appreciate being able to use a lightweight, compact iPad as opposed to heavier, more cumbersome laptops and other associated technological equipment.

- ICON (Immunization Connect Ontario); otherwise known as the “digital yellow card”. Launched live by ESTPH on November 20th, 2017, ICON is a web-based program designed for the general public to:
  - Look up an immunization record for themselves or their child or children.
  - Submit/update records of immunization for children under the age of 18 years to their local health unit.

Parents or caregivers can access the ESTPH ICON site directly through the ESTPH website – www.elginhealth.on.ca – by selecting the Your Health tab and selecting Immunization Reporting Tab. Immunization information submitted through the website is reviewed regularly by Vaccine Preventable Diseases Team staff. To view or to print an immunization record, parents or caregivers will require an Ontario Immunization ID number. These numbers will be on immunization notices that are sent home to students whose records are under review by ESTPH. Ontario Immunization IDs are also available by calling ESTPH.

ESTPH staff is currently pilot testing the ICON functionality with parents who attend Health Unit vaccination clinics with their children. ESTPH has also partnered with the
Elmdale Family Health Organization to test this application with patients in their practice who have children being vaccinated.

**Highlights from the Communicable Disease Team**

7. **Highlight Title:** Environmental Cleaning Audit  
**BSC Domain:** Client and Community  
**Accountability Area:** Ontario Public Health Standards – Infection Prevention and Control Protocol

The Health Unit’s infection control leads recently performed a cleaning audit within the clinical services area. Additionally, the audit looked at the cleanliness in the waiting room of clinical services and our breastfeeding room.

Our audit consisted of:
- A visual inspection of the exam rooms, waiting room, dirty utility room, public washroom, dental clinic;
- Asking clinical services staff for feedback regarding their observations/concerns related to cleanliness;
- Reviewing the cleaning company’s policies & procedures on environmental cleaning;
- Measuring the effectiveness of environmental cleaning using glow germ as an environmental marker.

Once the cleaning audit was completed, a summary of key findings was provided to the Office Manager who subsequently shared them with the contracted company. A list of recommendations/suggestions to improve cleaning practices was also provided to support compliance with the Provincial Infectious Disease Advisory Committee (PIDAC) Best Practices for Environmental Cleaning in All Health Care Settings. These best practices are the standards to which public health holds health care organizations when performing inspections at these locations.

Our cleaning audit is still in progress and further follow up is planned for later this winter. A Board presentation is planned for early 2018.

8. **Highlight Title:** Pertussis Outbreak  
**BSC Domain:** Client and Community  
**Accountability Area:** Ontario Public Health Standards

Between October 23, 2017 and December 1, 2017, Elgin St. Thomas Public Health received reports of 40 confirmed cases, 11 probable cases and 9 persons under investigation for Pertussis (whooping cough). A cluster of cases was identified in one school and its associated community. The median age of cases in this cluster is 10 years. Of those cases with known vaccination status, more than 80% (27/32) are vaccinated, either completely or partially, with a pertussis-containing vaccine.
As part of the outbreak investigation, a second cluster of pertussis cases was identified in a group of under-vaccinated individuals in East Elgin \((n=7)\). The median age of cases in this cluster is 2 years, with only one case up-to-date with vaccinations.

Lastly, another 13 cases have been reported among individuals who are not linked to either of these clusters. These cases are predominately occurring among school-aged children with up-to-date vaccinations. The median age of these cases is 15 years of age. In all instances, Health Unit staff have notified schools with cases and provided information for parents and staff re how to protect themselves from infection, including updating their vaccination status.

Respectfully submitted by,

Cathie Walker  
Director of Health Protection Department
Board of Health
OPEN SESSION
MEDICAL OFFICER OF HEALTH REPORT
Date: December 20, 2017

1. Highlight Title: Mock Emergency Exercise
   BSC Domain: Integration and Responsiveness
   Accountability Area: Ontario Public Health Standards

The health unit participated in a mock emergency exercise organized by the City of St. Thomas. The exercise provided opportunity to use the new Emergency Operation Centre within the St. Thomas Police Services facility.

Areas for improvement related to shelter management were identified. The health unit is working with the Department of Social Services to address these issues. We will also be working with the City to update the ‘health representative’ section of the City of St. Thomas Emergency plan.

Recommendation
That the Board of Health receives and files this information.

2. Highlight Title: Physician Orientation
   BSC Domain: Integration and Responsiveness
   Accountability Area: Ontario Public Health Standards

I participated in the orientation offered to Dr. Elsie Osagie. The orientation was organized by the LHIN and provided an opportunity to share information about the health status of citizens within Elgin St. Thomas, to inform responsibilities with respect to reporting to the health unit, as well as introduction to our services and programs. The plan is to provide this opportunity to all new physicians arriving within the health unit.

Recommendation
That the Board of Health receives and files this information.

3. Highlight Title: Physician Outreach
   BSC Domain: Integration and Responsiveness
   Accountability Area: Ontario Public Health Standards

As part of the effort to enhance relationships with local healthcare providers, I made an outreach visit to the Bell Medical Centre in December.
4. **Highlight Title:** New Requirements by Privacy Commissioner of Ontario  
**BSC Domain:** Learning and Growth  
**Accountability Area:** Accountability Agreement

Beginning in 2019, a health information custodian will be required to provide the Commissioner with a report setting out the number of times in the previous calendar year that personal health information within the custodian’s custody or control was stolen, lost, used without authority, or disclosed without authority. Health unit staff receive training of privacy requirements on a biannual basis. The training has been updated to include information about the changes.

**Recommendation**  
That the Board of Health receives and files this information.

5. **Highlight Title:** Health Unit Electronic Medical Record (EMR)  
**BSC Domain:** Integration and Responsiveness  
**Accountability Area:** Ontario Public Health Standards

The Council of Medical Officers of Health has an EMR Steering Committee leading two working groups (i) Shared Procurement and (ii) Shared Standards. The health unit will be participating in the procurement working group.

**Recommendation**  
That the Board of Health receives and files this information.

6. **Highlight Title:** Report of the Auditor General: Public Health Chronic Disease Prevention  
**BSC Domain:** Governance and Accountability  
**Accountability Area:** Ontario Public Health Standards

The report was released early December. The report provides 12 recommendations to improve the work of public health. Recommendations are directed towards the ministry of health. They include the following: develop a provincial chronic disease prevention strategy; assess health impacts of policies; address chronic disease risk factors; support health units to be more effective by enhancing collaboration between school boards and health units; develop a central approach to share research and best practices; support public health units to cost-effectively obtain and analyze epidemiologic data and to evaluate chronic disease prevention programs; set performance targets; and publicly report performance targets to increase transparency and accountability.

**Recommendation**  
That the Board of Health receives and files this information.
Sub-region Integration Tables were created by the SW LHIN to address the direction set in the province’s Patient First initiative. The objective is to strengthen home and community care. The Medical Officer of Health sits on the table.

The first meeting was held in September. Initial objective is to determine key priorities and then develop plans to address them. The table may provide the health unit with a forum to address some of our work in disease and injury prevention, as for example, falls prevention in the elderly.

**Recommendation**
That the Board of Health receives and files this information.

The one-day forum was attended by three senior health unit staff. The forum focused on community engagement. Community engagement is a key lever in moving health promotion initiatives particularly in the area of the determinants of health.

**Recommendation**
That the Board of Health receives and files this information.

Submitted by:

Dr. Joyce Lock
Medical Officer of Health
December 8, 2017
1. **Highlight Title:** Finance Matters  
   **BSC Domain:** Resources and Internal Systems  
   **Accountability Area:** Accountability Agreement  
   Ontario Public Health Organizational Standards

The Finance and Audit Sub Committee will speak to the following items including their review and recommendations at the Board meeting:

- Third quarter financial statements
- Accountability Agreement - Amending Agreement No. 5 between the Province of Ontario and the Board of Health
- 2018 Annual Budget for Mandatory Programs and Services

2. **Highlight Title:** Balanced Scorecard 3rd Quarter Report  
   **BSC Domain:** Governance and Accountability  
   **Accountability Area:** Strategic Plan  
   Ontario Public Health Organizational Standards

Attached is the third quarter report for the Board’s Scorecard for 2017. Several items are complete and others are nearing completion. I will review each item with the Board at the December meeting.

**Recommendation**  
That the Board of Health receives and files this information.

3. **Highlight Title:** Quarterly Meeting Evaluation  
   **BSC Domain:** Governance and Accountability  
   **Accountability Area:** Ontario Public Health Organizational Standards

Please [click here](#) to open the quarterly meeting evaluation form. Please complete this evaluation following the December Board meeting and no later than December 29, 2017. Responses will be tabulated and shared at the January 2018 Board meeting.

**Recommendation:**
That the Board of Health complete the quarterly meeting evaluation by December 29, 2017 using the link provided.

4. **Highlight Title:** Risk Management Update  
   **BSC Domain:** Governance and Accountability  
   **Accountability Area:** Ontario Public Health Organizational Standards 6.2 – Boards of Health shall ensure public health units monitor and respond to emerging issues.

Risk management continues to be a top priority at ESTPH. Quarters two and three consisted of our internal risk management team working with an external risk management consultant in finalizing our work plan. The work plan is sectioned into three phases. The three phases include:

- Phase 1: Risk Management Introduction,
- Phase 2: Baseline Risk and Risk Mitigation Analysis, and
- Phase 3: Sustainable Risk Management Structure.

At the moment, the health unit is nearing completion of phase 1, with phase 2 to commence in early 2018.

On November 10, 2017, an all staff risk management orientation session took place. Staff were presented with a high-level overview of risk management, trends in healthcare enterprise risk management, case studies and our proposed approach for an ESTPH risk management framework.

The next steps (Phase 2) will include developing a risk classification scheme, assessing organizational risk impact and likelihood criteria, developing a risk registry and conducting risk management workshops for each team. Programs and services teams will have the opportunity to identify risks pertaining to their work area and mitigation strategies. We are anticipating Phase 2 to be completed towards the end of Quarter 2, with Phase 3 commencing immediately after.

**Recommendation:**  
That the Board of Health receives and files this information.

Respectfully submitted by:  
Cynthia St. John, MBA  
Executive Director  
December 13, 2017
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<th>Doer</th>
<th>Accountability</th>
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<td>All members of the Board of Health have participated in a development or training opportunity in the past year</td>
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<td>Governance &amp; Accountability</td>
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<td>(4.2) Board of Health Member Orientation and Training</td>
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<td>Green</td>
<td>Risk Management Training completed in May 2017.</td>
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<td>Board of Health by-laws, policies, and procedures are up-to-date (reviewed every 2 years)</td>
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<td>Cynthia St. John</td>
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<td>Board is reviewing/approving one last policy at meeting in October 2017.</td>
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<tr>
<td>52</td>
<td>Every Board member has completed their quarterly Board meeting evaluations</td>
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<td>Organizational Standards</td>
<td>(2.10) Board of Health Policies</td>
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<td>Q3 survey was completed by 100% attendees. (Q2 did not have 100%)</td>
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**344**

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**An annual report highlighting ESTPH's financial performance and program/service performance is delivered to its stakeholders**

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**Finance/Audit Board Sub Committee reviews quarterly finance statements and draft 2018 budgets**

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<tr>
<td>Q2</td>
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<td>Budget will be presented to Board in November or December.</td>
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<tr>
<td>Q3</td>
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<td>The standing committee will have reviewed all quarterly reports and will endeavour to review the 2018 draft budget in December 2017.</td>
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**The Board of Health completes a risk identification exercise to support ESTPH’s new risk management framework**

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</table>
October 25, 2017

Dr. Eric Hoskins
Minister – Minister’s office
Minister of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor St.
Toronto, ON M7A 2C4

Dear Minister Hoskins,

On March 15, 2017, the Board of Health for the Simcoe Muskoka District Health Unit passed a motion to write to the federal government in supporting the approaches identified at the 2016 summit, A Tobacco Endgame for Canada and its target of reducing tobacco use to less than five per cent by 2035. Accordingly, we communicated with the Ministry of Health and Long-Term care in recommending that modernization of the Smoke-Free Ontario Strategy include the recommendations identified in the tobacco endgame. In supporting these recommendations, the Province and its partners can successfully address and minimize the preventable death and disease caused by tobacco product use and reduce the unmaintainable drain it places on our health care system.

The Board of Health is therefore pleased to review the recently released “Smoke-Free Ontario Modernization” Report of the Executive Steering Committee. In particular, the Board of Health is encouraged by the report’s evidence-based recommendations, supports and strategies which identify actionable and achievable outcomes for future action that are in keeping with the resolutions by the Association of Local Public Health Agencies that identified the need for intensified and targeted tobacco controls to protect and promote the health of Ontario residents. Further, the Board of Health commends the Executive Steering Committee in recognizing that Ontario is closer to ending the tobacco epidemic despite on-going efforts by the tobacco industry who demonstrate a profound, self-serving disinterest in its customers’ health and a calculating, sophisticated determination to resist any regulation. Thus, The Board of Health recommends that the province proceed with developing a renewed Smoke-Free Ontario strategy commitments to the endgame target with a smoking prevalence of less than 5% by 2035, by employing the bold strategies recommended in the Smoke Free Ontario Modernization report.

Ontario’s success in alleviating this tobacco epidemic requires strong leadership and action by your Ministry to strengthen and create legislation and supports that will diminish addiction to products that are the single greatest threat to the health of Ontarians. We look forward to working with the province as it updates the Smoke-Free Ontario strategy.

Sincerely,

ORIGINAL SIGNED BY

Scott Warnock,
Chair, Board of Health

c. Simcoe Muskoka Municipal Councils
   Ontario Boards of Health
   Central Local Health Integration Network
   North Simcoe Muskoka Local Health Integration Network
   Association of Local Public Health Agencies
October 12, 2017

The Honourable Kathleen Wynne
Premier
Minister of Intergovernmental Affairs
Room 281
Main Legislative Building
Queen's Park
Toronto ON M7A 1A1

RE: Memorandum from Dr. R. Kyle, Commissioner and Medical Officer of Health – re: Vaccine Recommendations for Child Care Workers
Our File: P00

Please be advised that Committee of the Whole of Regional Council considered the above matter and at a meeting held on October 11, 2017, Council adopted the following recommendations of the Committee:

"A) That the correspondence from the Council of Ontario Medical Officers of Health (COMOH) requesting the Government of Ontario to amend the Publicly Funded Immunization Schedule such that vaccinations recommended for child care workers by Medical Officers of Health would be publicly funded for those workers, be endorsed; and

B) That the Premier of Ontario, Ministers of Finance and Health and Long-Term Care, Durham's MPPs, Chief Medical Officer of Health and all Ontario boards of health be so advised."

Attached for your reference is a copy of the Memorandum from Dr. Kyle, Commissioner and Medical Officer of Health, dated October 4, 2017.

Ralph Walton
Regional Clerk/Director of Legislative Services

RW/hp

Attach.

If this information is required in an accessible format, please contact 1-800-372-1102 ext. 2009.
c. The Honourable Charles Sousa, Minister of Finance
   The Honourable Eric Hoskins, Minister of Health and Long-Term Care
   Joe Dickson, MPP (Ajax/Pickering)
   Lorne Coe, MPP (Whitby/Oshawa)
   The Honourable Tracy MacCharles, MPP, (Pickering/Scarborough East)
   Granville Anderson, MPP (Durham)
   Jennifer French, MPP (Oshawa)
   Laurie Scott, MPP, (Haliburton/Kawartha Lakes/Brock)
   Dr. David Williams, Chief Medical Officer of Health
   Ontario Boards of Health
   Dr. R.J. Kyle, Commissioner and Medical Officer of Health
MEMORANDUM

To: Committee of the Whole

From: Dr. Robert Kyle

Date: October 4, 2017

Re: Vaccine Recommendations for Child Care Workers

On July 18, 2017, the Council of Ontario Medical Officers of Health (COMOH) sent the attached correspondence to the Chief Medical Officer of Health of Ontario and the Assistant Deputy Minister, Population and Public Health Division, Ministry of Health and Long-Term Care. The correspondence outlines COMOH’s recommendations regarding public health requirements in the Immunization of School Pupils Act and the Child Care and Early Years Act, 2014 (CCEYA).

One of the recommendations requests the Government of Ontario to amend the Publicly Funded Immunization Schedule such that vaccinations recommended for child care workers by Medical Officers of Health (MOHs) would be publicly funded for those workers.

As articulated in Ontario Regulation 137/15 of the CCEYA, child care operators are required to ensure that employees have immunizations as recommended by the local MOH. COMOH has agreed that all MOHs will, at a minimum, recommend that all child care workers receive vaccines recommended by the National Advisory Committee on Immunization (NACI). NACI recommends two immunizations for child care workers which are not currently publicly funded for adults (unless they meet high-risk eligibility criteria). These include immunization against varicella (i.e., chickenpox) and hepatitis B.

Given the low wages of child care workers and the high cost of these vaccines, I recommend that the Committee of the Whole recommends to Regional Council that:

a) The correspondence from COMOH as regards vaccine recommendations for child care workers is endorsed; and

b) The Premier of Ontario, Ministers of Finance and Health and Long-Term Care, Durham’s MPPs, Chief Medical Officer of Health and all Ontario boards of health are so advised.
Respectfully submitted,

Original signed by

R.J. Kyle, BSc, MD, MHSc, CCFP, FRCPC, FACP, Commissioner & Medical Officer of Health
July 18 2017

Dr. David Williams  Ms. Roselle Martino
Chief Medical Officer of Health  Assistant Deputy Minister, Health and
393 University Ave 21st Flr  Long-Term Care
Toronto, ON  M5G 2M2

Re: COMOH Recommendations – ISPA and CCEYA

On behalf of members of the Council of Ontario Medical Officers of Health (COMOH), I am writing to inform you of the Council’s adoption of recommendations for local medical officers of health (MOHs) to follow regarding public health requirements for the Child Care and Early Years Act and the Immunization of School Pupils Act.

The recommendations are meant to encourage coordinated practice across all 36 health units, and prevent discrepancies, especially as children and adults move between health units.

1. The Child Care and Early Years Act – Vaccine Recommendations for Child Care Workers:

Under section 57, any vaccinations recommended by MOHs for child care workers become mandatory under the Act. COMOH has agreed that all MOHs will at minimum recommend that all child care workers receive vaccines that the National Advisory Committee on Immunization (NACI) recommends* for this group, excluding influenza vaccine.

Some of these vaccinations are not publicly-funded, and the costs of purchase and clinician’s fees must be borne by individual. Unfortunately, child care workers are identified in the Ontario Poverty Reduction Strategy as in need of income supplementation given their low wages and we want to ensure that financial barriers are not an obstacle to protecting these individuals and the children in their care.

COMOH therefore requests that the Publicly Funded Immunization Schedule be amended such that vaccination recommended for child care workers by MOHs (per NACI recommendation) would be publicly funded for those workers.

Currently the gaps are varicella and hepatitis B vaccinations, however, as hepatitis B is included in the school vaccination program and many adults have pre-existing natural immunity for varicella, the financial impact is expected to be relatively small. This also supports the Ministry’s Immunization 2020 Action #18, to develop targeted health equity approaches for vulnerable communities.
2. The Immunization of School Pupils Act (ISPA):

I) Period of Grace for Vaccination Given up to 4 Days before the Required Date:

COMOH has received information that MOHs consider a 4-day grace period when using the discretionary provision to decide whether to suspend a student under the ISPA. This grace period is meant to strike a balance between the goal of ISPA (to ensure that children are properly vaccinated) and its inflexible timing requirements that are in some cases an impediment to reaching it.

It is up to each MOH to decide, based on his/her discretionary provision, how to implement this in their health unit. Currently, the administrative exemption is the only tool in Panorama for a health unit to use for this purpose and is being recommended for health units to utilize when accepting a vaccine that was administered before the required date.

▷ COMOH therefore requests that the Ministry consider a new tool for health units to utilize when implementing a period of grace.

In particular, the following features should be considered:

- The early dose should be accepted as valid meaning no exemption is required, similar to the estimated vaccination date. There should be no increase to the number of exemptions in the database and no need to analyze these numbers in local/provincial coverage reports.

- There are no impacts to the forecaster and the client will proceed through screening activities without any follow up required.

- These clients will not appear on at-risk reports during an outbreak. If an administrative exemption is used, these clients will appear on ‘at risk’ reports during an outbreak and staff involved with outbreak management need to assess these records individually prior to contact/case management.

- There is less risk for errors in forecasting and/or screening practices if a separate Panorama function is created.

II) Communication Campaign for Health Care Providers by Ministry

As part of Immunization 2020 Action #8, the Ministry has agreed to launch a coordinated immunization communication strategy. COMOH is requesting the Ministry to work closely with health care partners to share important immunization information to make informed immunization decisions.

▷ COMOH therefore requests that the Ministry provide clear guidance to all physicians in Ontario to vaccinate children according to Ontario’s Publicly Funded Immunization Schedule, especially adhering to provide vaccinations on or after the specified age (with particular attention to MMR and Meningococcal C vaccinations given on or after the 1st birthday and Tdap-IPV vaccine given on or after the 4th birthday).

COMOH is fully supportive of ensuring high vaccination rates and preventing disease outbreaks in child care centres and schools. We would be pleased to share further background from the COMOH ISPA
Working Group that developed these recommendations should you require it, and we look forward to working with you to implement the above recommendations.

Sincerely,

[Signature]

Dr. Penny Sutcliffe
Chair, Council of Ontario Medical Officers of Health

COPY: Dr. Jessica Hopkins, Chair, COMOH ISPA Working Group

December 5, 2017

VIA EMAIL

The Honorable Kathleen Wynne
Premier of Ontario
Legislative Building, Queen’s Park
Toronto, ON M7A 1A1
Email: premier@ontario.ca

Dear Premier Wynne:

Re: Food Insecurity/Nutritious Food Basket Costing

I am very pleased to write to you on behalf of the Board of Health for the Sudbury & District Health Unit to share our sincere appreciation for two recent provincial policy decisions in support of food security, a serious public health concern. The basic income pilot, which includes a commitment to work with First Nations communities, and the commitment to increase the minimum wage rate are two key policy initiatives that are expected to significantly support food security for Ontarians.

The Board of Health for the Sudbury & District Health Unit has a keen interest in food security. We recently reviewed our 2017 data from the annual Nutritious Food Basket Survey and concurred that to further support food security, additional income policies and standardized approaches to monitoring food costs are needed at both the provincial and federal levels.

At its meeting on November 23, 2017, the Sudbury & District Board of Health carried the following resolution #48-17:

WHEREAS the Sudbury & District Board of Health has monitored the cost of healthy eating on an annual basis in accordance with the Nutritious Food Basket Protocol and the Population Health Assessment and Surveillance Protocol per the Ontario Public Health Standards 2008; and

WHEREAS the draft Standards for Public Health Programs and Services, 2017 do not include the Nutritious Food Basket Protocol which is a concern because food costing data gathered by public health units each year is important for policy and program development; and

WHEREAS the Canadian Community Health Survey’s Household Food Security Survey Module (HFSSM) is a measure of food security but is not always a mandatory core module; and
WHEREAS regular and consistent monitoring of household food insecurity is essential for evidence-informed policy decision making;

THEREFORE BE IT RESOLVED that the Sudbury & District Board of Health request that social assistance rates be increased immediately to reflect the cost of the Nutritious Food Basket and local housing costs; and

THAT the Sudbury & District Board of Health advocate to the Province to ensure continued consistent local surveillance and monitoring of food costing by public health units through the continuation of a Nutritious Food Basket Protocol and Guidance document; and

THAT the Sudbury & District Board of Health advocate to Statistics Canada for the HFSSM to become a core module of the Canadian Community Health Survey; and

FURTHER THAT the Sudbury & District Board of Health share this motion and supporting materials with community agencies, boards, municipalities, elected representatives and others as appropriate throughout the SDHU catchment area.

Thank you for your attention to the important public health matters raised in this motion.

Sincerely,

Penny Sutcliffe, MD, MHSc, FRCPC
Medical Officer of Health and Chief Executive Officer

Encl.

cc: The Honorable Navdeep Bains, Minister of Innovation, Science and Economic Development
Ms. Roselle Martino, Assistant Deputy Minister, Population and Public Health Division
Dr. David Williams, Chief Medical Officer of Health
Mr. Marc Serré, MP, Nickel Belt
Mr. Paul Lefebvre, MP, Sudbury
Ms. Carol Hughes, MP, Algoma-Manitoulin-Kapuskasing
Mr. Glenn Thibeault, MPP, Sudbury
Ms. France Gélinas, MPP, Nickel Belt
Mr. Michael Mantha, MPP, Algoma-Manitoulin
Dr. P. Sutcliffe, Medical Officer of Health and Chief Executive Officer
All Ontario Boards of Health
Constituent Municipalities within the SDHU catchment area
First Nations within the SDHU catchment area
November 23, 2017

The Honourable Dr. Eric Hoskins
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4
ehoskins.mpp@liberal.ola.org

Dear Minister Hoskins:

Re: Smoke-Free Ontario Strategy Modernization

At its meeting held on November 8, 2017, the Board of Health for Peterborough Public Health considered correspondence from the Simcoe Muskoka District Health Unit regarding the “Smoke-Free Ontario Modernization Report” of the Executive Steering Committee.

The Board of Health for Peterborough Public Health is very encouraged by the comprehensive and progressive nature of the Executive Steering Committee’s October 10th report and recommendations to modernize the Smoke-Free Ontario Strategy and reduce commercial tobacco use in Ontario. The enhanced focus on the tobacco industry strikes at the root cause of the epidemic of tobacco-related illness in Ontario. Ontario’s modernized strategy must move beyond incrementally increasing restrictive measures to changing how the tobacco industry operates in Ontario.

Substantial tax increases and efforts to reduce availability and supply of tobacco products are the strong measures needed to prevent tobacco use and motivate and support quit attempts. Additional policies to prevent youth from initiating tobacco use such as raising the minimum age required to purchase tobacco to 21 years old and investing in sustained mass media campaigns will be critical to achieving targets in tobacco control.

Prevention strategies alone will not achieve a substantially reduced smoking prevalence in Ontario. Ontarians addicted to tobacco products must receive evidence-based cessation help. Certainly, there is substantial evidence to support strengthening the tobacco cessation system so that there is equitable access to cessation resources for all Ontarians who use tobacco products. In addition, new approaches are needed to specifically target populations with the highest smoking rates. The Board of Health also supports engagement with Indigenous peoples to further develop and implement Indigenous specific strategies.

The recommendations proposed by the Executive Steering Committee are the range of strategies that are critical to meeting Ontario’s goal of the lowest rates of tobacco use in Canada and the tobacco endgame target of less than 5% of the population using tobacco products by 2035. Let’s work together to implement
these strategies to eliminate the 13,000 preventable deaths from tobacco use annually and achieve the end goal of tobacco-free living.

Sincerely,

Original signed by

Mayor Mary Smith
Chair, Board of Health

/ag
Encl.

cc: Local MPPs
Dr. David Williams, Chief Medical Officer of Health
Association of Local Public Health Agencies
Ontario Boards of Health
October 25, 2017

Dr. Eric Hoskins  
Minister – Minister’s office  
Minister of Health and Long-Term Care  
Hepburn Block, 10th Floor  
80 Grosvenor St.  
Toronto, ON M7A 2C4

Dear Minister Hoskins,

On March 15, 2017, the Board of Health for the Simcoe Muskoka District Health Unit passed a motion to write to the federal government in supporting the approaches identified at the 2016 summit, A Tobacco Endgame for Canada and its target of reducing tobacco use to less than five per cent by 2035. Accordingly, we communicated with the Ministry of Health and Long-Term care in recommending that modernization of the Smoke-Free Ontario Strategy include the recommendations identified in the tobacco endgame. In supporting these recommendations, the Province and its partners can successfully address and minimize the preventable death and disease caused by tobacco product use and reduce the unmaintainable drain it places on our health care system.

The Board of Health is therefore pleased to review the recently released “Smoke-Free Ontario Modernization” Report of the Executive Steering Committee. In particular, the Board of Health is encouraged by the report’s evidence-based recommendations, supports and strategies which identify actionable and achievable outcomes for future action that are in keeping with the resolutions by the Association of Local Public Health Agencies that identified the need for intensified and targeted tobacco controls to protect and promote the health of Ontario residents. Further, the Board of Health commends the Executive Steering Committee in recognizing that Ontario is closer to ending the tobacco epidemic despite on-going efforts by the tobacco industry who demonstrate a profound, self-serving disinterest in its customers’ health and a calculating, sophisticated determination to resist any regulation. Thus, The Board of Health recommends that the province proceed with developing a renewed Smoke-Free Ontario strategy committing to the endgame target with a smoking prevalence of less than 5% by 2035, by employing the bold strategies recommended in the Smoke Free Ontario Modernization report.

Ontario’s success in alleviating this tobacco epidemic requires strong leadership and action by your Ministry to strengthen and create legislation and supports that will diminish addiction to products that are the single greatest threat to the health of Ontarians. We look forward to working with the province as it updates the Smoke-Free Ontario strategy.

Sincerely,

ORIGINAL SIGNED BY

Scott Warnock,  
Chair, Board of Health

c. Simcoe Muskoka Municipal Councils  
Ontario Boards of Health  
Central Local Health Integration Network  
North Simcoe Muskoka Local Health Integration Network  
Association of Local Public Health Agencies

Your Health Connection
October 31, 2017

The Honourable Ginette Petitpas Taylor  
Minister of Health  
Government of Canada  
House of Commons  
Ottawa, ON K1A 0A6  
Ginette.PetitpasTaylor@parl.gc.ca

Dear Minister Petitpas Taylor:

**Re: Restriction of Marketing and Sale of Caffeinated Energy Drinks to Children and Youth**

Caffeinated energy drinks (CEDs) present a health concern for children and youth. These beverages replace healthy choices, have caffeine levels that may exceed maximum daily recommendations, and contain added sugar and other ingredients. Cases of serious medical reactions linked to CEDs have also been reported. The Canadian Paediatric Society also recently released a position statement outlining the risks of CEDs for children and youth. However, in 2014, 29% of Ontario students in grades 7-12 reported consuming energy drinks.

CEDs are available for sale to children, and youth, and are heavily marketed to these demographics. Peterborough Public Health commends the Federal Government for identifying the restriction of marketing of unhealthy foods to children under 17 as a priority for action, and supports Bill S-228. We request that CEDs and other foods and beverages high in caffeine and sugar are included as the complementary definition of unhealthy food is developed.

Beyond the restriction of marketing, we would like to see more done to protect our young people. Currently there are no federal regulations restricting the sale of CEDs to children and youth. Elementary, secondary, and post-secondary school students have ample opportunity to purchase energy drinks at post-secondary recreation facilities, local convenience stores, gas stations, grocery stores, and municipal facilities. The Canadian Medical Association supports a ban on the sale of CEDs to Canadians under legal drinking age in their jurisdiction. The Peterborough Board of Health also supports restricting the sale of CEDs to children and youth. We request that this be considered when amendments to the Food and Drug Regulations are enacted after the conclusion of the Temporary Marketing Authorization period.

On behalf of Peterborough Public Health and the residents of Hiawatha and Curve Lake First Nations, and the County and City of Peterborough, we ask you to continue your work on moving this important issue forward.

Sincerely,

*Original signed by*

Mayor Mary Smith  
Chair, Board of Health
cc: Local MPs
   Dr. Theresa Tam, Interim Chief Public Health Officer
   Association of Local Public Health Agencies
   Ontario Boards of Health

References:


October 31, 2017

DELIVERED VIA E-MAIL

Ministry of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4

Attention: The Honourable Eric Hoskins

Dear Hon. Hoskins:

Re: Urgent provincial action needed to address the potential health harms from the modernization of alcohol retail sales in Ontario

On behalf of Northwestern Health Unit Board of Health, I am writing to call on the Government of Ontario to fulfil its commitment (as announced in December 2015) to develop a comprehensive, province wide strategy to minimize harm and support the safe consumption of alcohol, in light of the expansion of alcohol sales in Ontario. Alcohol remains the most harmful drug in society, impacting tens of thousands of Ontarians every year.

Alcohol is no ordinary commodity; alcohol causes injury, addiction, disease, and social disruption and is one of the leading risk factors for disability and death in Canada. Alcohol has significant costs to the individual and society from both a health and financial perspective. These costs include health care, law enforcement, prevention, lost productivity and premature mortality. As such, a comprehensive, evidence-based approach is critical to limit these harms.

The Ontario Government has committed to social responsibility as it increases the availability of alcohol; however, actions by government since 2014 indicate that economic interests are superseding the health and well-being of Ontarians. Such developments include the increased availability of alcohol at up to 450 grocery stores, wine and cider in farmers’ markets, online sales of alcohol through the LCBO and the expansion of bars, restaurants and retail outlets permitted at alcohol manufacturing sites.

It is well established that increased alcohol availability leads to increased consumption and alcohol-related harms. A comprehensive, provincially led alcohol strategy can help mitigate the harms of alcohol. Effective policy interventions include socially responsible alcohol pricing, limits on the number of retail outlets and hours of sale, and restrictions on alcohol marketing. Strong evidence shows that these three policy levers are among the most effective interventions especially when paired with
targeted interventions such as drinking and driving countermeasures, enforcement of the minimum legal drinking age as well as screening, brief intervention and referral activities.

In order to address the health and social harms of alcohol, and the impact of increased access, a comprehensive strategy is needed. We are calling on the government to both fulfil its promise and prioritize the health and wellbeing of Ontarians by enacting a comprehensive, evidence-based alcohol strategy as soon as possible.

Sincerely,

Paul Ryan
Board Chair

C: The Honourable Charles Sousa
Premier Kathleen Wynne
Office of the Minister
October 30, 2017

The Honourable Dr. Eric Hoskins  
Minister of Health and Long-Term Care  
Ministry of Health and Long-Term Care  
10th Floor, Hepburn Block  
80 Grosvenor Street  
Toronto, ON  M7A 2C4

Dear Minister Hoskins:

Re: Urgent provincial action needed to address the potential health harms from the modernization of alcohol retail sales in Ontario

On behalf of the Board of Health of Algoma, I am writing to call on the Government of Ontario to fulfill its commitment (as announced in December 2015) to develop a comprehensive, province wide strategy to minimize harm and support the safe consumption of alcohol, in light of the expansion of alcohol sales in Ontario. Alcohol remains the most harmful drug in society, impacting tens of thousands of Ontarians every year.

Alcohol is no ordinary commodity; alcohol causes injury, addiction, disease, and social disruption and is one of the leading risk factors for disability and death in Canada. Alcohol has significant costs to the individual and society from both a health and financial perspective. These costs include health care, law enforcement, prevention, lost productivity and premature mortality. As such, a comprehensive, evidence-based approach is critical to limit these harms.

The Ontario Government has committed to social responsibility as it increases the availability of alcohol; however, actions by the government since 2014 indicate that economic interests are superseding the health and well-being of Ontarians. Such developments include the increased availability of alcohol at up to 450 grocery stores, wine and cider in farmers’ markets, online sales of alcohol through the LCBO and the expansion of bars, restaurants and retail outlets permitted at alcohol manufacturing sites.
It is well established that increased alcohol availability leads to increased consumption and alcohol-related harms. A comprehensive, provincially led alcohol strategy can help mitigate the harms of alcohol. Effective policy interventions include socially responsible alcohol pricing, limits on the number of retail outlets and hours of sale, and restrictions on alcohol marketing. Strong evidence shows that these three policy levers are among the most effective interventions especially when paired with targeted interventions such as drinking and driving countermeasures, enforcement of the minimum legal drinking age as well as screening, brief intervention and referral activities.

In order to address the health and social harms of alcohol, and the impact of increased access, a comprehensive strategy is needed. We are calling on the government to both fulfil its promise and prioritize the health and wellbeing of Ontarians by enacting a comprehensive, evidence-based alcohol strategy as soon as possible.

Sincerely,

Mr. Lee Mason
Board Chair

cc: The Honourable Charles Sousa
    Premier Kathleen Wynne
    Boards of Health
October 25, 2017

Honourable Dr. Eric Hoskins  
Minister of Health and Long-Term Care  
10th Floor, Hepburn Block  
80 Grosvenor Street  
Toronto ON M7A 2C4

Dear Minister Hoskins:

Re: Assessment of the Healthy Menu Choices Act

On June 23, 2017 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Peterborough Public Health and Leeds, Grenville and Lanark District Health Unit regarding the indicators of success of the newly implemented Healthy Menu Choices Act. The following motion was passed:

Moved by: David Shearman  
Seconded by: Mike Smith

“THAT, the Board of Health supports the positions of Leeds, Grenville and Lanark District Health Unit and Peterborough Public Health calling for transparency regarding the indicators of success of the newly implemented Healthy Menu Choices Act, and further THAT the Board requests transparency regarding the evaluation of related promotional activities.”

Carried

Sincerely,

[Signature]

David Inglis, Chair  
Board of Health  
Grey Bruce Health Unit

Cc: All Ontario Boards of Health

Encl.
June 7, 2017

The Honourable Dr. Eric Hoskins
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4
ehoskins.mpp@liberal.ola.org

Dear Minister Hoskins:

Re: Assessment of the Healthy Menu Choices Act

On behalf of our Board of Health, I am writing to you in support of the Leeds, Grenville and Lanark District Health Unit’s call for transparency regarding the indicators of success of the newly implemented Healthy Menu Choices Act. Our Board believes that it is important to equip consumers to make informed food choices. Given the significant investment of resources it takes to implement the Healthy Menu Choices Act at a local level, we request that the provincial government communicate to all stakeholders how the impact of the Act will be assessed.

In addition to indicators of success of the newly implemented act, our board requests transparency regarding the evaluation of related promotional activities and campaigns led by the Ministry of Health and Long-Term Care. Possible considerations to evaluate include:

- the effectiveness of emphasizing calories (rather than a whole foods approach, emphasizing the importance of a variety of nutrients, from minimally processed foods);
- the effects of the marketing campaign comparing equally unhealthy choices, and use of messages with sexual overtones (e.g., food items stripping);
- short and long term effectiveness of act on choices made by Ontarians;
- possible adverse effects of labelling of calories alone in relation to disordered eating patterns and promoting healthy relationships with food; and
- accuracy of calories displayed on menus compared to what consumers are purchasing.

Our board of health is committed to protecting and promoting the health and well-being of our residents. We are supportive of evidence based interventions that accomplish health goals and would welcome information regarding the evaluation of both the Healthy Menu Choices Act, and the approach taken to promote Ministry-led awareness activities that support our local efforts.
Yours in health,

Mayor Mary Smith  
Chair, Board of Health

/ag  
Encl.

cc: Local MPPs  
Dr. David Williams, Chief Medical Officer of Health, MOHLTC  
Association of Local Public Health Agencies  
Ontario Boards of Health
March 22, 2017

VIA EMAIL

The Honourable Eric Hoskins
Minister – Minister’s Office
Ministry of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor St
Toronto, ON M7A 2C4

Dear Minister Hoskins:

The Leeds, Grenville and Lanark Board of Health is very concerned about two recent initiatives of the Ministry of Health and Long-Term Care – the Expert Panel on Public Health and the Healthy Menu Choices Act.

With respect to the Expert Panel on Public Health, you stated in your letter of January 18, 2017:

“The work of the Panel will include a review of various operational models for the integration of public health into the broader health system and the development of options and recommendations that will best align with the principles of health system transformation, enhance relationships between public health, LHINs and other public sector entities and improve public health capacity and delivery.”

We have learned that the work of the Expert Panel will be done in confidence and will not include consultation with local public health units. This is in contrast to the Liberal government’s commitment to transparency in its work. The Expert Panel will be making recommendations that could have a profound impact on how we do business, and yet we won’t have any opportunity to provide input into the discussion or the options being considered. To rectify this concern, the Board requests that all recommendations from the Expert Panel be made public, and that a formal consultation process be undertaken with all Ontario public health units before any decisions are made about the integration of public health into the broader health system.
The Honourable Eric Hoskins  
Page 2  
March 22, 2017  

The implementation of the Healthy Menu Choices Act requires a significant investment of resources at the local level and among the food premise industry. Concerns have been raised by other organizations about the effectiveness of this measure. Has the Ministry of Health and Long-Term Care identified indicators of success that will assess if this investment is justified; and are these indicators being tracked? The Liberal government has publicly stated a commitment to accountability. The Board of Health requests that the Minister respect this commitment and notify all parties how the impact of the Healthy Menu Choices Act will be assessed.

Sincerely,

Anne Warren, Chair  
Board of Directors  
Leeds, Grenville and Lanark District Health Unit  

AW/hb  

cc: Steve Clark, MPP Leeds-Grenville  
    Randy Hillier, MPP Lanark-Frontenac-Lennox and Addington  
    Jack MacLaren, MPP Carleton-Mississippi Mills  
    Ontario Boards of Health
October 25, 2017

Honourable Dr. Eric Hoskins
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto ON M7A 2C4

Dear Minister Hoskins:

Re: Health Promotion Resource Centres

On July 28, 2017 at a regular meeting of the Board for the Grey Bruce Health Unit, the Board considered the attached correspondence from Leeds, Grenville and Lanark District Health Unit regarding funding for Health Promotion Resource Centres. The following motion was passed:

Moved by: Arlene Wright
Seconded by: Mitch Twolan

"THAT, the Board of Health support the letter from Leeds Grenville and Lanark District Health Unit requesting that the province reconsider the decision to eliminate the funding for the Health Promotion Resource Centres to be replaced with annual competitive grants."

Carried

Sincerely,

David Inglis, Chair
Board of Health
Grey Bruce Health Unit

Cc: All Ontario Boards of Health

Encl.
July 5, 2017

VIA EMAIL

The Honourable Eric Hoskins
Minister – Minister’s Office
Ministry of Health and Long-Term Care
Hepburn Block, 10th Floor
80 Grosvenor St
Toronto, ON M7A 2C4

Dear Minister Hoskins:

On March 31, 2017, many agencies funded as Health Promotion Resource Centres were informed that their funding for the Resource Centre would end as of March 2018. These Resource Centres provide crucial support to our local level work in tobacco, alcohol and nutrition, including access to data, research, and evaluation support.

- The Training Enhancement in Applied Cessation Counselling program (TEACH) provides the high level, in-depth cessation training needed by the frontline staff at health units.
- The Program Training and Consultation Centre (PTCC) provides training, education, and knowledge sharing to ensure our activities are evidence based, new staff are knowledgeable, and current staff stay informed.
- The Ontario Tobacco Research Unit (OTRU) provides the expertise in monitoring and evaluation that is needed to ensure that objectives are realistic and activities are effective.
- The effect that the Youth Advocacy Training Institute (YATI) has had on youth tobacco prevention in Ontario is extremely significant. Their collective experience and knowledge of youth engagement and training is why there are so many passionate youth advocates in tobacco control today!
- The Smoking and Health Action Foundation (SHAF) provides supports for smoke-free housing Ontario and support for tenants and landlords looking to make a positive change in their environment when living in a multi-unit dwelling whether it be an apartment, a condo, rental unit, or supportive housing.
- The Health Promotion Capacity Building-Alcohol Policy Centre (HPCB-AP) addresses alcohol-related harm in communities across Ontario. HPCB-AP supports the development, implementation, assessment, and coordination of alcohol policies across different settings and levels (e.g., schools, colleges, workplaces, municipalities, provinces, etc.).
- The Nutrition Resource Centre (NRC) provides training, education, and knowledge sharing to ensure program and policy development are evidence-based and can be tailored to meet local needs.
Our local health promotion work is more effective and efficient because of the dedicated and proficient staff at these centres. These Resource Centres support cross-pillar work and have been very useful in collaborative campaigns at the provincial, regional, local, and even federal level.

The substitute of having a Health and Wellness grant available to fill the void left by these Resource Centres is not a viable alternative. Annual competitive grants do not offer the stability needed for any kind of sustainable resources or support. The projects that are supported by the Resource Centres can span several years from planning to evaluation.

I would appreciate it if you could reconsider the decision to eliminate the funding for the Health Promotion Resource Centres, and I look forward to your response.

Sincerely,

Anne Warren, Chair
Board of Directors
Leeds, Grenville and Lanark District Health Unit

AW/hb

cc:  Gord Brown, MP Leeds-Grenville
     Steve Clark, MPP Leeds-Grenville
     Randy Hillier, MPP Lanark-Frontenac-Lennox and Addington
     Jack MacLaren, MPP Carleton-Mississippi Mills
     Ontario Boards of Health
Promoting a Local Public Health Approach to Legal Cannabis Regulation

ISSUE

In December 2015, the Government of Canada announced its commitment to legalize, regulate, and restrict access to cannabis in Canada and in April of 2017 the Cannabis Act (Bill C-45) was introduced with the intent to be put into effect by July 1st, 2018. While the intention of the Bill is to keep cannabis out of the hands of children and the profits out of the hands of criminals, there is no doubt that the legalization of cannabis will result in increased availability of cannabis in our community. In order to mitigate some of the unintended consequences of cannabis legalization, a public health approach to regulation must be implemented at all levels of government.

BACKGROUND

The proposed Cannabis Act introduced by the federal government in April set baseline regulations for the legalization and regulation of cannabis in Canada. Provinces and territories were then able to take additional actions to further regulate legalized cannabis. Recently, the Province of Ontario announced its proposed plan, outlined below:

- Restricting access to youth by setting a minimum age of access to 19 years and older (consistent with the minimum age for obtaining alcohol)
- Allowing adults (19 years or older) to legally possess or share up to 30 grams of dried cannabis (or equivalent).
- Prohibiting individuals under the age of 19 from possessing or consuming recreational cannabis.
- Enacting a distribution model similar to that of the Liquor Control Board of Ontario (LCBO).
- Restricting recreational cannabis use to private residences only; people would not be allowed to consume any form of recreational cannabis in public places, workplaces, or when inside a motor vehicle.

LOCAL CONTEXT

Currently, with recreational cannabis listed in the Controlled Substances Act, the Windsor-Essex County Health Unit already receives a high volume of complaints related to the smoking of cannabis in public spaces like festivals, parks, and playgrounds, as well as private spaces like multi-unit dwellings. According to data collected through the Windsor-Essex County Health Unit Community Needs Assessment (WECHU, 2016), 9.5% (approximately 28,900 residents) of Windsor-Essex residents 18 years and older self-reported using cannabis in the past year.
PUBLIC HEALTH CONCERNS

The negative health consequences of smoking cannabis are well documented as cannabis smoke contains a number of similar carcinogens, toxins, and irritants to those found in tobacco smoke (SHAF, 2016). In addition to the chronic disease risks tied to the inhalation of smoke, cannabis is unique in that it also possesses psychoactive properties from Tetrahydrocannabinol (THC) and other Cannabinoids, which are associated with changes to brain structure and function and may limit a young person’s educational, occupational and social potential (Canadian Centre on Substance Abuse, 2015). Risk of injury from impaired driving is also a significant concern as cannabinoids are among the most common psychoactive substances found in deceased and injured drivers in Canada (Wettlaufer et al., 2017).

WINDSOR-ESSEX COUNTY HEALTH UNIT APPROACH TO CANNABIS LEGISLATION

In January 2016, the Windsor-Essex Board of Health passed a resolution in support of a public health approach to legalization which would include strong health-centered and age-restricted regulations to reduce the health and societal harms associated with cannabis use. Since this resolution, the Windsor-Essex County Health Unit has established a cross departmental working group with the initial goal of developing key messaging to share internally across divisions as well as externally to community partners in addition to promoting the Lower-Risk Cannabis Use Guidelines (CAMH, 2017). The Windsor-Essex County Health Unit has also provided feedback to the provincial government on regulations within their jurisdiction which would build on those which are proposed in the Act, many of which have been integrated into their proposed provincial regulatory framework. While most existing Smoke-free Space Bylaws in Windsor-Essex do include cannabis in their prohibition of smoking in in public spaces, there are a number of other regulations to be considered at the local level which would mitigate the potential harms which may result from cannabis legalization.

PROPOSED MOTION

Whereas, the federal government has announced its intention to legalize recreational cannabis through the passing of the Cannabis Act prior to July 1st, 2018, and

Whereas, cannabis smoke contains many of the same carcinogens, toxins, and irritants found in tobacco smoke with the added psychoactive properties of cannabinoids like THC, and

Whereas, increased access to cannabis will result in increased risk for chronic disease, mental illness, and injury, and

Whereas, municipalities have control over the density and location of retail outlets through zoning, planning, and licensing regulations,

Now therefore be it resolved, that the Windsor-Essex County Board of Health for the Windsor-Essex County Health Unit encourages all Windsor-Essex municipalities to develop strict licensing, planning, and zoning regulations related to the location and density of cannabis retail outlets particularly in areas where vulnerable populations may be unfairly targeted.
**FURTHER** that staff of the Windsor-Essex County Health Unit work with enforcement agencies and municipalities to provide a public health perspective into decision making related to the enforcement of cannabis smoking in prohibited areas.

**FURTHER** that staff of the Windsor-Essex County Health Unit utilize the Lower-risk Cannabis Use Guidelines set out by key national stakeholders, like the Centre for Addictions and Mental Health and the Canadian Public Health Association, in the development of a comprehensive public education and awareness campaign.

**AND FURTHER** that this resolution be shared with the Honorable Prime Minister of Canada, local Members of Parliament, the Premier of Ontario, local Members of Provincial Parliament, Minister of Health and Long-term Care, Federal Minister of Health, the Attorney General, Chief Medical Officer of Health, Association of Local Public Health Agencies, Ontario Boards of Health, Ontario Public Health Association, the Centre for Addiction and Mental Health, and local community partners.
APPENDIX A

Resolution Recommendation - Promoting a Local Public Health Approach to Legal Cannabis Regulation

Supplementary Document

The provincial government has released a safe and sensible framework to manage the legalization of cannabis in response to the proposed Cannabis Act by the federal government. The framework includes raising the minimum age of use, purchasing, and possession to 19, restricting the sale of cannabis to LCBO-style stand-alone stores only, and prohibiting any individual under the age of 19 from using, purchasing, or possessing cannabis. Currently, with recreational cannabis listed in the Controlled Substances Act, the Windsor-Essex County Health Unit already receives a high volume of complaints related to the smoking of cannabis in public spaces like festivals, parks, and playgrounds, as well as private spaces like multi-unit dwellings. In addition to the proposed changes the province of Ontario has outlined in their framework, there are a number of additional measures to be taken at the local level in order to minimize the risks associated with legalization in Windsor-Essex.

The following supplementary information has been provided to share additional information related to the proposed resolution and accompanying “Whereas” statements.

Whereas, the federal government has announced its intention to legalize recreational cannabis through the passing of the Cannabis Act prior to July 1st, 2018.

The proposed Cannabis Act introduced by the federal government in April of this year would set baseline regulations for the legalization and regulation of cannabis in Canada. These regulations, to be further refined by provinces and territories, currently include:

- Restricting access to youth by setting a minimum age of access to 18 years or older.
- Allowing adults (18 years or older) to legally possess or share up to 30 grams of dried cannabis (or equivalent).
- Eliminating criminal records for young persons (12-18 years) for possession of up to 5 grams of dried cannabis (or equivalent).
- Permitting adults to grow up to four plants per residence for personal use.

The Province of Ontario has proposed new legislation modifying these regulations, including:

- Restricting access to youth by setting a minimum age of access to 19 years and older (consistent with the minimum age for obtaining alcohol)
- Allowing adults (19 years or older) to legally possess or share up to 30 grams of dried cannabis (or equivalent).
- Prohibiting individuals under the age of 19 from possessing or consuming recreational cannabis.
- Restricting recreational cannabis use to private residences only; people would not be allowed to consume any form of recreational cannabis in public places, workplaces, or when inside a motor
In Ontario, cannabis retail outlets will follow a distribution and retail model to that which is in place for alcohol with the addition of online sales being permitted. Any existing illicit cannabis dispensaries will be shut down and sale through a retail storefront will be limited to an initial 80 stand-alone, provincially regulated stores which will be physically separate from existing LCBO locations. An additional 70 locations will be added in subsequent years to permit up to 150 locations across Ontario.

Whereas, cannabis smoke contains many of the same carcinogens, toxins, and irritants found in tobacco smoke with the added psychoactive properties of cannabinoids like THC.

Similar to tobacco smoke, cannabis smoke is an irritant to the throat and lungs and contains volatile chemicals that raise concerns about cancer and lung disease. Cannabis smoke contains carcinogens, including 50 percent more benzoprene and 75 percent more benzathracene than cigarette smoke. Cannabis smoke leads to four times the deposition of tar compared to cigarette smoke because of the deeper, longer inhale of the smoke (National Institute on Drug Abuse, 2017).

The carcinogenic properties in cannabis smoke suggest that it may be a cause of cancers in of the lung, mouth, tongue, esophagus and bladder.

Acute effects of cannabis, especially in strains in which the THC potency is high, include:

- Increased anxiety depression and psychotic symptoms;
- Increased dependency (especially in new or naïve users);
- Impaired cognitive functions, especially attention and memory;
- Increased risk of psychotic symptoms (i.e., impaired perceptions or hallucinations); and
- Increased risk of low birth weight babies (Hall, 2015).

Whereas, increased access to cannabis will result in increased risk for chronic disease, mental illness, and injury.

Chronic Disease
Marijuana smoke is associated with airway inflammation and resistance, as well as lung hyperinflation. One study indicated that individuals who smoke marijuana are more likely to report symptoms of chronic bronchitis than those who do not smoke (National Academies of Sciences, Engineering, and Medicine, 2017).

Due to the immune-suppressing effects of THC, smoking marijuana could increase susceptibility to lung infections (e.g., pneumonia) in individuals with immune deficiencies. Damage to lung tissues and small blood vessels may also results from regular cannabis use. Moreover, a cannabis user is more likely to acquire respiratory infections because of the effect of cannabis smoke on the respiratory system response.
In addition, associations have been found between cannabis use and heart health, specifically high heart rate and blood pressure. Research has also found a significant increase in the risk of heart attack in the hours after cannabis use. There may also be an increased risk of stroke and heart disease (Centers for Disease Control and Prevention, 2017).

**Mental Illness**

In addition, the Centre for Addiction and Mental Health (CAMH) reports people with mental illness are more than seven times more likely to use cannabis weekly compared to people without a mental illness. This is of concern, as cannabis use could exacerbate symptoms of mental illness. Researchers also indicate that individuals with mental illness were 10 times more likely to have a cannabis use disorder. This association between mental illness and cannabis use remained consistent across age groups (CAMH, 2013).

The relationship between cannabis use and mental illness is most evident in users with pre-existing genetic or other vulnerabilities to psychiatric disorders, and those with substance use disorders. In addition to causing anxiety and paranoia, cannabis use has also been shown to cause acute psychotic reactions in non-schizophrenic people, especially at high doses (NIDA, 2017). Moreover, cannabis users are significantly more likely to develop chronic mental illness (e.g., schizophrenia) than non-users (Centers for Disease Control and Prevention, 2017).

**Injury**

Cannabis use has short-term negative impacts on reaction time, short-term memory, decision making and motor coordination, all of which impact an individual’s ability to effectively operate a motor vehicle. Cannabis use has been shown to have short-term negative impact on driving performance (Canadian Drug Policy Coalition, 2017). Risk of injury from impaired driving is a significant concern as cannabinoids are among the most common psychoactive substances found in deceased and injured drivers in Canada. Data suggests that just under half of all those who use cannabis have driven under the influence (Wettlaufer et al., 2017).

In addition to injuries caused by motor vehicle incidences, the legalization of cannabis may lead to more pediatric cannabis exposures. Research done before and after the legalization of cannabis in Colorado indicate that more children were exposed to the drug after the drug was legalized, leading to more calls to poison-control centres and more emergency room visits by these patients (National Academies of Sciences, Engineering, and Medicine, 2017).

**Whereas, municipalities have control over the density and location of retail outlets through zoning, planning, and licensing regulations**

The proposed changes to the legislation in Ontario speak to some licensing regulations and planning, although further details will need to be determined. The new legislation proposes:

- The province will pursue a coordinated strategy with municipalities, local police, the OPP and federal government to shut down existing illegal retailers.
The LCBO will oversee legal retail of cannabis through stand-alone stores, in addition to a highly-monitored online order service.

Approximately 150 standalone stores will be opened by 2020, including 80 by July 1st, 2019 throughout the province.

- Online servicing will be available province-wide beginning July, 2018 (Akhigbe et al., 2017).

Municipalities will work with the provincial government to further refine their proposed framework to meet the needs of each location.

Although best practices regarding zoning, planning, and licensing regulations for cannabis have not yet been thoroughly studied, research and recommendations have been made with regards to restrictions on the density of alcohol outlets and fast food restaurants. For example, substantial research conducted internationally indicates that increasing the numbers of alcohol outlets and extending hours of sale results in an increase in alcohol consumption and associated harms (e.g., violence, assault, injuries and public disturbances) (Livingston, 2012; Canadian Public Health Association, 2011). This is especially true of adolescents, as the impact is more prominently seen among young drinkers (Popova, Giesbrecht, Bekmuradov, & Patra, 2009).

The Ontario Public Health Association (OPHA) recommends restricting the density of alcohol outlets based on population. In addition, OPHA recommends researching the impact of changes in hours and days of sale at current alcohol outlets and adjust if a correlation is found with an increase in alcohol-related problems (OPHA, 2015). Moreover, the U.S. Centers for Disease Control and Prevention recommend States and localities reduce alcohol outlet density by limiting the number of outlets per geographic unit; limiting the number of outlets per population; establishing a cap on the percentage of outlets per total retail businesses in a specific area; and limiting the location and operating hours of these outlets (Jernigan, Sparks, Yang, & Schwartz, 2013). Municipalities in the province of Quebec have begun to implement zoning by-laws and regulations regarding fast food outlets in proximity to schools. A study confirmed that the majority of students considered the convenience of fast food establishments close to their school when choosing locations to dine. The municipalities in the province have proposed these fast-food establishments must be located at least 500 meters from any school property. The public health professionals in each of these cases noted the importance of sound public health theory supporting the need for zoning regulations when presenting to councilors and city officials (Association pour la Santé Publique du Quebec, 2011). These current recommendations for alcohol and fast food sale provide an outline for local regulations related to cannabis retail outlets once legalization occurs.
REFERENCES


October 18, 2017

DELIVERED VIA E-MAIL & REGULAR MAIL
The Honourable Dr. Eric Hoskins
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, ON M7A 2C4

Dear Minister Hoskins:

Re: Urgent provincial action needed to address the potential health harms from the modernization of alcohol retail sales in Ontario

On behalf of the Thunder Bay District Board of Health, I am writing to call on the Government of Ontario to fulfil its commitment (as outlined in its 2015 Budget) to develop a comprehensive, province wide strategy to develop initiatives to support safe consumption of alcohol, in light of the expansion of alcohol sales in Ontario. Alcohol remains the most harmful drug in society, impacting tens of thousands of Ontarians every year.

Alcohol is no ordinary commodity; alcohol causes addiction, disease, and social disruption and is one of the leading risk factors for disability and death in Canada. Alcohol has significant costs to the individual and society from both a health and financial perspective. These costs include health care, law enforcement, prevention, lost productivity and premature mortality. As such, a comprehensive, evidence-based approach is critical to limit these harms.

The Ontario Government has committed to social responsibility as it increases the availability of alcohol; however, actions by government since 2014 indicate that economic interests are superseding the health and well-being of Ontarians. Such developments include the increased availability of alcohol at 450 grocery stores, wine and cider in farmers markets, online sales of alcohol through LCBO and the expansion of bars and restaurants permitted at alcohol manufacturing sites.

It is well established that increased alcohol availability leads to increased alcohol-related harms. A provincially led alcohol policy can help mitigate the harms of alcohol. Effective interventions to reduce alcohol-related problems include socially responsible pricing of alcohol, limits on the number of retail outlets and hours of sale and alcohol marketing controls. These three policy levers have strong evidence to show that they are among the most effective interventions especially when paired with targeted interventions such as drinking and driving counter measures, enforcement of minimum drinking age as well as screening and brief intervention and referral activities.

.../2
In order to address the health and social harms of alcohol a strategy is necessary, particularly in light of the expanded sales in grocery stores, farmers markets and online. We are calling on the government to both fulfill its promise and prioritize the health and wellbeing of residents by enacting a comprehensive, evidence-based alcohol strategy as soon as possible.

Thank you for your consideration of this matter.

Sincerely,

Joe Virdiarno, Chair
Thunder Bay District Board of Health

cc: The Honourable Charles Sousa
Premier Kathleen Wynne
Ontario Boards of Health
Hon. Eleanor McMahon  
Minister of Tourism, Culture and Sport  
9th Floor, Hearst Block  
900 Bay Street  
Toronto, Ontario M7A 2E1

Dear Minister McMahon,

Re: Report from Advisory Panel on Concussion Safety

On behalf of member Medical Officers of Health, Boards of Health and Affiliate organizations of the Association of Local Public Health Agencies (alPHa), I am writing today to express our support for the implementation of the recommendations of the Rowan’s Law Advisory Panel on Concussion Safety.

Under the Ontario Public Health Chronic Disease and Injury Prevention Standard, our members are required to take actions to reduce the incidence and severity of injuries and injury-related hospitalizations, disabilities, and deaths. This includes direction to influence the development of healthy public policy.

On September 29 2017, alPHa’s Board of Directors reviewed the Advisory Panel’s recommendations, and strongly endorsed their implementation. We were very pleased to note that you have already pledged to take comprehensive action to improve safety in sport for students and amateur athletes based on the Panel’s report.

We look forward to providing input to the development of healthy public policy aimed at preventing concussions and to making our own contributions as part of our mandate in preventing injuries in our communities.

Yours sincerely,

Carment McGregor,  
alPHa President

COPY: Hon. Eric Hoskins, Minister of Health and Long-Term Care  
Hon. Mitzie Hunter, Minister of Education  
Dr. David Williams, Chief Medical Officer of Health  
Roselle Martino, Assistant Deputy Minister, Health and Long-Term Care, Population and Public Health Division
September 1, 2017

The Fair Workplaces, Better Jobs Act, 2017 (Bill 148)

The Northwestern Health Unit expects Provincial Bill 148: Fair Workplaces, Better Jobs Act, 2017 will lead to significantly improved health outcomes for many residents in the region. As such, the Board of Health has shown its support of the Bill by passing a resolution (attached) at its August 28th meeting commending the provincial government for taking steps to improve income levels and working conditions.

Decades of research show that people with lower incomes have poorer physical and mental health and higher rates of mortality. The poorer you are, the more likely you are to have health risks in your daily life, and difficulties accessing adequate healthy food or affordable safe housing. It is estimated that the changes to the minimum wage outlined in Bill 148 will increase the wages and improve the working conditions of more than one quarter of Ontario workers.

The Bill, now under consideration by the Standing Committee on Finance and Economic Affairs, will move into Second Reading in September 2017, and must go through Third Reading and Royal Assent prior to the proposed implementation date of January 1st, 2018. As the Bill proceeds, it is important to be aware of the potential health, social and economic benefits this significant piece of legislation may provide for local families, employers and the community as a whole. The attached Public Health Communiqué provides further details regarding these benefits and outlines the rationale for the Board of Health support for this Bill.

If you have any questions please feel free to contact me at 807-458-3147 or email kyounghoon@nwhu.on.ca.

Sincerely,

K. Young Hoon

Dr. Kit Young Hoon, MBBS, MPH, MSc, FRCPC
Medical Officer of Health
Northwestern Health Unit
WHEREAS, the Northwestern Health Unit Board of Health has a mandate to decrease health inequities such that everyone has equal opportunities for health and can attain their full health potential without disadvantage due to social position or other socially determined circumstances; and

WHEREAS, a day's work deserves a fair day's pay and no one working full-time to support a family should have to live in poverty; and

WHEREAS, the current minimum wage is not adequate to cover basic needs, and low-income individuals and families are more likely to be challenged with social factors such as low education, precarious employment, inadequate housing, and social exclusion; and

WHEREAS, the costs of food, housing, child care and transportation make it increasingly difficult for low-wage workers to make ends meet; and

WHEREAS, over 1 in 10 people in the NWHU catchment area (11.1%) are in low-income households and nearly 1 in 5 children (19.4%) live in low-income houses compared with 18.1% provincially; and

WHEREAS, the NW-HU region has a higher proportion of the population considered to have lower socioeconomic status when compared with the rest of the province, and this population is at risk of experiencing health inequities, both in terms of health outcomes and access to care; and

WHEREAS, evidence confirms that people with lower incomes have higher rates of mortality, and poorer physical and mental health; and
WHEREAS, through the proposed amendments to the Employment Standards Act and the Labour Relations Act, it is estimated that more than one quarter of Ontario workers will receive an increase in their wages, along with more stable and fair employment conditions; and
WHEREAS, Bill 148 will help to assure health, social and economic benefits for the communities as a whole;

THEREFORE BE IT RESOLVED that the Northwestern Board of Health commend the provincial government's actions to address the root causes of precarious work through the Changing Workplaces Review of 2015-16 and subsequent introduction of Bill 148; and
NORTHWESTERN HEALTH UNIT
BOARD OF HEALTH
MOTION/RESOLUTION

FURTHER BE IT RESOLVED THAT the Board of Health support the proposed changes to the Employment Standards Act that expand the pay equity provisions and increase the minimum wage for workers and the proposed changes to the Labour Relations Act that better support precarious workers' rights; and that the Northwestern Board of Health share this motion and supporting materials with community agencies, municipalities and elected representatives, and the Association of Local Public Health Agencies (aLPHa), Ontario Boards of Health and others as appropriate.

carried Aug. 25, 17
Paul
Chair
September 1, 2017

Health Benefits of the Fair Workplaces, Better Jobs Act, 2017 (Bill 148)

Issue

On May 30, 2017, Bill 148, the *Fair Workplaces, Better Jobs Act* was introduced, which includes a number of amendments to the Employment Standards Act (ESA) and the Labour Relations Act (LRA) to address issues related to the growth of precarious employment in Ontario. From a public health perspective, this significant piece of legislation will provide important mechanisms that will contribute to substantial health benefits for individuals and communities in Northwestern Ontario and throughout the province.

Background

Bill 148 outlines proposed amendments to the ESA and LRA identified through the Changing Workplaces Review of 2015-16. Key elements of Bill 148 that will contribute to improvements in individual and workplace health include:

- Increasing Ontario’s minimum wage to $14 per hour on January 1, 2018, and $15 per hour on January 1, 2019, followed by annual increases at the rate of inflation;
- Pay equity for part-time, temporary, casual and seasonal employees doing the same work as full-time employees;
- Mandating increased employee benefits for all employees (e.g., two days of personal emergency leave per year, three weeks’ vacation after five years of employment, making scheduling fairer for employees through compensation for shift cancellations with less than 48 hours’ notice).

The Bill will move into Second Reading in September 2017, and must go through Third Reading and Royal Assent prior to the proposed implementation date of January 1st, 2018.

Income and Health

The World Health Organization has declared poverty as the single largest determinant of health. An accumulation of evidence over many decades confirms that people with lower incomes have higher rates of mortality, and poorer physical and mental health. The poorer you are, the more likely you are to have health risks in your daily life, such as not having access to adequate healthy food or affordable, safe housing. You are also less likely to access important health services, more likely to have multiple chronic conditions that can lead to further health problems (such as diabetes and heart disease), and more likely to die younger. A 2013 report by Statistics Canada demonstrates that income inequality is associated with the premature death of 40,000 Canadians a year. That’s equal to 110 Canadians dying prematurely each day. Children who live in poverty are more likely to have low birth weights, asthma, type 2 diabetes, poorer oral health and suffer from malnutrition. They also have higher rates of death due to unintentional injuries, and are more likely to live in poverty as adults. As incomes increase, health risks decrease, access to high quality health care gets better, and health outcomes, such as life expectancy, improve.
In Northwestern Ontario

For too many Ontario workers, full time work does not guarantee a life above the poverty line. Low income, job insecurity and costs of living make it increasingly more difficult to make ends meet. In Northwestern Ontario, people tend to be more disadvantaged than the rest of the province when considering the factors that determine health. Over 1 in 10 people in the region (11.1%) are in low-income households. Nearly 1 in 5 children (19.4%) live in low-income houses compared with 18.1% provincially. Formal education rates are also lower in the area when compared to the province: 76% of people aged 25-29 have completed high school compared with 91% provincially, and 54% of people aged 25-54 have post-secondary education compared with 67% provincially. In 2016 there were about 1600 people in our municipalities who reported being food insecure.⁹

These statistics indicate that in general, the region has a higher proportion of the population considered to have lower socioeconomic status when compared with the rest of the province; and this population is at risk of experiencing health inequities, both in terms of health outcomes and access to care. These statistics also highlight the significant impact that Bill 148 would have on the lives of individuals, families and communities in our region.

Impact of Bill 148

Low income is a major contributor to many of the problems that put strain on public resources and affect the overall quality of life in our communities. Providing a living wage and benefits not only leads to better lives for employees and their families, but also reduces the strain on health services, policing, food banks, housing programs, and other public services. The potential benefits of supporting, paying and earning an increased minimum wage are far reaching for families, employers and the community as a whole.⁶

EMPLOYEES and FAMILIES
- Paid fair compensation for their work
- Increased sense of worth/dignity
- Raised out of poverty
- Better quality of life
- Improved health
- Increased social inclusion, access to leisure activities, material resources and education/skills training

EMPLOYERS
- Reduced absenteeism
- Decreased turnover rates
- Lower recruitment and training costs
- Increased morale, productivity and loyalty
- Recognized as a responsible employer

COMMUNITY
- Greater consumer spending power
- Increased spending in local economy
- Increased civic engagement
- Improved health
- Perceptions of increased standard of fairness

It is estimated that over 30 percent of Ontario workers were engaged in precarious employment in 2014, and part time work has grown to make up nearly 20 percent of total employment. The provincial government estimates that half of workers in Ontario who earn less than $15 per hour are between the ages of 25 and 64, and that the majority of these workers are women. Through the proposed changes to minimum wage, the ESA and LRA, it is estimated that more than one quarter of Ontario workers will receive an increase in their wages, along with more stable and fair employment conditions.⁷

In a recent Maclean’s article, economist Armine Yalnizyan highlights that although there may be some job loss in the short term, increasing the minimum wage will boost the local economy in the long run. She states, “When lower income households see a sustained rise in incomes, they spend virtually all of it. Most goes to food, better health care and more education. Sometimes it goes to rent (improved housing). Almost all of this spending stays in the local economy.”⁸ The Canadian Centre for Policy Alternatives also reported that there is “no consistent evidence that minimum wage levels affect employment in either direction. The net effect of reduced terminations combined with reduced hiring is that the proportion of adults who are employed at any given time is the same when minimum wage is higher or lower. But the nature of the work conditions and relationship are changed.”⁹

Conclusions

Currently, poor people in Ontario pay for their low income with their health.¹⁰ Increasing the provincial minimum wage will help families to cover basic needs and lead to improvements with respect to health, poverty, unaffordable housing, food insecurity, and social exclusion. The proposed changes to pay equity and employee benefits supports the health of those who are in unstable forms of employment such as part time, temporary and casual work. Bill 148 can have significant health benefits and is one of the most important initiatives the government could undertake to promote health, well-being and equity amongst all people.
Resources (links)
For more information, please visit:
Fair Workplaces, Better Jobs Act, 2017
Living Wage Canada
Northwestern Health Unit – Health Equity
Canadian Centre for Policy Alternatives – Ontario Needs a Raise

Contact
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5 Northwestern Health Unit. (2016). Health equity and the social determinants of health: Information for program planning and evaluation
6 Living Wage Canada http://www.livingwagecanada.ca/index.php/about-living-wage/living-wage-makes-sense/
11 Health Quality Ontario. Income and Health: Opportunities to achieve health equity in Ontario. Toronto: Queen's Printer for Ontario; 2016